

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

*A project by Dr Jolie Keemink, Dr Rebecca Atkinson & John Hammond*

**L**esbian

**G**ay

**B**isexual

**T**rans

**Q**ueer

**+** plus



## The Acronym Explained

The LGBTQ+ acronym includes sexual orientations other than heterosexual, and gender identities other than cis-gender (when assigned birth sex corresponds with gender identity). The plus includes intersex, asexual, agender, pangender and others. How someone identifies is very personal, and can also change over time.

# The Project

We organised two online consultation meetings with older LGBTQ+ individuals and care providers to discuss the current state of LGBTQ+ inclusive practice in residential care for older people. Participants were asked how research could best support with the improvement of LGBTQ+ practice in care.

## Aims & Objectives

1. To involve older LGBTQ+ individuals in adult social care research.
2. To let our research questions be informed by the needs and priorities of the people the research is for, in this care, older LGBTQ+ individuals and residential care providers.
3. To undertake foundational work for the development of a meaningful project that supports the promotion of LGBTQ+ equality, diversity and inclusivity in residential care for older people.

# Achievements So Far

The consultation meetings allowed us to gather knowledge on:

## Experiences

from older LGBTQ+ individuals

Fear of discrimination from staff and other residents causing feelings of having to hide sexuality or gender

Concerns about the interaction between dementia and sexuality or gender identity

Worries about whether the significant people in their life will be treated equally to heterosexual (marital) partners

## Barriers

to LGBTQ+ inclusive practice

Lack of staff understanding that sexuality and gender are relevant for someone's care needs

Absence of clear and specific regulatory processes related to LGBTQ+ inclusive care

Lack of available funding and time to provide continuous and adequate LGBTQ+ EDI training

## Needs

to make care more inclusive

An intervention that improves staff knowledge on how to be more LGBTQ+ inclusive and why it matters

An intervention that is feasible to implement, sustainable and easily updated as needs and contexts change

Is co-developed by stakeholders from the LGBTQ+ community, care provision and care regulation

Additionally, we have succeeded in building a strong network of voluntary, academic and governmental partners who are supporting our project, we are working on a stage 2 funding application, we have raised awareness about this important issue, and we have start a smaller side project aiming to develop a set of recommendations for inclusive care commissioning.

# What We Have Learned

**Historical context.** The consultation exercise highlighted the importance of viewing issues within an historical context. LGBTQ+ elders have lived through years of discrimination and criminalisation affecting their confidence in care providers.

**Co-production.** It became evident that the solution for the identified issue, a lack of LGBTQ+ inclusion in residential care, must be co-produced by all stakeholders involved to maximise meaningfulness, feasibility and sustainability.

**Openness & Respect.** Talking about sensitive issues such as EDI require an open, respectful attitude from all parties, as well as the assumption that all participants are involved to establish positive change.

## What Has Excited Us

It has been incredibly rewarding to carry out this project, because of:

- The gratitude and encouragement that we received from older LGBTQ+ individuals.
- The wide range of organisations (see section to the right) that want to support this project and affirm its importance.
- The opportunity to use research to create practical, meaningful solutions to real-life problems.



# The Team



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**Contact us** if you want to know more  
or get involved!