

Accessibility and inclusivity in dementia services

Sarah Ghani, Consultant Clinical Psychologist West London NHS Trust,
Diversity lead FPOP, Chair MSNAP Advisory Committee



New ways of working in Memory Assessment Services – general principles

Needs Led
for all

- MAS must be sufficient to meet (and be responsive to) the needs of people referred for assessment

Equality of
Access
inc. IT

- To ensure that equity of access and service provision for all regardless of race, culture, sexuality, disability or gender

Covid-19 Black Lives Matter

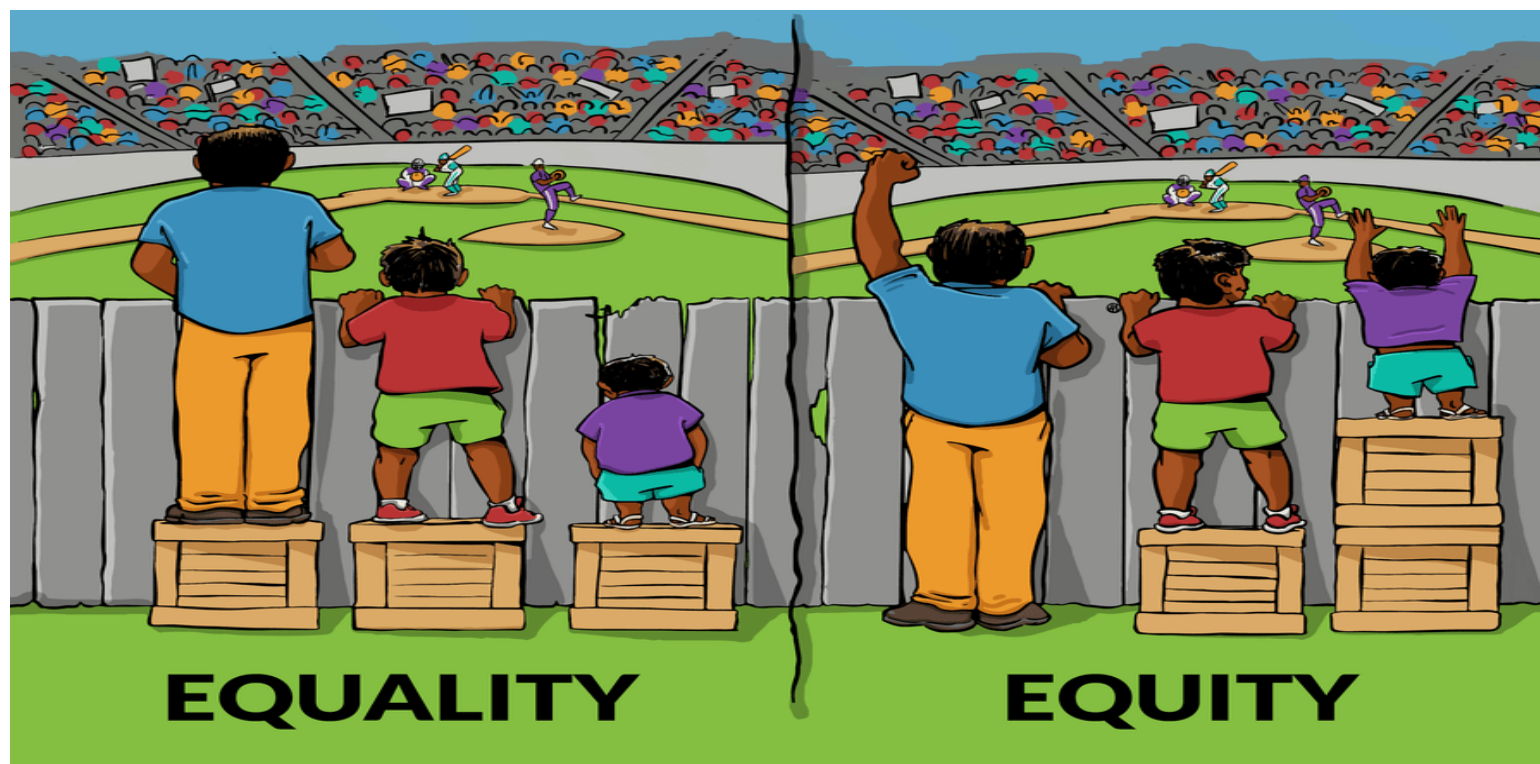
```
graph TD; A["Covid-19  
Black Lives Matter"] --- B["Inclusivity & accessibility  
are even harder during  
Covid-19"]; A --- C["Covid-19 and BLM  
have also highlighted  
why this work is so  
important"];
```

Inclusivity & accessibility
are even harder during
Covid-19

Covid-19 and BLM
have also highlighted
why this work is so
important

Equality Act (2010)

Protects people with 'protected characteristics' from discrimination: these are defined as: disability, gender reassignment, marriage and civil partnership, religion or belief, sex and sexual orientation



BAME barriers

Understanding and awareness of dementia in the Sikh community (Uppal, Bonas & Philpott, 2014)

Barriers to help seeking for memory problems within Black and African Caribbean populations (Berwald, Roche, Adelman, Mukadam & Livingston, 2016)

Dementia in Black and minority ethnic communities in the UK (Johl, Patterson & Pearson, 2016)

Black men with dementia around 10% less likely to be diagnosed than White men. (Adelman et al 2011)

Dementia...

“Is still considered part of normal ageing”.

“Significant changes (in memory) are seen as abnormal and are referred to “Wail” (Crazy).”

“Possessed by an evil power...that you are dangerous.”

“Karma and you and your family have to repent your sins by suffering from dementia.”

“Dementia is not recognised as a disease. Lots of people never heard of Dementia.”

LGBT+ barriers

1/5 (19%) don't tell staff they're LGBT

1/7 (14%) have avoided treatment for fear of discrimination

1/8 (13%) have experienced unequal treatment from staff because they're LGBT+

The need for a bespoke diversity strategy

Stigma & cohort beliefs

- Cultural views on ageing
- Cultural views on dementia
- Experience of discrimination (LGBT, BAME ++)
- Increased heterogeneity with increasing age leads to complex range of beliefs

Ageing & Health

- Increased disability
- Changes in living arrangements (eg more isolated or more crowded)
- Access issues including transport, sensory impairment & IT

Ageism & intersectionality

- Impact of Ageism itself (across all groups) for patients
- Impact of Ageism on staff
- Increased intersectionality eg dementia *and* disability *and* age *and* BAME

What are we already doing that works well?

How can we build on this?

Enabling equitable access

Ensuring services are appropriate

What is most important to change

What is easiest to change

Quick wins

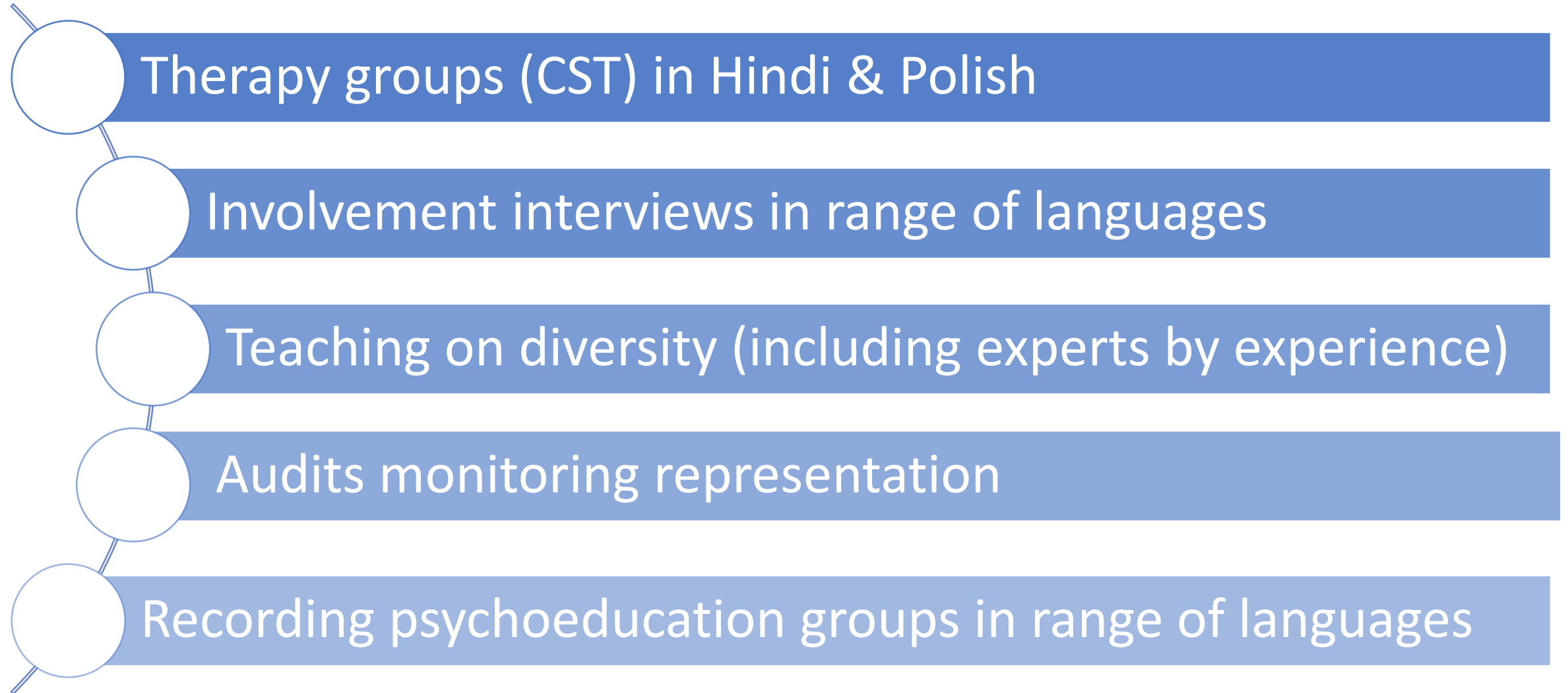
Achievable goals

Strategy (must do)

Quick wins

- Good use of interpreting services (including leaflets)
- Involvement interviews in range of languages
- Culturally appropriate assessments
- Rainbow lanyards and LGBT+ posters
- Sensory adaptations (large print options, hearing loops)

Achievable goals

- 
- Therapy groups (CST) in Hindi & Polish
 - Involvement interviews in range of languages
 - Teaching on diversity (including experts by experience)
 - Audits monitoring representation
 - Recording psychoeducation groups in range of languages

Strategic activity (short-medium term)



Check all documentation for representation (including websites)

Regular engagement with LGBT+ and links with Opening Doors London

Engaging staff and drawing on their own unique experiences to help all to understand different cultural perspectives on ageing and dementia

Range of active research relating to diversity

Active engagement in national conferences and webinars to inform others (and selves) of latest developments

Tackling the Impact of Covid-19 through Meeting the Needs of Older People



A Family Guide to the Festivities

Self-Esteem



This is a need to be valued, treated with dignity and respect, and to feel good about ourselves. We have a need to feel acknowledged and listened to.

Why has it been difficult to meet this need during the pandemic?

For those who have experienced worsening physical, mental and cognitive health, their self-esteem may have suffered as a result. Interactions with others are likely now to be shorter and less frequent, and people who make us feel good about ourselves may be less available due to social distancing and restrictions. There has also been a lot of ageism present during this pandemic, which may have left many older adults feeling under valued.



20

Meeting Self-Esteem



ACKNOWLEDGE THEIR RESILIENCE

Covid restrictions have lasted much longer than many of us expected and your family member deserves a pat on the back for adjusting and carrying on through what has been a strange, unexpected and sometimes scary time.

GET DRESSED UP

Sometimes doing our hair, shaving, putting on some perfume or aftershave, and wearing nice clothes can make people feel good about themselves. Encourage your loved ones to have a day a week in which they dress up.



DO SOMETHING THEY ARE GOOD AT

Whether its gardening, baking, art, music, or something else, encourage loved ones to do the things they're good at. Sharing these talents can also make them feel good, like baking a cake for a friend, or making Christmas cards.

PEOPLE WHO MAKE THEM FEEL GOOD

Identify who makes your loved ones feel good about themselves and encourage contact. Whether that's through cards, text, letters or the internet, support them to spend some time with the people who boost their self-esteem.



GRATITUDE AND POSITIVITY

Express thanks to your family member and don't feel embarrassed about paying them a genuine compliment. Remember to identify current attributes, and not make it all about their past ('You used to be so handsome!')

21

Strategic activity (long term – “must do”)

Engagement with local leaders and organisations to enable real learning and understanding about the communities we serve

Strong links with internal allies/experts eg BAME, LGBT+ and disability networks

Strong links with external allies/experts eg Opening Doors London (50+ LGBT) and Dementia Action Alliance

Robust systems for monitoring if service users are representative of the communities we serve

Have a formalized strategy for Dementia services to equitable access to MAS and equitable access to all interventions therein

“There is nothing more unfair than the equal treatment of unequal people” - Thomas Jefferson 1743 - 1826

EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.