



Meeting the Care Needs of Minority Ethnic Communities

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Location: Zoom

EYST Wales - All Wales Black Asian Minority Ethnic Engagement Programme:

Selima Bahadur (Chair/Host), Jainaba Conteh (Co-host), Twahida Akbar (Co-host & Tech)

Key Speakers/ Panellists:

Tahmina Khan (TK)

Supervising Social Worker at Calon Cymru Fostering

Jessica Mannings (JM)

PPE/ Monitoring & Scrutiny Management at Llais Cymru

Rahila Hamid (RH)

EYST associate working predominantly with ethnic minority elderly community

NOTES

RH: My name is Rahila. My first job was with Age Cymru back in 1994/1995, I am still kind of an activist, and in my volunteering capacity I am still trying to speak on behalf of other people. I then worked with MIND and then EYST, on the BAME Engagement Team as a Regional Co-ordinator. I am engaging still with a lot of organisations and community members, mostly locally receiving calls regarding domestic violence or older people or discrimination etc We are continuously speaking for those people who do not have a voice.

TK: My name is Tamina Khan and I belong to the Bangladeshi community. I came from Bangladesh to join my husband in 1981. My career started with working in Barnardo's charity. I qualified as a Social Worker in 1995 and worked in this organisation for 26 years in different fields and finally re specified my role as Family Placement Social Worker and worked in fostering/adoption since 2002. I left there in 2006 and continued my role, as in the family placement, which is fostering in two different private agencies. So currently I am employed by fostering, based in Cardiff. Along with my paid job. I also do much, and I have been doing since I came into this country, lots of voluntary work. I have been involved with lots of organisations. I am a Chair of Bangladesh Women's



Association, which is running from 1991. Actually. It is a highly active community organisation. My main interest is that I want to be instrumental with the women and their families, supporting with the language barrier, cultural barrier, lack of access to the mainstream, and services such as health, education etc and those who are experiencing institutional racism. It is my passion to work with the community. I am here today to share my experiences, my knowledge, and skills, and to share with you in the fostering area.

JM: My name is Jessica Mannings, and I am one of the Public Engagement Officers for Llais. For those who do not know Llais are the new citizens voice body for health and social care in Wales. We were only established on the first of April this year, so we are still a fairly new organisation, but we have replaced what used to be the Community Health Councils in Wales (CHS), which were the NHS patient watchdog. The difference is where the community health council only dealt with NHS concerns and experiences, we can now deal with health and social care experiences as well. We are heavily looking around the elements of engagement, I mean going out into communities meeting with different groups in the community, different individuals in the community and groups, and making sure that we can get that voice heard on what their views and experiences of what health and social care services are like for them. For example, we attend events that could be having a stall at one of the national events. It could be attending and allowing people the opportunity to share their views and experiences. It could also be local coffee morning support groups, just having those initial conversations with people just to just to hear from them and allowing them the opportunity to share their views and experiences. We also do a visiting program where we can go to NHS and social care services to meet with current patients or service users of these services, to hear what their experiences are like. While we say NHS, this could be going to hospital wards, GP practices, dental practices anywhere that offers an NHS service. Although we have not done this yet in terms of social care, we are able to go into care homes, nursing homes, residential homes, and it is just having those simple conversations with people, and just asking them what their experience is like of that of that service? Is it good? Do they feel welcome? Do they feel safe? Do they feel include and that they can be their true selves in



there? It is about getting the good, the good stories, obviously the not so good stories. Its whatever people want to say to us, and from then we can then escalate that to the providers of these services. One of our new functions we have, and this new organisation is the role of representation. So, as a citizen voice body, we can make representations on behalf of the local community, represent those views to the NHS, to local social care services and say, look, this is what people think of services at ground level. Although you have these strategies in place, this is what we are hearing from your community, or what it is like accessing these services and with our new guidance they have to pay attention to what we say. They have to demonstrate how they view the feedback, what we've shared with them based on the views we've heard to show where they've included this, or if they can't do so, they have to justify why, they are unable to do it, so that we can then share that back with the public to show that what we have done with the information that they've shared with us. To finally, just to end it there quickly is that those that are not happy with the care service they have received from NHS or social care point of view. We do offer complaints and an advocacy service. We have in house advocates that can help you through the NHS or social care complaints, process so we cannot investigate the process or the complaint for you, but it is just a simple help in hand. We will help draft the letter on your behalf, we will attend meetings with you. It is just to give you that bit extra support through that formal complaints process because we understand not everyone has an idea of what entails the formal complaints process.

SB to TK: When children of minority ethnic backgrounds are placed in care and foster homes. What aspects of culture need to be considered? And are these needs considered/met within foster homes currently?

TK: When children are removed, or come into care, they have their language, religious and cultural needs that need to be met. (I will speak from only my experience as I have not worked with local authority, my background is mostly from the third sector). I have some statistics the from the Welsh Government website; there are a total of 7,000 plus children in care, and 90% are white compared to the population. So, the rest of the 10% are from the same



communities compared to the population, the wider population is quite high, and we have a breakdown of ethnicity compared to the children who come into care.

I have seen exceptionally small number of foster carers who come from the same community to meet these needs. Of course, the White carer can be trained or can be educated to meet the needs, but it is not the same. When children come into care, they are already traumatised. They already have a big upheaval in their life. Whatever experiences they have gone through and are going through and then on top of all of this, they are going to a family as well to adjust where they cannot really relate. It could be different ages for instance which can have an impact. So maybe there are children who are under five who may not speak English because their parents do not and they have not started school yet so have not had the chance to learn English, but this can be really traumatising for them. Or asylum-seeking children who have already gone through huge life changes such as leaving a war-torn country, may only speak their native language and then to be removed from their home to be placed somewhere hugely different. They experience further trauma, coming into the cross culture which we say, transracial placement. To educate the White foster carer who has Black children, these children go to the transracial placement unless another social worker like me is available, are there any systems that can educate? Is there a system that the White foster/ White Social Workers go in and educate themselves? Is there any forum, or is there any training sessions available? **And even if there is, they see the priority as safety and security for the children, but it is equally important to have the cultural and their ethnicity needs to be met as well.**

These children cannot fit into the Black community or their own community, while they are being long term fostered or even adopted. They cannot fit into their own community. They are not accepted and the White adopters/foster carers are protecting them inside the home but when they are out, they are facing racism. They are facing the society. It is just they need to have that confidence, that who they are, their identity, and it is difficult for a White foster carer or white adopters to provide that unless they are in society, or they have



the networks. But it is the second best. Whatever best they can do is the second best. If they have mental health problems due to their identity crisis, there are no Black therapists or counsellors to work with them. It is a huge shame that we are really failing a lot of children. I have had seen my colleagues have a three-sibling group placed in the valleys, and the boys are now coming into their teenager years and they do not want to know anything about their culture. They are just angry about it. They just want to belong somewhere where they will be accepted. They think it is extremely hard to observe fasting, or it is hard to follow their religion if they are from a Muslim background, or have certain cultural practices etc. They want to escape from the community that they are forced into due to being cared for, but unfortunately know there is no positive role model or encouragement for those, and they are just lost. They feel they do not have any connections to their identity.

There are excellent White foster carers, as an example a particular foster carer who has had children from asylum-seeking backgrounds for the last 20 years. Her husband is from a Somali background and she has done wonders for the children she completely adopted. The children adopted the culture, and they know the practices and at times she understands it better than me. We have a very few of those! We need to be trained and to provide that service that the children need, and I would say that we are really failing to recruit enough foster carers from ethnic minority communities.

RH: I am just going to add into what Tahmina said and mention cases of children. There were two boys who were obviously opposed to being in care and somewhere in the Valleys. An incident happened when the foster mother was in town, and both of the boys ran away from the town and went to the grandparents' house. I would personally say they were lucky to have a solicitor who is a Muslim woman, and she understood the culture. There was a lot of other issues with the dietary requirements and as we mentioned about the fostering parents not being trained with the dietary needs, the religious needs, and cultural needs just to name a few. So those children went back to the grandparents.



One of the young ladies that I know was recently telling me that she went into fostering care as her mother, who sadly had an incident where she lost her limb and went into care and then passed away 3 months after. This young woman, who is twenty-one now, went into foster care at the age of 13 to 18. She used to get called in the morning and told to get ready and then was taken to church. She would explain to the family that she could not go to church as she is a Muslim and practising Islam but there was nothing in place for her to attend a mosque. She used to feel so uncomfortable. She started drinking and became very vulnerable.

It is quite sad when we see that things are extremely far from getting better. For me, it has been 30 years plus that I have been seeing this (in different roles). Another case - the parents were washing the child's private area after going to the toilet and the child has mentioned this to the foster parents and they could not understand why the mother is doing that. In some communities, we wash ourselves with water after going to the bathroom. Also, as Tahmina mentioned there are many cases where children are in care, and they have been placed from one place to another and another. This is a reality that children face unfortunately and they lose their identity. They are confused and it really affects their mental health as they get to a certain age. Being bullied in school is another huge issue which comes from this.

JC to RH: For elderly minority ethnic people in care, what aspect of an individual's culture or practice needs to be considered?

RH: Care in hospital is a different experience. There are no facilities for most of the time. When the patient goes into hospital care, short term or long term, and the patient is being asked if they are Muslim or Christian? Do you need anything? And then there are no facilities available, not even a container for them to wash themselves. There was one lady who told me when she asked for a disposable glass, or something which is easy for me to put the water in so that I can do my ablution and she was handed a container where patients vomit/do their business. It is just something little, but it has a massive impact



on individuals. There was another incident where a nurse told a lady to 'call your God on the floor as you have been complaining, so if you complain to your God, your God can help you' and as she was saying this, she pointed to sky and said that 'your God can go up into the sky and he will help you because we can't do more.' There was nothing more she was asking compared to other patients.

The reason people are avoiding going into residential care, firstly as there is a lack of understanding of needs of ethnic minorities, especially elders. Language is also a huge problem. We keep dignity and respect of elders within our communities, they hold such an immense value and place in our communities and families. There is a great need for a specific special residential care for varied reasons. For example, when the food is prepared by Muslim people for Muslim residents, obviously halal, they will automatically know why the utensils that they use must be separate to meat that may not be halal. This is particularly important. Also, they will require place or a room to pray and an area where there are comfortably able to perform ablution (wash themselves before prayer). The language can be a big barrier too. The only people I have seen going into care is when it comes to a point that the kids cannot look after them, and most of the cases have been in when the people have dementia and they get to the stage where their safety at home is an issue, or they may get a bit violent due to the dementia getting worse, so it's the safety of the person in question and other family members that they are worried about. So, language as a barrier would harm the way or create issues in the way that people receive care in care homes.

There was a time in MIND where the local authority came in and asked community members questions such as 'is there a need for a residential home for ethnic minority?' and even though I was only 30 at the time, I jokingly answered yes, if there was a home that one of my friends go to, I will be happy to go too as I don't want to be a burden on my children because they will have their own life and stresses, which is the case now. Even now, when I tell my daughter that I will be happy to go to a residential home because I can speak. God forbid until I get dementia, and I do not know who I am, and I do not know



if I have been abused. My daughter worries that my needs will not be met and that I am safer at home with her.

The cultural awareness is also a barrier. We need to respect the individual's culture because respect and dignity plays a crucial role. It is particularly important for the people who are from diverse backgrounds, different colour, different skin, because the needs are similar apart from a few of cultural and religious needs and the language issues. Someone from a similar culture and background has the understanding that a resident of a certain culture would need certain needs met. They are their own individual person who requires their needs catered to, but it is also having the empathy and understanding. There are good stories I am not saying everything is bad, but we need to change the policies. This is what my role was with EYST, getting the Welsh Government on board. **At times it feels that we are going in circles, but not much changes.** So, I am asking all the professionals who are learning to be open minded and please do not be afraid of asking any question. If you come across any others who are in hospital, residential or any other scenario as we discussed earlier, please do not be afraid to ask questions - Why you are doing this? and they will be happy to answer. We all need to take responsibility to learn.

SB to JM: As an independent body for people in the social care sector, what can you do for minority, ethnic communities? So, if you hear today that the cultural needs of children and elderly in care are not being met, what would Llais do to help?

JM: I can explain step by step what we could do with this information. So, if anyone has any individual cases they would like to raise we have our complaints advocacy service. So, if they did want to go through the formal complaints, process through their NHS or social care, we have our advocates who could support them through that, and that is including children who want to make complaints (we cannot unfortunately support children in foster care or in the care system, purely on the basis of, we are aware that there is already an organisation doing that and that is the only caveat). The second, is regarding as



you say that culture is a real issue in health and social care and it is quite interesting, because this is actually something I have not come across before in my in my role locally in Cardiff. We have never been aware, made aware of any of these issues, either, because maybe it is our fault; we have not gone into the right communities, or it is just how it can be brought to our attention. So what I can do from today is go back to my colleagues, my team, and inform them to explain that I have been a panellist on this forum and this is what I've heard from our local communities, and if we do hear any more, and experiences of similar concerns we will see that there seems to be a pattern here. We can say locally, let us do some further deep dive into this, so it could be the case of setting up our own public meetings and going directly into your communities, into other communities, and have a deeper discussion of what it is like for you accessing these services. What is good? What's good practice, or what is not so good, or what could be improved? From then, we can share that with our national Llais team, and if they too have similar concerns, on a wider Wales level, and our national team may want to push a national agenda, we can share the findings locally with our Local Health Board. Our local social care team because our colleagues meet with those service providers on a regular basis. So, for example, at a different area which is still locally our regional director meets with the Chief Executive, the Health Board and we also meet the direct local directors in Glamorgan, and in those meetings, we can say, this is what we are hearing from our communities. For example, from a social care perspective, we're hearing that culture is a real issue, and under our representation, they then have to pay due regard to what we have said in those meetings, so it could be verbally, or it could be through a report that we've shared with them, and they have to demonstrate that what they have done with this information, how they've implemented people's views into their services. Or, if they can't implement it, they have to justify why, just so that we can then share it back with the community and groups to say this is what we've done and this is what you've said to us and this is what we've done with that information you've shared with us and this is the response that we got etc. So, our role really is to be the citizens voice and in terms of being able to do that, this is why we are here. It is to make sure that we are hearing from you in the community of what it is like for you. Ultimately, you are the ones who are accessing the services.



We are just there to be your voice at those meetings and to amplify that voice for you to make sure that your voice is heard. It is making sure that the services are right for everyone in Wales in the community, no matter what background. We do not have any preconceived views or opinions. It is down to what the service is like for you.

JC to TK: Is it important to place children with a fostering family of the same cultural background? And why?

TK: It depends on different circumstances but 99% of the time it is preferred that children be placed with the same race, same background at least especially due to religion and culture.

As I already mentioned that whatever background and abuse they come from, that is already a big upheaval, and then experiencing more trauma on top of what they are already dealing with, it actually has an adverse impact on their emotional wellbeing. However, there are exceptions, for example there are teenagers who request specifically that they do not want to be put into the same religious or cultural backgrounds. Some examples of such cases are when honour-based violence has occurred or if there are sexuality issues, sexual orientation or transgender issues etc. We have had referrals from those backgrounds and the location for those referrals need to be away from where the birth family are due to for the safety and security of the children. So, there are very few exceptions. Age can also be a factor as there are young people who struggle with identity needs and they may be better off being placed somewhere different also. Children who are asking or are seeking foster families away from their own communities or cultural backgrounds need to be educated and made to understand that not all the families are the same. They need to be put into foster families who are professional, but this is sometimes too much to ask. At times the Social Worker tries to listen to the young person and that is okay. The young people have a voice, and they need to be listened to which is important, but my personal issue is what that young person is asking for. They may have a negative view of their own family or community, and they feel that every other household from the same background is the



same as their own family and this is not the case. It is extremely important for children to be placed within the same background for their identity, their culture and religion, especially younger children. When children are removed from their families, we try and minimize the changes. Even if they are placed slightly away from their area, we try and keep them in the same school to keep disruptions as little as possible. Even if a small child is in nursery we will try and keep them at the same nursery if possible, otherwise it could be too many changes in their life. Changes as small as the smell of a foster house compared to the smell of their own house, their own culture and people. Even the smell in different cultures can be different and this could be due to the different foods that are cooked or incense that may be burned at the family house etc. People from different back grounds, their houses smell different. If a foster family has a pet dog, a child may not be used to this as generally in Muslim household and lots of other backgrounds, dogs are not kept as pets, but rather for security. So, it is really important to consider all that I have mentioned for the best interest of the child. Unfortunately, we do not have the luxury. In 20 years of working in fostering I have not had very many positive outcomes basically.

The majority of my foster carers are white, and they are trying, they abide by the law, and they are doing the best they can. They are actively looking for training, they are looking for the changes but the perspective that I am speaking from is what is in the best interest for the child.

SB to RH: In the majority of South Asian and other minority ethnic communities, the traditional family structure, and living circumstances were to have the different generations under the same roof. Have you seen any changes to this setting/structure and how would any changes affect the elderly generation?

RH: When I got married, I will explain how many people were under one roof. We lived in a 4-bedroom house with 4 generations living together. My great father-in-law who was blind, my mother-in-law and father-in-law, myself and my children and also my brother-in-law, his wife and his children. So that was



the dynamic expectation that we had and I had the three children growing up here too.

But if I look at the situation now it is different; my children have grown up. My son is in another city, I am in in Newport, my daughter lives towards Birmingham, and the youngest one is here in Newport. It is not only me (in this situation) there are quite a few other members of the local community, they are not left on their own in a bad way. The parents are happy because their children are academically working hard, and they feel they don't want to hold them back or stay with them because they spend years of studying, working, etc so they need to move on wherever their job takes them so that dynamic is changing. At the same time, I know a couple of people that are ageing, and they have sadly lost their partners. Most of them are women to my knowledge, and only one of them lives with their daughter who does not want to get married and settle down because she thinks and feels that she needs to look after her mother. She will not send her mother to a care home or anywhere else. So, things are changing.

During lockdown my son could not come to be with us, he was busy working online, my grandchildren were studying online. There were people that I know that their son or daughter, who had their own families and children, moved to their parents because they were worried during lock down. The parents/mum/dad were aging so are unable to go out for shopping for groceries and other essentials, which they so desperately needed but how were they meant to go out? So, the children moved in with the parents. The houses were very cramped during that period. I remember people were saying if a child had covid and and how we would control it in the house and how we would go about isolating and explaining to children why parents were not allowing the children going into certain rooms etc.

I have been doing some interviews with a project for people who came here from Commonwealth countries. We are lucky in Newport as we have got some really good facilities. One individual got really upset as they were explaining she has struggled with her marriage and her children are now all grown up and



she was crying during the interview and she asked me if I could remember that 15 years ago we had somebody saying that they were looking into having a (residential) home, she said that would have been great for me actually! Even if all of us are not going to a residential, but surely few of us would want to go to this specific residential where we are respected, our cultural needs are met, our religious needs are met, and how we can share stories and understand each other.

JC to JM: It is a fact that minority ethnic communities generally suffer worse with many health conditions, such as higher blood pressure, diabetes etc. So, the need for your services being involved with minority ethnic communities is greater. Do you feel that the word is out there within ethnic minority communities in terms of what Llais is, what they do and how they can support?

JM: You want my honest answer? No! We are a brand-new organisation, only set up April this year so I would not expect, not just minority ethnic groups, but the wider population not completely know who we are. When we were the Community Health Council, we had the same issues. I know that in the past we've been called Wales's best kept secret, purely because we're only a small team nationally, a small staff cohort and then we have our volunteers who undertake our activities. We are doing a big drive now over the next couple of weeks advertising who we are, I know recently we've been on the back of buses and on big banners in town centres and in certain areas of Wales. We are really pushing to advertise who we are again, and just getting our name out there really, and that is short and sweet. I am afraid that is our answer, no, we could be better! I will be honest with you. We could be better, but hopefully, with the big push of advertising and getting our name out there. Hopefully, we want to be able to be a household name. Everyone can come to us and share their views and experiences. But in the meantime, we are just trying to get ourselves out there.

A 7-minute video plays: https://www.youtube.com/watch?v=6h67_HpxU20



SB: This video reminded me that I recently had a Social Worker from a Northern English local authority getting in touch for support and advice because there was a child of Nigerian background who had been placed with a White foster family. The family moved from the diverse area in N England to one of the least diverse rural areas of Wales, and that child was missing out on everything cultural that they used to have in their original home, school and area.

An attendee comments: That video is nothing new. I'm 72 years old and born in London. I personally have had experiences with the social care services, so has my sister, so have my nieces where they've taken away my great nephew (who's mix race) and put with a White family, and he doesn't want to know anything about the Nigerian culture. My son, thank God, I fought for him. Just because I was late back from work back in 1991, they put him in foster care because the child minder forgot to pick him up and I fought for him to go to London to stay with my sister in Battersea. The racism that they had experienced!

Here in Wales, there is a great population of ethnic minorities in New Town. Powys even in Builth Wells where I live in Powys, there is a huge community of Blacks and Gurkhas and we've met never heard of Llais, they don't reach here, so are people in the outer regions/rural areas ignored? We too have issues.

We know our cultures, our food, everything. I know that our children have been indoctrinated to turn away from their culture when they are in foster care - we have our children reject our culture, not have awareness of their food, their religion and adopting Western culture to which I'm sorry to say it's not suitable for our young people. I come from a big family, and I have made sure, as well as other elders have ensured that our children eat our cultural foods like fufu, kiki, and other foods and speak our language. One thing I like about a lot of the communities, especially the Asian communities is that they try, and they speak their dialect, their languages to their children from when they are



small, which is right. But then you get a social worker coming in to say, oh, you cannot do that. You live in England, or you live in Britain.

An attendee comments: I am an Outreach Officer working in Neath and Port Talbot for CVS. I have a question for Jess. (Attendee explains how she recently attempted to contact Llais but had difficulties). How can we contact you when there is not a direct emergency and the second thing is, what are you doing in the Neath Port Talbot area? Because it is supposed to be a service that is originally established, I know lots happening in Swansea, but not sure what is happening in Neath Port Talbot. Thank you.

JM: I completely appreciate that - my colleague is from that specific NPT area will take that back. I will answer the question you asked about getting in contact without any emergencies. So, in that case, obviously, our telephone lines on the email contact should always be open. If we are made aware of any safeguarding issues, we do link in with health inspectorate Wales and care inspectorate Wales on a regular basis, and we have an agreement with them. If we are aware of any safeguarding concerns, we can just pick up the phones and request for them to investigate it, because we are not clinically trained at all. So, we are not there to assess the medical elements, we leave that to those bodies to take that on as their organizational values, and we have those relations with them. So, if we are made aware through an advocacy case or through someone, the public will contact us. We can easily pick up the phone to health Inspector Wales and take that forward to make them aware of what is going on. I'll give a quick example: we were made aware years and years ago about the A&E in Cardiff where there were several concerns from patients at that time, accessing A&E. There were those dire issues raised, so we thought that we needed to go in there and have a look and we found some serious issues as well as just the general experience and from that we made a direct call to health at Wales and raised those concerns. I believe a week or so later they went into A&E themselves, and they found similar issues from a medical point of view. So, we do have those contacts thankfully. I think if anyone does have any issues like that, just give us a call.



(I'm sorry to hear that it was just going to the voice message.) If you call the main national team number, and they should be able to pass a message onto the office. Should there be a reason that the phone calls are not being answered - I know we have had some technical difficulties of our phone system since we switched over, so it could be something as simple as that.

An attendee comments: My dream for decades has been for a pilot project to be instigated, for care homes for children or adults, to take on becoming multicultural multi-faith trainers of staff which will ultimately have a ripple effect across Wales. How can we bring about such a project?

What I what I was thinking was for us to find a care home or a foster home that would be prepared to act as a pilot to operate themselves which has a multi-cultural, multi-faith establishment, and then for them to become the trainers for other workers who would come and work with them, and then go out into the community into other workplaces. So, I am talking about a huge project that would take years.

SB: I think that is an amazing idea and that is where the real difference would come in. The one day or the short training courses, you must keep up to date with them and they make a difference in their own way but the practice alongside is an amazing idea. I have been told of culturally focussed care homes for the minority ethnic elderly communities in England but no any this side of the Welsh border unfortunately.

An attendee comments: I've work in the voluntary sector now 26 years in South Wales and until I joined EYST, I thought I was quite aware of things that were going on in different cultures, but I've learnt so much from the short courses that EYST deliver. I think they should be offered everywhere because being White and British, I felt embarrassed to ask questions in case I was being rude or in case I was saying the wrong things. but I have learnt from being at EYST and the little courses/sessions that you, at the All-Wales Engagement programme, deliver have been so important. I have learnt so much.



An attendee comments: We work so hard to fight for the language barrier and the cultural awareness. So Chinese minority in Swansea is very lucky to have, since 2004, purpose built supported housing for Chinese minority. It is not care home or nursing home, but with a lot of older people who migrate into UK or Wales but have a lot of language barriers, or to adapt to the new culture here. When they move into this purpose-built supported housing, they have three staff to support them. They have a manager who is majorly to look for activities to keep them active, to keep them integrated into the local community and then they have two support staff who can support them into daily life or even translate their letters that they receive like their utilities that come in English. They just do not understand so the staff will translate the letter so that they do understand. We are lucky to have a supported house for the Chinese minority, Cantonese and Mandarin speaking, located in St Helens Road, Swansea and the Chinese people are queueing up and want to go on the waiting list to get in. They feel they belong to the whole purpose-built housing with Cantonese and Mandarin speakers available, because with the staff that help and support them, the tenants have so much confidence. Maybe you guys have to fight for it stronger, to have one purpose.

An attendee comments: I think that is amazing and well done. If you had a hand in putting that together and setting it up and well done. It is amazing you have got that. My dream is that sort of facility to be available everywhere because it would be great to have Chinese, South Asian facilities everywhere but there are so many different communities needs and that is why I am thinking, the culture of understanding that everybody has needs and me as an elderly person from Africa might not have the same needs of this other elderly person from Africa. Even if we are from the same country, we might still be of a different faith etc.

An attendee comments: Certainly, this kind of flagship should be used as an example for the future to say, look, if this can be done by one small community. Look what the potential is to meet the needs of everybody in Wales.



An attendee comments: I just want to say a brilliant forum. I am here representing my trade union, Unison. But I am also here in the capacity of a Dementia Researcher and I've seen so many familiar faces. It has been really good. You know, we are all doing such amazing work in our own spaces, and it's really good to come together to discuss this with one of the things I did put in the chat was perhaps thinking about our visibility in the work that we're doing and lots of people saying they didn't even know of some of the work that some of these amazing organisations are doing.

I am a former older-person Social Worker, with a couple of local authorities in South Wales, and I can tell you, there were times where I did not even know there were other Black social workers in that local authority. So, visibility does something for empowering not only black staff who are working across health and social care, but it also empowers black service users whether that is young Black people who are placed in foster care, or whether that's Black elderly people who are placed in care homes or residential homes. I think one of the things that we are really concerned about in the trade union is the abuse that Black staff face across health and social care under the guise of whether that person has dementia, or they have a cognitive impairment or lacking capacity. So, it would be good if there are any organisations here outside of the trade union context that support families or service users or staff who face racism across health and social care in terms of treatment and care. I was listening to that horrific story of that lady being told to call on your God and I think there is something in terms of collecting data because I am also a researcher. There is something in terms of collecting data and those lived experiences. For those of us who sit on other committees with Welsh government, we are hoping to have that Anti-racist Wales Action Plan fully developed by 2030. And these are things that really need to be at the forefront. It is not just ticking boxes and saying an organisation has completed a course, and that is it. It is what you know what happens and who is responsible for the follow up for the implementation. So, I just want to say, continue the good work, the great, amazing work we're all doing but let's look at how we improve our visibility.

SB: SB mentions a previous forum related to Racism within the NHS



TK: Just responding to the proposal about having a centre for training - it really is an excellent idea because we are doing all we can. I can just share from my experience what I do from our organisation; we do have a Black workers forum, so all foster carers and all social workers can join monthly, we do have a support forum to discuss practice issues that we face by the carers. In terms of recruitment and supporting these placements with White foster carers we need ongoing training so we do have mandatory training like equality and diversity but that is very general. Training is needed for service, especially the day to day, for example how to care for and how to promote the identity, what to do, etc (As a practitioner) just find out about the individual's own country, find out about stories, any events to go to, see what is taking place like parties or Diwali. It is quite hard to really maximise these kinds of practices to be honest because it is not the priority - doing the identity work for displacements.

In terms of institutionalise, for the elderly the institution is fine, but for fostering, I think I wouldn't support the residential option, even if it's culturally appropriate. It would be family placement is the best for the children. I would not support in terms of placements, but for training it would be great idea. We are trying whatever we can but what other agencies or local authorities are doing to promote recruitment, promoting the culturally sensitive provision, culturally sensitive services, I just do not have much faith. I mean, I might be isolated, but if every one of you know, it is everybody's responsibility. If a social worker has a Black child as their case, they have a responsibility to set this up. I'm not an expert of all the cultures I know, just mine. In terms of recruitment there are huge gaps in approaching our families when organisations are approaching them. Trying to recruit Black families is a huge gap in a way. You know, our families have really got skills, everything to look after children but it is just a formalisation: the training, the understanding, is a huge one. We need to really break it down - what it is to become a foster carer, because this is a big fear about becoming a foster carer that they must leave their existing life. For safeguarding you must have some kind of major issue in your family for a child to be in foster care. There are some strategies you must adopt in your family.



To safeguard the children, there is a lot of red tape but it's a huge gap, there's a lot to really cross over and I just feel if we have the forum like this specially in different areas, we can discuss and promote and then approach government. What is needed etc, to requesting those kinds of services for us.

Question from chat: So, due to the growing ethnic population, unless culturally aware, what training is in place for these health boards to ensure that young people are being looked after by culturally competent staff.

JM: As I mentioned, we are a brand-new organisation so in terms of process this year, we are still going up and trying to figure that out, I know different offices are doing different policy specifically. For example, my colleague who is on the call, I know her region have been really doing a lot of in-depth work about equality and diversity, meeting with different ethnic minority groups. We do have volunteers who go out into communities, meet with these people and get that experience. We do have a volunteer cohort, and anyone can sign up. We are always looking for what new volunteers from any kind of background. It's being able to utilize those volunteers to go out into community and hearing directly from the community as well, so I take, for example, we went into the local Cardiff area and went to the Minority Ethnic Community Health Fair in October and one of our volunteers could speak a multiple number of different languages. So Bengali and Urdu and he was able to have those conversations with people because we will hold our hands up the info we had, because we are such a new organisation now, it is only available in English and Welsh. Following that, we are looking to develop more information in multiple different languages. I was lucky, thanks to having those volunteers who can be from those backgrounds and communities and have that culture and that knowledge we were able to speak with people and get their views. That is what we are there for. So in Swansea and Neath Port Talbot we recently partnered with the African Community Centre, and my colleague, coordinates a celebrating diversity events which incorporates the panel of speakers around issues of equity and diversity and a celebration of music, dance, and culture and she's been regularly meeting with a sense to look at developing our relationship with the BAME community in Neath, Port Talbot and Swansea,



which is part of a much wider priority for us on as an organisation. We are currently working with on dementia services as a regional priority which we knew disproportionately impacts Black and Asian communities. So, it is keen to hear voices from members of the public and have recently shared on an online survey on our Facebook page, as well as various engagement events. I've just lost the rest of it now because I know more chats are coming in, but, as you can see, I know in that area, they're doing incredible amounts of work in. is. Go ahead onto their advice web page where they may have some more information about that. Hopefully, coming from this meeting. It might be something that we may need to look at nationally, because if we are hearing issues in Cardiff as well by sounds that there are. Maybe this is something an all Wales perspective needs to be noticed. Its am all about working together and co-production. I know we said we are going forward and hopefully get a good outcome from it.

SB: Absolutely. With the Welsh Government's Anti-racist Wales Action plan, we have the goal to be anti-racist by 2030. If we make these little changes, this will contribute to that bigger picture and goal. We can all make those little changes, it doesn't have to be huge changes, to contribute towards anti racism. We can all do something! Thank you for that. We run forums on all topics, not just health related. We have run forums on education, on identity and belonging, housing, whatever you can think of. As long as the topic is related to minority ethnic communities and is of importance to the communities, we will consider delivering a related forum.

RH: When you hear feedback from the people you are supporting, either in paid work or not means the world to them. Basically, if the one person who has done this one little task, it means a lot to them. So please carry on the good work and never feel. Every small change will make difference. By 2030 life will not be perfect, but we need to carry on working together, very ambitious goals. Thank you!

