

Community Voices Group

**Supplemental report: A snapshot of
key themes affecting adult social care
in relation to unpaid carers for
racialised communities**



August 2026

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Introduction

This rapid review provides a concise and structured snapshot of community experiences and concerns relating to unpaid care within Black and racialised minorities (BRM) communities in Brighton and Hove. It draws on group discussions, focus groups and individual conversations to identify key themes, experiences and priorities quickly and clearly. This work took place between April and June 2026 and formed part of the Community Voices Group's (CVG) wider work on adult social care

The importance of understanding carers' experiences within BRM communities is highlighted by national evidence. Carers UK's 2022 report, *The experiences of Black, Asian and minority ethnic carers during and beyond the Covid-19 pandemic* and its 2023 briefing, *Supporting Black, Asian and minority ethnic carers: A good practice guide*, found that compared with White carers, Black, Asian and minority ethnic carers were more likely to report financial anxiety, to be affected by the closure of local services, and to feel that services in their area did not meet their needs.

Locally, 24.9% of registered carers in Brighton and Hove are not from White British backgrounds (Carers Centre Brighton & Hove). However, the actual number of carers from BRM communities is likely to be significantly higher. Throughout our discussions, many participants did not self-identify as carers, despite providing substantial support to family members, friends or others within their communities. This highlights the importance of recognising cultural understandings of care and the ways in which caring responsibilities may be viewed differently across communities.

For the purposes of this review, participants were provided with the following definition:

A carer is a person of any age who provides unpaid care and support to a family member, friend or neighbour who is disabled, has an illness or long-term condition, or who needs extra help as they grow older.
(Carers UK)

The findings have been invaluable in improving understanding of how BRM communities experience services in Brighton and Hove and how unpaid care is understood, valued and undertaken. A consistent message throughout these discussions was that the adult social care system relies heavily on unpaid carers, making it essential that carers are recognised, supported and able to access services that meet their needs.

This report presents the key findings from those conversations and offers recommendations to help improve awareness, accessibility and the effectiveness of support available to unpaid carers from Black and Racially Minoritised communities in Brighton and Hove.

Rapid review of racialised community voices in Brighton and Hove

1. Impact on carer's lives

“Unpaid carers are holding too much.” (CVG attendee)

Participants described the impacts that caring had on their lives. It affected livelihoods, careers, finances, health and wellbeing. People reported having to reorganise their lives for many years. One person told us that had to reduce their paid work to care.

Another attendee said:

“I had to be out of work and stay with my mother . . . she needs to be attended 24 hours.”

Participants indicated that caring was a source of stress. This was due to navigating the social care system, advocating for someone who is in the social care system, not knowing how long it will take for support to be put in place, understanding the benefits system and planning the finances of long-term care.

2. Carer support

Participants asked for **“more meaningful respite,”** i.e. giving carers more time to attend appointments and do something for themselves.

One participant commented that:

“Support is poorly matched to actual need.”

Attendees mentioned the length of time people have to wait for support, such as befriending and respite and said there was not enough support to make a difference to their lives. People also asked for more flexible Carers Card benefits such as, vouchers, and activities that could be personalised including more flexible personal budgets for rest, hobbies and mental wellbeing. They also advised reviewing carers' benefits for actual usefulness and fairness. Participants suggested more focussed outreach from services through GPs, schools and social workers to identify BRM carers and understand needs.

3. Cultural, religious and personal needs not proactively addressed

Participants reported that cultural, religious and personal needs were often not identified proactively by services, leaving families responsible for raising these issues repeatedly themselves. This was experienced as an additional burden and, in some

cases, as a failure to provide respectful and appropriate care. One participant stated plainly, **“We have to ask for them. They don’t ask us.”** These experiences suggest that culturally responsive care was too often treated as an optional consideration rather than an integral part of person-centred support.

Participants spoke about how BRM people often do not see themselves as carers. They also highlighted the way cultural expectations around family care could intensify pressure on relatives, particularly adult offspring, with one person noting, **“In our culture, children feel obligated. . . but it puts a lot of pressure on them.”**

Participants said that there can be fear of judgement from their community with an expectation that care should be given at home. Participants also spoke about guilt if their loved-one needed to be in a care home. One attendee said, **“People don’t realise they are carers.”** Sussex Interpreters Service found that women, in particular, are less likely to identify themselves as carers.

More targeted outreach and open conversations about the language of caring and what defines a carer would be beneficial. The Carer’s Centre Brighton and Hove are aware of the importance of this and told CVG that:

“The term ‘carer’ can be viewed differently in different cultures. Discussing the impact of caring and terms such as *agape* (a selfless, unconditional love) can be useful.”

4. Inequality in access

Participants emphasised that access to support and the quality of outcomes often depended heavily on an individual’s personal capacity to navigate the system. Those with professional knowledge, advocacy skills or established networks were perceived as being better positioned to secure help, while others faced greater disadvantage. One participant noted, **“With my experience, it made things easier . . . but imagining someone without that experience, it must be very difficult.”** Racialised minority communities and people with limited English were seen as facing particular barriers, especially where adult offspring were required to interpret, advocate and manage the system on behalf of parents, often at considerable emotional cost. There was also concern that families who appeared to be coping were less likely to receive support, even where the burden was substantial. This was reflected in the observation, **“They might think, ‘Oh, this person has someone to look after them,’ and that’s it.”** Overall, these experiences suggest that support was not always shaped primarily by need, but by a person’s ability to push for assistance.

The conversations highlight inequalities in access and the extent to which successful engagement with services can depend on understanding how services worked and what

was available. One participant described how the ability to speak English determined whether support could be accessed, including limited translated information, difficulty navigating websites and cases where a parent's lack of spoken English created an additional barrier. In some instances, family members were needed to interpret, explain or manage the process, while those who were more confident or more familiar with how services operate appeared more likely to succeed.

Recommendations

1. identify unpaid carers earlier. Adult social care and The Carer's Centre should share an early identification approach for unpaid carers, including young carers and adult off-spring acting as interpreters, advocates and/or co-ordinators of care.
2. Improve information about carers' rights and available support. Assessments and respite options should be made clearer, with greater recognition of the financial, emotional and employment impact of caring. Information should be clear, accessible- available in relevant community languages and in easy-read formats. Success should be measured through community feedback and increased referrals for carers' assessments and respite support.
3. Build culturally responsive practice into assessment. Adult social care should update assessment guidance so practitioners routinely ask about all people's cultural, religious and language needs - building this into assessment conversations from the outset. Practitioners should ask proactively about gender preference, modesty, diet, prayer, family expectations and community life, treating culturally appropriate care as part of dignity and person-centred practice. Compliance should be checked through case file audits.
4. Use equality data to identify gaps in access.. Adult social care and The Carer's Centre should share a timeline for building an evidence base and a baseline to review which groups are less likely to receive assessments, direct payments, respite, or carer support. Community evidence used alongside service data could be instructive to identify patterns of under-access and inform improvement.
5. Build ongoing lived experience accountability. Look to develop regular feedback and-response cycles with communities and organisations they work with, so they are aware what changed, what did not change, and why, so that lived experience informs ongoing accountability.
6. Improve assessment options for people with language needs. A review of how telephone assessments work for people who need interpreters taking account of poor quality phone connections , inaccurate dialect matching, poor knowledge of adult social care by overseas based interpreters, hearing difficulties, non-

verbal communication cues being absent, trust and rapport being more difficult to establish.

7. Improve accessibility of your website for people with language needs ensuring the information is easy to see and in easy read format.
8. Map and improve the full journey for carers with language needs. Adult social care should work with VCSE organisations specialising in language access to map the experience from first contact through assessment, support planning, review and complaints. The mapping should identify barriers, agree improvements and set out who is responsible for delivering them.
9. Adult social care The Carer's Centre should agree a communications plan to share and promote carer information and resources through trusted community channels.
10. Establish BRM carers group to explore their experiences further and to identify good practice in service delivery.
11. Consider setting up single language carers support groups to provide emotional support, peer support, advice and guidance and to share experiences.
12. Review current complaints procedures to ensure they are simple and supportive; improving someone's experience through empathy and good communication. Consider that carers may already be in crisis and will not have the energy and strength to pursue a complaint. Develop different ways to measure success. The revised process should offer clear routes for informal resolution, advocacy or language support, and success should be measured through feedback on people's experience of being listened to and supported.

Appendix

Questions sent to the Carer's Centre for a response

- What data do you collect on the ethnicity, language and cultural backgrounds of carers accessing your services?

Do your current users reflect the diversity of Brighton and Hove's population; if not, what actions are being taken?

- What is the composition of staff, volunteers or trustees from racialised communities in visible leadership or decision-making roles?

Questions around addressing low uptake of services

- What partnerships do you currently have with racialised community organisations, faith groups and grassroots networks?
- Have you funded or co-produced work with racialised-led organisations to improve access?
- Are you willing to hold services or drop-ins in trusted community venues rather than carers coming to you?

Questions on cultural competence and anti-racism

- What anti-racism or cultural competency training do staff receive, and how is its impact measured?
- How do staff recognise cultural differences in caring roles, family expectations and help-seeking behaviours?
- What processes are in place for carers to report discrimination or culturally insensitive experiences?
- How do you ensure interpreters and translated materials are available and actively offered?
- What measurable goals do you have for improving access and outcomes for racialised carers?

References

1. Presentation by Tom Lambert of Carer's Centre to Community Voices Group, June 2026
2. 'Supporting Black, Asian and minority ethnic carers: A good practice' briefing, 2023, Carers UK
3. 'The experiences of Black, Asian and minority ethnic carers during and beyond the Covid-19 pandemic' report, 2022, Carer's UK
4. Presentation by Sussex Interpreting Services to Community Voices Group, June 2026