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Changing care culture through focussing on a 'neglected' equality issue – outcomes from a project aimed at improving care for LGBT people in care homes

Presenting
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Care Quality Commission Human Rights Conference 1 February 2017 London

with
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‘The team’: Academic-practitioners and Community Advisors (CAs)

Context

- Substantial political, legislative, policy and social change to LGBTQ&I rights - 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
- Challenges for the care sector workforce (Willis et al., 2015; 2016; Simpson et al, 2016) - knowledge, skills, attitudes and capabilities - 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
- Limited impact of training not linked to organisational change (Westwood et al, 2015)

Aim

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

Pilot scheme involving **trained** LGBT community advisors (N=8) in England (London region) to be piloted in selected (N=6) Care Homes.

Capitalise on Anchor's national work on LGBT advisory group

Role of Community Advisors

- Co-production
- Using their lived experience
- Influencing; informing; guiding; questioning; directing
- Willingness to be ‘out’ in potentially challenging situations
- Importance of engagement; support and debriefing

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

NB Tool is now freely available on Research Gate (see references)

Process

- Engagement, training, matching & preparation (Dec – Feb)
- Fieldwork (March – June)
- Feedback (June – July)
- Discussion and planning (Sept – Nov)
- Action and service improvement (Dec – current)

Outcomes (8)

1. Increase LGBT visibility
2. Integrating values and behaviour framework concerning LGB&T equality into recruitment, probation; supervision, appraisal
3. Brief, train and support all staff in their roles and responsibilities for LGB&T equality
4. Deal with discriminatory behaviour in relation to LGB&T issues
5. Working confidently with LGB&T customers and their families/networks in a person centred way

Outcomes 2

- Developing an inclusive environment and ambience in the care home that celebrates LGB&T diversity
- Supporting LGB&T staff
- Audit services regularly for LGB&T inclusivity and to update and refresh commitment

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 – CHM 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** (unintended 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 did they say?

Anything that's about cultural change needs to be a continual process. I think that xx has been extremely brave with this scheme…shows huge amount of commitment. There's a lot more to do with a rolling programme.. Something that needs to continue…. (Community Advisor)

Befor staff might have said 'why are we doing this?' now they know why its important (Care Home Manager)

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 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.

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