

Pakistani and Bangladeshi experiences of home care

Outline of a research project
funded by the NIHR School
for Social Care Research



Improving the evidence base for
adult social care practice

Why do BME users of personal social care at home report lower levels of satisfaction with services?

Recent social care user experience surveys have found that people from black and minority ethnic (BME) groups report lower levels of satisfaction with care services. Yet there is little research or understanding of the reasons behind these findings. Indications are that a number of factors are involved. These include services that fail to engage with minorities, a lack of genuinely sensitive service provision and the need to support care and support workers who do not feel equipped to meet the needs of different ethnic groups.

However, part of the explanation for the survey findings may be that the questions used to collect quantitative data on this subject may not be comparable across cultures and languages. If this is the case, a better understanding is needed of how to collect data from different groups in a way which allows for more comparable analysis.

This project

- seeks to explain the reasons behind reported lower levels of satisfaction among Pakistani and Bangladeshi populations who receive personal social care services at home.

It aims to

- explore expectations and experiences through in-depth research with Pakistani, Bangladeshi and White British users of home personal care services, and with their families and social care providers
- assess whether satisfaction levels differ due to cultural, religious and/or language issues by making comparisons between the two BME groups and the White British group
- examine the ways in which satisfaction surveys are approached and the extent to which they produce comparable data within and between groups
- conduct research with social care providers to provide a context and ensure that any recommendations are relevant and appropriate
- make recommendations about the delivery of social care and the design of satisfaction surveys, and develop these through workshops and engagement with stakeholders.

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WHAT IS THE CONTEXT?

Providing satisfactory health and social care services to different ethnic groups remains a significant challenge, despite the existence of a long-established and diverse black and minority ethnic (BME) population in the UK. Data from the 2008-09 survey of older adult social care users show that 48% of Asian/Asian British participants report being 'extremely' or 'very' satisfied with the service being received, compared with 59% of White British respondents; 57% reported being satisfied with how they were treated compared with 68% of White British. Data from the 2009-10 survey of carers present a similar pattern.

Not enough is known or understood about the reasons behind these findings, but the indications are that several inter-related factors are involved (see Box).

The rise of individualised care means that there is now an opportunity to start to address any shortcomings as BME service users should have the opportunity to specify the services they actually need and want. The wider literature, however, makes it clear that unless effective supports are in place, exclusion from services can be perpetuated, and that identifying the appropriate delivery of personalisation at the operational level is critical. This may mean addressing various cultural, religious and language issues.

Adding to the challenge of understanding the issues involved is the question of whether the actual survey questions are comparable across cultures and languages (both cross-nationally and within an individual country). All quantitative survey research relies on the assumption that questions are asked and understood in a consistent manner and that data can be treated as comparable in analysis. Where survey questions are culturally non-equivalent this can lead to systematic error. There is research evidence that different groups respond differently to certain types of survey questions: for example, Asian participants may avoid extreme responses (based on US research).

Investigating user dissatisfaction

The literature highlights the complex and multi-dimensional nature of the issues that may impact on BME user satisfaction with social care services. These include:

- persistently unresponsive services
- staff who feel ill-equipped to address diversity issues
- services that fail to engage with minorities
- assumptions about cultural practices that prevent genuinely sensitive service provision, and
- a continuing predominance of approaches which fail to appreciate intra-ethnic diversity and the need to treat service users as individuals.

This project is focusing on the Pakistani and Bangladeshi communities so that it can take into account the diversity of culture, religion and language within these Asian groups and their different experiences of social care. By looking at two populations which are predominantly Muslim, it will be possible to explore the relative importance of culture, religion and language, as well as diversity among individuals within those groups, in influencing the experience of using social care services. A White British comparison group is included in the research, both as a reference point against which to compare findings from the BME communities and also to explore the extent to which there is diversity within communities which may cut across ethnic and faith identities.

HOW WILL THE PROJECT WORK?

The research covers adult recipients of social care at home, with sample participants divided into two age groups: 18-60, and over 60.

STAGE 1: Literature review

A literature review will look at both social care use among BME groups and the issues surrounding conducting research with these groups. It will cover:

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- cultural and faith differences in health and social care (level of need, level of use and experience of use)
- cultural differences in satisfaction and the effectiveness of tools to capture this
- appropriate methods for conducting qualitative research with BME groups (particularly Pakistani and Bangladeshi)
- best practice in questionnaire design and cognitive interviewing among BME groups.

During this stage the project will also recruit sample service users from the Pakistani, Bangladeshi and White British populations.

STAGE 2: Qualitative fieldwork

A total of 90 in-depth interviews will take place with care users (30 Pakistani, 30 Bangladeshi, 30 White British). An important strength of the project team is that the interviews can be carried out in a range of relevant languages including Punjabi, Urdu, Bengali and Sylheti.

Themes to be explored will be:

- background information about participants' circumstances, including: an overview of their health and wellbeing; day-to-day activities; and formal/informal support networks
- experiences of social care, including: cultural and personal expectations; access to services; length of use; nature of care; and views of care.

In addition, 30 interviews will take place with relatives (particularly carers) of care users to explore their perspectives.

STAGE 3: Cognitive interviews

This phase of the project looks at the extent to which existing social care surveys effectively capture satisfaction in a consistent way across different groups. Cognitive interviews can be used to explore whether survey questions are being understood and answered as intended by the researchers and in a manner that is consistent between participants – in this case between different ethnic groups.

The interviews will explore participants' approaches to survey questions and look at the language and terms used. If the findings

suggest that existing questions are not effectively capturing ethnic differences in satisfaction, and that a different approach is needed, a second round of cognitive testing will take place so that firm recommendations can be made. In total, up to 30 cognitive interviews with each group (split between the two rounds) will be carried out.

STAGE 4: Research with social care providers

Alongside the experiences of social care users and their relatives, the views of social care providers (frontline care and support workers) and voluntary organisations providing support to social care service users will also be explored. This will provide an understanding of the wider political and economic context in which users are receiving care, as well as how cultural issues are experienced by care providers. Four focus groups will be convened covering: white care providers; black care providers; community and voluntary organisations; and a final group whose composition will be decided on the basis of issues emerging from Stage 2 of the research. Eight strategic interviews will also be carried out across the four areas with senior local authority and private provider managers, and professionals with a remit for diversity training.

STAGE 5: Workshops

Four workshops will be held to examine the findings and develop recommendations for meeting diverse user needs more effectively. These will include participants with responsibility for designing policies, guidance and training for the provision of social care. Secondly, if research concludes that the differences in reported satisfaction are due to the way in which questions are asked, recommendations will be made for improved question and survey design.

Project publications

The findings and recommendations will be published online by SSCR and the National Centre for Social Research, and on the study website. Further dissemination will be through workshops with practitioners on recommended changes to social care practice. A lay summary in an accessible format will be produced for participants, in translation when required.

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HOW DOES THE PROJECT FIT THE AIMS OF THE SCHOOL FOR SOCIAL CARE RESEARCH?

This research project directly addresses the question of how satisfied BME populations are with social care services, an issue of importance to users, practitioners and carers as well as those planning and setting strategy, in order to resolve any issues that are identified and take measures to enhance social service provision to minority ethnic populations and/or sub-populations.

Findings concerning how survey data are collected and how to ensure that data allows for comparable analysis will improve future information gathering exercises. This will result in better information about different groups' satisfaction levels and allow for a more effective focus on improving services and meeting user needs.

The Research Team

The project team is geographically and ethnically diverse with personal and well-developed professional contacts in the voluntary sector, and experience with working with BME populations. Led by Dr Margaret Blake, of the National Centre for Social Research (NatCen), the team has considerable research expertise in working with groups that are harder to reach.

Dr Blake specialises in survey question design and testing on a wide variety of subjects, and earlier in her research career worked in Bangladesh for a year.

Alison Bowes, Professor of Sociology and Chair in Dementia Research at the University of Stirling has specialist knowledge and expertise in the area of social care for BME populations.

Ghazala Mir, a Senior Research Fellow at the University of Leeds, has a research background in health inequalities affecting people from minority ethnic and faith communities.

Overall, the nine-person project team has the capacity to conduct interviews in Punjabi, Urdu, Bengali and Sylheti.

Project title:
Exploring satisfaction with personal social care services among Pakistani, Bangladeshi and White British people

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