

The LGBTQ+ Ageing Learning Framework: An evaluation on how it is informing education and social care practice

Introduction

The LGBTQ+ learning framework for later life was launched in February 2023 by Skills for Care. The launch event was attended by more than 300 people representing social care, education, and people with lived experience. The framework was co-produced and provides a mechanism for identifying the research insights, knowledge, skills and understanding for the social care workforce to help them operationalise the work needed to practice and develop affirmatively, inclusively, and effectively with individuals from gender and sexual diverse communities.

The LGBTQ+ learning framework is a comprehensive resource which addresses awareness of LGBTQ+ health and wellbeing issues later in life, based on research evidence about LGBTQ+ inequalities. It articulates learning outcomes for different tiers of the social care workforce, mapped to a range of freely available guidance and learning materials designed to support the provision of LGBTQ+ affirmative and personalised care. The nineteen subjects across four domains cover a range of issues for example intersectionality, supporting people and their carers' with dementia, end of life, HIV/AIDS and intimacy and sexuality in later life amongst others. There are recommendations for leadership, education, and service development. All these areas were co-produced and are designed to initiate as well as continue to improve care and support for LGBTQ+ people in later life based on a workforce development approach.

The framework is intended to be used by social care employers, employees, training providers, regulators, commissioners, policy makers and others to build their own knowledge of LGBTQ+ issues, to support colleagues' understanding and to create learning programmes which will allow teams to better support LGBTQ+ people in later life. It encourages social care services and educational 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 research and practice 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.

Evaluation

Following the launch in February 2023, Skills for Care commissioned an evaluation of the framework between June – December 2023 (duration 6 months), to address the following aims:

1. How is the Learning Framework for LGBTQ+ Ageing being used by organisations in Adult Social Care and how has it influenced the way in which they deliver their educational practice including any early or anticipated impacts of practice.
2. What can we learn from early adopters to improve the framework and to identify any further support and resources to help them better support LGBTQ+ adults using social care.

Methodology

Given that the evaluation was conducted within the first six months, this was a formative evaluation which involved looking back as well as forward to the effects and effectiveness of engagement of social care organisations with the learning framework (LF). It aimed to identify any early but tangible influence or impact on real world users in social care (leaders, managers, educators, and practitioners and those involved with services) at the point of their reporting and to consider how the findings could be used for further review and improvement.

The design of the evaluation used qualitative methods to:

- adopt a flexible strategy based on naturalistic inquiry into the day-to-day experiences of participants
- be sensitive to the contexts in which data was provided and ensure close contact between the evaluation purpose and those contributing to it
- reflect on the complexity of evaluation about education and learning and LGBTQ+ issues by taking a holistic and empathic approach based on the direct perspectives of the participants and self-reported activities that demonstrate how they are making sense of the issues contained in the framework and taking actions in response.

Ethical approval to carry out the evaluation was provided by the University of Strathclyde in May 2023 (Ref: UEC23/61).

Recruitment

Participation was voluntary and based on a convenience and opportunistic sample. Participants were required to be already familiar with the framework and willing to share their views and experiences. Recruitment involved:

- following up individuals who left their secure contact details on the Skills for Care website indicating a willingness to be contacted about the framework following the launch
- outreach to relevant organisations by email such as Skills for Care endorsed training providers and/or responding to any enquiries and feedback about the Framework since its launch
- the provision of structured knowledge exchange virtual sessions on the Framework with individual organisations and strategic forums by request, following which, an invitation to have a follow up meeting was offered to participants. Six virtual knowledge exchange workshops were provided for approximately 96 people during the evaluation period.

All participants were provided with a written participants information sheet (PIS) and asked to give either written or verbal informed consent prior to any interview taking place. All interviews were then conducted virtually by prior arrangement with either individuals or small groups of staff. These were audio recorded and transcribed by the evaluator. These were not transcribed verbatim but detailed notes were taken on the key substantive relevant issues discussed albeit some direct quotes were transcribed verbatim where this served to illustrate in more detail.

Process

The substantive issues for the evaluation involved discussion about training and workforce development activities conducted by participants and their colleagues within social care to improve services for a LGBTQ+ people in later life. A broad topic guide was designed to guide this discussion. This included topics such as:

- an overview of the nature and business of the organisation and its communities and an overview of any training, education or workforce developments that have taken place in the previous six months.
- description of the target areas, in terms of topics, level of staff involved, priorities and decisions made.
- any reflections on how these went, what worked well, not so well, reflections on the process involved and informants experiences of delivering the training/initiatives.
- any resource issues, how these were sourced and made available.
- any evaluations of the training (headline themes) that they are willing to share and their reflections on these.

- action taken because of the training, workforce development activities.
- strengths of any changes or development to services, evidence of impact on end users including involvement of people with lived experience or partnerships
- good practice and tips they wish to share including any new resources they may have developed or contributed to during the last six months.
- any evidence of impact or outcomes and how this might be captured going forward.
- suggestions and recommendations to improve the framework and any gaps they have identified that could be addressed by the framework.
- any other relevant issues not covered in the above thought relevant by the informants.

Table 1 provides an overview of the participant sample. 32 people participated in interviews from 18 organisations. The average length of interviews were 40 mins.

Table 1: Participant details

No	Organisation type	Interviewees	Organisation type
1	Third Sector	2	National organisation supporting LGBTQ+ people over 50 and endorsed training provider
2	Third Sector	3	Community organisation supporting and influencing expectations and experiences of LGBTQ+ ageing in large rural area
3	Third Sector	1	Care and support services across 4 large LAs providing dementia, respite care, nursing and residential homes and Learning Disability services.
4	Third Sector	5	Health and social care charity for Faith Based Community in Southeast England
5	Third Sector	1	Independent Care Home
6	Third Sector	1	Provider of housing, accommodation and residential care services across the UK
7	Third Sector	1	Domiciliary and Supported Living Care Provider and Recruitment Agency
8	Local authority	7	Adult Social Care in London
9	Local authority	1	Adult Social Care Reablement service Midlands
10	Local authority	1	Social Work Practitioner, South East
11	Local authority	1	Team Manager Adult Social Care London

12	Local authority	3	Commissioning Managers Health and Social Care South East
13	Independent Trainer	1	Freelance trainer specialising in Dementia Care and Residential Care
14	Independent Trainer	1	Freelance trainer and member of accredited Third Sector training provider to support compliance.
15	Higher Education	1	Professor of Nursing and Midwifery
16	Higher Education	1	Senior Lecturer in Health and Social Care
17	Higher Education	1	Senior Lecturer in Social Work
18	Social Work Researcher	1	Research Fellow specialising in public information management

Following initial screening of the interview data for broad themes, these were shared in a workshop hosted by the LGBT Foundation comprising older people with lived experience who were originally involved in co-producing the framework. The subsequent discussion provided further reflections and insights and helped to shape the key recommendations of this report.

Findings

The following findings are grouped into themes which describe both low level interventions to more strategic approaches that use the LF as a benchmark or direct guide to developing best practice as well as strengthening significant work already taking place in some organisations. Most of the reported work was aspirational and the gaining of commitment and planning for change but nevertheless enthused by the formality of the LF. Endorsement of LGBTQ+ affirmative care was seen as a significant achievement for adult social care and workforce development. Aspiration was also related to the trigger needed after a general pause in Equality, Diversity, and Inclusion (EDI) work following Covid-19 and national lockdown experiences. The emphasis on LGBTQ+ was welcome in that respect to give a new kick start and refreshing EDI work using an intersectional approach alongside other areas such as anti-racism.

Accessibility and relatability

“One thing that is great about the framework is its modular approach, people can work with their time constraints, and the flexibility allows people to prioritise” (training manager, third sector).

One organisation which employed 1400 staff across a single county noted that the LF was driving a distinct culture shift where it had been very quickly and easily welcomed by staff and particularly by LGBTQ+ staff. It was seen as timely given greater acceptance of sexual diversity in the media and society, and where the organisation had also experienced and struggled with some difficult situations in practice and recognised the potential of looking to the LF to support these.

Some participants observed that the LF was quite a 'wordy document' that can feel overwhelming in terms of familiarity given that most frontline staff in social care tend to be more kinaesthetic learners and therefore very much drawn to the audio-visual resources. These were also important for conveying lived experience and appealing to staff's compassion and empathy whilst knowing that theory and research informed the resources.

One participant felt that the audio-visual resources could be quite health oriented and would like to see more based in community settings which conveyed good experiences or stories for people (living in care homes in particular) and to inspire how services could support better outcomes.

Trigger for discussion and legitimising training

The biggest impact of the framework for me was thinking of how we need to just integrate elements from it into everything we were doing, so that was my big take away. (trainer, third sector provider).

Three large care providers of complex care services talked about focusing on the importance of raising LGBTQ+ issues during their onboarding and induction programmes. They gave several examples of utilising the short video clips to support subjects in Domain A, within both their eLearning induction modules and face-to-face induction, the latter which were linked to introducing the organisation core values and assessment and care planning processes.

One organisation used the resources in subject 2 on terminology and communication to review their bespoke care planning and assessment tool, and redesigned the choices for discussing and recording broader options for sharing information on sexual identities (pansexual and asexual) and for gender (non-binary and trans). These were also described as providing opportunities for individuals to talk about their partner and their relationships and to capitalise on the work the provider had already done on sexuality and intimacies. The expansion of options was described as giving a positive message to both customers and staff.

Another large care provider embedded resources into the EDI module of their care certificate and were planning to build on this within their managers training so that these were complementary in terms of leading on LGBTQ+ issues. There were several examples of managers using some of the audio-visual resources informally

in their team meetings with staff and as a tool for engagement to let staff know that this was a priority area for the organisation.

Both accredited independent trainers interviewed, articulated how the framework could encourage trainers to map their existing courses and planned to include a statement in their marketing on how the learning provided has 'met the minimum standards of LGBTQ+ affirmative care endorsed by Skills for Care'. They suggested that often providers found it difficult to prioritise LGBTQ+ training either due to lack of insight or resources but that there was some movement stimulated by work done by Alzheimer's Society and Age UK. One described a recent course on dementia care for a small independent home who were working hard to be inclusive, and it emerged that they had a trans resident with behaviours that staff were finding difficult. One independent trainer had knowledge of a person in care who was given a lobotomy related to an intervention for sexual identity in relation to underpinning how significant it was to target these areas in health and social care. Several participants noted that NAPPAs as an influential body for tailoring care home activities on LGBTQ+ and influencing culture through provision of individual and group support.

Other low-key interventions involved staff wearing rainbow lanyards and being prepared to be able to answer questions and comments on these from other staff or the public. Some had obtained literature from Stonewall to display in their service areas. There was little evidence beyond this of making direct contact with local LGBTQ+ advocacy organisations.

One large faith-based organisation had hosted some workshops to explore relationships between religion, ageing and sexual diversity which had emerged from the intense thematic work they were doing on compassion in care with frontline workers. They had already done some work with Rainbow Jews and KISHNET which they were very proud of, and staff were encouraged to go away with a practical action plan that focused on ways of being more inclusive at work or with residents who come out. Their key focus however was on mandating work with the senior leadership team so that this could be modelled in the organisation for managers and carers and were working with their Directorate – to build this awareness first. Like other organisations, they were keen to assess their ability to make a strategic commitment and capacity for implementation first, to avoid introducing an initiative where they had not identified sufficient capacity or incentive for success. The leadership team however found the LF useful in mapping activities and it enabled them to recognise that they had actually done more than they thought but they described themselves as being very ambitious. This meant they wanted to establish a clear assessment of where the LF fit with and evoked the future direction of their organisation and to be prepared for the range of issues that would emerge with confidence and matched to resources and outcomes.

Usualising and putting LGBTQ+ issues into the water supply

“The irony is, what we are talking about is personalised social care. Individuals in home or hospital, it’s about seeing them who and how they are, that’s a revelation, that’s their story, it’s a bit of an irony in a way”. (project manager, third sector)

Participants made the distinction between ‘normalising’ and ‘usualising’ where they aimed to not only draw attention to LGBTQ+ issues in training content and processes that focused on sexual and gender diversity but to include more diverse identities when training across all areas. For example, one trainer talked about case studies on administering medication in which a typical scenario of a married couple was amended to represent a same sex-couple. This, they suggested helped to ‘neutralise’ gender and sexuality, rather than making it ‘special’ and the trainer noted that staff were initially surprised when they realised that the married couple in the scenario weren’t heterosexual, and *their* usual heteronormative lens was challenged and tested.

“As a trainer I am starting to think differently, what language do I use, what scenarios do I use and really getting myself and my colleagues thinking about the way we are doing things and then it’s become natural for us to bring that into discussions, in a way, of in spite of being an inclusive organisation, in a way that we didn’t do before so that has been really helpful (trainer, third sector).

An LA reablement team reported how enthusiastically team members had been to learn from the LF and had embarked on a series of activities to engage with its learning resources and share these with people using the service, staff, and other professional groups. This entailed writing snippets from the LF in their local newsletter to service users and posing a challenging question that they could relate to; talking about the LF with their local care home providers and with their regional forum of health and third sector partners; reviewing their care plans to look for opportunities to acknowledge and discuss sexual and gender diversity; agreeing to routinely use pronouns and having an informal debate on how to introduce and educate staff and service users on these where there was objections or complaints raised; introduced the LF to supervision agendas and asking staff to share their training needs with their supervisor which were subsequently discussed with their workforce development staff to support implementation of the LF.

Support for working through challenges

One team manager of an adult social care reviewing team talked about the contact with a high level of younger LGBTQ+ people in their local authority (LA) but being less aware of older people in the community and how the LF had been valuable in focusing on ageing. The team have been working with the content of subject 5 on family, kinship, and communities, which is helping them to consider the mechanisms for recognising friendship families for people living in care homes. They described a difficult situation where an ex-partner of a man living in the care home remained

significantly involved as a friend. The family weren't happy about his involvement, but the team established that his friend had been given a lasting power of attorney. This was something they needed to have thought more about at the admissions and review stage and the challenge to stereotypes of who constituted family.

"If the person hadn't got the LPA – I wonder how we would have viewed the situation. We wouldn't have assumed that. We will encourage more people to think about LPA – and there must be a role for solicitors to promote that to the community, particularly more complex situations in later life" (social work team manager, local authority).

"We are aware that those with Learning Disability may develop dementia earlier, in their late 30s so the issues in the framework are relevant to these health inequalities and could be broadened out to speak to adults in social care. There is still frantic change going on for younger generations and this is all part of helping staff and people using services to understand how society is progressing and what the issues are as many of them just don't have the experience or insights" (third sector, project manager).

Investment planning

There was evidence of strategic planning by some organisations who whilst in the preparatory stage had taken a holistic approach to planning interventions:

"The Framework is fantastic, a very comprehensive piece of work. I refer to it when I go to design anything around wellbeing and inclusion. This is not separate or standalone, but I include and incorporate it where we can in all diversity in existing projects, I wish I had lots more success stories for you but can give an outline of what we plan to do" (manager, third sector).

This manager of a large national provider was:

- pulling together a questionnaire around attitudes and awareness to establish some baseline information to help evaluate where staff were at and to see where changes and improvements could be prioritised. The organisation contracted with an external company to conduct an annual staff wellbeing survey and were able to incorporate their own tailored questions. These were focused on how staff might respond if they witnessed discrimination, what discrimination looked like in the organisation, and how staff own identities impacted their own wellbeing
- reviewed their internal audit tools and mapped these against key domains of the framework which would then form the basis of a consultation with managers and staff
- reviewed their people and communications strategy on well-being with a view to redesigning their strategy to include responding to harassment. They had used subject 2 on terminology and communication and embedded some of the resources within this review.

- ensuring that LGBTQ+ was included in the launch of unconscious bias training at the beginning of 2024
- planning workshops to give the LF to team managers to enable them to review their own services and formulate their own action plans on LGBTQ+ affirmative care
- requiring managers of local services to make a visual poster of their local equality and diversity plans for all staff, families, customers, and visitors which included LGBTQ+
- developing an LGBTQ+ championship programme who work both locally and strategically
- establishing a quarterly review on progress against the LF leadership outcomes.

He felt that it was important to make spaces for conversation starters as people were not very confident about engaging with LGBTQ+ and that the resources should be used by managers who were expected to drive this within their own areas.

One care home provider made a big investment with 1100 staff doing LGBTQ+ awareness training. They hosted tea and coffee mornings encouraging people into their communities and developed a champions scheme using resources from a regional LGBTQ+ advocacy organisation to stimulate conversations about LGBTQ+ care.

A local authority invested in equality, diversity and inclusion training saw the LF as an opportunity to develop greater intersectionality in their existing approach. LGBTQ+ had been raised as an issue needing more work in a recent anti-racist training programme which they wanted to address. Pending this, they had put the link to the LF on all staff desktops. Their plan was to use java script to write this into the adult social care current practice guide. This would enable staff to access the LF as a resource through their practice guide with the opportunity of refreshing their knowledge or addressing a practice dilemma.

Other initiatives with two of the LA's involved:

- a briefing on the framework for staff via a blog post
- sending this blog out in the weekly newsletter
- facilitating smaller practice groups to utilise the informal learning through the resources provided in relation to mental health and disability
- having more discussion about how best to facilitate the gender and sexual identity monitoring already in place but recognising how staff needing softer skills to take forward more confidently and to deal with difficulties with those complaining about new monitoring standards.

One LA who had started to engage with the LF as described earlier has planned a dedicated themed practice week coinciding with LGBTQ+ history month in 2024. Leaders complete their own training needs analysis (TNA) – at senior management team (SMT) level and then with operational managers. They had made it a priority to

go through the LF video presentation from the Skills for Care website to document how to prioritise and implement LGBTQ+ action plans through their TNA. This was described as an offer for everyone in the workforce to be invited to tailor and develop their own learning strategy and identify how it can be met.

In relation to strategic needs assessment, it was noted that one LA had particular areas to develop in its EDI strategy to support people with autism where there are more trans people. They also identified the need for LGBTQ+ training within extra care sheltered housing? as well as mixed provision. They reinforced the importance of including business and data analysts within the organisation to link organisational information needs with strategy and practice experience.

One participant reported that they had raised with the Skills for Care strategic group on the care workforce pathway in relation to professionalising the care workers skills and development where referencing and including the framework is one of the action points.

There were two examples within higher education where the LF was used to support decolonising of the curriculum. One HE programme director teaching social care was planning a major review of the curriculum which provided an opportunity to benchmark all subjects against those in the LF which they described as the 'gold standard'. This involved an introduction to students using resources in Domain 1 and 2 to exploring their own beliefs about gender and sexual diversity and in Domain 3 to examine the reading list, case studies and learning activities and academic and practice assessment activities.

"It is my experience that LGBTQ is not taught historically very well, for example students ask, do I need to know this and why? It's a turbulent time for trans and it makes it a bit scary, people struggle to see the importance, people think its wokeism or make that an excuse". (senior lecturer, higher education).

Another educator noted the well documented lack of LGBTQ+ issues in social work education including practice education. The LF offered a positive resource for providing learning outcomes (LO) relevant to social work (at Tiers 2 and 3) that could be embedded in module and programme LO and assessment. As social work programmes are beginning to decolonise their curriculum, the LF offers an intersectional approach, and this could be a framework included by social work education regulatory bodies who are approving social work provision during validations and cyclic reviews.

Supporting LGBTQ+ people within services

Some organisations mentioned situations where staff confidence had enabled better discussion and support for LGBTQ+ staff and residents.

There were several examples of increased awareness of gender and sexual identity impacting peoples experiences of care in later life. In one care home, a manager

who had attended training had recognised that one of the residents at age 90 might be gay. The resident had never been out in his life before coming into the care home nor since admission but with open questions and enabling conversation, he came out to her and his nieces and this was a really happy experience with his nieces being really encouraging and supportive. In another example, a 70-year-old woman with cognitive changes developed a relationship with another female resident. The family found this very difficult, and initially objected to the relationship as they were not aware of their mother's sexual identity. However, the staff worked with them to help them recognise the positive effect that this relationship was having on their mothers experience in the home and their own acceptance and encouragement made a significant difference to the woman's relationship with her family.

Participants also discussed some of the challenges in their services, one where staff had told an older gay man that he shouldn't talk about his sexual identity. The manager commented on being able to formally refer to the framework as giving more authority to tackle these issues but with access to resources to support this.

Organisations would also appear to be more aware of having direct experience of working with trans people in later life. For one extra care scheme, problems with staff attitudes had led to a workshop on gender diversity which had helped, and they were planning to roll this out more widely.

In relation to adopting routine use of pronouns, some participants spoke of the challenges from staff whose religious and cultural beliefs led to expression of concern and the need to work with people over time to make sure they were ready and confident as well as clear about the equality and diversity values that required this approach. This was an area in which many participants expressed a lack of confidence in addressing staff attitudes and behaviour.

"And, responding to people where they are at, so we give people an opportunity, so whilst we want to educate people and get them working in a person centred way, we also know that they have religious and cultural beliefs of their own so we do kind of say, respecting someone's pronouns, if your religious or cultural background, would make it an issue for you, do let us know so that we can match you with an appropriate client. What we don't want to do is put someone in with a trans client and find out that they are not prepared to refer to them correctly. We want to work with people to make sure that they are ready, and we want to work with barriers and challenges on your side as well" (trainer, third sector).

In relation to introducing and drawing attention to the LF in the organisation, participants reported that this was generally well received especially by staff with diverse gender and sexual identities. One cited a chef who was a gay man working in a care home who stated that he felt recognised by the formal endorsement by Skills for Care and together with his manager had planned and provided a pride themed BBQ for their care home staff and residents during the summer. This had a positive effect on those invited, and stimulated some interesting conversations

including negative ones, but nevertheless it enabled the home to make a statement about their commitment to LGBTQ+ inclusion. The member of staff has since offered to talk to new staff during induction about his identity and role in the service.

Two providers spoke of having several trans staff working in their services. One knew of 3 trans staff out of 240 staff in their organisation. Topics in the framework enabled some good discussions about ageing and being supported by their managers where they were affirming their identities. One trainer had generated some specific training resources on trans identities in care which included collaborating with a trans member of staff to make a video about being trans in the social care workforce.

Another provider had hosted a celebration of the marriage between two gay male staff in one of their care homes who chose to share this with residents and staff in their workplace.

Managers had to do a bit of educative work, some residents were prejudiced, and making some negative remarks, and we had to build relationships with clients but on the positive side, it enables them to see the person, because they know the individuals. (manager, third sector).

There was very little evidence of structures for formal support in the participating organisations in relation to supporting LGBTQ+ staff at work and earlier forums and initiatives within EDI more widely had not yet got going following COVID-19 lockdown. One higher education provider had developed a resource for care home nurses and domiciliary care workers on 'resilience' which highlighted gaps in the workforce support around EDI and the lack of resources for establishing adequate consultation and networks.

A social work practitioner interviewed who identified as non-binary shared their own experience of the challenges of being out at work. They didn't come out for 3 years in employment and personal coaching was helpful to plan this. Whilst this was mostly a positive experience in terms of work relationships, the individual described substantial issues in getting people to respect pronouns and getting their names changed on the organisation's HR system.

"It important to have positive trans stories, and trans joy. The tragedy model, whilst probably close to reality ignores that most people are getting on with it, continuing their relationships, and navigating these issues successfully. Trans people are in the service user box and trans people working in care, there are a lot of trans people working in nursing for example" (social work practitioner).

This participant informed of the emergence of a recent trans practitioner grassroots network which is planning a launch during 2024.

In one LA, some work had been done in supporting staff sharing their protected characteristics within practice education and liaising with their Rainbow staff network

which also engaged with other areas of social care, trade unionists and corporate staff. The LF had been added as a resource to the rainbow network teams library.

Embedding the LF into strategic change initiatives

Within this formative evaluation, there were three organisations leading strategic initiatives, two in the independent sector which provided outstanding examples of systems that have developed over time to enable quality improvement and affirmative LGBTQ+ support for care providers and which had developed independently of the LF. Nevertheless, these have since become important for benchmarking and endorsing best practices that emerge from the LF. A third statutory organisation had directly harnessed the LF to embed this in strategic change within its commissioning and contracting strategy.

The first community organisation supports organisations in their region to bring about change by identifying and addressing barriers that impact on LGBTQ+ wellbeing in later life and tapping into influential policy making channels. Their key mechanism is through organisations signing up to a COVENANT which involves embracing a culture of inclusion and making 'pledges', practical actions, and action plans across five key areas of commitment. This organisation found the LF useful in terms of thinking in the long term and how the resources that they have already developed can be indexed against the LF domains so that organisations can recognise that as a 'solid offer'. They have carried out meticulous indexing so that all resources that the organisation already provides or used to facilitate workforce development are now searchable for each of the LF domains, primarily Domain A and B. This enables organisations that they are working with, to be able to search, identify and put together a tailored eLearning package which meets the pledges in their covenant. The launch of the LF has therefore been a reassuring process as it reinforces motivation and capacity to go forward with what they have already been doing and gives it more weight.

"Thirty organisations have signed up to our basic covenant, and we had a conference with 24 of those signed up. Some of those can provide really good examples for others to learn from and highlights how sustainable the approach is that we use. It's taken quite a few years of conversations, going to things, people coming to things. It's the heart, head and hands, and we've learned that you've got to get people's hearts first otherwise it doesn't resonate". (director, third sector).

The organisation gave examples of successfully engaging with local GPs with whom they have developed a simple resource that GPs can subscribe to across 15 practices in the county. They also input to a range of regional forums as advocates for LGBTQ+ equality. They suggested that this systems approach is the most viable way of engaging with the LF but that resources were required to support organisations to access expert and experienced support to develop their own plans and to ensure sustainability through stages of development. This is about building

capacity, developing networking, and setting up some innovation in practice, but essentially for organisations to see how they incorporate the LF into what they already do was described as a powerful influence for wider cultural change. A key method in which this organisation supports others is through establishing communities of practice, training, reviewing, and reinforcing positive changes and this is being benchmarked to the LF.

The second organisation provides a quality assurance and accreditation scheme which is tailored to organisations who sign up voluntarily. They reported a lot of renewed interest and activity to expand their capacity to support social care organisations meeting the quality standard. They reported that the recent parliamentary debate on LGBTQ+ inequalities in care and the launch of the LF had potential to build on the early adopters, some of whom had disengaged during the pandemic and were coming back to re-engage. Their work is through assessment of an organisations publicity, policies, procedures, training and development processes, openness and pathway to meeting the Pride in Care quality standard. The LF was noted as a useful resource and benchmark for some of the areas that the organisations were self-identifying for improvement but needed further guidance. They anticipate that if organisations are required to use the LF, they are more likely to consider working towards the quality standard to demonstrate this. This organisation aims to host a directory of organisations that have achieved the Pride in Care standard. Audit works through mystery shopping and site visits and the accreditation lasts for 3 years. The cost of the accreditation is tailored to the size of the organisation and the outcomes and level of improvement sought.

Finally, one LA have recommissioned their residential care including older people with and without nursing needs and all specialist provision in relation to Learning Disability, Physical Disability and people with neurodivergent brain injury and with autism across 84 institutions in the city. The LF provided the opportunity to examine how Equality, Diversity and Inclusion could be improved and strengthened and following the Equality Impact Assessment for all the services. Their work involved meeting up with colleagues across the Third Sector including a local LGBTQ+ advocacy organisation who have been developing an accredited inclusive care award. In consultation with them the LA have now included two clauses in their new contract from 2024, which links to their quality matrix requirements, a set of quality assurance measures that will provide measurable indicators on equality. The LA will require service providers to enhance their commitment to service inclusiveness for the LGBTQ+ population through the following clauses in their contract which spans 8 years from 2024:

Details of the two clauses on LGBTQ+ equality are as follows:

- Service providers must achieve the X organisation inclusive award during the course of their contract. The Award encourages service providers to achieve the bronze, silver, or gold award by means of a flexible range of criteria for inclusion that will benefit all residents especially LGBTQ+ people The award is

also informed by CQC, requirements, NICE guidance and the Equality Act public sector duty.

- Service providers must utilise the Skills for Care Learning Framework (include the links) working with LGBTQ+ people in later life The framework aims to provide a base for identifying the skills, knowledge and values for the workforce to help them work affirmatively, inclusively and effectively with residents from sexual and gender diversity.

The LA have since recommissioned their framework specification for supported living and will be setting out the same expectations in their contract for LGBTQ+ community support, in supportive living, and in their home care contract specifications. The LA also noted that the LF will inform the work of the quality monitoring team who carry out audits and desk top reviews of all CQC registered services and focusing on good practice with LGBTQ+ people by providers. They anticipate that their contract requirement that providers go for the accredited award that is benchmarked to the LF will be a good way of enabling the CQC to know what evidence to look for. They will also be looking at the equalities checklist with the LF in mind. The CQC look at this checklist when they visit providers which covers staff training and staffing. This co-ordination of the checklist, the LF and the LO were seen as a good way of setting out expectations, monitoring, and assessment. Finally, the LA anticipated that monitoring contract compliance done through desk top reviews and visits and informed by emerging issues would enable discussion between CQC and performance reports including health colleagues and their local ENRICH team and anticipated that the LF could provide a conversation about assessing progress.

Reflections and consultation with people with lived experience

Participants were encouraged by the examples provided which communicated a genuine sense of engagement with their concerns and aspirations.

“It’s uplifting to hear the progress that has been made, it feels like we were starting from ground zero and it’s impressive to see how many organisations have taken this in and it feels like there could be a snowball going down a hill and gaining momentum, so that things get better” (older trans person).

We agree that we need success stories as we focus so much on things that are wrong and we want half full, not half empty. As LGBTQ people, we can see progress, there will always be horror stories, but let’s see” (older lesbian)

“I am involved in an extra care project team, and I suggest that the council should get the right standards in early enough in their tender and having this framework embedded as a standard for those tendering for the contract as well as saying what they are already doing, that would really make sense” (older lesbian)

“As a group who have experience through ageing, and it affects our community and then it will affect us. you have a group of people here who are committed and time to

review, as a panel of volunteers that can be used – an opportunity for them to drive the whole programme forward. Amount of money to drive it forward will be minimal. Ongoing feedback through people who are intimately affected, I genuinely care about it. Reporting on successes going forward. 2023, 2024, 2025 etc, what has been achieved” (trans older woman).

The group talked about looking for signs of safe and accountable practice for themselves when accessing social care and thinking about their future and were keen to see more evidence of benchmarking and accreditation going forward. They discussed some of the work they had been involved in within their own region and how important it was to recognise the intersectionality in the framework not only within subjects but also engaging with wider structural issues that impact on LGBTQ+ ageing such as poverty and housing. They also thought that engaging with the CQC was an important stage of influence in moving forward and maintaining pressure to achieve change.

Discussion

A summary of what has been learned is now given by returning to the key questions for the evaluation and having described some of the themes from the interviews with participants in this formative evaluation:

Aim no 1: How is the Learning Framework for LGBTQ+ Ageing being used by organisations in Adult Social Care and how has it influenced the way in which they deliver their educational practice including any early or anticipated impacts of practice.

As stated earlier, most of the data suggests that participating organisations are very much in the aspirational stage of engagement in which they are gaining commitment and thinking through the ways in which the LF can inform and support their work with people in later life.

There were however many very clear, tangible examples of low-level interventions for example in raising awareness, influencing induction, and training and using the framework as a resource for reviewing and rethinking aspects of organisational policies and procedures particularly around terminology, inclusion and supporting affirmative conversations. One key finding was the recognition by those involved of the importance of ‘usualising’ LGBTQ+ identities in their day-to-day work and the potential for making a difference through making small changes and being LGBTQ+ inclusive.

Those making bigger strides similarly have used the LF to endorse or enrich their work and have described the significance of having a formal structure to which to benchmark and encourage participation. Without exception, all participants were keen to identify how they could establish evidence of their work and outcomes for staff and those using services and the importance of involving those bodies that

register, regulate, and inspect social care. This was seen as both a motivator and driver to invest significantly in more detailed engagement with the LF. The example of including the LF in commissioning and contracting was a more radical approach which could drive these strategic connections.

There was very little evidence of collaboration between social care organisations and LGBTQ+ organisations and this is an important gap to bridge going forward. It would seem that staff have been willing to share their lived experience and more work in supporting and facilitating the expertise of LGBTQ+ staff will need some investment and consultation to ensure that this is used appropriately.

Most participating organisations gave examples of issues and dilemmas occurring in their services for LGBTQ+ individuals thus challenging the discourse of invisibility and focusing on outcomes for individuals and learning from their experiences may be a future source of improvement.

Aim no 2: What can we learn from organisations to improve the framework and to identify any further support and resources to help them better support LGBTQ+ adults using social care.

There were several observations made by participants that are useful here:

- The length and breadth of the LF can be overwhelming for some and there is a need for further and ongoing knowledge exchange to encourage awareness and understanding and supporting organisations to engage with it, particularly within their own community of practice.
- The need to generate positive stories of what makes a difference in the lives of LGBTQ+ people in later life both to reinforce better outcomes because of the framework and to demonstrate the value of investment in LGBTQ+ affirmative care.
- Most participants wanted to give more attention to thinking through how they could involve people in their service with lived experience as there was very little evidence in this area.
- Similarly, they lacked knowledge and confidence in addressing LGBTQ+ issues with mainstream heterosexual, cisgender people and their carers' and this is seen by some as a barrier. Therefore, more public engagement on the LF was recommended.
- Leadership and ownership of the LF would be improved with more strategic consideration of how it informs organisational change in culture and practice and many participants were interested in how they could demonstrate change and the significance of this evidence for service regulation and inspection.
- Some participants raised concerns about keeping the resources within the LF up to date including links and new developments that could be included.

Summary

This evaluation was formative, and its findings are limited by the short period of time since the LF was launched. Despite that, there is some encouraging evidence on the usefulness of having an infrastructure for guiding and mandating LGBTQ+ affirmative action in social care which has been widely welcomed in the sector. During the evaluation period, there was a Parliamentary Debate which highlighted the LF as a valuable tool for promoting LGBTQ+ equality. Inclusion is about taking purposive steps, usually informed, or guided through a range of procedures or practices designed to eliminate discrimination and the LF provides the first step in being able to conceptualise and design these. Further as communities, language, and policies on LGBTQ+ will shift over time and the requirements for culturally competent care may differ, based on job responsibilities. Despite the inevitability of change, we need to create current standards for “culturally competent care,” even as we understand the limitations of such a designation.

Investment in education and training although we know that attitudes and behaviour about LGBTQ people cannot be changed through training alone and integration with leadership, management, staff development and cultural change which provides the structures and support needed for a holistic approach. This was evident in some of the planning and initiatives being considered by participants in this formative evaluation particularly those setting high standards through contracts and programmes of accreditation.

Research on the effectiveness of LGBTQ-specific cultural competency training is extremely limited and mostly addresses changes in providers. This does not necessarily translate into better health outcomes for LGBTQ people. The approach is generally an additive one as opposed to transformation. There is a need to generate more evidence on the intended changes, e.g., increase in knowledge using pre- and post-test surveys; changes in provider behavior when working with LGBTQ patients or clients, which are more difficult and expensive to gauge. The evaluation demonstrated that there is a willingness and need for more engagement with communities and clarity on evidence and outcomes and what these looks like, and on the role of external bodies such as CQC and subject benchmarks in education curriculum and assessment. There is also some work indicated on how the leadership and resilience of LGBTQ+ staff and people with lived experience can be supported alongside their general safety and wellbeing. There are real issues on the ground given that most participants in this evaluation were able to refer to some very distressing situations in their direct experience. Examples of establishing community of practice's such as 'circle' are important here. Finally, some participants with lived experience talked about focussing on LGBTQ joy and the need for more research on trans and non-binary led, co-produced initiatives building on strengths from intergenerational context, having more intergenerational contact in that community and how people can see what is going on in their lives. Keeping the framework alive life as the context is rapidly evolving would also focus on wellbeing as well as care.

Recommendations

1. Continue engagement activities with the publicising and promoting the framework which can support the concerted integration of LGBTQ+ ageing issues into broader equality, diversity and inclusion strategies. There is potential for building communities of practice to enable sharing of how and where engagement is taking place and to encourage and continue active dialogue and momentum that speaks to the challenges and opportunities in where and how LGBTQ+ inclusion and affirmation is taking place within the sector.
2. Ensuring the Learning Framework is kept up to date and current for example checking the weblinks, adding to the resources section and carrying out a regular review of the framework content to reflect new developments.
3. Consider developing new tools and an assessment portfolio to enable organisations to demonstrate their active engagement and outcomes with the Learning Framework.
4. All of these should include support to increase the involvement of the LGBTQ+ community in all workforce development activities and the knowledge and skills required for participation and involvement.
5. Ensuring the work of organisations on LGBTQ+ work is recognised and validated in all regulated activities in education and practice with a focus on outcomes on LGBTQ+ ageing wellbeing and equalities.
6. Develop a structure for regular monitoring and review to demonstrate the impact of the framework on outcomes for LGBTQ+ affirmative care.

References:

Parliamentary Debate on LGBTQ+ Care

Recording: <https://parliamentlive.tv/event/index/f694db10-e0df-4a7c-9035-2e4d3d6c11fb?in=16:29:32>

Transcript: <https://hansard.parliament.uk/Commons/2023-09-12/debates/1467D922-0168-459B-93B2-7ED5624D2EC5/LGBTPeopleAndSpousesSocialCare>

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