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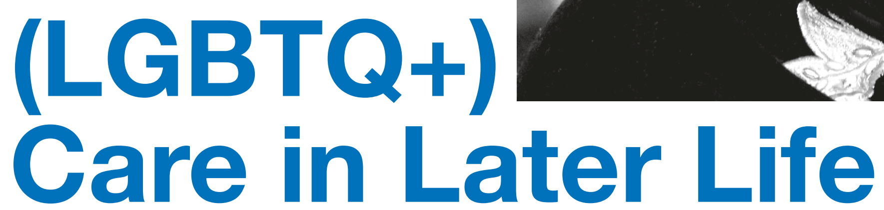

(LGBTQ+) Care in Later Life

A learning framework for knowledge, skills, values for working affirmatively with LGBTQ+ people in later life

LGBT foundation

University of Strathclyde Glasgow

This framework was commissioned and funded in 2022, by Skills for Care, England.

The development of the framework was led by Dr Trish Hafford-Letchfield, Professor of Social Work, University of Strathclyde, Glasgow, Scotland with Lawrence Roberts, Pride in Ageing Manager, LGBT Foundation, Manchester, England.

We're extremely grateful to the members of the advisory group for providing their guidance, expertise and support during the development process. The advisor group included the following individuals and organisational representatives:

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Forewords

Pauline Smith

> I am Pauline. I am a 74 year-old trans woman who was involved in the project. It is important to me that this framework was co-produced with the LGBTQ+ community. I heard about this opportunity through Pride in Ageing at the LGBT Foundation and saw it as an opportunity to make my voice heard.

This piece of work is important to me because it could make a difference to me personally in my later years. It will enable younger trans men and women to no longer have to fight to ensure that they can have care without discrimination and that all of us can be treated with respect.

Empathy and compassion is critical in learning how to treat trans people as people, to respect their choice to be who they have decided to be. No trans person has two heads and we are all decent people. Give us respect and let us retain our dignity.

I would like this piece of work to inspire an integrated comprehensive training programme across the UK. This should ensure that social care staff treat all LGBTQ+ people with respect. This is especially true for anyone who is transgender.

Forewords

Dr Adi Cooper OBE

> I am very pleased to see the publication of this learning framework for knowledge, skills, values for working affirmatively with Lesbian, Gay, Bisexual, Trans, Queer and Questioning+ (LGBTQ+) people in later life.

This resource meets a critical gap in providing evidence, information, advice, and tools to support the social care workforce to develop their knowledge, skills, values to improve how they work with LGBTQ+ people in later life.

This is an area of social care practice that has not been developed as well as it should have been, not least because of reluctance in discussing areas of sexuality and gender identity. This has had an impact in that frequently care services have not recognised or addressed the needs of LGBTQ+ people in later life. As well as ageism, discrimination regarding sexuality or gender identity, alongside discrimination due to other protected characteristics, means that a strong equalities, diversity and inclusion value base is essential for good practice.

As the framework emphasises, this is not a homogeneous group of people, and each person will have had very different experiences, needs and aspirations. A person centred and relationship-based approach is key and central to all practice, including when working with LGBTQ+ people. Indeed, using professional curiosity, having compassion and care are essential elements of good practice and play their part here too.

The framework has utilised currently available evidence to show how and where practice needs to improve. It provides guidance and tools for people working at all levels and across many areas of adult social care work. The format is extremely accessible and comprehensive, and so hope to find this learning framework used in all services. I believe that it has the potential to transform thinking and practice and ensure that LGBTQ+ people's experience of adult social care improves.

Forewords

Dr Paul Martin OBE
Chief Executive LGBT Foundation

> LGBT Foundation welcomes the commission of this framework by Skills for Care, as well as being part of an innovative partnership to make it happen which combined University of Strathclyde's excellence in teaching and research around social care with LGBT Foundation's expertise in working with LGBTQ+ communities across England.

Our rich knowledge base has been developed through decades of community-facing work, since first establishing roots in Manchester in 1975. Now nationwide, our work ensures that LGBTQ+ people can achieve their full potential across their life-course, including in later life.

At the launch of Pride in Ageing, our programme for LGBTQ+ over 50s in 2019 Sir Ian McKellen noted that he "was criminalised, and that leaves a sort of brand on you" and that "laws have changed but attitudes haven't altogether". Many older LGBTQ+ people have grown up in a world which has been hostile to their identities. Some will have come of age before the partial decriminalisation of homosexuality in 1967, or before trans identities were legally recognised and protected by law. Many have lived in fear of discovery, and may have experienced significant prejudice and discrimination. Sexual orientation is often not discussed in relation to age, perhaps due to the mistaken assumption that older people do not have a sexuality. Evidence suggests that older LGBTQ+ people are at a much greater risk of experiencing isolation, with some having no one to call in times of crisis. Access to safe and secure housing is also an issue, and some people are forced 'back into the closet' when accessing social care services.

We would like to thank all of those with lived experience who took part in coproduction work to form the themes of this framework. We are confident that the resulting document highlights and speaks to the topics which our communities feel are most important for social care services and organisations to address, and we hope that services will match their level of ambition and expectation. We are very keen that this framework is the start of important and urgent conversations, and inspires a leap forward in progress towards more equitable care for our communities.

Background

There's a growing and cumulative body of evidence illuminating the experiences of lesbian, gay, bisexual, trans and non-binary and queer and questioning (LGBTQ+) people in later life.

While this tends to give more emphasis to some identities than others, it provides a base for identifying the insights, knowledge, understanding and skills for the social care workforce to help them work affirmatively, inclusively and effectively with individuals from gender and sexually diverse communities. Affirmative action is about taking purposive steps usually informed or guided through a range of procedures or practices designed to eliminate discrimination. A fully inclusive service is one that can be accessed and successfully completed by all its users. People should be able to interact however they need to, regardless of their personal characteristics, situations, capabilities or access need.

As the ageing population continues to grow, the diversity of those requiring support has also increased. We now know that LGBTQ+ people in later life report poorer health than the general population and have worse experiences of care.[1] [2] This is irrespective of whether they're accessing cancer, palliative/end-of-life,[3] dementia and/or mental health services.[4]

For a number of reasons, LGBTQ+ people may not have the expansive family networks of support as they get older when compared to people who do not identify as LGBTQ+[5]. They're also less likely to have support from their peers. This may lead to more loneliness and isolation, which has been associated with poorer mental and physical health and avoidance of accessing support in time.[6] People from LGBTQ+ communities also report that their life stories and relationships tend to be overlooked and undervalued when they interact with care services. [7] Due to a legacy of stigma from LGBTQ+ histories, the anticipation or actual experience of discriminatory attitudes within social care also contributes to a lower take up of health services, including preventative ones.[8] [9] Familiarity with these issues highlight the need for thinking about the values that are important during assessment with older people, thinking outside the box and less about procedures. The emphasis is on anti-oppressive practice.

[1] Westwood S, Willis P, Fish J, Hafford-Letchfield T, Semlyen J, King A, Beach B Almack K., Kneale D, Toze M,, Becares L (2020) Older LGBT+ Health Inequalities in the United Kingdom: Setting a Research Agenda. Journal of Epidemiology & Community Health. http://dx.doi.org/10.1136/jech-2019-213068.

[2] Kneale. D., Thomas, J., French, R. (2020) Inequalities in Health and Care Among Lesbian, Gay, and Bisexual People Aged 50 and Older in the United Kingdom: A Systematic Review and Meta-analysis of Sources of Individual Participant Data, The Journals of Gerontology: Series B, 75 (8), 1758-1771.

[3] Almack K, Seymour J, Bellamy G. (2010) Exploring the Impact of Sexual Orientation on Experiences and Concerns about End of Life Care and on Bereavement for Lesbian, Gay and Bisexual Older People. Sociology. 44(5), 908-924.

[4] Westwood and E. Price (2022 frth) LGBTQ+ People and Dementia: A Good Practice Guide (Bradford DementiaSeries). Jessica Kingsley Publishers.

Background

There's a lot to learn from LGBTQ+ people about their ageing experiences, their activism, and resilience and support networks.[10] Working with people in later life in the areas of diversity, rights and justice requires everyone to listen to their experiences of social care and to educate oneself and others on how to tackle the different forms of discrimination that LGBTQ+ people face in addition to ageism that affects people.

The development of the **Learning Framework for LGBTQ+ Ageing** has been informed by a review of the research evidence from the UK and its message for social care practice. While the research demonstrates numerous concerns and challenges by sexual and gender minoritised groups, it also documents the strengths, contributions and recommendations made by the members of the LGBTQ+ communities, their advocates and allies, to the workforce and their guidance and advice on how it can improve. Partnership and collaboration are important key messages embedded in this framework towards more affirmative care for LGBTQ+ individuals in later life.

[5] Choi, S.K., Meyer, I.H. (2016) LGBT Aging: A review of research findings, needs, and policy implications https://williamsinstitute.law.ucla.edu/publications/lgbt-aging/ (accessed 21.7/2022).

[6] King, A., Almack, K., Yiu-Tung S. (2019) Older Lesbian, Gay, Bisexual and Trans People: Minding the knowledge gaps. In Older Lesbian, Gay, Bisexual and Trans People. London, Routledge.

[7] Hafford-Letchfield, T., Toze, M., & Westwood, S. (2022). Unheard voices: A qualitative study of LGBT+ older people experiences during the first wave of the COVID-19 pandemic in the UK. Health & Social Care in the Community, 30, e1233–e1243.

[8] Willi, P., Maegusuku-Hewett, T., Raithby, M., Miles, P. (2016) "Swimming upstream: the provision of inclusive care to older lesbian, gay and bisexual (LGB) adults in residential and nursing environments in Wales," Ageing and Society. Cambridge University Press, 36(2), pp. 282–306.

[9] Willis P, Dobbs C, Evans E, Raithby M, Bishop J-A. (2020) Reluctant educators and self-advocates: Older trans adults' experiences of health-care services and practitioners in seeking gender-affirming services. Health Expectations. 23, 1231–1240.

[10] Jurcek, A., Keogh, B., Sheaf, G., Hafford-Letchfield, T.,Higgins, A. (in review) Exploring the concept of resilience in older LGBT+ people: A mixed study systematic review. Conference presentation, University of Dublin, 10 March 2022.

[11] There are many abbreviations, acronyms and groups currently used which include but are not limited to: LGBTQQIAA (Lesbian, Gay, Bi, Trans, Queer, Questioning, Intersex, Asexual, Allies), LGBTQI (Lesbian, Gay, Bi, Trans, Queer, Questioning, Intersex), Pansexual (attracted to others no matter the other person's gender identity). QPOC/QTPOC (Queer People of Colour and/or Trans People of Colour) and GSRD/M (Gender, Sexuality and Romantic/ Relationship Diversity/Minority – a non-hierarchical term that also includes relationship diversities such as non-monogamy and polyamory). This is not an exclusive list.

[12] This framework applies to people aged 55 years plus.

[13] Heterosexuality is romantic attraction, sexual attraction or sexual behaviour between people of the opposite sex or gender.

[14] Cisgender refers to a person whose gender identity corresponds to their sex assigned at birth.

[15] Hafford-Letchfield, T., Simpson, P., Willis, P. B., & Almack, K. (2018). Developing inclusive residential care for older lesbian, gay, bisexual and trans (LGBT) people: An evaluation of the care home challenge action research project. Health and Social Care in the Community, 26, 312–320.

[16] Denoting or relating to a world view that promotes heterosexuality as the normal or preferred sexual identity. Denoting or relating to a world view that promotes gender opposites (male or female) as the only gender identities.

[17] Denoting or relating to a world view that promotes gender opposites (male or female) as the only gender identities.

Who are LGBTQ+ people?

This framework uses the LGBTQ+ acronym or initials in recognition that everyone has a right to identify themselves and that people will use a variety of terms and labels to describe and express their identities. Adding a plus (+) sign signals the recognition of other less articulated sexual and gender identities.[11] The resources provided explain these in more detail. People can also hold multiple idetities from the LGBTQ+ acronym (e.g. trans and bisexual, non-binary and pansexual), and identities can also change over time.

While LGBTQ+ individuals[12] may experience the same challenges as their heterosexual[13] and cisgender[14] peers in respect of getting older, the evidence strongly points to a lack of appropriate and inclusive support in health and social care. Inclusive care means that practitioners have made the necessary changes to their practice to make their services more accessible and is based on two main principles 1) equitable access and 2) full participation. Equitable access means ensuring that people have access to the services and resources necessary to achieve their full potential. Many care providers tend to say that they don't have any LGBTQ+ people in their services.[15] A key and consistent message from the literature concerns the gaps in education and training to equip the social care workforce with better knowledge, skills and confidence on LGBTQ+ issues in ageing and how to address heteronormative[16] and cisnormative[17] assumptions in care provision. For example, the social work and social care curriculum on ageing and the learning resources that it relies upon, tends not to address LGBTQ+ issues and where it does, lacks diversity.

The learning framework for working with LGBTQ+ people in later life therefore identifies and articulates more systematically, key topics that should underpin best practices with LGBTQ+ older people and their carers' in social care. Whilst a framework cannot cover everything, it aims to direct learners, educators, leaders, practitioners, providers and commissioners in social care, to the essential knowledge, skills and values that help to underpin and enable better engagement with the delivery of better care for LGBTQ+ people in later life. It can be used in different contexts. In Higher Education, it can be part of the curriculum or as modules and be tailored for different professional groups in training. It can also be used as a source for self-directed learning and these learning activities can be logged and put forward to meet CPD requirements in registration. In services, teams can use the topics for peer and group supervision. Training providers can use the framework to underpin the core knowledge requirements that they deliver in this area and map these to their own qualifications framework.

The framework can be developed and expanded to support changes in social care and complements other learning frameworks used in adult social care. It's also recognised that this is an ongoing conversation for continuous improvement and deserves to be expanded and embedded further.

Developing the framework enabled us to capture a range of freely available resources to support its implementation. Most of the resources cited in the framework have been developed from research findings for the purpose of exchanging knowledge to inform policy and practice. These resources give particular emphasis to the personal stories and narratives of people with lived experience. They reflect the importance of person-centred care, and many were co-produced with LGBTQ+ older people, their representatives and advocates, and allow their voices to be heard.

How the framework was developed

This framework was developed during March-July 2022, guided by an advisory group comprising representatives from key stakeholders.

Phase One

We conducted a literature review to identify the key and most relevant research evidence on the experiences of LGBTQ+ people in later life. The full review can be seen in Appendix 1. This provided a baseline for identifying the understanding, knowledge, skills, values and insights needed by the social care workforce to work effectively with gender and sexually diverse communities. The review focused on the UK context and international sources were included where there were gaps or transferable examples of best practice. We then conducted a scoping exercise to identify any open learning resources on LGBTQ+ ageing. Some of these resources have been embedded in the framework but a full list of resources can be seen in Appendices 2 and 3.

From these two desktop activities, we developed a key list of 'subjects' aligned with four 'domains' and these provide a scaffold for the learning framework. Four advisory group members provided initial input and guidance on this initial structure at the end of phase one.

Phase Two

LGBT Foundation (a national charity delivering advice, support and information services to lesbian, gay, bisexual and trans (LGBT) communities in England) facilitated three in-depth workshops with a diverse range of older LGBTQ+ people with lived experience. Discussion focused on their understanding of each subject area and why it was important. Participants shared key messages from their lived experience for the social care workforce, particularly about knowledge and values; their priorities for training and education and how learning opportunities should be designed and implemented; what they're looking for in terms of outcomes from those providing them and their peers with support and care.

Phase Three

The framework content and structure were redrafted to include detail and guidance from the workshops. The proposed learning framework and selected appendices were shared with members of the advisory group.

Phase Four

Advisory group members feedback was captured in writing and opportunities for discussion following which the framework was revised and finalised.

Scope of the framework

The framework will be applicable to:

- social care employers
- social care employees
- trainers and educators
- people who draw on care and support and carers
- service commissioners
- regulators of social care
- voluntary, private and independent care providers sector
- policy makers working in governmental, private and voluntary sector provision.
- LGBTQ+ communities
- Independent advocates including Independent Mental Capacity Advocates
- the Higher Education sector in developing and benchmarking curriculum and assessment in the pre-qualifying professional education of those planning to enter the social care workforce
- the general public.

Underpinning values

The following values underpin all the subjects in this framework:

- Person centred support informed by a lifecourse approach. This recognises the circumstances, strengths, resilience, and cultures of an individual person, their families of choice, their advocates, friends and community networks.
- Appreciation that LGBTQ+ people in later life come from a diverse range of backgrounds, some or all of which, may inform their current priorities. When a person interacts with care services, they may come with a range of different identities (disability, age, sexuality gender, ethnic identity etc) and we should listen to the issues that are most important to them at the time and not assume that the focus of our interaction with them is solely concerned with their gender and sexual identities.
- The importance of integration of practice that involves different disciplines and keeps the person at the centre of care and support.
- Practice that is sensitive to the individuals support needs of friendship families, birth families, partners and friends and recognises the contribution they make and continue to make through LGBTQ+ advocacy, allyship and community support. All of these may be valuable assets to an individual's crisis response, care and longer-term plan.
- A commitment to equality and social justice including the willingness to challenge and address inequalities on the basis of sexual and gender identities and how this intersects with other inequalities.
- The importance of LGBTQ+ people's own contribution and a commitment to participation and co-production in the processes of improving care and evaluating outcomes. The willingness to encourage authentic LGBTQ user involvement in policy and practice development and to avoid tokenistic consultations.
- The commitment to taking responsibility for one's own learning and continuing professional development, remaining curious but proactive, and contributing to the learning of everyone supporting a person in later life.

Tiers of core knowledge and skills

The framework aims to describe core knowledge and skills, which are common and transferable across different types of service provision. Specialist or organisation specific skills and knowledge are outside the scope of the framework and we have signposted learners to a range of supplementary guides in the appendices. Learning outcomes may be locally determined to meet education and training needs in specific settings for example according to local context or policy. Whilst the subjects in the framework will be directly applicable to supporting LGBTQ+ people in later life and their carer's, some of it will be applicable to LGBTQ+ people across the lifecourse from other generations and to older people more widely, including those with intersecting needs with more diverse backgrounds. References to relevant national legislation, guidance and other frameworks are cross-referenced to help with these areas.

Skills for Care refer to three tiers in the social care workforce:

Tier 1

Tier 1 is considered a baseline for everyone in the social care workforce. The knowledge and skills required in tier 1 should be sufficient for those not directly providing care (such as catering, cleaning, maintenance or administration staff). At this tier, the priority is in raising awareness of the knowledge, skills and attitudes that everyone needs to have when working in settings where older people and their carers will frequent or interact. These could form part of induction training and also provide a foundation for developing more advanced practice.

Tier 2

Tier 2 refers to all people in social care settings where they are likely to have regular contact with people in later life including individuals with diverse sexual and gender identities. They may be an important contact for screening, assessment and signposting or providing direct care and support (such as care assistants working in residential, domiciliary care, voluntary sector services, or personal assistants). It also includes professional staff such as social workers, allied professionals, counsellors, independent advocates or others working to co-ordinate support and care.

Tier 3

This refers to the knowledge, skills and attitudes that need to be enhanced for key staff (experts) working with people in later life with diverse sexual and gender identities. These are designed to support them to play leadership roles. This tier is relevant to staff working intensively with people including those who take a lead in decision making and developing or disseminating good practice. It includes registered managers and other social care leaders, operational managers who have responsibility for services to people with complex needs. It includes practice leaders, and key roles such as social workers who work intensively with people over time and are likely to conduct statutory assessments of need and have the duties and powers to design care plans and interventions and commissioning services with more flexibility. Occupational Therapists for example will have more of a role in enabling and enhancing 'independence'. These professionals will take a lead in decision-making, supervision and developing or disseminating good practice. Staff in this group will use the framework in conjunction with their relevant professional standards.

[13] The lifecourse approach considers and addresses the person by taking into account their prior experiences and circumstances before becoming older and how these have impacted on their life and the issues they are facing.

How to use the framework

The framework is presented under four key areas or domains comprising nineteen subject areas.

Each subject comprises:

- key messages from the research evidence
- suggested target audience
- key learning outcomes
- references to relevant guidance, legislation and/or national standards
- sources of further guidance
- suggested learning materials.

The subjects included in the learning framework are numbered for ease of reference, but this does not prescribe any hierarchy or how any learning programme/s should be designed, commissioned and delivered. Relevant subjects can be selected from the framework to stand-alone or be combined with other subjects. They can also be integrated into other learning programmes (e.g. on end of life care, dementia, carers and public health) to diversify and enrich learning and to ensure that these are inclusive of LGBTQ+ and/or adapt to the learner's needs, role and setting. The learning outcomes suggested for each relevant tier and subject are intended to provide a clear focus on what a learner should know, understand or be able to do following their learning activities. As stated earlier, these are an indicative guide and not exhaustive.

The framework is incremental i.e. tiers 2 and 3 assume that learners possess the skills and knowledge at preceding levels (to minimise unnecessary repetition). Not all subjects will be relevant to all people – nor is it possible for everyone to learn everything or to have the opportunity and resources to learn everything. For example, it would be important for everyone to be familiar and confident about using respectful terminology and inclusive language. However, end of life care may be more relevant to people caring for older people in their own home, in a care home or hospice setting. Similarly, it would be important for everybody to understand LGBTQ+ human rights as reflected in the UK legislation but those in leadership roles will carry more responsibilities for implementing policies and procedures to translate these rights into demonstrable practice and to allocate resources to make these happen. Further, where a subject is relevant to a person's role, then it should describe the skills and knowledge which are common and transferable between settings.

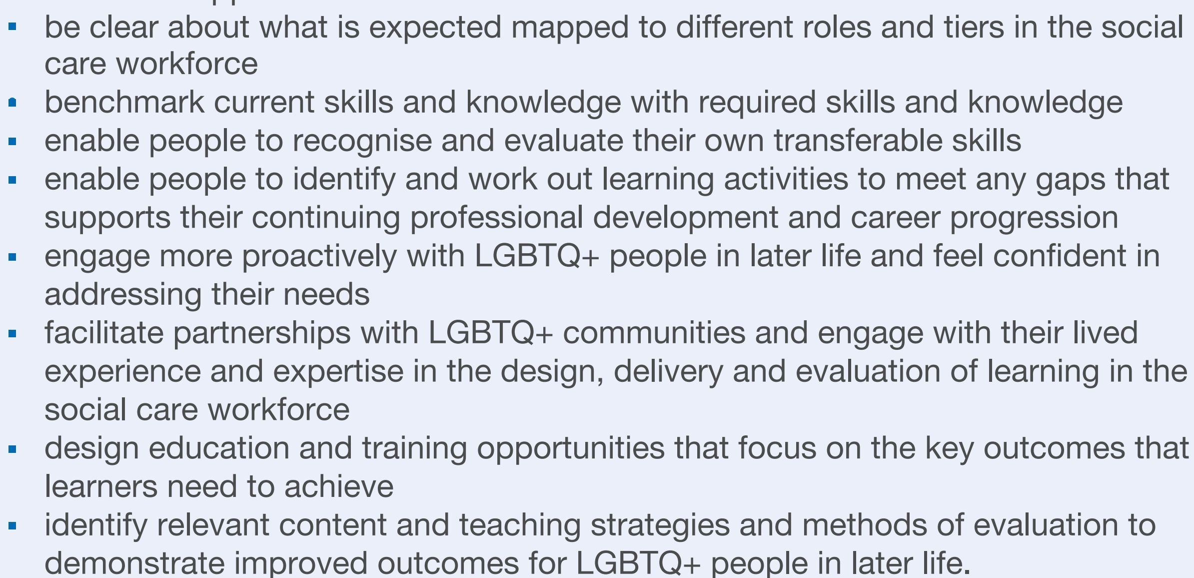
How the framework can support you?

The framework will support social care services and organisations to:

- include LGBTQ+ issues in the education and training of the workforce
- include LGBTQ+ issues in the everyday care and support of people in later life
- guide the aims and focus of LGBTQ+ education and training based on evidence
- conduct a training needs analysis and design training which meets a minimum standard of performance and capability in its assessment and provision of care to LGBTQ+ individuals in later life and their communities
- embed the relevant topics, areas, guidance and learning resources into its recruitment, induction, supervision, appraisal and career progression processes
- keep a record of key activities that have happened benchmarked to the framework which can be drawn upon in case audits/practice assurance exercises to demonstrate how far the needs of LGBTQ+ people are being addressed. There's also the potential to demonstrate legal compliance during statutory regulation and inspections.

Who is this framework for?

The framework provides a focus on the skills, knowledge and behaviours expected to work affirmatively and inclusively with LGBTQ+ people in later life. This should be of particular value to individuals and teams in social care by setting out clear expectations for learners. In particular, it sets out the core learning outcomes that specific tiers of the workforce should be able to demonstrate to promote the wellbeing and support of LGBTQ+ people in later life, their carers', families and friends.



This further supports individuals and teams to:

- be clear about what is expected mapped to different roles and tiers in the social care workforce
- benchmark current skills and knowledge with required skills and knowledge
- enable people to recognise and evaluate their own transferable skills
- enable people to identify and work out learning activities to meet any gaps that supports their continuing professional development and career progression
- engage more proactively with LGBTQ+ people in later life and feel confident in addressing their needs
- facilitate partnerships with LGBTQ+ communities and engage with their lived experience and expertise in the design, delivery and evaluation of learning in the social care workforce
- design education and training opportunities that focus on the key outcomes that learners need to achieve
- identify relevant content and teaching strategies and methods of evaluation to demonstrate improved outcomes for LGBTQ+ people in later life.

Training and assessment

The framework does not prescribe any particular training or teaching method. Research has shown[19] however that to have a positive impact on transfer of learning into practice and to provide a more sustainable approach, educators should:

- diversify the content of learning interventions to make them interesting, stimulating and relevant to practice
- approach LGBTQ+ education from an interdisciplinary perspective
- involve LGBTQ+ people in the design, delivery and evaluation of learning.

Findings also suggest that teaching strategies, especially interactive activities such as storytelling, including the voices of LGBTQ+ people in later life (such as videos, panel discussions and vignettes) are more likely to enhance learning that is experiential, work-based and reflective.[20] These strategies can be developed to suit the particular context, setting or learners needs. For educators/trainers, research has identified best practice principles on developing LGBTQ+ cultural competence in health and social care education.[21] These are set out in Appendix 5.[22] The purpose of the best practice principles is to support and empower educators working in health and social care to foster and develop a positive climate for learning that promotes safety and inclusion within the health and social care curriculum.

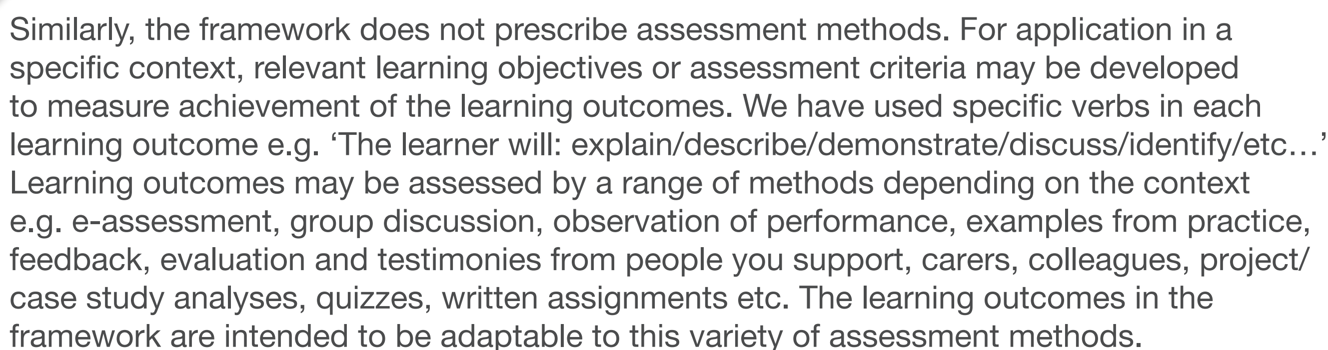
The principles in Appendix 5 were co-produced with older LGBTQ+ people, practitioners and educators and suggest some steps that educators can take to ensure that their teaching practice is aligned with the priority needs that older LGBTQ+ people articulated. In addition, they present some guidance and specific strategies to ensure that students are aware of older LGBTQ+ people's needs when working with older people more generally or come across them in their caring roles.

[19] Jurček A, Downes C, Keogh B, Urek M, Sheaf G, Hafford-Letchfield T, Buitenkamp C, van der Vaart N, Higgins A (2020) Educating health and social care practitioners on the experiences and needs of older LGBT+ adults: findings from a systematic review, Journal of Nursing Management, https://doi.org/10.1111/jonm.13145.

[20] Hafford-Letchfield, T., Pezzella, A., Connell, S., Urek, M., Jurček, A., Higgins, A., . . . Lewis-Brooke, S. (2021). Learning to deliver LGBT aged care: Exploring and documenting best practices in professional and vocational education through the World Café method. Ageing and Society, 1-22. doi:10.1017/S0144686X21000441.

[21] Higgins, A., Downes, C., Sheaf, G., Bus, E., Connell, S., Hafford-Letchfield, T., Jurček, A., Pezzella, A., Rabelink, I., Robotham, G., Urek, M., van der Vaart, N., & Keogh, B. (2019). Pedagogical principles and methods underpinning education of health and social care practitioners on experiences and needs of older LGBT+ people: Findings from a systematic review. Nurse Education in Practice, 40(7). https://doi.org/10.1016/j.nepr.2019.102625.

[22] Higgins, A., Keogh, B., Downes, C., Sheaf, G., Bus, E., Connell, S., Hafford-Letchfield, T., Jurček, A., Pezzella, A., Rabelink, I., Robotham, G., Urek, M., van der Vaart, N.. (2019). Best practice principles on developing LGBT cultural competence in health and social care education. https://beingme.eu/public/application/downloads/resources/being-me-best-practice-principles-20200622.pdf



Similarly, the framework does not prescribe assessment methods. For application in a specific context, relevant learning objectives or assessment criteria may be developed to measure achievement of the learning outcomes. We have used specific verbs in each learning outcome e.g. 'The learner will: explain/describe/demonstrate/discuss/identify/etc…' Learning outcomes may be assessed by a range of methods depending on the context e.g. e-assessment, group discussion, observation of performance, examples from practice, feedback, evaluation and testimonies from people you support, carers, colleagues, project/case study analyses, quizzes, written assignments etc. The learning outcomes in the framework are intended to be adaptable to this variety of assessment methods.

Approaches to evaluation however can include:

- evaluating whether learners have achieved the learning outcomes immediately following a learning intervention (e.g. through assessment of knowledge or competence). Perhaps introduce a short quiz or reflection
- evaluating whether the learning is being applied in the workplace (e.g. through longer-term evaluation of impact on practice, possibly through structured observation; in supervision or appraisal processes)
- evaluating the impact on the quality of care and organisational readiness to support LGBTQ+ people even if staff think that they don't have anyone in the service. This can be achieved by asking for structured feedback from LGBTQ+ individuals and their families; monitoring and examining data on their inclusion, looking at the nature of complaints and representations; conducting regular consultation with the local LGBTQ+ organisation and sharing the progress of any action plans.

The framework supports the increasing integration between health and social care services and their respective workforces. In particular, it can help to develop synergies such as improved communication, collaborative working and potentially providing opportunities for joint education and training.

Mapping the Domains and Subjects to the Tiers of the Workforce

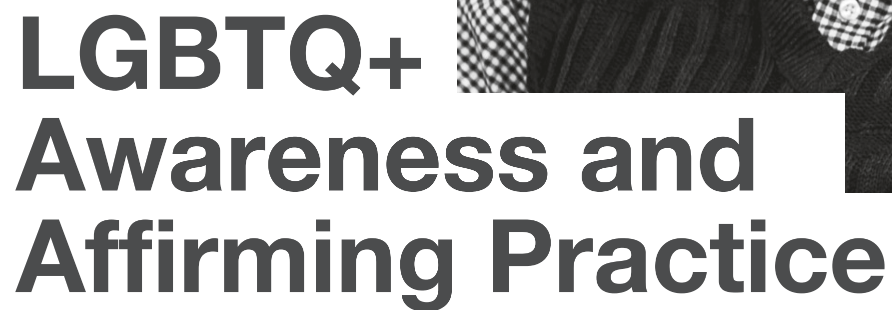
Domains and Subjects	Tier 1	Tier 2	Tier 3
DOMAIN A: LGBTQ+ Awareness and Affirming Practice			
AD1: Awareness of LGBTQ+, history and culture	✓	✓	✓
AS2: Language, terminology and communication	✓	✓	✓
AS3: Legal framework, human rights and ethics	✓	✓	✓
DOMAIN B: Health and Wellbeing in Later Life			
BS4: LGBTQ+ inequalities in later life		✓	✓
BS5: Family, kinship, communities and networks	✓	✓	✓
BS6: Challenging discrimination, oppression and violence	✓	✓	✓
BS7: Participation, user involvement and co-production		✓	✓
DOMAIN C: Personalised Care and Support			
CS8: Intersectionality in LGBTQ+ ageing	✓	✓	✓
CS9: Support and care for LGBTQ+ individuals with dementia	✓	✓	✓
CS10: LGBTQ+ carers	✓	✓	✓
CS11: Sexuality and Intimacy in Later Life	✓	✓	✓
CS12: Trans and Non-Binary affirming care	✓	✓	✓
CS13: HIV and LGBTQ+ ageing	✓	✓	
CS14: Safeguarding LGBTQ+ adults in later life	✓	✓	✓
CS15: End of life care		✓	✓
DOMAIN D: Leadership, Education & Service Development			
DS16: Providing inclusive and affirmative care environments		✓	✓
DS17: Improving services and practice based on research evidence and evaluation		✓	✓
DS18: Leadership and transforming services for LGBTQ+ individuals and communities			✓
DS19: Creating inclusive learning environments			✓

A

Subject 1:
Awareness of LGBTQ+, history and culture

Subject 2:
Language, terminology and communication

Subject 3:
Legal framework, human rights and ethics



Subject 1:

Awareness of LGBTQ+ history and culture

> **"Because lesbians are a stigmatized minority group, lesbian ex-lovers are united to one another by a bond of sisterhood. As lovers, they have fought for acceptance and understanding from their nuclear families, their children, their colleagues, and their neighbours. Having grown up in a homophobic environment, they have shared a battle against internalized homophobia as well. ... lesbian ex-lovers remained connected by an overriding common cause—that of combating negative stereotypes of themselves, their relationship, and their lifestyle." (Frieda)**[23]

Key messages from research

Understanding the history of LGBTQ+ individuals and communities is essential to appreciating the context as to why they face challenges in accessing and engaging with care services. Older LGBTQ+ people's journey may have taken them through a history in which there were significant legal landmarks. These landmarks may possibly have impacted on their whole life course. They may have been involved with institutions such as health, the police, the judiciary that have criminalised their sexuality and pathologised their sexual and gender identities. It's not surprising that these may have a lasting legacy and for some, will have caused considerable trauma.

Experiences will be different for the diverse groups under the LGBTQ+ umbrella. Older LGBTQ+ people (born before the 1950s) have had a unique experience different from the baby-boomers,[24] or the younger LGBTQ+ population, in that they have lived much of their lives in a social and political context where their human rights were not protected by legislation. Their experiences may include criminalisation of consensual same-sex relationships, being stigmatised during the AIDS crisis in the 1980s, their families being devalued, being subject to interventions that treat sexual and gender identities as 'mental disorders'; losing children, partners, family and jobs as a result of coming out, or being 'outed' as LGBTQ+ resulting in discrimination and violence, to mention just a few. This legacy of harm and hurt can discourage people from mixing with their peer groups outside of the adaptions they have made to feel safe involving carefully managed networks and social support.

Some older members of the LGBT communities have lived much of their lives in heterosexist and homophobic societies and have developed skills to deal with crises that reinforce their ability to deal with future stressors. This may include staying in the closet or returning to the closet in later life to avoid visibility.[25] Trans people who may have delayed affirming their gender through 'transition' until later life are still subjected to many more injustices that fail to gain hardly any mainstream support. While there is better support for trans people more generally, trans and non-binary (TNB) people still face high levels of discrimination and their rights appear to be under constant scrutiny or up for debate.

The evidence demonstrates a 'one size fits all' approach in some areas of care and the assumption is that all older people are heterosexual or cisgender. This makes it difficult for LGBTQ+ people to talk openly about their lives and loved ones and express their needs. Greater awareness and knowledge of the life experiences, life priorities, interests and needs of LGBTQ+ older people therefore could increase visibility and contribute to better tailoring of services as well as making mainstream service accessible. It is important to be able to identify differences in the experience, needs and history within the different strands of LGBTQ+ communities, particularly those who are bisexual, trans, non-binary or gender non-conforming and queer where they are less, or hypervisible.

For example, 'bi-erasure' is a term used to make bisexual people feel invisible or afraid to come out by outright denial or inappropriate questioning of their identities or making remarks such as the person is confused or greedy. In its extreme it can promote the belief that bisexuality itself is not real and does not exist.

The research also indicates that people may react differently to professionals asking questions about their priorities and lifestyles and who or what is important to them. Assessors will need to gain/earn trust, demonstrate awareness of the history of discrimination, domestic violence, hate crime as well as leadership and activism and demonstrate a welcoming and safe environment for people to believe that you are interested in engaging with them and focused on improving outcomes going forward.

[23] Cited in: Traies,J. (2015) Old Lesbians in the UK: Community and Friendship, Journal of Lesbian Studies, 19:1, 35-49, (p45)

[24] Baby boomer refers to a person born in the years following the Second World War 1946-64 when there was a temporary marked increase in the birth rate.

[25] Being in the closet means that some people haven't come out to the people in their life. They keep their gender identity, or their sexuality, or both, a secret.

Suggested target audience

Tier 1, 2 and 3

Key learning outcomes

The worker, practitioner or leader will:

a) Understand and describe the role of history and experiences over the lifecourse for LGBTQ+ people in later life and recognise and articulate why it is important in building trust and relationships and what they are most concerned about when they present to services.

Tier 3

a) Actively design, promote, provide and support activities and events in social care that recognise and includes LGBTQ+ history and culture alongside those activities and events celebrated by the cisgender and heterosexual population.

b) Demonstrate how the profile, issues and concerns of LGBTQ+ people in later life is relevant within forums that include staff, people you support and the public. Use vehicles such as newsletters, staff meetings, supervision and staff development to keep these issues alive and current.

c) Take a nuanced approach to understanding the different histories and backgrounds of individuals and communities within the LGBTQ+ umbrella.

d) Recognise and describe the role of trauma informed approaches to supporting LGBTQ+ people in later life and refer to these in supervision and staff development.

References to relevant guidance, legislation and or national standards

Government Equalities Office (2018) LGBT Action Plan
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721367/GEO-LGBT-Action-Plan.pdf

Sources of further guidance

LGBTQ Histories
Source: A Short History of LGBT Rights in the UK - The British Library (bl.uk). British Library

LGBTQIA+ Studies: A Resource Guide
Source: https://guides.loc.gov/lgbtq-studies

History of LGBTQ+ rights in the UK
Source: https://www.beh-mht.nhs.uk/news/history-of-lgbtq-rights-in-the-uk/1750

Suggested learning materials

50 years of PRIDE
Source: Archive on 4 - Fifty Years of Pride - BBC Sounds

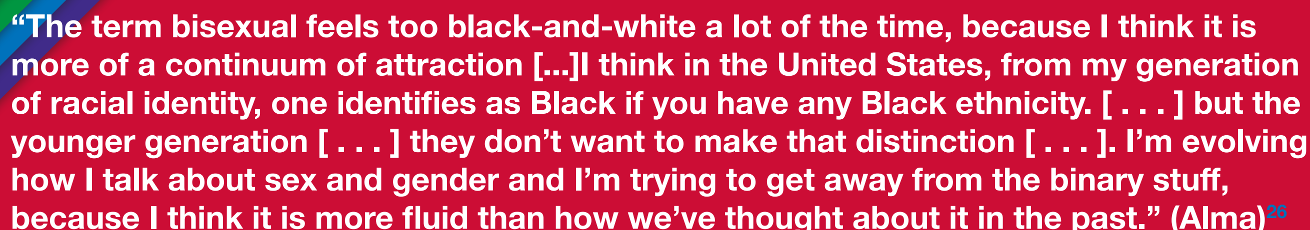
Conversation between Jeffrey Weeks and Liz Barker for Pride Month
Source: Conversation between Jeffrey Weeks and Liz Barker for Pride Month - YouTube

Interview for UK Black Pride with Jeffrey
Source: Opening Doors - Interview for UK Black Pride with Jeffrey - YouTube / Opening Doors - Interview for UK Black Pride with Bryan - YouTube

Why Bisexual people feel excluded from work, life and love
Source: https://www.ginabattye.com/why-bisexual-people-feel-excluded-from-work-life-and-love/

Subject 2:

Language, terminology and communication



"The term bisexual feels too black-and-white a lot of the time, because I think it is more of a continuum of attraction [...]I think in the United States, from my generation of racial identity, one identifies as Black if you have any Black ethnicity. [. . .] but the younger generation [. . .] they don't want to make that distinction [. . .]. I'm evolving how I talk about sex and gender and I'm trying to get away from the binary stuff, because I think it is more fluid than how we've thought about it in the past." (Alma)[26]

Key messages from the research evidence

There is a lack of large-scale quantitative data in the UK on its LGBTQ+ population and those in later life are generally invisible in official statistics, epidemiological research and the media.[27] Obtaining data has been historically problematic and contributes to a detailed lack of knowledge about the lives and needs of the LGBTQ+ population. This is partly due to a lack of monitoring for sexual orientation/gender identity in routine public services data collection, the reluctance of care providers and practitioners to engage and the understandable reluctance for LGBTQ+ individuals to share information and disclosure. Monitoring data helps services to identify gaps in their services and populations who may not be accessing their services (or are reluctant to share their personal data).

The England and Wales Census in 2021 was the very first time that (voluntary) questions were asked about sexual orientation and gender identity.[28] Asking questions about gender and sexual identity is a first step to paint a more precise picture of LGBTQ+ older people's needs and their diverse characteristics to help to provide a comparison with other groups in the UK population. Some conservative estimates have suggested that 5-7 per cent of the population identifies as LGBT.[29] On this basis, there are likely to be between 520k and 720k people, aged 60 years and over, who are LGBT (using the UK 2011 Census figures). A tentative estimate of 200-500,000 trans people in the UK does not break these figures down by age.[30]

Monitoring sexual and gender diversity in the access and provision of care services is important to validate and provide a vehicle for LGBTQ+ voices from different ages and backgrounds. More robust data about LGBTQ+ people in later life and how to use it will inform and drive changes in social care. It can be used to reach out to some of the most vulnerable people in our community and, to improve the health and wellbeing of particular marginalised groups such as trans, intersex,[31] non-binary and bisexual people, people from minoritised ethnic groups, refugees and asylum seekers.

There needs to be an atmosphere of respect for the persons privacy. Should they not wish for disclosure or for assistance, then their right to privacy needs to be guaranteed.

Being 'outed' can take many forms & even a small or subtle thing could lead to an LGBTQ+ person being outed, especially if you are talking about social care and medical needs. Understanding how to correctly identify a person's gender identity and sexual orientation, and creating a culture where people feel empowered to be open and honest with these questions, ensures compliance with the GDPR data accuracy principle. Asking this confidently and sensitively can signal a safe and comfortable environment or culture for people to come out if they wish to do so.[32] It is an area that many people working in care admit to struggling with.[33]

This requires an understanding and knowledge of the terminology and language used by LGBTQ+ people to express and communicate their identities. This includes the appropriate use of pronouns and standardising the use of pronouns, including staff's own in every day practice. Framing questions in a safe and sensitive way can invite people to describe their own identities. Inclusive language is not just about identities but broadening or adapting our language is also important for topics such as the body, health and relationships etc. For example, referring to 'partners' as a gender neutral replacement for 'husband/wife' or using the word 'they' as a third person instead of 'he' or 'she' until you know more about a person's relationships or gender identities are just two simple examples to signal.

It also requires a working knowledge of data protection and GDPR, ethical practice and confidentiality.

[26] Cited in: Jen, S., Jones, R.L. (2019) Bisexual Lives and Aging in Context: A Cross-National Comparison of the United Kingdom and the United States. The International Journal of Aging and Human Development . 89(1) 22–38. (p31).

[27] Beach, B. (2019) Raising the equality flag Health inequalities among older LGBT people in the UK. London, ILC, UCL, Cardiff University.

[28] Office for National Statistics (2021) Sexual orientation question development for Census 2021 https://www.ons.gov.uk/census/census-transformationprogramme/questiondevelopment/sexualorientationquestiondevelopmentforcensus2021 (accessed 21/7/2022).

[29] Public Health England (2019) Producing modelled estimates of the size of the lesbian, gay and bisexual (LGB) population of England Final Report. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585349/PHE_Final_report_FINAL_DRAFT_14.12.2016NB230117v2.pdf (accessed 21/7/2022).

[30] Government Equalities Office, (2018) LGBT Action Plan https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721367/GEO-LGBT-Action-Plan.pdf (accessed 21/7/2022).

[31] Hegarty, P., Donnelly, L., Dutton, P. F., Gillingham, S., Vecchietti, V., (2020) Understanding of Intersex: The Meanings of Umbrella Terms and Opinions About Medical and Social Responses Among Laypeople in the United States and United Kingdom, Psychology of Sexual Orientation and Gender Diversity, 8 (1), 25-27.

[32] Beach 2019 ibid.

[33] Simpson, P, Almack, K & Walthery , P 2016, 'We treat them all the same': the attitudes, knowledge and practices of staff concerning old/er lesbian, gay, bisexual and trans residents in care homes, Ageing and Society', pp. 1-31. https://doi.org/10.1017/S0144686X1600132X.

Suggested target audience

Tier 1, 2 and 3

Key learning outcomes

Tier 1

The learner will be able to;

a) Demonstrate an awareness of terminology by the people used to describe and express gender and sexual diversity. Always use and display their own and other's pronouns.

b) Describe how they can avoid making cisnormative and heteronormative assumptions through the use of open and affirmative communication in their day-to-day interactions.

c) Describe the legal requirements and agency policy for maintaining confidentiality in sharing information concerning people drawing on care and support/carers/colleagues identities.

d) Be aware of one's role in being in daily contact with people drawing on care and support and carers and respect and honour their trust and confidence so they feel able to be their true selves.

Tier 2

a) Identify the agency policy and ascertain whether it meets best or current practice and address any gaps in equality monitoring in conjunction with Tier 3 staff.

b) Describe and implement the agency policy and procedure for equality monitoring of sexual orientation and gender identity status and clearly explain this to people drawing on care and support and carers

c) Demonstrate skills in supporting people who draw on care and support and carers 'coming out' and confidently articulate how this information can be used with the individuals consent to inform their future care support and care.

d) Recognise the features and cultures of heteronormative and cisgender care environments and take steps to develop more supportive environments to minimise the risks of harm and exclusion.

Tier 3

a) Describe, design and implement the agency's equality monitoring policy and procedure and explain how this is used to inform, develop and service provision for LGBTQ+ people in later life.

b) Demonstrate support, supervise and provide or commission appropriate training for staff in promoting positive use of language, terminology and communication on LGBTQ+ identities.

c) Describe how to monitor, evaluate and improve the quality of social care using information from LGBTQ+ people who draw on care and support and carers.

References to relevant guidance, legislation and/or national standards **NHS England. Delivering universal personalised care.**
Available at: https://www.england.nhs.uk/personalisedcare/upc/
Government Equalities Office. 2018. National LGBT Survey.
National LGBT survey: research report (publishing.service.gov.uk)
Equalities Human Rights Commission
Improving sexual orientation monitoring | Equality and Human Rights Commission (equalityhumanrights.com)
The Data Protection Act 2018, Gov UK
Data protection: The Data Protection Act - GOV.UK (www.gov.uk)

Sources of further guidance
If we are not counted, we don't count; Good practice guide to monitoring sexual orientation and trans status 2021.
Source: If%20We%E2%80%99re%20Not%20Counted,%20We%20 Don%E2%80%99t%20Count%20FINAL.pdf (dxfy8lrzbpywr.cloudfront.net)
SAFE TO BE ME: Meeting the needs of older lesbian, gay, bisexual and transgender people using health and social care services: A resource pack for professionals.
Source: Age UK in collaboration with Opening Doors safe_to_be_me.pdf (ageuk.org.uk)

Suggested learning materials
LGBTQ+ Terminology: The Importance of Educating Yourself.
Source: https://www.youtube.com/watch?v=XEKqnVyroBk
I is for Intersex: Community Discussion.
Source: https://www.lgbthealth.org.uk/resource/i-is-for-intersex-community-discussion-scotland/
Looking Both Ways – spotlight on ageing and bisexuality
Source: https://ounews.co/education-languages-health/health/looking-both-ways-spotlight-on-ageing-and-bisexuality/

Subject 3:

Legal framework, human rights and ethics

> **"I think it is mainly about fostering the right sort of culture and environment within an organisation, so that there is an expectation that comes from the top that people are valued regardless of gender identity (and regardless of a range of other attributes such as sexuality, ethnicity, disability, age etc.). Without this, all the correct systems and procedures can be in place but in practice of little value to non-binary people."**[35]

Key messages from the research evidence

There has been greater recognition, equality and protection for LGBTQ+ human rights through the UK developing legal framework. Care services need to respond to these changes and create opportunities that demonstrate to the LGBTQ+ ageing communities that their services are open to challenge and change, and strive to be affirmative and inclusive and how they implement the legislation, policy, principles and values of care.

The Human Rights Act 1998 embodies international human rights law that prohibits discrimination based on sexual orientation, gender identity and sex characteristics. An example is the violation of rights to freedom of expression and privacy. Despite this, 67 United Nation countries still have discriminatory laws that criminalise consensual same-sex relationships and actively curb freedom of speech and expression. These can pose risks to people subject to punitive immigration legislation and procedures. The Human Rights Act 1998 extends the fundamental rights and freedoms contained in the European Convention on Human Rights including the following, the right to freedom, the right to respect for private and family life, freedom of thought, conscience and religion, and freedom to express your beliefs, freedom of expression, the right not to be discriminated against in respect of these rights and freedoms.

The Equality Act 2010 strengthened previous equalities legislation with the potential to secure greater fairness and equality for older lesbian, gay, bisexual and trans people in the UK. It applies to all organisations that provide a service to the public or a section of the public and anyone who sells goods or provides facilities, whether or not a charge is made for them. The purpose of the Public Sector Equality Duty (Section 149) is to integrate equality and promote good relations into the day-to-day business of public authorities in addition to responding to discrimination. The Equality Act 2010 prohibits discrimination on the grounds of nine protected characteristics, including religion, sexual orientation, and gender reassignment (these have been expanded by case law to include trans identities more broadly). Professional standards for social care professionals also mandate non-discriminatory practice.[36][37][38][39]

The Gender Recognition Act 2004 gave trans people legal recognition to acquire a new birth certificate – although gender options are limited to 'male' or 'female' and excludes non-binary people. In 2018, the UK Government consulted the public on reforming the Act, no action has since taken place.

In 2018, the Care Quality Commission found that hardly any adult social care providers reported work on trans inclusion, and in every case, this was a reactive response after a trans person began using a service.[40] The Equality Act 2010 provides protection for a person who has proposed, started or completed a process to transition. The Act changed the previous definition by no longer requiring a person to be under medical supervision in order to be protected.

Overall the provisions of the Care Act 2014 lend themselves well to positive interpretation in relation to the needs of older LGBTQ+ people and their support networks. The focus on localities in the legislation is an enabler for developing and improving good practice with geographically dispersed communities and applied with imagination and commitment, the provisions of the Care Act could enable new forms of person-centred care to emerge to support older LGBTQ people.[41]

LGBTQ+ identities have been historically pathologised within mental health and at the time of writing is clearly continuing in the use of conversion therapies on Trans and non-binary people. There has been some evidence suggesting that human rights issues are not always explicitly considered and may be less likely to be captured in monitoring visits by CQC or commissioners to LGBTQ+ people detained under the Mental Health Act 2005, and the Code of Practice 2015 introduced a new guiding principle on respect and dignity. This focuses on promoting both equality and human rights (chapter 1), and strengthened other principles, such as the one promoting empowerment and involvement (chapter 1) to help ensure there is no discrimination or disproportionate impact in practice. The Mental Capacity Act (2005) is relevant to LGBTQ+ people who may need independent advocacy or wish to make advance decisions if they are no longer able to exercise choice but wish their priorities, life choices and identities to be respected.

Developing service standards for the LGBTQ+ population can inform service improvements and commissioning of culturally relevant services and can inform evaluation of performance and quality assurance. This might involve targeted staff training, improving the collection of data on the needs of LGBTQ+ people in later life to identify whether to target specific services to address their health and social care inequalities as well as to ensure that mainstream services meet their needs.[42]

Engaging with the good practice guides and resources in this framework will support organisations, its stakeholders and workforce to demonstrate affirmative and inclusive services as well as eliminating discrimination and harassment.

35 Valentine, V. (nd) Including non-binary people: guidance for service providers and employers Author Vic Valentine Policy Officer Scottish Trans Alliance and Equality Network (p26).

36 Scottish Social Services Council, 2020 Codes of Practice for Social Service Workers and Employers https://socialworkscotland.org/wp-content/uploads/2022/01/SSSCCodesofPractice2016.pdf (accessed 21/7/2022). Skills for Care ‘Confident with difference’ https://www.skillsforcare.org.uk/Developing-your-workforce/Care-topics/Equality-and-diversity/Confident-with-difference.aspx (accessed 24/7/22).

37 Jurček et al, 2021 ibid.

38 Social Care Wales. (2017) Code of professional practice for social care. https://socialcare.wales/cms_assets/file-uploads/Code-of-Professional-Practice-for-Social-Care-web-version.pdf (accessed 22/7/2022).

39 Social Work England, (2021) Professional Standards https://www.socialworkengland.org.uk/standards/professional-standards/ (accessed 21/7/2022).

40 Care Quality Commission (2018) The adult trans care pathway - Care Quality Commission (cqc.org.uk)

41 Crossland, J. (2016) Exploring the Care Act’s potential for anti-discriminatory practice with lesbian, gay, bisexual and trans older people, Quality in Ageing and Older Adults, 17(2), 97-106.

42 Beach et al, 2019 ibid.

Suggested target audience

Tier 1, 2 and 3

Key learning outcomes

Tier 1

The learner will be able to;

a) Demonstrate an understanding of how and why LGBTQ+ people are covered by the protective characteristics under the Equality Act 2010.

b) Understand the principles of Human Rights how its specific articles and protocols specifically relate to the experience of LGBTQ+ people in later life.

Tier 2

a) Describe how the provisions of the Equality Act can enable rights-based approaches to working with LGBTQ+ older people and their carers', how to put this into practice and how it applies to the practice context.

b) Promote/advocate for person-centred support by tailoring services for LGBTQ+ people, their carers' and their communities in a way that demonstrates commitment to equality in practice and recognises the need for reasonable adjustments.

c) Understand and act on the provisions of the Care Act (2014) for improving choice and personalisation for LGBTQ+ people in later life.

d) Articulate the increased risks for LGBTQ+ people in relation to the provisions of Mental Health and Mental Capacity legislation and be active in assessing any potential for disproportionate impact and taking steps to reduce and address these impacts.

Tier 3

a) Put in place a plan of support, training, supervision and involvement of staff and volunteers to promote equality in services for LGBTQ+ people in later life.

b) Demonstrate that policies and procedures are in place to monitor report and evaluate on how equality and diversity impacts on LGBTQ+ people with protected characteristics.

c) Describe how to monitor and take responsibility for addressing discrimination and what systems can be put into place, to identify, address and then monitor the activities put in place to address these. Be proactive in developing and implementing action plans to address discrimination and inequalities and be transparent on their progress.

d) Demonstrate involvement of people who draw on care and support, carers and LGBTQ+ community groups in promoting initiatives that will promote positive exchange and community relations.

References to relevant guidance, legislation and or national standards

NHS England. Delivering universal personalised care.
Available at: https://www.england.nhs.uk/personalisedcare

The Human Rights Act 1998
The Human Rights Act | Equality and Human Rights Commission (equalityhumanrights.com)
Equality Act 2010: guidance
Equality Act 2010: guidance - GOV.UK (www.gov.uk)
Gender Recognition Act 2004
Gender Recognition Act 2004 (legislation.gov.uk)
Marriage (Same Sex Couples) Act 2013
Marriage (Same Sex Couples) Act 2013 (legislation.gov.uk)
What is Ageism?
What is ageism? | Discrimination & rights | Age UK
Equality for all: Mental Health Act 1983: Code of Practice 2015 Equality Analysis
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/396171/mha-ea.pdf

Sources of further guidance

Understanding the experiences of lesbian, gay, bisexual and transgender survivors of hate crime.
Source: Stonewall Housing and Equality and Human Rights Commission BridgeToolkit_StonewallHousing_RevisedOct15.pdf
Including non-binary people: guidance for service providers and employers
Source: https://www.scottishtrans.org/wp-content/uploads/2016/11/Non-binary-guidance.pdf Trans Scotland

Suggested learning materials

Our Story, Our History: LGBTQ+ legislation
Source: https://learning.parliament.uk/en/resources/your-story-our-history-lgbt-legislation
Trans inclusion with Christine Burns
Source: https://www.diversitytrust.org.uk/2019/06/the-diversity-trust-podcast-1-christine-burns-transgender-activist-part-2
Mental health and being LGBTQ+ - Christine's story
Source: About LGBTIQ+ mental health - Mind
Rainbow Migration: Stories from LGBTQI+ people
Source: https://www.rainbowmigration.org.uk/stories-from-lgbtqi-people

B

Subject 4:
LGBTQ+ inequalities in later life

Subject 5:
Family, kinship, communities and networks

Subject 6:
Challenging discrimination, oppression and violence

Subject 7:
Participation, user involvement and co-production

Health and Wellbeing in Later Life

Subject 4:

LGBTQ+ inequalities in later life

"I'm aware of the fact that the medication I'm on, with oestrogen … which I now have to have for the rest of my life, having had gender reassignment surgery … puts me into a higher risk bracket as well." (Gabriella)[43]

Key messages from research evidence

Research clearly demonstrates that LGBTQ+ people in later life report poorer health than the general population and have worse experiences of care.[44] Synthesis of data from 25 different data sources and an unparalleled sample size (over 2,500 LGB men and women) enabled a better understanding the extent of health inequalities in later life. Some of the inequalities in self-rated health included, long-term illness, smoking, suicide attempts, and life satisfaction.[45]

Such health inequalities are irrespective of the type of care LGBTQ+ people in later life are accessing cancer, palliative/end-of-life,[46] dementia and/or mental health services.[47 48 49]

These inequalities in outcomes are attributed to a number of issues,[50] including a lifetime of exposure to prejudice and discrimination resulting in 'minority stress'[51] and adapting to compensate, which may for example give rise to problematic substance use.[52] The theory of 'minority stress' suggests that LGBTQ+ people are at risk of mental health issues from chronic social stressors related to the experience of stigma and prejudice and which in turn can manifest in physical signs of stress. Additional stressors may also affect recovery times from illness and impact on pain management. These research findings should lead services to promote active equity over equality in the approach to service delivery and design, and to actively seek out and engage with disenfranchised groups using targeted methods rather than more broad/universal approaches.

LGBTQ+ older people frequently report the anticipation or experience of discriminatory attitudes among care providers in the form of heterosexism, homophobia, biphobia and transphobia. These fears and experiences in turn contribute to delay in access and a lower uptake of health services, which further impacts health and wellbeing.[53] LGBTQ+ older people may experience discrimination due to their age and sexual diversity or gender identity, as well as other 'protected characteristics' such as disability or ethnic identity, combining to create a larger impact on the individual.

43 Cited in Willis, P., Raithby, M., Dobbs, C., Evans, E. and Bishop, J.-A. (2021) "'I'm going to live my life for me': trans ageing, care, and older trans and gender non-conforming adults' expectations of and concerns for later life," Ageing and Society. 41(12), 2792–2813 (p2804).

44 Westwood et al, 2020 ibid.

45 Beach et al, 2019 ibid.

Suggested target audience

Tier 2 and 3

Key learning outcomes

Tier 2

The learner will be able to;

a) Carry out assessments that capture wider indicators of health and wellbeing and know how to signpost people to relevant health services and act as an advocate where appropriate.

b) Understand and use theories on the cause of discrimination to LGBTQ+ people; also substantive understanding of how these inequalities manifest - ie what physical and mental health consequences result from this level of discrimination.

c) Provide opportunities in the design and arrangement of services for LGBTQ+ health promotion particularly through interdisciplinary practice and team working.

d) Identify and familiarise themselves with the range of services that promote health and wellbeing and their eligibility criteria. Be proactive in asking health and social care providers for examples of how they actively support LGBTQ+ health including their policies on dealing with incidents of LGBTQ+ discrimination.

e) Select communication skills to signal to people who draw on care and support that this is a safe environment to discuss sexual and gender identity issues and concerns and that validates these identities, for example relationship focused communications, showing knowledge of procedures and frameworks on confidentiality.

[46] Almack K, Seymour J, Bellamy G. (2010) Exploring the Impact of Sexual Orientation on Experiences and Concerns about End of Life Care and on Bereavement for Lesbian, Gay and Bisexual Older People. Sociology. 44(5), 908-924. doi:10.1177/0038038510375739.

[47] Westwood and E. Price (2022 frth) LGBTQ+ People and Dementia: A Good Practice Guide (Bradford DementiaSeries). Jessica Kingsley Publishers.

[48] McGovern J. (2014) The forgotten: dementia and the aging LGBT community. J Gerontol Soc Work. 57(8) 845-57. doi: 10.1080/01634372.2014.900161.

[49] Almack, K., King, A ()2019, 'Lesbian, Gay, Bisexual, and Trans Aging in a U.K. Context: Critical Observations of Recent Research Literature', The International Journal of Aging and Human Development , 89, (). 93-107.

[50] Kneale et al, 2019 ibid.

[51] Meyer IH, Prejudice MIH. (2003) Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychol Bull. 129, 674–97

[52] Yarns, B.C., Abrams, J.M., Meeks, T.W. et al. The Mental Health of Older LGBT Adults. Curr Psychiatry Rep 18, 60 (2016). https://doi.org/10.1007/s11920-016-0697-y.

[53] Miller,B., Irvin, J. (2017) Invisible Scars: Comparing the Mental Health of LGB and Heterosexual Intimate Partner Violence Survivors, Journal of Homosexuality, 64:9, 1180-1195, DOI: 10.1080/00918369.2016.1242334

Tier 3

a) Identify and improve the collection of data around the health and support needs of LGBTQ+ people in later life and use these to inform future commissioning and targeting of resources and to develop partnerships with health partners.

b) Develop a detailed action plan to improve the inclusivity of your mainstream service provision. Focus on identifying where older LGBTQ+ people currently access mainstream health and care services and think about how to make these more welcoming and open so that people feel safe using them particularly if they wish to disclose their sexual and gender identity.

c) Include LGBTQ+ imagery and specific information representing LGBTQ+ in the service promotion materials such as photographs, pride flags.

d) Develop outreach to local LGBTQ+ communities and advocacy organisations to find out about their specific provision and meet regularly with them to review how to work together and the type of partnerships required to improve the health and wellbeing of people in later life and the type of partnerships.

References to relevant guidance, legislation and or national standards

NHS England The Equality and Health Inequalities Hub
NHS England » The Equality and Health Inequalities Hub

NICE Promoting positive mental wellbeing for older people: A quick guide for registered managers of care homes.
https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/promoting-positive-mental-wellbeing-for-older-people

NHS England Measures from the Adult Social Care Outcomes Framework, England - 2020-21
Measures from the Adult Social Care Outcomes Framework, England - 2020-21 - NHS Digital

Sources of further guidance

Better Health Briefing, Issue 41. Barriers to health faced by transgender and non-binary black and minority ethnic people.
Source: Race Equality Foundation https://raceequalityfoundation.org.uk/health-care/barriers-to-health-faced-by-transgender-and-non-binary-black-and-minority-ethnic-people

LGBT Common Outcomes Framework
Source: LGBT-Common-Outcomes-Framework.pdf (consortium.lgbt) LGBT Consortium UK

Pride in Practice LGBT Patient Experience Survey 2021.
Source: LGBTQ+ Patient Experience Survey.pdf - Google Drive LGBT Foundation.

Suggested learning materials

Our Story, Our History: LGBTQ+ legislation
Source: https://learning.parliament.uk/en/resources/your-story-our-history-lgbt-legislation

The Impact of the COVID-19 Pandemic on LGBT+ Communities video.
Source: https://www.youtube.com/watch?v=GpZpOPgAnE0

Never Too Late To Come Out As Transgender: Heartfelt Stories including how people navigated the NHS
Source: Never Too Late To Come Out As Transgender: Heartfelt Stories - YouTube

Subject 5:

Family, kinship, communities and networks

"We all tended to work in [voluntary] projects together [in the past] . . . there was a lot going around, like women's festivals and that kind of thing . . . coming together to put together events for women . . . community type things. ...I met a lot of people through that network, so there's quite a big network [that I'm involved in]." (Martina)[54]

Key messages from research evidence

Despite legal recognition of relationships, there is extensive evidence of LGBTQ+ people's partners, carers and 'families of choice' not being valued and recognised in some care settings.[55 56] This may be because they are just overlooked in and excluded from important care conversations because they are not considered a significant other by care staff. 'Families of choice' (sometimes referred to as 'chosen family'), including friends, lovers, ex-partners and trusted biological relatives, are increasingly being recognised as significant providers of care for LGBTQ+ adults.[57 58] Having a more extensive and varied support network that includes friendships is a definite strength for people in later life.

Invisibility may be due to heterosexist assumptions that make the nature of relationships unclear or they may not be taken seriously. Some research has shown how it is necessary for significant others or LGBTQ+ people themselves to take action to educate and create safe contexts and not all LGBTQ+ people have someone 'fighting' for them.[59 60]

Some research findings into the experiences of LGBTQ+ older people during lockdown in the UK[61] found that those people happy with their living circumstances prior to COVID, reported stoicism, adaptability and determined positivity and some even reported an improved quality of life, better personal relationships and increased neighbourly support. There were some gender differences in that gay men placed a stronger emphasis on independence and who made a clear distinction between social contacts and the provision of support. Specific issues for trans and gender non-conforming older peoples found that some were dependent upon the quality and availability of their family and support networks which often centred around friends and non-kin.[62] These strengths of the community and peer support are valuable assets for social care.

[54] Cited in: Heaphy B. Sexualities, Gender and Ageing: Resources and Social Change. Current Sociology.55(2),193-210. (p204).

[55] Manthorpe, J. (2003). Nearest and dearest? The neglect of lesbians in caring relationships. British Journal of Social Work, 33, 753–768.

[56] Willis, P., Ward, N., & Fish, J. (2011). Searching for LGBT Carers: Mapping a Research Agenda in Social Work and Social Care. The British Journal of Social Work, 41(7), 1304–1320.

[57] Almack et al, 2010 ibid.

[58] King, A. and Cronin, A. (2013) 'Queering care in later life: the lived experiences and Intimacies of older lesbian, gay and bisexual adults', in Sanger, T. and Taylor, Y (eds), Mapping Intimacies: relations, exchanges, affects, London: Palgrave MacMillan.

[59] McParland J, Camic PM. (2016) Psychosocial factors and ageing in older lesbian, gay and bisexual people: a systematic review of the literature. Journal of Clinical Nursing 25(23-24), 3415-3437.

[60] Willis et al, 2020 ibid.

On the other hand, the ability of LGBTQ+ older people to maintain supportive relationships with their families becomes increasingly challenging as they get older[63] resulting in situations where their support networks are disproportionately dependent on friends.[64] These relationships can be further compromised for those living in rural areas[65] or when moving into supported living environments. One study has identified the potential for social exclusion for LGBTQ+ people in housing and care schemes.[66] This included feeling disconnected from other residents due to different personal interests and life experiences, and overhearing homophobic and/or racist comments from other residents, which compounded a sense of marginalisation or being an outsider.

Other research shows that older gay men are significantly less likely to have a partner when compared to heterosexual men as well as being more likely to age without children.[67] Bisexual men are more likely to have children than any other group.[68][69] A review of studies on loneliness in later life for LGBTQ+[70] suggests that the characteristics and circumstances, including living arrangements, housing tenure, minority stress, and geographical proximity, in the lives of older LGB people may mean that they are at increased likelihood of loneliness. This review found that across older LGB populations, families of choice do not always compensate for weaker kinship ties and this needs further investigation. A potential consequence of this lack of informal support is that people rely on more formal sources of social support as they age.

61 Westwood et al, 2021.

62 Toze M (2018) Developing a critical trans gerontology. British Journal of Sociology 70, 1490–1509.

63 Orel, 2014.

64 Brennan-Ing et al 2014.

65 Fenge, L-A., Jones, K., (2012). Gay and pleasant land? exploring sexuality, ageing and rurality in a multi-method, performative project. British Journal of Social Work, 42 (2), 300-317.

66 Willis, P. B. , Powell, J. M., Vickery, A. Y., Cameron, A. M., & Johnson, E. K. (2022). Diversity in Care Environments: Learning Resource tool. Housing LIN.

67 De Vries, B., Hoctel, P. (2006). The family–friends of older gay men and lesbians. In N. Teunis & G. Herdt (Eds.),Sexual inequalities and social justice (pp. 213–232).Berkeley, CA: University of California Press.

68 Croghan, C.F., Moone R.P. Olson. A.M., (2014) Friends, Family, and Caregiving Among Midlife and Older Lesbian, Gay, Bisexual, and Transgender Adults, Journal of Homosexuality, 61(1), 79-102.

69 Almack, K., Jones, R. Scicluna, R (2018) Ageing and bisexuality Case studies from the ‘Looki both ways https://wels.open.ac.uk/sites/wels.open.ac.uk/files/files/looking-both-ways-report-online-version%20(2).pdf

70 Fish, J. and Weis, C. (2020) All the lonely people, where do they all belong? An interpretive synthesis of loneliness and social support in older lesbian, gay and bisexual communities. Quality in Ageing and Older Adults. 20 (3) 10.1108/QAOA-10-2018-0050.

Suggested target audience

Tier 1, 2 and 3

Key learning outcomes

Tier 1

The learner will be able to;

a) Identify and recognise the diversity of kinship and identify the networks which can be included in care settings.

b) Actively include social and friendship family networks around people in later life and welcome and include them in the care and support of their loved ones and in the care setting, where appropriate. Be aware that blood kinship may not be the person's preferred representative or work in their best interest.

Tier 2

a) Describe the provision of opportunities in assessment and planning where older people's personal and care relationships can be recognised, valued, included and meaningfully engaged in the support for the LGBTQ+ person accessing and using services. Use neutral language when asking about the names and relationships of other people who the person you support wishes or does not wish to have contact with.

b) Describe and articulate the legal rights of LGBTQ+ intimate and familial relationships and keep accurate records of how the individual has described their significant relationships so that these can be communicated to the team around the person without speculation. Know who to contact for advice where there are disputes and conflicts with those who put themselves forward as the person's representative.

c) Being able to recognize those that can participate in best interest decision-making and preceding this an awareness of the legal frameworks that gives people the right to make advanced decisions about their care needs for a future in which they may lack capacity.

d) Offer and provide advocacy and/or independent advocacy for people who do not have support networks particularly for people who lack capacity, or who may be isolated and at increased risk of exclusion and discrimination.

e) Capitalise on the strengths of individual and community networks in care planning and support and allocate resources to facilitate these.

Tier 3

- **a)** Identify and provide procedures on how people who draw on care and support and carers can raise issues when problems of exclusion or conflict arise.
- **b)** Identify and engage with relevant community networks, e.g. volunteers, advocates to meet any needs of LGBTQ+ people who lack practical and emotional support.
- **c)** Identify and ensure all service documentation (information leaflets and admission and consent forms - use language and imagery which shows a wide representation of LGBTQ+ families and friends and provides details of where to get further, specialist support, advice and information on legal matters, carer's assessments etc.
- **d)** Put in place practice frameworks that promote advanced decision-making by all older people and for LGBTQ+, identification of networks that they would want involved in decision-making for them.

References to relevant guidance, legislation and or national standards

Providing Independent Advocacy under the Care Act.
Providing independent advocacy under the Care Act: self study pack for independent advocates (local.gov.uk)

Consultation outcome: Reforming the Mental Health Act, 2021.
https://www.gov.uk/government/consultations/reforming-the-mental-health-act/reforming-the-mental-health-act

Sources of further guidance

Not 'just' a friend best practice guidance on health care for lesbian, gay and bisexual service users and their families.
Source: Royal College of Nursing and UNISON. https://www.nhsggc.org.uk/media/256049/nhsggc_equalities__not_just_a_friend.pdf

Suggested learning materials

Older lesbian couple on being happy for 30 years
https://www.youtube.com/watch?v=Tc8VFE68I30

Rogers Story: LGBTQI+- older people and residential care.
Source: LGBTQI+: Older people and residential care: Roger's story | SCIE

Dave's story: Growing older as me
Source: Growing Older As Me: Dave | My Genderation - YouTube

Ageing and bisexuality Case studies from the 'Looking Both Ways' project
https://wels.open.ac.uk/sites/wels.open.ac.uk/files/files/looking-both-ways-report-online-version%20(2).pdf

Subject 6:

Challenging discrimination, oppression and violence

> **"It can be hard . . . you know one guy came in and said, "what causes this perversion," and I've been prayed over, and there's been this uprising in the room with people saying, 'Oh if my daughter was . . .' and all this gay conversion stuff, and it's been pretty, pretty tough, yeah. But… you've got to hear the hatred, actually, and sort of expose it, rather than it just staying as subtext." (Sarah)[71]**

Key messages from research evidence

In addition to discrimination by exclusion and marginalisation, LGBTQ+ people in later life frequently report the anticipation or experience of discriminatory attitudes among care providers in the form of heterosexism, homophobia, biphobia and transphobia. These can and often are experienced in the form of micro-aggressions rather than clear and open discrimination.[72] Internal or unconscious biases may affect the way care staff talk to and behave with LGBTQ+ people who draw on care and support and carers for example through body language that communicates a stereotype or antagonistic message about LGBTQ people. A constant stream of negative messages can become internalized, adding to an LGBTQ+ person's stress and contributing to less positive care outcomes.[73]

These fears and experiences in turn contribute to delay in access and a lower uptake of health services, which further impacts health and wellbeing.

Experiences of discrimination can also contribute to material disadvantage (for example poverty from workplace exclusion), poorer mental health, and create barriers to accessing services in the future.[74]

There's ample evidence of people being subject to violence, verbal, physical, emotional and sometimes sexual[75] abuse within care settings. This includes being targeted by other residents and visitors. This includes being subject to religious fundamentalism that rejects gender and sexual diversity, and acts of omission and neglect of care due to disapproval and rejection.[76]

71 Cited in Westwood, S., Knocker, S. (2016) One-day training courses on LGBT* awareness – are they the answer? In S. Westwood, & E. Price (Ed.), Lesbian, gay, bisexual and trans* individuals living with dementia: Concepts, practice and rights. Routledge. (p58)

72 EXPLAIN MICRO AGGRESSSION.

73 The National LGBT Health Education Center (2018) Learning to Address Implicit Bias Towards LGBTQ Patients: Case Scenarios. https://www.lgbtqiahealtheducation.org/wp-content/uploads/2018/10/Implicit-Bias-Guide-2018_Final.pdf

74 Fredriksen-Goldsen KI, Kim HJ, Barkan SE, Muraco A, Hoy-Ellis CP (2013) Health disparities among lesbian, gay, and bisexual older adults: results from a population-based study. Am J Public Health. 103(10):1802-9.

75 Westwood, S. (2019) Abuse and older lesbian, gay bisexual, and trans (LGBT) people: a commentary and research agenda, Journal of Elder Abuse & Neglect, 31:2, 97-114.

76 Westwood, 2022 ibid.

Suggested target audience

Tier 1, 2 and 3

Key learning outcomes

Tier 1

The learner will be able to;

a) Recognise the different forms of discrimination that LGBTQ+ people face in accessing health and social care services, understanding how these manifest in different contexts.
b) Be aware of their own values and beliefs and be able to recognise different ways that discrimination may deliberately or inadvertently occur in the work setting.
c) Know how to report and challenge discrimination in a way that promotes positive change and which demonstrates support for the person experiencing it.
d) Demonstrating LGBTQ+ visibility and/or visible allyship (such as pronouns on name badges/email signatures, rainbow lanyards, physical or virtual ally badges).

Tier 2

a) Describe and model how to work in an inclusive way with LGBTQ+ people in later life and the relevance of legislation and codes of practice relating to equality, diversity and discrimination. Describe how these apply to own role and the role of other services in touch with LGBTQ+ older people.
b) Be able to provide a range of sources of information, advice and support that minimises discrimination and able to adapt assessment, make adjustments in support and care that takes into account gender and sexual diversity and combats the stigma, myths and stereotypes associated with these.
c) Understanding the methods by which they can actively challenge discrimination and how to ensure that this is effective and has immediate effect.' (eg. Models of allyship, talking to managers, using 'whistleblowing'; empowering the person you support to disclose discrimination.)
d) Actively challenge any discriminatory practice that may compromise the rights of LGBTQ + people and support them to report or claim any redress.
e) Lead practice and an organisational culture that values and respects equality, inclusion and the diversity of people from different gender and sexual identities and has opportunities to discuss differences in the context of person-centred care.

Tier 3

a) Develop systems and processes that promote diversity, equality and inclusion and enable discriminatory incidents to be reported and monitored.
b) Train and support staff to first see when and how discrimination might be occurring, and then how to respond to any incidents.

References to relevant guidance, legislation and or national standards

Gov UK Equality Act 2010: guidance.

Equality Act 2010: guidance - GOV.UK (www.gov.uk)

Sources of further guidance

Stonewall Housing: Understanding the experiences of lesbian, gay, bisexual and transgender survivors of hate crime.

Source: LGBT in Britain - Hate Crime and Discrimination | Stonewall

Suggested learning materials

LGBTQ micro aggressions in dementia care

Source: LGBTQ micro aggressions in dementia care 2020 - YouTube Phil Harper

Equalities podcast on allyship. Source: Diversity Trust

https://www.diversitytrust.org.uk/2022/03/the-diversity-trust-podcast-11-hira-ali-allyship-and-advancing-your-potential

Learning to Address Implicit Bias Towards LGBTQ Patients: Case Scenarios

Source: https://www.lgbtqiahealtheducation.org/wp-content/uploads/2018/10/Implicit-Bias-Guide-2018_Final.pdf

Subject 7:

Participation, user involvement and co-production

We (Community Advisors) shared our stories with the groups—about coming out in later life. Talked about being baby boomers. That sort of created conversation... I gave my story to a care staff member (Asian woman) and she burst into tears." (Community Advisor)[77]

Key messages from research evidence

Participation and involvement of people in later life are integral to social care in any setting and is referred to in the Care Act 2014. This should be embedded in everyday interactions with LGBTQ+ people through the language we use, the approach we model, and enabling self-expression and self-determination of the person as well as consulting them about everyday care. Examples might include recognising the assets that people bring, through their relationships, their sense of resilience, their knowledge and skills in managing their lives so far, what they're able to do that benefits themselves and others in their networks.

There's a growing movement among LGBTQ+ ageing research and practice, which actively promotes partnership working with LGBTQ+ community members. The evidence demonstrates that are willing to share their expertise given their stake in using services in later life if this is supported and valued. This requires creativity, commitment and resources to facilitate effectively. Some evidence suggests that LGBTQ+ individuals are burdened with educating and advising professionals on issues that professionals should be familiar with.[78] It's important to encourage involvement but to take responsibility for one's own learning.

There are many and growing examples of partnerships involving LGBTQ+ people in later life.[79] One involved partnership between LGBTQ+ 'community advisors' and a large national care home provider, which showed that enabling structured interaction and personal exchange between voluntary community members with staff and managers made the best use of different types of expertise, and provided a powerful learning opportunity.[80] This involved engaging rather than alienating staff in learning by creating safer, non-judgmental spaces for critical exploration of what makes good care. Action research to enhance inclusive care in residential homes demonstrated that collaboration, participation and co-production can be valuable in producing new, multi-faceted knowledge and understandings. Reflecting lived experiences served to enhance the depth, credibility and authenticity of challenge and change to care home cultures. Another example is the Trans Ageing and Care delivered in collaboration with the Unique Transgender Network and the Older LGBTQ+ Network for Wales, Age Cymru dedicated to improving health and social care services for trans individuals over 50 years and learning more about the wellbeing, needs and interests of trans and gender diverse adults in later life.[81]

Suggested target audience

Tier 2 and 3

Key learning outcomes

Tier 2

The learner will be able to;

a) Involve the people they support and carers in assessment, interventions and also reviewing or re-assessments of care plans as well as support planning. Take time to familiarise with local support networks and specific services for LGBTQ+ people in later life that may complement care.

b) Demonstrate awareness of heteronormative[82] and cisnormative[83] environments and practices through a person-centred approach and take steps to mitigate these (through more neutral or open language and questioning).

c) Consider the individuals wider support networks to ensure inclusiveness when inviting participation and self-directed care.

Tier 3

a) Demonstrate how training and support is provided for staff to practice effective involvement with LGBTQ+ people drawing on care and support and carers by embedding this in induction, supervision and appraisal and capturing any good practice, issues and concerns.

b) Actively involve local LGBTQ+ partners. Make efforts to reach out to local LGBTQ+ partners and services and develop strategies together for effective consultation in service/business plans. Promote and publicise opportunities and outcomes for participation, user involvement and co-production that includes explicit examples of LGBTQ+ good practice.

c) Ensure that funds are allocated to enable LGBTQ+ people to be involved in designing and delivering training. Involve and allocate resources to LGBTQ+ people with lived experience to participate in service development and evaluation.

[77] Willis et al 2018 ibid (p10).

[78] Willis, P., Raithby, M., Dobbs, C., Evans, E., & Bishop, J. (2021). 'I'm going to live my life for me': Trans ageing, care, and older trans and gender non-conforming adults' expectations of and concerns for later life. Ageing and Society, 41(12), 2792-2813.

[79] Willis, P., Almack, K., Hafford-Letchfield, T., Simpson, P. Billings, B., Mall, N., (2018) Turning the co-production corner: methodological reflections from an action research project to promote LGBT inclusion in care homes for older people. International Journal of Economic Research and Public Health. 15(4), 695;

[80] Hafford-Letchfield, T., Simpson, P., Willis, P. B., & Almack, K. (2018). Developing inclusive residential care for older lesbian, gay, bisexual and trans (LGBT) people: An evaluation of the care home challenge action research project. Health and Social Care in the Community, 26, 312–320.

[81] Trans Ageing and Care TrAC https://trans-ageing.swan.ac.uk

[82] Heteronormativity is the assumption that heterosexuality is the norm and privileges this over any other form of sexual orientation.

[83] Cisnormativity is the assumption that cisgender is the norm and privileges this over any other form of gender identity such as non-binary, gender non-conforming, trans.

References to relevant guidance, legislation and or national standards

Patient and public participation in commissioning health and care: Statutory guidance for clinical commissioning groups and NHS England

https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf

Co-production and the Care Act 2014.

https://www.thinklocalactpersonal.org.uk/co-production-in-commissioning-tool/co-production/In-more-detail/co-production-and-the-Care-Act

Sources of further guidance

Trans Ageing and Care (TrAC): Dignified and inclusive health and social care for older trans people in Wales

Source: https://trans-ageing.swan.ac.uk

A guide to co-production with older people

Source: A guide to co-production with older people - NDTi

The participation of adult service users, including older people, in developing social care

https://www.scie.org.uk/publications/guides/guide17/participation/legislation.asp

Suggested learning materials

Co-production.

Source: https://www.scie.org.uk/co-production/ Social Care Institute for Excellence

Consultation with older LGBTQ+ individuals to identify research priorities for EDI in residential care'

Source: here.

LGBTQI+ Disabled People using Self-Directed Support

https://www.scie.org.uk/lgbtqi/disabled-people/self-directed

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Subject 8:
Intersectionality in LGBTQ+ ageing

Subject 9:
Support and care for LGBTQ+ individuals with dementia

Subject 10:
LGBTQ+ carers

Subject 11:
Sexuality and Intimacy in Later Life

Subject 12:
Trans and Non-Binary affirming care

Subject 13:
HIV and LGBTQ+ ageing

Subject 14:
Safeguarding LGBTQ+ adults in Later Life

Subject 15:
End of life care

Personalised Care and Support

Subject 8:

Intersectionality in LGBTQ+ ageing

> **"So if I want to get autistic services, I don't really talk about sexuality; if I want to go into queer spaces, I can't really talk about disability and access . . . there's not an understanding; there's not a whole lot of cross-education."[84]**

Key messages from research evidence

Intersectionality describes how multiple identities contribute to a person's sense of self and how these different aspects are themselves potentially subject to forms of discrimination and marginalisation. Intersectional approaches help us understand how belonging to a number of different minority populations can lead to increased resilience and person-centred support.[85] LGBTQ+ older people themselves do not form a homogenous group and have multiple and complex identities including, ethnicity, gender, disability, class, geographic location, religion, and age.[86] All of these factors are important for how health and social care professionals' work with LGBTQ+ older people and how they acquire the knowledge and skills to do so.

One illustrative finding from the UK Government Equalities Office (2018) survey of LGB (and trans) people is the differences across those reporting experiences of conversion therapy. Older respondents were more likely to report this (10 per cent of those 65+ years) than younger age groups, and respondents identifying as Black, Asian and minority ethnic were more likely to report this compared to White respondents.[87] These findings highlights how experiences of conversion therapy are compounded by minority status and by older age, casting light on the additional heteronormative stressors and institutional racism experienced by LGBTQ+ people within these groups. It reiterates the value of recognising how oppressive professional interventions experienced in earlier decades impact on older people's understanding of their sexual identity, agency and resilience.[88]

The lack of affirmative and inclusive care has been linked to conflicting religious and cultural beliefs in the social care workforce.[89] and to ageist attitudes in relation to sexuality and ageing.[90] Sexual identity categories do not reflect the diversity of older LGBTQ+ people's lived experiences and further, attributing common features to older LGBTQ+ people's relationships that may, at best, disregard areas of commonality shared with other older people or, at worst, lose focus on the individuality of older people's life-experiences and significant relationships.[91]

Taking a lifecourse approach helps to consider how the accumulation of advantages and disadvantages over time can shape outcomes in later life. In other words, a negative experience or instance of adversity will have a more detrimental impact on an individual if it has been preceded by several similar negative instances.[92]

Finally, there's much less research into the experiences of LGBTQ+ people from diverse racial and cultural backgrounds and Disabled. Research[93] has described the unique challenges for older LGBTQ+ people from a minority ethnic background who have experienced discrimination based on race, gender, and sexuality in all phases of their lives, often bearing witness to and helping to start various equal rights and social justice movements. These unique challenges may involve the importance of religion and spirituality which can be a support but also a potential site of further oppression.

These experiences call for particular skills in later life around coping and developing resilience to a wider range of situations the individual might face. There's less known about the quality of life of disabled LGBTQ+ people despite what we know about the impact of health inequalities, those with learning disabilities and physical disabilities are under researched and may experience double jeopardy, as they have to integrate within two marginalised groups and negotiate both the stigma and assumptions of being asexual.[94] Understanding these nuances where disability, sexuality, ethnicity, gender and gender identities, intersect are essential to considering wellbeing in later life.

[84] Cited in: O'Shea, A.; Latham, J.R.; McNair, R.; Despott, N.; Rose, M.; Mountford, R.; Frawley, P. (2020) Experiences of LGBTIQA+ People with Disability in Healthcare and Community Services: Towards Embracing Multiple Identities. Int. J. Environ. Res. Public Health, 17, 8080. (p7).

[85] King, A., Almack, K., Jones, R.L. (eds.) (2019). Intersections of Ageing, Gender and Sexualities: Multidisciplinary International Perspectives. Bristol: Policy Press
King, A., Almack, K., Yiu-Tung S. (2019) Older Lesbian, Gay, Bisexual and Trans People: Minding the knowledge gaps. In Older Lesbian, Gay, Bisexual and Trans People. London, Routledge.

[86] Carers UK (2021), "State of Caring 2021. A snapshot of unpaid care in the UK," 2021. [Online]. Available: https://carersuk.org/images/Research/CUK_Stat

[87] UK Government Equalities Office (2018) ibid.

[88] Willis, P., Hafford-Letchfield, T. (2022) Sexual wellbeing and rights in later olife: developing an affirmative approach to older adult's sexual agency in (eds) S. Torres., S Donnelly, Critical Gerontology for Social Workers, Bristol, Policy Press.

[89] Westwood, S. (2022) Religious-based negative attitudes towards LGBTQ people among healthcare, social care and social work students and professionals: A review of the international literature. Health and Social Care in the Community, http://doi.org/10.1111/hsc.13812

[90] Hafford-Letchfield, T. Toze, M., Westwood, S (2021) Unheard voices: A qualitative study of LGBT+ ageing in the first wave of COVID-19 Pandemic.Health and Social Care in the Community. Online first. https://doi.org/10.1111/hsc.13531

[91] King and Cronin, 2013 ibid.

[92] Beach et al, 2019 ibid.

[93] Kum, S. (2017) Gay, gray, black, and blue: An examination of some of the challenges faced by older LGBTQ people of color, Journal of Gay & Lesbian Mental Health, 21(3), 228-239.

[94] Lee, S., Fenge, L-A. (2016) Sexual Well-Being and Physical Disability, The British Journal of Social Work, 46 (8), 2263–2281.

Suggested target audience

Tier 1, 2 and 3

Key learning outcomes

Tier 1

The learner will be able to;

a) Understand that LGBTQ+ people have multiple identities and this leads to a distinct set of issues for them and why they should not make assumptions.

b) Describe the importance of not making assumptions about the person's identities when interacting with them in the service. Demonstrate understanding and appreciation of the wide range of issues that LGBTQ+ people in later life face and are seeking help with, which may not fit with stereotypes.

Tier 2

a) Identify relevant methods to facilitate a lifecourse approach to assessment and support planning which is person-centred. Use any practice tools to capture narratives from people drawing on care and support and carers that enable better understanding and expression of their intersecting identities.

b) Describe and identify a range of resources and support networks to support people in later life with intersecting identities outside of their LGBTQ+ identity.

Tier 3

a) Identify relevant methods to facilitate a lifecourse approach to assessment and support planning which is person-centred. Use any practice tools to capture narratives from people drawing on care and support and carers that enable better understanding and expression of their intersecting identities.

b) Describe and identify a range of resources and support networks to support people in later life with intersecting identities outside of their LGBTQ+ identity.

References to relevant guidance, legislation and or national standards

Equality Act 2010

Equality Act 2010 (legislation.gov.uk)

Gov UK 10 Best resources on intersectionality with an emphasis on low- and middle-income countries.

10 Best resources on… intersectionality with an emphasis on low- and middle-income countries - GOV.UK (www.gov.uk)

Sources of further guidance

Faith report LGBTQI+ people of faith: Prejudice and community cohesion in Brighton and Hove.

Source: https://www.switchboard.org.uk/wp-content/uploads/2019/02/LGBTQ-Faith-Report_FINAL-EDITED.pdf Switchboard

Interview with Jillian Celentano (Trans writer).

Source: Instagram Live - Interview with Jillian Celentano - YouTube

Government Equalities Office LGBT Action Plan and data visualiser

Source: https://www.gov.uk/government/publications/national-lgbt-survey-data-viewer

Suggested learning materials

Intersectional identities.

Source: https://youtu.be/Bs-o-qqY1Kw LGBTI+ Community Services Fund 2020

Celebrating Black Pride

Source: Opening Doors - Interview for UK Black Pride with Bryan - YouTube

Diversity in Care Environments.

Source: Housing Learning and Improving Network (LIN) Podcasts - Diversity in Care Environments - Loneliness and Isolation - Topics - Resources - Housing LIN

Subject 9:

Support and care for LGBTQ+ individuals with dementia

"We know it's coming up in terms of the trauma that we experienced as queers." (Alice).

"I'm a bit frightened of the day when I can't stand up so easily for myself." (Carol)[88]

Key messages from research evidence

Current research focusing on the LGBTQ+ experience of dementia identifies two influences that significantly inform how dementia is experienced by members of the community.[96 97] Cognitive impairment often heightens and multiplies challenges for both LGBTQ+ carers and persons with dementia in specific ways, setting them apart from other aging members of the community. It may be the loss of an LGBTQ+ identity as one loses one's own self and oneself within care settings which renders people doubly invisible.[98] For individuals, dementia highlights the intersectionality of sexuality, stigma, and sickness leading to greater isolation.[99]

There is an urgent need to address this within care homes[100 101] as well as in day support, domiciliary and supported housing environments and to provide advocacy and support for people as they transition to long-term care. Alarmingly, some trans people have described being open to euthanasia as a strategy to avoid residential care where the level of fear of being misunderstood, misgendered and ridiculed is so great.[102 103] The process of disclosure about sexual and gender identities within closed care environments can thus be extremely stressful for someone and may exacerbate anxiety around 'who knows what',[104] for example, in some circumstances, displays of same-sex affection can jeopardise heterosexual friendships and relationships with care staff on whom people are dependent.[105]
There are particular risks for LGBTQ+ people with cognitive impairment such as being 'outed' (the deliberate or accidental disclosure of an LGBTQ+ person's identity without their consent). 'Passing' is a term used to describe a person's ability to pass as somebody different so they don't have to disclose their gender or sexual identity and can include ethnicity, social class, or disability status). Where someone is becoming more dependent, their 'passing' can be undermined, particularly for trans people who may then be subject to detailed, inappropriate and invasive questions about their physical bodies.[106]

Further, changes in cognitive functioning may lead to some LGBTQ+ individuals disclosing and sharing sensitive aspects about their selves, identities and life histories they wouldn't normally chose to share. This can impact on the mental and emotional wellbeing of significant others too who are involved in their everyday care. The ways in which individuals may start to express their identities as they experience fluctuations in their cognitive functioning, may lead them to refer to previous identities (e.g. gender identities) that were important to them at earlier points in their lives. This needs to be managed in a sensitive and respectful way by care staff and practitioners involved in their care.

Age UK (2017), in partnership with Opening Doors, published guidance for health and social care practitioners on providing the kind of service in which older LGBTQ+ people can feel safe to be themselves. It includes a 32-point checklist for working with older LGBTQ+ adults, including those living with dementia.[107] When attending a memory or reminiscence group, LGBTQ+ older people may have challenges in talking about their past life if other members of the group are uncomfortable or not able to respond appropriately. It might be particularly important for the person to have contact with other LGBTQ+ people to support their identity and confidence at a time of loss and change. This could involve recommending that some ground rules around groups are established and supported, or look for a specific support group through local LGBTQ+ organisations.

95 Cited in: Parland and Camic 2018 ibid (p468).

96 Ward, R., Rivers, I., Sutherland, M (2012) (eds) Lesbian, Gay, Bisexual and Trangender Ageing: Biographical approaches for inclusive care and support, London, Jessica Kingsley.

97 McGovern J. (2014) The forgotten: dementia and the aging LGBT community. J Gerontol Soc Work. 57(8) 845-57.

98 Price, E. (2012). Gay and lesbian carers: Ageing in the shadow of dementia. Ageing and Society, 32, 516–532

99 King, A., Santos A C., Crowhurst, I. (2017) Sexualities Research: Critical Interjections, Diverse Methodologies, and Practical Applications, London, Routledg

100 Willis et al, 2018 ibid.

101 Hafford-Letchfield et al, 2018 ibid.

102 Waling, A., Lyons, A., Alba, B., Minichiello, V., Barrett, C., Hughes, M., Fredriksen-Goldsen, K., Edmonds, S. (2020) Trans Women's Perceptions of Residential Aged Care in Australia, The British Journal of Social Work, 50 (5), 1304–1323.

103 Willis et al, 2021 ibid.

104 Price, E. (2008). Pride or prejudice? Gay men, lesbians and dementia. British Journal of Social Work, 38, 1337–1352.

105 Ward, R., Rivers, I., Sutherland, M (2012) (eds) Lesbian, Gay, Bisexual and Trangender Ageing: Biographical approaches for inclusive care and support, London, Jessica Kingsley.

106 Europe EU Dementia Report, 2022 Sex, gender and sexuality in the context of dementia: A discussion paper. https://www.alzheimer-europe.org/sites/default/files/2022-02/2022-02-25%20Alzheimer%20Europe%20ethics%20report%202021.pdf

107 Knocker, S. (2017) Safe To Be Me. Age UK https://www.ageuk.org.uk/globalassets/age-uk/documents/booklets/safe_to_be_me.pdf

Suggested target audience

Tier 1, 2 and 3

Key learning outcomes

Tier 1

The learner will be able to;

a) Recognise the possible signs of dementia and understanding referral pathways to universal medical services and a foundational understanding of why people need to consent to services/interventions.

b) Being aware of people impacted by cognitive changes in what they say and how they express their identities and know how to reassure and respect their confidentiality.

Tier 2

a) Identify any risk factors for dementia, when working with LGBTQ+ individuals in later life, paying particular attention to issues and structural inequalities that might contribute towards a higher occurrence of such risks within sub-sectors of the population based on gender and sexual diversity.

b) Following a diagnosis of cognitive impairment, take steps to provide advocacy and support to ensure that the person continues to receive the full range of services and referral options, and that all potential physical and emotional causes of any new symptoms are investigated, following the same procedures as for a person without dementia.

c) Describe the importance of actively supporting an individual with negotiating transition to long term care and ensuring practical, emotional support and oversight of any potential for discrimination.

d) Recognise the distinctions between dementia and mental capacity and assess the latter to achieve supported decision making, use of least restrictive interventions.

e) Be able to recognise ethical decision-making and care ethics with LGBTQ+ people and their carers living with dementia.

Tier 3

a) Involve LGBTQ+ expertise and lived experience in developing and rolling out dementia support services.

b) Ensure all training and information on care for people with dementia includes reference to gender and sexual diversity.

c) Consider commissioning or supporting targeted support for carers and their loved ones such as a dementia café.

References to relevant guidance, legislation and or national standards

Office for Health improvement and Disaparities: Guidance: Dementia applying all our health
https://www.gov.uk/government/publications/dementia-applying-all-our-health/dementia-applying-all-our-health

Sources of further guidance
Sex, gender and sexuality in the context of dementia.Alzheimer Europe 2022
Alzheimer Europe ethics report 2021.pdf (alzheimer-europe.org)

Suggested learning materials
Bring Dementia Out. Alzheimers Society.
Source: https://www.alzheimers.org.uk/get-involved/bring-dementia-out
Rainbow Memory Café: the significance of LGBT+ affirmative dementia support.
Source: Opening Doors Rainbow Memory Café: the significance of LGBT+ affirmative dementia support - YouTube
Chris and Healther's story: From a second diagnosis to finding answers
Sources: https://www.dementiauk.org/get-involved/donate/your-stories/chris-and-heathers-story/ Dementia UK
Rethinking Gender and Dementia: Combating the over-pathologisation of Gender Non Conformity
Source: (29) Rethinking Gender and Dementia: Combating the Over-Pathologisation of Gender Non Conformity - YouTube

Subject 10:

LGBTQ+ carers

"It's often assumed my slightly older partner is my father and sometimes it seems easier to let this go rather than explain!"[108]

Key messages from research evidence

Estimates indicate 3% of informal carers are LGBTQ+[109] but this is likely to be an underestimation. Older LGBTQ+ informal carers report that services are not set up to take account of their information needs (e.g. end of life decisions and care for older adults who identify as LGBTQ+). Accessing information and support through formal and institutional channels is stressful for older LGBTQ+ informal carers as generic carers support is mostly inapplicable to the nuanced needs of older LGBTQ+ informal carers, who may be looking for information. Their relationships may be misunderstood or insensitively questioned by care providers.[110]

Outside of LGBTQ+ own community based provision, there's a dearth of provision and the lack of tailoring services for older LGBTQ+ carers. Partners of LGBTQ+ people with dementia are not only having to grapple with the challenges of care giving and anticipatory grief – they're also often having to fight for their relationships to be recognised and valued at all.[111] When caring for their own partners, the isolation and loss of a meaningful partner is a major issue. Trans and non-binary people might be pressurised to 'de-transition' hide themselves or even be ostracised by the family after the loss of a partner and end up with no contact at all with their parents. King[112] has questioned the very way in how dementia is understood culturally and demonstrates from his review of charity literature how this is commonly framed in a heteronormative and cisnormative way which silences or writes out the experience of LGBTQ+ people. Lesbian carers are often the one expected to look after parents.[112]

A scoping review of empirical research on the lived experience of LGBTQ+ people with dementia and their care partners[114] found only one single study[115] included people who were trans. None focused explicitly on people who were intersex, non-binary or queer thus obscuring the nuance and distinctions between the experiences of older people with dementia. They also found considerable difference in the literature on how trans people in formal care settings were described. This was as forgetting that they have transitioned, or starting to associate with gender in a different way. There are other critiques on how expressions of gender fluidity among trans people with dementia should be supported, but not pathologised.[116]

Evidence gathered through the survey on Adult Social Care shows that only 4% of LGB&T people surveyed felt they were able to balance their caring responsibilities with their own quality of life. The majority of respondents (64%) felt they couldn't balance these two together, with many describing it as very difficult to achieve.

Suggested target audience

Tier 1, 2 and 3

Key learning outcomes

Tier 1

The learner will be able to;

a) Understand the differences between formal and informal caring and the key role of the latter in LGBTQ+ support.

b) Recognise and include a range of carers in their interactions with older people.

Tier 2

a) Understanding and recognising care arrangements which may pose risk to people or not be in their best interest, particularly in people's own homes.

b) Identify and describe the socio-cultural differences in how the care giving role is viewed (e.g. based on gender) when working with LGBTQ+ people in later life and identify nominated carers for assessment and support.

c) Provide appropriate resources and signposting information to enable carers, as well as people drawing on care and support, to have knowledge and information about appropriate LGBTQ+ led or inclusive community resources which may better meet their specific needs.

Tier 3

a) Identify, establish appropriate referral pathways between carers and services provided by the local LGBTQ+ voluntary and community sector and conduct consultation to make these available and identify areas for improvement.

b) Work closely with other agencies to design and implement interventions where there are safeguarding concerns about the arrangements.

c) Be able to recognise early signs of safeguarding from care plans, assessments, discussions in supervision and then making appropriate referrals.

References to relevant guidance, legislation and or national standards

NICE & SCIE Supporting people who provide unpaid care for adults with health or social care needs A quick guide for social care. NICE & SCIE practitioners

https://www.nice.org.uk/Media/Default/About/NICE-Communities/Social-care/quick-guides/supporting-adult-carers-quick-guide.pdf

LGA Supporting Carers Guidance and Case Studies

https://www.local.gov.uk/sites/default/files/documents/22.31%20Carers%20publication_05.pdf

Sources of further guidance

Can you see us? Experience of LGBT Carers in England

Source: https://dxfy8lrzbpywr.cloudfront.net/Files/69c259d2-223c-4ca3-8c49-f8a7f6098d11/Can%2520You%2520See%2520Us%3f%2520Report%2520V6.pdf

Suggested learning materials

GenSilent Going back in the closet to survive.

Source: Gen Silent | LGBT Aging Film | Own It Now (theclowdergroup.com)

Roger's story: Working with LGBT people - older people and residential care

Source: LGBTQI+: Older people and residential care: Roger's story | SCIE

Mike's story: Rainbow Memory Café: the significance of LGBT+ affirmative dementia support

Source: Opening Doors Rainbow Memory Café: the significance of LGBT+ affirmative dementia support - YouTube

[108] LGBT Foundation Can you see us: Experiences of LGBT Carers (p11), Manchester.

[109] Carers UK (2021), "State of Caring 2021. A snapshot of unpaid care in the UK," 2021. [Online]. Available: https://carersuk.org/images/Research/CUK_Stat e_of_Caring_2021_report_web.pdf?_ga=2.192502690.969887530.163609 8528-609758253.1636098528 (accessed 21/7/2022).

[110] Makita, M., Bahena, A., Almack, K. (2020) "The role of sexual orientation, age, living arrangements and self-rated health in planning for end-of-life care for lesbian, gay and bisexual (LGB) older people in the UK," Sexualities, https://doi.org/10.1177/1363460720932381.

[111] Smith L, Chesher I, Fredriksen-Goldsen K, Ward R, Phillipson L, Newman CE., Delhomme F. (2022) Investigating the lived experience of LGBT+ people with dementia and their care partners: a scoping review. Ageing and Society. https://doi.org/10.1017/s0144686x22000538.

[112] King, A. (2021) Queer futures? Forget it! Dementia, queer theory and the limits of normativity. Journal of Ageing Studies https://doi.org/10.1016/j.jaging.2021.100993.

[113] Manthorpe, J., Price, E. (2006). Lesbian Carers: Personal Issues and Policy Responses. Social Policy and Society, 5(1), 15-26.

[114] Smith et al, 2021 ibid.

[115] Barrett, C, Crameri, P, Lambourne, S, Latham, JR and Whyte, C (2015 b) Understanding the experiences and needs of lesbian, gay, bisexual and trans Australians living with dementia, and their partners. Australasian Journal on Ageing 34, 34–38.

[116] Baril, A., Silverman, M (2022) Forgotten lives: trans older adults living with dementia at the intersection of cisgenderism, ableism/cogniticism and ageism. Sexualities 25, 117–131.

Subject 11:

Sexuality and intimacy in later life

“There was one lady who did not have a partner, but we could tell she preferred women to men. Sometimes the care staff did find her trying to touch other women, which for some reason either provoked complete outrage or extreme amusement amongst the staff. Neither response was appropriate and it just served to remind me how much work we still needed to do on this issue.” (Care Home Manage)[117]

Key messages from research evidence

The right to have a private and family life (Article 8) and freedom from torture and inhuman or degrading treatment (Article 3) are legally enshrined within the UK Human Rights Act 1998. However, studies have shown that a lack of knowledge, confidence or skills can prevent practitioners from opening a discussion on sexuality, which they may perceive as a deeply personal aspect of life and so may cause feelings of personal discomfort.[118] Practitioners may be concerned about crossing a boundary if they initiate a discussion on sexuality, or they may worry that the age, gender, culture or religion of the person might mean it is not a legitimate area for discussion, and will cause embarrassment, for example, if not familiar with practices such as polyamory etc...[119] It can be particularly uncomfortable for practitioners talking about sexuality with people whose sexual lives/identities are different to their own. Frank conversations are more likely to take place when close working relationships form between people and staff. It's a positive sign of developing trust between people and staff, and the evolving nature of needs assessment and care planning.[120] In some circumstances, displays of same-sex affection can jeopardise friendships with heterosexual and cisgender peers and relationships with care staff.[121]

The quality of people’s personal relationships is key to promoting social inclusion and a sense of community. In later life, people have consistently identified the importance of social relationships and social contact with their partners, family members and friends as crucial to their overall quality of life.

Intimacy and sexuality are integral to people’s relationships and to the experience of love and sexual pleasure across the life course.[123] For example, the benefits of sexual expression and intimacy in hospice and palliative care are understated where the strengthening of relationships at the end of life include sexual expression and physical intimacy as a significant part of the process. The act of pleasant physical touch including masturbation can release various neurotransmitters, leading to feelings of warmth, muscle relaxation, pain relief and improved quality of sleep.[124] Social care has an active role to play in facilitating people’s expression of their sexual and gender identities, personal autonomy and equality in relationships in line with the wellbeing principle and checklist set out in the Care Act 2014.[125]

Self-expression should be the consequence of informed individual choice and consent. It should not be constrained by any institutional care arrangements or restricted by the attitude and behaviours of others – for example, by infantilising, ridiculing or showing disgust towards people, which dismisses and diminishes their expression of sexuality.[126]

[117] Bamford et al (2016) A guide for staff on promoting sexuality, relationships and consent in housing with care services. ILC. London Borough of Hackney (p10).

[118] Hafford-Letchfield, T., Toze, M., & Westwood, S. (2022). Unheard voices: A qualitative study of LGBT+ older people experiences during the first wave of the COVID-19 pandemic in the UK. Health & Social Care in the Community, 30, e1233–e1243. https://doi.org/10.1111/hsc.1353.

[119] Higgins A, Hynes G. Meeting the Needs of People Who Identify as Lesbian, Gay, Bisexual, Transgender, and Queer in Palliative Care Settings. J Hosp Palliat Nurs. 2019 Aug;21(4):286-290.

[120] CQC (2020) Relationships and sexuality in adult social care services. London, Care Quality Commission.

[121] Ward, R., Rivers, I., Sutherland, M (2012) (eds) Lesbian, Gay, Bisexual and Trangender Ageing: Biographical approaches for inclusive care and support, London, Jessica Kingsley.

[122] Luong G, Charles ST, Fingerman KL. Better With Age: Social Relationships Across Adulthood. J Soc Pers Relat. 2011 Feb 1;28(1):9-23.

[123] Dunk-West, P., Hafford-Letchfield, T. (2018) Sexuality, Sexual and Gender Identities and Intimacy Research in Social Work and Social Care: A Lifecourse Epistemology, London, Routledge.

[124] Redelman, M. (2008) Is There a Place for Sexuality in the Holistic Care of Patients in the Palliative Care Phase of Life? The American journal of hospice & palliative care 25 (5), 366-71.

[125] BASW, (2018) Capabilities statement for social work with older people. https://www.basw.co.uk/system/files/resources/Capabilities%20Statement%20older%20people%20ONLINE.pdf

[126] Trish Hafford-Letchfield (2008) What's love got to do with it? Developing supportive practices for the expression of sexuality, sexual identity and the intimacy needs of older people, Journal of Care Services Management, 2:4, 389-405.

Suggested target audience

Tier 2 and 3

Key learning outcomes

Tier 1

The learner will be able to;

a) Understanding of the importance of sexuality and emotional intimacy for all people, and for LGBTQ+ people and recognising the boundaries to this in their later life.

Tier 2

a) Promote positive messages about personal relationships in LGBTQ+ individuals' in later life through service information, imagery and general approach.

b) Take steps to ensure that knowledge is up-to-date on referral procedures and where a person might get advice and resources on sexual relationships and sexual health.

c) Demonstrate skills in how to talk to people in later life about their personal relationships and pose questions in a way that does not make assumptions about sexual practices, sexual or gender identity of partner(s) and shows awareness of sex and relationship diversity.

d) Model good practice by using own pronouns and provide opportunities to support sharing and disclosure by affording privacy and respect.

Tier 3

a) Ensuring that issues of sexuality and intimacy are addressed in assessments and reflected in care planning documents.

b) Ensure the organisation have a relationship and sexuality policy, including an easy read version within which different ways of experiencing and expressing sexuality are recognised.

c) Assess staff for the knowledge and skills needed to confidently advocate for an older person regarding their sexual rights and challenge any ageist discrimination to help them develop and refine these.

d) Conduct active consultation with older people about issues concerning their intimate relationships, sexual health and social networks can be included in outreach and engagement work.

References to relevant guidance, legislation and or national standards

Relationships and sexuality in adult social care services Guidance for CQC inspection staff and registered adult social care providers

Microsoft Word - 20190110 Sexuality in Care V0.09 Clean for approval_PUBLICATION.docx (cqc.org.uk)

Sources of further guidance

A guide for staff on promoting sexuality, relationships and consent in housing with care services

Source: guide_for_staff_in_housing_with_support-sexuality-relationships-consent_dradicooper_11-11-16.pdf (safeguardinglewisham.org.uk)

Trans Sexual Health Survey

Source: https://dxfy8lrzbpywr.cloudfront.net/Files/cc913a02-3651-4891-994c-e6eca04f2c50/Trans%2520Sexual%2520Health%2520Survey%2520Aug%25202020.pdf

Suggested learning materials

Old Lesbians Try New Lesbian Slang – light-hearted look at language from older lesbians

https://www.youtube.com/watch?v=tMGSHUFID_8

Subject 12:

Trans and Non-Binary affirming care

> **"My GP, she's been really supportive, and has genuinely you know, been there for me … The first time I went as Barbara she looked at me and went, 'Amazing…, Where is that person who sat there is his, in his Barbour jacket, with his, sort of chin in his boots?" (Barbara)**[127]

Key messages from research evidence

The Trans and non-binary people in later life and their care needs are in general to other people but there are some areas that need specific consideration or sensitivity. Trans is an umbrella term that is generally used to describe people whose gender is different to their sex assigned at birth and can include people who do not define a binary gender, may be gender fluid or non-conforming to one gender or the other. Affirmative trans care can be especially compromised by the limited training and knowledge of the health and social care workforce. These can be further overlooked when services refer to the LGBTQ+ communities with insufficient attention on trans ageing.[128] Trans and gender non-conforming people report that they are often asked to educate and guide practitioners such as GPs, and have identified the need for extra support and advocacy in accessing services that are both respectful and knowledgeable about their needs.[129]

Some researchers[130] [131] talk about the different timelines for trans people coming out in later life who may use an alternative chronology to describe their identities and make sense of their lives. A trans person's lifecourse is not solely defined by their 'transition' but depending on when their gender was affirmed and their life stories can be very diverse. For example, people often wait until after they have retired or their family members are established in their own lives.[132] Specific issues for TNB older people experiences can be dependent upon the quality and availability of their family and support networks which often centred around friends and non-kin.

In terms of equality, Tran's issues have a long and complex history in the UK, which is helping shape the present legal landscape. It's only since 2000, that the legal rights of trans people have begun to be addressed in UK law and there are still serious concerns about their rights as exemplified in the more recent Government's failure to legally ban conversion therapy in the UK. The Gender Recognition Act 2004 is in urgent need of reform, to remove the dehumanising and demoralising medicalised system and barriers to a system of self-declaration. Some trans people do not seek a Gender Recognition Certificate (GRC) as the whole process is long winded, complex and intrusive. For those seeking gender affirming interventions, the waiting period is in excess of 5 years.[133] There's no age limit for someone striving to be their authentic self and many people are taking up private healthcare options in the face of these resource restraints, poor professional knowledge and in the face of attitudinal barriers to them accessing gender identity services. Recent research on older trans people's access to gender-affirming treatments highlights the additional pressures from inconsistencies in trans care provided by GPs and healthcare workers.[134]

There's a lack of existing research into the experiences and views of non-binary[135] people as a distinct group and they are not protected to the same extent as trans by UK legislation as under the Gender Recognition Act. The Gender Recognitions Panel can only grant a certificate to enable the applicant to become either male or female and has no power to issue certificates indicating a non-binary gender. Not having a Gender Recognition Certificate (GRC) however shouldn't mean a trans or non-binary (TNB) persons rights to privacy be ignored and no disclosure should ever be made about an individual's gender identity status whether they have a GRC or not.

Trans people's healthcare needs are, in general, similar to those for other people but may need extras support and advocacy in accessing health.[136] However, there may be some areas that need specific consideration or sensitivity. For example, an older trans man may have gynaecological health needs, or an older trans woman may be at risk of prostate cancer.[137] Hormone medication is generally taken for life, but requires regular monitoring.[138]

One survey of 895 people in the UK [139] who identified as non-binary, genderqueer, trans, gender fluid and agender revealed a number of concerns. These included being told that services did not know enough about non-binary people to help them and even refusing services. Respondents felt erased by the complete lack of representation in service literature, which impacted on them by feeling isolated, excluded, with low self-esteem, poor mental health and invalidated. More work needs to be done to include non-binary and gender non-conforming people in later life.

Concerns about the respectful provision of intimate personal care is a key concern given the potential time for discrimination.[140] An example could be sensitivity about surgical scars and inappropriate questioning or ridicule by care workers and other people drawing on care and support, particularly in residential care. Other aspects of personal care such as attention to appearance and access to hair removal can be crucial to respecting dignity and choice. Alarmingly, some trans people have describe being open to euthanasia as a strategy to avoid residential care where the level of fear of being misunderstood, misgendered and ridiculed is so great.[141] Finally, there are increasing risks for TNB people from a perceived rise in social intolerance and increasingly hostile environment.

[127] Willis et al 2020 ibid (p1236).

[128] Hafford-Letchfield et al, 2018 ibid.

[129] Willis et al 2020 ibid.

[130] Pearce R (2019) Trans temporalities and non-linear ageing. In King A, Almack K, Suen Y-T and Westwood S (eds), Older Lesbian, Gay, Bisexual and Trans People: Minding the Knowledge Gaps. London: Routledge, pp. 61–74.

[131] Toze 2018 ibid.

[132] Hafford-Letchfield, 2020 ibid.

[133] Gender Identity Services nd https://www.engage.england.nhs.uk/survey/gender-identity-services-for-adults

[134] Willis et al 2020 ibid.

[135] Non-binary is defined as 'identifying as either having a gender which is in-between or beyond the two categories 'man' and 'woman', as fluctuating between 'man' and 'woman', or as having no gender, either permanently or some of the time." (Scottish Trans).

[137] Feldman, J. 2016. Preventative Care of the Transgender Patient: An Evidence-Based Approach. In: Ettner, R., Monstrey, S. & Coleman, E. (eds.) Principles of Transgender Medicine and Surgery. 2nd ed. New York: Routledge.

[138] Vincent, B. W. 2018. Transgender Health, London, Jessica Kingsley Publishing.

[139] Scottish Trans (nd).

[140] Makita, M., Bahena, A., Almack, K. (2020) "The role of sexual orientation, age, living arrangements and self-rated health in planning for end-of-life care for lesbian, gay and bisexual (LGB) older people in the UK," Sexualities, https://doi.org/10.1177/1363460720932381.

[141] Waling, A., Lyons, A., Alba, B., Minichiello, V., Barrett, C., Hughes, M., Fredriksen-Goldsen, K., Edmonds, S. (2020) Trans Women's Perceptions of Residential Aged Care in Australia, The British Journal of Social Work, 50 (5), 1304–1323.

Suggested target audience

Tier 1, 2 and 3

Key learning outcomes

Tier 1

The learner will be able to;

a) Use correct pronous and forenames and take active steps to avoid misgendering people in later life. Keep up to date records that reflect these accurately where appropriate.

b) Able to respect and maintain confidentiality in respect of trans and non-binary people.

Tier 2

a) Demonstrate awareness of taking time to build trust, over time, with trans and non-binary people in assessment to compensate for potential previous experiences of transphobia from health and social care professionals and low confidence in services.

b) Show sensitivity in information gathering as trans identities and histories may not be relevant or related to the person's presenting needs and concerns to the service. Know how to be led by the person you are supporting.

c) Demonstrate knowledge of local services for trans people and not assume that trans individuals are too old to access gender affirming treatments. Provide advocacy where required.

d) Demonstrate compliance with legislation on data protection about gender identities and their rights to confidentiality and respect, and the rules about sharing information if a person holds a Gender Recognition Certificate.

Tier 3

a) Take a zero-tolerance stance on expressions of transphobia or misgendering by staff within the service and from other people accessing services. Make your stance clear to all in agency policies.

b) Provide opportunities for staff development and where possible appoint a lead in your service who can receive more extensive training and act as an access point for detailed information and advice.

c) Make it clear how trans people drawing on care and support can make representations about who they would like to work with, as discriminatory and transphobic attitudes can be hard to raise or make complaints about.

d) Conduct a scoping exercise to identify trans inclusive or trans led services in your local area to include in your signposting and support.

References to relevant guidance, legislation and or national standards

Care Quality Commission. The Adult Trans Care Pathway
The adult trans care pathway | Care Quality Commission (cqc.org.uk)
NHS Gender Identity Clinic Website
www.gic.nhs.uk
House of Commons Women and Equalities Committee Transgender Equality First
Report of Session 2015–16 390.pdf (parliament.uk)

Sources of further guidance

What can I do to make my practice and service more trans inclusive?
Source: https://trans-ageing.swan.ac.uk/wp-content/uploads/2019/08/Trans-inclusive-brochure-SW.pdf Paul Willis/TRACS
Terminology Guide
Source: https://www.consortium.lgbt/wp-content/uploads/2021/01/Terminology-Guide-Final.pdf LGB&T Partnership

Suggested learning materials

Coming out as non-binary at age 69
Source: https://www.youtube.com/watch?v=S-W7AXC8URI
Never Too Late To Come Out As Transgender: Heartfelt Stories
Source: Never Too Late To Come Out As Transgender: Heartfelt Stories - YouTube
Responding to Transphobia
Source: Response to Haters (CW: Nasty Transphobic Comments) - YouTube
A long line of glitter
Source: A Long Line of Glitter - YouTube

Subject 13:

HIV and LGBTQ+ ageing

"We learnt so much during the 80s and 90s which is being lost and forgotten now….. This is prejudice within the prejudice, the minority within the minority. We have a right to be heard and to be known!"[142]

Key messages from research evidence

HIV is one of the areas of health inequalities faced by LGBTQ+ people in later life and still carries significant stigma. People may have lost a lot of their friends and peers during the AIDS crisis in the 1980s and some of this trauma has been invoked since the Pandemic.[143] We are seeing the first wave of individuals who have been on antiretroviral therapy (ART) for a substantial period of time and who are ageing with HIV. There's also a new phenomenon as more people than ever before are diagnosed with HIV aged 50 or over which means that the proportion of people living with HIV who are aged 50+ will continue to rise. This is however a group with very different backgrounds and experiences. Nevertheless, the biological impact of HIV on the ageing process, job status, financial stability, family and social relationships, time since HIV diagnosis, where they reside (from inner city to the most rural of areas), and gender all impact on later life. This can be complicated for LGBTQ+ people who do not have support networks to take care of them for a myriad of reasons. They may not feel that they can afford social care, or make choices, be isolated if living with HIV in residential care due to stigma.[144] Positive relationships with health professionals are key to people living with HIV aged 65 and older. This age group tended to see their GPs as having more knowledge about HIV, about growing older and about growing older with HIV.[145] Social care professionals are not routinely provided with training on HIV as part of basic induction, and are not required to remain up-to-date with HIV as part of their professional development.

In one London Health and Wellbeing Board[146] it was found that certain population groups are more likely to be affected by HIV, namely men who have sex with men (MSM) and people identifying as Black African which may be attributed to high population turnover, including high rates of external migration, higher diverse population of LGBTQ+ people in terms of ethnicity. This highlights the need for strategic commissioning and improving training on HIV in later life.

Community members have reported that safe spaces can be challenging as sometimes individuals aren't fully comfortable talking openly yet about experiences with HIV. There's merit in bringing people together to remember people who had been lost, to recognise unjust historical mistreatment and to remember the times when people with HIV were loved and cared for.[147]

Suggested target audience

Tier 1, 2 and 3

Key learning outcomes

Tier 1

The learner will be able to;

a) Understand how to handle any information about HIV status sensitively appropriately, knowing what it is and how people may be affected.

b) Awareness of how to recognise stigma and discrimination around HIV.

Tier 2

a) Recognise that people living with HIV aged 50 and over are a diverse group and be able to describe the implications for people living with HIV when accessing services.

b) Consider the wider impact of living with HIV for older people including poverty, isolation and loneliness, exercising choice in social care.

c) Be informed and provide information about HIV testing in the local area.

d) Be able to support people in supported housing and residential care to continue to maintain and maximise their health and wellbeing.

e) Play an active role in combating stigma in services and supporting people who may experience self-stigma through access to counselling and education.

Sources of further guidance

Scotland's HIV History: LGBTQ+ Stories (Community Discussion)
https://www.lgbthealth.org.uk/resource/scotland-hiv-history-lgbt

Uncharted Territory A report into the first generation growing older with HIV Terence Higgins Trust
https://www.tht.org.uk/sites/default/files/2018-03/uncharted_territory_final_low-res.pdf

Suggested learning materials

Positive

Source: Sky Documentaries https://www.sky.com/watch/title/series/5cf29d18-d319-4bee-be55-8e8bf5d3e9ed/positive-5cf29d18-d319-4bee-be55-8e8bf5d3e9ed/episodes/season-1/episode-1

[142] Hoffman, R. (2020) Scotland's HIV History: Community Discussion LGBTQ+ Stories: Community Discussion. LGBT Health, Scotland (p3).

[143] Hafford-Letchfield et al (2021).

[144] Terence Higgins Trust https://www.tht.org.uk

[145] Terence Higgins Trust ibid.

[146] Opening Doors (2022) Joint Strategic Needs Assessments Assessing provision for the older LGBTQ+ population of London. Opening Doors in partnership with Ashurst. https://www.openingdoors.lgbt/news/joint-strategic-needs-assessments-assessing-provisions-for-the-older-lgbtq-population-of-london (accessed 21/7/2022).

[147] Hoffman ibid

Subject 14:

Safeguarding LGBTQ+ adults in later life

> **"I have volunteered for years at our local D[omestic] V [iolence] shelter and they do try to be "trans-inclusive" but the staff is not trained in trans issues, plus they only take people who identify as women, which leaves trans men who need help getting themselves (and sometimes kids) away from abusive transphobic ex-partners (usually men).""(respondent)."**[148]

Key messages from research evidence

Social isolation puts older LGBTQ+ people at risk of abuse and neglect and prevents them from seeking support.[149 150] Tackling social injustice and inequalities are at the core of also preventing and responding to adult safeguarding risks and issues.

There are barriers to identifying, recording and referring older people experiencing domestic abuse[151] and a blurring of the definitions and boundaries between adult safeguarding and intimate partner violence.[152] This makes it difficult to form a reliable and comprehensive overview of the scale and nature of issues such as domestic abuse and sexual violence against older people.[153]

LGBTQ+ people in later life may be reluctant to report safeguarding concerns where they lack confidence in services, or afraid of people coming into their homes and making judgements or being outed. Other barriers to help-seeking in the face of violence can include a fear of losing independence – being placed in a care home – dependence on a same-sex partner particularly where they're estranged from other family members, shame about the relationship, or wishing to conceal the relationship with the abuser.[154]

Discriminatory abuse is a category of abuse recognised in the Care and Support Statutory Guidance, which supports the implementation of the Care Act 2014, however it's rarely reported.[155] The key messages for practitioners from an initial literature review regarding discriminatory abuse, which apply to working with older LGBTQ+ people, include: identifying discrimination in safeguarding concerns or enquiries; considering multiple identities and working with the person on what is most relevant and important to them; and ensuring this is addressed in work to achieve resolution of the safeguarding issues and recovery from abuse or neglect .[156]

Few services or structures for support and intervention, particularly in response to domestic abuse are designed for LGBTQ+ people in later life. Those which are available may be structured or set up in a way to work predominantly with male on female abuse in opposite sex relationships for example. They're not easily accessible to people with differently abled bodies. Some older LGBTQ+ people may not feel safe living communally with heterosexual families or physically able to participate in group activities and chores, typical to living in refuge accommodation. These settings are also often inaccessible for people with care and support needs.[157] Trans people are especially vulnerable to exclusion from refuge provision despite being more vulnerable to intimate partner and other family violence.[158]

Suggested target audience

Tier 1, 2 and 3

Key learning outcomes

Tier 1

The learner will be able to;

a) Being able to recognising signs of abuse and exercising appropriate level of curiosity to ask the right questions. Secondly, understand their alerting role and what has to be done in all cases where there are signs that someone is experiencing physical violence or emotional abuse, or financial abuse,

Tier 2

a) Be aware that LGBTQ+ people in later life can be victims of abuse and the complexities in disclosure.

b) Be aware of the category of discriminatory abuse and confident to report it.

c) Utilise and offer opportunities for self-directed support to enable choice and access to services provided by the LGBTQ+ community organisations.

d) Describe the support available in safeguarding adult services that tailor support for LGBTQ+ issues.

e) Ground practice in a rights-based, victim-defined advocacy that affirms respect for the values, life experience and culture of an older survivor.

[148] Cited in Cook-Daniels, L., Munson. M. (2010) Sexual Violence, Elder Abuse, and Sexuality of Transgender Adults, Age 50+: Results of Three Surveys, Journal of GLBT Family Studies, 6:2, 142-177, (p147).

[149] Cook-Daniesl et al 2010 ibid.

[150] Westwood, 2019 ibid.

[151] Wydall, S., Clarke, I., Williams, J., Zerk, R. (2018) Domestic Abuse and Elder Abuse in Wales: A Tale of Two Initiatives, The British Journal of Social Work, 48 (4) 962–981.

[152] LGA & ADASS, 2015.

[153] The focus in the discussion here is primarily on sexual violence in later life. Domestic abuse in older adults' relationships will be addressed in a forthcoming publication from Research in Practice in 2021.

[154] Crockett et al, 2018.

[155] Mason et al, 2022 – Mason, K, Biswas Sasidharan, A., Cooper, A., Shorten, K, & Sutton, J. (2022) 'Discriminatory Abuse: Tie to revive a forgotten Form of Abuse?', Journal of Adult Protection, (1) pp.1-17.

[156] Mason, 2022 – Discriminatory Abuse: A Briefing for Practitioners https://www.local.gov.uk/parliament/briefings-and-responses/discriminatory-abuse-briefing-practitioners.

[157] Dunlop et al, 2005.

[158]

Tier 3

a) Respond to the marginalisation and invisibility that the older person may feel as a result of victim blaming, ageism, sexism, homophobia, biphobia and transphobia and other forms of discrimination and identify or seek out peer support as part of the therapeutic response.

b) Develop safety and support plans that address the impact of multiple traumatic events including trauma throughout the lifecourse.

c) Establish strong relationships with domestic abuse and sexual-assault programmes in your area to respond to complex cases of violence and abuse against LGBTQ+ people in later life in the community.

d) Routinely collect and analyse data on adult safeguarding referrals, cross referencing to monitoring standards on gender and sexual diversity, and identifying discriminatory abuse when relevant. Work to improve monitoring across these two strands of data.

e) Consider the provision of refuge provision to meet the needs of LGBTQ+ people and how these intersect with ageing, disabilities and other protected characteristics.

References to relevant guidance, legislation and or national standards

Making Safeguarding Personal
https://www.local.gov.uk/sites/default/files/documents/Making%20Safeguarding%20Personal%20-%20Guide%202014.pdf

Care Act 2014 Safeguarding Adults.
The Care Act: Safeguarding adults (scie.org.uk)

Sources of further guidance

Safeguarding Adults SCIE
Source: https://www.scie.org.uk/safeguarding/adults/introduction/what-is

Transgender people's experience of domestic abuse
Source: https://www.scottishtrans.org/wp-content/uploads/2013/03/trans_domestic_abuse.pdf

Discriminatory Abuse: A Briefing for Practitioners
https://www.local.gov.uk/parliament/briefings-and-responses/discriminatory-abuse-briefing-practitioners

Suggested learning materials

Resources for LGBTQ survivors
Source: Switchboard https://www.switchboard.org.uk/resources-for-lgbtq-survivors

Subject 15:

End of life care

"Right opposite of our house, there was a gay couple where one of them developed brain cancer. His illness went on for over a year. It came on real quick and his partner ended up as a caregiver throughout the whole process. The family of the one with cancer was ultra-religious, and they ended up coming to the house because he chose to die there with his partner. The partner was alienated through this whole process. It was a horrible situation. And this story goes on and on and on, but this was all a part of a tension that was going on between one guy that was dying, another guy that was taking care of him and his whole family. Imagine handling this situation day after day after day."[159]

Key messages from research evidence

Advanced care planning is important for LGBTQ+ people, and raises distinct issues such as providing protection for partners and significant others who might otherwise not be recognised and to make and record plans for future care.[160] Distinct issues identified include not knowing who to nominate in decision making roles as well as being able to nominate 'important others' as next of kin, which might mean same-sex partners or significant friends. One study[161] highlighted the problematic heteronormative default position to refer to people related by blood or (heterosexual) marriage. This can deny a person's wish to involve significant others in their lives and for them to be acknowledged, respected and involved in their care (and in some cases keeping family of origin at a distance or explicitly NOT wanting family of origin involved) (p4). The researchers[162] commented on the many anecdotal stories of LGB people who had died and whose partners and/or friends had been excluded from the funerals by families of origin. For trans people, particular concerns were expressed about being buried by family of origin under their gender assigned at birth, and under their 'dead name' despite knowledge of legal protection of one's acquired gender identity.

Other concerns of LGBTQ+ people at the end of life may include whether care staff are trained in supporting them and the quality of care they may receive; losing independence and connection to community spaces and LGBTQ+ friends; whether partners will be overlooked or excluded in healthcare decisions; being placed in a hospice affiliated with religious organisations that may not accept or disapprove of their identity; and accessing faith-based services at the end of life in care homes not inclusive of LGBTQ+ identities.[163 164]

Finally, partners and friends of the person may experience complicated bereavement after their loss if their relationships were concealed or not recognised, and may need specialised bereavement support.[165] The importance of LGBTQ+ networks and kinship in end of life care and acknowledge that family networks may be very different is crucial to being able to offer appropriate support and to make them comfortable in their final period of life.

Suggested target audience

Tier 2 and 3

Key learning outcomes

Tier 2

The learner will be able to;

a) Signpost LGBTQ+ people at the end of life to advice and information that will enable them to arrange power of attorney to enact their wishes, nominate next of kin on medical forms and legal documents

b) Identify palliative care that is LGBTQ+ inclusive and provide advocacy and support in negotiating, visiting residential or home based services.

c) Identify sources of spiritual and religious support that is accepting of LGBTQ+ people so as to overcome any obstacles to the persons. wellbeing towards the end of life and in making choices about accessing hospice services perceived to have religious orientations.

d) Describe some of the issues faced by bereaved LGBTQ+ people and signpost them to appropriate counselling services.

Tier 3

a) Provide information to people at the end of life on services and organisations that are trained on LGBTQ+ care.

[159] P.11.

[160] Almack et al 2015 ibid.

[161] Almack et al 2015 ibid.

[162] Almack et al 2015 ibid.

[163] LGBT Foundation.

[164] Westwood, 2022 ibid.

[165] Fenge, L-A., Jones, K., (2012). Gay and pleasant land? Exploring sexuality, ageing and rurality in a multi-method, performative project. British Journal of Social Work, 42 (2), 300-317.

References to relevant guidance, legislation and or national standards

NHS End of Life Care

End of life care - NHS (www.nhs.uk)

SCIE End of Life Care in a Care Home

End of life care in care homes - SCIE

Make, register or end a lasting power of attorney

Make, register or end a lasting power of attorney: Overview - GOV.UK (www.gov.uk)

Sources of further guidance

The Last Outing: exploring end of life experiences and care needs in the lives of older LGBT people.

Source: Marie Curie Almack et al. https://www.nottingham.ac.uk/research/groups/ncare/documents/projects/srcc-project-report-last-outing.pdf

Getting care and planning for the future.

Source: LGBT+ end of life care booklet | Marie Curie Marie Curie

Hiding who I am

Guide about reality of end-of-life care for LGBT people.

Suggested learning materials

End of Life Care for LGBT People.

Source: End of Life Care for LGBT People - YouTube made by Hospice UK.

Bereavement guide for transsexual and transgender people and their loved ones.

Source: https://www.scottishtrans.org/wp-content/uploads/2013/06/NHS-Bereavement-A-guide-for-Transsexual-Transgender-people-and-their-loved-ones.pdf

'To Be Accepted' - Life, Loss, Learning, Legacy

Source: https://www.lippypeople.org/4l-s

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Subject 16:
Providing inclusive and affirmative care environments

Subject 17:
Improving services and practice based on research evidence and evaluation

Subject 18:
Leadership and transforming services for LGBTQ+ individuals and communities

Subject 19:
Creating inclusive learning environments

Leadership, Education and Service Development

Subject 16:

Providing inclusive and affirmative care environments

> **"So if you walk in and your immediately feeling uncomfortable with the staff you're checking in and with you know our forms that aren't you know up to date then that just sets the tone before you even get in to see a nurse practitioner or doctor so you're already feeling intimidated because the front end staff really doesn't have the education and they don't have the training . . . so by the time you get in you've already been made to feel uncomfortable."**[166]

Key messages from research evidence

This framework has referred to the evidence in the literature and how this can inform change and inclusion. Surveys of knowledge, skills, attitudes and capabilities of those working in social care suggest a need for radical change to ensure accessible, high-quality care and improved outcomes for LGBTQ+ people in later life,[167] and identified and historical barriers preventing LGBTQ+ people getting the support they need. In the UK, pioneering work by Polari was the first to survey older LGBT experiences of housing, health and social care. Collaboration has evolved over time highlighting the importance of proactive engagement with LGBTQ+ people in determining their future care needs. Whilst practice guidelines exist there is no coherent framework for auditing the outcomes or contexts in which guidelines are implemented. Developing LGBTQ+ 'cultural competence' has no mandatory basis, nor is training prioritised or commissioned where resources are limited.[168] Training alone cannot support the organisational change needed to tackle deep-seated prejudice and exclusion within care organisations.[169] Despite increasing service standards, improving provision concerning sexual and gender diversity lags behind other equality work. Initiatives tend to involve synthesis of organisational change frameworks, which are evolutionary rather than revolutionary,[170] and can be affected by lack of resources and under-supported or motivated individuals and teams. Strategies to improve professional practice with service development needs a holistic programme of activities designed to promote LGBTQ+ inclusion and to encourage staff to recognise their own learning needs. Using a change framework comprising phases of planned change: awareness, interest, evaluation, trial and adoption and was combined with a participative leadership model can help.[171] [172]

There's some literature that explores the experiences of the LGBTQ+ workforce[173] and they're least studied in the social care workforce. LGBTQ+ employees can experience separation and isolation from the mainstream workforce which can affect their voice and silence in the workplace and support for employee networks/affinity groups can help to mitigate these. These can act as an individual and collective voice mechanism, provide visibility, social support and community for members and offer the prospect of lobbying for positive change in the organisation. At the same time some LGBTQ employees may not use their voice in organisations, because they believe it could lead to mistreatment or simply have no effect, or will be labelled as noisemakers or agitators or wish to keep their work identities separate to their gender and sexual identities. Less is known about the benefits for people drawing on care and support and carers in working with LGBTQ+ staff and these issues should provide food for consultation in supporting LGBTQ+ affirmative environments.

Suggested target audience

Tier 2 and 3

Key learning outcomes

Tier 2

The learner will be able to;

a) Identify and describe relevant outcomes for LGBTQ+ people in later life and identify the processes and resources for achieving these and consult with the individual on 'what good looks like'.

b) Identify and take initiatives that promote change and develop knowledge and skills in change management.

c) Work in partnership with key stakeholders, multi-agency partners and people drawing on care and support and carers to achieve improved outcomes for LGBTQ+ people in later life.

Tier 3

a) Develop own leadership style and model to achieve change using participatory and distributed methods.

b) Engage staff in transforming LGBTQ+ inclusive environments, consider the specific support and engagement strategies for LGBTQ+ employees and volunteers.

c) Identify and develop service standards, performance indicators and methods of evaluation to demonstrate change to achieve inclusive and affirmative care environments for LGBTQ+ people in later life.

d) Develop collaboration with LGBTQ+ communities to achieve positive change that meets the outcomes that they aspire to and allocate the resources to enable them to lead where appropriate.

[166] Cited in: Kortes-Miller, K., Wilson, K., Stinchcombe, A. (2019) Care and LGBT Aging in Canada: A Focus Group Study on the Educational Gaps among Care Workers, Clinical Gerontologist, 42 (2), 192-197 (p.194).

[167] Willis, P., Maegusuku-Hewett, T., Raithby, M., Miles, P., . (2016) "Swimming upstream: the provision of inclusive care to older lesbian, gay and bisexual (LGB) adults in residential and nursing environments in Wales," Ageing and Society. 36(2), 282–306.

[168] King, A. (2015) Queer Categories: Queer(y)ing the Identification 'Older Lesbian, Gay and/or Bisexual (LGB) Adults' and its Implications for Organizational Research, Policy and Practice. Gender, Work and Organisation. 23 (1), 7-18.

[169] Westwood , S., Knocker, S. (2016)One-day training courses on LGBT* awareness – are they the answer? In S Westwood and E Price Lesbia Gay Bisexual and Trans Individuals living with Dementia, London, Routledge.

[170] Hafford-Letchfield et al, 2018 ibid.

[171] Rogers PJ. (2008) Using Programme Theory to Evaluate Complicated and Complex Aspects of Interventions. Evaluation.14(1):29-48.

[172] Hafford Letchfield, T., Lambly, S., Cocker, C., Spolander, G. (2014) Inclusive Leadership in Social Work and Social Care. Bristol, Policy Press.

[173] McFadden, C., , Crowley-Henry, M (2018) 'My People': the potential of LGBT employee networks in reducing stigmatization and providing voice, The International Journal of Human Resource Management, 29:5, 1056-1081.

References to relevant guidance, legislation and or national standards

NIHR SSCR Managing change in social care

https://www.sscr.nihr.ac.uk/wp-content/uploads/SSCR-research-findings_RF047.pdf

Sources of further guidance

Including non-binary people: guidance for service providers and employers

Source: https://www.scottishtrans.org/wp-content/uploads/2016/11/Non-binary-guidance.pdf Trans Scotland

Equally outstanding Equality and human rights – good practice resource

Source: Care Quality Commission https://www.cqc.org.uk/sites/default/files/20181010_equally_outstanding_ehr_resource_nov18_accessible.pdf

Suggested learning materials

Assessment and Development Tool for promoting LGBTI inclusiveness in care settings.

Source: https://www.researchgate.net/publication/308723055_Assessment_and_Development_Tool_for_promoting_LGBTI_inclusiveness_in_care_settings

Subject 17:

Improving services and practice based on research evidence and evaluation

“Yeah, I mean, we’re seeing our population age, so, um, that’s, that is a concern. It’s starting to be a more spotlight concern of this population that they’re not only just dealing with transphobia, homophobia, they’re dealing with ageism and all these other social issues that, I mean, yeah.”[174]

Key messages from research evidence

The literature review in Appendix 2 has demonstrated just some of the depth and breadth of evidence generated by research, policy and practice in the field of LGBTQ+ ageing. For the most part, this is a positive develoment, because research has the potential to validate the existence of these communities and to highlight the rich complexities within these populations.[175] It's important to utilise research evidence to enrich practice particularly to honour those that participate in research (as LGBTQ+ people can be over-researched and underserved by the research findings), and to take research further by testing knowledge, reflecting on it in the field of social care and creating further theorising and knowledge exchange with those communities we are meant to serve. Many researchers and advocacy organisations working in this field are happy to be approached for discussions about recent research. Training however does come at a cost and is reasonable to invest in combined with evaluation on how these initiatives can improve care.

[174] Cited in: Kortes-Miller, K., Wilson, K., ,Stinchcombe, A. (2019) Care and LGBT Aging in Canada: A Focus Group Study on the Educational Gaps among Care Workers, Clinical Gerontologist, 42(2),192-197 (p1950).

[175] Henrickson et al, 2020.

Suggested target audience

Tier 2 and 3

Key learning outcomes

Tier 2

The learner will be able to;

a) Initiate discussion and learning events in practice settings to reflect on research evidence with team members and plan a step change in the service to make it more inclusive.

b) Involve LGBTQ+ people and their carers to provide regular feedback, perhaps through a questionnaire or in person-consultation that can be used to inform changes in practice.

Tier 3

a) Consider how to involve local LGBTQ+ services in research and evaluation of social care and work together to develop strategies based on research findings.

b) Develop initiative and events where people drawing on care and support, staff and the lay public can come together to consider research findings with a focus on learning from these to improve services.

References to relevant guidance, legislation and or national standards

NICE Principles for putting evidence-based guidance into practice

https://www.nice.org.uk/Media/Default/About/what-we-do/Into-practice/Principles-for-putting-evidence-based-guidance-into-practice.pdf

Sources of further guidance

IMPACT – the UK Centre for Evidence Implementation in Adult Social Care

Source: Health Foundation IMPACT – the UK Centre for Evidence Implementation in Adult Social Care - The Health Foundation

Subject 18:

Leadership and transforming services for LGBTQ+ individuals and communities

“Before staff might have said “Why are we doing this?” Now they know why it’s important. Culture and religion were big barriers but there was a real lack of knowledge. Some staff were very sceptical, very resistant to the project, initially. We were asking staff to really think about inclusive environments and it was very challenging. It took time to break down barriers but we’re getting there. (Care Home Manager).”[176]

Key messages from research evidence

Effective leaders are committed to providing safe, effective and efficient, high quality care and services. They build trust across organisational and professional boundaries and with people using services. They're compassionate, inclusive and focused on continuous improvement. This motivates staff at every level to have high aspirations for themselves and others. This needs to be evident in social care for LGBTQ+ people in later life where the evidence demonstrates significant room for improvement to ensure that services are consistently affirmative, outcomes are improving and that the organisation or service demonstrates that it's open to change and ready to learn.[177]

[176] Cited in: Hafford-Letchfield et al ibid (p317).

[177] Makita et al, 2020 ibid.

Suggested target audience

Tier 3

Key learning outcomes

Tier 3

The learner will be able to;

a) Provide and demonstrate leadership and evidence how people at all levels of the organisation and its partners are given the opportunities to demonstrate leadership in LGBTQ+ affirming care including people from the community in leadership roles.

b) Demonstrate how they're developing the workforce, with clear statements on how education, training and learning within the organisation meet the standards for providing affirmative care and support for LGBTQ+ people and the allocation of resources to enable this.

c) Develop and nurture care environments and describe the features of the environment that promote and convey recognition, acceptance and affirmation of all LGBTQ+ people.

d) Consult and develop strategies for recognising,validating and valuing LGBTQ+ staff and building capacity for their contribution and leadership and focus on recruitment and retention through good HR practices.

e) Review and renew policies for their relevance and application in addressing equity for LGBTQ+ people drawing on care and support and employees and are these consistent across all of the organisation's activities.

f) Demonstrate skills in community engagement and participation so that LGBTQ+ people and their advocates and representatives can describe how they're meaningfully represented, with a sense of belonging and feel safe and supported when accessing services.

References to relevant guidance, legislation and or national standards

Government and Equalities Office LGBT Action Plan

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721367/GEO-LGBT-Action-Plan.pdf

Sources of further guidance

Assessment and Development Tool for promoting LGBTI inclusiveness in care settings

(12) (PDF) Assessment and Development Tool for promoting LGBT&I inclusiveness in care settings (researchgate.net)

Suggested learning materials

Joint Strategic Needs Assessments (JSNA): Assessing provision for the older LGBTQ+ population of London. Opening Doors

https://www.openingdoors.lgbt/news/joint-strategic-needs-assessments-assessing-provisions-for-the-older-lgbtq-population-of-london

Subject 19:

Creating inclusive learning environments

> **"It was also made quite clear in the interview process, cause it's fresh in my mind (laughs) it was just 7 months ago . . . But I remember going home and thinking 'wow that was a lot of questions about the LGBTQ -like I had never in an interview before been asked so many questions about. . . have you ever worked with people who identify as LGBT. . . and I was like wow, it was made very well known that this a very friendly place."**[178]

Key messages from research evidence

The provision of affirmative care for LGBTQ+ older people requires cultural competence in the health and social care workforce. One model[179] suggests the inclusion of cultural awareness, cultural knowledge, cultural sensitivity and compassionate attitudes towards LGBTQ+ people drawing on care and support.

The targeting of education and training also needs to be supported by policies and benchmarking standards[180] and reflect all of the areas in developing an equity framework. These should include leadership; organisational initiatives to improve care and community engagement.[181 182]

Two systematic reviews of education on LGBTQ+ ageing[183 184] have focused on identifying the pedagogic[185] principles that can improve how training is delivered and received and looked at the outcomes from interventions used to educate the health and social care workforce. The reviews recommended areas for improvement such as; giving more attention to the curriculum content and improving teaching and assessment strategies that tackle barriers to including LGBTQ+ in the curriculum. These two reviews call for more explicit standards, benchmarks and learning outcomes within professional education on ageing inequalities and broader issues of care that impacts on LGBTQ+ populations.

Skills for Care launched a national quality standard for care services, Pride in Care, which is supported by Care England.[186] Most importantly, making sure that learning interventions are diverse to meet a range of learner's needs and ensuring that older people with lived experience are involved in the design, delivery and evaluation of educational interventions would further improve efforts and have a more sustained impact on LGBTQ+ ageing inequalities.[187]

A review of the literature on professional practice learning in medicine, nursing and social work[188] (p.1629) observed that in eleven of the studies the influence of gender, ethnicity and religion contributed to discriminatory [learning] environments due to pre-existing cultural and religious prejudice against LGBTQ+ people. There can be a reluctance to challenge or maintain a silence where discriminatory views exist.[189]

Suggested target audience

Tier 2 and 3

Key learning outcomes

Tier 2 and 3

The learner will be able to;

a) Identify relevant learning outcomes for each tier of the workforce to ensure engagement in LGBTQ+ equalities

b) Conduct a training needs analysis to align learning with service development plans

c) Support staff to engage with LGBTQ+ issues in social care and provide both formal and informal learning opportunities to foster a positive and inclusive culture.

d) Engage and support the participation and involvement in LGBTQ+ people in later life and their advocates and allies in learning activities.

e) Develop, deliver and evaluate a workforce development strategy that is aligned with LGBTQ+ equalities in social care.

f) Recognise and work through the challenges that come with equality and diversity work and develop resilience in self and others to adapt to setbacks and disappointments.

g) Publish and celebrate achievements in learning and identify benchmarking intiatives to provide motivation and rewards.

h) Share positive change with the LGBTQ+ communities as well as vulnerabilities and ask for help and utilise their expertise and experience.

[178] Cited in: Kortes-Millar et al 2020 ibid (p194).

[179] Baiocco et al, 2022.

[180] Higgins et al, 2016.

[181] Willis et al, 2020 ibid.

[182] Hafford-Letchfield et al, 2018 ibid.

[183] Jurček A, Downes C, Keogh B, Urek M, Sheaf G, Hafford-Letchfield T, Buitenkamp C, van der Vaart N, Higgins A (2020) Educating health and social care practitioners on the experiences and needs of older LGBT+ adults: findings from a systematic review, Journal of Nursing Management, https://doi.org/10.1111/jonm.13145.

[184] Higgins, A., Downes, C., Sheaf, G., Bus, E., Connell, S., Hafford-Letchfield, T., Jurček, A., Pezzella, A., Rabelink, I., Robotham, G., Urek, M., van der Vaart, N., & Keogh, B. (2019). Pedagogical principles and methods underpinning education of health and social care practitioners on experiences and needs of older LGBT+ people: Findings from a systematic review. Nurse Education in Practice, 40(7). https://doi.org/10.1016/j.nepr.2019.102625.

[185] Pedagogy is the method and practice of teaching.

[186] LINK HERE.

[187] Jurček et al ibid.

References to relevant guidance, legislation and or national standards

Skills for Care Developing your workforce
https://www.skillsforcare.org.uk/Developing-your-workforce/Developing-your-workforce.aspx

Suggested learning materials

BEING ME Inclusive Ageing Care

Source: Toolbox (beingme.eu)
BEING ME was a collaborative EU project which worked collaboratively across four countries to examine how education and training in health and social care addresses affirmative LGBT+ ageing. This toolkit comprises 6 blocks of learning resources and can be used in part or as a whole within existing curriculum. The aim is to make the needs of LGBT+ older people, mainstream, blending into your every-day teaching and curriculum. Each block includes purpose, introductory activity (eg. a roleplay, video, etc.), a short theoretical background, practical tips on how to set up a specific learning activity (video's, role plays, games, poetry, case studies) and a keep on learning resource. These can be downloaded and are also translated into Dutch and Slovenian.
Length: Between 2 hours – 6 days

Suggested learning resources

Care under the Rainbow

Source: https://www.diversitytrust.org.uk/careunderrainbow
Description: Co-produced research-informed online learning resource for care and nursing home staff and managers in England and Wales that communicates messages for informing practice from recent and current research on lesbian, gay, bisexual and transgender (LGBT+) inclusion. The purpose of the learning resource is to directly inform and improve care home practice with older residents identifying as LGBT+ and in turn foster more socially inclusive living environments for all residents. Online learning materials and films for making care homes more inclusive for older LGBT+ people in England and Wales. A joint project between the Diversity Trust and the University of Bristol led by Dr Paul Willis.
Length: Various

About the authors

Trish Hafford-Letchfield

Trish (she/her) is Professor of Social Work at the University of Strathclyde.

Trish is a qualified nurse and social worker with 18 years practice experience in social work, the latter 10 in managing statutory social work services for adults, in England. Her research interests lie in the experiences of ageing in marginalised communities and most of her research is applied and co-produced with people with lived experience. Prior to joining Strathclyde, Trish was Professor of Social Care at Middlesex University, London. Her doctorate studies were in educational gerontology exploring the role of lifelong learning in care services. She has a strong interest in the rights of LGBT+ communities and is a founder member of the international LGBTQI social work network. Trish has over 100 publications including 19 key books covering a range of topics on leadership, management, organisational development, feminism, sexual and gender identities, values and ethics, gerontology, social work supervision.

Lawrie Roberts

Lawrie Roberts (he/him) has run Pride in Ageing, LGBT Foundation's programme for LGBT over 50s since its launch in 2019.

His work aims to elevate and platform the voices of LGBTQ+ over 50s in Greater Manchester, and make this region one of the best places in the country to grow older as an LGBTQ+ person. His previous roles include co-ordinating Macmillan Cancer Support's first ever dedicated programme for LGBTQ+ people affected by cancer and Lawrie has also commissioned a range of creative projects around LGBTQ+ communities, including work for SICK! Festival, University of Manchester's Sexuality Summer School, Superbia and Manchester Art Gallery. Lawrie's work has been featured in The Guardian, BBC News, Gaydio, BBC Radio and the journal Nursing Older People.