

LGBTQ+ Older Adult Social Care Assessment (LOASCA) study

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Outline

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Health disparities
between LGBTQ+ older
people and
heterosexual
counterparts

Increased demands on
social care to develop
inclusive services

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
less likely to have
familial support

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

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

Methodology

- Multiple case study approach x 3
- Survey, professional interviews, case files, organisational documents, service user interviews
- Collaborative with PPI co-researcher involvement

Survey	Staff interviews	Organisational documents	Case files	Service user interviews
138	28	18	55	13



Case Sites Overview

	Urbantown	Suburbia	Ruralshire
Population size*	1,144,900	263,700	323,600
Ethnicity	51.4% ethnic minorities	29.4% ethnic minorities	6.2% ethnic minorities
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

*data from the 2021 National Census



Key Findings

- LGBTQ+ people are **often missing** from **policy considerations** and **staff discussions**.
- Challenges with **data collection** about service user's sexual orientation and gender identity.
 - The '**double-bind**' of professional and service user anxieties
- Social work staff are seeking **greater knowledge** about how LGBTQ+ issues apply in their practice.

Survey findings – quantitative

Key finding:

Some groups hold more cis/heteronormative views than others

Men held more heteronormative and essentialist sex and gender beliefs than women.

LGBTQ+ participants held less cis/heteronormative beliefs than cis/heterosexual participants.

Survey Findings – qualitative

"In my 27 years, I've never seen any training specifically on this area [LGBTQ+ people]."

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

"**I feel very uncomfortable asking** citizen's I 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."

But there are some that do have experience of assessing LGBTQ+ people and are attempting to approach this fairly.

Fear of 'saying the wrong thing' about sexuality and/or gender

"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 sexuality/gender

"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."



Able to raise EDI issues with management? Mixed...

"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."

"I think for me I don't think I'd go to supervision. I think they would only signpost me anyway."


Need for more LGBTQ+-related training and education, pre- and post-qualification

"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...There was me, the chap from the NHS...and a female social worker from another authority. Full stop. What a waste...Not one of my colleagues let alone anybody in the department."

"But specific [LGBTQ+] training certainly I've not seen any."



Organisational Documents

- Strategies and actions **do not always identify LGBTQ+ people's needs**
 - **LGBTQ+ people often unspecified**, simply included within the broader EDI and other protected characteristics: "Incorporate health and well-being assessments into **equality and social inclusion** impact assessments for service areas"
 - **Trans people sometimes omitted** from LGBTQ+ group in action plans
 - Positive action to improve **recognition of LGBTQ+ people within the council** and to raise awareness of LGBTQ+ actions: "Reducing health inequalities particularly the issues affecting some ethnic minority communities, **LGBT communities**, disabled and older residents"
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Case Files

- Missed opportunities to discuss SOGI:
 - People's sexual orientation not recorded throughout the analysed case files indicating missed opportunities to discuss SOGI
 - Nothing recorded to indicate any discussion on SOGI, or preferred pronouns, took place
- Using relationships as a proxy for identity:
 - LGBTQ+ identity was often implied because of information about the person's partner
- Passed over - peoples' relationships not clarified and drawn out in the same way as heterosexual families
- LGBTQ+ identities seen as fixed, someone previously married or with 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 in practice

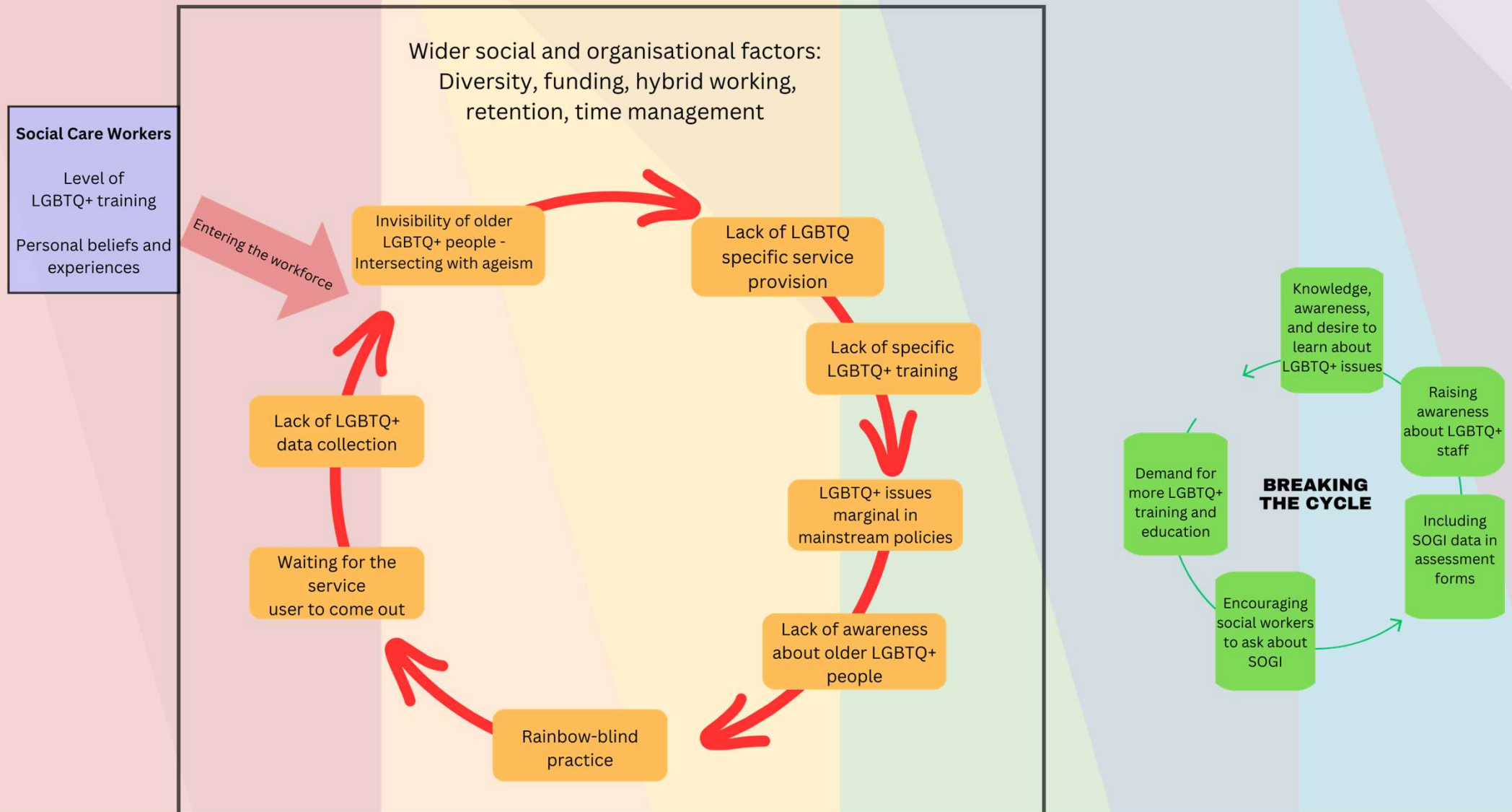
"I actually think that for care workers that are going to be dealing with issues regarding – relating to LGBTQ+ people, it should be mandatory."

Important to think about LGBTQ+ people's access to services and support engaging with LGBTQ+ services

"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."



Model



Local Authority Implications

Greater emphasis on **data collection**

Supporting access to current **knowledge**
about LGBTQ+ people

Training on LGBTQ+ issues – should be
mandatory and coherent

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**

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
- Briefings
- Academic outputs





Q & A