Research briefing:
Issues facing unpaid carers from ethnically diverse communities in Northern Ireland

January 2025

Introduction

The unpaid caring population is diverse and the needs and challenges facing carers are varied and complex. Unpaid carers from ethnically diverse communities can often face particular challenges which differ from the wider caring population.

In 2024 Carers NI undertook an initial scoping exercise to try and understand the issues facing unpaid carers from ethnically diverse communities in Northern Ireland.

The aim was to gain an understanding within communities of:

- The challenges carers are facing
- Barriers to accessing support and information
- Barriers to participation in Carers NI research
- Ways to address any identified needs/overcome barriers.

Methodology

Carers NI held initial meetings with several organisations and government bodies who regularly engage with ethnically diverse communities in Northern Ireland.

Through these organisations we were able to build a database of groups who were working "on the ground" with carers in these communities.

Representatives from these groups were invited to two focus groups where they took part in a guided discussion based around five areas:

- Cultural differences
- Current challenges
- Accessing support services
- Engagement with research

The discussions were analysed to identify key themes.

Results

Cultural differences

There are often cultural differences in the way care or the caring role is perceived within different communities. Many carers from ethnically diverse communities simply do not identify as a "carer" but rather feel they are looking after wider family members, as per expected cultural norms or to fulfil their duty.

For some, their cultural background may mean they see providing care to family members as a duty taking place within the home and the use of care homes may not be seen as acceptable.

There may also be cultural sensitivities around the acknowledgment and acceptance of mental illness and special educational needs in children. These may not be talked about within some communities. These illnesses can sometimes be seen as a weakness or something people do not want to admit to wider society. This can lead to an unwillingness to engage with services, accept help or to identify as a carer.

Barriers to identification as a carer

Within many ethnically diverse communities the expectation is that family members will take on any necessary caring responsibilities as default. In fact, in some cultures there is not a distinct word for carer as it is not seen as a separate role but rather caring is part and parcel of family duties and life. As such there can be stigma around seeking support for a caring role or additional help to look after a loved one from outside the family.

As mentioned above the stigma around mental health and additional needs in children in some cultures may mean caring roles in these situations are not shared or discussed. This means the person looking after someone with a mental illness or a child with special needs may not want anyone to know of their caring role and hence will not identify to services or support.

Barriers to accessing support or information

Participants agreed that current mainstream routes to delivering information and support are not reaching many carers within ethnically diverse communities.

Some carers within ethnically diverse communities will not speak English and there may be language barriers in accessing information in their different languages. This can be particularly hard to address as there may be many different languages or dialects spoken. Some carers may be unable to read or write in any language.

Access to translators can be difficult, slow and costly.

Many carers in diverse communities may have little or no access to digital information or support. Others may have little or no access to transport to attend services or support sessions.

Due to the situation in the countries some carers have originated from there may be an underlying distrust of government or authority and an unwillingness to engage with state run services or support.

For similar reasons there may also be a distrust of banks, with money being kept within the home. As benefits usually need to be paid into a bank account this can led to difficulties accessing financial support.

Difficulties self-identifying as carers, as detailed above, means many people do not look for or identify to services or support.

There may be difficulties attending appointments or information sessions as no one else in the family may be available to take over the caring role from the primary carer.

The immigration status of a carer can be a significant barrier to accessing services and support as benefits cannot be obtained until settled status has been granted. Hence the experiences of an unpaid carer who is “settled” or “established” in NI often differs from those who have newly arrived here.

Barriers to participating in research

As detailed above, the issues around self- identification as a carer can lead to a feeling that such research is not applicable.

Due to the background situations in the countries some carers have originated from it can take time to build up trust to enable research to take place.

In some communities research may not be routinely carried out and be looked upon with suspicion and a lack of clarity as to the purpose.

There may be language barriers, as detailed above, with English not being the first language in many communities and poor literacy being evident in others.

Ways to address identified needs

Participants agreed that that to disseminate information about support available to unpaid carers within diverse communities it would be important to start at the point of self-identification as a carer.

Participants felt the best way to tackle this and increase awareness of the caring role and who is a carer would be to deliver small, bespoke information sessions within local communities. These should be run in conjunction with community and voluntary groups working with ethnically diverse groups in that area. This would enable trust to be built, and awareness and knowledge of services and support to be increased.

Local community and voluntary groups would be able to help identify suitable people for the information session, transport them to the sessions and assist with any translation requirements or cultural sensitives.

Conclusion

The way care or a caring role is perceived varies significantly between different cultures. As such many carers (as Carers NI would classify a carer) are not self-identifying as a carer or presenting to or availing of support services. Organisations participating in our research were clear that mainstream methods of delivering information and support would not be effective in such communities. Instead, they felt a more local approach delivered in conjunction with community groups would have greater reach and success.

Carers NI are currently looking to develop a dedicated information and support service for Northern Ireland. When this service is in place it should link in with the organisations who participated in this research and start to deliver small, bespoke information sessions for carers within ethnically diverse communities.

Limitations

Carers NI recognises the limitations of this research. It is intended as an initial scoping exercise and ideally will be followed up by engagement with carers themselves within diverse communities in Northern Ireland. However, this further research will require additional resources including funding for community staff to enable them to recruit and transport carers to focus groups and to fund translators.

Acknowledgments

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