



**‘There could be someone in here that’s gay’:  
the provision of inclusive services to older lesbian,  
gay and bisexual (LGB) adults in residential care  
environments in Wales.**

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## Overview

1. Current understanding and context
2. Approach to the research
3. Key findings
4. Case for change: implications and actions



## 1. What do we already know?

- ❑ Sexuality of older adults in care environments 'last taboo' (ILC-UK 2011; Doll 2012)
- ❑ International perspectives - Heterosexist assumptions & discrimination in care environments and services (Addis et al., 2009; Bauer, Nay & McAuliffe, 2009; Tolley & Ranzijn, 2006)
- ❑ Stonewall research - Older LGB adults (55+) **more likely to be single, live alone & have less contact with biological family compared to heterosexual peers; lack confidence in health and social care services** (Stonewall, 2011; 2012)

**HOWEVER...** Situation of older LGB residents in long-term care environments in Wales **not known**

## Policy context in Wales



- ❑ Strategy for Older People in Wales
- ❑ National Service Framework for Older People in Wales (10 standards)
- ❑ Social Services and Wellbeing (Wales) Act 2014
- ❑ Equality Act 2010 – 2012 duty on LAs to publish objectives and strategies



## Theoretical frames

- Care environments as **heteronormative spaces**
- New forms of 'family' outside biological relationships (Heaphy & Yip 2003)
- Ethic of care – care as a moral and political practice.

Four elements – **attentiveness**; responsibility; competence and **responsiveness** (Tronto 1993)

## 2. Approach to the research

Research question: *How are the sexual identities and relationships of older LGB residents perceived and supported in residential care environments in Wales?*

1. Content analysis - CSSIW inspectorate reports
2. Self-administered questionnaire - care/nursing staff and managers (n=121)  
LGB KASH (Heterosexual Attitudes to LGBT people)  
ASKAS (Ageing Sexuality Knowledge & Attitudes)
3. Interviews with older LGB adults (n=29) living in Wales
4. Stakeholder Focus Groups



## Key findings: Inspectorate Reports

**CSSIW Inspectorate reports online** – 40% random sample  
from 2009-10 and 2011-12 reports (N=383)

- Notable absence – no discussion of sexuality, sexual relations, intimacy, romance, LGB identities etc.
- Risk and control – single and double room occupancy - minimizing risk and infection control
- References to privacy, independence and dignity – not related to sexuality



## Key findings: Questionnaire

### **Self-completed questionnaire (piloted in 3 care homes)**

Demographic, ASKAS and LGBKASH scales, open ended questions

**121 respondents:**

Predominantly white (88.8%)

Christian religion (71.2%)

Heterosexual (94.9%)

Care workers (73.5%)

Female (91.6%)

63% private nursing homes

From Wales (72.5%)



## AKSAS Scale

- ☐ Most respondents held permissive/ affirmative attitudes towards sexuality and ageing; for example...

Most respondents disagreed with statements around:-

- ☐ Declining sexuality amongst older people (69.2%)
- ☐ Immorality of sexual engagement, within marriage (73.6%) or outside of marriage (74.4%)
- ☐ Harmful effects of masturbation (79.2%)

## AKSAS Scale

Majority recognised the role of residential services in supporting sexuality and relationships through:

- ☐ Opportunity for integration amongst residents (65.8%);
- ☐ Respecting (80.7%) & facilitating (61.7%) privacy;
- ☐ Training opportunities on changes in sexual functioning in older years welcomed (53.8%);
- ☐ 71.1% would support sex education for staff (though only 54.2% supported the same for residents);

**Qualitative disclaimer:** more cautious in attitudes towards sexuality when discussing declines in mental capacity.

## **LGB KASH** scores

Indicated that respondents **did not consider overtly homophobic views to be characteristic of them.**

- ☐ Conversely, respondents **did not feel knowledgeable** about LGB history, symbols or community (NB. US- language in scale).
- ☐ Respondents **indicated support for civil rights for LGB people**, but there was more ambivalence over conflict with religious views, and less proactive or personal affirmative attitudes.

## Key findings: semi-structured interviews

Semi-structured interviews with 29 LGB-identifying adults (50-76 years)

### Importance of understanding LGB History in the UK

- History of criminalisation, medical pathology and homophobia

*...I can see the two of us there now, sat in the hospital about 1970 talking to this psychiatrist about feelings we were having ... like yeah, just saying like you shouldn't have those feelings and telling her to go ahead and get married to this chap and all this [pause] quite incredible. Amy, 58 years*





## Coming out or going back 'in the closet'?

*... I suppose I can't imagine being in a place where everybody around you would not know that you had spent all of your life as a lesbian, I mean that would be, there is no point in living, **that would be the worst thing for me if you had to be completely in the closet with nobody knowing about you and you couldn't talk about your life...** Sarah, 59 years*

Fear of future discrimination & vulnerability in care homes

Impact of prior experiences of homophobia

Fear of losing control, e.g. women and dress, appearance

*Again, you could get the cold shoulder from people, and I would worry about that as well, to be somewhere where nobody speaks to you is a horrible thought. Annie, 61 years*

*... and again I think it is about being a woman, somebody of the same sex, I wouldn't want a man coming in to give care ... I'm sure that's the same with a lot of women, it's not just a lesbian thing, it's about just feeling more secure with another woman as opposed to a man, that's important ... Eleanor, 54 years*

## Concern for being assumed heterosexual

Isolation and separation from partners



Seeking equal recognition of relationships with partners and significant others, friends etc.

*...I'd expect us to have some privacy, you know, like if he wanted to give me a cwtch or something like that... I mean it would be nice if he could stay over if I had a double room or **something...** and people just treat him as my partner, you know, as they would for a husband and wife...and acknowledge that really. Paul, 53 years*

## Significance of LGB communities and networks



LGB networks as ‘families of choice’ – women only networks  
50% seeking LGB residential care or gender-specific facilities

*But I think I would be very comfortable going into a gay run home where there would be gay people there and it's something that I would like very much to do if there was an opportunity. I'd even go to London if there was an opportunity to do that, if I needed to go into a care home, I'd go anywhere. Nick, 60 years*





## Alternative or enhanced care provision...?

*I think I'm conflicted because I feel I'm responsible for a lot of mainstream [housing and care] services or partly collectively responsible of mainstream services and I want those to be as accessible as possible, **but I'm conflicted because I know that it would feel more comfortable in a place that was predominantly gay... so I kind of feel a bit conflicted professionally and personally as a result of that** (laughs)*

(Housing Services Manager, FG2, F1)

## Reimagining care environments

*(...) lots of little things like if you feel you can't be out, you can't have a picture of your partner on public display or openly show the other residents your life, or even take their collection or whatever. **And that's interesting, because some of the gay men said to me, you know, they were very concerned about what was gonna happen to their porn collection!***

(Stakeholder FG4, M2)

## Significance of culture and environment

*And there's other things that are more difficult to explain, a sense of being comfortable with people, **a sense of feeling that you can talk as freely as they do about things, your life without having to monitor yourself constantly** because they're quite happy to tell you about everything that happened in their lives, however intimate... (Stakeholder FG1, F2)*

## Key findings: Focus groups with staff and managers

2 groups with managers (n=27) and 3 groups with care and nursing staff (n=14). North, mid and South Wales

### Sexual encounters: care environments as (hetero) sexualised spaces

- Masturbation in observed spaces, e.g. open bedroom doors
- Flirting and sexual banter between residents/ visitors
- Relationships (hetero) formed between residents
- Sexual contact between residents and staff e.g. being groped





*... I have walked past someone's room and they've got porn on, so all I did was I just knocked his door, I said, 'you know, there's no problem with you having it on but I'll just shut your door ...*

*How many times have we had our bums pinched or you've had your boobs groped?*

**Care staff members**

- *'Not on this floor...'* Missing desires – LGB identities and relationships not discussed or recognisable
- Conflicting rights – Blurred responsibilities, challenging discrimination (or not...?)

*You can't make people behave themselves, it's their home they're living in, and they have to be able to say what they want to say. And I think we have to sort of pick up the pieces and support the person they've upset, maybe.* **Care home manager**



Limited representation of LGB identities – limited language, restricted perceptions

Awareness of historical context

*And its been accepted better now than it did years ago so its not as bad as it was years ago.*

Gay staff as ‘**good workers**’ or ‘**shopping partners**’



*Whether the staff picked up on it or not, I don't really know but they never, ever said anything, bless them... And he was a good nurse, he really was, very good. **Care staff member***

## Separating sexuality and sexual wellbeing from care

- Equal-same treatment– equality as treating ‘everyone the same’

*Well I'd just be normal, isn't it, you just, everyone's the same so you're just being the same with everyone.* **Care staff member**

- Avoiding questions - fear of infringing privacy or causing offence to residents
- Not speaking aloud LGBT identities - collective ‘it’ and ‘them’

## Person-centred care without the sex...?

- Person-centred care - an **'oft quoted but ill-defined concept'** (Nolan et al., 2004, p. 46)

*... I may want to go to bed at half past 10 and you may want to go at half past 8 you know **but that's a person centred thing and that's what we've got to learn about individuals** ... I'm not going to provide a male member of staff for a homosexual resident but they're not different, they're not going to expect those things either, are they? You know they're going to be the same as everybody else. They're going to say, "Well I don't like gravy on my dinner. I like two sugars in my coffee." **Surely they're not going to come in here and go, "Well I'm gay. Now then what are you going to do about it?"***

Care home manager



‘We want to know more!’ Highly receptive

*Yeah, I think we’ve got an awful long way to go on meeting people’s sexuality needs in care homes, full stop. That means man-woman relationships as well, you know, we’ve got to get it all right.*

**Care home manager**

Statement of purpose – setting the tone and culture of the home:

*... so that people looking to come into your home, **you give them a statement of purpose to look at...** that’s another way of promoting your nursing home to say, “Look, we’re quite open and we’ll be looking to take anyone, treat them as an individual, **but there could be someone in here that’s gay** and you know if you’re not as happy with that then look elsewhere,”* **Care home manager**

## Limitations (or challenges) to the research

### Missing voices in the research

- residents currently living in care environments
- staff from black & ethnic minority backgrounds – role of gatekeepers

Views of ancillary staff (cleaners, kitchen staff etc.) – regular contact with residents

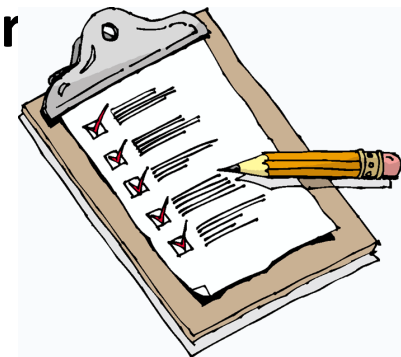
Missing responses in self-administered questionnaire

## 4. Case for change – some implications

- Demand for training - **Avoiding the ‘how-to-work-with...’** model
  - **Attentiveness to sexual biographies of ALL residents** – requirement for staff and managers
  - **Rethinking person-centred care** – what about sexual personhood?
  - **External input from critical friends** – e.g. Inspectorate agencies
  - **Expanding market and/or enhancement across the sector?**
- lifting standards universally and / or increasing alternative models of housing provision

## Case for change – findings into practice.

- Working with the **Older LGBT Network for Wales** to disseminate and follow-up recommendations
- Working with **Pride Cymru** to develop digital stories based on older adults' narratives
- Bringing the findings to the attention of the **Older People's Commissioner** and **CSSIW**
- Discussing the findings with 3<sup>rd</sup> sector housing providers



Diolch yn fawr am wrando/  
Thank you for listening!

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Special issue  
**call for papers**

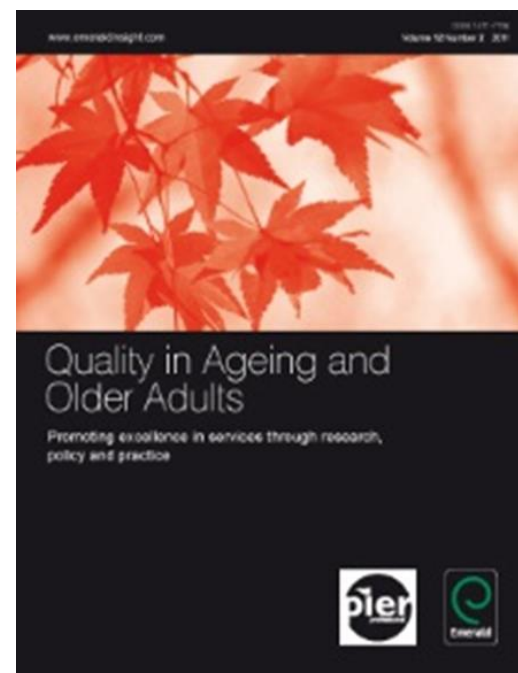
# Quality in Ageing and Older Adults

[www.emeraldgrouppublishing.com/qaoa.htm](http://www.emeraldgrouppublishing.com/qaoa.htm)

**Title:** In the margins or the mainstream? Future directions and innovations in providing inclusive accommodation and support for older LGBTI adults



Swansea University  
Prifysgol Abertawe



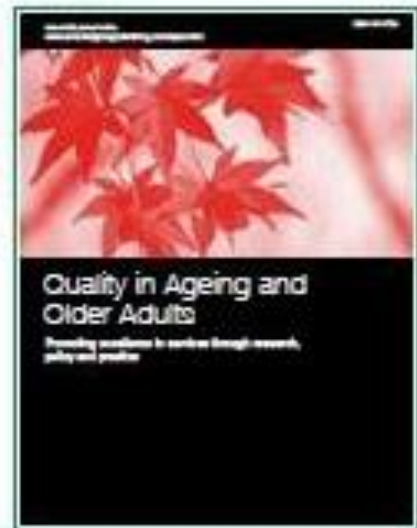
This issue will present new arguments on the directions that housing, social care and other forms of community based provision should take to increase inclusive service provision to older LGBTI adults.

**Guest Editors:** Dr Trish Hafford-Letchfield, Middlesex University, UK, Dr Paul Willis, Swansea University, UK and Antony Smith, Age UK.

**Submission deadline: 01 April 2015**

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