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Developing inclusive care homes for older people who identify as lesbian, gay, bisexual and trans (LGBT).

Dr Paul Willis, University of Bristol; Professor Trish Hafford-Letchfield, Middlesex University; Professor Kathryn Almack, University of Hertfordshire; Dr Paul Simpson, Edge Hill University.

About the research

Care home staff and managers often lack knowledge about the delivery of personalised care to older LGBT residents. Older LGBT people's experiences indicate that they are an invisible and marginalised population in later life and their life stories and relationships are frequently overlooked by care providers and staff and managers employed in care homes. This action research project was motivated by the lack of knowledge amongst care staff and managers about the identities, relationships and life-histories of residents who identify as LGBT. We worked with a large care home provider and six care homes in England to increase awareness and knowledge amongst staff about sexual and gender diversity and social inclusion. We followed a co-productive approach by recruiting eight volunteer LGBT Community Advisors (CAs) to work with us in carrying out an audit of care homes on LGBT inclusion. We devised an audit and assessment tool to assist CAs with gathering key information. With training and support, CAs engaged in sensitive, and sometimes personally challenging conversations with staff and managers. Through our evaluation, we identified clear evidence of gains in awareness by managers and staff during and after the three-month intervention. A ten-point action plan was devised to help take forward these initial gains in the long-term.

Policy implications

- Providers should provide staff training on social inclusion, focused on LGBT issues. Training methods should include co-produced sessions with the LGBT community and use storytelling to foster inclusion and mutual understanding.
- Social inclusion needs to be approached as a collective responsibility by all those involved in the life of the home. Care homes should identify LGBT champions to represent relevant issues.
- Care home staff and managers need procedures and support to develop interpersonal skills to enquire sensitively and positively about residents' sexual and gender identities on admission.
- LGBT equality needs to be made visible in care home marketing literature and information and displays for staff, residents and visitors.
- Organisations need to make their equality principles clear during staff recruitment and resident admission, and provide opportunities for discussion of how homophobic, biphobic and transphobic views do not fit with those principles.
- Provider management needs to demonstrate an active commitment to LGBT inclusion, for example, through the creation and support of an LGBT residents advisory group and by supporting LGBT staff and recognising their expertise.
- Care home staff need to recognise how the life-experiences, needs and interests of bisexual and transgender residents can differ from lesbian and gay residents.

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Key findings

- The project highlights the value of adopting a co-productive approach through the recruitment of volunteer LGBT Community Advisors and their collaboration in the planning and execution of the project.
- Community advisor engagement with staff and managers presented some challenges but also opportunities for individual and group conversations about differences across sexuality and gender identity. While there was some ingrained prejudice (mostly religiously motivated), there was evidence of staff being engaged and willing to address prejudices.
- The evaluation findings showed clear evidence of gains in awareness and changes in attitudes by managers and staff during and after the intervention. However, concerns remained about the invisibility of bisexual and trans residents who are often wrongly subsumed under the labels 'lesbian' and 'gay'.
- Some staff and managers equated equality with treating residents 'all the same' (often based on heterosexist assumptions), which can compound inequality. While equality of outcomes should be the goal, older LGBT individuals differ between and among themselves and will require differentiated provision to meet care needs.
- Engaging in this type of approach with volunteers must be backed up with training and ongoing support, which in this project was provided by the project manager. Arranging for volunteers to work in pairs provided additional support and de-briefing opportunities.

Further information

You can read more about the project and findings through this journal publication: Hafford-Letchfield T, Simpson P, Willis PB, Almack K. Developing inclusive residential care for older lesbian, gay, bisexual and trans (LGBT) people: An evaluation of the Care Home Challenge action research project. Health Soc Care Community. 2017; 1–9. https://doi.org/10.1111/hsc.12521

You can view and download for free the audit and assessment tool here: http://bit.ly/2l24aLI

You can read how the Care Quality Commission for England has promoted the project in their new resource Equally outstanding: Equality and human rights – good practice resource

We also recommend the following Age UK resource pack for providers of care services to older people: Safe to be me: meeting the needs of older lesbian, gay, bisexual and transgender people using health and social care services

Contact the researchers

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