

# Supporting older LGBT+ people's moves in later life

## - Preliminary findings from Better Care Moves project

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# OUTLINE



- **Background, aims & objectives**
- **Interviews**
- **Preliminary findings**
  - *Move-related challenges*
  - *Inclusive social care practice*
  - *What practice guidance is needed*

# BACKGROUND

- Moves between care settings in later life are challenging for older people but are also sometimes unavoidable (Baxter et al, 2020)
- Under-representativeness or absence of views and experiences of minority groups such as LGBT+ and BAME communities about their moves in later life & the stigma and fear associated with moves to care homes or other long-term care settings (Caldwell et al, 2014; Willis et al, 2018).
- However, social care practitioners may lack understanding of the needs of older people and their carers, and lack the confidence, guidance or resources in practice (Manthorpe et al, 2008; Fabbre et al, 2011; Cole et al, 2018)
- There is the gap in knowledge of social care practitioners in supporting older people from protected characteristic backgrounds (e.g. BAME, LGBT+) through moves (Willis et al, 2018; Bailey et al, 2018)

# Aims & Objectives

**Overarching aim:** investigate how to facilitate social care practitioners in supporting older people and their families during their moves between and into social care settings.

## **Research objectives:**

1. Investigate how social care practitioners currently support and could better support older people's moves.
2. Identify the move-related experience and expectations of older people and their carers, their viewpoints on the risks and unmet move-related needs, as well as personal examples of best practice.
3. Develop practice recommendations, aligned to the needs of older people, to guide practitioners during the process of supporting older people and their families pre-, during, and post moves.

# Interview Sample

## 10 social care practitioners

- Local Authorities ESCC & KCC (n=5): social worker (n=3), social care discharge coordinator (n=1), Case manager (n=1)
- Discharge co-ordinator at a community rehab hospital (n=1); Care home manager (n=1); Day centre & dementia café lead (n=1); Community navigator (n=1); Dementia support project officer (n=1)

## 11 family/friend carers

- Relations: Child carer (n=7); Grandchild carer n=1; Partner carer n=3; Friend (Power of Attorney) carer (n=1); Relative carer (n=1).
- Gender: male (n=4), female (n=7)
- Conditions of OP: Dementia carer (n=7); cognitive impairment (n=1); physical disabilities (n=1); mental health issues (n=1). Multiple?
- Age range: 31 – 84; at least 4 carers older than 70

## 6 older people

- Financial arrangements: Self-funder (n=5), Publicly funded (n=1)
- Age group: above 90 (n=1), 80-89 (n=1), 70-79 (n=3), 60-69 (n=1)
- Gender: male (n=3), female (n=3)
- Health conditions: Dementia (n=1), Housebound with physical conditions (n=1), Learning disabilities (n=1), Healthy (n=3)

# Key themes

- Move-related challenges
- Move-related inclusive care practice
- What practice guidance is needed



# **Move-related challenges**

# Move- related challenges for older people

- **Decision-making support**

- Access to info or advice (e.g. Don't know where to ask for advice; Little access to free information on moves; Lack of choices; IT incompetence & reduced interpersonal conversations restricts access to info)
- How to balance priorities (e.g. costs, care needs, space, close to family)
- Forced VS proactive moves (especially for disadvantaged groups)

- **Feelings / fears**

- Fear of making move, loss of individuality, being put in place without own consent
- Loneliness & lacking of social in new place (especially for marginalized groups in care home & with the pandemic restrictions)
- Fear of irresponsible social services & mistreatment
- Fear of moving into residential care – Covid & general

- **Practical struggles** (e.g. complex & stressful process, phys help & advice)

- **More challenging for disadvantaged groups** e.g. LGBT+

“if you're an LGBTQ person, so you wouldn't actively choose to go to them. So although physically you might benefit, for example, from an extra care or a supported care system, you probably wouldn't, and therefore it takes something quite – like a **crisis point**, like a severe illness or a fall or, you know, something that kind of takes the decision away almost, **rather than you make the decision proactively... It would be a kind of reactive, there's no other option.**”  
– Dementia Support Project Officer, ESCP01

“this housing, as I say, that I'm moving to, they just have a waiting list and because of my health- so, I got doctor's letter, then I was- I had a hate crime against me- that bumped me up again and I was eventually- I got a phone call out of the blue saying there's a flat going in this sheltered housing- would I like it? ”

Older person, ESOP01

# Move-Related Challenges for **Family/Friend Carers**

- **Decision making**

- How to involve older people in decision-making (especially dementia)
- No other people to discuss VS family in one mind (e.g. LGBT+ less chance to get support for decision making)
- Self-organised move VS publicly funded (can hardly impact decision)

- **Feelings**

- Stressful & exhausted process for carers
- Feeling guilty for facilitating the moves
- Cannot let them go & difficult to accept their decision of move

- **Practical struggles**

- Carers own health & respite needs
- Distance: e.g. Moving far away and cannot visit; Family are not living close during older people's moves
- Health/social care professionals do not listen, care or inform carers

“Not having professional advice on hand as to how to speak with my mum... We tried to be as sensitive as possible. But we don't – we're just not professionals. It was just learning as you go with the whole way. We didn't know the way in which to talk to her and we still don't.”

- Child carer, KFC01

# Move-Related Challenges for Social Care Practitioners

## – Practical challenges

- **Communications with older people & carers:**
  - Insufficient communication with older people & family
  - Communications with people have limited capacity, disputes between older people and their families, or conflicting opinions with social care services
  - Managing expectations, anxieties & unwillingness to move
  - Difficult but have to build relationship & trust in a short time (crisis move is especially challenging)
- **Sourcing funding & financial support**
  - Ask financial status at very first (needs assessment) meeting
  - Ambiguity in eligibility in public funding
  - Family not willing to top up
- **Practical challenges** e.g. Transport for move

“I think a lot of it is managing people's expectations and managing people's anxieties as well. Obviously, we get families are very anxious. We totally understand that. So I look at it, what would I want for my mum? It's the same as sort of like any interaction from a professional, how would I like that professional to speak to me, you know, and the contact with that professional as well... families have got to – have an identified contact person, they've got to be given all of the information about our processes.”

- Social care discharge coordinator, KCP04

# Move-Related Challenges for **Social Care Practitioners** – **Systematic challenges**

- **Divisions between Health and Social Care & within Social Care**

- Scattered info & insufficient cross team communication
- Repeated and waste of time, e.g. no assigned worker after re-alignment, unnecessary close & re-start social service case after hospital stay
- Services batted away requests, esp. hospital discharge

- **Limited capacity & staff shortage**

- **Too much paperwork & authorisation**

- **Limited public budget & Service gap**

- Services focus on costs & availability rather than individual needs

“They [hospital] didn’t ring me and say that she was coming in to us that day. They rang me probably about ten to five to say that she was coming into the home that day. The hospital didn’t know that we were a new home, so they were going to send her out with no medication. The poor woman had no clothes because it – and I understood the reason. There was no point in sending her back to her home in Ashford. She may as well have come to us but they left it too late in the day. You cannot – I have a cut-off point here because it is very unfair to expect night staff to welcome in a new person because they haven’t got the staff to sit with that person, ease them in, reassure them...There needs to be more communication from the hospitals in easing that person.”

- Care home manager, KCP03

“We fit into those resources, rather than those resources I guess are adaptable always to our individual requirements. And there’s a certain amount I guess of trying to console people that that’s the case.”

– Dementia support project officer, ESCP01



**Move related inclusive social care practice**

# Move-related inclusive practice

- **Ageist & Intersectionality**
- **Raise awareness of supporting diverse groups**
  - Some practitioners aim to engage more with different communities
  - How to reflect inclusive practice in needs assessments and general support
  - e.g. English not first language & Sign language; cultural differences; religious needs
- **LA commissioning consider inclusive practice**
  - **LGBTQ Affirmative care advocacy**
    - Training & awareness
    - LA role models

“we do live in an ageist society. I see it, you know, all of the time, the value, I guess, we do or don’t place on older people generally. And then, in my instance, for example, in LGBTQ people, the value we place on older LGBT disabled people from a minority ethnic community, for example, like the different intersections. So how much value do we place on older people generally, and then how much do we place on older people who then have other characteristics... that’s a huge challenge, isn’t it, for society, to redress our kind of opinions about older people generally, but also appreciating that – I guess people have a huge – have a life story and a history.”

- Dementia support project officer, ESCP01

“It [this region] tends to be – stable is the wrong word, but perhaps more kind of straightforward, again that sounds condescending, I don’t mean it to, population to which I have access but I’m aware that – I’m well aware that there are communities living in the area that I cover with whom I have little contact. Which I would like to think we can reach out to and have, you know, more engagement with for their sake, you know, as we should.”

- Community Navigator, KCP05

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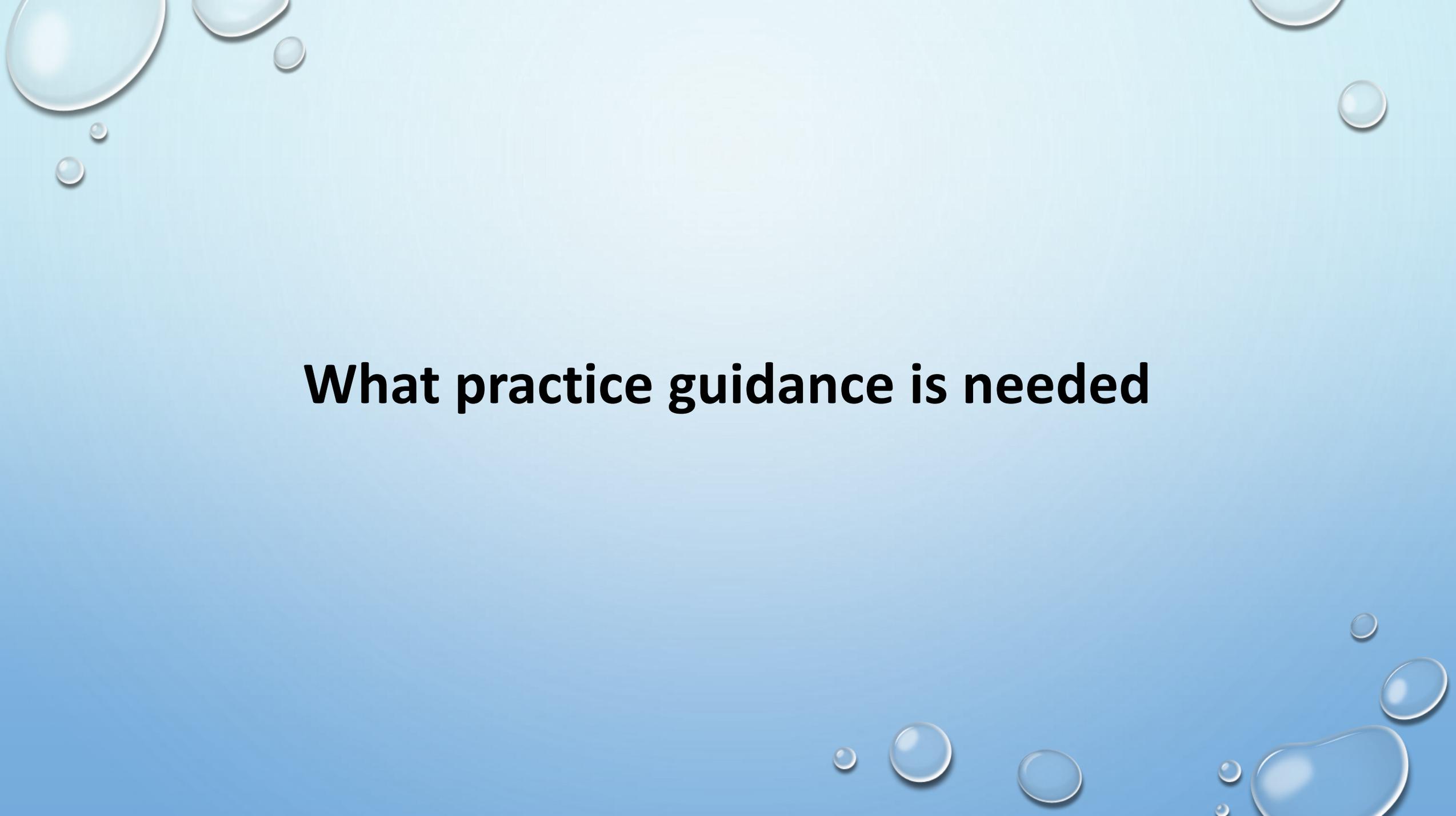
“just because somebody is a certain race or a particular religion it doesn't mean that that's necessarily important to them in that day. So it's about clarifying through our assessment process what is important to you.”

- Social Worker, ESCP02

“So at the moment, one of the local authorities is about to **recommission** the care home contracts, and they're really wanting to make sure that any care homes who are recommissioned are **very knowledgeable, trained, aware of the best possible inclusive practices to all people who might be coming through their doors. So that might be, you know, LGBTQ people, or people who are minoritized as a community in whatever way.**”

“currently – for example, East Sussex County Council has done a **specific LGBTQ needs assessment**. So they're one of the local authorities that has actually really considered what the needs of the LGBTQ community might be across lots of different things, such as housing, and Brighton are certainly following suit on that as well.”

- Dementia support project officer, ESCP01

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**What practice guidance is needed**

# What are Needed & How to Deliver

- **Approaches:** person-centred strength-focused & more flexible approach
- **Better understanding & info of care settings & charities by ASC & HC staff**
  - info of care labour, social support, financial & other details
  - Clear, correct & short; better informed navigation info in one stop
- **Build trust & listen to older people & carers**
  - Engagement, caring, respect & communication skills
  - Reassure & do not over promise
  - Assess & visit the Person at home
- **Consistent support between services**
  - Earlier coordination between care settings
  - Dedicated case worker & keep trust relationship
  - Multidisciplinary & partnership work
- **Proactive & timely support, esp. decision making**
  - Empowering older people & carers: honest and direct with suggestions; more options to think differently; more time & have visits; open & proactive about what to expect
  - Practical info/support – what to bring & move itself, try a few days before moving in
- **Support carers** e.g. update for unpaid carers (family, friend, significant ones)

“maybe an idea of the different care homes and what they actually deal with. So that then if we’re actually talking to people about moving them from home to a care home, we can actually say well, this one would suit because of this and be able to give them a bit more information about what was available at the care homes.”

- Age UK dementia café lead, KCP02

“Of course, you can’t sense who they [other residents] are- And I asked the scheme manager and she said, ‘Oh, yes!’ she said. ‘There’s all sorts of diversity going on here.’ Because she used those words, you sort of know ‘Oh, she understands.’”

- Older person, ESOP01

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