

Ageing well in the age of austerity: Exploring Personalised care planning among BAME older people living in disadvantaged communities

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Age, 'Race' and Ethnicity Seminar Series

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Facts and figures

- BAME Age 50 and over - White Irish with 57%; Black Caribbeans with 26% and the 'White Other' and Indian ethnic minority groups each with 21% aged 50 and over.
 - All other ethnic groups, in 2007, had less than 20% of their population aged 50 and over and less than 10% of their population aged 65 and over
 - By 2051, in England and Wales, there will be 3.8 million Black and minority ethnic older people aged 65 and over and 2.8 million aged 70 and over
 - Lewisham and Southwark are two of the most ethnic and racial diverse areas in the UK, with 9.3% and 8.5% of population BAME 65 and over,
 - By 2025 this will rise to 10% (Lewisham) and 8.9% (Southwark)
- (figures compiled by ONS 2010)

Person centred planning

- ‘Valuing People’, White paper (2001) government policy adopted PCP as a model to encourage older people, and their carers, to direct care services in a more empowered and personalised way
- Aim to provide older people with the skills, confidence and a set of tools and approaches that will encourage them to plan and make choices about their care needs **with** professional agencies rather than **for** them.
- Person centred planning represents part of the wider personalization agenda in health and social reform whereby greater ‘choice’ is given to patients at a local and micro level in order to incentivize competitive markets (Needham 2007)

BAME elders and PCP

- emphasizes the importance of giving voice to BAME elders concerning the unique challenges they face growing old in Britain and as a members of migrant/minority ethnic communities
- creates opportunities for them to establish a dialogue with care professionals about the importance of past history and memory
- Explores the social and cultural contexts of ageing on shaping their experiences of accessing care services

How it works in practice

- Volunteer works with older person and family members or nominated carer on completing support plans, using various tools over approx 13 sessions– face to face, usually weekly visits
- Volunteers receive 2 days training in tools and approaches used - follow up training sessions
- ‘Clients’ complete plan with family member using various tools
 - Wellbeing survey at start and end of 13 weeks
 - Review 6 months after plan completed
- BAME elders use their care plans when engaging with professionals and service providers and/or increased confidence in terms of having care needs addressed

Tools used - examples

- One page profile
- My passions
- What is working
- Good day/bad day
- Important to me/for me?

Project

- Three parts to the project
 - Planning support co-ordinators train 160 volunteers to work with 240 clients
 - Evaluation of the project
 - Qualitatively investigate issues affecting ageing and wellbeing among BAME elders
 - 20% of participants - 48 life-history and memory based interviews (with clients working on plans)
 - 31 out of 48 participants
 - Ethnic diverse groups - African incl white south African (9) ; Caribbean (10), Irish (7) South Asian (3), and Vietnamese (1) and Chinese (1)

Societal context

trauma of a diagnosis of illness and/or awareness of dying can bring up memories of previous traumatic experiences, such as [...] racism that require specific recognition and support (Yasmin Gunaratnam, 2006).

Trauma of racism

- *my whole life the worst experience I ever had in my life is in British hospitals ... I had never seen something like that in my life ... a doctor called me baboon woman ... they not doing nothing you know and I'm in pain and I'm crying for them to give me even two paracetamol and they are saying ... 'What is this baboon woman crying for?' I said, 'You call me baboon! Do you see me look like baboon?' ... 'I'm a human being. Yesterday my GP wanted me to go to hospital as my asthma is getting worse and so he wanted me to go to review my asthma and I said, 'I'm NOT going, I'd rather die here at home than ever enter a British hospital'.*
- *(Yinka, age 64, African female, Southwark resident)*

Cyril – Caribbean male, mid-70s

- Important to
 - Keep up to date about news and current affairs back home eg reading Jamaican *Gleaner* newspaper
 - Make one final visit home before I die
 - Buried next to my mum and sister; family respect my wishes to do so
- Important for
 - Take my insulin injections; reminded to do so daily
 - Meals on wheels organised during for Winter months
 - Keep on me my mobile phone with emergency contact numbers

Elders perspective on PCP

It allow me to feel like I'm part of something because it is important, we all must acknowledge where we come from. We are all in this country for different reasons but we must all acknowledge where we've come from, and how our history makes us who we are today. With older people that sometimes gets lost and it's important we don't lose sight of the fact we have had a life and a history, and you younger people can learn from us

(White South African female, age 69, Southwark resident)

Mobility

- income poverty and the resulting limited mobility is a main issue that affected many BME older people living in these boroughs
- many economically disadvantaged BME older people are being left behind in socially deprived neighbourhoods whilst the more prosperous BME older people return home or migrate outwards to affluent outer-London suburbs and surrounding areas. This create further isolation
- Poverty and isolation are inextricably linked to poor physical and mental health, with BME older people in Lewisham and Southwark suffering disproportionately from various medical conditions

Return migration

- Return migration continue to be an important policy consideration when considering the growing population of older BME people
- the 'myth of return' represents an integral feature of many older people's lives belonging to BME communities; in the construction of an diasporic identity whether or not this return is realised
- Problems of return - intermittent return and financial implications
- BME Elders left behind in the UK

Cultural appropriate services?

- Neglected areas of need
- One size does not fit all
- Understanding needs of BME older people being cared for and providing caring for others

ethnic divide in expectations of care services

- differences in the way that they accessed care services compared to their white-British counterparts
- white-UK older people draw on more mainstream services (such local authority statutory agencies) as their primary care service providers, and turn to voluntary organisations as their secondary source of care provision.
- BME older people are more likely to use ethnic-specific voluntary services in their local community as their primary care providers, and mainstream care providers as their secondary source

Austerity and service provision

- Many organisations have been forced to close down or to drastically reduce their services as a result of cuts in funding
- mainstream organisations (white UK elders primary care providers) had greater opportunities to additional funding streams to survive during this difficult economic climate
- BAME use of ethnic-specific voluntary services as primary care providers creates inequality of access to care services

spiritual care and wellbeing

- disconnection between faith/spiritual well-being and care provision by professional agencies, and whilst they recognise that their physical health and well-being is being catered for by professional services, their spiritual health, in contrast, is being largely neglected
- spiritual wellbeing is an issue assuming greater prevalence in the lives of BAME older people as they start to plan for the end of life.