



AGE
Concern

The whole of me...

Meeting the needs of older lesbians,
gay men and bisexuals living in care homes
and extra care housing

A resource pack for professionals

“This timely resource pack is an excellent guide for managers and staff on how they recognise and respond to the particular needs of everyone who uses the service they provide.

Whilst most people agree that everyone should be treated equally, it is not always clear what this might mean in practice – this pack provides a clear explanation. It sets out clearly the type of support that older lesbians, gay men and people who are bisexual might need, and encourages managers and staff to think about their own attitudes and approaches. I hope it will be widely used.”

Dame Denise Platt DBE
Chair of the Commission for Social Care Inspection

“The staff in the home very rarely gave us any time alone together and on one occasion Arthur was taken seriously ill and transferred to hospital without them notifying me. The man I love could have died and I wouldn’t have been there or even known.”

Ian

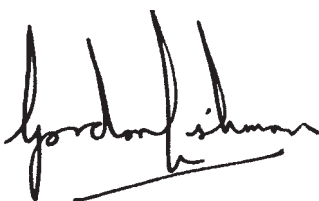
“It was such a relief when the manager of the extra care scheme where I was living encouraged me to open up about my lesbian identity. She didn’t push me but she gave plenty of positive messages that she didn’t have a problem. It immediately helped me to feel that I was accepted for the whole of me, and more important that I felt safe in my own home.”

Beatrice

The contrast of these two experiences highlights the importance of this pack and Age Concern’s commitment to address the hopes and fears of older lesbians, gay men and bisexuals living in or visiting care homes and extra care housing.

Over the last six years, Age Concern England has taken a lead in raising awareness of the needs and concerns of older people who are lesbian, gay or bisexual. In 2001 we produced a resource pack for service development – Opening Doors: working with older lesbians and gay men. We hosted a successful conference highlighting the needs of this group in 2002, and in summer 2004 appointed our first National Development and Policy Officer for Older Lesbians, Gay Men and Bisexuals.

Whenever we talk to lesbians and gay men of any age we recognise that many of them have particular fears and concerns about moving into a care home or extra care housing. In this latest resource pack we hope to make a positive contribution to addressing this by tackling the issues and offering practical suggestions for good practice in these settings. We hope it will be a timely and effective resource to encourage and support this important process.



Gordon Lishman CBE
Director General, Age Concern England



Contents

Introduction	7
Why this is an important issue	11
The obstacles to good practice	17
What you can do to make a difference	21
Closing thoughts	33
Appendices & helpful resources	37



Introduction

“It is the organisation that needs to ‘come out’ as gay or lesbian friendly rather than depending upon clients to ‘come out’ in order to get their needs met”

Opening Doors – Age Concern England’s first resource pack on meeting the needs of older lesbians, gay men and bisexuals (2001)

Who is this resource pack for?

This pack is intended principally for registered care home managers and managers of extra care housing and their staff teams, as well as operational managers and policy managers in care home groups and in organisations providing housing with care. Much of the good practice advice will also be of interest to other service groups, such as sheltered housing managers and day or home care providers, as well as to inspectors and commissioners of services and social workers/care managers in local authority or hospital settings involved in care home placements.

Why focus on care homes and extra care housing?

The large majority of managers are committed to treating older residents in care homes and housing schemes with respect as individuals with unique life histories, interests and needs. Some may well be of the view that a person's sexual orientation is simply a part of that person's individuality and that a good quality service should have no difficulty in supporting every resident, whatever their sexuality. This is certainly the ideal.

Unfortunately, the reality is that many lesbian, gay or bisexual residents in care homes or sheltered housing schemes feel uneasy about being open. They are anxious about experiencing prejudice or being excluded if other residents or staff members were to know. The knock-on effect of this is critical: many care home and sheltered housing staff believe that they have never met or worked with a person who is gay.

Even if you are confident that your service would operate without judgement or prejudice, many older lesbian or gay people are still in need of reassurance that this is the case. They do not expect to feel welcomed. A 2003 study of the views of older lesbians and gay men found that only one-third of those surveyed believed that health professionals were positive towards lesbian, gay and bisexual clients. The majority felt that health professionals:

- (a) operated according to a heterosexual assumption, and
- (b) failed to address their specific needs... Considerable concerns were expressed about care provision and special housing.

(Heaphy, Yip and Thompson 2003)

It is up to us as service providers to give clear messages about our inclusiveness and to demonstrate this in a range of ways. We know that a great deal of good practice already exists and that this needs to be highlighted, recognised as good business and learned from. Unfortunately, there are also examples of poor practice where prejudice, either subtle or explicit, has resulted in an older lesbian, gay or bisexual person or their carer feeling isolated, excluded or in some extreme cases victimised or harassed.

What does this resource pack cover?

This resource pack aims to explore some of the most pressing issues for older lesbians, gay men and bisexuals in care settings, and also to offer practical and achievable ideas for developing your service. The issues considered here include:

- Are there ways in which your care home or extra care housing service can give out a positive message that you actively welcome residents who are lesbian, gay or bisexual and help to change the perception that they are not welcome?
- Are good staff induction, supervision and training the answer?
- How much depends on the ethos that is established by the manager?
- Even if you are confident that your staff team is committed to anti-discriminatory practice, what do you do when other residents or service users express prejudiced or hostile attitudes?
- Do you feel up-to-date with current legislation and the relevant training requirements relating to supporting equality and diversity?



Why this is an important issue

“My partner and I had been together for 25 years when he was diagnosed with Alzheimer’s... When he went into hospital I kept on telling them that I was his partner, but they moved him into residential care without asking me. I phoned up to see how he was and he wasn’t there.”

Bill

The developing legal framework will increase the importance of our services moving in line with these changes

Lesbian, gay and bisexual people now enjoy greater recognition and equality in law than at any other time in history. The age of consent for gay men was equalised at 16 in 2001, and section 28 of the Local Government Act, which attempted to prohibit the 'promotion' of homosexuality, was repealed in 2003. Lesbians, gay men and bisexuals have also been protected from discrimination in the workplace since the end of 2003 and this will be followed by similar protection against discrimination in the provision of goods and services in the near future, under the new Equality Act. For same sex couples, civil partnership legislation came into effect in December 2005, giving lesbian and gay partners who register their relationship the same rights, privileges and responsibilities as heterosexual married couples. There will also be couples who won't have registered their partnership whose relationships should be treated with equal respect and recognition.

By addressing these issues now, your care home or extra care housing scheme can demonstrate that it is both abreast of developments and prepared to take a proactive stand.

Whether you are aware of the fact or not, you will have lesbian, gay or bisexual residents either now or in the future

You cannot immediately see someone's sexual orientation in the same way that you can a person's skin colour: because of this, many older gay people remain 'invisible' as far as statistics are concerned. But this doesn't mean they don't exist! The UK Government estimates that 5-7% (or one in fifteen) of the population is lesbian, gay or bisexual, a figure that Stonewall, the national gay campaigning organisation, also feels is a reasonable estimate.

Put another way, in a home or scheme of 50 people, at least three are likely to be lesbian or gay. However, research conducted by the Brookdale Center on Aging in New York suggests this figure is likely to be higher. It found that, compared to their heterosexual counterparts, older lesbians, gay men and bisexuals have a significantly greater dependence on professional care services because they are:

- Twice as likely to be single
- 2½ times as likely to live alone
- 4½ times as likely to have no children to call upon in times of need

You will have lesbian, gay or bisexual staff in your service either now or in the future

A positive attitude to lesbian or gay older people also offers reassurance to colleagues who may be anxious about being open about their sexual orientation in the workplace. By being a progressive and sensitive service provider, you are also contributing to being a good employer.

Prejudice and intolerance still exist

It might be hard for some of us to imagine the level of hostility and exclusion experienced by the generation of people currently living in care settings as part of their life experience, but the quotes below remind us of their perspective:

“Remember, we started out life as being ‘criminals’. Homosexuality was illegal till 1967 so many of us lived in fear of being caught, losing our jobs and even our families. Though I think mum always knew deep down, it was never talked about and that’s how we all just got on with life.”

Joseph

“My father sent me to a psychiatrist for shock treatment to try and cure me of my feelings for other ladies. I was shown all these pictures of hunky men in leather to try and convert me – the same pictures were being used to show to homosexual men to try and turn them off! It didn’t work of course!”

Hyacinth

It can be easy to assume that most people now don’t experience discrimination or oppression. However, the reality is that many lesbian and gay people still find themselves in situations where they are treated with disregard and sometimes overt prejudice:

“My partner and I had been together for 25 years when he was diagnosed with Alzheimer’s... When he went into hospital I kept on telling them that I was his partner, but they moved him into residential care without asking me. I phoned up to see how he was and he wasn’t there.”

Bill

Much oppression comes from a lack of awareness rather than deliberate intent. People who are unaware of how oppression works can sometimes themselves perpetuate it unwittingly and in subtle ways:

“When I visited Jean in the home, she was always sitting in the main lounge with other residents. This made it more awkward for me to hold her hand or give her a cuddle. I didn’t feel confident enough to ask the staff to move her to her own room so we could be alone for a while. I felt like I was in a goldfish bowl with all eyes and ears on us...”

Hannah

The emphasis on person-centred care planning supports the importance of respecting each individual's unique identity

The National Minimum Standards (Care Standards Act 2000) outlines responsibilities in relation to individual assessment and care planning:

Standard 3 – New service users are admitted only on the basis of a full assessment undertaken by people trained to do so, and to which the prospective service user, his/her representatives (if any) and relevant professionals have been party.

This needs assessment includes covering 'social interests, hobbies, religious and cultural needs' and 'carer and family involvement and other social contacts/relationships'.

The National Service Framework for Older People makes no specific reference to the needs of older lesbians, gay men and bisexuals but does reiterate the importance of respecting the individual and Standard 2 on person centred care 'requires managers and professionals to recognise individual differences and specific needs.'

It's not just about sex

Being lesbian, gay or bisexual is about more than defining your sex life. It shapes the way you have experienced life, your interests, likes, dislikes, humour, friendships and attitudes. It is therefore part of assessing people's 'social interests' and 'cultural needs' as well as their 'social contacts/relationships'. A care plan that neglects to include this huge part of a person's individuality is clearly incomplete and is likely to fall short of meeting that person's needs.

"I think sometimes people see it as all about sex! What you do in bed I mean. If I didn't have sex at all with another woman for the rest of my life, I would still be a lesbian. It's as integral to who I am as my identity as a mother, the job that I do and the beliefs I hold dear. It's not the whole of me but it is a big part!"

Caroline

People need to feel safe and secure in a care environment

'Safety' and 'security' are often interpreted as meaning physical safety or security. However psychological safety is equally important for a person who has experienced prejudice in the past and therefore may anticipate negative reactions in new situations. This might be especially true of a gay person who has dementia or is very dependent on others for aspects of their care, which puts them in a more vulnerable position.

Existing training requirements for you and your staff all clearly reinforce the importance of promoting anti-discriminatory approaches

For managers:

In the reviewed national occupational standards and qualifications for health and social care (December 2004) values are now permeated through every single unit rather than contained within one self contained values base unit.

The most relevant core and optional units at level 4 are detailed in Appendix 1.

For care staff:

There are many elements of the Common Induction Standards and Health and Social Care National Occupational Standards (NOS) /National Vocational Qualifications (NVQs) that relate to sensitivity and responsiveness to the needs of lesbian or gay clients. The broad principles of care are 'to provide an integrated, ethical and inclusive service that meets agreed needs and outcomes of people requiring health and/or social care.'

The most clearly relevant NOS/NVQ units are detailed in Appendix 2.

→ Good practice in action

Have you considered encouraging staff members who are undertaking their NVQ awards to look at how they might support a resident or tenant who is lesbian, gay or bisexual?



The obstacles to good practice

“I think sometimes they think you are some kind of alien or an exotic species! I watch Coronation Street and enjoy walking my dog just like a lot of other people!”

Eve

One of the biggest single barriers to good practice in care for older people in general – not just care for lesbian, gay or bisexual people – is the prevalent ageist assumption that older people are no longer sexual beings. Sexuality and intimate relationships are topics that are often avoided or disregarded. It is not uncommon for sexual needs never to be mentioned in a care plan apart from where they are perceived as problematic; and very rarely is sexuality presented as a positive aspect of a person's individuality.

In addition to this, there are a number of common preconceptions that many people have about lesbian, gay or bisexual people in relation to care services: this can also lead to issues concerning sexuality being overlooked. Some of these attitudes or preconceptions are explored below.

“We don't have any gay people so it isn't an issue for us”

This is a common belief and it is unlikely to change until we create an environment where more people are able to be open about their sexual orientation. It is also easy to make other assumptions about people that can increase the invisibility of lesbian, gay or bisexual people.

“Because she had been married and had three children, it never even occurred to me that she might have had a relationship with another woman.”

Care assistant

“By putting a tick in the ‘single’ box under ‘marital status’ on Bill's admission form, it was like I had dismissed his entire romantic and sexual history with one strike of my pen.”

Home manager

“We would treat everyone the same anyway”

In a study into the situation of older lesbians, gay men, bisexual and transgendered people in one area of Kent, service providers were asked a number of questions, including: “Would you be willing to attend an event where these issues would be explored further?” The majority of residential and nursing homes replied “no” with one of one them commenting “Not necessary; their care would not differ from anyone else's” (*Opening Doors in Thanet, 2003*). This response was of course well intentioned, and implied that they are indeed promoting an ‘equal service’. However, it is important to understand that equality of opportunity involves recognising difference. What makes each of us different will shape what we would want from our life in a care setting and how others treat us.

What most lesbian or gay people want is simply to be accepted for who they are – equal to heterosexuals, but with distinct identities and needs like other residents. Some of these differences may relate to their lesbian or gay identity and some might be related to other interests and preferences in their lives.

“I think sometimes they think you are some kind of alien or an exotic species! I watch Coronation Street and enjoy walking my dog just like a lot of other people!”

Eve

“It’s not our business to know what someone does in the bedroom”

To take the attitude that someone’s sexual orientation is a private matter can be an excuse for not considering it as an important consideration in holistic care. Our own anxieties about asking personal questions can also sometimes prevent professionals from finding out whether someone identifies as lesbian or gay.

“I assumed that because John was a devout Catholic and a very quiet unassuming man, he might not be comfortable about his sexuality. When I finally got the courage to ask him whether he felt OK about being called ‘gay’ he gave me a huge smile! He seemed to come alive after that, being quite camp and flirtatious about ‘cute young men’ we saw in the street. One simple question had somehow allowed John to be himself at last.”

Care manager

“We can do something about addressing staff attitudes, but it is hard to know how to respond to other residents or relatives who are prejudiced about gay people”

Service providers frequently raise this problem, and it is one that is similar to addressing racist attitudes in service users. There is a tendency to assume that you are less likely to be able to change the attitude of an older person and therefore less point in challenging bigoted comments. However, this in itself makes assumptions about older people! In the following section, these challenges are addressed.



What you can do to make a difference

“The most civilised manager set the caring tone of the nursing home. He even offered to put up a bed in my partner’s room occasionally, so that I could spend the night with him. It was clear that we were being treated with respect as a gay couple. The manager and two of the staff came to the funeral.”

Jim, Alzheimer’s Society Lesbian and Gay Network Newsletter, July 2005

The manager as the key to change

The most significant influence in any care home or extra care housing setting is the leadership of the manager and the ethos that they promote.

“The most civilised manager set the caring tone of the nursing home. He even offered to put up a bed in my partner’s room occasionally, so that I could spend the night with him. It was clear that we were being treated with respect as a gay couple. The manager and two of the staff came to the funeral.”

Jim, Alzheimer’s Society Lesbian and Gay Network Newsletter, July 2005

Many of the suggestions for change offered here do not require significant budgets or huge amounts of time investment. However, they do need a manager who has the commitment to look afresh at some aspects of the way that things are traditionally done, and to lead by example with confidence and clarity, even in the face of some resistance or derision.

Looking at yourself

Have you taken time to consider your own attitudes to lesbian or gay people and in particular older people? It is important to do this before even proceeding to try to make any organisational changes or develop your staff team in this area.

The following questions are offered to invite you to think through some of your responses to certain situations. It might be useful for you to do this as an exercise with another colleague or friend with whom you feel comfortable, so you can discuss it afterwards.

The questions could also be used as a discussion tool for a training session or staff meeting. If you are lesbian or gay yourself, it is still worth considering questions 2, 3 and 4 as you may not have thought about how you would respond in a professional capacity.

Questionnaire

1. A gay colleague invites you to meet him/her in a gay pub for a drink.

Do you feel:

- (a) totally relaxed about this?
- (b) a little apprehensive: you wonder what it is going to be like?
- (c) you would rather not go as you think people might assume you are gay?

2. One of the men living in your care home or housing scheme breaks down in tears one day. He tells you that although he was married for over 40 years, he has 'always known he was homosexual' and he feels he has 'lived a terrible lie' and betrayed his wife, whom he still loves dearly.

Do you:

- (a) offer him a cup of tea and try and change the subject as you don't know how to handle it?
- (b) remind him that his marriage to his wife should be the most important thing?
- (c) spend some time talking to him about these feelings, acknowledging that recognising his gay sexuality doesn't have to negate all aspects of his relationship with his wife?

3. One of the residents in your home, an unmarried woman, has developed a very intimate friendship with another female resident who is widowed. They are inseparable and often sit in the lounge holding hands. One afternoon you go into one of the women's bedrooms to deliver a letter (after knocking and assuming the room was empty) and find them lying together on the bed holding each other.

Do you feel:

- (a) bad and embarrassed that you have intruded on their privacy and leave discreetly?
- (b) a little shocked although you are conscious this is partly your unfamiliarity with older residents expressing sexual feelings generally?
- (c) revolted by the sight and consider ways in which the two women should be separated more as the friendship has gone 'too far'?

4. One of the tenants in an extra care housing scheme called George has a frequent male visitor, Sam, who you think might be his lover. His daughter visits less frequently but attends review meetings for her father. She is quite dismissive of Sam's 'friendship' with her father and doesn't think he should come to review meetings.

Do you:

- (a) ask George whether he would like Sam to come to the meetings, and if he says 'yes', support him with this decision?
- (b) respect the daughter's wishes and feelings and not involve Sam?

After doing this exercise:

Take some time to think about how easy or difficult you found it to answer these questions. Don't give yourself too hard a time if your immediate response wasn't as you had expected. The most important thing when considering these issues is having the honesty to look critically at yourself. Anyone who says they have no prejudice or preconceptions at all is likely to be deceiving themselves!

If you are discussing the possible answers with a colleague or in a staff team, try to create a safe environment for people to discuss their different responses without being judged too harshly. Attitudes are more likely to shift if workers are able to talk openly and learn from others in the group.

Looking at your organisation

This section is presented as a checklist for your consideration both to offer ideas and to help you evaluate your service in terms of its inclusiveness to lesbian, gay or bisexual people.

Staff recruitment, induction and training

- Have you ever run a training session or a discussion in a team meeting around issues relating to older residents' sexuality and relationships? The scenarios 1-4 in the preceding questionnaire might offer possible discussion topics as an idea for you to try out.
- Is it possible to incorporate awareness of lesbian or gay issues in a worker's NVQ portfolio?
- Have you considered asking a question at interviews for new staff that ascertains how that worker would respond to an older person from a minority group, whether they are gay or of a different religion or culture to other residents?
- Have you an information board in the staff room where you might be able to put up a poster that relates to lesbian or gay issues? Age Concern, the campaigning group Stonewall or lesbian and gay sections of the larger Trades Unions are likely to have posters that might be of interest.
- Do you have a policy and procedure to respond to staff members who express opinions that are homophobic?

Good practice in action: contracts and induction processes

Every employer needs to take a very clear and positive stand that employees should conduct themselves in a professional manner while at work. Ideally this should involve making it explicitly clear – for example in contracts of employment or in induction processes – that expressed prejudice about lesbian and gay sexuality is unacceptable. A statement might include wording like the following:

“Whatever your personal beliefs and attitudes about lesbian, gay and bisexual people, it is vital that these do not have an impact on the way you treat your clients, residents or tenants or your colleagues. Everyone is deserving of equal respect and consideration whatever their sexual orientation. Any prejudiced comments or behaviour likely to offend or hurt lesbian, gay or bisexual people or their friends will not be tolerated in the workplace. This will be regarded as conduct that is discriminatory and will lead to disciplinary action.”

Note:

Some organisations may prefer to include reference to sexual orientation as part of a general statement in relation to attitudes to and treatment of residents or colleagues from a range of minority groups.

- If your organisation has policies in relation to bullying or harassment, do they explicitly make reference to sexual orientation?
- Are all staff members aware of the professional codes of conduct in relation to nurses and social care workers? The relevant references are included in Appendix 3 and could be included as part of an induction pack for new members of staff. The 'Not "just" a friend' guidelines in Appendix 4 also offer a useful summary that could be given out as part of an induction.
- Do you have any members of staff who are openly lesbian or gay? Would you be able to ask them about how comfortable they feel within the organisation or service? However, be careful not to treat gay colleagues as the 'experts' or automatically assume they will be prepared to take a lead on equality issues.

Before someone comes into your home or scheme

- Does your publicity brochure or information sent out to prospective residents/tenants or their relatives and friends mention that you welcome older people from different backgrounds and/or include direct reference to lesbian and gay people?
- If you have photographs in your publicity information, are there any photographs of older same-sex couples expressing affection as well as of heterosexual couples?
- Have you considered displaying something in your office indicating that you are a 'lesbian and gay friendly' organisation? A rainbow flag symbol for example is well known to many lesbian, gay and bisexual people. However, be cautious about doing this before you are confident that the organisation can adequately demonstrate that it is 'lesbian and gay friendly' at all levels of its delivery.

When someone moves into your care home or scheme

- When asking for personal details, have you considered replacing the categories 'single' or 'married' with a more open question such as 'who are or have been your significant relationships or partnerships?'

Good practice in action: avoid putting people in boxes!

Many lesbian, gay and bisexual people want their different choices and lifestyles recognised and respected without judgement. Not all have chosen to live their lives with one long-term partner. Some will have enjoyed casual relationships, while others will have maintained close relationships with a number of lovers:

“My emotional life now as an older lesbian doesn’t fit into neat categories... I don’t have one person I would identify as a ‘partner’ or ‘carer’ (or want one), though I am lucky to have two lovers at the moment. I can imagine, if I lived in a care home, having a visit from an ex-lover who lived far away or a friend with whom occasionally I had sex and suddenly, in the middle of the afternoon, the two of us wanting to reconnect sexually. I hope that sort of situation would be supported for its joyous and life-enhancing spontaneity by staff.”

Imogen

- If the resident has a carer who describes themselves as a ‘friend’ but they have been living together and appear to have had a long and intimate relationship, are there ways in which you could help them feel comfortable about talking about their relationship? A question such as “Have you lived together a long time?” or a comment like “You obviously mean a lot to each other” could be helpful. Be aware, however, that close friendships often do play a strong part in the lives of lesbian or gay people, especially where someone no longer has a partner. Don’t jump prematurely to the conclusion that it has been a romantic or sexual relationship!
- Take your cue from the person as to the kind of language you use. Though the words ‘lesbian’ and ‘gay’ are widely used and accepted, not all lesbian or gay people feel comfortable with them. Additionally, they may refer to their ‘friend’ or ‘companion’ rather than to a ‘lover’ or ‘partner’. Check with them what terminology they prefer and use the same terms.

“It took me a long time to use the ‘L’ word about myself. We all used to talk automatically in coded language even among ourselves ‘Do you think she is one of us?’”

Suparna

- If your home or extra care scheme offers a 'welcome pack' to new residents or tenants with information about facilities and local community resources, have you considered including contact details of any local lesbian or gay organisations or even the London Lesbian and Gay Switchboard as a starting point (see resources section)? Even if no one actually needs to use these services, the inclusion of them in an information pack gives a clear message that you have thought about the existence of residents who are gay.
- If a person or their carer is open to you about their sexual orientation, find ways of acknowledging this promptly and directly, such as: "Thank you for telling me. I appreciate that it can sometimes be hard to be open when you don't know how people might respond. Let me know if there is anything you might need to help you feel comfortable here." Sometimes professionals, through awkwardness or embarrassment, find it easier not to say anything at all, which can leave the person who has 'come out' unsure of whether they have actually been heard or understood.
- Never push someone to 'come out' about their sexual orientation. Coming out is an extremely personal issue and every individual needs to make their own choice about the right time when they feel comfortable to tell someone. However, it can be helpful to give clear indications that you are someone who is not judgemental.
- Be clear about your confidentiality policy and your systems for record keeping. If a person has told you about their sexual orientation, what if anything will you do with that information? Many people are hesitant about 'coming out' as they are concerned it will then be noted on their file for all to know. You need to check with the person whether it is information that they are happy to be included in their care plan and who that is read by. In the case of a person with dementia, there may be more complex issues around consent to consider (Dewing, J, 2005).
- Are there ways in which the resident's lesbian or gay identity can be supported through the care planning process?

Good practice in action: care planning examples

"George would like to have his subscription to Gay Times continued. He enjoys having some of the articles read out to him. He likes going through the 'personal ads' column thinking about who he might like to contact."

"Rosaria would like to go out to a local gay pub with three of her closest female friends on a monthly basis."

"Bet loves watching the films Desert Hearts and Claire of the Moon, which are kept in her bedside cabinet."

"Eric still enjoys a sexual relationship with his boyfriend Charles and so when there is a 'Do not disturb' sign on the door, this should be strictly respected."

- Develop a clear policy and a consistent approach to how you will respond to comments or behaviour from other residents or relatives that are offensive or hurtful to lesbian or gay people (as well as any other minority groups) and their friends.
- In an extra care housing setting, if people have tenancy rights, it might be important to ensure that tenancy agreements include reference to behaviour that constitutes discrimination or harassment in relation to minority groups. It will then be important to refer to these agreements if a tenant behaves in an unacceptable way. While attitudes might not change, people are able to learn that they cannot express these opinions in public without it being picked up.

Good practice in action: a team approach

“We found that after we took a stronger approach as a staff team, when Mrs H made comments about ‘those awful queers’, some of the other residents used to tick her off too. One of the residents told me in confidence that her brother had been ‘that way’ and it upset her to hear these unkind comments. Mrs H did stop after a while, because she knew she was not going to get away with it. One of our colleagues, who was a lesbian herself, really appreciated that we took this on as a whole team. It made her feel more comfortable at work too.”

Senior care worker

- If the person is the only lesbian or gay resident and has no partner or friends visiting on a regular basis, have you considered the possibility of a befriender from a local lesbian or gay organisation? This may not suit everybody, and just because a befriender is also gay does not of course mean that they will automatically get on well, but the idea is worth exploring.

“Gay men and women in a care home can feel particularly isolated and it might be appropriate to look outside the home for friendship and support for them.”

Sex and relationships: A guide for care homes (2002) by Alison Clarke, Les Bright and Chris Greenwood, Counsel and Care, London

- If your care home or extra care housing scheme has any meeting rooms or facilities open to the wider community, have you considered actively inviting a local lesbian, gay or bisexual organisation to use this resource, such as a gay choir for rehearsals? This gives a clear message that you are positive about lesbian and gay community involvement in your service and may also have an unexpected benefit of shifting negative attitudes.

Involving a lesbian or gay partner or friend in the care and support of the resident

- Do you welcome partners or friends warmly? Lesbian or gay people might be particularly sensitive to the kind of reception they receive on visits as they may need reassurance that their role and relationship is acknowledged and respected.
- Is there any opportunity for them to enjoy privacy together during the carer's visits? While this is of course good practice for all couples, privacy might be especially appreciated for gay couples or friends.
- Do you consult the partner about aspects of their loved one's care? Are they invited to review meetings and involved in the care planning process?

Good practice in action: what it means to be inclusive

“One day when I arrived to visit, one of the carers said ‘Hi Roger! He's just having a bath. Want to come in and help?’ In other words the most intimate features of his care programme involved me as the most intimate person in his life.

“We celebrated our anniversary while he was in hospital. The nurse said. ‘Happy anniversary you two. Please tell me how you met.’ She had celebrated her wedding anniversary some weeks before and perhaps, up till then, she had never thought that we might have an anniversary too; but she asked the right question and showed the distinctively right attitude in asking it.”

Roger, Alzheimer's Society Lesbian and Gay Network Newsletter, July 2005

- ➔ Consider the importance of including the carer in difficult decisions about the end of life and following a person's death. How would this be handled if the person's family deny the sexuality of the older person and exclude their partner at the point of nearing death or afterwards?
- ➔ Do you recognise the enormous emotional impact of bereavement on a gay couple, which might have less societal recognition than their heterosexual counterparts?



Closing thoughts

“If I didn’t have sex at all with another woman for the rest of my life, I would still be a lesbian. It’s as integral to who I am as my identity as a mother, the job that I do and the beliefs I hold dear. It’s not the whole of me but it is a big part!”

Caroline

Thank you for taking the time to read this pack.

If you already feel that you are doing many of the things suggested as good practice above, you are to be congratulated and it is hoped that older lesbian, gay or bisexual people will be fortunate enough to find themselves in homes or housing settings like yours.

Please consider passing on this pack to others who might not have thought through some of the issues raised.

If you are part of a larger organisation, please check that your wider policies and procedures support the good practice outlined in this pack.

If the pack has made you think again about some aspects of your approach, then it has been successful in its aim of raising awareness and encouraging service development.

If you are still hesitant about the urgency of the need to do anything because of the apparent absence of visible lesbian or gay people in your service, it is worth once again considering the important point made in Age Concern England's first resource pack:

“It is the organisation that needs to ‘come out’ as gay or lesbian friendly rather than depending upon clients to ‘come out’ in order to get their needs met”

Opening Doors (2001)



Appendices & helpful resources

“We found that after we took a stronger approach as a staff team, when Mrs H made comments about ‘those awful queers’, some of the other residents used to tick her off too.”

Senior care worker

Appendices

Appendix 1

Reviewed national occupational standards and qualifications for health and social care:

Level 4

HSC45 Develop practices that promote choice, well-being and protection of all individuals

HSC45b Promote the individual's rights to expect and receive respect for their diversity, difference and preferences

HSC430 Support the protection of individuals, key people and others

HSC452 Contribute to the development, maintenance and evaluation of systems to promote the rights, responsibilities, equality and diversity of individuals

Appendix 2

Reviewed national occupational standards and qualifications for health and social care.

All units relate to meeting the needs of older, lesbians, gay men and bisexuals but those that might be considered the most directly relevant are:

Level 2

HSC 234 Ensure your actions support the equality, diversity, rights and responsibilities of individuals.

Level 3

HSC31b Communicate effectively on difficult, complex and sensitive issues.

HSC 331 Support individuals to develop and maintain social networks and relationships.

HSC3111 Promote the equality, diversity, rights and responsibilities of individuals.

HSC 3116 Contribute to promoting a culture that values and respects the diversity of individuals.

www.skillsforcare.org.uk

Appendix 3

General Social Care Council

Code of Practice for Social Care Workers and Code of Practice for Employers of Social Care Workers (September 2002)

1. As a social care worker, you must protect the rights and promote the interests of service users and carers.

This includes:

- 1.5 Promoting equal opportunities for service users and carers; and
- 1.6 Respecting diversity and different cultures and values

5. As a social care worker, you must uphold public trust and confidence in social care services. In particular you must not

- 5.5 Discriminate unlawfully and unjustifiably against service users, carers or colleagues
- 5.6 Condone any unlawful or unjustifiable discrimination by service users, carers or colleagues

www.gsccl.org.uk

Royal College of Nursing and Midwifery Code of Professional Conduct

As a registered nurse, midwife or specialist community public health nurse, you are personally accountable for your practice. In caring for patients and clients, you must:

- respect the patient or client as an individual
- obtain consent before you give any treatment or care
- protect confidential information
- co-operate with others in the team
- maintain your professional knowledge and competence
- be trustworthy
- act to identify and minimise risk to patients and clients.

These are the shared values of all the United Kingdom health care regulatory bodies.

In section 2.2 The Code specifically states:

You are personally accountable for ensuring that you promote and protect the interests and dignity of patients and clients, irrespective of gender, age, race, ability, sexuality, economic status, lifestyle, culture and religious or political beliefs.

This includes a Registered Nurse (such as in a care home) ensuring others working within her/his supervision act in a similar way.

www.nmc-uk.org

Appendix 4

‘Not “just” a friend: best practice guidance on health care for lesbian, gay and bisexual service users and their families’ is a joint Royal College of Nursing and UNISON publication

Check list for health workers

- Be aware that you have lesbian, gay and bisexual service users, even if you don’t know who they are
- Be sensitive about the way you request information from service users, using language that is inclusive and gender neutral
- Ask service users who information should be given to and who should be involved in treatment decisions, explaining what this means, rather than using the term ‘next of kin’
- Ask who should be contacted in case of emergency – do not assume this will be the same person
- Also ask the names of other people with whom the service user wishes or does not wish to have contact
- Ensure all paperwork – such as information leaflets and admission and consent forms – uses language that is inclusive of lesbian, gay and bisexual families
- Challenge prejudiced attitudes and behaviour in co-workers and other service users
- Make it safe for same sex partners and family members to be open about their relationships if they want to, so they can be supported during illness or crisis
- Respect privacy and confidentiality
- If necessary, provide lesbian, gay and bisexual service users and their families with details of where to get further specialist support, advice and information

Extracts from ‘Not “just” a friend’ leaflet, downloadable as a PDF document from www.rcn.org.uk/london/downloads/notjustafriend.pdf

Helpful resources

Further reading

As We Grow Older – a study of the housing and support needs of older lesbians and gay men

Hubbard R and Rossington J
Polari 1995
www.polari.org

Being Taken Seriously

Davies P and River L
Polari
www.polari.org

Lesbian, Gay and Bisexual Lives over 50

Heaphy B, Yip A and Thompson D
Nottingham: York House Publications 2003
www.ess.ntu.ac.uk/heaphy/LGB50+.doc

**Older People:
Assessment for health and social care**

Heath H and Watson R
Age Concern Books 2005
www.ageconcern.org.uk/books

Opening Doors – working with older lesbians and gay men

A resource pack
Smith A and Calvert J
Age Concern England 2001
www.ageconcern.org.uk/openingdoors

Sexual expression in institutional care settings

An interactive multi-media CDROM
Hubbard G, Cook A, Tester S and Downs M
University of Stirling, Department of Applied Social Science 2003
www.dass.stir.ac.uk

Useful organisations

Age Concern England – Opening Doors

Working with and for older lesbians, gay men and bisexuals
www.ageconcern.org.uk/openingdoors

Alzheimer's Society Lesbian and Gay Network

www.alzheimers.org.uk/Gay_Carers

Lesbian and Gay Bereavement Project

020 7403 5969

London Lesbian and Gay Switchboard

020 7837 7324
www.llgs.org.uk and www.queery.org.uk

Polari

Works for better services for older lesbians, gay men and bisexuals
020 7255 4480
www.polari.org

Stonewall

The national organisation that campaigns for social justice for lesbians, gay men and bisexuals
020 7881 9440
www.stonewall.org.uk

References

Heaphy B, Yip A and Thompson D (2003) Lesbian, Gay and Bisexual Lives over 50. Nottingham: York House Publications

Cross P and Brookdale Center on Aging of Hunter College (1999) Housing for Elderly Gays and Lesbians in New York City. SAGE (Services and Advocacy for Gay, lesbian, bisexual and transgender Elders) New York

Opening Doors in Thanet (2003) Equally Different – report on the situation of older lesbian, gay, bisexual and transgendered people in Thanet, Kent

Dewing J (Chapter 8: Cognitive Capacity and Consent) in Heath H and Watson R (2005) Older People: Assessment for health and social care. Age Concern Books

Smith A and Calvert J (2001) Opening Doors – working with older lesbians and gay men. Age Concern England

Thanks to the following for guidance and support

A great many individuals and organisations were approached as part of the background research into this resource pack. Particular thanks must go to those who shared experiences and quotes. Names have been changed in almost all instances to preserve anonymity.

Members of the Advisory Group: Lisa Cooper, Alzheimer's Society Lesbian and Gay Network; Stephen Lowe, Age Concern England; Lindsay River, Polari; Julia Shelley, Age Concern Lambeth; Antony Smith, Age Concern England

Sue Davis and representatives of Accord Housing Association for hosting a consultation meeting for staff about the pack

Martin Green, Chief Executive of the English Community Care Association

Jan Dewing, RGN MN BSc Dip Nurs Ed RNT Dip Nurs, Independent Consultant Nurse

Sue Heiser, Project Manager, Residential Services, London Borough of Camden

Dr Amanda Thompsell, Consultant in Old Age Psychiatry and Dave Bell, Team Leader, Lambeth, Lewisham and Southwark Care Homes Support Team

Jane Minter, Head of External Affairs, Housing 21

Simon O'Corra, Diverse Identities

Catherine Ross, Final Draft Consultancy

Keith Bullard, Age Concern Kingston upon Thames



Age Concern is the UK's largest organisation working for and with older people. In England, we are a federation of over 400 charities working together to promote the well-being of all older people.

Age Concern's work ranges from providing vital local services to influencing public opinion and government. Every day we are in touch with thousands of older people from all kinds of backgrounds – enabling them to make more of life.

www.ageconcern.org.uk

Sally Knocker, February 2006

Age Concern England, Astral House, 1268 London Road, London SW16 4ER

T: 020 8765 7200 F: 020 8765 7211