THE (LGBTI) CARE HOME CHALLENGE:

Working towards a more inclusive environment for lesbian, gay, bisexual, trans* and intersex older people in care homes in England.

Presenters: Trish Hafford-Letchfield (University of Middlesex), Paul Willis (University of Bristol) and Paul Simpson (Edge Hill University).
The team: Academic-practitioners and Community Advisors (CAs)
Background to the pilot

- Substantial political, legislative, policy and social change to LGBTQ&I rights - what impact on older people?
- 871,045 - 1,219,470 of the LGBT UK population over 65 (Age UK, 2013)
- Increasing interactions with care services and documented concerns (see Almack et al., 2010; Ward, Pugh and Price, 2011; Knocker, 2012).
- Challenges for the care sector workforce (Willis et al., 2015; 2016) - knowledge, skills, attitudes and capabilities r- for good outcomes, accessible, high quality care for LGBTQ&I older people.
- Institutionalised ageism in relation to sexuality and intimacy in later life (Hafford-Letchfield, 2008; Simpson et al., 2015)
- Intersectionality and double trauma when moving into a care home
Aim

Trial and develop a tool to assess LGBTI inclusivity in care homes/facilities for older people.

Pilot scheme involving trained LGBT community advisors (N=10) in England (London region) to be piloted in selected (N=6) Care Homes.
Role of Community Advisors
Assessment & Development Tool

- To inform a detailed review of organisational and team policies and procedures to identify areas for improvement.
- As a guide to focus on and discuss issues impacting on LGB T&I ageing between Community Advisors with individual managers and care home staff.
- As a range of topic areas for consultation with service users, informal carers, loved ones and advocates.
- To inform topics on LGB T&I good practice in team meetings and during staff supervision.
- As a tool to record specific issues and areas for development concerning LGBT inclusivity.
7 key areas informed by research

- Policies and procedures
- Environment
- Consultation
- Risk management
- Issues specific to Gender - Trans support and care
- Cultural safety
- End of life care planning and bereavement
Methods of evaluation

1. Semi-structured interviews with 10 CAs (pre- & post-intervention). Now conducting the ‘post’ interviews (August).

2. Semi-structured interviews with 8 Care Home staff in managerial positions & 1 freelance expert in LGBT training. Total interviews = 39 from 19 participants.

3. Focus group – Provider’s National LGBT Advisory Groups

4. Evaluation meeting – PW & TH-L with CAs.
Community advisors’ experiences

- Found levels of knowledge and awareness of LGBTI people in care homes to be low.
- Encountered resistance to the topic – covert (forgetting meetings; not responding to communication) and overt (homophobic statements)
- Religious beliefs identified as a major barrier
- Low confidence to sensitively enquire about sexual/gender difference
- **Positives** – proactive leadership from some managers and small shifts noted in staff views
What worked really well was being really flexible, providing a lot of reassurance, reminding them that change isn’t instant but it’s something that we all need to actively work towards.

At the very best, there were some genuine light bulb moments and, most encouraging of all, people who held some entrenched views, have said, ‘I think differently now.’
Community advisors’ experiences

Entrenched problems that require long-term strategies from care homes...

**Back to basics** - Need for awareness raising on a human rights and person-centred level **THEN** moving into older LGBTI realities and needs in common with and different from heterosexual and cisgender residents.

**Positive recognition** and ways of relating with LGBTI residents (to address heteronormativity/ cisgenderism and anxieties about relating in respectful ways).

**Reconfiguring the home environment** to be more inclusive in look and feel.
Building solutions co-productively

1. **Knowing and relating** – training to foster understanding of differences and similarities across residents’ life-stories; sensitively responding to sexual and gender differences;

2. **Management to lead** – pivotal for management to lead and inspire change;

3. **The staff we need** – rigorous processes of recruitment and performance reviews centred on equalities;

4. **How do we want to be recognised** – LGBT literature, public-facing documents, entrances, information available for staff and residents;

5. **Looking to the future** - implementation, monitoring & continuation strategy between care homes and the company.
Take-home messages

1. Project addressing awareness and knowledge gaps that impacts upon holistic provision and promotion of older people’s human rights.

2. Academic-practitioner led project in collaboration with LGBT volunteers and home managers designed to assess (using a multidimensional audit tool) LGBTI-inclusivity in care facilities for older people.

3. Co-production turn in the project – for this to happen need to be highly flexible, work collaboratively with community advisors and be led by their observations and expertise.
References


Westwood, S. (2015) 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 and Social Care in the Community (Advanced Access) doi: 10.1111/hsc.12265


Willis, PB, Raithby, M, Maegusuku-Hewett, T & Miles, P, 2015, ‘‘Everyday Advocates’ for Inclusive Care?: Perspectives on Enhancing the Provision of Long-Term Care Services for Older Lesbian, Gay and Bisexual Adults in Wales’. British Journal of Social Work., pp. 1-18