Examining Access to Social Care in Barking and Dagenham

March 2026

healthwatch
Barking and
Dagenham

Contents

About us

Your health and social care champion

Healthwatch Barking and Dagenham are an independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen.

We also share them with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally. Our sole purpose is to help make care better for people.

In summary, Local Healthwatch is here to:

- Help people find out about local health and social care services.
- Listen to what people think of services.
- Help improve the quality of services by letting those running services and the government know what people want from care.
- Encourage people running services to involve people in changes to care.

Everything that Healthwatch Barking & Dagenham does will bring the voice and influence of local people to the development and delivery of local services, putting local people at the heart of decision-making processes.

Executive Summary

Healthwatch Barking and Dagenham launched this research project to gain a clearer understanding of how residents access social care and why some people feel they are not receiving the support they need. The project was prompted by two key factors: first, residents consistently share less feedback about adult social care than about health services during Healthwatch engagement, highlighting a gap in insight; and second, following the success of the 2024 report focusing on South Asian communities, this piece of work broadens the scope to include all adult demographics across the borough.

A total of 97 Barking and Dagenham residents took part:

- 89 individuals completed a survey, with a 50/50 split between participants who had accessed social care before, and those who had never accessed social care before.

Of the 89 survey participants, we held follow-up conversations with several individuals to hear more about their experiences, which have been developed into 5 case studies featured in this report. The remaining 8 were involved in an interactive focus group held by Healthwatch. The aim was to establish how effectively the website would meet residents' needs. Healthwatch collected feedback regarding individuals' experiences of accessing social care services and the extent to which these services met their expectations. The engagement also explored levels of public awareness and understanding of how to access social care, alongside feedback on the accessibility and usability of the relevant website.

Here are the main highlights from the feedback collected:

- 67% (2 in 3) of those who had used social care told us that services were Completely Easy or Mostly Easy to access.
- 61% of participants felt that they received the care they needed after accessing.
- Those who had accessed social care were over 5x more likely to go to a medical professional than access social care online, yet there

was a public overreliance on believing that going online is a route to access.

- "Frustration" was the most popular emotion residents felt while accessing social care (44% of residents ticked Frustration).
- 68% of those who had not accessed social care before told us they were Very Likely or Likely to, if they had a need. 82% would encourage someone they know to access social care services.
- Almost 2 in 3 (66%) participants who had not accessed social care told us that "Better personal knowledge of social care services" would make them more likely to access social care services.
- The LBBD Adult Social Care webpage is too information-dense and may not fully meet the needs of individuals accessing it, according to the majority of focus groups participants.

Introduction

Adult social care has the potential to significantly improve people's lives, yet not everyone is able to access the support they request, often for a variety of reasons. LBBD's population has risen significantly over the past decade, and further growth is expected, which increases the number of people needing social care support. A higher proportion of older residents are supported compared with the national average, while demand from working-age adults with support needs has also grown.[1]

As the population continues to grow, so will the local need for social care, making it essential that residents can access the right support in a timely way and understand how to navigate available services.

This project builds on the success of our previous social care report focusing on South Asian communities, which was Highly Commended at the 2024 Healthwatch England Impact Awards for showcasing both good practice and areas for improvement. In response to those findings, the London Borough of Barking and Dagenham implemented a number of actions to strengthen support for local residents.

The current project aims to develop a clearer understanding of how residents perceive, navigate, and access adult social care in the borough. The insights gathered will help inform future improvements to services and ensure that local people's needs and voices are better recognised and acted upon and best practice is shared.

How We Define Adult Social Care

Healthwatch recognises that "adult social care" encompasses a broad range of care and support. These services are designed to benefit people who are older or living with disabilities, or physical or mental illness, helping them to live independently and remain well and safe. Some individuals who are generally independent may also require short term support, for example after being discharged from hospital.

[1] ONS "Local Indicators for Barking and Dagenham", 2024. https://www.ons.gov.uk/explore-local-statistics/areas/E09000002-barking-and-dagenham/indicators.

Throughout this report, we use The King's Fund's definition of adult social care:

> "...support in people's own homes (home care or domiciliary care); support in day centres; care provided by residential homes and nursing homes (care homes); reablement services to help people regain independence; the provision of aids and adaptations for people's homes; information and advice; and support for family carers."
>
> ***The King's Fund, 2025.***[2]

[2] The King's Fund, "Key facts and figures about adult social care", 19 June 2025.

Methodology

Our findings were gathered using a mixed-methods approach of both quantitative (surveys) and qualitative (focus groups, interviews) research methods. This enabled deeper insight into how residents' access and perceive social care.

Surveys

Findings were primarily gathered through survey collection. The survey was split into three sections to account for both lived experience (those who had accessed social care before) and public perception (those who had not). Participants chose between Section 1 or Section 2, and all participants completed Section 3:

1. I have accessed, or am accessing, social care
2. I have never accessed social care
3. Use of LBBD's Adult Social Care webpage

A total of 45 participants completed Section 1, and 44 participants completed Section 2, allowing for a approximately even split between lived and perceived experiences accessing social care.

Those who had accessed social care before were asked to share their experience. Those who had not were asked to consider what steps they might take if they felt they needed to access social care support.

Section 2 centred on whether participants knew where to access social care, what methods to use, and how likely they'd be to do so. This could have been for themselves or for someone else.

Case Studies

5 case studies have been included in this report, developed from follow-up conversations from some survey participants. They serve to build a more holistic understanding of resident experiences when accessing social care that also shines a light on personal stories.

Focus Groups

A focus group was held to gain deeper insight about how easy and informative participants found while exploring the LBBD Adult Social Care webpage. A Healthwatch representative guided participants through the website and facilitated discussion.

Demographic Overview

Who is being surveyed?

Those who have accessed social care

- Age: 25-54 year olds were the largest group, making up 50% of participants. 65-79 year olds were the second-largest group, making up 19%
- Gender: Women made up 69% of participants and men made up the other 31%.
- Ethnicity: White British/English/Northern Irish/Scottish/Welsh made up 60% of participants. The next largest group was joint Black/Black British African and White (Other), which made up 9% of responses each.
- Religion: Christians made up 50% of participants, and "No Religion" made up 33%. 6% were Sikh and 6% were Muslim.[3]

Those who have not accessed social care

- Age: 25-54 year olds were the largest group, making up 45% of participants
- Gender: 80% of participants were women and 15% were men. 2.5% were non-binary and 2.5% preferred not to say.
- Ethnicity: British/English/Northern Irish/Scottish/Welsh was still the largest group, making up 43% of participants. 30% were Black/Black British African and 8% were Asian British Pakistani.

[3] Please see Full Demographics on page 60 for a full demographic breakdown of participants

- Religion: Christian was the largest group, making up 45% of responses. Muslim was the joint second-largest group with "No religion", making up 18% each.[4]

[4] Please see Appendices for a full demographic breakdown of participants

Findings

Section 1: Those who have accessed social care

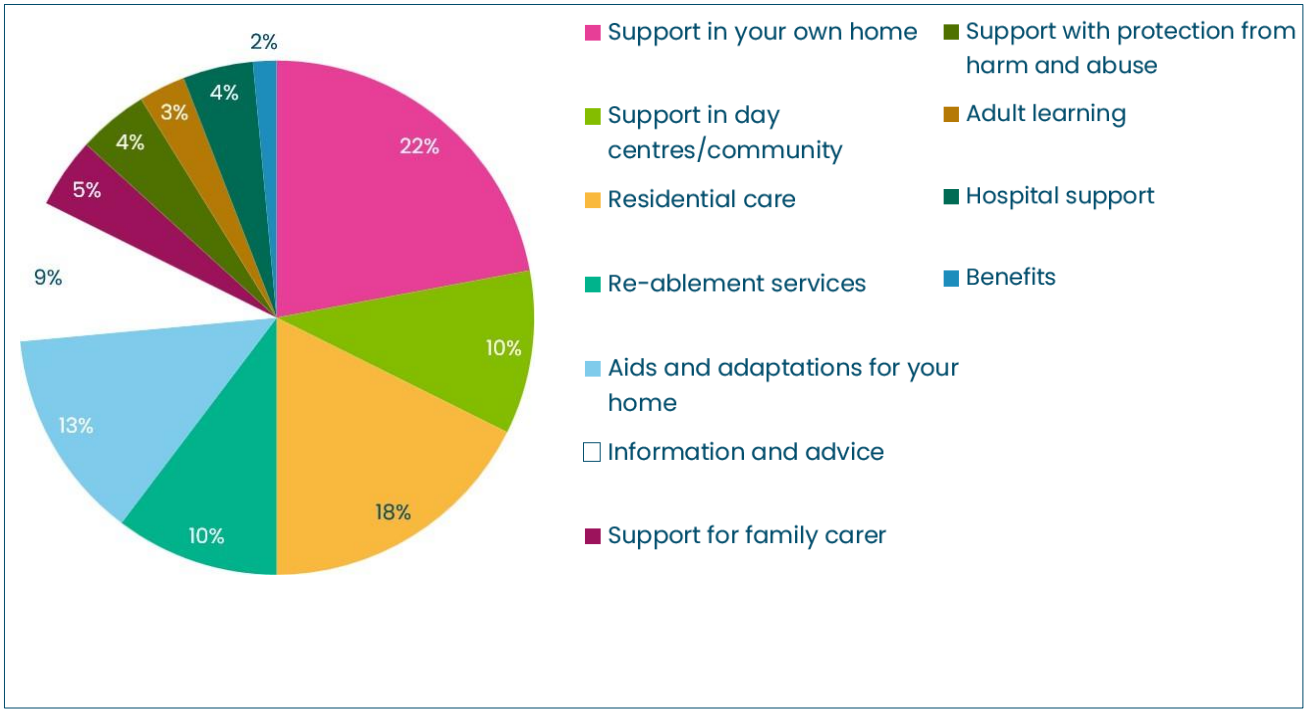
Healthwatch had a strong focus in hearing from residents who had experience accessing social care in order to assess whether there are any recurring trends or barriers across different types of access.

Out of the total 89 residents, 45 took part in Section 1. 82% shared their own experience and 17% completed the survey on behalf of someone else.

Healthwatch was also able to collect data about different types of social care support to enrich our findings. The most common support which participants were seeking to access was for support in their own home (22%), followed by residential care, such as care homes (18%) and then aids and adaptations for their home (13%).

What were you accessing social care services for?

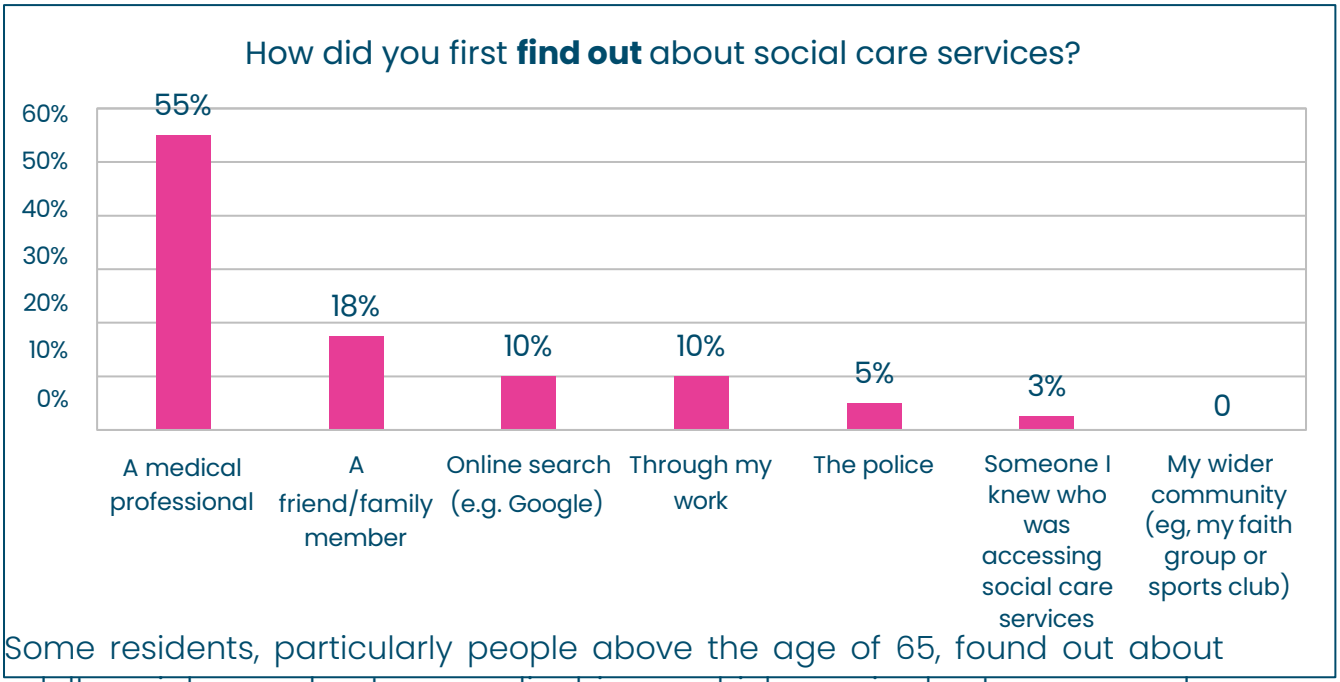
Tick ALL that apply



Discovering versus accessing social care

Healthwatch was interested in any similarities or differences between participants first finding out about social care services before the point of access.

Findings show that 55% of participants found out about social care services through a medical professional, which was much higher than any other approach. Our findings suggest two main reasons for this.



Some residents, particularly people above the age of 65, found out about adult social care due to a medical issue which required extra care and support during recovery, such as a broken bone or dementia.

> "I was offered a care package for my dad who was in hospital with dementia … We are now looking for a nursing home to house him."

Others were unaware that they could access adult social care without a GP referral, or simply did not know a range of extra care and support existed without advice from a medical professional, as this comment illustrates:

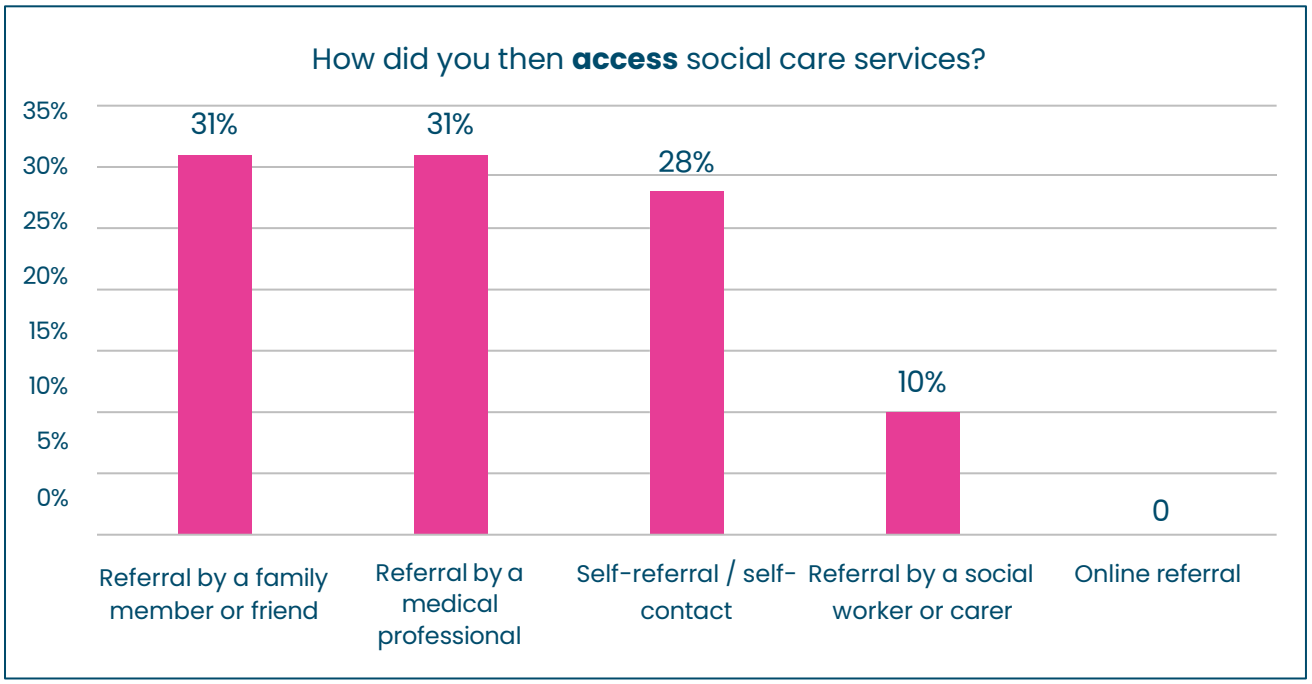
> "My aunt wasn't even aware she could get so much help, so I'm glad the GP recommended social care."

These findings highlight a gap in public awareness about how to access adult social care. The findings indicate:

- People do not always know what social care services exist,
- They are unsure about how to access them, and
- They may not understand that they can self-refer without needing a GP.

This lack of knowledge can lead to avoidable delays in getting support, because individuals may wait for medical appointments that weren't needed in the first place. These delays can have very real consequences — people may become more unwell, unsafe at home, or reach a point of crisis before getting help. Better awareness could prevent unnecessary delays, reduce pressure on clinical staff, and ensure residents receive timely support before their needs escalate.

Participants were then invited to share how they accessed social care services.



However, at the point of access, our findings reveal a more even split of 31% between referral by a medical professional and referral by a family member or friend. 28% accessed services through a self-referral or self-contact.

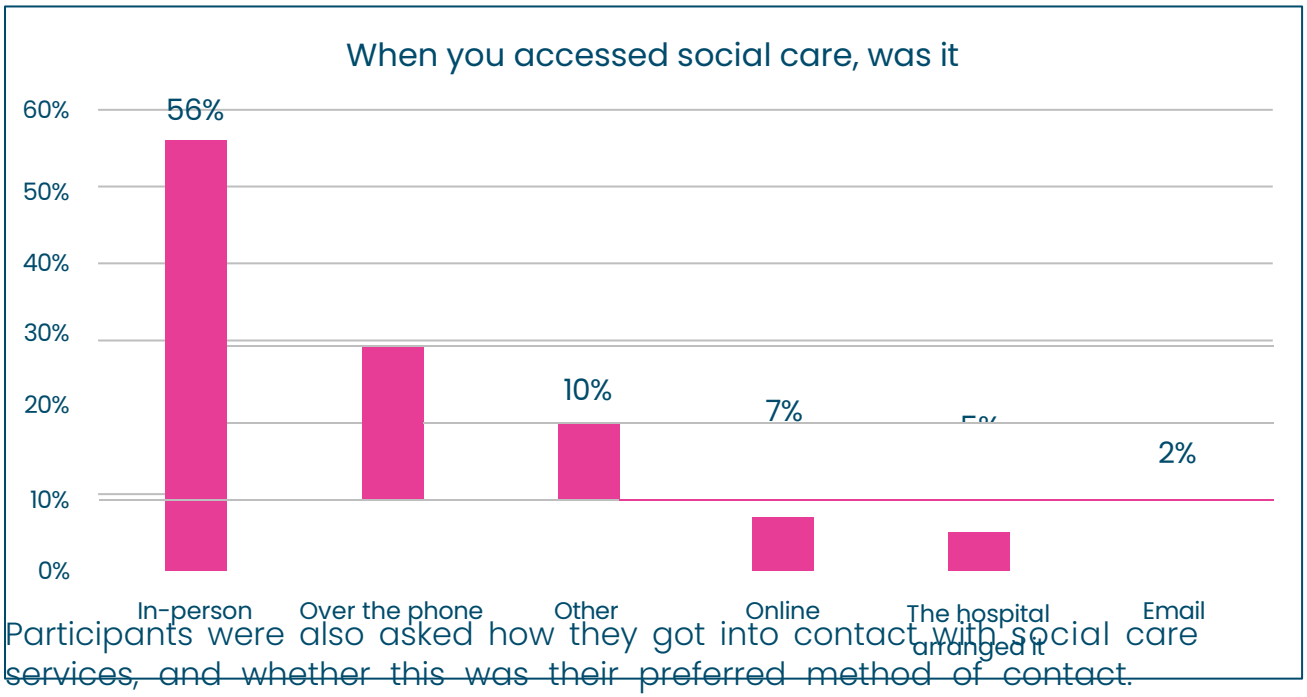
A small proportion, 10% of participants, accessed services through a social worker or a carer. None of the respondents had the experience of an online referral.

Low numbers of self-referrals

Overall, the above graph shows that only 28% of participants self-referred to social care services. This highlights how many individuals accessing social care may require extra support, whether that is professional (doctor, social worker) or personal (family member, friend) support.

Low numbers of self-referrals may also indicate that people who are seeking social care support do not know how to refer themselves. For example, only 34% of participants who have accessed social care were aware of the LBBD Adult Social Care webpage, and only 25% had used the webpage.[5] This indicates that prior knowledge of social care services in Barking and Dagenham is low, or people are not using the website, even from those who are actively seeking social care.

Preferred methods of contact



Participants were also asked how they got into contact with social care services, and whether this was their preferred method of contact.

[5] Please see full statistics on page 44

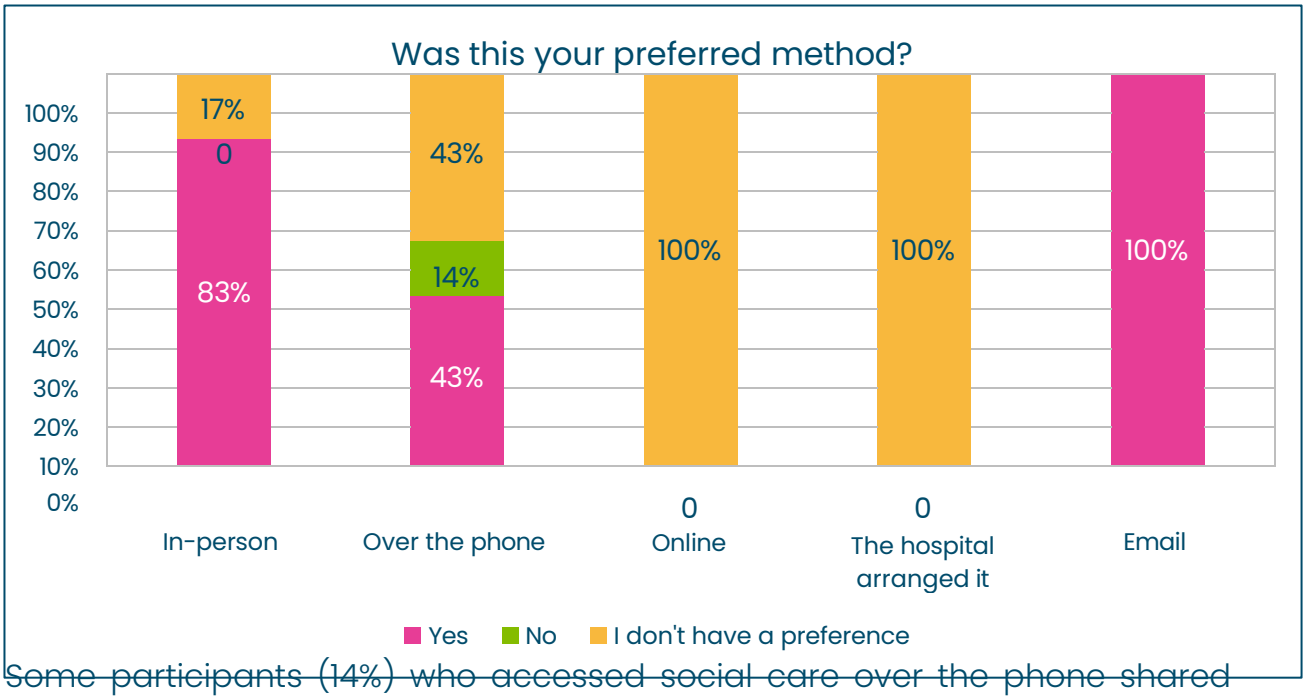
The majority (58%) of participants accessed social care in-person. 20% accessed over the phone. 5% stated that they weren't part of accessing social care because their hospital arranged it, and 3% accessed social care through email.

Of the 10% who ticked 'Other', 5% stated they did not remember and the other 5% gave the following responses:

"N/A, I didn't access"

"Through referral portal"

Participants were asked if the contact method they used to access social care was their preferred method. Unsurprisingly, in-person access had the highest preference rate of 83%.



Some participants (14%) who accessed social care over the phone shared that this was not their preferred method of contact. Notably, this was the only method of access for which participants answered "No, this is not my preferred method", indicating higher dissatisfaction rates. The participants who did so stated that, instead of "Over the phone," "In person" would have been their preferred method.

Participant comments throughout the report help explain this preference. Many described the communication difficulties they experienced when relying on phone or remote contact, including:

"Services don't speak to each other. They really lack communication."

"Chasing all the time. Told one thing and nobody seems to know about it. Emails not answered."

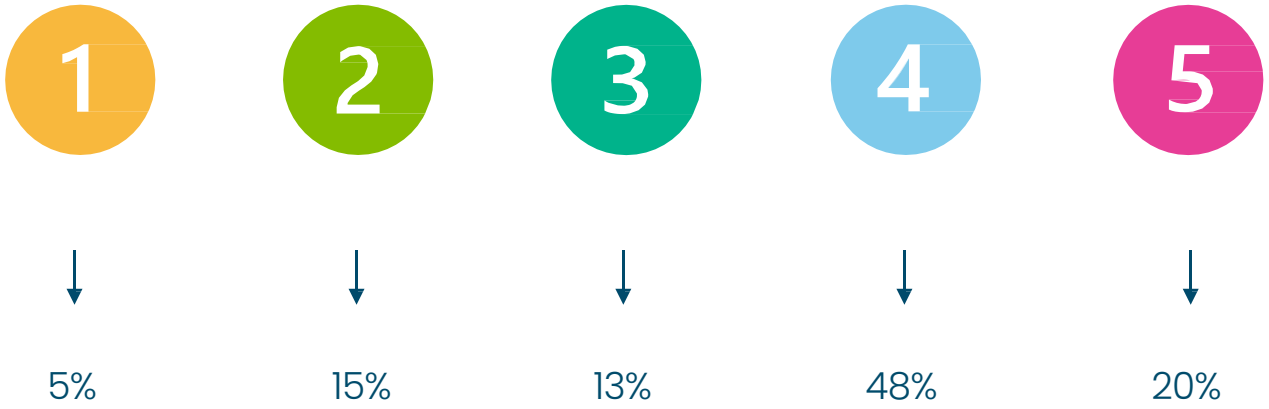
"It took so long for them to make a change... better communication, more professional and knowledgeable staff."

These experiences show why residents often prefer face to face interactions, which they associate with clearer communication, better understanding, and fewer misunderstandings.

Ease of accessing social care services

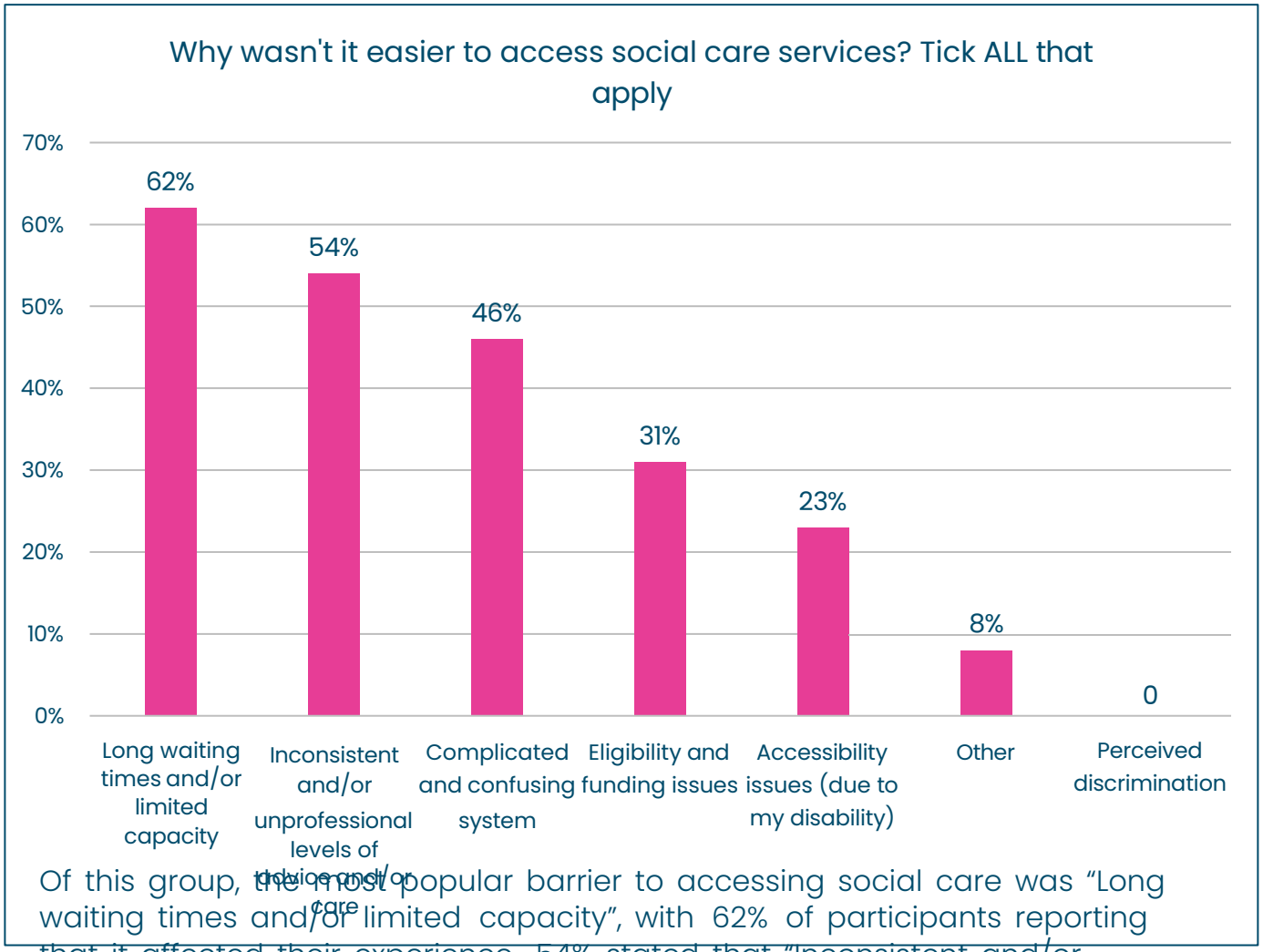
After establishing the type of access and method of contacting, Healthwatch wanted to establish how easy participants found that process on a scale of 1 (Very Difficult/Impossible) to 5 (Completely easy).

On a scale of 1-5, how easy was it to access social care services?



Overall, 68% of participants rated their experience accessing social care as 5 (Completely Easy) or 4 (Mostly Easy). However, it is important to highlight experiences which did not find accessing social care easy, rating 3, 2, or 1. This accounted for 33% of participants.

To better understand why some participants did not have an easy experience when accessing social care, Healthwatch asked the 33% who responded 1-3 on the "Easiness" scale to expand on why they found it hard to access social care services.



Of this group, the most popular barrier to accessing social care was "Long waiting times and/or limited capacity", with 62% of participants reporting that it affected their experience. 54% stated that "Inconsistent and/or unprofessional levels of advice/care" was a barrier, 46% cited a complicated and confusing system, and 23% cited accessibility issues.

Participants were also encouraged to explain their above choices and give an example. Here is what some had to say:

Why wasn't it easier to access social care services? Please explain

"Took 2 years for a social worker to contact me about my disability."

"Due to my disability I find it difficult to write and send emails without the support of a reader or a scribe."

"There is NO consistency or accuracy at all. Literally every person or agency says something different, most of it incorrect. Timescales are a joke."

"Chasing all the time. Told one thing and nobody seems to know about it. Emails not answered. Emails are your only real proof."

"It was difficult trying to find care after the 4 free weeks expired. Difficult to get guidance."

"They said he doesn't meet the threshold for attendance allowance and a carer because he only has arthritis but he is struggling, for example he can't dress himself"

"Services don't speak to eachother. They really lack communication … None of them know who or what they're meant to be dealing with. We sent a referral to a mental health service for an elderly resident of ours … They weren't responding for

8 weeks and her mental health deteriorated badly."

"My son lives in supported accommodation but it took a lot of time for his social worker to get him into a new home with better care."

"The approach from the ICB was not good. They pushed for another care agency to take over from the one we currently had due to funding issues … The carers also weren't that experienced."

"My son has autism and ADHD and I tried to apply for an ECHP but was refused because he did not meet criteria. My English is not very good and I struggle with forms."

"I was offered a care package for my dad who was in hospital with dementia. They pretended that he was fit to go home and gave us an NHS care package but the carer was not helping and only made things worse, for example she would come four times a day to get him in and out of bed but at the wrong times."

"Have contacted brokerage for a confirmation of respite have sent several emails but have just been ignored."

From the above resident comments, we identified 6 key themes:

- Inconsistent/inaccurate process: 4 mentions
- Long waiting times: 4 mentions
- Lack of communication: 3 mentions
- Threshold/criteria issues: 2 mentions
- Accessibility issues: 1 mention
- Difficult to get guidance: 1 mention

We then asked participants to share what would have made it easier to access social care. Here is what some had to say:

What would have made it easier for you to access social care services?

"Professionalism, data joined-up processes... and, frankly, people telling the truth."

"If they had a shorter wait time."

"A smoother process and less waiting time."

"More guidance about post-care."

"More understanding"

"Better communication, more professional and knowledgeable staff, kinder outlook."

"If they communicated with me more. I wrote and wrote and wrote and it took so long for them to make a change."

"Having people in the intake team with some specialist knowledge about aids, equipment or services. Most are admin and will pass it on to another colleague. Lengthens process."

"More communication from their end. I kept having to call them about whether a carer would arrive that day or not. They take family carers for granted"

"More responsiveness from social services and more help with paperwork"

"Staff who would not give false promises"

"Emails answered. Hand book given to clients"

"A better response"

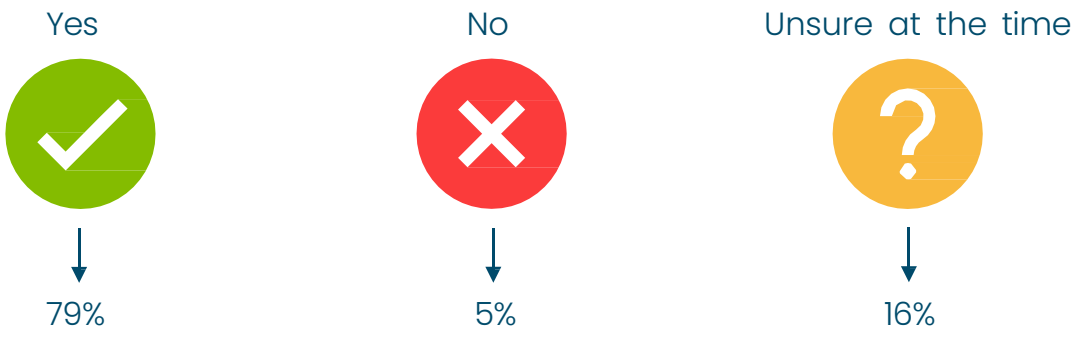
From the above resident comments, we identified 6 key themes:

- Better and/or increased communication: 5 mentions
- A smoother process: 3 mentions
- Shorter waiting times: 2 mentions
- Honest and realistic communication: 2 mentions
- More guidance about post care: 1 mention
- Specialist knowledge in the intake team: 1 mention

Receiving social care

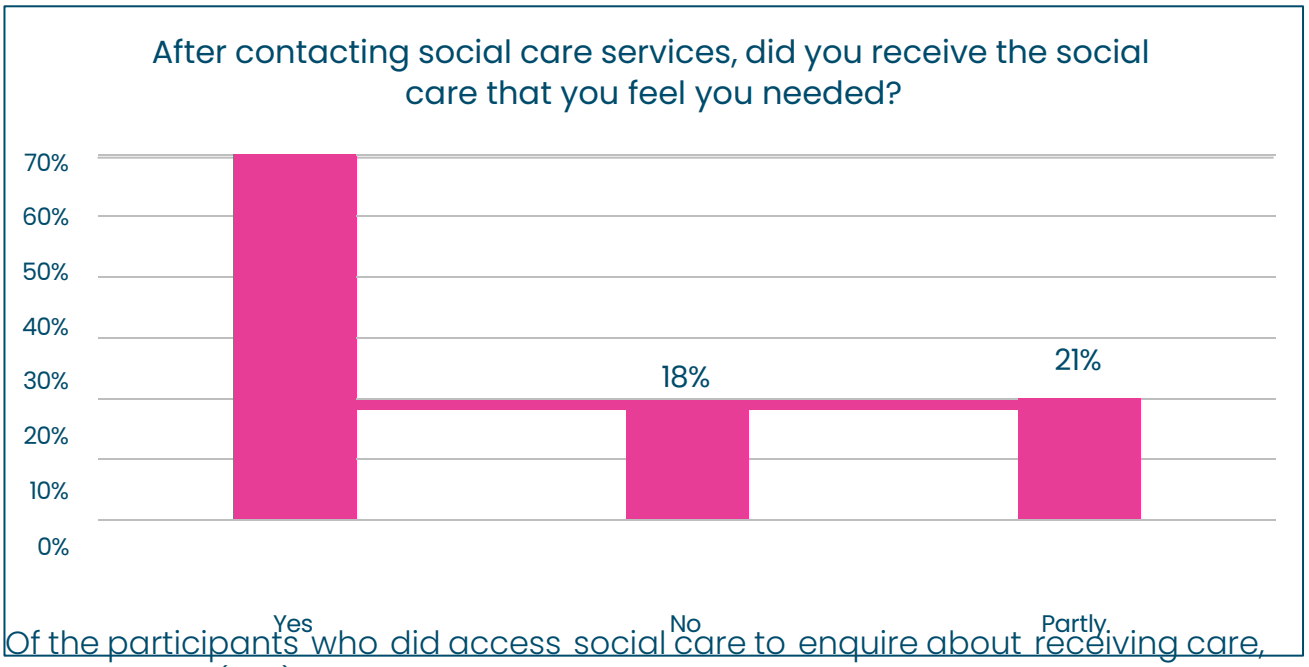
Healthwatch were also interested in whether residents intended to receive social care when they accessed services. Further, whether they felt like they received the care they needed.

Was it your initial intention to receive social care when contacting?



The large majority accessed social care services in order to receive some form of care. Only very few, 5%, did not intend to receive care, and 16% were unsure at the time.

While minor, it is worth noting that just over 21% of those accessing social care did so for a reason other than receiving care. This highlights the continued need for social care services to train for and provide other support information and advice, request assessments, or report a concern.



Of the participants who did access social care to enquire about receiving care, the majority (61%) felt that they received the care they needed. However, 39% did not feel they received care they needed to some or a whole extent, indicating that more work is needed to improve outcomes and ensure a consistently positive experience for all service users.

We invited participants to share why they felt that they did not receive, or only partly received, the care they felt they needed. Here is what some had to say:

"You really have to fight. You have to be an advocate to receive social care."

"Social services came to assess my situation with domestic violence but my son has autism and ADHD and they were not as responsive with that so I feel I'm missing support for that."

"The care home my daughter lives in is good but the support I was receiving for respite was not good enough."

Reasons for not receiving care

Of the participants who ticked "No" to whether they received the care they needed, we wanted to find out whether they were given a reasonable explanation . 15 participants answered this section.

Even if some individuals were denied care, this may have been the right thing for social care services to do depending on the context of the enquiry.

Healthwatch found that 2 in 3 (67%) of residents who responded to this question did not receive an adequate explanation. 1 in 5 (20%) were given an explanation and 13% were not directly related to receiving an explanation.

Those, who were provided an explanation, gave this feedback:

"Yes, that he didn't meet the threshold"

"Yes for the first 4 weeks provided but after that we felt a bit in the dark"

"I was told that it wasn't appropriate to spend money on my home"

Those, who were not given an explanation, shared their experience:

"No, the hospital falsely promised a care package for us that wasn't adequate. They said we met their care package offer before he was discharged but then told us we didn't when he actually was discharged."

"Sometimes we will submit a form like a blood test or some other paperwork and it won't be acknowledged by the team at LDBD, they will just send us another email asking us to send the form again. It takes ages and its not professional at all."

"No. Sometimes they miss me out when they're meant to come. I have to call them and ask them where they are. This has happened 3 or 4 times so far"

Perceptions about accessing social care

Healthwatch also wanted to understand how participants felt about accessing social care, and whether they experienced any stigma or taboo that affected how openly they shared that they had sought support or advice. Their perceptions may also influence whether they would access social care due to negative emotions such as discomfort, anxiety, stress or shame.

Did you tell anyone that you accessed social care services?

My family/partner and friends	Only my family/partner	Only my friends	A medical professional	No one
55%	20%	2%	14%	8%

Findings show that 92% of individuals told someone else that they accessed social care, whether that was family, friends, or a medical professional. However, 8% felt like they could not share with anyone.

Generally, participants were more comfortable telling their family than their friends, with only 2% choosing to tell only friends. This is not surprising, as family are often involved with providing extra care, support, or advice for an individual. Nevertheless, it is important to note that not everyone will feel comfortable sharing due to various circumstances.

We asked participants why they may have been hesitant to tell others that they accessed social care. Here is what they had to say:

"I'm religious and sometimes I feel guilt about whether God is punishing me or I did something bad to deserve this. Also I'm Kosovan and in our culture you're expected to care for your family and not seek help, even when things are difficult."

"Stigma, taboo, judgement. If certain people know your vulnerabilities they will

abuse you plain and simple”

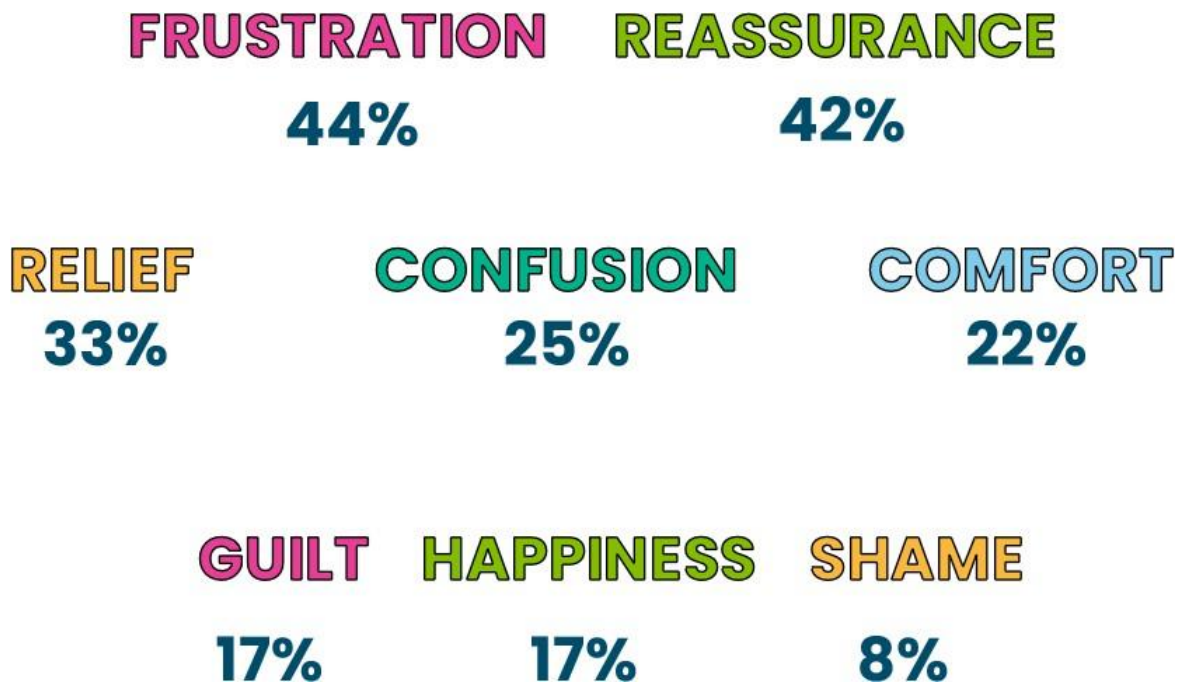
“I'm quite open now. I used to be ashamed but not anymore”

“I didn't think it was relevant to share with others”

Emotions when accessing social care

Participants were also asked what emotions they felt while accessing social care services, to better understand the personal emotional impacts of accessing social care.

What emotions did you feel when accessing social care services?



Frustration was the most reported emotion when accessing social care at 44% of responses, with Reassurance at a close second at 42% of responses. Frustration’s top place is a reminder of a user access experience that is felt to be negative and non-cooperative for some. This could be due to people’s experiences being impacted by delayed services, and what they perceive to be a low quality of care, as evidenced below:

"My son lives in supported accommodation but it took a lot of time for his social worker to get him into a new home with better care."

"Chasing all the time. Told one thing and nobody seems to know about it. Emails not answered"

"A bit frustrated over the language issues. They could have provided interpreters rather than rely on me as a family member."

However, 3 out of the top 5 emotions felt by participants were positive. Guilt and Shame were some of the lowest recorded answers at 17% and 8%, highlighting positively that there is a perceived lack of stigma and taboo around accessing social care services.

Shame and Guilt were generally thought of by participants as 'secondary' emotions relating to wider societal perceptions of their access, while Frustration and Confusion were thought of as 'primary', relating directly to their communications with service providers. No participants stated that they felt Shame or Guilt because of an interaction with a service provider.

We asked participants to share why they felt the emotions they selected. Here is what some had to say, from a range of experiences:

"Comfort and relief due to being unable to cope with life on my own. Shame due to society, taboo and stigma"

"You have to fight to receive the care you or your loved one deserves and it's a constant uphill battle"

"Happy to receive help from others. It's very easy to talk to them"

"Everything was so difficult to do, and so contradictory... and I'm an intelligent adult with access to technology!"

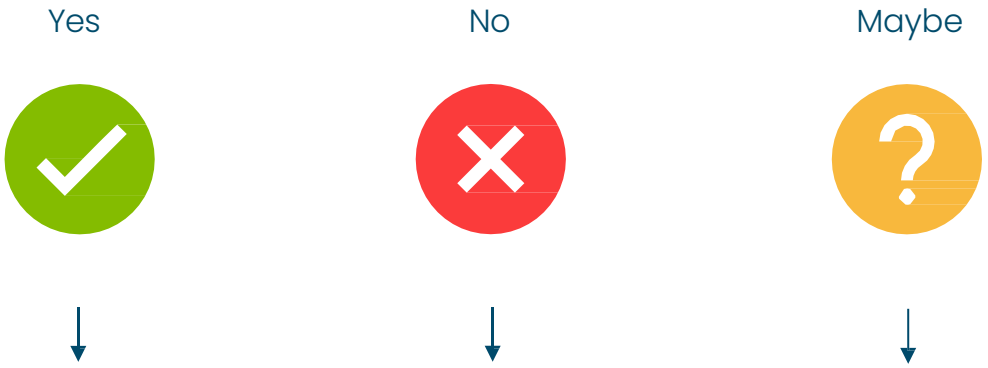
"Shame and guilt over what people would think of me and feeling like I failed, but relief because my daughter is happier in the home and has progressed."

Interestingly, some participants selected both Positive and Negative emotions to best describe their feelings, demonstrating a mixed experience. This could reflect how different aspects of local services have varied reception, or that seeking social care can be a confusing and vulnerable time.

Recommending social care after access

Healthwatch was also interested in whether participants who accessed social care would recommend that others do so, based on their experience.

Would you recommend social care services to someone you know?



2 in 3 (66%) of participants would recommend social care services to another, with only 8% stating "No", and about 1 in 4 (26%) remaining unsure.

"They helped me."

"No faults in my experience."

"I've had a 10/10 experience, and I want others to get the same advice and support"

While the majority said Yes, several participants expressed that they only ticked yes because accessing social care is the only way to receive help, regardless of whether they felt that the help they received was adequate or

not. This is important to note, because no one should feel forced to use what they feel to be an inadequate service because it is the only option.

Others shared that while they would definitely recommend that others access social care if they had a need, they would not want their bad experience to be replicated for them.

"If that's the only way, then it's the only way..."

"I would of course, if someone needs support, but I would not recommend my experience."

"Even with my poor experience with the carer I would still recommend home care to others"

Improvements to accessing social care services

Finally, Healthwatch asked participants if there was anything they would change about their accessing experience.

Out of 30 participants who answered this section, 40% said "No" and the remaining 60% of respondents shared that there was something they would change.

Staff who provide a higher quality of care and level of communication were the most common responses.

"Better information from staff and not having to fight so much just to receive the care that I know is my right"

"The waiting time and more updates."

"Yes, kinder staff, better communication, more professional and knowledgeable staff."

"Better communication and to listen more to family members who know the individual seeking care better."

"Just better accommodation for people with English as a second language"

Section 2: Those who have not accessed social care

Healthwatch was also interested to hear about residents' preconceptions and understandings about accessing social care from the "general public", i.e. those who have not accessed social care and are not likely to have experience with social care services.

Anyone may need social care after a complex medical procedure. Friends, family, and loved ones may benefit from signposting if they develop a need. Therefore, it is important to understand whether the public is adequately informed about how and where to access social care.

44 participants who had not accessed social care before answered this section.

Definition of social care

As the first question on this section on the survey, we gave participants an expanded definition of social care and asked whether they knew that the term 'social care' covered such a wide range of aid and care.

The definition we used is as follows:

"Social care covers several services including care homes, care provided at home, adaptations, aids and equipment, and support for people who are elderly, have disabilities, or are otherwise vulnerable. Some people may also need these services for a short period of time after being discharged

from hospital. Social care can be provided for both physical and mental health issues."

Findings reveal that almost 2 in 3 (65%) of participants ticked "Yes", that they did know this expanded definition of social care.

Of the 35% who ticked "No", we asked what surprised them the most about this definition. Here is what some had to say:

What surprised you the most about this definition?

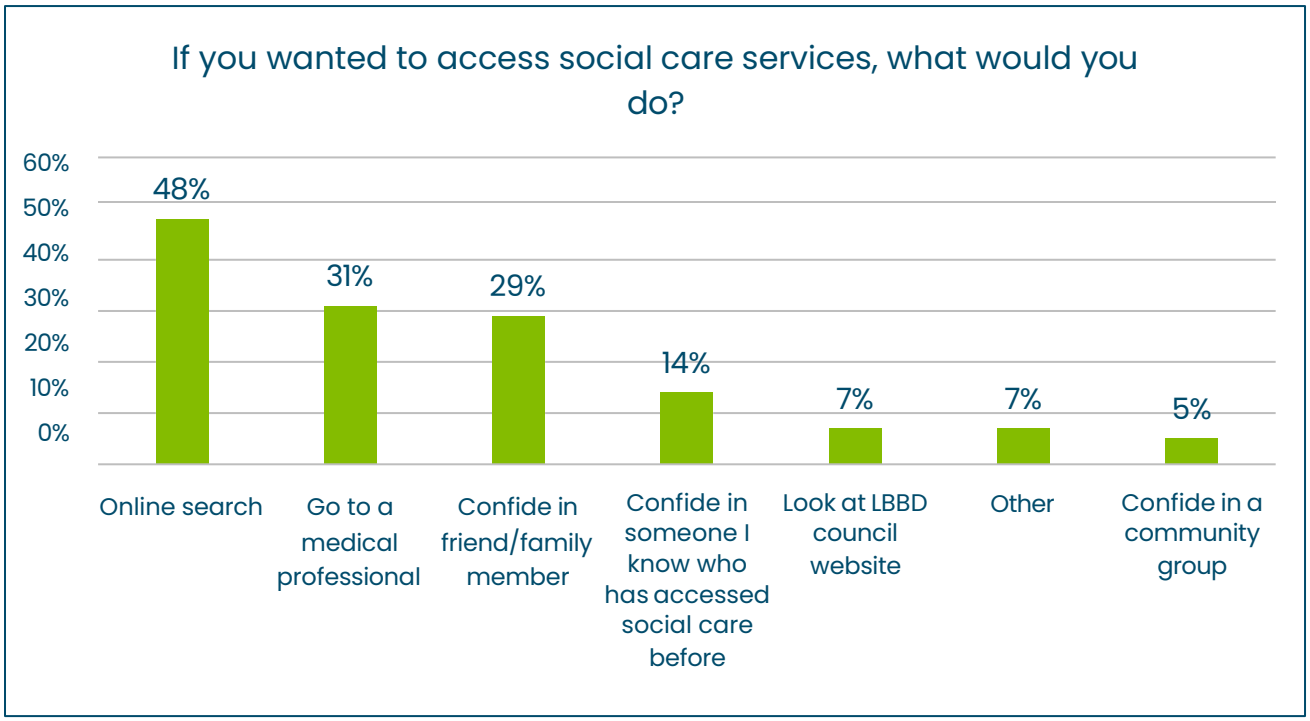
"That it ranged to many people. E.g. elderly, disabled etc."

"Physical + mental health"

"That otherwise healthy individuals can receive social care after a hospital operation"

"The fact that they could help to offer adaptations if necessary or at least point you in the right direction"

Methods of accessing social care



We asked participants to think about what they would do first if they needed support. Interestingly, the general public were much more likely to conduct an online search than go to a medical professional, despite data from those who have accessed services before revealing that they were more likely to go to a medical professional.[6]

There may be a public misconception about relying on online information to share all relevant information about social care access. This is because some people may wrongly assume that online information covers everything they need to know about accessing social care. Alternatively, they may be more likely to access information online first since they are not at a point of crisis.

These findings also highlight the importance of the online information being up to date, as almost 1 in 2 of our participants assume they would access social care online.

3 participants ticked Other. Here is what they shared:

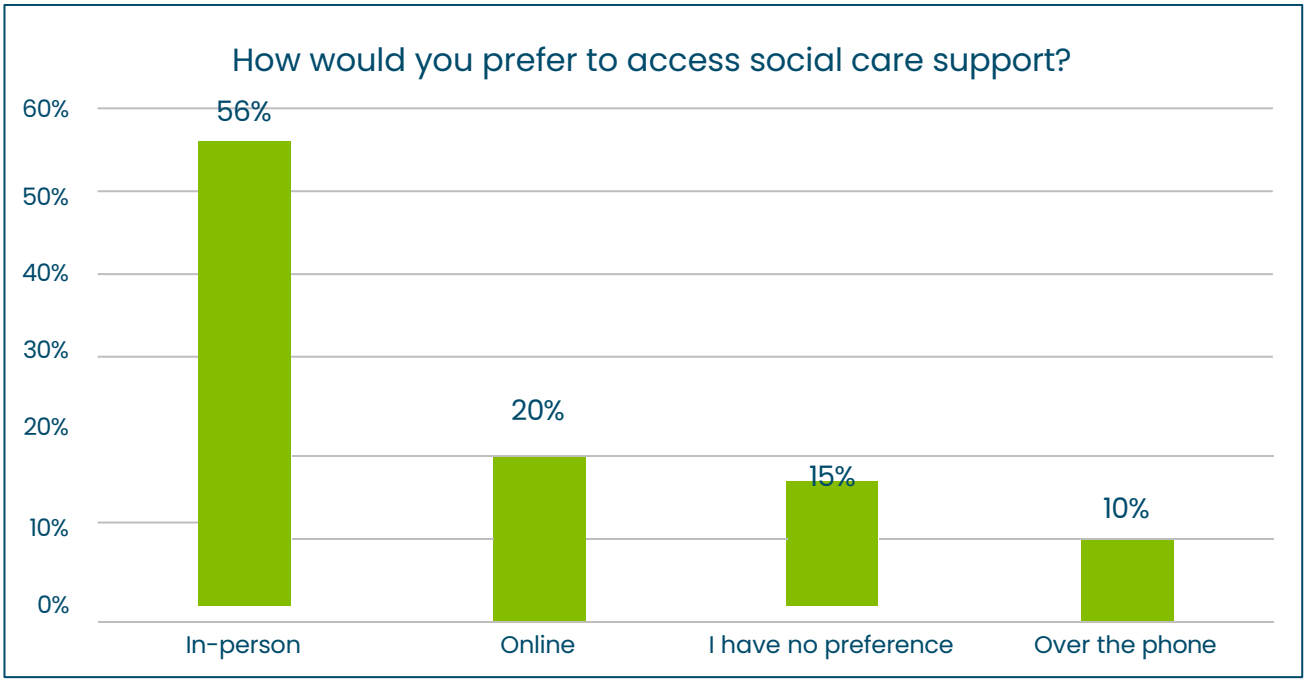
"Go straight to social services."

"Age UK."

"I would go to the council or even my local MP."

Like with those who accessed social care, we also asked the general public whether they would prefer to access social care in-person, online, or over the phone:

[6] Please see page 11 for full graph.



The majority of participants would prefer in-person access. . Our earlier findings showed that the majority of those accessing social care also accessed services face to face, which was provided by the council and local services.[7]

Only 10% of participants stated that "Over the phone" is their preferred method.

While our data shows large disparities between types of preferred methods, it is still important to provide personalised support and let the individual choose what works best for them. To demonstrate, here are examples of one positive view for each access method:

"Phone easier for me to speak."

"Because of my culture this type of thing isn't spoken about. Doing it online is more discreet"

"You can talk to people properly face to face."

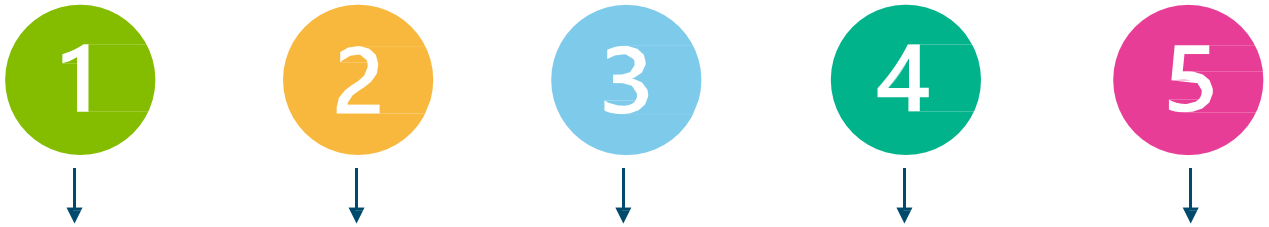
Likelihood of accessing social care services

[7] Please see page x for full statistics

After finding out about the general public's preferred methods, we then asked how likely they would be to access social care services now, if they had a need.

The reason for this question was to better understand how confident the general public feels about accessing services and whether they encounter any barriers when trying to do so. Participants were asked to choose on a scale of 1 (Very Unlikely) to 5 (Very Likely).

On a scale of 1-5, how likely are you to seek support from adult social care services if you have a need?



10% 5% 18% 38% 29%

It is promising that over 2 in 3 (67%) of participants were Likely or Very Likely to access social care if they had a need.

Of the 33% who were not, these were the most common reasons:

1. Concerns about their loss of independence (3 responses)
2. Not knowing enough information about services to feel confident accessing (2 responses)
3. Lack of cultural representation (2 responses)
4. Negative word-of-mouth feedback putting them off (2 responses)

While the dataset for these reasons is small, these findings still highlight important local concerns about access. Seeking social care support can be a highly vulnerable time, so concerns such as negative word-of-mouth feedback are particularly resonating for others to hear, and could have a cumulative negative effect as such feedback spreads.

"Not confident about awareness and not enough info for general public. Usually this info is only found at the point of need"

"Just not aware enough of services. Also would be more likely to if there was representation from my culture. I am Black African"

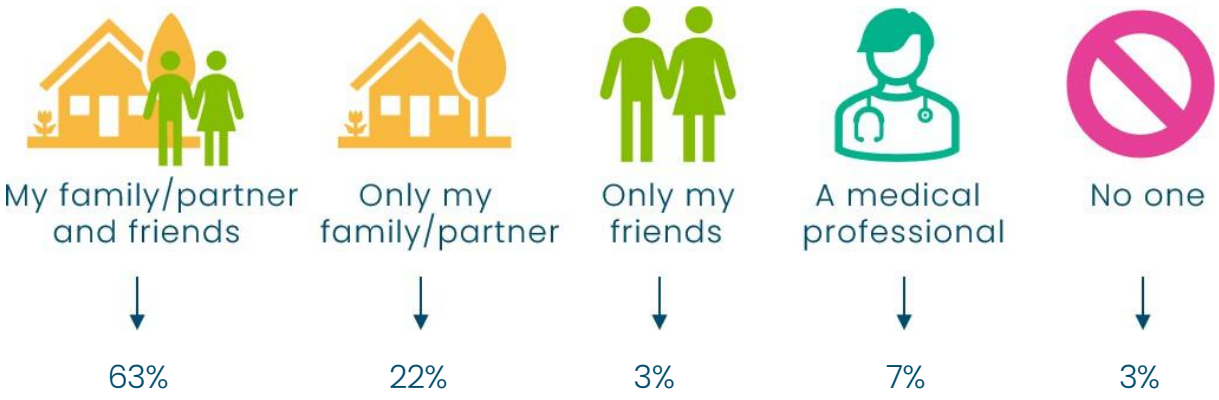
"I know from personal experience … a lot of service user feedback is very negative and has put me off. I'm also friends with several elderly people and they told me negative things. I even had an operation and was offered carers but I declined and said I do not want carers."

I would put it off right until I desperately needed it because I would feel useless and like I've lost my independence."

Perceptions about accessing social care

We also asked the general public whether they would tell anyone that they accessed social care.

We asked this question to both those who have accessed social care and those who have not, to assess any disparities between the two groups.



We found that a slightly higher proportion of those who have not accessed social care believed that they would tell family and friends (55% vs 63%) and a marginally higher proportion would tell only their family, or only their friends (20% family and 2% friends vs 22% family and 3% friends).[8]

[8] Please see page 20 for full statistics on perceptions of those who have accessed social care

Interestingly, twice as many individuals who accessed social care reported telling a medical professional (14%) compared with only 7% of the general public who think they would do so.

One participant ticked 'Other', stating:

"Depends on what I'm accessing it for."

When asked to expand on why they may feel hesitant to tell others, participants shared a range of concerns.

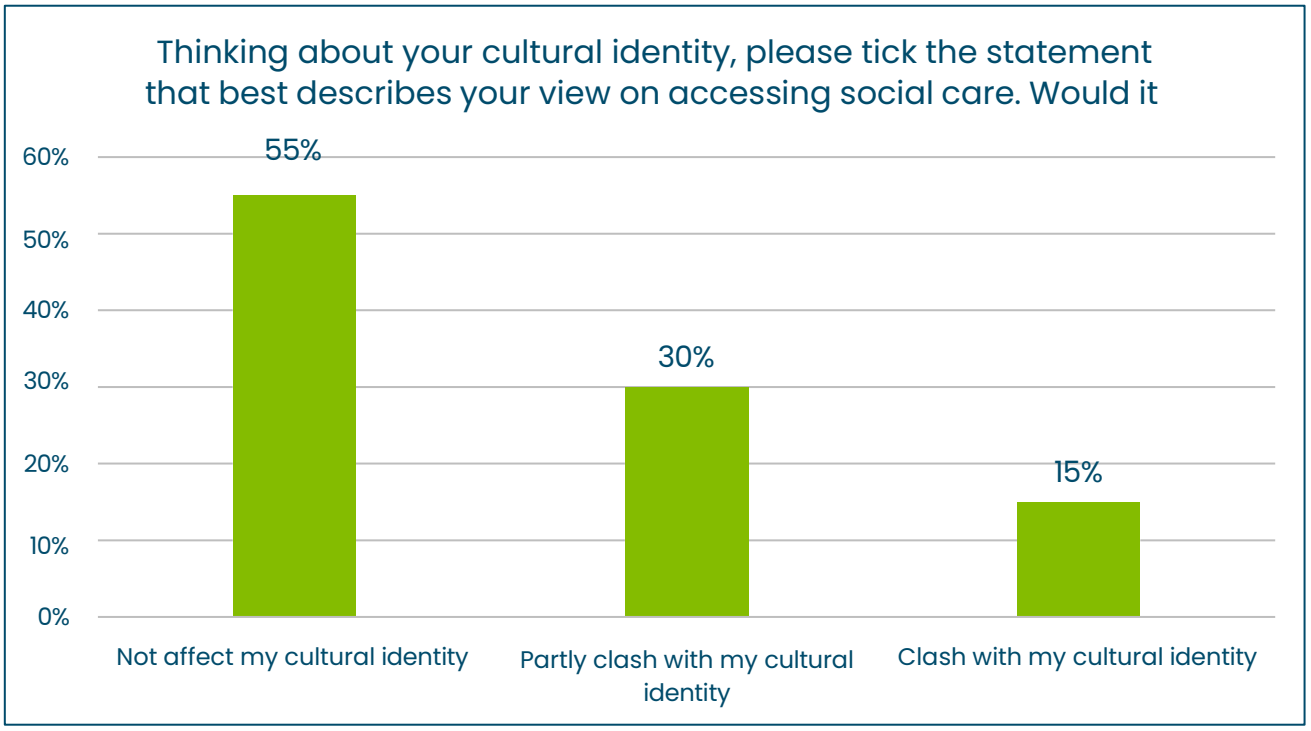
Of the 13 participants who wrote answers, here is what they said:

Cultural identity

Healthwatch also asked the residents whether they thought their cultural identity would clash with accessing social care services.

In our 2023 *Perceptions of Access to Social Care Within the South Asian Communities in Barking and Dagenham* report, we asked this question aimed at South Asian communities. We wanted to include this question here to account for a wider range of communities who may have specific concerns or barriers around accessing social care.

Participants were also asked to tick the statement that best describes their cultural identity in relation to accessing social care.



A small majority (55%) of respondents stated that accessing social care would not affect their cultural identity. Meanwhile, 30% stated it would partly clash, and 15% stated it would clash. This totals 45% of respondents who believe that accessing social care would impact their cultural identity in some way.

Respondents shared that they would feel judged by their cultural community, would be concerned about being perceived as a 'bad' family member for seeking extra support, or would feel pressure to look after their own family.

However, some were more positive, with other participants sharing that despite the above stereotypes they always felt supported to get extra help they need from their cultural community.

"I'm a Turkish lady, I'm expected to look after my mum."

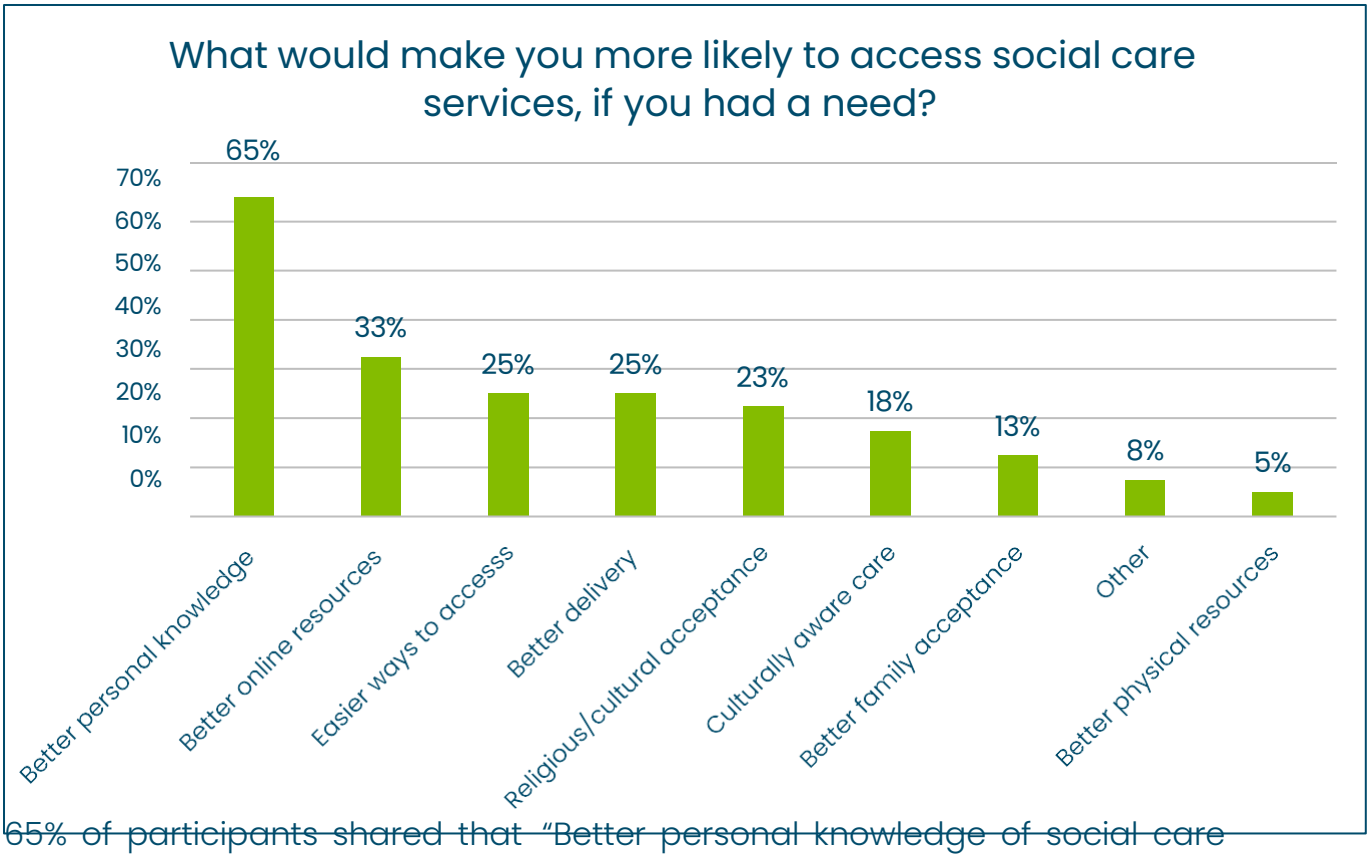
"I'm Muslim and we are taught to bottle things up and deal with it ourselves."
"Naturally there is stigma in our Black community when you seek support which is outside of your immediate family"

"It is seen as a negative to put your family in a care home. You don't want to seem like a bad child, so there's extra pressure there."

While some responses shifted into how participants would feel if they or a loved one received social care, these comments are still important to note as such feelings may dissuade people of an ethnic or cultural minority in England from accessing social care services if they had a need.

Increasing the likelihood of accessing social care services

In order to best capture what information, knowledge or services residents feel they're missing so that they can access social care confidently and correctly, we gave a series of options and asked participants to select which ones they thought applied best to them.



65% of participants shared that "Better personal knowledge of social care services" would make them more likely to access services if they had a need. The second most popular option was "Better online resources" at 33%, followed by "Easier ways to access" and "Better delivery" at 25% each. "Religious/cultural acceptance" from your wider community was at 23% and "Culturally aware care" was at 18%.

"Better acceptance from family/friends" came in at 13%, and 5% of participants specifically shared that "Better physical resources", such as leaflets or posters in public areas, would increase their likelihood of accessing.

Of those who selected 'Other', here is what they shared:

"Better integration of social care services within the community."
"If my family recommended it, I will."
"Less anxiety around it."

Case Studies: Real stories

Senior Support Worker at a local care home, working there for over 15 years. Accessing social care on behalf of her clients.

"Services don't speak to each other and they lack communication. It's almost like you're fighting with one service against another. I'm doing this job to try and make a difference. And the services which are meant to be helping our residents aren't doing basic things right. It's disheartening.

For example, I've witnessed two boroughs fighting against each other because neither of them want to pay the costs for an individual in care because that individual lives in a different borough but is registered with our care home. Another example is that I did a referral for a client, and Community Learning Disability Team (CLDT) Barking and Dagenham said we need a health assessment for their GP to look over. We sent the forms and they just came back to us and said "we don't deal with this" and sent it to another service.

None of them know who or what they're meant to be dealing with. For example, they'll send us across hospitals and give the wrong recommendations. Like, one social worker sent one of our residents to a hospital that doesn't support hoisting, so after all that waiting, they had to cancel the appointment and reschedule to another one which does. Social workers should know these basic things.

CLDT BD is the worst. They have rude staff and have sent me abusive letters. All our referrals go to CLDT BD. And sometimes they're okay but sometimes it's really bad. They're meant to guide our referrals to the right place but they don't know basic things. It takes about 6 months just for a referral to go through. And that's with me chasing them. Sometimes we receive really nasty emails from them, and my manager just tells me not to engage and to respond with "ok, noted" and move on. I used to get engaged because I wanted to fight back because it's not right to speak to someone like that, especially when you're representing the vulnerable.

The residents can't just go to an ordinary dentist, they need to be seen by a specialist. One of our residents who is in her twenties has been waiting with a toothache for months. I have to give her pain relief every day, and her face is swollen. She's in pain all the time.
Lots of our residents in the care home, and adults with learning difficulties more generally, must wait a long time for a dentist, or any other hospital service for that matter. There just aren't enough healthcare professionals who can accommodate extra needs.

We even raised two safeguarding concerns on behalf of two of our residents against their social workers. One was for an old lady who we think is suffering from dementia, she's getting more forgetful and her mental health has really declined. Her social worker also took her off her medication without duly considering the effects it would have on her mental health. We sent a referral form to CLDT BD to get a mental health assessment and after weeks, they emailed back and asked for us to submit the form, when we already did! They also asked for her blood test twice, even though we already did it and sent the results off the first time. Don't they read their emails? It was 8 weeks before she received any extra help. And as soon as we put the safeguarding concern against her social worker, they gave her an appointment. I shouldn't have to fight and literally scare them into doing their job properly."

Family carer for son and husband, accessing social care on behalf of her son and for her own respite care

"My son lives in supported accommodation, but it took a lot of time for his social worker to get him into a new home with better care. He has diabetes and the food they were serving in the old home was not right for him. The new home is doing their best, I think. But now my son has withdrawn and is non-verbal. Before he was quite social. I worry it is because of treatment at the old home. If only he could go to the new home earlier things might be different.

I also sought support for myself as I am a family carer for my husband with dementia. I wanted respite care and they said they need me to give them 3 weeks notice. It's useless to me - if I want to go to the food shop, I have to wait 3 weeks? I can't leave my husband alone ever. It also puts me off asking for respite care. Why would I wait 3 weeks just to go and do minor things by myself, I may as well not do them or take my husband with me. But it's not fair on him either to go everywhere with me."

Family member who accessed social care on behalf of her aunt

"I accessed social care on behalf of my aunt who had bad English. She needed social care due to mobility issues. After a knee replacement her GP referred her to social services to provide mobility aids in her home. They added a toilet chair in her bathroom and put in an accessible washroom with support rail. That part was quite smooth and the whole process happened quickly.

My aunt wasn't even aware she could get so much help so I'm glad the GP recommended social care. But because of her poor English the social services team should have provided interpretation services rather than rely on me as a family member, when I'm already under stress. It was frustrating. But that was my only complaint, otherwise everything else

really was smooth. I would recommend the service I received to others."

Service user accessing on their own behalf

"Due to my disability, I find it difficult to write and send emails without the support of a reader / scribe. Therefore all the digital admin side of things, Aing and receiving online information, is a barrier for me. Having people in the intake team with some specialist knowledge about aids, equipment or services would have made it easier for me to access services. Most are admin staff and will pass you on to another colleague, which lengthens process. After accessing services, I did feel like I got the support I needed, but mostly because I have direct payment to employ carers so I am satisfied because I can control the care I receive.

I felt guilt, confusion and frustration because I felt like I was made to feel like I was the problem. That somehow, I had chosen to be disabled and receive care which I needed. When a social worker says to you, it's fine to use a pad for toileting, and I have academic qualifications and I'm intelligent and articulate, what will they say to an elderly lady who can't stand up for herself? It is not appropriate at all.

I feel like I've had to know the law and be an expert in the Care Act to get what I'm entitled to. I'm disabled and have enough to deal with as well as interpreting the Care Act. I've had to say before, "If you take my care away you'll breach the Care Act" and they know that, but other users might not be aware of the Act.

Health and social care services should merge because if you take it out of the hands of local authorities then the postcode lottery would stop and more people would get what they're entitled to. There also must be more funding to local authorities and to move away from the idea that disabled people are seen as burdensome."

Service user

"There is NO consistency or accuracy at all. Literally every person or agency says something different, most of it incorrect. Timescales are a joke.

I was in hospital and needed a suitable bed downstairs in my home to be discharged from hospital. I had to arrange the purchase delivery and setup of this via my phone from my hospital bed. I was threatened with otherwise being left alone in an upstairs room, or the council literally clearing my house. I needed rails installed on my home urgently, before release from hospital. The right box didn't get ticked, so these were installed over a year later. I should not not been sent home alone from hospital at all, but to a rehabilitation centre. The system prevented this at every turn.

Rails were eventually supplied, although far too late to be very useful. I am tough, so I recovered fairly well from injury. I got a few weeks of home care. I managed the rest, by paying people and calling in a lot of favours. I don't know what would have happened if I had been elderly or unable to do all that via a mobile."

Section 3: The Adult Social Care LBBD Webpage

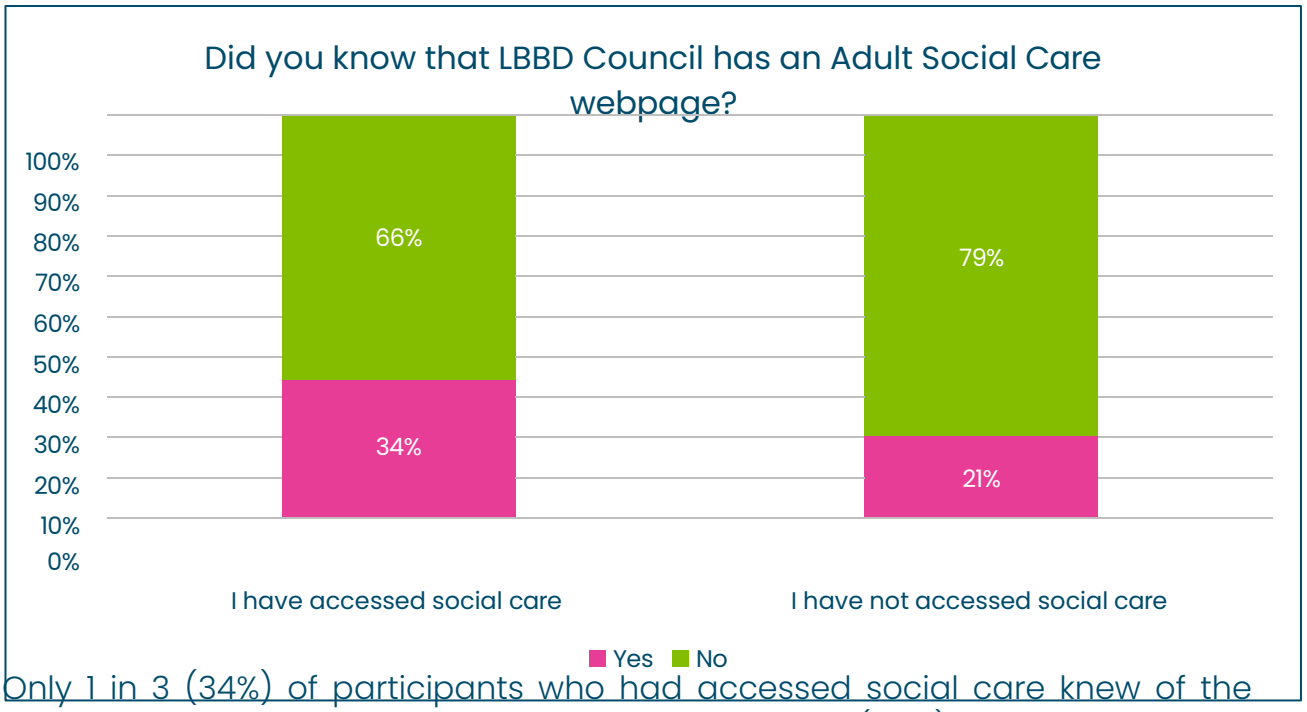
Healthwatch was also interested in assessing all survey participants' knowledge and understanding of LBBD's Adult Social Care webpage, whether they have accessed social care or not. Having a better understanding of the extent of local residents' knowledge of the council webpage can help better inform future social care access practices.

As part of our survey questions, all participants were asked about their knowledge of the LBBD Adult Social Care webpage and whether they had used it before.

To strengthen our findings, we also conducted an interactive focus group led by a Healthwatch team member. Attendees were asked to explore the webpage and provide a series of initial thoughts on the webpage's information, accessibility, and usability.

Survey respondents

34% of those who had accessed social care before knew of LBBD's Adult Social Care webpage. This is compared to 22% of those who had not accessed social care services before.



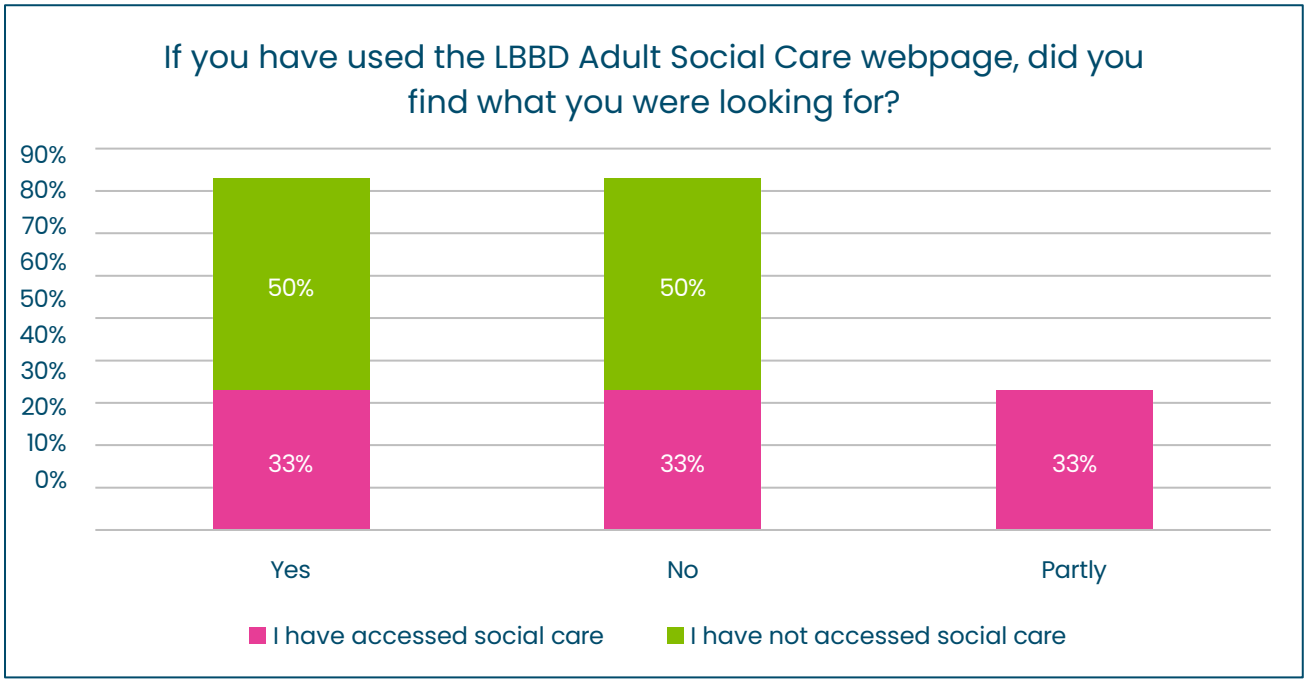
Only 1 in 3 (34%) of participants who had accessed social care knew of the LBBD social care webpage. Therefore, the majority (66%) who did not know

about the webpage may have missed vital information that may have benefited or supported them.

The small percentage difference of 12% between knowledge of the webpage from those who had accessed social care, and those who had not, tells us that not many more people who had accessed social care knew about the webpage. This suggests that those who accessed social care were also not aware of the website.

Nevertheless, 1 in 5 (22%) of participants who have not accessed social care are aware of the webpage. We hope that this awareness enables the general public to feel better informed about the social care and support on offer if they ever have a need.

We then asked participants to share whether they found the information they needed if they had used the webpage before. A total of 13 participants completed this section: 9 who had accessed social care before, and 4 who had not.



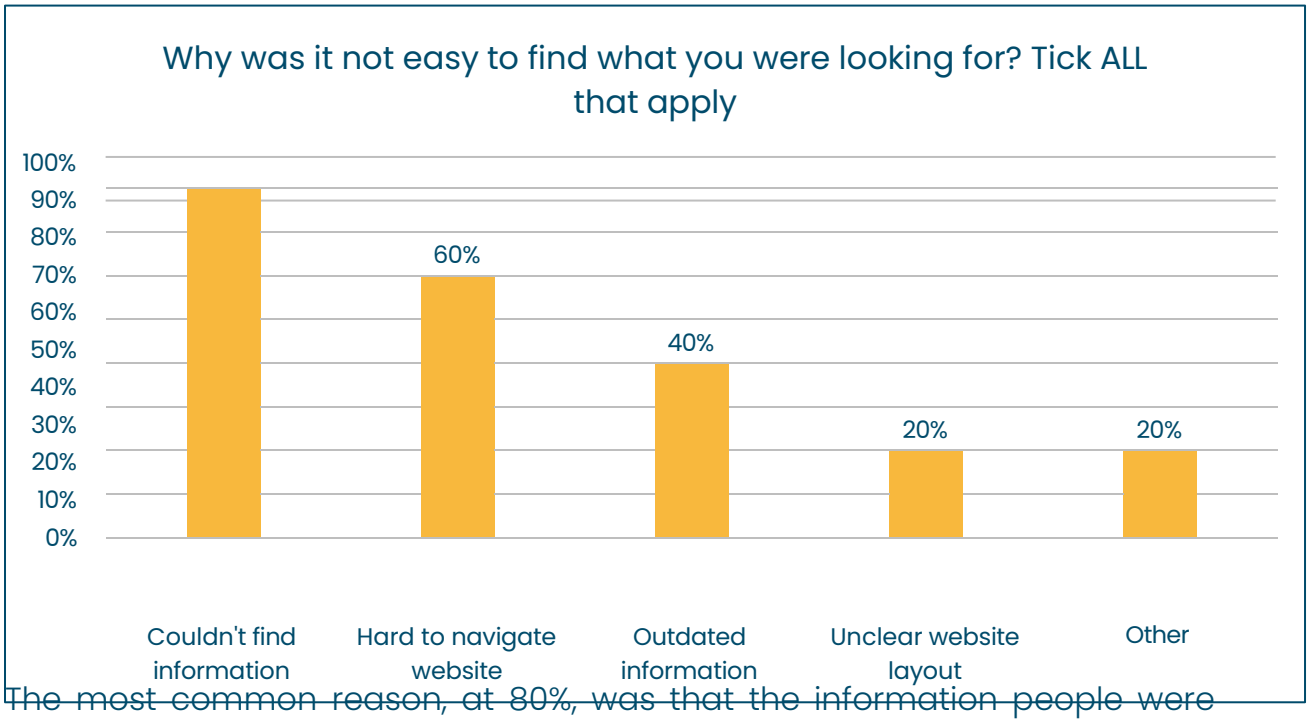
Rates of use between those who had, and had not, accessed social care were higher amongst social care accessors. 69% of social care accessors who knew about the webpage used the webpage, compared to only 50% of people who had not. This is understandable as those actively seeking social care support are more likely to interact with the page.

There is a 33% split between participants who had accessed social care before.

Of those who had not accessed social care, 50% said “yes” and the other 50% said “No”.

There is, therefore, a proportion of people trying to access the social care webpage who are not finding all of the information they need.

Of the participants who answered “No” or “Partly”, we then asked why it was not easy to find what they needed.



The most common reason, at 80%, was that the information people were looking for could not be found. This could be for several reasons: either the information was difficult to find on the webpage, or they gave up because the website was too difficult to navigate, or that information simply was not there.

The second most frequently cited issue, reported by 60% of respondents, was difficulty navigating the website. If someone has difficulty navigating a website, they cannot easily find, understand, or move between the information or features they are trying to access. This can result in backtracking, taking longer to find information, and feeling confused. A further 20% indicated that the website layout was unclear. These findings

suggest that some service users may not find the website as clear, accessible, or helpful as intended.

The finding that 40% of respondents encountered outdated information highlights the need for consistent and timely updates to relevant content as circumstances change, given the potential for significant impacts on individuals' lives.

One individual selected "Other". Here is what they shared:

"That website is … so disorganised that I refuse to use it."

Finally, we asked survey respondents what they would change about the website. Findings revealed three main themes: making designs more user-friendly, updating information, and making information clearer.

Focus Groups

Healthwatch also conducted an interactive focus group to draw out deeper insights from attendees. A total of 8 people attended.

Before our focus group, 6 out of 8 attendees knew of the webpage, and 3 out of 8 had used it before. All 3 found the information they were looking for.

After asking for attendees' initial thoughts, we asked a series of open-ended questions about three key aspects of the webpage: Usability, Information, and Accessibility.

Initial thoughts

Information-dense

"There's so much on there. It's too much. I appreciate they have to cover everything but still."

"A lot of information, there is no way to establish what support I would be entitled to"

Heavy text reliance does not consider additional needs

"Too many texts and links and lacking graphics or videos. People with sight issues would have major difficulties"

"As someone without accessibility needs I am overwhelmed and for a service user it would be even worse. The translate section should also involve text in the home language listed e.g. *Polski*, *Français*."

"If you don't know which category you need, it's hard to make a choice. Symbols, visual aids, videos would help"

"Information is clear and useful but having it all text-based is harder to use. It needs the translation option to be clearer (in other languages) and some visuals."

"Uncluttered and ordered home page but lack of images."

"They should cover the bare necessities initially. A voice speaker would be helpful for those hard of sight."

"It needs more visual stuff. I would suggest seeking a disability-friendly designer to restructure website or website accessibility checker"

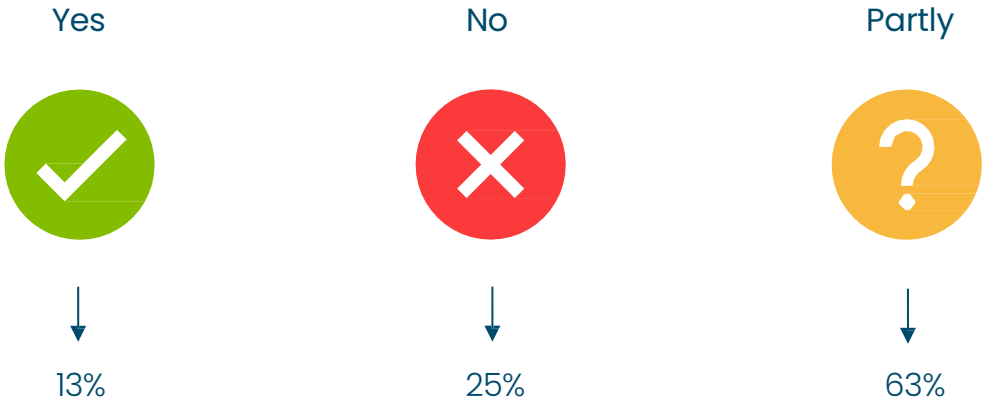
Necessary information is hard to find

"Honestly, actual help or contacts are hard to find and I think that anything that costs the council money, they'll hide under subheadings and links."

Usability

We then asked focus group participants whether they found it easy to find information on the website. For over half of our participants, this was their first time interacting with the webpage.

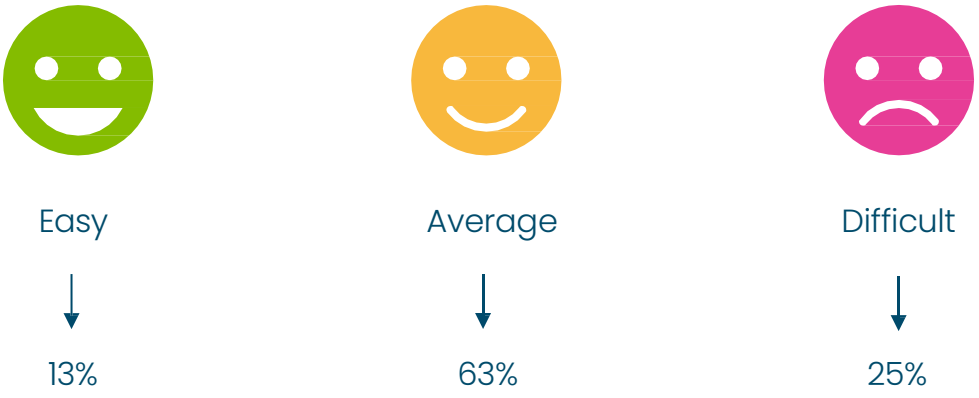
Is it easy to find information on the webpage?



Only 1 participant felt that it was easy to find information on the website. The majority ticked "Partly", and in total, 88% found that information was not easy, or only partly easy, to find.

"I would prefer it alphabetical with all the sub-headings, or group them by theme: e.g. 'Help', 'Advice'"

How would you describe the navigation?



Only 1 individual (13%) found the navigation "Easy". The majority of participants found the navigation "Average" and 25% found it difficult.

While the webpage is intended to support service users, these findings suggest there may be room for improvement. If 89% of our focus group participants without accessibility needs did not find the page "easy" to navigate, it is possible that individuals with additional accessibility needs could experience even greater challenges.

After asking how easy it was to find information on the website, we then asked focus group participants the open-ended question of whether they think the "right" amount of information is on the website.

We chose this phrasing as we wanted attendees to make their own judgements about balancing information on adult social care against the user experience of the webpage. While a lot of information may seem necessary, it is important to present this information in memorable and accessible ways.

Do you think the right amount of information is on the webpage? Why/Why not?

43% 43% 14%

"Not really. Too much and not targeted to the right people"

"No, there is a lot"

"Too much"

"Yes, it is categorised well"

"Information level is right - clearly laid out and all there, but could do with being able to find the most useful bits with less clicks and reading"

"Yes but it isn't arranged well. Too many clicks to get through to information"

"Information is just about right but it needs to be more easy in a way by adding videos etc"

86% of participants commented on the amount of information being too much or not presented well, suggesting that website content should be organised in a more accessible and user-friendly way.

This could include reorganising information or adding more images, videos, and interactive elements. As seen below, some attendees became aware later that some sections featured informative videos and images, but the fact that they were not obvious consolidates the need to prioritise visual content in an otherwise text-heavy webpage.

Would you use this webpage again to find information on social care in Barking and Dagenham? Why/Why not?

14% 28% 58%

"Yes, but there is not really an alternative option"

"I would but only because it is the only source of information"

"No. I'd rather ring up. I don't use the internet so this doesn't suit me"

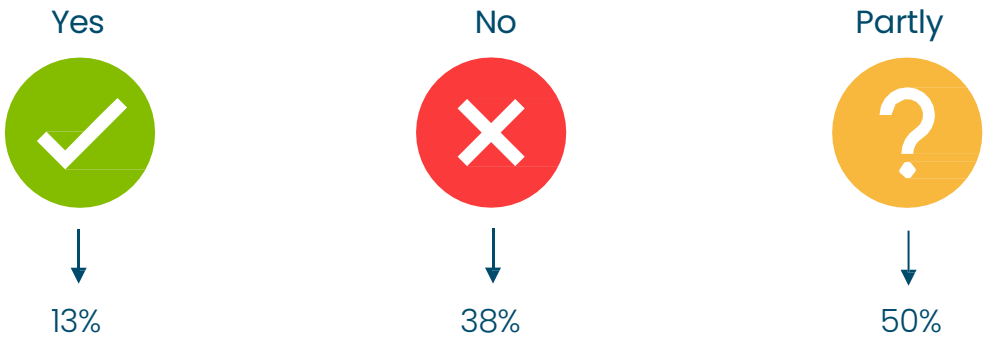
"Yes if I was helping someone who could not access it"

"Yes - now I know there are things like the video of what to expect with a social care assessment, I might use it more. I haven't spotted that before."

Interestingly, 2 attendees (28%) commented on how a lack of alternative sources of information made them feel there was no other option. This can further limit individuals seeking information.

It is also worth noting that, as 1 attendee voiced, not everyone has digital competency or access to digital technology, and these rates only increase amongst those who are seeking to access social care. Therefore, it is important that the LBBD webpage considers alternate forms of information sharing outside of digital.

Is it easy to find contact details or website links to other sites?



We then asked attendees to spend some time looking for contact details or links to other sites in order to gain better insight into how well the webpage signposted external links and contact information.

Only 1 participant (13%) said yes, with the majority (50%) stating "Partly" and 3 participants (38%) saying "No".

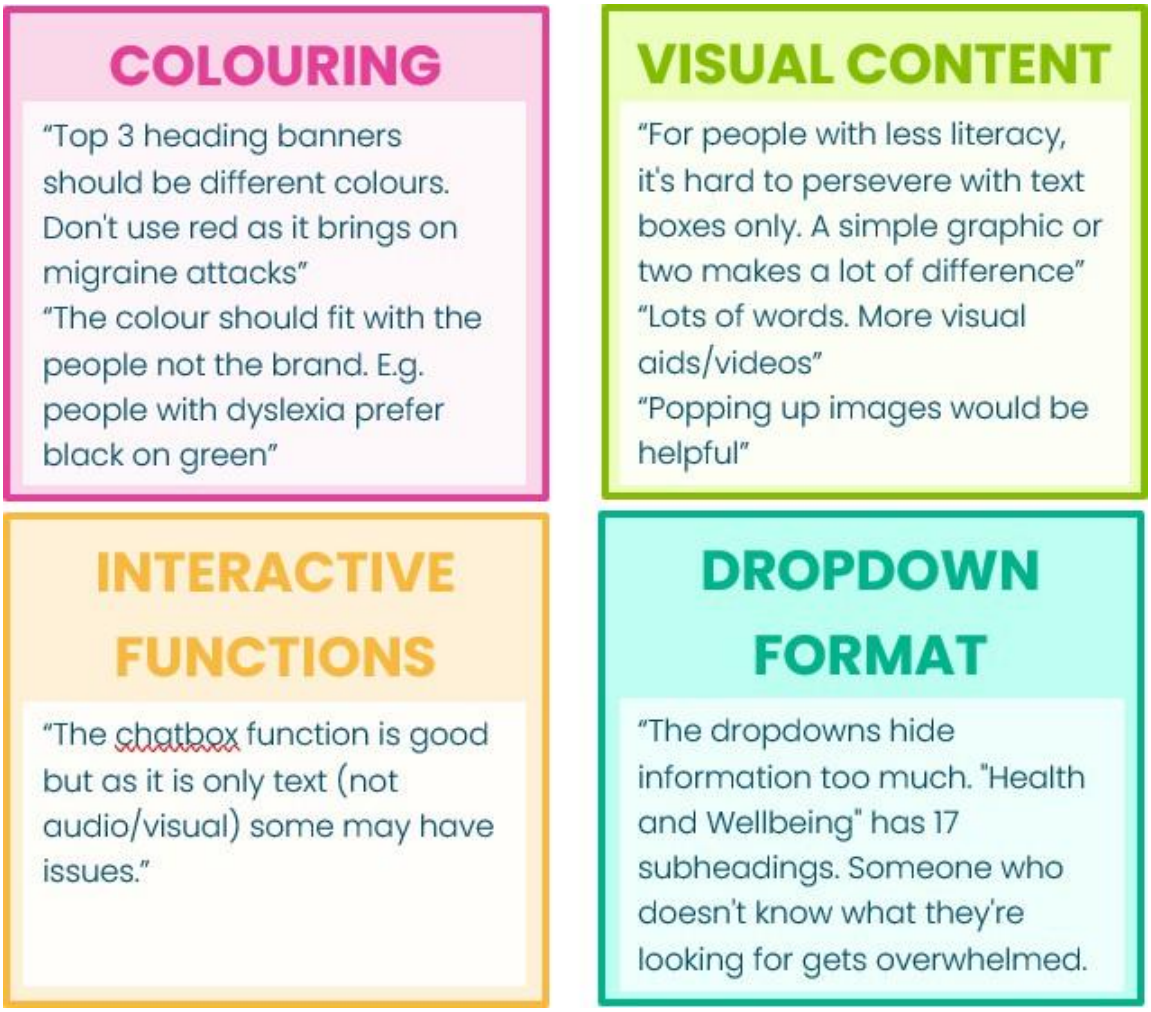
We asked this question because when accessing digital information, like on a webpage, end users will need to access key information quickly and easily in order to contact someone or find out more specialised information, for example from a care agency website. The LBBD Adult social Care webpage should serve as that informational hub.

Accessibility

Healthwatch also asked a series of questions on accessibility to attendees. Prioritising an accessible user experience is vital, particularly as many of those seeking to find out information on social care or access services are more likely to have additional needs, and less likely to have digitally competency.

The first question asked about any part of the design which may make information less accessible for end users.

Is any part of the design (colour scheme/buttons/links/dropdowns) making information less accessible? Please expand



Did you notice any words or terminology that might be difficult for some users to understand? Please expand

One key barrier for many end users making website less accessible is language and terminology, for a variety of social, economic, language, and/or disability-related reasons.

Another factor is health literacy. According to 2023 figures, Barking and Dagenham is the worst performing Borough of London for health literacy rates. 57.55% of the population aged 16-65 in Barking and Dagenham do not possess adequate health literacy skills.[9]

[9] University of Southampton and NHS England, 2023. *Health Literacy: Prevalence Estimates for Local Authorities*. Accessed 18/12/2025 https://healthliteracy.geodata.uk/.

While some attendees responded “No”, that they did not notice any difficult words or terminology, others were more sensitive to potential issues. Here is what they had to say:

My beneficiaries weren't even sure what "social care" was. Images would help. "day centre" also isn't clear. Explanatory sentences would be good e.g. for Heathlands Day Centre that would be good on the main page with a phone number (it is on the general page but I didn't find it until I'd clicked around quite a lot)”

“Even something like "Health and wellbeing", for a start, if you have language barriers. Make language simpler”

“I think the language is the language of people delivering the programme rather than people using. Words like ‘assessing’, ‘safeguarding’, ‘plans and strategies’ ‘market technologies’. An ordinary person doesn’t know what that means. Also, older people don’t like being called “older residents” say 50+ instead. The terminology of ‘older’ is almost demeaning”

Overall confidence

Finally, we asked attendees to measure how confident they felt using the webpage overall, on a scale of 1 (Not confident at all. Unable to use) to 5 (5 (Very confident. No difficulties).

No one stated that they were at 5 (Very Confident). This is worrying, as for end users trying to understand a confusing and varied service provision, information and webpage navigation should be as clear and accessible as possible.

75% of attendees stated they were between 3 (Average: not confident but could successfully use) and 1 (Not confident at all), with the majority (50%) putting their confidence level at 3.

Conclusion

This report has shone an extensive light on methods, preferences, and barriers to access from both lived experiences of residents who have accessed social care before, as well as perceived experiences of residents who have not. The roughly equal split between lived and perceived experience allowed us to make informed comparisons between actual and assumed quality of accessing experiences.

Those who have accessed social care before

Healthwatch was pleased to gather findings of people with a combined experience of accessing 11 types of social care, ranging from care homes to support with domestic abuse.

The majority (55%) of participants found out about social care through a medical professional, which was much higher than any other path, but this figure balanced out when it came to actually accessing social care. At the point of access, pathways were split almost evenly between through a medical professional, through a friend/family member, or through self-referral.

The majority (57%) of participants preferred in-person support when accessing, however preference should always be taken on a case-by-case basis to accommodate all needs and preferences. For example, one participant shared that they find it less anxiety-inducing to speak over the phone.

Over 2 in 3 (68%) of participants stated that it was "Easy" or "Very Easy" to access social care. The most common responses for the remaining 33% who did not find it easy were "Long waiting times/limited capacity" and "Unprofessional/Inconsistent levels of advice/care".

The large majority (79%) of participants accessed social care in order to receive care, with 60% receiving the care they felt they needed. Of the 40% who did not feel they received the care they needed, 2 in 3 did not feel that they received an adequate explanation as to why.

Nevertheless, 2 in 3 (66%) participants would recommend local social care services to someone else after having accessed. However, it is important to

keep in mind that some participants were prepared to recommend social care to others despite their own unsatisfactory experience.

Perceptions of social stigma and hesitancy to tell others were very low, with over 9 in 10 (92%) of those who accessed social care telling someone else. "Family members/partner and friends" was the most common category at 55%.

Unfortunately, "Frustration" was the most common emotion felt by those accessing services at 44%, followed closely by Reassurance at 42%. This is in stark contrast to participants who had not accessed social care. Only 10% of them believed that "Frustration" would be an emotion felt, with the most common emotions in this cohort being "Relief" at 46% and "Reassurance" at a similar 39%.

The main improvements which those who have accessed social care before would like to see is better quality and more specialised staff, better quality care and better quality communication. This will be further considered in the recommendations section.

Those who have not accessed social care before

Gaining a better understanding of the views of the general public who have no previous experience with accessing social care also helps build a better picture of stereotypes, perceptions and potential barriers to accessing social care services.

We were pleased to find that almost 2 in 3 (65%) of the general public did know the wide range of support and services which social care covered, after being shown an extended definition. Of those who did not know, the most surprising and least-known aspect of support was reablement services.

There was a perceived overreliance in how much information the public could find online, with our findings revealing that Barking and Dagenham residents were 5x more likely to access social care services through a professional than online.

Face-to-face access was still the most preferred option at a similar percentage of 57% to those who had accessed social care before.

2 in 3 participants (67%) were "Likely" or "Very Likely" to access social care if they had a need. The top 5 reasons for the 33% who were less sure were:

1. Privacy
2. Cultural taboos
3. Social stigma and discrimination
4. Hesitancy due to ageism
5. Mental health impacts

The most popular way in which the general public would be more likely to access services was "Better personal knowledge of social care services" at 65%, with the next most common being "Better online resources" at 33%.

The LBBD Adult Social Care webpage

Almost 6 out of 10 (59%) of those who had accessed social care before and over 4 out of 10 (43%) of those who had not accessed social care before were aware of LBBD's adult social care webpage.

Generally, focus group insight reveals a consensus on the webpage being too information-dense, too reliant on text and lacking visual content to aid understanding, lacking accessible interactive functions and hiding necessary information.

Overall, only 25% of focus group attendees said they were "Confident" about using the webpage after our session. No one was "Very Confident" and 1 attendee stated that they would find the webpage "Very Difficult/Impossible" because they don't have digital technology at home and lack digital fluency.

Recommendations

Based on the above findings and conclusions Healthwatch would like to put forward a series of respondent-led recommendations to local service providers.

1. Healthwatch recommends that LBBD council is aware of how many people were referred to social care services through their GP. Our results found that 55% of residents who had accessed social care found out through their GP, and 31% went on to be referred to social care services by a medical professional.

2. Our findings highlighted positive feedback around support at the point of access and methods of access (e.g., flexibility of choice over access in-person, on phone, online, etc). Therefore, Healthwatch Barking and Dagenham recommends that social care support at the point of access continues to remain person-centred, particularly around these areas.

3. Healthwatch Barking and Dagenham recommends that LBBD council better supports people on the waiting list to receive care. This can include improving early contact and offering transparent communication about waiting times. This is based on our findings that 67.5% of those who have accessed social care reported that long waiting times or limited capacity made their social care access journey harder. Healthwatch Barking and Dagenham also collected 3 recorded instances of residents saying their emails were not responded to.

4. Healthwatch Barking and Dagenham recommends that LBBD council provide clear communication for the reason why care is not awarded in order to increase satisfaction with the service. Further, staff should feel confident in relevant signposting destinations for those who are not awarded care.

5. Healthwatch Barking and Dagenham recommends that LBBD council continue to train social care staff in cultural competency to ensure that service users are fully respected and safe, as 45% of those of an

ethnic or cultural minority reported that accessing social care would clash or partly clash with their cultural identity. This also involves encouraging culturally aware care for the service user.

6. Healthwatch recommends a more visible promotion of the LBBD webpage on adult social care, particularly through GPs, community health services, and community spaces, to better reach a wider section of the local community who are less likely to engage with official channels or view advertisements.

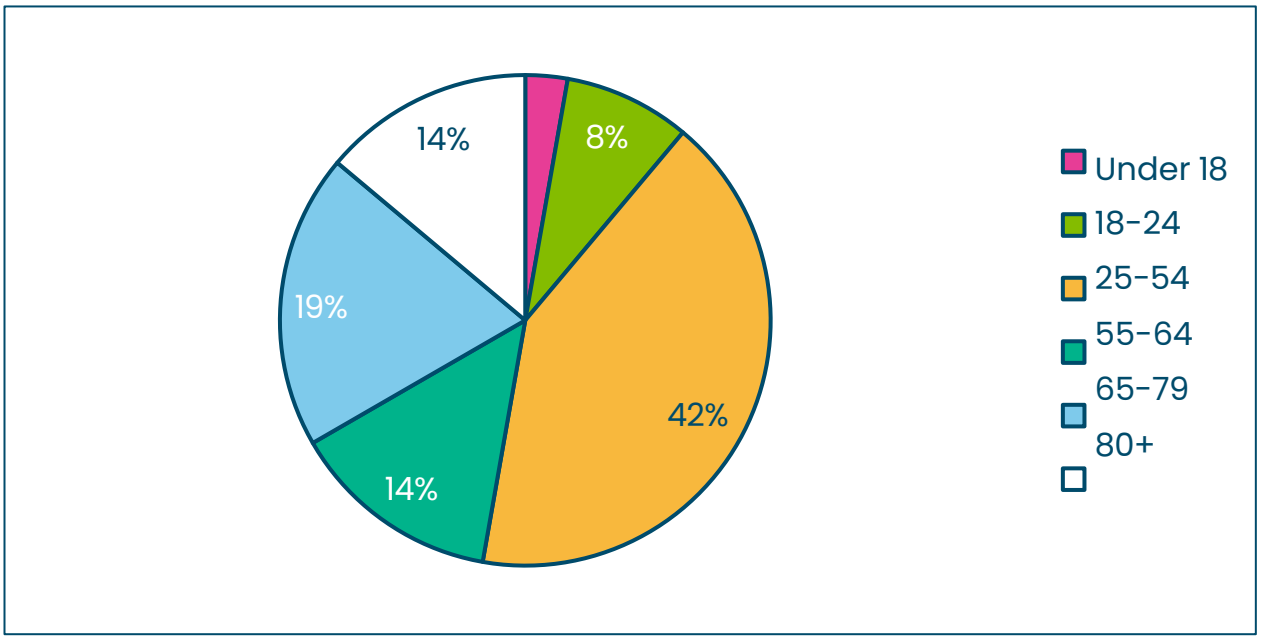
7. Healthwatch Barking and Dagenham recommends that that the LBBD webpage be reviewed with consideration given to co-designing the content with service users to improve accessibility, clarity, and overall user experience. Specific advice taken from participant feedback includes: 1) re-organising and cutting dense information, 2) using more visual and interactive aids, 3) considering more engaging website design styles.

8. Healthwatch Barking and Dagenham recommend that LBBD council consider developing a campaign to strengthen public awareness and understanding of social care. 32% of residents who had not used social care before were Not Likely or Very Unlikely to access social care if they had a need.

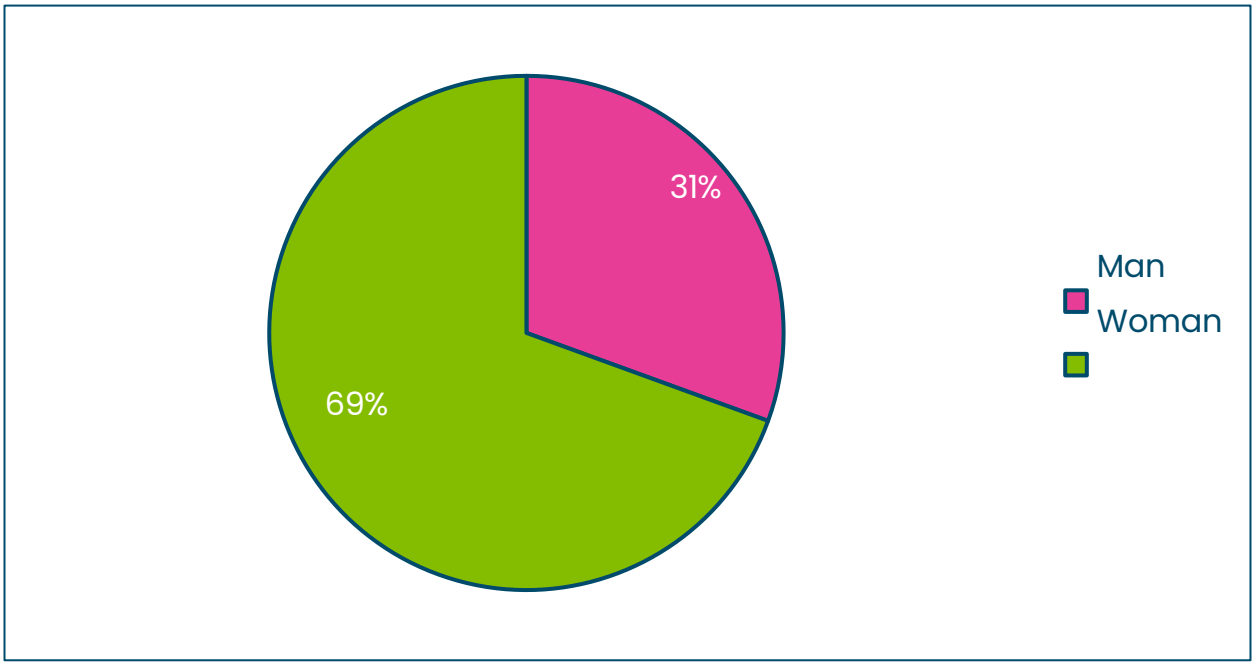
Full demographics

Those who have accessed social care

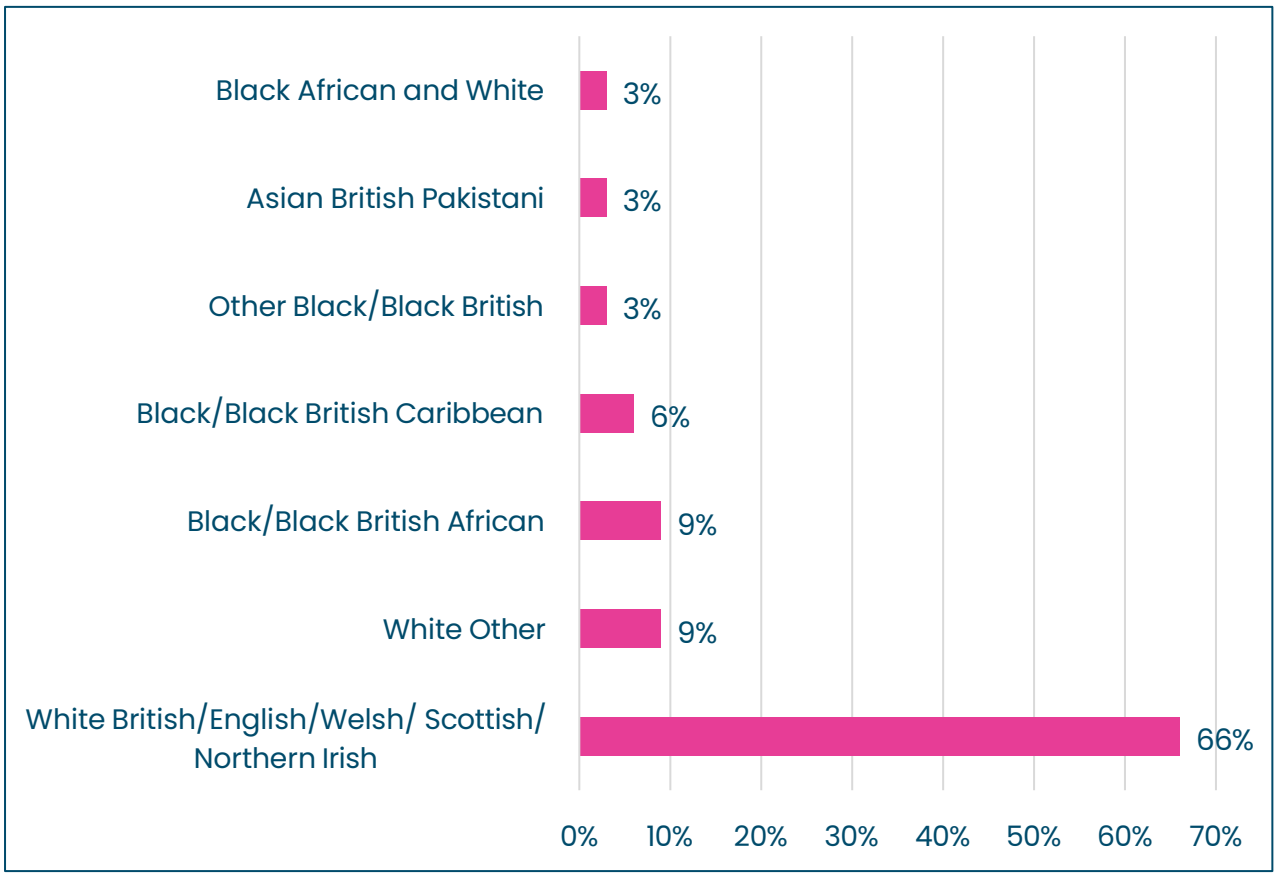
1. Age group



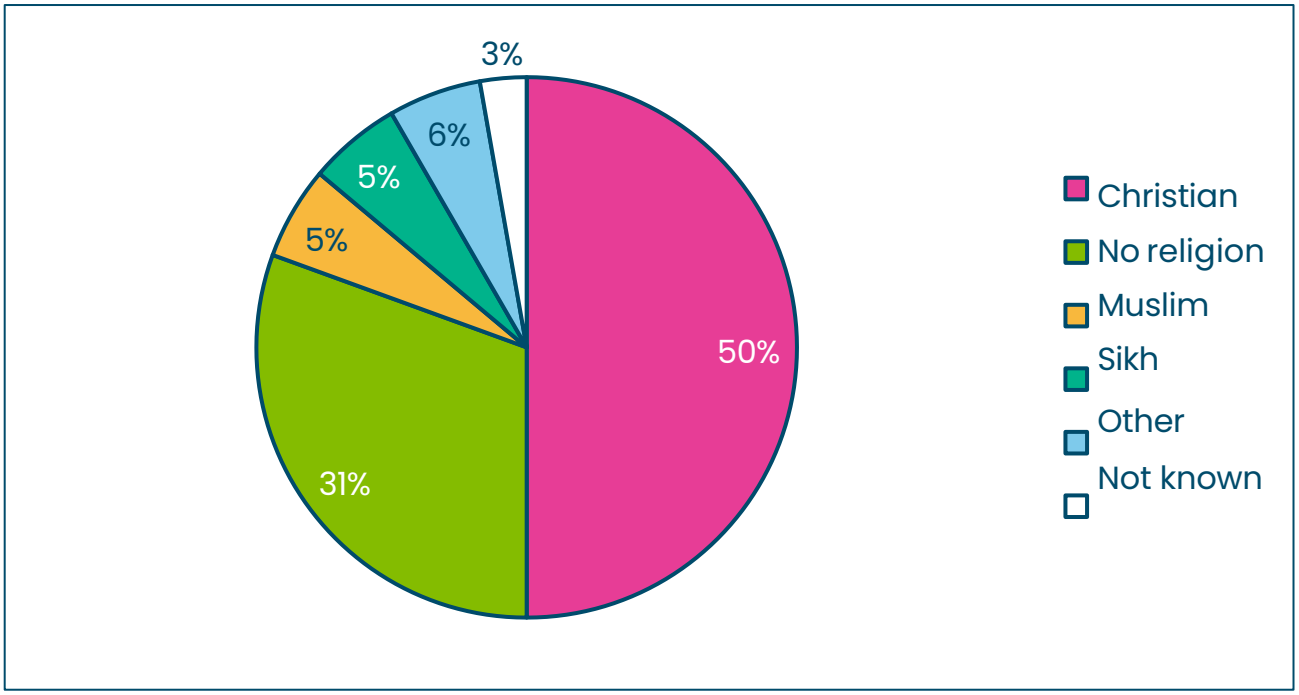
2. Gender



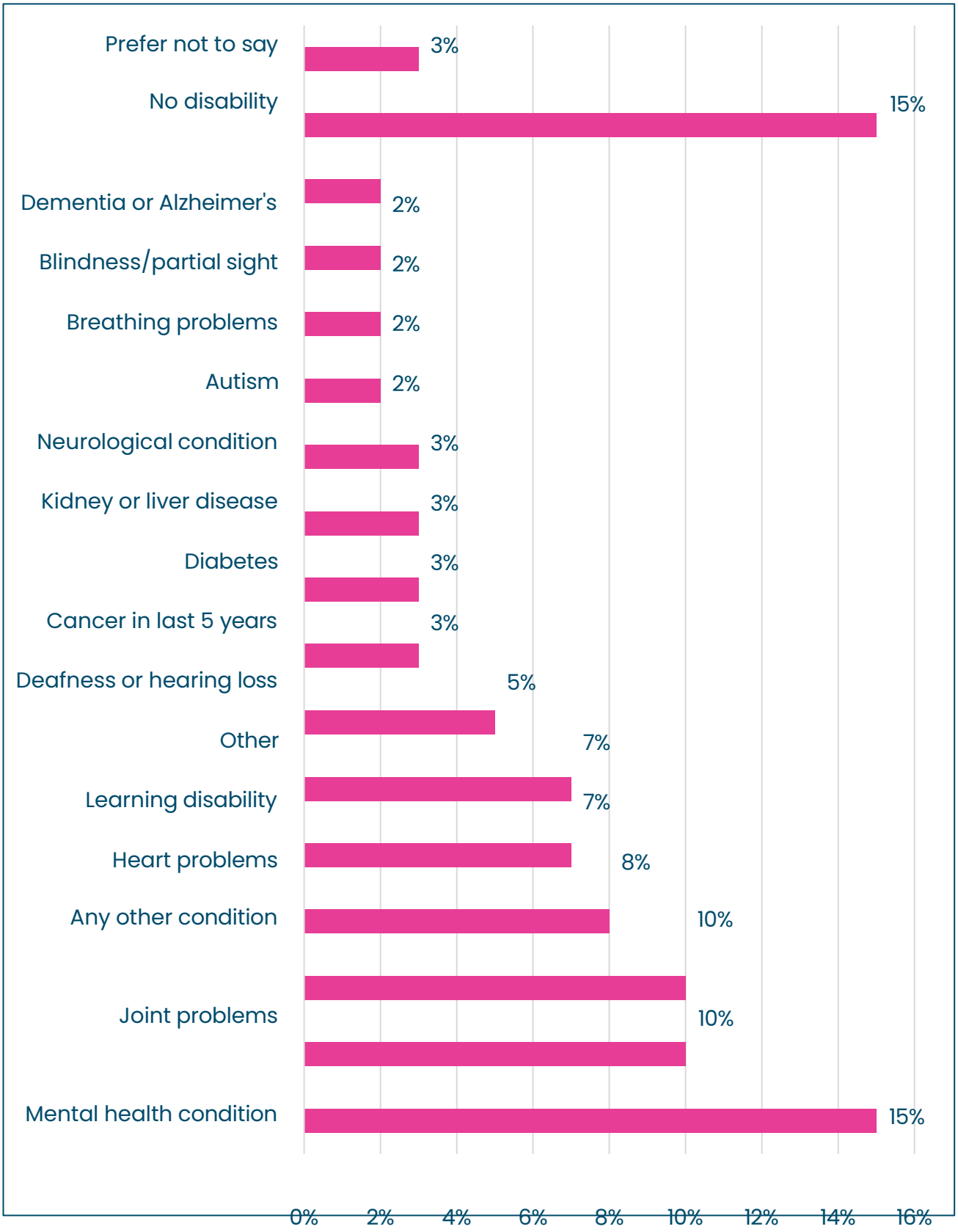
3. Ethnicity



4. Religion

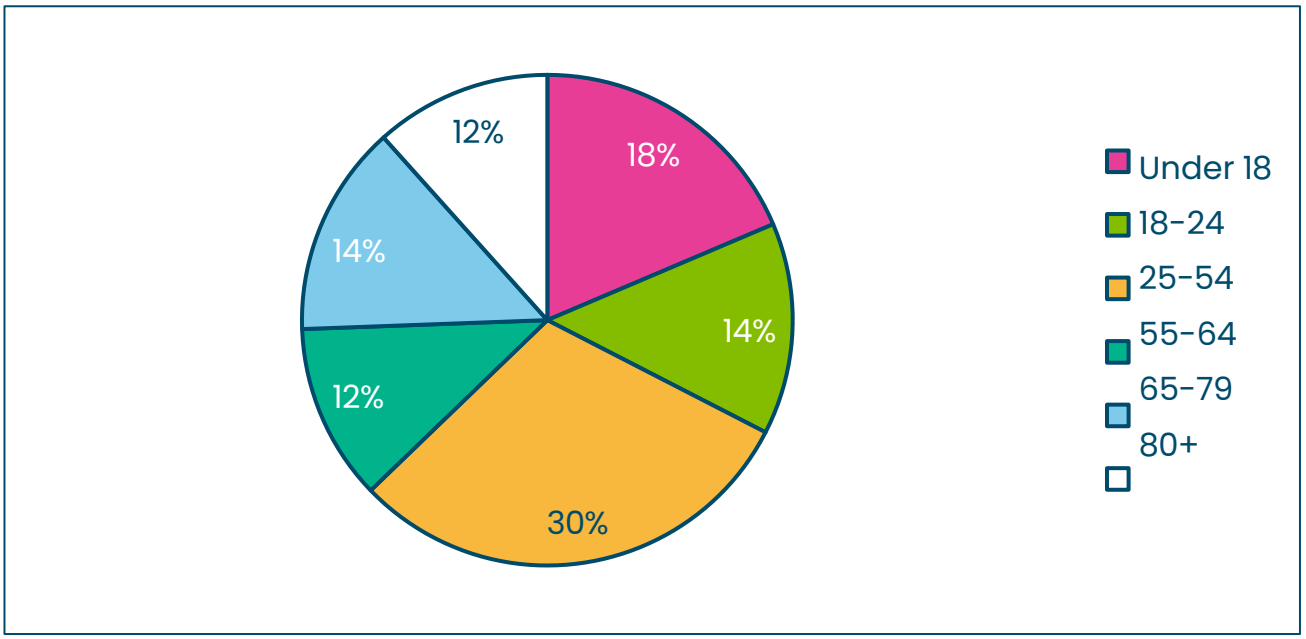


5. Disabilities and long-term health conditions

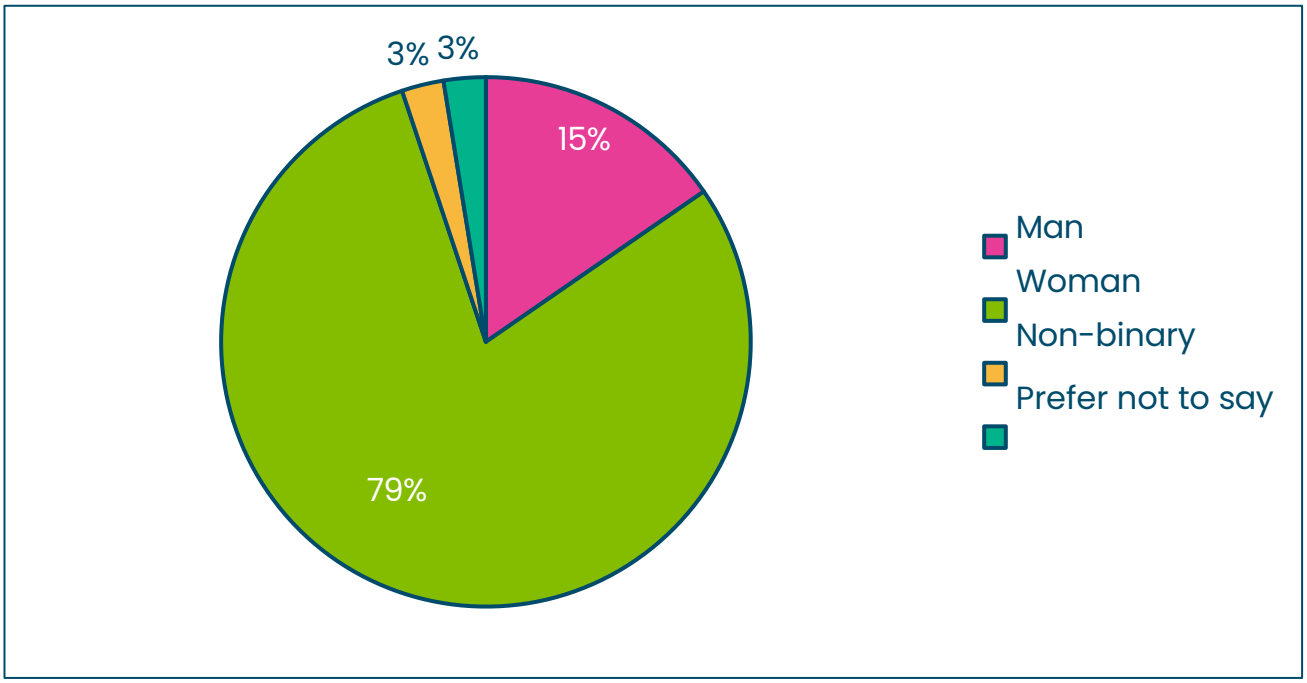


Those who have not accessed social care

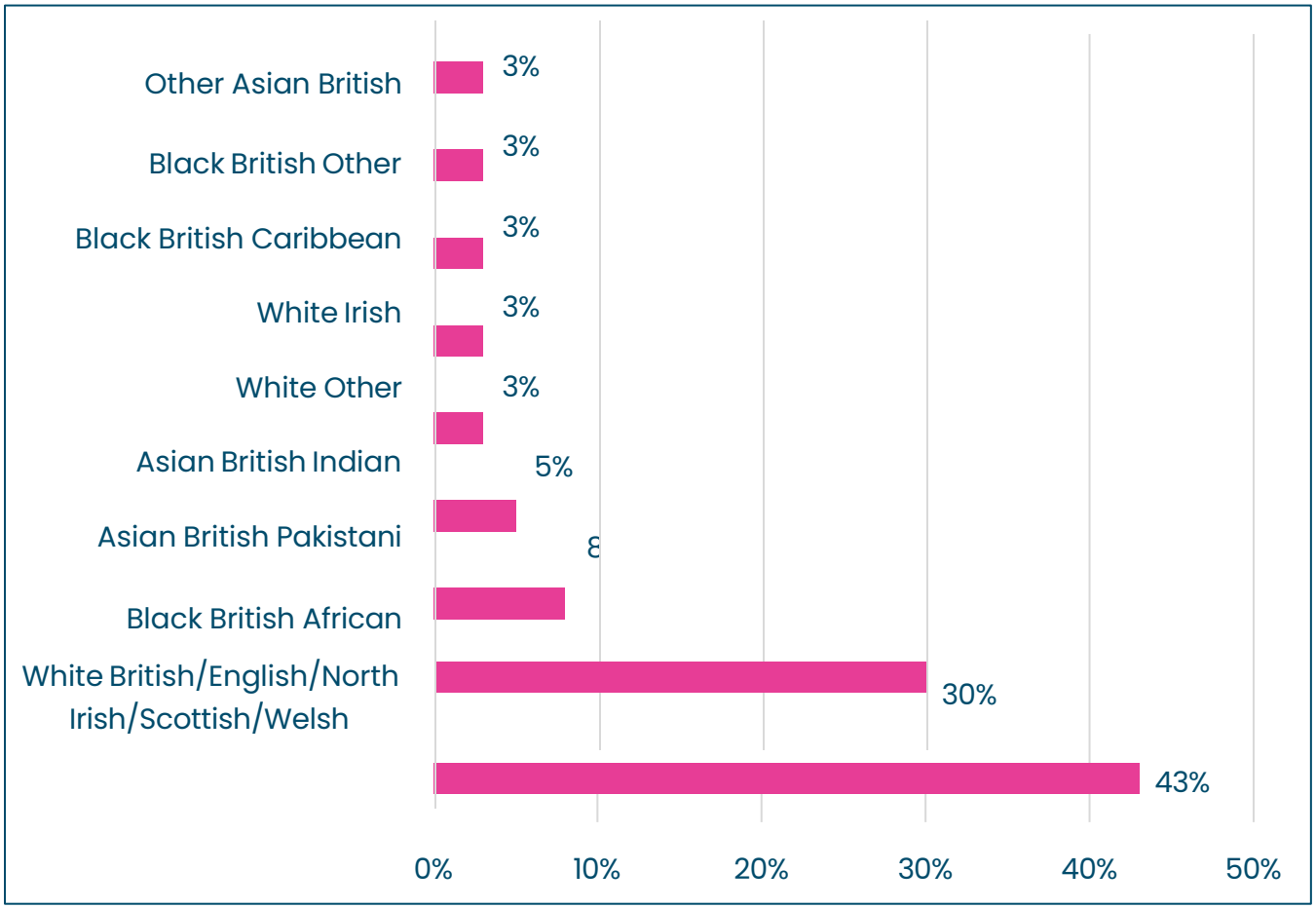
1. Age group



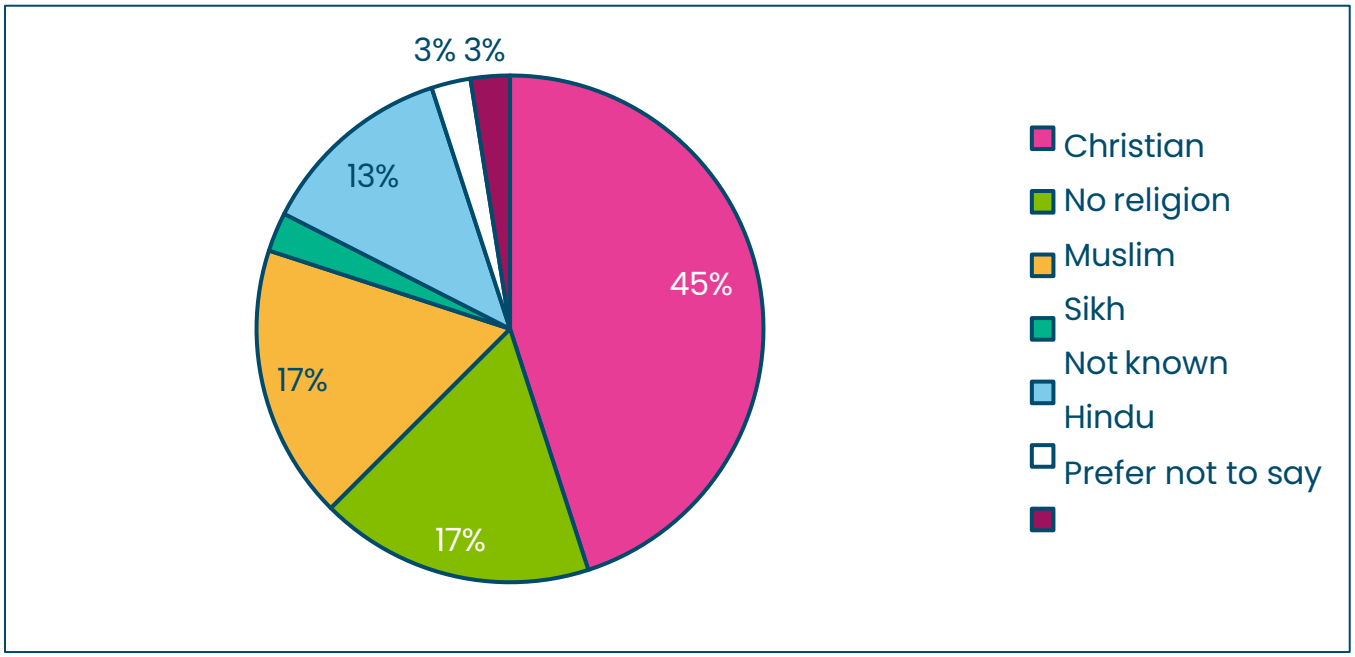
2. Gender



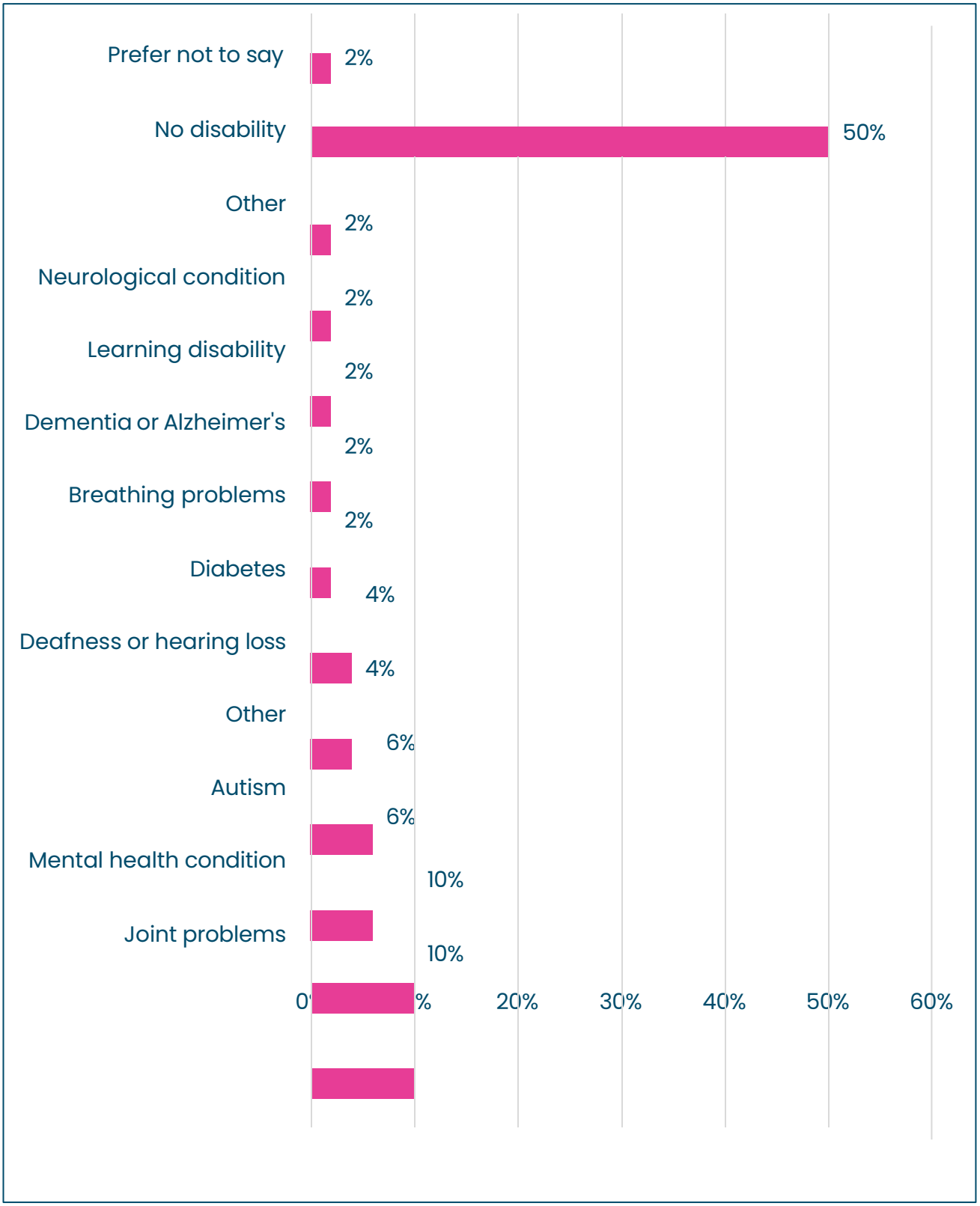
3. Ethnicity



4. Religion



5. Disabilities and long-term health conditions



Acknowledgements

Healthwatch is grateful for the support of Memory Lane Day Centre, Chestnut Court Care Home, Carers UK and Care City for letting us speak with their residents and networks. Their support gave us invaluable insight into experiences accessing social care locally.

We are also very grateful to Dr. Wesley Scott of Coventry University in providing extended insight and for his support in sharing the survey.

Healthwatch would like to thank every participant involved in the survey for their time, contributions, honesty and trust in us.

Response from the service provider

London Borough of Barking and Dagenham have responded:

We welcome this report examining access to social care in Barking and Dagenham. The report means we get valuable insights about how people find out about social care, how people prefer to get in contact and what that experience was like.

In our 2025-30 Adult Social Care and Support Plan, one of our priorities is to 'have an accessible social care front door focused on enablement and community connection'. We are using Healthwatch insights to put this priority into place. This includes:

- Working closely with GPs, as we can see from the report that many people were referred to social care through their GP
- Maintaining person-centred support when people first get in contact with us
- Work to address waiting lists. Our waiting times for care needs assessments are generally low, and we continue to closely monitor this. We are working to reduce waiting times for Occupational Therapy assessments, which have reduced by 68% to 22 days (or sooner when someone urgently needs help) as of April 2026.
- Continuing to improve information and advice on social care. We can already see the impact of this: 75% of people getting social care told us in a recent survey that information and advice is easy to find, up from 68% last year.
- Continuing to ensure staff are culturally competent. We continue to provide staff training on this and we are planning on reviewing and strengthening this further.
- We will continue to raise awareness of social care and update our website so that people who need support can access this

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