Making this home my home

Making nursing and residential more inclusive for older lesbian, gay, bisexual and/or transgender people

The Rainbow Project & Age NI

September 2011

Contents

"*Openly ageing as a lesbian, gay man or bisexual is a new social phenomenon, and this raises new dilemmas for non-heterosexuals themselves and for policy makers*"
Heaphy et al., 2003

1.0 Introduction

Research and evidence on issues facing older lesbian, gay, bisexual and transgendered (LGB&T)people in Northern Ireland is not a highly developed subject area. However, what we do know is that many older LGB&T people have grown up at a time when homophobia and heterosexism was not only socially acceptable, but highly prevalent. In Northern Ireland, homosexuality was not decriminalised until 1982 – 15 years after England, Scotland and Wales. For older LGB&T people accessing health and social care, a life-time experience of homophobia and heterosexism, discrimination or fear of unequal treatment can lead to a return to invisibility.

Older LGB&T people in Northern Ireland have lived through times when same-sex attraction was pathologised and where protections under the law in most aspects of their life were non-existent. Older LGB&T while ageing in a world where same-sex attracted people and trans people are much more visible have experience of a world where these issues were invisible particularly against the background of the Northern Ireland 'troubles'.

Although protections and rights have been introduced for LGB&T people to ensure protections in work, rights when accessing goods facilities and services, recognition of same-sex partnerships and recognising homophobic hate crimes, these changes have been introduced in the last 12 years and in many ways are seen as a generational move. These protections alone may not be enough to change behaviours and beliefs which have already been developed at times when such protections were not in place.

The Rainbow Project and Age NI were commissioned by the Northern Ireland **Public Health Agency** through the Agency's LGB&T Action Plan 2010/2011. Under the objective of ensuring that Health and Social Care and related services are accessible and sensitive to the needs of LGB&T people, the plan included activity aimed at ensuring that nursing and residential homes are accessible and sensitive to the needs of older LGB&T people, exploring the potential for the development of LGB&T friendly care facilities.

This paper looks at the experiences and perceptions of care providers in caring for older LGB&T people, specifically in the nursing and residential home context. The paper outlines the key conclusions from interviews with this service providers as well as recommendations to move this issue forward.

The Rainbow Project is Northern Ireland's largest lesbian, gay, bisexual and transgender (LGB&T) organisation; rights based, holistic and non-partisan. They are the only organisation dedicated to promoting the health and well-being of men who have sex with men through the provision of a range of services. They also provide services for LGB&T individuals including information and support, education and training, counselling, personal development courses, health promotion, advocacy, training, policy development and lobbying at a political and official level.

Age NI was established in 2009 as a result of the merger between Age Concern Northern Ireland and Help the Aged in Northern Ireland. Our vision is of a world where older people flourish, and our mission is to enhance and improve the lives of older people. We deliver services, provide advice and advocacy, fundraise and influence our decision-makers to improve later life for us all.

2.0 Methodology

In considering the approach and framework to be applied to this project, the project team identified an appropriate framework against which to consider the experiences and perceptions of care providers when caring for older LGB&T people. It was agreed to adopt the key themes as identified in the My Home Life initiative.

The My Home Life vision is based on a review of best practice carried out by the National Care Homes Research and Development Forum. Over 60 academic researchers worked in partnership with care home practitioners, independent advisors and voluntary groups to examine evidence on the quality of life of older people in care homes.

This research identified key themes around managing transitions; maintaining identity; creating community as key underpinning themes to an individual's quality of life in a care home setting. The core of the My Home Life model is that while older people may move to an institution to have some care needs met, that institution becomes the individual's home, and as such the whole range of social, spiritual, emotional, and sexual needs need to be considered through the provision of care. These themes have gone on to inform the discussion guide as used in interviews with care home personnel, which is included at Appendix 1.

. In order to reflect experience across NI, homes were chosen to reflect:

- A balance between statutory and independent providers
- A balance across the legacy Health and Social Service Board areas.

The approach to data gathering used by the project team was to undertake in depth interviews with 8 care home managers from the Northern, Eastern, Southern and Western areas. Interviews were held with 6 care home managers, 2 from each the Northern, Eastern and Western areas. Numerous attempts were made to meet with care home managers from the Southern area with no avail

3.0 Context and Background

"Respecting a person's individuality and preserving their dignity are the cornerstones of person-centred care. The expression of sexuality and intimacy is fundamental to an individual"
Alastair Burns, National Clinical Director for Dementia in England

When we think about sexual orientation, gender identity and older people, we overwhelmingly assume that the older people who use our services are heterosexual and non-transgender. As a result, issues of sexual orientation and gender identity have often been invisible in the planning and commissioning of services for older people. It is likely that in many regards, the needs of older LGB&T people are no different than those of other older people. Factors such as accessibility of healthcare services, living conditions, educational background and employment status across the life course have a significant impact on health at older ages. However, experiences and fear of discrimination together with more complex support networks often become a major factor if and when older LGB&T engage mainstream services. Furthermore, those lifetime experiences of discrimination and marginalization can often impact to different degrees on the broader social and cultural factors which impact on how ageing is experienced and negotiated by individuals.

The issue is further complicated through a societal culture which seldom seems to recognise or empower older people's sexuality. This is particularly true in instances where the older person is perceived as vulnerable, specifically in a residential or nursing care setting where issues of capacity and consent may make the nurturing of an individual's sexuality more complex.

The issues raised in this report we hope will act as a foundation not only to improve the outcomes for older LGB&T people who access nursing and residential care, but as a platform from which to have broader discussions on the role of institutional care in nurturing and empowering residents' own personal and intimate relationships.

3.1 The size of the Older LGB&T population in Northern Ireland

Understanding the size of the LGB&T population is a critical first step on the journey towards equality in public policy and services for LGB&T people, as it will support the development of an objective and robust evidence base with which to develop future policies and services. However, estimating the size of the LGB&T population is not an exact science as there is little in the way of reliable data to be able to make informed estimations of the size of the LGB&T population. Different research projects have come up with different projections. Seeking to measure gender identity and sexual orientation within a population is in itself a complex subject. In terms of sexual orientation, layers of intricacy exist between individuals who display behaviours associated with same sex attraction, and those who identify as lesbian, gay or bisexual. No population studies have yet established a methodology to consider and address such layers of complexity.

Likewise in terms of gender identity, layers exist which impact on the ability to accurately measure a population. The journey to transitioning is often long and complex. Any measures used to indicate the size of a transgender population need to be sophisticated enough to include those who have a sense of discordance between gender at birth and the individuals own gender identity, as well as those who have taken steps to transition to their preferred gender i.e. transitioned. In this report, we use the available numbers to establish an estimate of the size of the older LGB&T people in Northern Ireland. These estimates should be used as an indicator to support further discussion of the issues contained in this report in the absence of more authoritative methodologies.

For the purposes of this report, in terms of identifying the size of the LGB population, we have used the following upper and lower ranges to arrive at an estimate:

- LGB Population – Kinsey et al study (1948) which estimated that approximately 10% of males were more of less exclusively homosexual.
- LGB Population – Department of Trade and Industry modelling suggests that 5% of the UK population aged 16 and over is lesbian, gay or bisexual.
- Applying these figures to NISRA's Sub Northern Ireland Population Projections (2008 based), we estimate that the Older[1] LGB population of NI to be 23,612 people. Further detail is outlined in Table 1 below.

	Males	**Females**	**Total**	**5%**	**10%**	**LGB Estimate**
EHSSB	45,508	80,655	126,163	6,308	12,616	**9,462**
NHSSB	31,573	52,682	84,255	4,213	8,426	**6,319**
SHSSB	21,139	35,880	57,019	2,851	5,702	**4,276**
WHSSB	17,737	29,658	47,395	2,370	4,740	**3,555**
Total	**115,957**	**198,875**	**314,832**	**15,742**	**31,483**	**23,612**

Table 1 – Estimates of the older LGB Population in NI

In terms of identifying the size of the transgender population in NI, we have used the following upper and lower ranges. Conway (2002)[2] suggests that:

- between 0.5% and 2% of the population have strong feelings of being transgender; and
- between 0.1% and 0.5% actually take steps to transition from one gender to another.
- Applying these figures to NISRA's Sub Northern Ireland Population Projections (2008 based), we estimate that 3,935 older people in NI identify as transgender and that 944 have transitioned. Further detail is outlined in Table 2 below.

[1] For older, we have used the State Pension ages, 60+ for women, 65+ for men.
[2] How frequently does Transsexualism occur? L. Conway, 2002

				Identify as Transgender			Have transitioned		
	Males	**Females**	**Total**	*0.50%*	*2%*	*Estimate*	*0.10%*	*0.50%*	*Estimate*
EHSSB	45,508	80,655	126,163	631	2,523	**1577**	126	631	**378**
NHSSB	31,573	52,682	84,255	421	1,685	**1053**	84	421	**253**
SHSSB	21,139	35,880	57,019	285	1,140	**713**	57	285	**171**
WHSSB	17,737	29,658	47,395	237	948	**592**	47	237	**142**
Total	**115,957**	**198,875**	**314,832**	**1,574**	**6,297**	**3935**	**315**	**1574**	**944**

Table 2 – Estimates of the older Transgender Population in NI

3.2 Issues for older LGB&T people

"Because gay men and lesbians have historically been socially defined within medical terms as being mentally ill, the healthcare system has been a primary arena through which control over their lives has been exerted. As such, healthcare professional had the tasks of curing or healing lesbian and gay people through such means as aversion and shock therapy. Among older LGB people, the current cohort in particular may resist accessing healthcare services as these are the very establishments which tried to 'cure' them of their sexual orientation."
Health issues affecting older Gay, Lesbian and Bisexual People in the UK – A Policy Brief, Primrose Musingarimi (2008)

LGB&T people experience many issues similar to those of their heterosexual counterparts when ageing including health and social care concerns. However, there is a growing body of international research which suggests that sexual minority status hinders access to health and social care services and can affect health status. As a result of prevailing negative social attitudes and experiences of homophobia, individuals often do not self disclose to service providers, resulting in later presentations to medical professionals when illnesses are at a more advanced stage and potentially more difficult to treat[3].

Also, available international health data indicate that once HIV/AIDS related illnesses are excluded, LGB people demonstrate poorer health than heterosexual and non-trans people. LGBT populations have:

- higher rates of cervical[4], breast[5], and anal cancer[6];

[3] Diversity: Sexual Orientation in Home and Community Care, CRNCC
[4] Correlates of underutilization of gynaecological cancer screening among lesbians and heterosexual women, Matthews, A.K., Brandenberg, D.L., Jonson, T.P., & Hughes, T.L. (2004)
[5] Comparing Breast Cancer risk between lesbians and their heterosexual sisters, Dibble, S.L., Roberts, S.A., & Nussey, B (2004)

- higher rates of eating disorders[7];
- higher rates of depression and other mental health issues[8][9]
- higher incidences of smoking[10] and alcoholism[11] related health conditions.

Further to this, older LGB&T people may have a greater need for health and social care services because, when compared to their heterosexual peers, they are:

- Two and a half times more likely to live alone
- Twice as likely to be single
- Four and a half times as likely to have no children to call upon in times of need[12]

The story behind these statistics demonstrate that the traditional informal care networks that many older people rely on in the first instance, may not be as prevalent for older LGB&T people. While older LGB&T people do develop their own social support networks, or 'families of choice', a key challenge is that often these networks of peers are the same age as the individual and are likely to experience age related health problems at the same time, impacting on their ability to provide the social support that may be necessary. In the absence of informal care networks, it is likely that the care needs of older LGBT people are disproportionately met by formal care providers.

Against this backdrop, research has found '*considerable concerns were expressed about care provision and special housing'* with *'notable distrust about respect for their sexual identities and relationships'*[13]*.* The implication is clear that LGB&T people fear that they may have to rely on services which might at best be heterosexist and at worst, homophobic.

3.3 The rights of older LGB&T people

The right to housing is recognised in a number of international human rights instruments. Article 25 of the Universal Declaration of Human Rights recognises the right to housing as part of the right to an adequate standard of living. It states that:

---

[6] Cancer in a population based cohort in men and women in registered homosexual partnerships, Frisch, M., Smith, E., Grulich, A., & Johansen, c. (2003)
[7] Eating disorders in diverse lesbian, gay and bisexual populations, Feldman, M.B., & Meyer, I.H. (2007)
[8] Emerging issues in research on lesbians' and gay men's health: Does sexual orientation really matter?, Cochrane, S.D. (2001)
[9] High prevalence of mental disorders and comorbidity in the Geneva Gay Men's Health Study, Wang, j., Hausermann, M., Ajdacic-Gross, V., Aggleton, P., & Weiss, M.G. (2007)
[10] Smoking among lesbians, gays and bisexuals: A review of literature, Ryan, H., Pascale, M.W., Easton, A., Pederson, L., & Greenwood, G. (2001)
[11] Alcohol use, drug use and alcohol related problems among men who have sex with men: The urban men's health study, Stall, R., Paul, J.P., Greenwood, G., Pollack, L.M., Bein, E., Crosby, M., Mills, T.C., Binson, D., Coates, T.J., Catania, J.A. (2001)
[12] The Whole of Me: Meeting the needs of older lesbians, gay men and bisexuals living in care homes and extra care housing, Knocker, S. & Age Concern England (2006)
[13] Lesbian, gay and bisexual lives over 50: a report on the project 'The social and policy implications of non-heterosexual ageing', Heaphy, B., Yip, A., & Thompson. D., (2003)

"Everyone has the right to a standard of living adequate for the health and wellbeing of himself and his family, including food, clothing, housing and medical care and necessary social services".

As people age, their housing needs may change depending on their current accommodation. Issues such as mobility, suitability and health and social care needs could mean that older people have to consider being re-housed. For some however, their ability to care for themselves may be limited and therefore supported living may be their only option. This is particularly true for those older people who do not have family support or children.

As a society, we struggle to recognise older people as beings who have needs outside of health and social care. While considering the complex and diverse needs of older LGB&T people it is important that we do not forget the social, spiritual, cultural and sexual needs which in many cases can be quite different from those of their heterosexual peers.

Older LGB&T people are also protected by 'The Equality Act (Sexual Orientation) Regulations (Northern Ireland) 2006' which states that no person can be refused access to goods facilities and services on the basis of sexual orientation. This would include access to residential or nursing care. In addition to this Section 75 of the Northern Ireland Act states 'A public authority shall in carrying out its functions relating to Northern Ireland have due regard to the need to promote equality of opportunity between people of different sexual orientations'. Although Section 75 of the Northern Ireland Act does not apply to private care facilities it does apply to Health and Social Care Trusts and any subsidiary thereof.

More recently, legislation[14] has been passed at Westminster to ensure that the provisions of the Human Rights Act apply to people who receive services through private and/or voluntary sector provision. This has closed a long standing loophole where people who received care outside of a statutory setting were not protected under the provisions of the Human Rights Act.

This paper explores the experience and self-identified ability of residential and care homes in Northern Ireland to meet the diverse needs of older LGB&T people.

[14] Health and Social Care Act, 2008

4.0 Findings from interviews

The approach to data gathering used by the project team was to undertake in depth interviews with 8 care home managers from the Northern, Eastern, Southern and Western areas. Interviews were held with 6 care home managers, 2 from each the Northern, Eastern and Western areas. Numerous attempts were made to meet with care home managers from the Southern area to no avail. In order to reflect experience across NI, homes were chosen to reflect:

- A balance between statutory and independent providers
- A balance across the legacy Health and Social Service Board areas.

A discussion guide was developed to ensure consistency of questions and topics covered at each interview. All interviewees were encouraged to be as frank and honest as possible in answering the questions in order to establish a true and accurate view about how the issues impacting on LGB&T older people are identified and addressed.

4.1 Client Assessments

When older people are assessed as requiring nursing or residential care, those initial assessments are carried out by social workers. This process is an in depth assessment of the needs of the individual client covering issues such as mobility, ability, competency and care requirements**.** Client assessments are used as an opportunity to assess the suitability of the care environment for the client. Suitability includes many different aspects including the ability of the care provider to meet the client's needs. Additional assessment is carried out by most care providers who were interviewed however the approach taken was different from provider to provider.

'Before anybody comes in we go to their home or to hospital and look at activities of daily living such as washing, using the bathroom, dressing and mobility'.
Home Manager

Some providers carry out assessment interviews with clients only, others with clients and/or family. Two of the care providers interviewed provided opportunity for clients to visit and/or stay in the environment to experience it and to assess its suitability. These providers stressed the importance of these visits in assessing the suitability for clients as well as an opportunity to discuss any individual needs or concerns that clients may have. Decisions with regards to suitability are made by the client/clients family, social worker and care provider.

'At initial assessments normally family members will be present to inform of any issues for their relative'.
Home Manager

At no point during this, or any other, assessment is monitoring of sexual orientation or gender identity a requirement or indeed standard practice. Nor could we identify any evidence which would suggest that issues of equality or ethos of care providers are addressed within these assessments. Care providers agreed that ensuring that

LGB&T clients, as well as clients from other minority groups, can recognise care environments as being safe spaces is an important step in providing the environment where they can inform service providers of their specific cultural, spiritual, social and sexual needs.

'Many older LGBT people respond to the pressures of discrimination by concealing their sexuality in settings where being 'out of the closet' might hinder their access to quality care or even endanger their well-being. For many LGBT elders in their 70s and 80s, 'passing' as heterosexual has been a lifelong survival strategy – one they are likely to carry with them when seeking long-term care, entering a nursing home, or speaking with a health care provider'.
Funders for Lesbian and Gay Issues 'Aging in Equity: LGBT Elders in America', (2004)

A number of service providers also indicated the importance of meeting with clients at home or in hospitals as a safe space for the client. One service provider indicated the importance of encouraging all clients to maintain their current accommodation such as houses/flats and other sheltered living for a period of up to a year to ensure independence and choice.

'During the first stage of assessment it is unlikely that we would be made aware of a person's sexual orientation'.
Home Manager

'A lot of our care plans are based on social needs, we wouldn't ask about sexual orientation as it is a very personal thing. Older people would be reticent, we have felt that there were LGB&T people in our care over the years, but none of these would have been open about it'.
Home Manager

4.2 Opportunities and Barriers within Care Environments

When assessing the suitability of care environments for LGB&T people it is important to take into account the full population of the facility including other residents, their families and staff. During interviews we asked care providers if an LGB or T client were to access their facilities tomorrow what they felt were the opportunities and barriers for the client, other residents and staff.

Care providers identified staff as both possible opportunities and barriers for LGB&T clients. All staff in the agencies we interviewed had received equality and diversity training through their employers. This training, although not specific to sexual orientation or gender identity, was thought by agencies to be an opportunity for LGB&T clients as staff should have a broad understanding of issues relating to this group. That said, all service providers indicated that additional specific training around sexual orientation and gender identity would be beneficial to staff.

'Staff are trained on equality so I hope that staff would be open to supporting all clients'.
Home Manager

'For all older people, feeling safe in their environment and community is particularly important for them. For lesbian, gay and bisexual older people, one can argue that it is even more critical to them that they feel secure in their homes, communities, neighbourhoods and residential care and that they don't fear being stigmatized and discriminated against'.

International Longevity Centre- UK 'Housing Issues Affecting Older Gay, Lesbian and Bisexual People in the UK', (2008)

Rural service providers indicated concerns about staffs personal opinions or beliefs in relation to LGB&T people as a barrier for LGB&T clients. These concerns included fears that staff may not have any experience of LGB&T people outside of work as well as within work and may hold misconceptions about what it means to LGB&T. Urban service providers did not share the concerns of rural service providers in relation to staff. All service providers agreed that staff who have LGB&T friends and/or family would be more aware of the issues relating to this group.

'I would like to say there are no barriers for an LGB&T person accessing our care, but there probably are. If someone is openly gay particularly in rural areas, there probably would be barriers or issues'.
Home Manager

'Many of our residents would think they have not met a gay or lesbian person, although they probably have, and therefore would have misconceptions of what it actually means to LGB&T'.
Home Manager

Openly lesbian, gay, bisexual or transgender staff were also recognised as a possible opportunity to LGB&T clients. It was felt by some service providers that staff who identify with clients minority sexual orientation or gender identity were more likely to understand the difficulties that the client may face. Also, it was felt that staff that are open about their minority sexual orientation or gender identity are more likely to impact on other members of staff and help them to empathise with the issues affecting this client group.

'Today most providers would say that there are no issues but in reality our ability to address these has never really been tested'.
Home Manager

Concerns were raised in relation to other clients and their families as to their reaction towards LGB&T clients. Many service providers felt that homophobia was more common amongst the ageing population due to the lack of visibility of LGB&T people for a large part of their life. There were fears that this homophobia or

misunderstanding of what it means to LGB&T would result in isolation of LGB&T clients within the care environment.

'If this was a conversation in London or Manchester it would be different, this is a rural area with rural attitudes'.
Home Manager

Of the six service providers interviewed only one had any experience of working with openly LGB&T clients within the care environment. All service providers stated that they felt they had worked with LGB&T clients however none of these were openly LGB&T and this was based on assumption. The one experience of an LGB&T client was of a transgendered person living as a male. This individual wore make-up and women's clothes on a regular basis. While the service provider believed the staff was understanding and supportive they felt that other clients were shocked by this and on occasion were outspoken in opposition to this both to the client and members of staff.

4.3 Experience and Training

Care providers had concerns about the knowledge, understanding and ability of their staff to meet the specific needs of LGB&T people. Although clients may indicate their sexual orientation and/or gender identity, or this may be apparent due to the gender of someone's partner or the way they dress, this does not necessarily mean that they do not remain invisible. For those older LGB&T people concerned about how people will react to their sexual orientation or gender identity and are therefore unwilling to identify their own needs may experience on-going equality without equity i.e. treated the same without recognition of their specific needs and desires.

'There is no steer but if issues were raised they would be addressed in the best most effective way we can'.
Home Manager

Understanding what it means to be LGB and/or T, the experiences of LGB&T people and the barriers for LGB&T people when accessing services is an important aspect of care provision. None of the staff in the care environments we spoke to have accessed sexual orientation or gender identity specific training. Training provided is very much on an equality and human rights perspective. While training on these issues is important, it is unlikely that generic equality and human rights training would cover any more than basic information on rights and would not equip service providers in providing a sensitive, culturally appropriate service to this client group.

'These seniors are 'twice hidden' due to social discrimination on two levels: ageism and homophobia or heterosexism. LGBT seniors often face antigay or gender discrimination by mainstream elder care providers that renders them 'invisible' and impedes their access to vitally important services. At the same time, LGBT elders frequently confront ageism within the LGBT community and the organisations created to serve the community's needs'.

"Funders for Lesbian and Gay Issues 'Aging In Equity: LGBT Elders in America", (2004)

Most service providers felt that access to sexual orientation and gender awareness training for staff would be beneficial and help them to create the best environment for this client group. One service provider felt that this training would not be beneficial unless it was in response to a particular issue highlighted within the care environment. The same care provider also noted that there were many openly lesbian, gay and bisexual staff within the care environment and none of these had ever raised any concerns or issues relating to their sexual orientation.

'Staff would benefit from sexual orientation awareness training. Understanding the needs and issues of LGB&T people would support staff in carrying out their roles'.
Home Manager

4.4 Maintaining Identity and Community Support

Maintaining individual identities and ensuring community support was recognised by all service providers as a key aspect of ensuring the health and well-being of clients within the care environment. As only one of the care providers we spoke to had experience of working with LGB&T clients it was not possible to get specific examples of actions taken to support LGB&T clients. However, all service providers indicated that this would need to be addressed to ensure support for LGB&T clients.

Linking with communities was highlighted as one of the most important aspects of support for LGB&T clients. In order to meet this need there are different mechanisms in place. These include organising trips or transport to events or to community centres. Additionally, service providers stated the importance of bringing the community to the clients. Events such as talks, workshops, and musical sessions were noted as regular occurrences within the care environment. With regards to LGB&T specific support all service providers indicated that where possible they would provide opportunities for LGB&T clients to access support through local LGB&T agencies and attend community events.

'Linking with communities is an important part of our role. We work with communities, schools and churches'.
Home Manager

'For many older LGB people who, compared to heterosexual peers, are more likely to live alone, are not likely to have a partner or children and who may be estranged from family, these informal care support systems may not be readily available to them. Therefore, many older LGB may have to turn to formal systems to support them whether within their homes or within some type of sheltered accommodation or other residential care institution'.

International Longevity Centre- UK 'Housing Issues Affecting Older Gay, Lesbian and Bisexual People in the UK', (2008)

In addition to this service providers indicated that having LGB&T groups working within the care environment would help with educating other clients and help create a more inclusive environment. Meeting communication needs was also identified as key to supporting clients in linking with communities. All service providers provide clients with access to newspapers and magazines and although no requests had been received to date there were no objections to allowing LGB&T clients to access LGB&T specific publications. Internet access is also available to clients to meet communication needs; however service providers were unaware of whether or not gay specific sites were blocked on by their Internet Service Provider.

'If it was an LGB&T person and they had links with someone who they wanted to bring in, we would welcome that and I would take the lead on that'.
Home Manager

We discussed with service providers their views on the importance of meeting particular spiritual and cultural needs. Service providers stated that their environments were completely inclusive and people of all spiritual and cultural backgrounds were supported through their service.

Although maintaining the social, spiritual and cultural needs of clients accessing care environments were something that care providers had taken great strides in addressing, issues were raised in relation to meeting the specific sexual needs of clients. All service providers agreed that there was little or no recognition of the ageing population as sexual beings. Four out of the six service providers interviewed provided double rooms for couples. All four stated that although they have not had any same sex couples accessing care, this is something that would be allowed. Concerns were raised as to how some staff and other residents might react to this.

'I can't imagine in this area that a same sex couple accessing our care would be open about a relationship'.
Home Manager

With regards to intimate relationships all service providers stated that the position was the same for same sex couples as it was for heterosexual couples. When residents form relationships with other residents or non-residents assessment is carried out on the ability to consent to such relationships by the care providers. Clients who have the capacity to consent to such relationships would be advised of any risks that may be present for them or their partners. Within the care environment clients are allowed to have visitors within certain times which mostly exclude night and meal times. During visiting hours clients, both heterosexual and same sex attracted, are able to have private visits in their rooms with their doors closed assuming this does not create any risk to the clients or their partner.
'If two residents, or a resident and non-resident, have the capacity to consent to a relationship, then this is something that we would encourage'.
Home Manager

5.0 Conclusions and Recommendations

In considering the full range of interviews undertaken through this project, it is clear that a number of similarities exist.

In the first instance, all service providers were aware that they had a duty to provide a professional and quality service to residents, regardless of sexual orientation and/or gender identity. Overall, it became clear through the interviews that the sexuality of individual residents, regardless of orientation, does not necessarily feature as part of the care planning process, and it is against this backdrop that particular concerns exist about how older lesbian, gay, bisexual and/or transgender residents are included or their identity maintained in any meaningful way.

It appears that all policies and procedures in the homes we spoke to included sexual orientation in their scope, though it was not clear whether or not specific reference was made to gender identity. No one we spoke to had undertaken training dedicated to improving practice for older lesbian, gay, bisexual and/or transgender people. Indeed, it was clear from some interviews that issues of gender identity and sexual orientation were sometimes seen as interlinked or the same issue in the opinions of some care workers.

Further to this, there appear to be no systems or procedures in place to seek to routinely identify the sexual orientation and/or gender identity of residents, either at the statutory assessment or when being assessed on entry to a home. In the absence of such elements of an individual's identity being routinely identified, it is clear that those important aspects of identity cannot meaningfully feature as part of the care planning process. The provision of care in residential spaces appears to be largely predicated on a heterosexist assumption that all residents are heterosexual. None of the providers we spoke to were able to highlight specific initiatives to challenge homophobia or heterosexism.

There was a clear sense from all interviewees that if an older person chose to self-disclose in a care environment, there are no clear procedures for staff in those facilities to support that individual. The managers we spoke to were concerned about how residents and care workers might react to a self-disclosure. However, all of the managers we spoke to felt that the provision of dedicated training to those individuals would support the development of practice in this area. Many of the managers we spoke to also highlight a gap in terms of tools and resources to use with older people and with care workers to improve practice in this regard.

While the homes we spoke to had developed a range of relationships with local community organisations in order to maintain an important link between the home, individual residents and the community, managers still identified a lack of knowledge about who they might approach for support on issues for residents who are lesbian, gay, bisexual and/or transgender.

Overall, the prevalent culture in homes in Northern Ireland appears to be ill equipped to pro-actively support older residents who may identify as LGB and/or T. While the

managers we spoke to expressed a wish to provide the same quality service to older lesbian, gay, bisexual and/or transgender people, they were also aware that the attitudes of residents, families and indeed care workers could be a significant obstacle in this regard.

Recommendations

On the basis of the issues which have been identified in this report, the project team believe that, if implemented, the following recommendations could act as a strong foundation to begin the process of developing more inclusive residential and nursing facilities in Northern Ireland.

- The Public Health Agency (PHA) should take forward a further in-depth study with older people who identify as lesbian, gay, bisexual and/or transgender, exploring ageing as a theme, with a particular focus on actual experiences and/or perceptions of care that lesbian, gay, bisexual and/or transgender people may have and their views on the care they want to receive.
- The Public Health Agency, together with the Health and Social Care Board and providers should take forward a focused plan of action to implement improved monitoring systems in the areas of sexual orientation and gender identity.
- The issue of training for care workers on addressing issues of sexual orientation and gender identity should be taken forward by Health and Social Care Trusts and independent providers in conjunction with the Northern Ireland Social Care Council. Initial and on-going training must address the values and behaviours required when working with people who identify as LGB and/or T people.
- The Public Health Agency, together with the LGBT sector and Providers should develop a planned approach to developing and making available a range of information resources and tools to support service providers to develop culturally competent practice and welcoming, inclusive nursing and residential facilities.
- The PHA, HSCB and RQIA should explore how the themes identified in this report will be included through the inspection remit of RQIA.
- The PHA and HSCB, through commissioning of care services, should ensure that all independent providers of care commissioned through a statutory framework have robust policies and procedures in place which explicitly include sexual orientation and gender identity within the scope of those policies.
- The on-going development and monitoring of the Public Health Agency's LGB & T Regional Thematic Action Plan should be seen as a key vehicle for ensuring that any follow up actions arising from this report are progressed in a timely and appropriate manner.
- The anticipated development of the Sexual Orientation Strategy and the Ageing Strategy from OFMdFM also offers opportunities to further mainstream the issues contained in this report. The PHA should ensure that there is read across between the strategies.

- The Older People's Commissioner should ensure that the issues contained in this report underpin any work that the office of the Commissioner undertakes on the issue of nursing and residential care.