Supplementary Material File 1: Context-Mechanism Outcome Configurations for five programme theories

Programme Theory - Context–Mechanism–Outcome (CMO) configuration for being aware of service provision

Context	Mechanism	Outcome
Prior familiarity with social services[1]	Past experience brokers further contact[1]	Awareness of services[1]
Membership of social networks[2]	Referral from fellow beneficiaries[2]	Exploration of service entitlement[2]
Membership of social networks[2]	Referral from fellow beneficiaries[2]	Self-identification as a candidate service user[2]
Negative past service experience[3]	Resistance or delay in further use[3]	Crisis interventions or missed care provision[3]

Programme Theory –Context–mechanism–outcome configuration for moving from awareness of service provision to access

Context	Mechanism	Outcome
Family resistance[4]	Negotiation of formal/informal care roles[4]	Initial contact to access service[4]
Suspicion of "strings attached"[5]	Confirmation of Entitlement[6]	Initial contact to access service[6]
Suspicion of "strings attached"[6]	Family agreement[6] Positive vetting by family[6]	Initial contact to access service[6]
Potential service user fears that organisation applies heteronormative assumptions[7]	Publicity and positive inclusive images[7]	Initial contact to access service[7]

Programme Theory –Context–mechanism–outcome configuration for complementarity to informal care

Context	Mechanism	Outcome
Perception that social services lack sensitivity to religious, cultural or other needs[4]	Self reliance and/or reliance on family or informal care[4]	Failure to utilise appropriate services[4]
Perception that social services are only for those lacking informal support[4]	Suppression of need[4]	Caregiver stress, anxiety and burnout[4]
Perception that situation has deteriorated (Service User/Caregiver/Service provider)[4]	Identification of need[4]	Communication of need[4]
Cultural norms mean that service users/caregivers do not seek assistance[4]	Service user/Caregiver inertia resulting in long term unmet need[4]	Services only sought at crisis point[4].
Cultural norms/Perception that caring is a family matter[4]	Perceived family resilience[4]	Failure to utilise appropriate services[4]
		Caregiver stress, anxiety and burnout[4]
Staff and service users trust one another and share an understanding[8]	Staff and service users can communicate with one another[8]	Staff deliver appropriate services[8]
Staff and service users cannot communicate effectively with each other[1] [9]	Service providers and staff adjust care provision according to service users' need[10]	Service users receive appropriate services for which they are eligible[10]

Exploration and negotiation (entering as outsiders)

Context	Mechanism	Outcome
Organisation creates a culture of person-centred care[11]	Service providers view themselves as entering the homes of others as outsiders [11]	Staff engage in exploration and negotiation with service users [11]
Service providers view themselves as entering the homes of others as outsiders[11]	Staff engage in exploration and negotiation with service users [11] [12]	Staff understand service users' preferences and contexts [11] [12]

Staff engage in exploration and negotiation with service users[11][12]	Staff understand service users' preferences and contexts[11][12]	Service users feel they are being treated as individuals [11]
Staff understand service users' preferences and contexts [11][12]	Service users feel they are being treated as individuals[11]	Service users feel welcomed and respected [9]

Exploration and negotiation (entering as outsiders)

Organisation creates a culture of person-centred care[11]	Service providers view themselves as entering the homes of others as outsiders[11]	Staff engage in exploration and negotiation with service users [11]
Service providers view themselves as entering the homes of others as outsiders [11]	Staff engage in exploration and negotiation with service users[11][12]	Staff understand service users' preferences and contexts[11][12]
Staff engage in exploration and negotiation with service users [11][12]	Staff understand service users' preferences and contexts[11][12]	Service users feel they are being treated as individuals[11]
Staff understand service users' preferences and contexts [11][12]	Service users feel they are being treated as individuals[11]	Service users feel welcomed and respected[9]

Programme Theory –Context–mechanism–outcome configuration for sensitivity to differences

Context	Mechanism	Outcome
Person-centred care		
Organisation creates a culture of person-centred care	Service providers perceive the importance of responding to individuals' needs [12-15]	Staff treat service users as individuals [9 12 13 15-17]
Service providers perceive the importance of responding to individuals' needs [12-15]	Staff treat service users as individuals [9 12 13 15-17]	Service users feeling they are being treated as individuals [9 12 13 16 17]
Staff treat service users as individuals [9 12 13 15-17]	Service users feeling they are being treated as individuals [9 12 13 16 17]	Service users feel welcomed and respected [9 16 17]
Independence and decision-making		
Organisation creates a culture of person-centred care [12-15]	Service providers perceive the importance of responding to individuals' needs [12-15]	Staff treat service users as individuals [9 12 13 15-17]
Service providers perceive the importance of responding to individuals' needs [12-15]	Staff treat service users as individuals [9 12 13 15-17]	Staff promote independence and decision-making in service users [12 18 19]
Staff treat service users as individuals [9 12 15-17]	Staff promote independence and decision-making in service users [12 18 19]	Service users feel empowered [12 18]
Staff promote independence and decision-making in service users) [12 18 19]	Service users feel empowered [12 18]	Service users feel welcomed and respected [9]
Listening to service users		
Organisation creates a culture of person-centred care [13]	Service providers perceive the importance of responding to individuals' needs [13-15 12]	Staff treat service users as individuals [9 13 15 16 12 17]

Service providers perceive the importance of responding to individuals' needs [12-15]	Staff treat service users as individuals [9 13 15 16 17 12]	Staff listen to service users and respond to their needs [12 15 20]
Staff treat service users as individuals [9 12 13 15-17]	Staff listen to service users and respond to their needs [12 15 20]	Service users feel empowered [12 18 20]
Staff listen to service users and respond to their needs [12 15 20]	Service users feel empowered [12 18 20]	Service users feel welcomed and respected [9]

Making assumptions and generalisations (1)

Organisation creates a culture of person-centred care [13]	Service providers perceive the importance of responding to individuals' needs [12-15]	Staff avoid making assumptions and generalisations [12 15 16 21]
Service providers perceive the importance of responding to individuals' needs [13-15 12]	Staff avoid making assumptions and generalisations [12 15 16 21]	Service users can be open and 'present' in the consultation [21]
Staff avoid making assumptions and generalisations [15 16 21 12]	Service users can be open and 'present' in the consultation [21]	Staff create a personalised care package [21]

Making assumptions and generalisations (2)

Organisation does not create a culture of person-centred care [7 22 23]	Service providers do not recognise the importance of responding to individuals' needs [7 22 23]	Service providers treat LGB people as a single homogenised group [7 22 23]
Service providers do not recognise the importance of responding to individuals' needs [7 22 23]	Service providers treat LGB people as a single homogenised group [7 22 23]	Service providers are not sensitive to important differences between groups [7 17 23 24]
Service providers treat LGB people as a single homogenised group [7 22 23]	Service providers are not sensitive to important differences between groups [7 23 24 17]	Staff treat service users as though they have fixed/unitary needs [7 22 17 23 24]

Service providers are not sensitive to important differences between groups[7][17][23][24]	Staff treat service users as though they have fixed/unitary needs [7][22-24][17]	Staff do not engage in 'person-centred' care[7][22][17]
Staff treat service users as though they have fixed/unitary needs[7][17][22-25]	Staff do not engage in 'person-centred' care [7][17][22-24]	Service users do not feel they are being treated as individuals[7][17][22][24]
Staff do not engage in 'person-centred' care [7][17][22-24]	Service users do not feel they are being treated as individuals [7][17][22][24]	Service users do not feel welcomed and respected [17][22][24]

Making assumptions and generalisations (3)

Organisation does not create a culture of person-centred care[4][17][24]	Service providers do not recognise the importance of responding to individuals' needs[4][17][24]	Service providers treat BAME people (or people from a particular community) as a single homogenised group[4][17][24]
Service providers do not recognise the importance of responding to individuals' needs[4][17][24]	Service providers treat BAME people (or people from a particular community) as a single homogenised group[4][17][24]	Service providers are not sensitive to important differences between groups [4][7][17][23][24]
Service providers treat BAME people (or people from a particular community) as a single homogenised group[4][17][24]	Service providers are not sensitive to important differences between groups [4][7][17][23][24]	Service providers treat service users as though they have fixed/unitary needs[4][17][22-24]
Service providers are not sensitive to important differences between groups [4][7][17][23][24]	Service providers treat service users as though they have fixed/unitary needs[4][17][22-24]	Service users do not receive appropriate care[4][17][22][24]
Service providers treat service users as though they have fixed/unitary needs[4][17][22-24]	Service users do not receive appropriate care[4][17][22][24]	Service users' problems are not resolved[4]
Service users do not receive appropriate care[4][17][22][24]	Service users' problems are not resolved[4]	Service users do not feel welcomed and respected[17][22][24]

Facilitating a safe environment (antithesis of making assumptions)

Organisation creates a culture of inclusivity[7]	Service providers perceive the importance of providing an inclusive service[7]	Service providers recognise inequalities to accessing social care among LGBT+ service users[7]
Service providers perceive the importance of providing an inclusive service[7]	Service providers recognise inequalities to accessing social care among LGBT+ service users[7]	Service providers understand the importance of inclusive language[7]
Service providers recognise inequalities to accessing social care among LGBT+ service users[26]	Service providers understand the importance of inclusive language[26]	Staff ask open questions and don't assume heterosexuality or cisgender [26]
Service providers understand the importance of inclusive language[26]	Staff ask open questions and don't assume heterosexuality or cisgender [26]	Service users perceive a safe environment for disclosure[26]
Staff ask open questions and don't assume heterosexuality or cisgender[26]	Service users perceive a safe environment for disclosure[26]	Service users feel welcomed and respected [9][26]

Lack of understanding about specific cultural practices

Organisation does not create a culture of person-centred care[4][7][22-25][17]	Service providers do not recognise the importance of responding to individuals' needs[4][7][22-25][17]	Service providers are not sensitive to important differences between groups [4][7][22-25][17]
Service providers do not recognise the importance of responding to individuals' needs[4][7][22-25][17]	Service providers are not sensitive to important differences between groups [4][7][22-25][17]	Staff treat service users as though they have fixed/unitary needs [7][17][22-25]
Service providers are not sensitive to important differences between groups [4][7][17][22-25]	Staff treat service users as though they have fixed/unitary needs [7][17][22-25]	Staff do not engage in 'person-centred' care [7][17][22-25]
Staff treat service users as though they have fixed/unitary needs [7][17][22-25]	Staff do not engage in 'person-centred' care [7][17][22-25]	Staff lack understanding about specific cultural practices[4][17][23][25]
Staff do not engage in 'person-centred' care [7][17][22-25]	Staff lack understanding about specific cultural practices[4][17][23][25]	Staff do not engage in culturally relevant care [4][17][22-25]

Staff lack understanding about specific cultural practices [4] [17] [23] [25]

Staff do not engage in culturally relevant care [4] [17] [22-25]

Service users do not feel welcomed and respected [4] [17] [22] [24] [25]

Drawing from community-based knowledge

Organisation creates a culture of inclusive, person-centred care	Service providers perceive the importance of responding to individuals' needs[12-14]	Service providers are aware of the importance of not imposing Western values onto service users [27]
Service providers perceive the importance of responding to individuals' needs [12-14]	Service providers are aware of the importance of not imposing Western values onto service users[27]	Staff are aware of the importance of working with service users' cultural values [27]
Service providers are aware of the importance of not imposing Western values onto service users [27]	Staff are aware of the importance of working with service users' cultural values [27]	Staff draw from community-based knowledge to support working practices [27]
Staff are aware of the importance of working with service users' cultural values [27]	Staff draw from community-based knowledge to support working practices [27]	Service users perceive care as culturally appropriate [27]
Staff draw from community-based knowledge to support working practices [27]	Service users perceive care as culturally appropriate [27]	Service users feel welcomed and respected [27]

Holistic assessment

Organisation creates a culture of person-centred care[9 12 13 15 17]	Service providers perceive the importance of responding to individuals' needs [12-15]	Staff treat service users as individuals [9 12 13 15 17]
Service providers perceive the importance of responding to individuals' needs [12-15]	Staff treat service users as individuals [9 12 13 15 17]	Staff engage in holistic assessment[15 28]
Staff treat service users as individuals [9 12 13 15 17]	Staff engage in holistic assessment [15 28]	Service users feel listened to and understood[17 28]
Staff engage in holistic assessment[15 28]	Service users feel listened to and understood[17 28]	Service users feel welcomed and respected[17]

Understanding individual in context of past life

Organisation creates a culture of person-centred care[9 12 13 15 17]	Service providers perceive the importance of responding to individuals' needs[12-15]	Staff treat service users as individuals [9 12 13 15 17]
Service providers perceive the importance of responding to individuals' needs [12-15]	Staff treat service users as individuals [9 13 15 17 12]	Staff engage in holistic assessment[15 28]
Staff treat service users as individuals [9 13 15 17 12]	Staff engage in holistic assessment [15 28]	Staff take a holistic understanding of service users and their past lives [15 27]
Staff engage in holistic assessment[15 28]	Staff take a holistic understanding of service users and their past lives [15 27]	Staff understand service users' behaviour in the context of their past lives [15 27]
Staff take a holistic understanding of service users and their past lives [15 27]	Staff understand service users' behaviour in the context of their past lives [15 27]	Staff deliver culturally appropriate care [12 15 17 27]
Staff understand service users' behaviour in the context of their past lives [15 27]	Staff deliver culturally appropriate care [12 15 17 27]	Service users feel listened to and understood [17 28]
Staff deliver culturally appropriate care[12 17 27]	Service users feel listened to and understood[17 28]	Service users feel welcomed and respected [17]

Mealtime arrangements

Staff ensure provision of appropriate food for each service user[13]		

Religion (1)

Services ensure that service user's religious needs are met[13]		

Religion (2)

Organisation creates a culture of inclusive, person-centred care[13]	Service providers perceive the importance of responding to individuals' needs[12-15]	Service providers recognise the importance of religion and religious practices[8,16,17]
Service providers perceive the importance of responding to individuals' needs[12-15]	Service providers recognise the importance of religion and religious practices[8,16,17]	Staff discussed needs and desires around religious practices with service users[8,17]
Service providers recognise the importance of religion and religious practices[8,16,17]	Staff discuss needs and desires around religious practices with service users[8,17]	Service users feel welcomed and respected[8,9,16,17]

Other cultural needs

Staff ensure that service users' specific cultural needs are met [13]		

Gender-specific needs and domestic violence (1)

Staff get the woman's perspective in relation to domestic violence [29]		
Service providers use gender-specific interpreters when considering women's issues[29]		

End of life care

Staff ensure that service users' specific end of life care needs are met [13]		

Monitoring the quality of LGBT+ service users' experiences

Organisation creates a culture of inclusivity[21]	Service providers perceive the importance of providing an inclusive service[21]	Service providers recognise inequalities to accessing social care among LGBT+ service users[21]

Service providers perceive the importance of providing an inclusive service[21]	Service providers recognise inequalities to accessing social care among LGBT+ service users[21]	Service providers monitor the quality of LGBT+ service users' experiences [21]
Service providers recognise inequalities to accessing social care among LGBT+ service users[21]	Service providers monitor the quality of LGBT+ service users' experiences[21]	Service providers engage more fully with the narratives of LGBT+ people [21]
Service providers monitor the quality of LGBT+ service users' experiences[21]	Service providers engage more fully with the narratives of LGBT+ people[21]	Service providers have a richer understanding of LGBT+ populations and issues [21]
Service providers engage more fully with the narratives of LGBT+ people[21]	Service providers have a richer understanding of LGBT+ populations and issues[21]	Service providers can tailor their services to LGBT+ individuals [21]
Service providers have a richer understanding of LGBT+ populations and issues[21]	Service providers can tailor their services to LGBT+ individuals[21]	Service users feel welcomed and respected [21]

Eliciting narratives (route 1)

Organisation creates a culture of inclusivity[13]	Service providers perceive the importance of providing an inclusive service[13]	Service providers recognise inequalities to accessing social care among LGBT+ service users[13]
Service providers perceive the importance of providing an inclusive service[13]	Service providers recognise inequalities to accessing social care among LGBT+ service users[13]	Service providers perceive the importance of responding to individuals' needs [13]
Service providers recognise inequalities to accessing social care among LGBT+ service users[13]	Service providers perceive the importance of responding to individuals' needs [13]	Staff treat service users as individuals [9,13,15,12,17]
Service providers perceive the importance of responding to individuals' needs [13]	Staff treat service users as individuals [9,13,15,17,12]	Staff elicit narratives of older LGB service users[7]
Staff treat service users as individuals [9,13,15,17,12]	Staff elicit narratives of older LGB service users[7]	Staff gain a situated understanding of service users' lives and identities[7]

Staff elicit narratives of older LGB service users [7]	Staff gain a situated understanding of service users' lives and identities [7]	Staff understand how the service users have responded to different adverse experiences [7]
Staff gain a situated understanding of service users' lives and identities [7]	Staff understand how the service users have responded to different adverse experiences [7]	Staff can engage in a 'strengths' model of assessment [7]
Staff understand how the service users have responded to different adverse experiences [7]	Staff can engage in a 'strengths' model of assessment [7]	Staff treat service users as individuals [9,13,15,17,12]
Staff can engage in a 'strengths' model of assessment [7]	Staff treat service users as individuals [9,12,13,15,17]	Service users feeling they are being treated as individuals [9,13]
Staff treat service users as individuals [9,12,13,15,17]	Service users feeling they are being treated as individuals [9,13]	Service users feel welcomed and respected [9]

Eliciting narratives (route 2)

Organisation creates a culture of person-centred care	Service providers perceive the importance of responding to individuals' needs [12-15]	Staff treat service users as individuals [9,12,13,15,17]
Service providers perceive the importance of responding to individuals' needs [12-15]	Staff treat service users as individuals [9,12,13,15,17]	Staff elicit narratives of older LGB service users [7]
Staff treat service users as individuals [9,12,13,15,17]	Staff elicit narratives of older LGB service users [7]	Staff gain a situated understanding of service users' lives and identities [7]
Staff elicit narratives of older LGB service users [7]	Staff gain a situated understanding of service users' lives and identities [7]	Staff understand how the service users have responded to different adverse experiences [7]
Staff gain a situated understanding of service users' lives and identities [7]	Staff understand how the service users have responded to different adverse experiences [7]	Staff can engage in a 'strengths' model of assessment [7]
Staff understand how the service users have responded to different adverse experiences [7]	Staff can engage in a 'strengths' model of assessment [7]	Staff treat service users as individuals [9,13,15,17,12]

Staff can engage in a 'strengths' model of assessment [7]	Staff treat service users as individuals [9,12,13,15,17]	Service users feeling they are being treated as individuals [9,13]
Staff treat service users as individuals [9,13,15,17,12]	Service users feeling they are being treated as individuals [9,13]	Service users feel welcomed and respected [9]

Support for same-sex relationships

Organisation creates a culture of person-centred care[12-15]	Service providers perceive the importance of responding to individuals' needs[12-15]	Service providers supportive of same-sex relationships[30]
Service providers perceive the importance of responding to individuals' needs[12-15]	Service providers supportive of same-sex relationships[30]	Staff provide individualised care and support to partners of LGBT+ service users[30]
Service providers supportive of same-sex relationships[30]	Staff provide individualised care and support to partners of LGBT+ service users[30]	Partners of service users feel supported[30]
Staff support partners of LGBT+ service users[3]	Partners of service users feel supported[30]	Partners of service users feel satisfied with the service[30]

Lack of support for same-sex relationships (route 1)

Organisation does not create a culture of person-centred care	Service providers do not perceive the importance of responding to individuals' needs	Service providers are not supportive of same-sex relationships[30]
Service providers do not perceive the importance of responding to individuals' needs [13]	Service providers are not supportive of same-sex relationships[30]	Service providers do not view same sex relationships as viable relationships[30]
Service providers are not supportive of same-sex relationships [30]	Service providers do not view same sex relationships as viable relationships[30]	Staff lack understanding of same sex relationships of service users[30]
Service providers do not view same sex relationships as viable relationships[30]	Staff lack understanding of same sex relationships of service users [30]	Staff do not provide care or support the same sex partners of service users[30]

Staff lack understanding of same sex relationships of service users[30]	Staff do not provide care or support the same sex partners of service users[30]	Partners of service users do not feel supported[30]
Staff do not provide care or support the same sex partners of service users[30]	Partners of service users do not feel supported[30]	Partners of service users feel dissatisfied with the service[30]

Lack of support for same-sex relationships (route 2)

Organisation does not create a culture of inclusivity[30]	Service providers are unaware of same-sex relationships[30]	Service providers are not supportive of same-sex relationships[30]
Service providers are unaware of same-sex relationships[30]	Service providers are not supportive of same-sex relationships[30]	Service providers do not view same sex relationships as viable relationships[30]
Service providers are not supportive of same-sex relationships[30]	Service providers do not view same sex relationships as viable relationships[30]	Staff lack understanding of same sex relationships of service users[30]
Service providers do not view same sex relationships as viable relationships[30]	Staff lack understanding of same sex relationships of service users [30]	Staff do not provide care or support the same sex partners of service users[30]
Staff lack understanding of same sex relationships of service users [30]	Staff do not provide care or support the same sex partners of service users[30]	Partners of service users do not feel supported[30]
Staff do not provide care or support the same sex partners of service users [30]	Partners of service users do not feel supported[30]	Partners of service users feel dissatisfied with the service[30]

Making provisions for specific needs

Organisation does not create a culture of inclusivity[23][26]	Service providers are unaware of issues of inclusivity[23][26]	Service providers are unaware of inequalities to accessing social care among LGBT+ service users[23][26]
Service providers are unaware of issues of inclusivity[23][26]	Service providers are unaware of inequalities to accessing social care among LGBT+ service users[23][26]	Service providers are unaware of specific needs of different LGBT+ service users[23][26]

Service providers are unaware of inequalities to accessing social care among LGBT+ service users[23][26]	Service providers are unaware of specific needs of different LGBT+ service users[23][26]	Service providers do not make provision for certain specific needs of people from LGBT+ community [23][26]
Service providers are unaware of specific needs of different LGBT+ service users[23][26]	Service providers do not make provision for certain specific needs of people from LGBT+ community[23][26]	Service users feel that service provision does not meet their needs[23][26]
Service providers do not make provision for certain specific needs of people from LGBT+ community[23][26]	Service users feel that service provision does not meet their needs [23][26]	Service users do not feel welcomed and respected [9][26]
Service users feel that service provision does not meet their needs[23][26]	Service users do not feel welcomed and respected[9][26]	Service users do not access services[26]

Biphobia/homophobia/transphobia

Service users have experience of biphobia, homophobia and/or transphobia[26]	Service users worry about experiencing biphobia / homophobia / transphobia in social care[26]	Service users are reluctant to disclose a bisexual identity[26]
Service users worry about experiencing biphobia / homophobia / transphobia in social care[26]	Service users are reluctant to disclose a bisexual identity[26]	Service users do not feel welcomed and respected [9][26]
Service users are reluctant to disclose a bisexual identity[26]	Service users do not feel welcomed and respected [9][26]	Service users delay accessing services[26]

Perception that care does not meet cultural/religious needs

Organisation does not create a culture of inclusivity[4]	Service providers are unaware of issues of inclusivity[4]	Service providers are unaware of inequalities to accessing social care among BAME service users[4]
Service providers are unaware of issues of inclusivity[4]	Service providers are unaware of inequalities in access to social care among BAME service users[4]	Service providers do not engage with BAME communities[4]

Service providers are unaware of inequalities in access to social care among BAME service users[4]	Service providers do not engage with BAME communities[4]	Service users/their caregivers perceive that mainstream, traditional services are not able to meet their cultural and/or religious needs[4]
Service providers do not engage with BAME communities[4]	Service users/their caregivers perceive that mainstream services are not able to meet their cultural and/or religious needs[4]	Service users/their caregivers are reluctant to seek help[4]
Service users/their caregivers perceive that mainstream services are not able to meet their cultural and/or religious needs[4]	Service users/their caregivers are reluctant to seek help[4]	Service users do not feel welcomed and respected [4 9 26]
Service users/their caregivers are reluctant to seek help[4]	Service users do not feel welcomed and respected [4 9 26]	Service users delay accessing services [4 26]

Recognising the legitimacy of concerns

Organisation creates a culture of inclusivity[26]	Service providers perceive the importance of providing an inclusive service[26]	Service providers recognise inequalities to accessing social care among LGBT+ service users[26]
Service providers perceive the importance of providing an inclusive service[26]	Service providers recognise inequalities to accessing social care among LGBT+ service users[26]	Service providers recognise and understand concerns about discrimination [26]
Service providers recognise inequalities to accessing social care among LGBT+ service users[26]	Service providers recognise and understand concerns about discrimination[26]	Service providers legitimise concerns about discrimination [26]
Service providers recognise and understand concerns about discrimination[26]	Service providers legitimise concerns about discrimination [26]	Staff legitimise concerns about discrimination [26]
Service providers legitimise concerns about discrimination[26]	Staff legitimise concerns about discrimination [26]	Service users feel welcomed and respected[9 26]

Counter-argument: the need to recognise wider social issues

Organisation creates a culture of inclusivity	Service providers perceive the importance of providing an inclusive service	Service providers recognise inequalities to accessing social care among LGBT+ service users
Service providers perceive the importance of providing an inclusive service	Service providers recognise inequalities to accessing social care among LGBT+ service users	Service providers acknowledge the wider social processes that shape LGB people's experiences[7]
Service providers recognise inequalities to accessing social care among LGBT+ service users	Service providers acknowledge the wider social processes that shape LGB people's experiences [7]	Service providers recognise the importance of a history of oppression on care access and standards[7]
Service providers acknowledge the wider social processes that shape LGB people's experiences [7]	Service providers recognise the importance of a history of oppression on care access and standards[7]	Service providers can encourage culturally sensitive care[7]
Service providers recognise the importance of a history of oppression on care access and standards [7]	Service providers can encourage culturally sensitive care [7]	Staff account for wider social issues in the care they provide[7]
Service providers can encourage culturally sensitive care [7]	Staff account for wider social issues in the care they provide[7]	Service users feel welcomed and respected[7]

Programme Theory – Context–mechanism–outcome configuration for use of interpreters

Context	Mechanism	Outcome
Theme 1: Use of interpreters		
Passing on information and informed decision-making		
Service provider delivers services in English, but service users do not speak English[29]	Service provider has interpreter service arrangements in place[29]	Staff organise interpreters [13][29]
Service provider has put interpreter service arrangements in place[29]	Staff organise interpreters[29]	Staff use interpreters in discussions with service users[8][20]
Staff organise interpreters [13][29]	Staff use interpreters in discussions with service users [8][20]	Interpreters pass on the necessary information accurately to service users [20]
Staff use interpreters in discussions with service users [8][20]	Interpreters pass on the necessary information accurately to service users[20]	Service users make an informed decision about their own care[20]
Interpreters pass on the necessary information accurately to service users[20]	Service users make an informed decision about their own care[20]	Service users receive appropriate care[20]
Better communication		
Service provider delivers services in English, but service users do not speak English[29]	Service provider has interpreter service arrangements in place[29]	Staff organise interpreters[13][29]
Service provider puts interpreter service arrangements in place	Staff organise interpreters [13][29]	Staff use interpreters in discussions with service users[8][20]
Staff organise interpreters[13][29]	Staff use interpreters in discussions with service users [8][20]	Staff and service users can communicate with one another[8]

Context	Mechanism	Outcome
Staff use interpreters in discussions with service users[8][20]	Staff and service users can communicate with one another[8]	Staff and service users trust one another and share an understanding[8]
Staff and service users can communicate with one another[8]	Staff and service users trust one another and share an understanding[8]	Staff deliver appropriate services[8]
Staff and service users trust one another and share an understanding[8]	Staff deliver appropriate services[8]	Service users receive appropriate care[8]

Lack of communication

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English[29]	Service provider does not have interpreter service arrangements in place[29]	Staff do not organise interpreters[29]
Service provider does not have interpreter service arrangements in place[29]	Staff do not organise interpreters[29]	Staff do not use interpreters in discussions with service users[1][9][20][2][10][17]
Staff do not organise interpreters	Staff do not use interpreters in discussions with service users[1][2][9][10][17][20]	Staff and service users cannot communicate effectively with each other[1][9]
Staff do not use interpreters in discussions with service users [1][9][10][17][20][2]	Staff and service users cannot communicate effectively with each other[1][9]	Staff do not provide appropriate care[1][9]
Staff and service users cannot communicate effectively with each other[1][9]	Staff do not provide appropriate care[1][9]	Service users do not receive appropriate care[1][9]

Service users cannot find out about services

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English[29]	Service provider does not have interpreter service arrangements in place[29]	Staff do not organise interpreters[29]

Context	Mechanism	Outcome
Service provider does not have interpreter service arrangements in place[29]	Staff do not organise interpreters[29]	Staff do not use interpreters in discussions with service users [1 9 10 17 20 2]
Staff do not organise interpreters[29]	Staff do not use interpreters in discussions with service users[1 2 9 10 17 20]	Service users cannot find out about services[1 2]
Staff do not use interpreters in discussions with service users [1 2 9 10 17 20]	Service users cannot find out about services[1 2]	Service users are not able to access services[1 2]
Service users cannot find out about services[1 2]	Service users are not able to access services[1 2]	Service users do not receive appropriate care[1 2]

Service users unable to complain

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English[29]	Service provider does not have interpreter service arrangements in place[29]	Staff do not organise interpreters[29]
Service provider does not have interpreter service arrangements in place[29]	Staff do not organise interpreters[29]	Staff do not use interpreters in discussions with service users[1 2 9 10 17 20]
Staff do not organise interpreters[29]	Staff do not use interpreters in discussions with service users [1 2 9 10 17 20]	Service users are unable to complain about the service[10]
Staff do not use interpreters in discussions with service users [1 2 9 10 17 20]	Service users are unable to complain about the service[10]	Service providers and staff do not adjust their care provision according to service users' need[10]
Service users are unable to complain about the service[10]	Service providers and staff do not adjust their care provision according to service users' need[10]	Service users do not receive appropriate care[10]

Seeking out culturally appropriate care as an alternative to mainstream care

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English[29]	Providers of mainstream services do not make language provision for South Asian origin service users[17]	Service users seek out and engage with culturally specific day centres, lunch clubs and housing[17]
Providers of mainstream services do not make language provision for South Asian origin service users [17]	Service users seek out and engage with culturally specific day centres, lunch clubs and housing[17]	Service users receive appropriate care in their preferred setting[17]

Theme 2: Using family members

Family interpreters enabling access

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English[29]	Service provider does not have interpreter service arrangements in place[29]	Staff and service users use family members to interpret [2 6 9 12 14 20 29]
Service provider does not have interpreter service arrangements in place[29]	Staff and service users use family members to interpret [2 6 9 12 14 20 29]	Staff and service users can communicate with one another
Staff and service users use family members to interpret [2 6 9 12 14 20 29]	Staff and service users can communicate with one another[6]	Service users can access services[6]
Staff and service users can communicate with one another[6]	Service users can access services[6]	Service users receive appropriate care[6]

Family interpreters control the conversation

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English[29]	Service provider does not have interpreter service arrangements in place[6]	Staff and service users use family members to interpret [2 6 9 12 14 20 29]
Service provider does not have interpreter service arrangements in place	Staff and service users use family members to interpret [2 6 9 12 14 20 29]	Interpreters control the conversation and information provided[2 14 20]
Staff and service users use family members to interpret [6 9 12 14 20 29 2]	Interpreters control the conversation and information provided[2 14 20]	Service users and/or service providers do not receive the correct information [2 14 20]

Context	Mechanism	Outcome
Interpreters control the conversation and information provided[2][14][20]	Service users and/or service providers do not receive the correct information[2][14][20]	Service users not making an informed decision about their own care[20]
Service users and/or service providers do not receive the correct information[2][14][20]	Service users not making an informed decision about their own care[20]	Staff do not provide appropriate care[20]
Service users not making an informed decision about their own care[20]	Staff do not provide appropriate care[20]	Service users do not receive appropriate care[20]

Wary of sharing information about sensitive topics

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English[29]	Service provider does not have interpreter service arrangements in place[29]	Staff and service users use family members to interpret [6][9][12][14][20][29][2]
Service provider does not have interpreter service arrangements in place[29]	Staff and service users use family members to interpret [6][9][12][14][20][29][2]	Service users are wary of sharing information about sensitive topics[29]
Staff and service users use family to interpret [6][9][12][14][20][29][2]	Service users are wary of sharing information about sensitive topics[29]	Staff do not provide the right information[29]
Service users are wary of sharing information about sensitive topics [29]	Staff do not provide the right information[29]	Service users do not receive the right information[29]
Staff do not provide the right information[29]	Service users do not receive the right information[29]	Service users do not receive appropriate care[29]

Social networks become exhausted leading to isolation

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English[29]	Service provider does not have interpreter service arrangements in place[29]	Staff and service users use family members (and friends) to interpret [6][9][2][12][14][20][29]

Context	Mechanism	Outcome
Service provider does not have interpreter service arrangements in place[29]	Staff and service users use family members (and friends) to interpret [2 6 9 12 14 20 29]	Service users' social networks become exhausted[2]
Staff and service users use family members (and friends) to interpret [2 6 9 12 14 20 29]	Service users' social networks become exhausted [2]	Service users' family and friends stop visiting [2]
Service users' social networks become exhausted [2]	Service users' family and friends stop visiting[2]	Service users become isolated[2]

Social networks become exhausted leading to lack of communication with services

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English[29]	Service provider does not have interpreter service arrangements in place[29]	Staff and service users use family members (and friends) to interpret [2 6 9 12 14 20 29]
Service provider does not have interpreter service arrangements in place[29]	Staff and service users use family members (and friends) to interpret [2 6 9 12 14 20 29]	Service users' social networks become exhausted [2]
Staff and service users use family members (and friends) to interpret [2 6 9 12 14 20 29]	Service users' social networks become exhausted[2]	Service users' family and friends stop visiting[2]
Service users' social networks become exhausted [2]	Service users' family and friends stop visiting[2]	Service users are unable to communicate effectively with staff[2]
Service users' family and friends stop visiting [2]	Service users are unable to communicate effectively with staff[2]	Staff do not provide appropriate care
Service users are unable to communicate effectively with staff [2]	Staff do not provide appropriate care[2]	Service users do not receive appropriate care[2]

Family interpreters who are children

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English[29]	Service provider does not have interpreter service arrangements in place[29]	Staff and service users use family members who are children to interpret [29]

Context	Mechanism	Outcome
Service provider does not have interpreter service arrangements in place[29]	Staff and service users use family members who are children to interpret [29]	The children lack understanding about the information being shared[29]
Staff and service users use family members who are children to interpret [29]	Children lack understanding about information being shared [29]	Service users and social care staff cannot communicate effectively with one another[29]
The children lack understanding about the information being shared [29]	Service users and social care staff cannot communicate effectively with one another [29]	Staff do not provide appropriate care[29]
Service users and social care staff cannot communicate effectively with one another[29]	Staff do not provide appropriate care[29]	Service users do not receive appropriate care[29]

Theme 3: Variation in interpreters/interpreter services

Variable quality

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English [29]	Service provider has interpreter service arrangements in place[29]	Staff organise interpreters [13] [29]
Service provider has interpreter service arrangements in place[29]	Staff organise interpreters [13] [29]	Interpreters vary in quality[31]
Staff organise interpreters [13] [29]	Interpreters vary in quality[31]	Staff and service users do not always receive effective interpretation[4]
Interpreters vary in quality[31]	Staff and service users do not always receive effective interpretation[4]	Staff do not always provide appropriate care[4]
Staff and service users do not always receive effective interpretation[4]	Staff do not always provide appropriate care[4]	Service users do not always receive appropriate care[4]

Emphasis of consultations (1)

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English [29]	Service provider has interpreter service arrangements in place[29]	Staff organise interpreters for consultations with an emphasis on the physical aspects of care[29]
Service provider has interpreter service arrangements in place[29]	Staff organise interpreters for consultations with an emphasis on the physical aspects of care [29]	Social care staff and service users communicate well[29]
Staff organise interpreters for consultations with an emphasis on the physical aspects of care[29]	Social care staff and service users communicate well [29]	Staff deliver appropriate services[29]
Social care staff and service users communicate well [29]	Staff deliver appropriate services[29]	Service users receive appropriate care [29]

Emphasis of consultations (2)

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English [29]	Service provider has interpreter service arrangements in place[29]	Staff organise interpreters for consultations with an emphasis on the social and emotional aspects of care [29]
Service provider has interpreter service arrangements in place[29]	Staff organise interpreters for consultations with an emphasis on the social and emotional aspects of care [29]	Service providers feel they are receiving incomplete information[29]
Staff organise interpreters for consultations with an emphasis on the social and emotional aspects of care [29]	Service providers feel they are receiving incomplete information [29]	Service providers lack understanding of service users' care needs[29]
Service providers feel they are receiving incomplete information[29]	Service providers lack understanding of service users' care needs [29]	Staff do not deliver appropriate services[29]
Service providers lack understanding of service users' care needs [29]	Staff do not deliver appropriate services[29]	Service users do not receive appropriate care [29]

Dialect

Context	Mechanism	Outcome
Interpreters need to speak a particular dialect[20]		
Theme 4: Problems with the use of interpreters		
Interpreters not always available in the right language[20]		
Service provider delivers services in English, but service users do not speak English [29]	Local authorities do not have clear procedures for arranging interpreters[20]	Interpreters are not always available for the right language [20]
Local authorities do not have clear procedures for arranging interpreters[20]	Interpreters are not always available for the right language[20]	Service providers and staff cannot communicate effectively with service users
Interpreters are not always available for the right language[20]	Service providers and staff cannot communicate effectively with service users[20]	Service providers cannot meet the needs of service users[20]
Service providers and staff cannot communicate effectively with service users[20]	Service providers cannot meet the needs of service users[20]	Staff cannot deliver appropriate care to service users[20]
Service providers cannot meet the needs of service users[20]	Staff cannot deliver appropriate care to service users[20]	Service users do not receive appropriate care[20]
Social workers fail to provide interpreters		
Service provider delivers services in English, but service users do not speak English [29]	Service provider does not have interpreter service arrangements in place[20]	Social workers fail to provide interpreters[20]
Service provider does not have interpreter service arrangements in place[29]	Social workers fail to provide interpreters[20]	Social workers and service users cannot communicate effectively with one another[20]
Social workers fail to provide interpreters[20]	Social workers and service users cannot communicate effectively with one another[20]	Social workers do not provide appropriate care and support[20]

Context	Mechanism	Outcome
Social workers and service users cannot communicate effectively with one another[20]	Social workers do not provide appropriate care and support[20]	Service users do not receive appropriate care[20]
When Interpreters are incompetent		
Service provider delivers services in English, but service users do not speak English[29]	Service provider does not have adequate interpreter service arrangements in place[29]	Interpreters provided by social workers are incompetent[20]
Service provider does not have adequate interpreter service arrangements in place[29]	Interpreters provided by social workers are incompetent [20]	Social workers and service users cannot communicate effectively with one another[20]
Interpreters provided by social workers are incompetent [20]	Social workers and service users cannot communicate effectively with one another[20]	Social workers do not provide appropriate care and support[20]
Social workers and service users cannot communicate effectively with one another[20]	Social workers do not provide appropriate care and support[20]	Service users do not receive appropriate care[20]
Interpreters who are known to the service user		
Service provider delivers services in English, but service users do not speak English[29]	Service provider has interpreter service arrangements in place[29]	Interpreters are known to service users [29,32]
Service provider has interpreter service arrangements in place[29,32]	Interpreters are known to service users[29,32]	Service users are wary of sharing information on private health issues [29,32]
Interpreters are known to service users[29,32]	Service users are wary of sharing information on private health issues [29,32]	Staff and service providers do not receive the right information [29,32]
Service users are wary of sharing information on private health issues[29,32]	Staff and service providers do not receive the right information [29,32]	Service providers do not provide appropriate services[29,32]

Context	Mechanism	Outcome
Staff and service providers do not receive the right information [29] [32]	Service providers do not provide appropriate services[29] [32]	Staff do not provide appropriate care[29] [32]
Service providers do not provide appropriate services[29] [32]	Staff do not provide appropriate care[29] [32]	Service users do not receive appropriate care[29] [32]
Translators only provided for the consultation		
Service provider delivers services in English, but service users do not speak English [29]	Service provider has interpreter service arrangements in place[33]	Service providers only provide translation services for the consultation [33]
Service provider has interpreter service arrangements in place[33]	Service providers only provide translation services for the consultation[33]	Service users' additional translation needs are not met[33]
Service providers only provide translation services for the consultation [33]	Service users' additional translation needs are not met[33]	Service users miss important information[33]
Service users' additional translation needs are not met [33]	Service users miss important information[33]	Service providers do not provide appropriate care and support[33]
Service users miss important information [33]	Service providers do not provide appropriate care and support[33]	Service users do not receive appropriate care[33]
Service users feel 'put down' by the interpreter		
Service provider delivers services in English, but service users do not speak English [29]	Service provider has interpreter service arrangements in place[13] [29]	Staff organise interpreters [13] [29]
Service provider has interpreter service arrangements in place[29]	Staff organise interpreters [13] [29]	Interpreters are condescending or rude[13] [29]

Context	Mechanism	Outcome
Staff organise interpreters [13] [29]	Interpreters are condescending or rude[29]	Service users feel 'put down' by the interpreter[29]
Interpreters are condescending or rude[29]	Service users feel 'put down' by the interpreter[29]	Service users miss important information[33]
Service users feel 'put down' by the interpreter[29]	Service users miss important information[33]	Service providers do not provide appropriate care and support[33]
Service users miss important information [33]	Service providers do not provide appropriate care and support[33]	Service users do not receive appropriate care[33]

Using paid interpreters only

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English[29]	Service provider has interpreter service arrangements in place[29]	Service provider uses paid interpreters only [14]
Service provider has interpreter service arrangements in place[14]	Service provider uses paid interpreters only[14]	Staff and service users have to wait for an interpreter to be available[14]
Service provider uses paid interpreters only[14]	Staff and service users have to wait for an interpreter to be available[14]	Service providers delay service provision[14]
Staff and service users have to wait for an interpreter to be available[14]	Service providers delay service provision[14]	Staff delay provision of care[14]
Service providers delay service provision[14]	Staff delay provision of care[14]	Service users have to wait for appropriate care[14]

Theme 5: Translation/written English

Completing written documents

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English[29]	Service provider has translation service arrangements in place[29]	Service users get assistance with written English [33]
Service provider has translation service arrangements in place[33]	Service users get assistance with written English [33]	Service users can complete the written documents that enable them to interact with service providers [33]
Service users get assistance with written English [33]	Service users can complete the written documents that enable them to interact with service providers [33]	Service providers understand service users' needs[33]
Service users can complete the written documents that enable them to interact with service providers[33]	Service providers understand service users' needs[33]	Service providers can respond to service users' needs[33]
Service providers understand service users' needs[33]	Service providers can respond to service users' needs[33]	Service providers can provide appropriate care[33]
Service providers can respond to service users' needs[33]	Service providers can provide appropriate care[33]	Service users receive appropriate care[33]

Theme 6: Bilingual advocates as interpreters

Accessing information

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English[29]	Service users have access to bilingual advocates [33]	Bilingual advocates can translate information[33]
Service users have access to bilingual advocates[33]	Bilingual advocates can translate information[33]	Service users can access information [33]
Bilingual advocates can translate information[33]	Service users can access information [33]	Service users can access appropriate care[33]
Service users can access information [33]	Service users can access appropriate care[33]	Service users receive appropriate care [33]

Explaining cultural issues to providers

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English[29]	Service users have access to bilingual advocates [33]	Bilingual advocates explain cultural issues to service providers [33]
Service users have access to bilingual advocates[33]	Bilingual advocates explain cultural issues to service providers [33]	Service providers understand the needs of service users [33]
Bilingual advocates explain cultural issues to service providers [33]	Service providers understand the needs of service users [33]	Service providers can respond to service users' needs[33]
Service providers understand the needs of service users [33]	Service providers can respond to service users' needs[33]	Service providers can provide appropriate care[33]
Service providers can respond to service users' needs[33]	Service providers can provide appropriate care[33]	Service users receive appropriate care [33]

Identifying service users' need for support

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English[29]	Service users have access to bilingual advocates [33]	Bilingual advocates identify service users' need for instrumental support [33]
Service users have access to bilingual advocates [33]	Bilingual advocates identify service users' need for instrumental support [33]	Service users are able to access services [31] [33]
Bilingual advocates identify service users' need for instrumental support [33]	Service users are able to access services [31] [33]	Service users receive appropriate care [31] [33]

Feeling dependent on bilingual volunteers (1)

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English[29]	Service users have access to bilingual advocates [31] [33]	Service users cannot access care without the help of bilingual advocates[31] [33]
Service users have access to bilingual advocates [31] [33]	Service users cannot access care without the help of bilingual advocates[31] [33]	Service users feel dependent on bilingual volunteers for accessing services[31]

Context	Mechanism	Outcome
Service users cannot access care without the help of bilingual advocates[31][33]	Service users feel dependent on bilingual volunteers for accessing services[31]	Service users cannot access services when the bilingual volunteers are not around[31][33]
Service users feel dependent on bilingual volunteers for accessing services[31]	Service users cannot access services when the bilingual volunteers are not around[31]	Service users do not receive appropriate care[31]

Feeling dependent on bilingual volunteers (2)

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English[29]	Service users have access to bilingual advocates [31][33]	Service users cannot access care without the help of bilingual advocates[31][33]
Service users have access to bilingual advocates [31][33]	Service users cannot access care without the help of bilingual advocates	Service users feel dependent on bilingual volunteers for accessing services [31]
Service users cannot access care without the help of bilingual advocates	Service users feel dependent on bilingual volunteers for accessing services[31]	Service users feel marginalised and isolated[31]

Theme 7: Other communication aids

Multilingual staff

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English[29]	Service provider does not have interpreter service arrangements in place[13]	Services providers employ multilingual staff [13]
Service provider does not have interpreter service arrangements in place[13]	Services providers employ multilingual staff [13]	Staff and service users can communicate effectively with one another[13]
Services providers employ multilingual staff [13]	Staff and service users can communicate effectively with one another[13]	Staff understand service users' needs[13]
Staff and service users can communicate effectively with one another[13]	Staff understand service users' needs[13]	Staff provide appropriate care[13]

Context	Mechanism	Outcome
Staff understand service users' needs[13]	Staff provide appropriate care[13]	Service users receive appropriate care[13]

Cards/CD with common phrases (1)

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English[29]	Service provider does not have interpreter service arrangements in place[13]	Families/friends of service users provide cards/CD with common words/phrases on [13]
Service provider does not have interpreter service arrangements in place[13]	Families/friends of service users provide cards/CD with common words/phrases on [13]	Staff understand service users' needs on a day to day basis [13]
Families/friends of service users provide cards/CD with common words/phrases on[13]	Staff understand service users' needs on a day to day basis[13]	Staff provide appropriate care[13]
Staff understand service users' needs on a day to day basis[13]	Staff provide appropriate care[13]	Service users receive appropriate care[13]

Cards/Audio files with common phrases (2)

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English[29]	Service provider does not have interpreter service arrangements in place[13]	Families/friends of service users provide cards/CD with common words/phrases on [13]
Service provider does not have interpreter service arrangements in place[13]	Families/friends of service users provide cards/CD with common words/phrases on [13]	Staff cannot understand service users' needs in emergency situations [13]
Families/friends of service users provide cards/CD with common words/phrases on[13]	Staff cannot understand service users' needs in emergency situations[13]	Staff do not provide appropriate care[13]
Staff cannot understand service users' needs in emergency situations[13]	Staff do not provide appropriate care[13]	Service users do not receive appropriate care[13]

Body language/signing for communication

Context	Mechanism	Outcome
Service provider delivers services in English, but service users do not speak English[29]	Service provider does not have interpreter service arrangements in place[29]	Care workers and service users use body language and signing to communicate [9]
Service provider does not have interpreter service arrangements in place[9]	Care workers and service users use body language and signing to communicate[9]	Service users and care workers develop a rapport [9]
Care workers and service users use body language and signing to communicate [9]	Service users and care workers develop a rapport [9]	Care workers provide appropriate care[9]
Service users and care workers develop a rapport [9]	Care workers provide appropriate care[9]	Service users receive appropriate care[9]
Care workers provide appropriate care[9]	Service users receive appropriate care[9]	Service users are satisfied with their care [9]

Programme Theory –Context–mechanism–outcome configuration for Expertise with Minority Groups

Context	Mechanism	Outcome
If care provider and service user are matched on ethnicity or language[9]	Service users feel a rapport with their care provider[9]	Service users feel that the service is understanding of their needs[9]
	Care providers feel empathy towards service users[9]	Care providers try to satisfy the service user needs[9]
	Service user trust their care provider[9]	Service users communicate freely and openly[9]
	Care providers take on the loads of the service user[9]	Care providers are unable to meet the needs of all their service users[9]
		Care providers encounter added stress and risk burnout[9]
	Service users experience better communication and better understanding[9]	Service providers meet service users expressed needs
	Service users don't feel a need for further matching[9]	Service users feel that their needs are being listened to[9]
Organisations encourage cultural sensitivity within all their staff[34]	Service users feel that staff are listening to them[34]	Interventions sensitive to the needs of the service users[34]
Care providers exhibit active listening skills[34]	Service users feel that staff are listening to them[34]	Service users feel that the service is sympathetic to their needs[34]
Care providers exhibit active listening skills[34]	Care providers understand what service users really need[34]	Service users receive the services that they require

Context	Mechanism	Outcome
Care providers avoid stereotyping[34]	Service users feel that staff are listened to them[34]	Service users feel that the service is sympathetic to their needs[34]
	Care providers understand what service users really need[34]	Service users receive the services that they require[34]
Care providers cater for service user food preferences[34]	Service users feel that staff understand their needs[34]	Service users are satisfied with the services they receive[34].

Preliminary Context-Mechanism-Outcome Configurations mapped to Ford[35] Primary Care Referral Pathway

Item No (See Refs)	Population	Subgroup	IF (Actors)	IF…….(Context)	….THEN….(Mechanisms)	….LEADING TO (Outcomes)	Point on Ford patient pathway[35] (Citation and Supporting References)
1	BME	BAME (general)	Carers	Perceive that a specific condition is associated with stigma	Carers do not interact with Health and Social Services	Non-resolution of user/carer needs	Not Specified[36 37]
2	LGBT+	General (LGBT+)	Social Care Staff	Use gender neutral language, open questions and do not assume that users are heterosexual in assessments	LGB users respond by communicating their needs	Appropriate targeting of services	Not Specified[38]
3	LGBT+	General (LGBT+)	Social Care Staff	Use gender neutral language, open questions and do not assume that users are heterosexual in assessments	LGB users do not feel alienated from available services	Positive impression of services	Not Specified[38]
4	BME	BAME (general)	Carers	Are not aware of services	None Identified	No decision to seek help	Decision to seek help[36 39]
5	BME[36]	BAME (general)	Services ?	Are not sensitive to the needs of BAME carers	None Identified	Carers do not access services	Actively seek help?[36 39]
6	BME	BAME (general)	Carers	Are not provided with sufficient information [about services]	None Identified	Carers do not decide to seek help	Decision to seek help[36 39]
7	BME	BAME (general)	Carers	Perceive services as poor quality	None Identified	Carers do not attempt to access services	Obtain appointment?[8 36]
8	BME	BAME (general)	Carers	Do not expect services to be beneficial	None Identified	Carers do not attempt to access services	Obtain appointment?[8 36]
9	BME	BAME (general)	Carers	Experience language barriers	None Identified	Carers do not attempt to access services	Actively seek help?[36 40-49]
10	BME	BAME (general)	Carers	See/perceive that services are being delivered by staff who match their ethnicity	None Identified	Carers do not access services	Social care interaction?[36 41 42 47 50]
11	BME	BAME (general)	Carers	See/perceive that services are not appropriate culturally and in terms of religion	None Identified	Carers do not access services	Social care interaction?[36 40-47 49 51]
12	BME	Asian - Unspecified	Carers	Receive emotional and social support at support groups	Carers are satisfied with support groups	Carers access this type of service	Social care interaction[36 51]

13	BME	Asian - Unspecified	Carers	Receive information through support groups	Carers are satisfied with support groups	Carers access this type of service	Social care interaction[36 51]
14	BME	Asian - Unspecified	Carers	Gain a sense of purpose and achievement through involvement in support groups	Carers are satisfied with support groups	Carers access this type of service	Social care interaction[36 51]
15	BME	Asian - Unspecified	Carers	None Identified	Carers are satisfied with carers' centres	Carers access this type of service	Social care interaction[36 42]
16	BME	Asian - Unspecified	Carers	None Identified	Carers are dissatisfied with social workers and respite care	Carers do not access this type of service	Social care interaction[36 42]
17	BME	BAME (general)	Carers	Perceive that staff are caring and respectful of cultural and religious differences	Carers are satisfied with day care and respite	Carers access this type of service	Social care interaction[36 43]
18	BME	BAME (general)	Social workers	Are not caring or respectful of cultural and religious differences	Carers are dissatisfied with support from social workers	Carers do not access this type of service	Social care interaction[36 43]
19	BME	Afro-Caribbean	Carers	None Identified	Carers are dissatisfied with day care	Carers do not access this type of service	Social care interaction[36]{Townsend, 2002 #525}
20	BME	BAME (general)	Carers	Perceive that care for kin is the family's responsibility	Carers do not seek out information about services	Carers lack awareness of services	Decision to seek help[36 52]
21	BME	BAME (general)	Carers	Perceive that information about services is not provided in a culturally appropriate way	Carers do not seek out information about services	Carers lack awareness of services	Decision to seek help[36 52]
22	BME	BAME (general)	Carers	Perceive stigma associated with illness and disability	Carers do not seek out information about services	Carers lack awareness of services	Decision to seek help[36 52]
23	BME	BAME (general)	Carers	Perceive stigma associated with asking for help for themselves	Carers do not seek out information about services	Carers lack awareness of services	Decision to seek help[36 52]
24	BME	BAME (general)	Carers	Experience poverty and racial inequalities	Carers are not able to afford services	Carers do not access services	Obtain appointment?[36 53]{Ahmad, 1996 #526}
25	BME	Asian - Unspecified	Carers	Are extrinsically motivated by a sense of obligation or duty to provide care	Carers feel they have no choice	Reduced expectations of support from services	Decision to seek help[36 54]
26	BME[36]	BAME (general)	Carers	Experience a language barrier	Carers are not able to access information about services	Carers do not access services	Actively seek help?[36]

27	BME	BAME (general)	Carers	Experience a language barrier	Carers are unaware of what support is available	Carers do not access services	Actively seek help?[36]
28	BME	BAME (general)	Carers	Experience a language barrier	Carers cannot apply for services	Carers do not access services	Actively seek help?[36]
29	BME[36]	BAME (general)	Service providers	Develop outreach services to address language barriers	BAME communities know what services are available	Carers access services	Actively seek help[36 55]
30	BME[14]	BAME (general)	Social Care Staff	Perceive that it is difficult to involve BAME communities in designing and providing services	Service providers do not develop culturally sensitive services	Carers do not access services	Actively seek help?[14 36]
31	BME	BAME (general)	Carers' support services	Involve carers from both minority and majority ethnic groups in service design and delivery	Carers perceive the service as suitable and relevant to their needs	Carers access services	Obtain appointment?[36]
32	BME[36]	BAME (general)	Service providers	Involve carers from BAME groups in service design	Services fit the local demographic profiles	Carers access services	Actively seek help?[36]
33	BME[3]	BAME (general)	Service users	None Identified	Service users are unsure what services are available	Carers do not access services	Actively seek help[3]
34	BME[3]	BAME (general)	Service users	None Identified	Service users are unsure what services they are entitled to	Service users do not access services	Actively seek help[3]
35	BME[3]	Asian - Unspecified	Service users	Cannot access accessible information about what support Is available to them and at what cost	Service users are bewildered about what they might be entitled to, what is available and how they might access support	Service users do not access services	Actively seek help[3]
36	BME	Asian - Unspecified	Service users	Experience a language barrier	Service users are bewildered about what they might be entitled to, what is available and how they might access support	Service users do not access services	Actively seek help[3]
37	BME	BAME (general)	Service users	Experience a language barrier	Service users experience difficulties in using LA automated phonelines	Service users do not access services	Actively seek help[3]
38	BME	BAME (general)	Service users	Have previous negative experience of formal services	Service users are reluctant to access care	Service users do not access services	Decision to seek help[3]

39	BME	BAME (general)	Service users	Fear discrimination from mainstream services	Service users are reluctant to access care	Service users do not access services	Decision to seek help[3 4]
40	BME	BAME (general)	Service users	Experience language and cultural barriers	Service users find Communication with care providers difficult	Service users do not access services	Social care interaction[3]
41	BME	BAME (general)	Service users	Perceive/fear mainstream, traditional care and support as being discriminatory	None Identified	Service users do not access services	Decision to seek help[3 4]
42	BME	Asian - Unspecified	Service users	None Identified	Service users feel it is disloyal to ask for help outside of the family	Formal care access being delayed	Decision to seek help[3 5]
43	BME	Chinese	Service users	Expect family support to be provided	None Identified	Formal care access being delayed	Decision to seek help[2 3]
44	BME?[3 4]	BAME (general)	Care providers	Assume that BAME groups 'look after their own'	Care providers don't reach out or engage properly with BAME communities	Service users do not access services	Actively seek help?[3 4]
45	BME?[3 4]	Asian - Unspecified	Care providers	Caricature South Asian people as self-reliant	Care providers don't reach out or engage properly with BAME communities	Service users do not access services	Actively seek help?[3 4]
46	BME	Asian - Bangladeshi	Service users	Perceive local authorities to be more reluctant to give support to those living with their families	None Identified	Service users do not access services	Decision to seek help[3 20]
47	BME	BAME (general)	Service users	Engage with personalisation	Service users have the opportunity to arrange services that better fit with their values and preferences	Services being accessed	Obtain appointment?[3 56]
48	BME?[3]	BAME (general)	Service users	Are confused and uncertain about what personalisation is	Service users do not take up personalisation	Service users do not access services	Actively seek help?[3 56]
49	BME	BAME (general)	Service users	Perceive/experience a lack of accessible information	Service users do not take up personalisation	Service users do not access services	Decision to seek help[3 56]
50	BME	BAME (general)	Professionals	Stereotype ideas about the extent of family support	Service users do not take up personalisation	Service users do not access services	Decision to seek help[3 31]
51	BME	Chinese	Service users	Perceive personalisation to potentially have a positive impact	Service users engage with personalisation of services	Services being accessed	Obtain appointment?[1 3]

52	BME	BAME (general)	Service users	Experience language barriers	Service users are dissatisfied with social care services	Service users do not access services	Social care interaction[3][4]
53	BME	BAME (general)	Service users	Experience a lack of understanding around cultural or religious practices	None Identified	Service users do not access services	Social care interaction[3][9]
54	BME[3]	BAME (general)	Service users	Are educated	Service users find linguistic and cultural barriers are problematic	Service users do not access services	Actively seek help?[3][20]
55	BME[3]	BAME (general)	Service users	Are first-generation rather than second-generation immigrants	Service users find linguistic and cultural barriers are problematic	Service users do not access services	Actively seek help?[3][20]
56	BME[3]	BAME (general)	Service users	Have poor language skills	Service users find linguistic and cultural barriers are problematic	Service users do not access services	Actively seek help?[3][20]
57	BME	BAME (general)	Family members	Expect that care providers would meet their needs as well as service users	Family members are dissatisfied with care provision	Service users do not access services	Social care interaction[3][9]
58	BME	Asian - Bangladeshi	Service users	Experience services that consider the needs of the family	Service users are satisfied with services	Service users access services	Social care interaction[3][20]
59	BME	Asian - Pakistani	Service users	Experience services that consider the needs of the family	Service users are satisfied with services	Service users access services	Social care interaction[3][20]
60	BME	BAME (general)	Carers	Experience language barriers	None Identified	Service users do not access services	Actively seek help?[3][36]
61	BME	BAME (general)	Carers	Have concerns about the cultural and religious appropriateness of services	None Identified	Service users do not access services	Decision to seek help[3][36]
62	BME[3]	BAME (general)	Service providers	Lack understanding around differences between and within ethic groups	Service providers do not provide mainstream support in a responsive and culturally sensitive way	BAME people are not satisfied with social care services	Actively seek help?[3][4]
63	BME[3]	BAME (general)	Communities	Fill the gaps by establishing specific care and support initiatives	None Identified	Service users access services	Actively seek help?[3]
64	BME[3]	BAME (general)	Communities	Establish 'micro-providers' who provide services for a small	None Identified	Service users access services	Actively seek help?[3]

				number of users, targeted at specific groups			
65	BME	BAME (general)	Service users	Have better access to personalisation	Service users are satisfied with services	Service users access services	Social care interaction[3]
66	BME[3]	Asian - Bangladeshi	Service users	Have a personal budget	Service users employ carers of their choice and avoid the stigma of receiving care from non-family members	Service users access services	Actively seek help?[3] [20]
67	BME[3]	Asian - Pakistani	Service users	Have a personal budget	Service users employ carers of their choice and avoid the stigma of receiving care from non-family members	Service users access services	Actively seek help?[3] [20]
68	BME[3]	Asian - Bangladeshi	Service users	Have a personal budget	Service users find the associated admin confusing	Service users do not access services	Actively seek help?[3] [20]
69	BME[3]	Asian - Pakistani	Service users	Have a personal budget	Service users find the associated admin confusing	Service users do not access services	Actively seek help?[3] [20]
70	BME	BAME (general)	Service providers	Widely use skilled interpreters, where appropriate and desired	Language and communication issues are improved	Service users access services	Obtain appointment?[3]
71	BME	BAME (general)	Service providers	Recruit a more diverse workforce	Language and communication issues are improved	Service users access services	Obtain appointment?[3]
72	BME	BAME (general)	Service providers	Train the workforce on cultural sensitivity	Language and communication issues are improved	Service users access services	Social care interaction[3]
73	BME	BAME (general)	Service providers	Communicate well with local authorities about the needs of the individual	Care services take into account the needs of the individual	Service users access services	Social care interaction?[3]
74	BME	BAME (general)	Service providers	adopt a person-centred approach	Service users and carers can be matched according to appropriate dimensions	Service users access services	Social care interaction?[3] [9]
75	BME	Asian - Bangladeshi	Service users	Can access a care worker who matches their ethnicity	Service user desire for ethnic matching is met	Service users access services	Actively seek help?[3] [20]
76	BME[3]	Asian - Pakistani	Service users	Can access a care worker who matches their ethnicity	Service user desire for ethnic matching is met	Service users access services	Actively seek help?[3] [20]

77	BME	Asian - Bangladeshi	Service users	Can access a care worker who matches their ethnicity	Service user privacy is compromised by having a care worker from their community	Service users do not access services	Actively seek help?[3] [20]
78	BME	Asian - Pakistani	Service users	Can access a care worker who matches their ethnicity	Service user privacy is compromised by having a care worker from their community	Service users do not access services	Actively seek help?[3] [20]
79	LGBT+	LGBT	Service users	Fear or expect to face discrimination due to heteronormative assumptions from social care staff about life partners etc	Trust between clients and services is not built / historical disadvantage is perpetuated	Needs of vulnerable LGBT remain unacknowledged	Experience of health care[30]
80	BAME	Asian-Indian	Service users	Are unclear about the concept of assessing whether services are satisfactory due to cultural/language differences	Clients do not assess services as satisfactory	BAME are perceived to regard services as less satisfactory than White people	Not represented[57]
81	LGBT+	LGBT	Staff	Receive only tokenistic LGBT triaging with other equality training	LGBT identity and sexuality issues are not prioritised in staff training	Attitudes and capabilities of staff not inclusive to LGBT issues	Not represented[58]
82	BAME	South Asian	Services	Perceive that South Asian families prefer to provide care within family units	Representative service users are not engaged in service development	Service providers do not develop a culturally competent service	Not represented[59]
83	BAME	Refugees & asylum seekers	Services	Do not take proactive action to recruit staff that represent difficult to reach migrant groups	Certain BAME individuals may find job seeking and interview process as barriers to obtaining jobs in social care services	Less representation and engagement of difficult to reach migrant groups in social care staff	Extent to which practice is welcoming[60]
84	BAME	Chinese	Service users	Are unaware of the benefits of personalisation of social care services	Clients continue to believe that they must be self-reliant and not seek outside help	Service users miss the opportunity to obtain help for which they are entitled	Patient empowerment[1]

85	LGBT+	Bisexual older people	Service users	Bisexual service users are categorised as either "gay" or "straight"	Service users are wrongly labelled	Service users fear being inaccurately labelled or judged	Extent to which practice is welcoming[26]
86	BAME	Chinese older people	Services	Recruit staff or volunteers with skills such as bilinguality, bicultural, multifunctionality and accessibility	Staff members act as "bridge people" to breach the gap between services and users	Trust and engagement is built between users and services	Extent to which practice is welcoming[33]
87	LGBT+	Older LGBT	Services or staff	Are inclusive when acknowledging families of choice (e.g. LGBT partners and friends)	Users have choice in their advocates that also communicate with services	Inclusion of family to support holistic care of user	Patient empowerment [61]
88	LGBT+	Older LGBT	Services or staff	Operate in a presumptive heteronormative culture	Services or staff manifest passive homophobia with a negative impact on communication	Marginalisation of LGBT users	Extent to which practice is welcoming[61]
89	BAME	BAME	Services	Demonstrate cultural and religious sensitivity to diverse cultural needs	By considering provision of food, assistance with personal care, such as bathing and dressing, and religious worship	Services provide an appropriate response to the ethnic diversity among service users	Extent to which practice is welcoming[62]
90	LGBT+	LGBT	Services	Are perceived as unfriendly or hostile to LGB individuals	LGB individuals remain cautious about accessing services or divulging sexuality	Social care needs remain unmet	Extent to which practice is welcoming[63]
91	BAME	Young refugees	Services or staff	Expect service users to conform to expectations of appearing vulnerable (i.e., appearing on their own as opposed to with family)	Staff perceive that some service users are less vulnerable than others	Staff deny support to some young refugees as needed	Not represented[64]

92	BAME	Unaccompanied refugee minors	Services	Service users are placed in ethnically matched foster care	Service users do not develop depression and have better educational attainment than if ethnically mismatched	Children have better psychosocial outcomes	Not represented[65]
93	LGBT+	Older LGBT	Service users	Other older service users foster discriminatory attitudes towards LGBT people (in residential care)	LGBT service users are vulnerable to abuse and hostility when living in close proximity to homophobia	LGBT service users becoming isolated or feeling compelled to conceal their sexuality	Not represented[66]
94	BAME	Asian elders	Services	Recruitment processes consider ethnicity for residential care homes	Staff are tailored to specific ethnicities in residential care	Staff who understand the individual cultures can better meet residents' needs	Choice[67]
95	BAME	BAME	Services or staff	None Identified	None Identified	None Identified	Not represented[10]
96	LGBT+	LGBT	Services or staff	None Identified	None Identified	None Identified	Not represented[22]
97	BAME	BAME	Services	Operate in norms acceptable for Western society	Certain cultural gestures, such as hand shakes between men and women are used indiscriminately	Some means of communication are deemed inappropriate by some cultures	Not represented[24]
98	BAME	BAME	Service users	From some cultures do not disclose when help via social care services is required	Family problems and emotional problems are kept hidden and not exposed to other people	Specific care needs of persons e.g South Indian people living in UK may go unrecognised	Patient empowerment[24]
99	LGBT+	LGBT	Services	Do not provide LGB specific sheltered housing and residential/nursing homes	Older LGB people feel a lack of equality and openness in mainstream provision and are compelled to exist in a heteronormative culture	Older LGB are marginalised or fear residential care more than heterosexual people	Not represented[23]

1. Irvine F, Wah Yeung EY, Partridge M, et al. The impact of personalisation on people from Chinese backgrounds: qualitative accounts of social care experience. *Health Soc Care Community* 2017;25(3):878-87. doi: 10.1111/hsc.12374 [published Online First: 2016/08/09]
2. Yeung EY, Partridge M, Irvine F. Satisfaction with social care: the experiences of people from Chinese backgrounds with physical disabilities. *Health & Social Care in the Community* 2016;24(6):e144-e54. doi: https://dx.doi.org/10.1111/hsc.12264
3. Department of Health and Social Care. Race disparity in social care: Initial rapid literature search, 2019.
4. Needham C, Carr S. Micro-provision of Social Care Support for Marginalized Communities – Filling the Gap or Building Bridges to the Mainstream? *Social Policy & Administration* 2015;49(7):824-41. doi: 10.1111/spol.12114
5. Bailey C, Sattar Z, Akhtar P. Older south Asian women sharing their perceptions of health and social care services and support: A participatory inquiry. *Health Sci Rep* 2018;1(8):e55. doi: https://dx.doi.org/10.1002/hsr2.55
6. Chau RC, Yu SW, Tran CT. The diversity based approach to culturally sensitive practices. *International Social Work* 2011;54(1):21-33.
7. Cronin A, Ward R, Pugh S, et al. Categories and their consequences: Understanding and supporting the caring relationships of older lesbian, gay and bisexual people. *International Social Work* 2011;54(3):421-35.
8. Giuntoli G, Cattan M. The experiences and expectations of care and support among older migrants in the UK. *European Journal of Social Work* 2012;15(1):131-47.
9. Blake M, Bowes A, Gill V, et al. A collaborative exploration of the reasons for lower satisfaction with services among Bangladeshi and Pakistani social care users. *Health & Social Care in the Community* 2017;25(3):1090-99. doi: https://dx.doi.org/10.1111/hsc.12411
10. Pound C, Greenwood N. The human dimensions of post-stroke homecare: experiences of older carers from diverse ethnic groups. *Disabil Rehabil* 2016;38(20):1987-99. doi: 10.3109/09638288.2015.1107783 [published Online First: 2016/01/06]
11. Larkin M, Unwin G, Iyer M, et al. Cultural affordance, social relationships, and narratives of independence: Understanding the meaning of social care for adults with intellectual disabilities from minority ethnic groups in the UK. *International Journal of Developmental Disabilities* 2018;64(3):195-203.
12. Willis R, Pathak P, Khambhaita P, et al. Complexities of cultural difference in social care work in England. *European Journal of Social Work* 2017;20(5):685-96.
13. Badger F, Clarke L, Pumphrey R, et al. A survey of issues of ethnicity and culture in nursing homes in an English region: nurse managers' perspectives. *Journal of Clinical Nursing* 2012;21(11-12):1726-35. doi: https://dx.doi.org/10.1111/j.1365-2702.2011.03880.x
14. Manthorpe J, Moriarty J, Stevens M, et al. Promoting the mental well-being of older people from black and minority ethnic communities in United Kingdom rural areas: Findings from an interview study. *Journal of Rural Studies* 2012;28(4):406-11. doi: 10.1016/j.jrurstud.2012.01.006
15. Robinson K, Masocha S. Divergent practices in statutory and voluntary-sector settings? Social work with asylum seekers. *Br J Soc Work* 2017;47(5):1517-33.
16. Warden R, Scourfield J, Huxley P. Islamic social work in the UK: The service user experience. *Br J Soc Work* 2017;47(3):737-54.
17. Willis R, KHAMBHAITA P, PATHAK P, et al. Satisfaction with social care services among South Asian and White British older people: the need to understand the system. *Ageing and Society* 2016;36(7):1364.
18. Fitzpatrick J. Editorial: minority ethnic older people in nursing homes: meaning, purpose and well-being. *Int J Older People Nurs* 2012;7(4):241-2. doi: https://dx.doi.org/10.1111/j.1748-3743.2012.00325.x
19. Malik KJ, Unwin G, Larkin M, et al. The complex role of social care services in supporting the development of sustainable identities: Insights from the experiences of British South Asian women with intellectual disabilities. *Res Dev Disabil* 2017;63:74-84. doi: 10.1016/j.ridd.2017.02.005 [published Online First: 2017/02/23]
20. Gill V, Husain F, Vowden K, et al. Satisfaction with social care services among Black and Minority Ethnic populations. Exploring satisfaction with adult social care services amongst Pakistani, Bangladeshi and white British people., 2014.

21. Cant B. Legal outcomes: reflections on the implications of LGBT legal reforms in the UK for health and social care providers. *Diversity in Health and Care* 2009;6(1):55-62.

22. Price E. Coming out to care: gay and lesbian carers' experiences of dementia services. *Health Soc Care Community* 2010;18(2):160-8. doi: 10.1111/j.1365-2524.2009.00884.x [published Online First: 2009/08/28]

23. Westwood S. 'We see it as being heterosexualised, being put into a care home': gender, sexuality and housing/care preferences among older LGB individuals in the UK. *Health Soc Care Community* 2016;24(6):e155-e63. doi: 10.1111/hsc.12265 [published Online First: 2015/08/26]

24. Regan JL. Ethnic minority, young onset, rare dementia type, depression: A case study of a Muslim male accessing UK dementia health and social care services. *Dementia (London)* 2016;15(4):702-20. doi: 10.1177/1471301214534423 [published Online First: 2014/05/27]

25. Gaveras EM, Kristiansen M, Worth A, et al. Social support for South Asian Muslim parents with life-limiting illness living in Scotland: a multiperspective qualitative study. *BMJ Open* 2014;4(2):e004252. doi: https://dx.doi.org/10.1136/bmjopen-2013-004252

26. Jones RL, Almack K, Scicluna R. Older bisexual people: Implications for social work from the 'Looking Both Ways' study. *J Gerontol Soc Work* 2018;61(3):334-47. doi: 10.1080/01634372.2018.1433262 [published Online First: 2018/01/30]

27. Käkelä E. Narratives of power and powerlessness: cultural competence in social work with asylum seekers and refugees. *European Journal of Social Work* 2020;23(3):425-36. doi: 10.1080/13691457.2019.1693337

28. Fell B, Fell P. Welfare across borders: A social work process with adult asylum seekers. *Br J Soc Work* 2014;44(5):1322-39.

29. Macfarlane A, Singleton C, Green E. Language barriers in health and social care consultations in the community: a comparative study of responses in Ireland and England. *Health Policy* 2009;92(2-3):203-10. doi: https://dx.doi.org/10.1016/j.healthpol.2009.03.014

30. Fenge LA. Developing understanding of same-sex partner bereavement for older lesbian and gay people: implications for social work practice. *J Gerontol Soc Work* 2014;57(2-4):288-304. doi: 10.1080/01634372.2013.825360 [published Online First: 2013/09/07]

31. Moriarty J. The health and social care experiences of black and minority ethnic older people. *A Race Equality Foundation Briefing Paper* 2008;9

32. Parveen S, Peltier C, Oyebode JR. Perceptions of dementia and use of services in minority ethnic communities: a scoping exercise. *Health & Social Care in the Community* 2017;25(2):734-42. doi: https://dx.doi.org/10.1111/hsc.12363

33. Liu X, Cook G, Cattan M. Support networks for Chinese older immigrants accessing English health and social care services: the concept of Bridge People. *Health Soc Care Community* 2017;25(2):667-77. doi: 10.1111/hsc.12357 [published Online First: 2016/05/18]

34. Gray B. Social exclusion, poverty, health and social care in Tower Hamlets: The perspectives of families on the impact of the family support service. *Br J Soc Work* 2003;33(3):361-80.

35. Ford JA, Wong G, Jones AP, et al. Access to primary care for socioeconomically disadvantaged older people in rural areas: a realist review. *BMJ Open* 2016;6(5):e010652. doi: 10.1136/bmjopen-2015-010652

36. Greenwood N, Habibi R, Smith R, et al. Barriers to access and minority ethnic carers' satisfaction with social care services in the community: a systematic review of qualitative and quantitative literature. *Health Soc Care Community* 2015;23(1):64-78. doi: 10.1111/hsc.12116 [published Online First: 2014/08/20]

37. Janevic MR, Connell CM. Racial, ethnic, and cultural differences in the dementia caregiving experience: recent findings. *Gerontologist* 2001;41(3):334-47. doi: 10.1093/geront/41.3.334 [published Online First: 2001/06/19]

38. Fish J. Invisible No More? Including Lesbian, Gay and Bisexual People in Social Work and Social Care. *Practice* 2009;21(1):47-64. doi: 10.1080/09503150902746003

39. Yeandle S, Bennett C, Bcukern L, et al. Diversity in Caring: towards equality for carers. Carers, Employment and Services Report Series, 2007.

40. Casado BL, van Vulpen KS, Davis SL. Unmet needs for home and community-based services among frail older Americans and their caregivers. *Journal of Aging and Health* 2011;23(3):529-53.

41. Fazil Q, Bywaters P, Ali Z, et al. Disadvantage and discrimination compounded: the experience of Pakistani and Bangladeshi parents of disabled children in the UK. *Disability & Society* 2002;17(3):237-53.
42. Hensel E, Krishnan M, Saunders K, et al. Impact of policy shifts on South Asian carers in the United Kingdom. *Journal of Policy and Practice in Intellectual Disabilities* 2005;2(1):10-17.
43. Hubert J. Family carers' views of services for people with learning disabilities from Black and minority ethnic groups: a qualitative study of 30 families in a south London borough. *Disability & Society* 2006;21(3):259-72.
44. Lai DW, Surood S. Service barriers of Chinese family caregivers in Canada. *Journal of gerontological social work* 2008;51(3-4):315-36.
45. Li H. Barriers to and unmet needs for supportive services: Experiences of Asian-American caregivers. *J Cross Cult Gerontol* 2004;19(3):241-60.
46. Merrell J, Kinsella F, Murphy F, et al. Accessibility and equity of health and social care services: exploring the views and experiences of Bangladeshi carers in South Wales, UK. *Health and Social Care in the Community* 2006;14(3):197-205. doi: 10.1111/j.1365-2524.2006.00610.x
47. Netto G. 'I forget myself': the case for the provision of culturally sensitive respite services for minority ethnic carers of older people. *Journal of Public Health* 1998;20(2):221-26.
48. Neufeld A, Harrison MJ, Stewart MJ, et al. Immigrant women: Making connections to community resources for support in family caregiving. *Qualitative Health Research* 2002;12(6):751-68.
49. Scharlach AE, Kellam R, Ong N, et al. Cultural attitudes and caregiver service use: Lessons from focus groups with racially and ethnically diverse family caregivers. *Journal of gerontological social work* 2006;47(1-2):133-56.
50. Giunta N, Chow J, Scharlach AE, et al. Racial and ethnic differences in family caregiving in California. *Journal of Human Behavior in the Social Environment* 2004;9(4):85-109.
51. Hepworth D. Asian carers' perceptions of care assessment and support in the community. *Br J Soc Work* 2005;35(3):337-53.
52. Williams C, Johnson MR. Race and ethnicity in a welfare society: McGraw-Hill Education (UK) 2010.
53. Adamson J, Ben-Shlomo Y, Chaturvedi N, et al. Ethnicity, socio-economic position and gender—do they affect reported health—care seeking behaviour? *Social Science & Medicine* 2003;57(5):895-904. doi: 10.1016/s0277-9536(02)00458-6
54. Parveen S, Morrison V, Robinson CA. Ethnic variations in the caregiver role: A qualitative study. *Journal of health psychology* 2011;16(6):862-72.
55. Moriarty J, Manthorpe J. Diversity in older people and access to services: An evidence review: nhsggc.org.uk 2012.
56. Moriarty J. Personalisation for people from black and minority ethnic groups A Race Equality Foundation Briefing Paper: Race Equality Foundation, 2014.
57. Greenwood N, Holley J, Ellmers T, et al. Assessing satisfaction with social care services among black and minority ethnic and white British carers of stroke survivors in England. *Health Soc Care Community* 2017;25(5):1571-80. doi: 10.1111/hsc.12298 [published Online First: 2015/10/28]
58. Hafford-Letchfield T, Simpson P, Willis PB, et al. Developing inclusive residential care for older lesbian, gay, bisexual and trans (LGBT) people: An evaluation of the Care Home Challenge action research project. *Health Soc Care Community* 2018;26(2):e312-e20. doi: 10.1111/hsc.12521 [published Online First: 2017/11/29]
59. Heer K, Rose J, Larkin M. The Challenges of Providing Culturally Competent Care Within a Disability Focused Team: A Phenomenological Exploration of Staff Experiences. *J Transcult Nurs* 2016;27(2):109-16. doi: 10.1177/1043659614526454 [published Online First: 2014/05/27]
60. Hussein S, Manthorpe J, Stevens M. Exploring the potential of refugees and asylum seekers for social care work in England: a qualitative study. *Health Soc Care Community* 2011;19(5):468-75. doi: 10.1111/j.1365-2524.2011.00989.x [published Online First: 2011/07/28]
61. MacGabhann P. Caring for gay men and lesbians in nursing homes in Ireland. *Br J Nurs* 2015;24(22):1142-4, 46, 48. doi: 10.12968/bjon.2015.24.22.1142 [published Online First: 2015/12/15]
62. Manthorpe J, Moriarty J. Examining day centre provision for older people in the UK using the Equality Act 2010: findings of a scoping review. *Health Soc Care Community* 2014;22(4):352-60. doi: 10.1111/hsc.12065 [published Online First: 2013/08/21]

63. McParland J, Camic PM. Psychosocial factors and ageing in older lesbian, gay and bisexual people: a systematic review of the literature. *J Clin Nurs* 2016;25(23-24):3415-37. doi: 10.1111/jocn.13251 [published Online First: 2016/05/12]

64. O'Higgins A. Vulnerability and agency: beyond an irreconcilable dichotomy for social service providers working with young refugees in the UK. *New Dir Child Adolesc Dev* 2012;2012(136):79-91. doi: 10.1002/cad.20012 [published Online First: 2012/06/13]

65. O'Higgins A, Ott EM, Shea MW. What is the Impact of Placement Type on Educational and Health Outcomes of Unaccompanied Refugee Minors? A Systematic Review of the Evidence. *Clin Child Fam Psychol Rev* 2018;21(3):354-65. doi: 10.1007/s10567-018-0256-7 [published Online First: 2018/04/07]

66. Peate I. Caring for older lesbian, gay and bisexual people. *British Journal of Community Nursing* 2013;8

67. Penfold J. Providing tailored residential care to the Asian community. *Nursing older people* 2011;23:22-3. doi: 10.7748/nop2011.05.23.4.22.c8479

68. Roddam H, Rog D, Janssen J, et al. Inequalities in access to health and social care among adults with multiple sclerosis: A scoping review of the literature. *Mult Scler Relat Disord* 2019;28:290-304. doi: 10.1016/j.msard.2018.12.043 [published Online First: 2019/01/15]