

## NISCHR REPORT 2013 – EASY READ VERSION

**Project Title:** Provision of inclusive and anti-discriminatory services to older lesbian, gay, bisexual-identifying (LGB) people in residential care environments in Wales.

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### Introduction to the project

This is a report of research we conducted (April 2011- June 2013) into the provision of services for older lesbian, gay and bisexual (LGB) identifying people in care and nursing homes in Wales. Looking at the research literature, we know that sexuality and sexual health are important aspects of individual health and wellbeing, including later life. Despite this, older people are often assumed to be not interested in sex (Bauer, Nay & McAuliffe, 2009) or presumed to be heterosexual (straight). Consequently, older people who identify as lesbian, gay and bisexual (LGB) can experience dual discrimination because of the heterosexist assumptions of care providers and ageist beliefs in local communities (Clarke *et al.*, 2010). Research from Australia and the United States has shown us how institutional and historical barriers can prevent older people ‘coming out’, or identifying as LGB to care staff and managers (Barrett, 2008; Jackson, Johnson & Roberts, 2008; Knockel, Quam & Croghan, 2010; Tolley & Ranzijn, 2006).

At present, we know there is very little research into the experiences of older LGB people in residential care services such as care and nursing homes. We wanted to find out more about the current level of care provided by care and nursing staff to older

LGB<sup>1</sup> people in Wales. The study was guided by a research question: *How are the sexual identities and relationships of older LGB residents perceived and supported in residential care environments in Wales?* In particular we wanted to:

1. Identify how the sexual identities and relationships of older LGB residents are supported by a) care and nursing staff in care environments; b) agency management; and, c) policy at provider and national levels;
2. Examine attitudes and views of care and nursing staff towards a) older people’s sexual practices and b) older LGB residents and their sexual needs and relationships;
3. Identify the hopes, expectations and concerns of LGB adults (aged 50+)<sup>2</sup> about residential care and nursing services.

### How we did the research

We used four methods to gather information on this topic<sup>3</sup>:

Method 1: We looked at 383 Inspection Reports from 2009 to 2012 from the Care

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<sup>1</sup> This includes older people who are attracted to the same-sex and have previously been or currently in same-sex relationships.

<sup>2</sup> The Strategy for Older People in Wales 2008-2013 (WAG, 2008) states 50 as the minimal age in which individuals are eligible for older people’s services. For consistency, the lower age parameter for participation was set at 50 years.

<sup>3</sup> The project received ethics approval from the NHS Wales National Research Ethics Service (Reference 11/WA/0217), local R&D approval from Abertawe Bro Morgannwg, Cardiff and Vale and Betsi Cadwaladr University Health Boards, and University approval from the College of Human and Health Sciences Research Committee.

and Social Services Inspectorate Wales (CSSIW) to identify any content about sexual diversity, sexual health and older LGB people. This meant searching documents for how often specific words or terms appeared that related to issues of sexuality, sexual health and sexual activity. This analysis can suggest how well (or not) these themes are covered in the documents. To find relevant content we used an agreed list of key words including *lesbian*, *gay*, *bisexual*, *sexual health* and *relationships*.

Method 2: We carried out a survey of care and nursing staff and managers (121 respondents) to examine attitudes and knowledge of a) older people's sexual activity and b) older LGB residents and their relationships. We used a questionnaire that contained two measures of social attitudes: the Ageing Sexuality Knowledge and Attitude Scale (ASKAS) (White, 1982; Bouman, Arcelus & Benbow, 2007) and the Lesbian Gay Bisexual-Knowledge Scale for Heterosexuals (LGB-KASH) (Worthington, Dillon & Becker-Schutte, 2005). The questionnaire included twelve questions about social characteristics, such as age, ethnicity and years in current work role, and four open-ended questions to give respondents opportunities to write about their experiences of working with LGB residents. We tested the questionnaire in three care homes across South Wales to check that it gathered appropriate information before sending it to randomly selected agencies from across Cardiff, Conwy, Denbighshire and Swansea local authorities who had agreed to participate. These included:- 1) residential (private); 2) residential (local authority); 3) nursing (private); 4) nursing (local authority); and, 5) extra care facilities. Thirty two (63%) agencies participated out of 51 invited to participate. 121 questionnaires were

returned completed from the 600 distributed (5 returned blank, 8 incomplete). The survey information was analysed using a software programme, SPSS.

Method 3: We interviewed 29 adults between the ages of 50-76 years who identified as LGB, from across Wales. We wanted to find out more about their hopes, expectations and concerns if they had to living in care or nursing homes in the future. We found participants by circulating advertisements through LGB social groups and networks, local council and NHS websites and through participants asking other peers in their social networks. Interviews were held between January 2012 and October 2012 in locations chosen by participants. We looked over the interview transcripts to identify any repeated topics or any other interesting patterns in people's stories; we focused on the individual's description of their social environment, sexual identities and experiences.

Method 4: We held nine focus groups with different groups of stakeholders (62 participants in total) so we could hear their views about what good practice and policy should look like for providing care to older LGB people. Stakeholders included: - 1) care and nursing staff from participating care environments (3 groups; 14 participants); 2) managers from care environments (private and local authority) in North and South Wales (2 groups; 27 participants); and, 3) older people's health and social policy makers in Wales and representatives from human rights and equality advocacy groups, such as Age Cymru and the Older LGBT Network for Wales (4 groups; 21 participants). Two groups were held in North Wales, one in Mid Wales and six across South Wales.

## **What did we find?**

Content Analysis: When searching for key words such as *lesbian, gay, bisexual, sexual health and relationships*, we found that these issues were not discussed in Inspectorate reports. There were no references to sexual orientation, LGB identities or sexuality more generally. One report mentioned a heterosexual couple sharing a room, and some reports noted that residents were able to choose the gender of their carers. The latter point was considered important by eight lesbian women we interviewed. Within the reports we found some discussion about related ideas such as civil rights, dignity, inclusion and privacy. However these words were not discussed in relation to sexuality, sexual orientation or sexual relationships.

Survey: The care staff who completed the questionnaires were mainly white (88.8%), heterosexual (94.9%), female (91.6%), from Wales (72.5%), and of Christian religion (71.2%). 73.5% of respondents were care workers and 63% worked in private nursing or residential care. Responses to the open-ended questions showed that 29.8% of respondents believed that LGB residents would experience forms of discrimination or exclusion in their care home. However, 42.1% did not believe that there would be any unwelcoming factors in their home. When we looked at the scores from the AKSAS measure, we found that most of our respondents held permissive/ affirmative attitudes towards sexuality and ageing (mean score of 58.46 out of a possible 93). For example, most respondents disagreed with statements around declining sexuality amongst older people (69.2%), the immorality of sexual engagement, whether married (73.6%) or not (74.4%), and the harmful effects of masturbation (79.2%). Furthermore the majority of respondents

recognize that residential services play an important role in supporting sexuality and relationships. In just over half the sample there was a willingness to further their learning around changes in sexual functioning in older years, (53.8%) and 71.1% of respondents would support sex education for staff (though slightly fewer were inclined to support the same for residents (54.2%)). Some respondents provided written comments stating that they would be more cautious in their attitude towards sexuality where they believed there to be a capacity issue, such as with older people with dementia. The LGB-KASH measure looks at different aspects of heterosexual people's attitudes towards LGB people. The scores from this measure show that respondents did not feel they held homophobic views. However, respondents did not feel knowledgeable about LGB history, symbols or community. Respondents indicated support for civil rights for LGB people, but there was more ambivalence over conflict with religious views, and less proactive or personal positive attitudes.

Focus Groups: The care and nursing staff taking part in group discussions conveyed a general lack of knowledge and experience in providing care to older people who identify as LGB or non-heterosexual. Most staff and managers reported that they had not knowingly cared for LGB people as the sexual identity of people in their care was not discussed or residents were presumed to be straight. Care staff and managers were sometimes reluctant to ask residents about what they viewed as private matters or to ask residents questions about their sexual lives that they perceived as possibly offensive. This was in contrast to the conversations held with straight residents about their marriages, family lives and other

significant relationships. Though examples of good practice were limited, staff participants did suggest some measures to achieve positive changes for LGB residents in care and nursing homes. This included welcoming LGB people in the home's statement of purpose and admissions procedure, and displaying pictures of older same-sex couples.

Participating individuals from equality and advocacy groups argued for greater recognition of human rights by care and nursing home providers and to bring care home practices in line with legal duties stated in the Equality Act 2010 and the Human Rights Act 1998. Stakeholders argued that homes had to take the lead in raising issues of sexual orientation in admissions and care planning, equality policies, staff training, and displaying visual references, such as pictures, to older LGB people in the home (visible to staff, residents and visitors). The emphasis was placed on an equality agenda being management-led. Stakeholders stressed that incoming residents should not have to be responsible for raising equality issues, especially in view of their vulnerable status. Older LGB advocates expected care homes to protect older LGB people's human rights and to enforce zero tolerance policies towards homophobic behaviour (i.e. negative actions and statements about same-sex relationships and homosexuality). Advocates argued that equal treatment did not translate into treating 'everyone the same'. Equal treatment meant meeting the care needs of individuals who identified as LGB, including better recognition of their life histories. There was equal acknowledgement from staff and stakeholder groups of the need for ongoing staff training to raise awareness of LGB identities and wider issues regarding ageing,

sexuality and sexual relationships and to develop strategies to respond to and challenge homophobic comments expressed by both residents and staff. Small group discussion was the most popular way of delivering training.

Interviews with LGB Adults: Nearly all people taking part in interviews reported experienced and anecdotal cases of discrimination across their life history. The majority of participants had hidden their sexual identity in one or more areas, such as the workplace or education, to protect themselves from discrimination, including those who lived a predominantly 'out' life. This was discussed in the context of sex between gay men being a criminal offence until amended under the Sexual Offences Act 1967 and homosexuality being classified as a psychiatric disorder until it was declassified in 1973 (Fish, 2012). For most participants, fear of being discriminated against was a major barrier to identifying as LGB to others. On this basis, care and nursing staff need an understanding of discrimination suffered by LGB people during their lives. They also need to appreciate how this can impact on their present lives and may impact on their future decisions. Participants held a number of anticipated fears about living in care environments, which included being presumed to be heterosexual. The presumption of heterosexuality (presuming all older people are straight until indicated otherwise) was a repeated topic. Linked to this, some participants were highly concerned that their same-sex partners would not be recognised or be ignored if one partner had to move into a care or nursing home. Just under half of the sample had been married previously, some with children, while others had led more solitary lives. It cannot be presumed that because

residents have children or have been married, that they are straight. The presumption of heterosexuality also means that LGB people have to repeatedly correct people. With age and increasing vulnerability, this can be a distressing and demanding task. Over half the participants (13 women; 2 men) stated their preference to live in lesbian and gay only or LGB-specific facilities so they could live with residents and staff where there were points of shared understanding. This would enable these individuals to feel free to discuss past sexual experiences or relationships which they might not feel safe to do in mainly heterosexual company.

### **Conclusion and recommendations**

The findings indicate a widespread lack of recognition of the care needs of older LGB people in care environments in Wales, from CSSIW reports to survey and focus group information. While most respondents indicate affirmative and permissive attitudes towards the sexual lives of older people and LGB people more generally, the survey findings suggest there are large gaps in their knowledge of changes in sexual functioning in older years and on important aspects of LGB history. Training on how to lead affirming discussions with older people about their sexual histories, identities and care needs is not currently provided; this needs to be in place for service providers to meet their duties under the Equality Act 2010. Ambivalent attitudes on the basis of religious views also need to be tackled in training sessions that invite care and nursing staff to reflect on different values and belief systems. In summary, it appears that at present care environments in Wales are not adequately prepared or sufficiently resourced to provide inclusive services for LGB-identifying residents. Nevertheless, care staff and management are open to

increased knowledge and skills development in this area. In light of these findings, we propose the following recommendations:

*In line with the Public Sector Equality duty, the Care and Social Services Inspectorate needs to:*

1. Lead as the care sector's regulatory body in reporting on care environments' capacity to provide inclusive and anti-homophobic environments for older LGB people. This means taking an active role in ensuring that care environments address LGB issues in care planning and assessment, the physical environment, equality policies, and staff training and development.
2. Introduce statements into the National Minimum Standards for Care Homes for Older People (WAG, 2004) that guarantee that the protection and promotion of the rights of sexually diverse residents is a set requirement. For example, Standard 1 'Information' could include a requirement to provide statements in the service user's guide about the social diversity of residents; Standard 2 'Needs assessment' could require care managers to give new residents opportunities to discuss their sexual health, same-sex relationships and identity—this information then could become part of the care plan (Standard 6).

*In providing a service to the public, residential, nursing and extra care providers need to:*

1. Increase positive recognition of older LGB people and sexualities within care and nursing homes by:
  - a) Address sexual orientation at the care planning and assessment stage;
  - b) Implement equality policies to address sexuality/LGB issues, for example anti-homophobia policy;

c) Include LGB people in the statement of purpose, service user information and other literature;

d) Display visual signs of positive recognition, for example pictures of same-sex older couples; and,

e) Look at ways in which presumptions about heterosexuality can be avoided or challenged. This includes assessing how care homes are often perceived as primarily heterosexual environments. This requires all staff, including ancillary and catering staff, to take on responsibility for change.

2. Introduce and deliver training for care and nursing staff in LGB issues/sexuality to:

a) Raise awareness of LGB histories and discrimination across the life course; and,

b) Share strategies for challenging homophobic views expressed by residents and other staff;

c) Provide evidence-based information about the sexual functioning, relationships and rights of older people.

Training must be proactive, rather than in response to challenging situations, and it needs to be ongoing and part of management-led cultural change. Our findings indicate that brief, small-group sessions are the preferred means of delivery. We propose to develop extracts from interviews into case studies and digital stories about older LGB people's lives that can serve as talking points for team discussions and training sessions.

*In seeking to increase knowledge and good practice in the health and social care sectors, researchers and policy makers need to give attention to the following areas:*

1. Future directions in policy - We agree with both the Strategy for Older People in Wales and the National Service Framework for Older People in Wales that older LGB

people have different individual needs and that their individual needs require further recognition from service providers. We do not believe that older LGB people have specific care needs on the basis of their sexual identity – rather, that their individual care needs may not be adequately assessed because of staff members' reluctance to listen and to gather information about their current and previous relationships, sexual practices and life histories. We feel that the health and social care needs of older LGB people is not given enough attention in the Sexual Health and Wellbeing Action Plan for Wales, 2010-2015 (WAG, 2010) and we are concerned that policy is not translating into action. If care home providers are expected to lead on organisational change then policy makers need to outline more concrete actions about how services will be supported and resourced to make sure care and nursing staff are actively including older LGB people in their practice.

2. Future directions in research - It has been beyond the limits of this project to focus on issues of gender identity and gender reassignment that are important aspects for transgender older people moving into care and nursing homes. We feel that issues of ageing and gender identity are not given enough attention in current research and warrant more attention (Baker and Maegusuku-Hewett, 2011). Due to the challenges involved with engaging with residents about this highly sensitive topic, this research focused on the views and attitudes of staff and managers. We acknowledge this gap and recommend future researchers make sure that the voices of people receiving care services are included.

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