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LGBTQ+ Older Adult Social Care Assessment (LOASCA) study

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Outline

- Background
- Methodology
- Findings
- Co-researcher experience
- Outputs
- Implications
- Q & A

Scoping review findings

Health disparities between LGBTQ+ older people and heterosexual counterparts

Increased demands on social care to develop inclusive services

Older LGBTQ+ people less likely to have familial support

Services are required to collect data about gender and sexual identity – not always happening.

Social work and social care accused of being sexuality and gender-blind

Historical experiences for older LGBTQ+ people matter

LGBTQ+ older people often seek social support from within LGBTQ+ groups

LGBTQ+ older people are often 'invisible' within the older population.

Range of reasons why LGBTQ+ older people are invisible

LGBTQ+ older people often describe going back into 'the closet'

Growing number of older LGBTQ+ people interacting with care providers

Social care awareness of older LGBTQ+ people's care needs is low

Case sites

	Urbantown	Suburbia	Ruralshire
Population size*	1,144,900	263,700	323,600
Ethnicity	51.4% ethnic minorities	60.6% white	93.8% white
Adults over 65	149,420	77,000	82,000
LGBT population	45,000	5,882	6,300
ASC service users	12,745	4,000	8,674
ASC workforce	29,000	340	118

*data from the 2021 National Census

Data collection

Workforce survey	Staff interviews	Organisational documents	Anonymised case files	Service user interviews
Urbantown: 57	Urbantown: 11	Urbantown: 8	Urbantown: 20	
Suburbia: 32	Suburbia: 9	Suburbia: 4	Suburbia: 20	
Ruralshire: 49	Ruralshire: 8	Ruralshire: 6	Ruralshire: 15	
Total: 138	Total: 28	Total: 18	Total: 55	Total: 13*

*most of the participants were recruited outside the three local authorities due to challenges in recruiting within them



Findings



Key Findings

LGBTQ+ people are often missing from policy considerations and staff discussions.

There is a lack of clear data collection options for collecting data on sexual orientation and gender identity.

Social work staff are seeking greater knowledge about LGBTQ+ issues to apply in their work.

Survey Participants

- 138 participants

Survey demographics:

Man	20	17.7%
Woman	91	80.5%
Trans	2 (yes)	1.8%
Heterosexual (straight)	99	96.5%
Gay/Lesbian/Bisexual		11.6%
White		63.7%
BAME		36.3%

Missing data across survey: 18%

Survey findings – quantitative

Key finding from the survey data is that some groups hold more heterosexist views than others:

Being a man will be positively associated with heteronormative and essentialist sex and gender beliefs relative to being a woman.

Being a sexual and/or gender minority will be negatively associated with heteronormative and essentialist sex and gender beliefs relative to being cisgender and heterosexual.

Survey findings – qualitative

“With regards to service users/carers - you tend not to bring these topics up in case you offend somebody. I would be happy to discuss if the topic was raised by them [service users].”

“I do not think there are any barriers everyone should be treated equally and with respect regardless of sex, gender, orientation.”

“There needs to be training on how to ask citizens about their gender and sexual orientation. I feel very uncomfortable asking citizen's support. Now we need to consider the pronouns of a citizen - he/she/they? - how should we approach asking this without possibly causing offence?”

“As social workers, it is our vocation to create the core conditions for therapeutic discussions. Supporting people to discuss their sexual orientation and gender identity is an essential part of this, often overlooked. When we leave this out of our assessments, we lose half the story, and miss our opportunities to validate and respect a person in need.”

Professional interviews

- Most unable to identify any LGBTQ+ service users
 - “I haven’t knowingly come across someone who’s LGBT in practice.”
- Fear of ‘saying the wrong thing’ about SOGI
 - “I think at the time I did feel uncomfortable because I just didn’t want to offend anyone. I didn’t want to say anything wrong.”
- ‘Treating everyone equally’ mentioned as one of the reasons for not asking about SOGI
 - “I don’t ask the question because I think it’s irrelevant, so I don’t ask it. That doesn’t matter what your identity is as to how I do my assessment; I would do everybody equally and fairly. To me I don’t want to know that information sometimes unless it comes up in the support plan, or how they want their support to be given and who by that’s a different matter. Then we’d come to that.”
- Describe feeling able to describe EDI issues with management
 - “It could be that you raise it with your manager depending on the gravity of what you’re talking about and the impact it could potentially have upon people [...] But I would feel comfortable having that discussion definitely.”
- Need for more LGBTQ+-related training and education, pre-qualification and when employed
 - “I said there’s this training, it’s to do with LGBTQ, and I said on a particular day, a particular time – it was online, I turned up, it was there. There was me, the chap from the NNS who was supportive as I mentioned, and a female social worker from another authority. Full stop. What a waste. What a waste. Not one of my colleagues let alone anybody in the department.”

Case Files

Case file framework

People's sexual orientation not recorded throughout the analysed case files

Nothing recorded to indicate any discussion on sexual orientation or gender identity (SOGI) took place

Nothing recorded to indicate any discussion on preferred pronouns took place

Where LGBTQ+ sexual orientation was implied, this arose as a result of information about the person's partner, civil partner, husband or wife



Case File Findings

- Missed opportunities to discuss sexual orientation and gender identity (SOGI)
- Passed over - peoples' relationships not clarified and drawn out, in the same way as heterosexual families
- Peoples' identities seen as fixed, someone who was previously married or has children automatically regarded as heterosexual

Service User Interviews

- Need for a better awareness of LGBTQ+ service user needs

“We’re growing older, and we need care, and I just think that the sector is doing some good work, however, there needs to be more work done for the LGBT community because you can't really put us as mainstream. We need carers that are sensitive to our culture needs.”

- Perceived gap in training and application of said training in practice

“I actually think that for care workers that are going to be dealing with issues regarding – relating to LGBTQ+ people, it should be mandatory.”

- Carers - need better support in the carer's assessment process, especially when transitioning from partner to carer

“It would have probably been very good if somebody could have said a little bit more about that. So, it was reliant on signposting. So, let’s suppose I had wanted to take up any of those opportunities, then could I have got there? Could I have got there physically? Would I have been confident to walk through the door? Not sure.”

“Yes, I think that something people [social workers] need to have an open mind about and not have a closed mind, and that sometimes people need to think about whether when they go in, that they need to challenge their own mindset. So like myself, what I do is if I look at somebody and I'm thinking, and I take a step one side, and I say to myself “Why is my thinking process thinking like this?” I just think that people need to challenge their own behaviour as well which I think can be very difficult at times.”



Co-researcher experience

Learning opportunity

Training sessions for data collection.

Learning more about the LGBTQ+ community and their own experiences.

No research about us without us

Belonging to the LGBTQ+ community; a service user in waiting.

Personal and professional motivation

Making sure the importance of the subject is relevant to co-researchers

Reputation of the organisations doing the project plays a part, as does the potential for impact.

Bridging the gap

Co-researchers bring lay people in academic research and acts as a link between them

Implications

Local authority implications

- Greater emphasis on **data collection**
- Ensure **environments** include pro-LGBTQ+ symbols - for service users and staff
- Ensure staff are **aware** of local and national LGBTQ+ support organisations
- Ensure that SOGI-related topics are included in practice and EDI **discussions**
- Supporting access to current knowledge about LGBTQ+ people
- **Training** on LGBTQ+ issues – should be mandatory and coherent

Practitioner implications

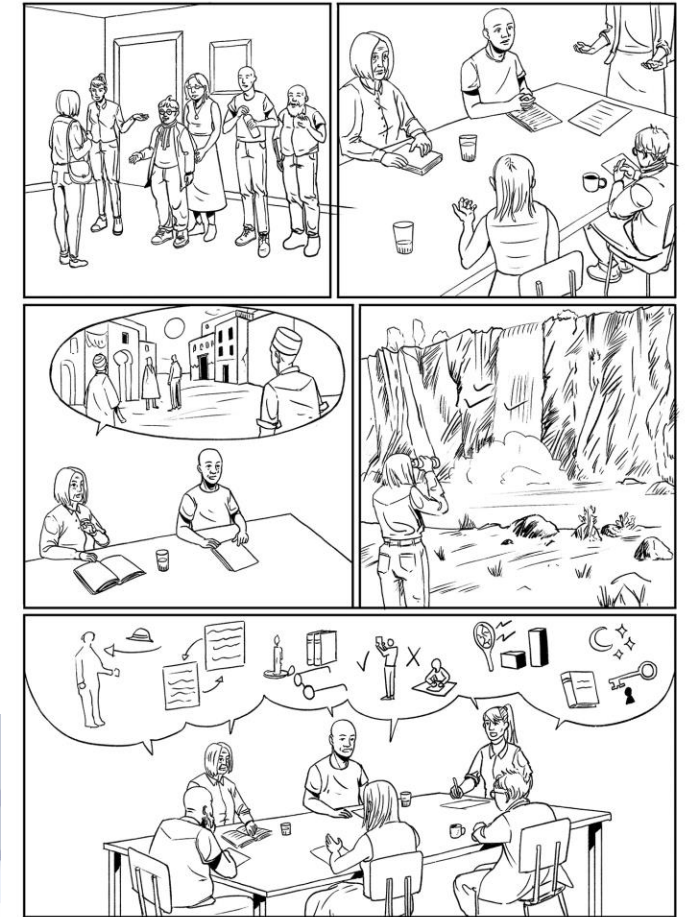
- Ensure robust and accurate SOGI **data collection** (ask about SOGI when meeting SU/carers)
- Increase awareness and **knowledge** about LGBTQ+ issues
- Applying LGBTQ+ training in practice
- Seek and utilise knowledge about LGBTQ+ **support services** in the area/nationally

Policy implications

- Require and support **comprehensive data collection of sexual orientation and gender identity** of service users/carers.
- Mandate **LGBTQ+ knowledge training** for all social care workers.
- Include SOGI-related considerations in **inspections**.
- Discussion to ensure that SOGI is not subsumed within wider EDI discussions – **more focus on intersectionality** (ethnicity, religion, class, etc.)

Outputs

- SCIE knowledge repository
- Graphic novel
- Animated video
- Co-researcher framework
- Practice briefing
- Academic outputs



Next steps

LGBT History Month conference

February 2024, Birmingham

The conference will showcase a range of research on the LGBTQ+ community, ethnic minority LGBTQ+ adults, and their experience with social and residential care.

Research in Practice webinars

May & June 2024

In this webinar, Dr Jason Schaub and a project advisor with lived experience share their findings, with key messages for social care.





Thank you

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Feedback survey:

https://bham.qualtrics.com/jfe/form/S_V_3XiyDg9x03H7hZQ