

The experiences of Black,
Asian and minority ethnic
carers during and beyond
the COVID-19 pandemic



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Introduction



The COVID-19 pandemic has affected us all, but two years after the first lockdown began, it is clear that the impact has not been felt equally by different groups in our society. Previous research by Carers UK has highlighted the impact of the pandemic on carers.¹ There could be up to 13.6 million people in the UK currently providing unpaid care² and caring is likely to be part of all of our lives, with 3 in 5 people becoming carers at some point in their lives.³ Research has shown that carers are more likely to live in poverty,⁴ experience greater isolation and loneliness⁵ and suffer worsening health⁶ due to their caring role. The pandemic has exacerbated many of these challenges.

The 2011 Census found just over half a million carers in England from a Black, Asian or minority ethnic background, making up 10 per cent of all carers.⁷ They were significantly more likely to be providing high levels of care (21-49 hours), and the total value of the care provided was calculated at £7.9 billion per year. The 2021 Census data will provide an important opportunity to update these figures and understand the contribution of carers from ethnic minorities and the impact that caring has on them.

Within this broad category there is of course significant diversity, and not all ethnic community carers face the same challenges. It is a limitation of many research studies, and indeed the data used in this report, that sample sizes are not large enough to draw conclusions about the experiences of carers from different ethnic minority groups.

- 1 Carers UK (2020) *Caring Behind Closed Doors*
www.carersuk.org/news-and-campaigns/campaigns/caring-behind-closed-doors
- 2 Carers UK (2020) *Carers Week Research Report: the rise in the number of carers during the COVID-19 outbreak*
www.carersuk.org/images/CarersWeek2020/CW_2020_Research_Report_WEB.pdf
- 3 Carers UK (2019) *Facts about carers 2019*
www.carersuk.org/for-professionals/policy-policy-library/facts-about-carers-2019
- 4 New Policy Institute (2016) *Informal carers and poverty in the UK: an analysis of the Family Resources Survey*
npi.org.uk/files/2114/6411/1359/Carers_and_poverty_in_the_UK_-_full_report.pdf
- 5 Carers UK (2017) *"The world shrinks": Carer loneliness research report*
www.carersuk.org/for-professionals/policy-policy-library/the-world-shrinks-carer-loneliness-research-report
- 6 Carers UK (2018) *Supporting carers to be healthy and connected: research summary for Carers Week 2018*
www.carersuk.org/for-professionals/policy-policy-library/supporting-carers-to-be-healthy-and-connected-research-summary-for-carers-week-2018
- 7 Carers UK (2011) *Half a million voices: improving support for BAME carers*
www.carersuk.org/for-professionals/policy-policy-library/half-a-million-voices-improving-support-for-bame-carers

This briefing aims to compare the experiences of Black, Asian and minority ethnic carers with their White British counterparts as well as examining trends over time, and to understand whether the additional experience of being part of a Black, Asian or minority ethnic community has added to the challenges that all carers have faced due to COVID-19. Through our analysis we intend to add to the growing body of knowledge around carers from ethnic minorities, to stimulate the conversation around the unique challenges faced by Black, Asian and minority ethnic carers and make recommendations on how best to support them.

This report will be followed by a good practice briefing which sets out what service providers who support carers (such as local authorities, health bodies and the voluntary and community sector) can do to better support those from Black, Asian and minority ethnic communities, and address the problems highlighted in this research.

Methodology

This briefing is based on several surveys undertaken by Carers UK. Pandemic data is based on the 'Caring behind closed doors' surveys, conducted in April and September 2020. More recent data is taken from the 2021 State of Caring Survey, the UK's largest survey of unpaid carers. Each of these surveys were completed by thousands of carers across the UK, and offer comprehensive data on carers' experiences during and beyond the COVID-19 pandemic.

Unfortunately, due to the sample sizes being too small, we are unable to distinguish between ethnic groups in the 'Caring behind closed doors' surveys. We therefore have to talk about Black, Asian and minority ethnic carers as a group when analysing this data. We know that this means that we cannot look at the varied experiences between different cultural groups. However, we can disaggregate more fully in the 2021 State of Caring survey as there were more respondents overall and therefore more respondents from each ethnic group. This analysis enables us to see more clearly the different experiences of carers from each ethnicity. However, there will still be further diversity to explore within those groups (for example the differences between those from African and those from Caribbean backgrounds) that we are unable to do here. This also includes the experiences of Gypsy, Roma and Traveller carers, who we know have experienced particular challenges during the pandemic. Asian carers also includes a wide range of experiences, for example encapsulating carers from Chinese, Pakistani, Indian and Bangladeshi backgrounds.

Background



The COVID-19 pandemic and Black, Asian and minority ethnic communities

There is a growing body of research examining the impact of COVID-19 on people from Black, Asian and minority ethnic communities, following concerns raised almost immediately at the start of the pandemic that some ethnicities faced higher infection and death rates than others. This is the context within which the carers who completed our surveys were living, at a time when many people from all backgrounds were fearful about the risks of COVID-19.

In a briefing published six months into the pandemic, the Parliamentary Office of Science and Technology reported that:

- People from ethnic minority groups were almost three times as likely to contract COVID-19 and five times more likely to experience serious outcomes.
- Evidence suggests this is largely due to social inequalities such as housing, occupational risk and access to healthcare.
- Lockdown measures have disproportionately affected some communities more than others. Those from Bangladeshi and Black African communities were more likely to have experienced financial insecurity or mental health issues than their White counterparts.⁸

⁸ POST (2020) *Impact of COVID-19 on different ethnic minority groups* post.parliament.uk/impact-of-covid-19-on-different-ethnic-minority-groups/

Analysis by The Race Equality Foundation and New Policy Institute in June 2021 showed the risk of death from COVID-19 for Black, Asian and minority ethnic people was 12% higher for working age people and 19% higher for those aged 65 plus than for White British people.⁹ Accounting for higher levels of pre-existing conditions such as high blood pressure and diabetes in Black, Asian and minority ethnic communities did not fully explain this difference.

Other research into the higher levels of infection and illness has supported these conclusions, highlighting pre-existing inequalities in health, housing and employment, access to financial support and language barriers.¹⁰ A review by Public Health England concluded that the unequal impact of COVID-19 on Black, Asian and minority ethnic communities may be explained by a number of factors ranging from social and economic inequalities, racism, discrimination and stigma, occupational risk, and inequalities in the prevalence of conditions that increase the severity of disease.¹¹

Looking at occupational risk, Black, Asian and minority ethnic people are more likely to be key workers and/or work in occupations where they are at a higher risk of exposure, such as cleaners, public transport (including taxis), shops, and NHS staff. Furthermore, prior to the pandemic, poverty was twice as high in Black, Asian and minority ethnic groups on average, and much higher in specific groups.¹² Multigenerational households are more common amongst some ethnic minority groups which may place additional stresses on space within the home and on bills and finances as a result.¹³

What do we know about Black, Asian and minority ethnic carers?

The previous literature on carers from Black, Asian and minority ethnic groups rightly warns that these carers should not be treated as a homogenous group, and we must be cautious in drawing conclusions that may not apply to all groups. This point is made in a briefing by the Race Equality Foundation that also highlighted the need for more research on what services are most effective, and among populations whose voices are rarely heard, such as White minority groups and refugees.¹⁴

The existing literature highlights a number of additional challenges faced by carers from Black, Asian and minority ethnic backgrounds, including those related to health inequality, language, cultural expectations and suitability of services.

9 Race Equality Foundation (2020) *Covid-19 and how it affects Black, Asian and Minority Ethnic people and communities*
raceequalityfoundation.org.uk/health-care/lockdown-2-briefing/

10 Women and Equalities Committee (2020) *Unequal impact? Coronavirus and BAME people*
[parliament.uk/work/318/unequal-impact-coronavirus-and-bame-people/publications/](https://committees.parliament.uk/work/318/unequal-impact-coronavirus-and-bame-people/publications/)

11 Public Health England (2020) *Beyond the data: understanding the impact of COVID-19 on BAME groups*
assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

12 Joseph Rowntree Foundation (2017) *Poverty and ethnicity in the labour market*
www.jrf.org.uk/report/poverty-ethnicity-labour-market

13 ONS (2020) *Why have Black and South Asian people been hardest hit by COVID-19?*
www.ons.gov.uk/people-populationandcommunity/healthandsocialcare/conditionsanddiseases/articles/whyhaveblackandsouthasianpeoplebeenhithardestbycovid19/2020-12-14

14 Greenwood, N. (2018) *Better health briefing 48: supporting black and minority ethnic carers*
raceequalityfoundation.org.uk/wp-content/uploads/2018/10/REF-Better-Health-484.pdf

Recent research from the LSE has shown that Black and Asian people aged over-65 are more likely to have care needs than the White population. Yet those in receipt of care services were more likely to report dissatisfaction with those services, being less likely to report adequate or timely access to food and drink, feeling safe, clean and presentable, having social contact or doing anything they enjoy or value with their time.¹⁵

Looking specifically at the experiences of Black, Asian and minority ethnic carers, the study found that they typically provided more hours of care than White carers.¹⁶

Percentage of respondents providing unpaid care for 10 hours or more per week

Ethnic group	Percentage
Asian	53%
Black	48%
White	43%

This research also confirmed previous studies that have found Black, Asian and minority ethnic carers are more likely to suffer financial difficulties as a result of caring, more likely to have concerns about their personal safety, find it more difficult to get information and advice about support, services or benefits, and be more likely to report that they sometimes can't look after themselves well, or are neglecting themselves. This research was based on data from Department of Health Survey of Adult Carers 2019/19, so doesn't take into account the impact of the COVID-19 pandemic.

Percentage of respondents stating that caring caused them financial difficulties to some extent, or a lot

Ethnic group	Percentage
Asian or Asian British	55%
Black or black British	61%
All carers	47%

Some previous research suggests that people from minority ethnic backgrounds may be less likely to recognise themselves as a 'carer', as the word carer does not translate in certain languages such as Bengali, Gujarati, Urdu and Punjabi, and that caring may not be regarded as distinct from other familial relationships.¹⁷

¹⁵ Brimblecombe, N. and Burchardt, T. (2021) *Social care inequalities in England: evidence briefing* sticerd.lse.ac.uk/CASE/_NEW/PUBLICATIONS/abstract/?index=8524

¹⁶ Understanding Society (2022) *Understanding society: waves 1-11, 2009-2020 and harmonised BHPS: waves 1-18, 1991-2009* doc.ukdataservice.ac.uk/doc/6614/mrdoc/UKDA/UKDA_Study_6614_Information.htm

¹⁷ Race Equality Foundation (2018) *Supporting black and minority ethnic carers* raceequalityfoundation.org.uk/health-care/black-and-minority-ethnic-carers-2/



A report for the Bristol BME People Dementia Research Group, funded by Bristol City Council, held focus groups and interviews with 48 carers from a wide range of ethnic backgrounds. It describes cultural dimensions of caring and the expectation that care needs will be met within the family and especially by women (it cites the Chinese community as a particular example of this).¹⁸

“In my culture, there is an expectation that women will care not just for their own parents but their parents in law, too. But this doesn’t mean that we don’t need support.”

– Chinese carer

Linked to this is a reluctance to ask for support from services, due to real or perceived stigma, which the report notes can be present with other health conditions that are not primarily physical conditions.

The research cites several barriers to people living with dementia using formal care services, including a lack of awareness of suitable services, language barriers and access to translation services, concerns about cultural appropriateness and food preferences. It found a preference for services run by Black, Asian and minority ethnic-led voluntary and community sector organisations. However, the Race Equality Foundation reports that

“Black, Asian and minority ethnic community organisations have been placed under enormous strain in responding to Covid, particularly given the disproportionate impact on the communities they serve. These organisations have been in a fragile condition for the past decade, with many having had funding cut by local authorities as a result of austerity policies in the 2010s.”¹⁹

¹⁸ The Bristol BME People Dementia Research Group (2017) *The dementia experiences of people from Caribbean, Chinese, and South Asian communities in Bristol*

¹⁹ Race Equality Foundation (2020) *Covid-19 and how it affects Black, Asian and Minority Ethnic people and communities*
raceequalityfoundation.org.uk/health-care/lock-down-2-briefing/

Research commissioned by the Welsh Government, based on focus group interviews with Black, Asian and ethnic minority carers and service users, found that people felt let down by social services and that assumptions had been made about them based on their ethnicity and cultural background.²⁰ As one carer said,

“stereotyping based on ethnicity has been part of my experience. I believe we do get alienated very often by certain organisations...”

Another carer suggested that services assume that because people from ethnic minority backgrounds often come from larger families,

“it is assumed they are self-sufficient, that they don’t need help”.

Interaction of ethnicity with faith and religion

Some of the literature, and anecdotal evidence from carers, has highlighted the role that faith plays in the lives of many families from Black, Asian and ethnic minority communities.

Research finds that a higher proportion of many minority ethnic groups identify themselves as being a member of a religion, and it has more importance to them as a part of their identity.²¹

Membership of a faith community clearly offers support and comfort to many carers, as well as access to services that meet the cultural needs of the person being cared for.

Carers UK is working with the Church of England’s Reimagining Care Commission, which was launched in 2021 and will report in September 2022, and we intend to publish a further briefing looking specifically at the experiences of carers from different faiths.



²⁰ Welsh Government (2022) *Evaluation of the social services and wellbeing (Wales) Act 2014: expectations, experiences of Black, Asian and Minority Ethnic service users and carers*

gov.wales/evaluation-social-services-and-well-being-wales-act-2014-expectations-and-experiences-black-asian

²¹ Nandi, A. (2014) *A note on ethnicity and identity among the UK born population in Understanding Society*

www.iser.essex.ac.uk/research/publications/working-papers/iser/2014-04.pdf

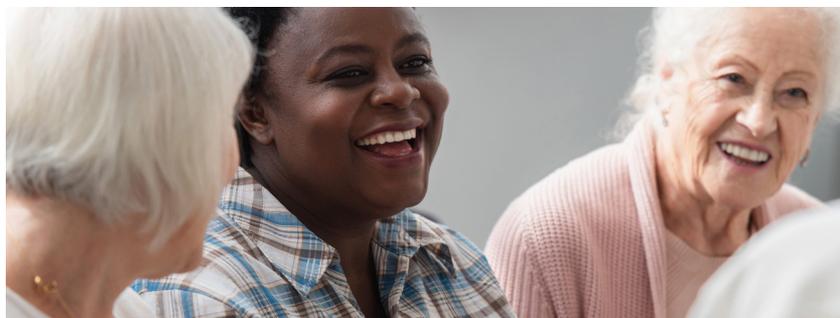
Summary of findings



Analysing data from Caring behind closed doors, Caring behind closed doors: Six months on and State of Caring 2021 indicates that:

- Carers from ethnic minorities were more likely to be **impacted by the closure of local services** and also to state that **the services in their area did not meet their needs**.
- Carers from Black, Asian and minority ethnic backgrounds were **more anxious about their current financial situation and their ability to plan and save for the future, more likely to be struggling to make ends meet**, and a greater proportion was **spending more each month** due to their caring role compared to White British carers.
- Carers as a whole are **less satisfied with their life, less happy and more lonely and anxious** than the general UK population but we found minimal difference between ethnic groups.
- Asian carers were the least likely to rate their **physical health** as “good” or “very good” while Black carers seemed to have the best physical health out of all ethnic groups, including White British carers.
- Carers from Black, Asian and minority ethnic groups were **less likely to have received the COVID-19 vaccination** compared to White British carers.
- Carers from an ethnic minority background were **less likely to be caring for a spouse or partner** compared to White British carers.
- Carers from a mixed or multiple ethnic background were most likely to be caring for someone with a **mental health condition** while carers from all other ethnic groups were most likely to be caring for someone with a physical disability.

Black, Asian and minority ethnic carers



Caring behind closed doors

The majority of ethnic minority carers across both ‘Caring behind closed doors’ surveys identified as female (80% in April and 79% in September) and were over the age of 35. The September survey did attract a higher percentage of younger Black, Asian and minority ethnic carers however with 10% of respondents being between 18 and 34 compared to 4% in the April survey.

The most common age bracket in both surveys was 50-64 with 51% of respondents in April and 38% of respondents in September falling into this group. The table below shows the age breakdown of respondents in both surveys.

Age breakdown of Black, Asian and minority ethnic respondents

Age groups	Percentage of Black, Asian and minority ethnic respondents (April 2020)	Percentage of Black, Asian and minority ethnic respondents (September 2020)
18-34	4%	10%
35-49	35%	38%
50-64	51%	38%
65+	9%	12%

Carers from ethnic minorities were most likely to be long-term carers who had been caring for over 10 years. 54% of Black, Asian and minority ethnic respondents in April and September had been caring for over 10 years. Carers who had been caring for up to four years made up 26% of respondents in September and 16% of respondents in April.

State of Caring Survey 2021

Respondents across all ethnicities to the State of Caring survey were more likely to be female. As demonstrated in the table below, this was most striking amongst Black carers, where only 10% of respondents identified as male. In contrast, Asian carers had the best gender split of any ethnic group with 26% of respondents identifying as male.

Gender identity per ethnic group in the State of Caring Survey 2021

Ethnic group	Male	Female	Prefer to self-identify
White British	20%	79%	0.5%
White other	17%	81%	0.5%
Asian / Asian British	26%	71%	2%
Black / Black British	10%	90%	0%
Mixed or multiple ethnic background	18%	76%	2%

Carers from ethnic minorities were also more likely to be younger than White British carers, as shown in the table below. The average age for White British carers who responded to the survey was 60 years old compared to 57 years for carers from any other White background and Black carers, 52 for carers from a mixed or multiple ethnic background and 51 for Asian carers.

Age in years per ethnic group in the State of Caring Survey 2021

Ethnic group	18 – 34	35 – 54	55 – 64	65+
White British	3%	32%	37%	28%
White other	5%	38%	35%	21%
Asian / Asian British	4%	63%	20%	13%
Black / Black British	0%	32%	59%	10%
Mixed or multiple ethnic background	8%	59%	16%	16%

From our other research with carers, we know that carers who are women and younger carers tend to have poorer experiences than men or older carers.²² These differences in age and gender may therefore account for some of the differences we see between different ethnic groups.

²² Carers UK (2021) *State of Caring 2021 report*
www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2021-report

Who do they care for?

Caring behind closed doors

In the April survey, the joint most common caring situations for respondents were caring for a parent (42%) or caring for their child or child-in-law (42%). These were also the most common caring situations in the September survey in which 49% of respondents reported caring for their parent and 32% reported caring for their child or child-in-law.

The most common conditions or disabilities that Black, Asian or Minority Ethnic carers reported providing care for across both surveys were:

Caring behind closed doors (April 2020)		Caring behind closed doors: six months on (September 2020)	
Physical disability	49%	Physical disability	47%
Mental health condition	39%	Mental health condition	38%
Learning disability	30%	Needs that arise from being older	30%
Autism spectrum disorder (ASD) (27%)	27%	Other long-term condition such as COPD or arthritis	29%

State of Caring 2021

In the 2021 State of Caring survey, we saw differences emerge between ethnic groups in terms of who they were caring for. Black and Asian carers were most likely to be caring for a parent, followed by an adult child or child-in-law. Carers from a mixed or multiple ethnic background, on the other hand, were most likely to be caring for an adult child or a child-in-law, followed by a parent as were carers from any other White background. White British carers were the only ethnic group who were most likely to be caring for a spouse or partner, followed by a parent. The relationship with the person someone cares for is likely to shape their experience of caring and these differences between ethnicities should not be ignored.

In terms of the condition of the person they cared for, there was only one important difference between ethnic groups. Carers from a mixed or multiple ethnic background were most likely to be caring for someone with a mental health condition while carers from all other ethnic groups were most likely to be caring for someone with a physical disability. Caring for someone with a mental health condition is likely to involve different experiences and challenges compared to caring for someone with a physical condition.²³

²³ Mind. *Caring for Someone with a mental health problem*
www.mind.org.uk/information-support/helping-someone-else/carers-friends-family-coping-support/supporting-someone-with-a-mental-health-problem/

For example, many carers find they are not fully included due to strict confidentiality protocols and there is still widespread stigma around mental health conditions. To fully support carers from a mixed or multiple ethnic background, therefore, it is vital that services ensure carers of people with mental health conditions are adequately represented and supported.

How much care are they providing?

Caring behind closed doors

While carers across all ethnicities were providing more care during the pandemic, there were differences between White British carers and those from ethnic minorities. In the survey conducted in April 2020, 80% of carers from ethnic minorities reported providing more care than before the pandemic compared to 71% of White carers.

Six months on, this had increased again. In the September survey, 90% of Black, Asian and minority ethnic carers reported providing more care than before the pandemic compared to 81% of White carers. This could be due to a number of reasons, including services not returning to full capacity, increased needs of the person being cared for during the pandemic, continued shielding of people who are concerned about the virus, delays with accessing social care support, and issues accessing primary healthcare.

In both the April and September surveys the percentage of ethnic minority carers reporting that they were providing more care than before the pandemic was nine percentage points higher than White carers, indicating an ongoing disparity in the impact of COVID-19 in terms of the amount of care that is being provided.

State of Caring 2021

In the 2021 State of Caring survey, we asked carers approximately how many hours of care a week they are providing. Carers from all ethnic groups were most likely to be providing more than 90 hours of care a week. 51% of White British carers, 46% of carers from any other White background, 38% of Asian carers, 30% of Black carers and 29% of carers from a mixed or multiple ethnic background were caring for more than 90 hours each week.

Employment and finances



Employment

The Caring behind closed doors surveys indicated the ongoing impact that caring during the COVID-19 pandemic was having on the employment status of carers from ethnic minorities. Before the COVID-19 pandemic, 44% of Black, Asian and minority ethnic respondents were juggling their caring responsibilities with paid employment. When asked in September 2020 about their current employment situation, 19% of carers from ethnic minorities reported they had left employment or reduced their hours due to their caring responsibilities.

Other evidence backs up our finding that the economic impact of the pandemic was felt more strongly by Black, Asian and minority ethnic people. As of the end of July 2020, the earnings of Black, Asian and minority ethnic workers had dropped by an average of 14% (vs. their February level), whereas earnings of White workers had dropped on average by 5%.²⁴

When asked about their employment status in the 2021 State of Caring Survey, around a quarter of White British carers (26%) and Black carers (25%) were in full- or part-time employment. This rose to 41% of carers from any other White background, 43% of carers from a mixed or multiple ethnic background and 44% of Asian carers. This may be explained, in part, by the

²⁴ FCA (2021) *Covid-19 and the UK's BAME communities – an economic perspective*
www.fca.org.uk/insight/covid-19-and-uk-bame-communities-economic-perspective

differing age profile of respondents across these ethnic groups. Nevertheless, being more likely to be juggling work and care is likely to bring additional challenges to these carers.

Of those carers who are in work, we asked questions on how they were coping and how they saw their future of juggling work and care. Differences between ethnic groups were seen when we asked if carers felt anxious about caring while they were at work. Carers from any other White background were most likely to agree or strongly agree at 79% compared to 73% of White British carers, 71% of carers from a mixed or multiple ethnic background, 63% of Asian carers and 50% of Black carers.

Looking to the future, 78% of carers from a mixed or multiple ethnic background, 77% of carers from any other White background, 72% of White British carers, 71% of Black carers and 66% of Asian carers were worried about continuing to juggle work and care.

“I had to take a less responsible and demanding job because of caring”

– Pakistani carer

“I have recently cut down on my working hours due to not being able to cope with caring”

– Indian carer

“Employers do not understand if you are a carer...I requested flexible, reduced hours which was agreed, but I was given full time workload and ended up more stressed out and having to do unpaid hours so not to lose my job.”

– Pakistani carer

“All my work choices have revolved around my caring responsibilities. I found previous work places and managers unhelpful and inflexible”

– Indian carer

Overall, we see similar levels of concern about their ability to juggle work and care across different ethnic groups, with a clear majority in each group expressing their worry about continuing to balance work and their caring responsibilities.

Finances

Caring behind closed doors

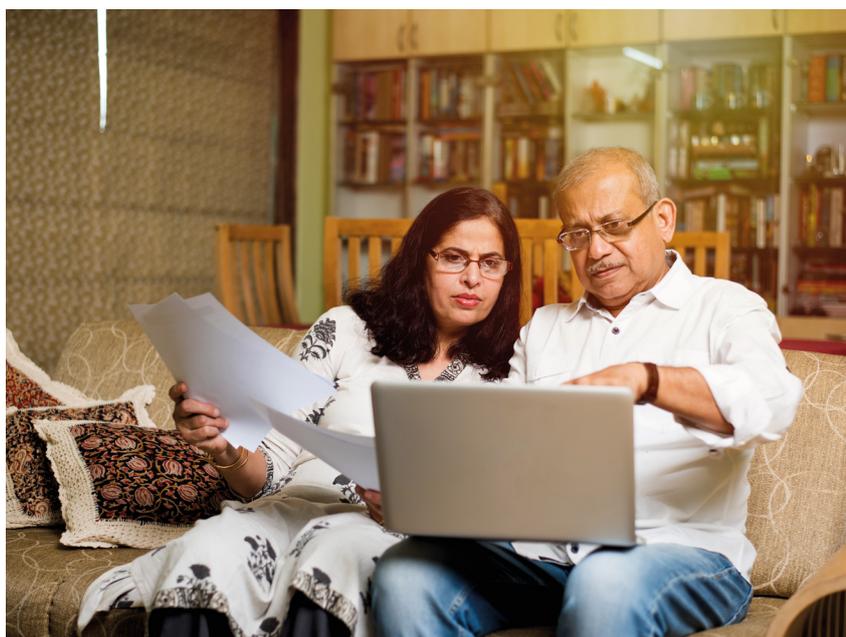
The data across both ‘Caring behind closed doors’ surveys paints a worrying picture of the financial situation facing carers from ethnic minorities, which is likely to be exacerbated by the cost-of-living-crisis unfolding in 2022.

When asked about their finances in April 2020, 58% of Black, Asian and minority ethnic respondents either strongly agreed or agreed with the statement “I am worried about my financial situation” compared to just 37% of White carers. The 21-percentage point difference between the two cohorts on this issue suggests that carers from ethnic minorities were markedly more likely to be struggling financially in the early months of the COVID-19 pandemic.

When asked to describe their financial situation in September 2020, 38% of Black, Asian and minority ethnic carers reported they were struggling to make ends meet and just 33% reported that they were able to afford bills without struggling. In comparison 27% of White carers reported that they were struggling to make ends meet and 57% reported that they were able to afford their bills without struggling. This suggests a significant ongoing disparity in the economic impact of COVID-19.

“My income has reduced significantly as I have taken a lower grade part time job....My debts have spiralled to £22k”

– Pakistani carer



58%

of Black, Asian and minority ethnic respondents agreed with the statement “I am worried about my financial situation” compared to 37% of White carers



38%

of Black, Asian and minority ethnic respondents reported they were struggling to make ends meet compared to 27% of White carers

Data from the survey conducted in April suggested carers from ethnic minorities were more likely than White carers to be facing increased bills due to the pandemic. 68% of Black, Asian and minority ethnic carers reported that their household bills had increased and 79% reported that their food bills had increased. In comparison, 50% of White carers reported an increase in their household bills and 73% reported an increase in their food bills.

In September, 42% of Black, Asian and minority ethnic carers were still spending more money due to the pandemic, compared to 26% of White carers. This highlighted the ongoing disparity in the economic costs of the pandemic between White carers and carers from ethnic minorities.

Carers highlighted their experiences of facing higher household bills.

“The costs of our food bills increased significantly during the pandemic. Remaining indoors, ensuring provisions were purchased to enable my mother to shield all required additional expenditure.”

– Black carer

“Since the person I care for stayed home for 6 months, usage of electricity (i.e. usage of lift, hoist, standing frame etc.) significantly increased, almost double the year before. I was furloughed and it was a struggle to get by”

– Sri Lankan carer

“Cost of food, services, bills and other things from shops have increased in price even if its few pence... I struggle as it all adds up”

– Pakistani carer

“Daily living costs have virtually doubled in my household. Only being able to do online shopping, as we were shielding, was also challenging....Purchasing PPE was also quite expensive, as was paying well above the normal price for cleaning and hard to get antibacterial products.”

– Black Caribbean carer

The data suggests COVID-19 could be entrenching existing inequalities as research conducted before the outbreak of the virus found that Black, Asian and minority ethnic carers were more likely to be struggling financially than white carers.²⁵ Carers UK has also found that carers from ethnic minorities are less likely to be in receipt of financial support.²⁶

Only
33%
of Black, Asian and minority ethnic respondents reported they were able to afford bills without struggling compared to 57% of White carers



²⁵ NHS Digital (2010) *Survey of carers in households – England 2009-10*

digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-survey-of-adult-carers/survey-of-carers-in-households-england-2009-10

²⁶ Carers UK (2015) *State of Caring 2015*

www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2015

State of Caring 2021

This trend continued into September 2021 as our State of Caring Survey 2021 continued to highlight the financial challenges facing carers which were disproportionately impacting carers from ethnic minorities.

When asked how they would describe their financial situation, 29% of Black carers and 30% of White British carers stated that they were struggling to make ends meet. This rose to 32% of carers from any other White background, 39% of Asian carers and 43% of carers from a mixed or multiple ethnic background.

We also asked carers several questions about their financial concerns. When asked if they were worried about their ability to save and plan for the future, 44% of Asian carers, 50% of Black carers and 52% of carers from a mixed or multiple ethnic background strongly agreed. In contrast, only around a third (34%) of White British carers strongly agreed with this statement, highlighting the much higher levels of concern amongst carers from ethnic minorities. Carers from another White background sat between the two, with 40% strongly agreeing.

As levels of inflation rise and households across the UK face rapidly increasing energy bills and a higher cost of living, these groups of carers are likely to be hit the hardest by financial difficulties. Following our survey with over 3,000 carers in early 2022, our research report highlighted the impact of the cost-of-living crisis on unpaid carers. Worryingly, 45% of carers told us that they were unable to manage their monthly expenses. As a result, we campaigned for the government to take action to support carers during this difficult time, and wrote an open letter to the Chancellor, signed by 77 organisations, asking him to address this unprecedented financial hardship.

Even when carers are making ends meet, the comments show that this is often done through great sacrifice and by carers giving up things that are important to them and their wellbeing.

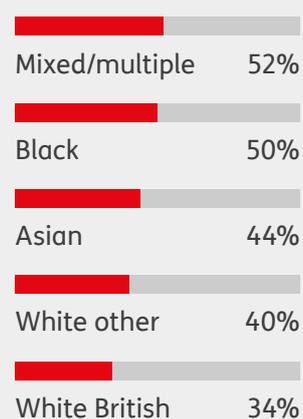
“Utility bills and public transport continue to rise whilst I’ve had a pay freeze for 10 years. We are a one parent family due to bereavement”

– Black Caribbean carer

“We are just managing to keep up with the bills and expenses but unable to save or put by for emergencies”

– Black Caribbean carer

Percentage of carers who strongly agreed that they were worried about their ability to save and plan for the future:



“I have cut down on expenses to the bare minimum just so I can stay out of debt. I make ends meet with great difficulty and we don’t spend any money on leisure or relaxing”

– Pakistani carer

“I don’t have any money left over for luxuries, or even getting a bus”

– Mixed race carer

Using data from the State of Caring survey, we were also able to estimate the average amount carers are spending each month on services, equipment and products for the person they care for. This showed clear differences between ethnic groups, as summarised in the table. Asian carers and carers from a mixed or multiple ethnic background are spending the most each month and are spending £48.03 and £34.99 more than White British carers respectively. As these are the carers that are most likely to be struggling to make ends meet, this highlights the intense financial strain that they are under.

Average monthly spend per ethnic group in the State of Caring Survey 2021

Ethnic group	Estimated average monthly spend
White British	£110.85
White other	£138.91
Asian / Asian British	£158.88
Black / Black British	£89.23
Mixed or multiple ethnic background	£145.84

Overall, we can see that carers from ethnic minorities are likely to be facing greater financial struggles than White British carers. This includes feeling more anxious about the future of their finances and spending more each month as a result of their caring role. To support these carers, it will be critical to improve the financial support that is on offer.

Health and wellbeing



Physical Health

The ‘Caring behind closed doors’ surveys did not investigate carers’ physical health specifically and instead looked at overall health and wellbeing. As this focused on burn out, coping and loneliness, these results have been summarised below.

Carers UK has undertaken more in-depth analysis of the 2021 GP Patient Survey including where possible, the experiences of ethnic minority carers. This research found that carers are more likely to be in poor health with 6 in 10 (60%) of carers surveyed stating they had a long-term condition, disability or illness compared to half (50%) of those who weren’t caring. Of these carers, almost two-thirds (64%) report that this condition reduces their ability to carry out day-to-day activities.

In the State of Caring Survey 2021, we asked carers to rank their physical health on a scale from very bad to very good. Only around a third (32%) of White British carers rated their health as “good” or “very good”. This was similar to the 31% of carers from any other White background, 26% of carers from a mixed or multiple ethnic background and 25% of Asian carers. Black carers, on the other hand, were more likely than any other ethnic group to rate their health as “good” or “very good” at 35%. Across all ethnic groups, the most common rating was fair.

We know that people from ethnic minorities generally have poorer health than their White British counterparts due to health inequalities. However, the picture is complex with variation between different ethnic groups and other impacts to consider such as geography, deprivation and occupation.²⁷

²⁷ Kings Fund (2021) *The health of people from ethnic minority groups in England*

www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england

This seems to be somewhat reflected in our research with carers as Asian carers were the least likely to rate their physical health as “good” or “very good”. However, Black carers seemed to have the best health out of all ethnic groups. This is different to other research findings, such as those summarised in the Lancet, which found that, with the exception of Black African men, Black individuals had poorer health than their White British counterparts.²⁸ This may be due to the fact that Black respondents to the survey were less likely to be aged over 65 than other ethnic groups. More research on the health of ethnic minority carers is needed to more fully understand how health inequalities affect carers.

Mental health and wellbeing

Caring behind closed doors

Carers from ethnic minorities have faced ongoing and significant pressures as a result of the COVID-19 pandemic. Unsurprisingly, this has taken a toll on their mental health that was apparent from April 2020. In the ‘Caring behind closed doors’ survey conducted in April 2020, 55% of carers from ethnic minorities reported that they felt overwhelmed and worried about burning out.

“Every day and night is about trying to survive. We were burnt out anyway, we have been doing this by ourselves for nearly 4 years. My dad has had two afternoons off in that entire time”

– Mixed race carer

The survey in September showed that six months on, the impact of the pandemic was continuing to take a significant toll on carers’ emotional, mental and physical wellbeing. 71% of carers from ethnic minorities were worried about how they would cope over the winter, compared to 63% of White carers.



²⁸ Watkinson, R., Sutton, M. and Turner, A. (2021) *Ethnic inequalities in health-related quality of life among older adults in England: secondary analysis of a national cross-sectional study* The Lancet, 6(3), pp. 145-154. www.sciencedirect.com/science/article/pii/S2468266720302875

In addition, only a third (33%) of Black, Asian and minority ethnic carers felt they had been able to maintain their health and wellbeing during the pandemic; 62% reported their mental health had worsened and 63% that their physical health had worsened.

“I feel overwhelmed and anxious. My eating disorders have returned and I feel like it’s going to impact me and my family for a long time.”

– Pakistani carer

“Due to the isolation caused by the pandemic the person I care for has developed mental health problems causing increased stress to all the family.”

– Indian carer

“I suffer from fatigue and at times have felt exhausted. I have at times felt overwhelmed with the responsibility of looking after loved ones especially during these unprecedented times”

– Black Caribbean carer

“Carers have been left behind. As a carer, the impact of this situation has made me feel like I am not a valued member of society”

– Mixed race carer

State of Caring 2021

In the State of Caring Survey 2021, we asked carers to rate their mental health on a scale from very bad to very good. 31% of White British carers and Asian carers rated their mental health as “bad” or “very bad”. This rose to 34% of carers from any other White background and 33% of carers from a mixed or multiple ethnic background. Once again, Black carers were the least likely to report their mental health as being “bad” or “very bad” at just 25%. However, it is also important to remember that this is a subjective scale and certain ethnic groups may be less likely to rate their mental health as bad due to stigma around mental health conditions.

We also asked carers how often they felt lonely. Around a third (34%) of White British carers, Black carers and carers from any other White Background were chronically lonely (identifying as “often” or “always” feeling lonely). This rose to 35% of carers from a mixed or multiple ethnic background and 37% of Asian carers. These numbers are markedly higher for carers than the general population, where only around 5% of people aged 16 or over in England are chronically lonely.²⁹

²⁹ Campaign to end loneliness. *The facts on loneliness*
campaigntoendloneliness.org/the-facts-on-loneliness/

Loneliness has a profound impact on someone’s health and wellbeing, increasing the risk of death, cognitive decline, dementia, coronary heart disease and stroke³⁰ and is likely to be contributing to the poor health of many carers.

We also asked carers the four standard Office for National Statistics questions on wellbeing, life satisfaction, happiness and anxiety. Carers could answer on a scale from 0 to 10 and the mean scores are summarised in the table below. This demonstrates how carers as a whole are less satisfied with their life, less happy and more anxious than the general UK population. However, there is minimal difference between ethnic groups which may indicate that the characteristic of being a carer is having a greater impact on wellbeing than being from a particular ethnicity.

ONS Wellbeing Scores per ethnic group in the State of Caring Survey 2021

Ethnic group	Life satisfaction	Life is worthwhile	Happiness	Anxiety
UK Average	7.39	7.71	7.31	3.31
White British	4.38	5.58	4.42	5.34
White other	4.39	5.44	4.31	5.67
Asian / Asian British	4.41	5.91	4.55	5.65
Black / Black British	5.12	6.98	5.70	5.22
Mixed or multiple ethnic background	4.06	5.39	4.66	5.94

This data seems to show quite limited differences between ethnic groups of carers in terms of mental health, loneliness and wellbeing. This is slightly different from other evidence about the general population as research does find differences between the mental health of people from an ethnic minority background compared to their White British counterparts. For instance, compared to White British people, Black women are more likely to experience anxiety or depression and Black men are more likely to experience psychosis.³¹ However, the existing research is limited as there is not much data available and people from a Black, Asian or minority ethnic background may be less likely to report mental health problems. More research may therefore be required to more fully understand the mental health of Black, Asian and minority ethnic carers.

³⁰ Ibid.

³¹ Rethink. *Black, Asian, and minority ethnic mental health*

www.rethink.org/advice-and-information/living-with-mental-illness/wellbeing-physical-health/black-asian-and-minority-ethnic-mental-health/

COVID-19 vaccinations

Carers were entitled to receive the COVID-19 vaccination as a priority and we asked in State of Caring 2021 whether carers had received the COVID-19 vaccination or had decided not to have it. There were some differences between ethnic groups in take-up of the vaccine that reflect wider trends in vaccination take-up. However, due to the small numbers of carers answering this question, these differences may not be as large as they appear. 3.2% of White British carers had decided not to have the COVID-19 vaccination, which rose to 6.7% of carers from a mixed or multiple ethnic background or any other White background. This percentage rose again to 10.3% of Asian carers and 11.4% of Black carers.

The vast majority of carers from all ethnicities were positive about receiving the COVID-19 vaccination and spoke of a sense of relief and a feeling that it validated their caring role.

“It made me feel more secure and being on the priority list made me feel validated as a carer”

– Pakistani carer

“Made me feel better protected and therefore my mum who I care for is better protected”

– Carer from other White background

Hesitancy around the vaccine was driven by a number of factors, including concern around who would take on the caring role if the carer became ill or had side effects.

“I am entirely unsure about taking this vaccine. I know taking it far outweighs not taking it. My concern is who cares for my wife and child if I become unwell”

– Asian carer

Carers from all ethnic groups also commented that, despite being included on the priority list as a carer, they had to work hard to be recognised by healthcare professionals and to receive their COVID-19 vaccination.

Access to support



Caring behind closed doors

While the evidence shows that most carers were providing more care as a result of COVID-19, the data across both ‘Caring behind closed doors’ surveys suggests that White carers were less affected by the closure or reduction in local services. 35% cited this as their reason for providing more care in April 2020 compared to 47% of carers from ethnic minorities.

“The community services that my daughter accessed are on hold. She’s at home more and I have to provide more care”

– Black African carer

“I care for my autistic son and his school is closed which means I have to provide more daily care and the therapies which would usually happen in school”

– Black Caribbean carer

Six months on, this disparity was evident again with 46% of Black, Asian and minority ethnic carers reporting in September that they were providing more care because of the loss or reduction of local services. This compares with 37% of White carers reporting this as their reason for providing more care.

By the time the survey in September 2020 was conducted, some local services had reopened as the government’s COVID-19 restrictions eased, but there was a noticeable difference between White carers and carers from ethnic minorities when it came to their experiences and perceptions of reopened services.

Percentage of carers who cited **closure or reduction in local services as a reason they had to provide more care** as a result of COVID-19:

April 2020



September 2020
(Six months later)



25% of Black, Asian and minority ethnic carers reported they were providing more care because “local services have opened but I am worried about safety or quality” compared to just 9% of White carers. This is a worrying disparity given how valuable support services are for many carers. Research has shown that are not only are carers from ethnic minorities less likely to access services but may also find services less satisfactory than white carers.³²

“The organisations locally are not able to offer culturally appropriate support and they are ignorant about recognising care needs.”

– Asian carer

“Very difficult to get appropriate support when caring for an elderly Asian parent with speech, hearing and partially sighted with language barriers”

– Indian carer

“My mother lives in a sheltered housing flat and was assessed for social services 4 times a day but because of cultural differences and beliefs my mother has most of the times refused care services”

– Black African carer

State of Caring 2021

In September 2021, we asked carers which services had fully re-opened in their local areas and which they were still struggling to access. The service most likely to have fully re-opened was support from paid care workers, however, the majority of carers still did not have full access to this. 46% of carers from a mixed or multiple ethnic background and White British carers reported that they had full access to support from paid care workers. This fell to just 40% of carers from any other White background and only 20% of Asian carers. 57% of Black carers, on the other hand, had full access to support from paid care workers.

When carers were asked what barriers there were to accessing support, overwhelmingly the largest issue was lack of access to information with almost 4 in 10 (38%) of carers stating that they didn’t know about the services that were available in their local area. This didn’t vary substantially based on ethnicity.

However, the percentage of carers reporting that the services in their local area did not meet their needs was higher for carers from some ethnic minorities. 28% of White British carers and carers from a mixed or multiple ethnic background said that this was a barrier to access. This rose to 29% of Asian carers,

³² Greenwood, N. (2018) *Better health briefing 48: supporting black and minority ethnic carers* raceequalityfoundation.org.uk/wp-content/uploads/2018/10/REF-Better-Health-484.pdf

32% of Black carers and 35% of carers from another White background.

“There do not seem to be local services that cater for our Caribbean heritage”

– Black carer

“Language barrier is still the number one issue for Chinese community. I speak Chinese and English but majority of other parents I’ve met have limited English. They often share to me even if the services do have interpreters, often their translations are not good enough for them to have sufficient understanding”

– Chinese carer

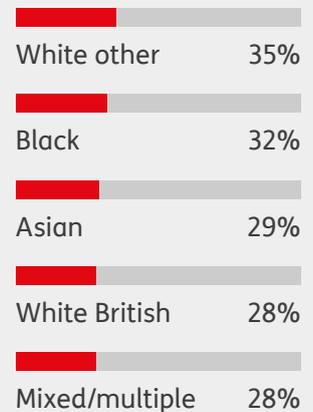
Carers from some ethnic minorities were also more concerned about catching COVID-19 and were more likely to select this as a barrier to accessing support services. 30% of White British, Black carers and carers from a mixed or multiple ethnic background. were concerned about the person they care for catching COVID-19. This rose to 40% of Asian carers and 36% of carers from another White background. As people from particular ethnic minority backgrounds are more likely to suffer serious effects of COVID-19, it is unsurprising that some carers are more concerned.

Looking to the future of services, just 14% of White British and Asian carers felt confident they would have the practical support they needed over the next 12 months. This fell even further to just 10% of carers from any other White background, 9% of carers from a mixed or multiple ethnic background and 8% of Black carers. This highlights just how concerned many carers are about the future but how this anxiety may be intensified for carers from certain ethnic minorities.

Overall, it is clear that many carers are not receiving the support they need. There has been a slow re-opening of services which has left many carers anxious about the support they might receive in the future. This seems to be affecting carers from some ethnic minorities more than others, particularly Asian carers, especially when it comes to having access to services that meet their needs.

We are aware of anecdotal evidence from carers that the experience of the COVID-19 pandemic, and the now widespread use of online video conferencing platforms, has made it easier to connect with groups which previously could only be accessed in person. This might mean, for example, that connecting with people from a similar background or faith becomes easier, as there is no longer the requirement to travel or take a cared-for person to an unfamiliar environment.

Percentage of carers who reported that the services in their local area did not meet their needs:



Carer's assessments

In the State of Caring 2021 survey, we asked carers if they'd had a carer's assessment in the last twelve months. The table below summarises how many carers from each ethnic group received a carer's assessment and how long they waited after requesting it.

Wait for carers assessments per ethnic group in the State of Caring Survey 2021

Ethnic group	Waited less than six months	Waited more than six months	Did not receive a carer's assessment
White British	19%	4%	76%
White other	15%	7%	78%
Asian / Asian British	16%	6%	78%
Black / Black British	27%	7%	66%
Mixed or multiple ethnic background	29%	0%	71%

From this, we can see that Black carers were the most likely to have received a carer's assessment in the last twelve months but they, along with carers from another White background, were waiting longer than carers from other ethnic groups.

We asked carers who had not received a carer's assessment in the last twelve months to tell us what has stopped or prevented them. The most common response for carers from almost all ethnic groups was that they didn't know what a carer's assessment was. 40% of Asian carers, 37% of White British carers, 34% of carers from a mixed or multiple ethnic background and 30% of carers from any other White background selected this option.

Black carers, however, were just as likely to say that they didn't think an assessment would be beneficial to them. A quarter (25%) of Black carers cited this as the reason for not having a Carer's Assessment, while another quarter (25%) stated that they did not know what a Carer's Assessment was.

This suggests that, for all carers, there needs to be awareness raising around the Carer's Assessment to ensure that carers are aware of their statutory right to an assessment. For Black carers, however, this may need to go further and ensure that the Carer's Assessments they are accessing are beneficial for them and lead to real and sustained support.

Breaks



We asked carers in September 2020 if they'd been able to have a break from their caring role. 7 in 10 (70%) of Black, Asian and minority ethnic carers have not been able to take any breaks since the beginning of the pandemic. Even among those who had been able to access breaks, a quarter (25%) felt they had not been able to take the breaks they needed.

It is therefore unsurprising that 75% of carers from ethnic minorities reported feeling exhausted in the September survey and 43% said they were reaching breaking point.

“I haven't had even 10 mins break since start of lockdown”

– Bangladeshi carer

“I have been juggling full time caring with my part time job, with no break for six months”

– Pakistani carer

“I think it's really hard for all carers out there without having no break. You feel like you are forgotten and [it] does play a big part on your health and well being”

– Pakistani carer

“The only time I'm getting a break is when I am asleep, which is also disturbed”

– Mixed race carer

“Normal community/faith group activities have been suspended & therefore this has meant less emotional breaks for me”

– Pakistani carer

Conclusion



There are millions of unpaid carers across the UK and a significant (and likely growing) number of these carers come from an ethnic minority background. While carers who are Black, Asian and minority ethnic share many concerns with White British carers, there are areas where they are disproportionately impacted.

Some of the most striking findings in this research are around the economic impact of caring on those from Black, Asian and minority ethnic groups. According to all financial indicators looked at in this research, carers from ethnic minority backgrounds are doing worse than White British carers. We know there were already higher rates of poverty in some Black, Asian and minority ethnic communities, and the impact of COVID-19 has made this worse.

More research needs to be done with larger sample sizes to substantiate these findings but this research adds to existing knowledge that Black, Asian and minority ethnic carers have unique experiences and challenges compared to their White British counterparts, and these must be addressed by national and local governments.

Recommendations

- 1 Record data on carers' ethnicity to identify need.** Services that work with carers should routinely record detailed data on ethnicity so that the needs and outcomes of different groups of carers can be identified. Carers strategies, at a local or national level, should include consideration of the impact of caring on people from different ethnicities.
- 2 Improve carers' access to essential support services.** Governments and local authorities should ensure that essential services are up and running, and that they are safe and accessible to all. They must ensure that carers' needs are assessed and that carers are able to take breaks, to protect their own health and wellbeing and prevent burnout. This research shows that on some measures carers from Black, Asian and minority ethnic groups are facing worse health outcomes and need access to appropriate and affordable breaks. At the same time, innovations made as a result of the COVID-19 pandemic that have supported access to services (for example online access to support groups) should continue where that is chosen by carers.
- 3 Improve the financial support available to carers.** There needs to be better financial support for carers, starting with an increase in the level of Carer's Allowance. Carers from Black, Asian and minority ethnic groups are more likely to be living in poverty and making difficult choices in efforts to make ends meet. This research also particularly identified the need for help with the financial costs of caring and the rising cost of energy. We welcome the Scottish Government's commitment to continuing the carer's allowance supplement, but more can be done by governments in all nations to reduce the costs that carers can face.
- 4 Consult with carers about what support they need.** Service providers should regularly involve and consult with carers from Black, Asian and minority ethnic communities over what support they want and how services can be made more accessible and inclusive. These views should be reflected in commissioning and service design. The good practice identified in our accompanying briefing provides examples of this. Our forthcoming good practice briefing will provide examples of this.

- 5 Ensure carers are involved in the design and development of services.** As new integrated care systems are established in England, and a new National Care Service in Scotland, structures for communication, engagement and service co-design with carers should be published and reviewed regularly. It is important that Black, Asian and minority ethnic carers are included in the design and development of services at all levels, including at a strategic level.
- 6 Continue to ensure carers are prioritised in the COVID-19 vaccine programme.** The COVID-19 vaccine programme should continue to prioritise carers, and targeted strategies should be implemented to address disparities in vaccine take-up between different groups.
- 7 Provide culturally tailored support services, using the expertise of voluntary and community groups.** Information, advice and guidance needs to be available in a range of community languages, and proactively targeted at carers from Black, Asian and minority ethnic groups. Frontline professionals, such as GPs, play a central role in ensuring carers are identified, and it is vital they provide advice and guidance to carers, including those from Black, Asian and ethnic minority backgrounds who may not be aware of the support services that are available. The role of voluntary and community sector organisations led from within minority ethnic communities should be fully appreciated, and these organisations should be adequately resourced to ensure they can reach carers who are not in touch with mainstream services.
- 8 Deliver a National Strategy for Carers.** The government needs to deliver a National Strategy for Carers, which reflects the needs of different groups of carers and develops strategies to address the multiple disadvantage faced by Black, Asian and minority ethnic carers identified in this research.
- 9 Address the needs of carers through Social Care Reforms, such as encouraging innovation in service design.** The Social Care Reforms should address issues such as affordability and availability of culturally appropriate care services and diversity in the social care workforce and should encourage innovation in service design to meet the needs of ethnic minority carers.
- 10 Identify the specific needs of different groups through further research.** Future research should seek to identify the specific needs of different communities, and to hear from carers in communities that are less likely to engage with services or respond to consultations, such as the gypsy and traveller community, and the refugee and asylum seeker community, and those living in remote, rural, and island communities.

About this research

The three surveys on which this briefing is based were conducted on the following dates:

- Caring behind closed doors: 3 April – 14 April 2020
- Caring behind closed doors, six months on: 11 September – 28 September 2020
- State of Caring: 2 August – 13 September 2021

The percentage of respondents from each ethnic group is summarised in the table below.

Ethnicity of survey respondents

Ethnic group	Caring behind closed doors – April 2020	Caring behind closed doors – Sept. 2020	State of Caring – Sept. 2021
White British	2959 (90%)	3107 (89%)	4830 (88%)
White other	90 (6%)	246 (7%)	350 (7%)
Asian / Asian British	57 (2%)	73 (2%)	73 (2%)
Black / Black British	33 (1%)	28 (1%)	34 (1%)
Mixed or multiple ethnic background	30 (1%)	25 (1%)	49 (1%)

In general, carers who respond to Carers UK surveys have been caring for longer and care for more hours each week than the caring population as a whole. In addition, they have identified themselves as carers and recognised their caring role. As a result, they are more likely to be well connected to local support services and have greater access to support. It is also worth noting that the sample sizes of carers from ethnic minorities in all three surveys are relatively small. Caution should therefore be exercised when it comes to extrapolating these findings to Black, Asian and minority ethnic carers as a whole. Further research is required to more thoroughly understand the experiences of ethnic minority carers both during and beyond the coronavirus pandemic.

Carers UK is interested in hearing from any services or groups that are supporting carers from ethnic minorities. If you'd like to hear more about the project or share information about your practice, please contact policy@carersuk.org

About the project

Carers UK, in partnership with Carers Trust, has received funding from the Covid 19 Support Fund to support the **Making Carers Count** project. This part of the three-year project which seeks to understand the experiences of four traditionally under-represented groups of carers both during and beyond the COVID-19 pandemic. These are LGBTQ+ carers, Black, Asian and minority ethnic carers, older carers without access to the internet and carers of faith. This project is pulling together existing knowledge and engaging in new research to more fully understand the experiences of these carers and the unique challenges they may experience in their caring role as well as collating examples of best practice. This knowledge gained will be applied to Carers UK services and shared with other service delivery organisations and commissioners to improve access to and outcomes from support, information and advice for marginalised carers.

We would like to thank the following members of our Expert Advisory Group on Black, Asian and ethnic minority carers for their support and advice in producing this research report:

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The experiences of Black, Asian and minority ethnic carers during and beyond the COVID-19 pandemic

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