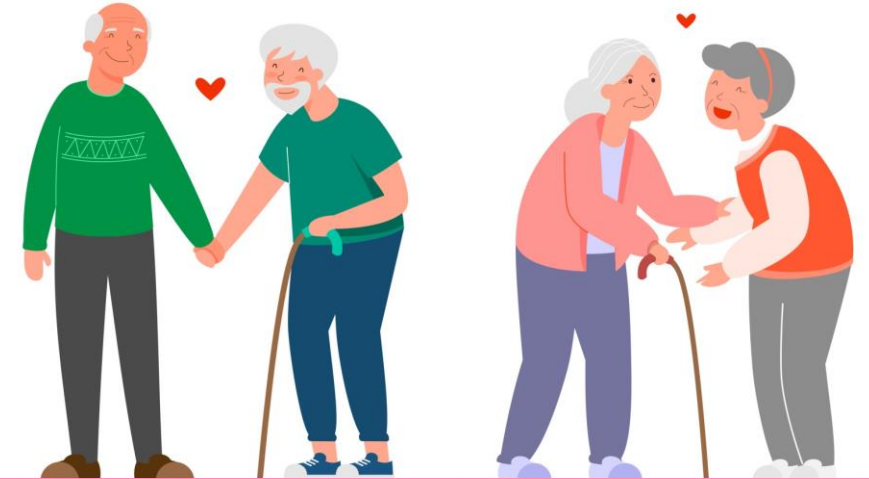
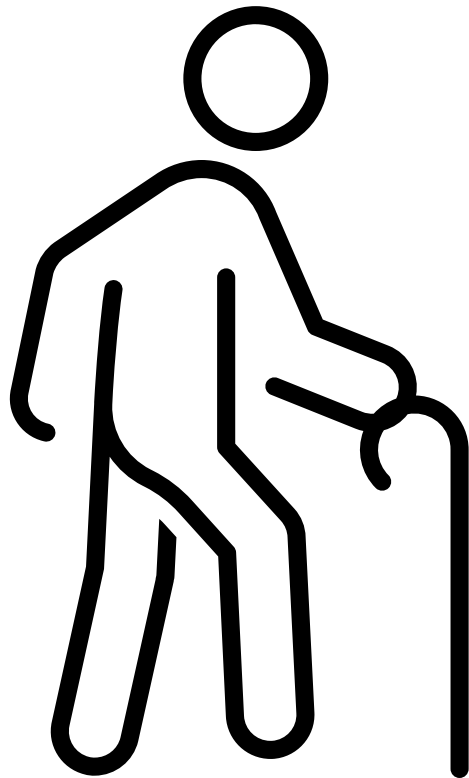


# Commissioning LGBTQ+ Inclusive Long-term Care for Older People


*Dr Jolie Keemink (she/her) & John Hammond (he/him)*





Tom  
He/him  
Gay man  
74 years old

Early stages dementia



# What is LGBTQ+ inclusive care?

Access to care and resources that is **equal** to cis-gender and heterosexual people.

An environment in which people's **differences** in sexual orientation and gender identity **are valued**.

Acknowledging that sexual orientation and gender identity are **relevant** to care needs.

Facilitating **full participation** in the care environment.

**Discrimination and intolerance** towards LGBTQ+ identities are addressed and eradicated.

# Literature Background

Existing evidence suggests that older LGBTQ+ people experience **discrimination and exclusion** in health and care services in England (Guasp, 2011; Willis et al., 2021).

Older LGBTQ+ individuals are **concerned about their options** regarding domiciliary and residential care provision and worry their needs will not be met (Westwood, 2016).

The Government's Women and Equalities Committee (2019) concludes that **care providers are not doing enough** to actively engage in LGBTQ+ inclusive practice.

LGBTQ+ elders expect to **rely more heavily on social care** services (Guasp, 2011) as they are more likely to live alone and experience a lack of social support.

# Literature Background

Evidently, there is a need for improved inclusivity and safety for LGBTQ+ elders in care services.

There are various resources providing guidelines to increase inclusivity, including from national bodies such as Stonewall (2015), Opening Doors (2018), and Age UK (2017).

These resources are predominantly aimed at care providers.

It is currently unclear to what extent these guidelines and recommendations are employed in practice and what the role of commissioners is in improving the current state of inclusive practice in long term care.

# Policy Context

**Equality Act (2010)** protects people with protected characteristics from discrimination. Sexual orientation and gender reassignment (including non-binary and gender fluid identities) are protected characteristics.

**The Care Act (2014)** sets out that local councils must promote equality and diversity in the provision of care and support services. Also states care has to be personalised.

# The current study

## Aim:

To examine the current and potential role of care commissioners in promoting LGBTQ+ equality, diversity and inclusivity in long-term care practice for older people.

## Objectives:

- To examine what contracting arrangements and training offers currently are used by commissioners in care planning to promote inclusive practice, and if and how this is monitored.
- To explore room for improvement in LGBTQ+ inclusive commissioning, and what would be needed to achieve this.
- With that knowledge in mind, to develop recommendations for LGBTQ+ inclusive commissioning for commissioners in England in consultation with stakeholders.

# Method: mixed-method design

## Interviews

- Commissioners (N=5)
- Care providers (N=3)
- Older LGBTQ+ individuals (N=4)

## Survey

- Commissioners (N=8)

## Focus group

- Subgroup of interviewees



# Findings: interviews LGBTQ+ elders

## Current situation

- LGBTQ+ inclusion seen as a preference at best when it should be a requirement.
- Quality of LGBTQ+ inclusive practice not systematically monitored.
- Emphasis on paperwork/policies rather than on what happens in practice.

## Required improvements

- Follow up with commissioned providers to monitor their progress.
- Commissioners to be trained on understanding of needs of the spectrum of LGBTQ+ identities and their relevance to care.
- Raising awareness about intersecting identities, such as sexuality, gender, ethnicity.

# Findings: interviews commissioners

## Current situation

- Clauses on inclusivity in contracts are relatively minimal and too general.
- Training is encouraged but not required.
- Free training provided by commissioners currently does not include LGBTQ+ specific training.
- Medical care prioritised in contracts.
- Emphasis on paperwork evidence of inclusion.

## Required improvements

- More specific and explicit clauses for future contracts.
- Specific recommendations for different types of care.
- Setting clear standards for evidencing best practice.
- More robust data collection on protected characteristics to identify needs.
- Improving training offer.

# Findings: interviews care providers

## Current situation

- Required policies are non-specific and only refer to general protected characteristics.
- Monitoring of inclusive practice was already minimal, but in-person visits have almost disappeared since pandemic.
- Inclusive practice is merely a tick-box exercise.
- Lack of support for resources and training to translate policies into practice.

## Required improvements

- Inclusion of a specific LGBTQ+ inclusive charter in commissioning contracts and holding providers accountable.
- Prescription of which specific inclusive practices providers should follow and how this can be evidenced.
- Support with a zero tolerance policy on discrimination.
- Access to (specific) resources and training.
- Link with CQC and set a national standard of LGBTQ+ inclusive practice.

# Findings: survey

What hinders you to be more LGBTQ+ inclusive in the commissioning process?

- Workforce crisis
- Other priorities
- Sensitive subject
- Knowledge gap
- Lack of practical examples

# Findings: survey

1 = completely disagree, 5 = completely agree

Statement	Average
In our commissioning contracts, we include clauses on LGBTQ+ inclusive practice.	3.6
It is important to include clauses on LGBTQ+ practice in commissioning contracts.	5
I have received training on equality, diversity and inclusivity related to gender and sexuality.	4.3
The commissioning team I work for actively supports providers to be more LGBTQ+ inclusive.	3.7
I know where to find guidance on LGBTQ+ inclusive care practice.	3.7
We offer our contracted providers training on LGBTQ+ inclusive care.	3.3
The quality of the LGBTQ+ inclusive practice of our contracted providers is systematically monitored.	2.7
Commissioners could do more to promote LGBTQ+ inclusive practice.	4.8

# Conclusion & next steps

## Conclusion:

Interviews overlap in themes: contracts too general; more monitoring, training, and specific practical guidance needed.

## Next steps:

- Further data collection
- Focus group
- Recommendations

# THANK YOU!

Any questions?

Email : [j.r.keemink@kent.ac.uk](mailto:j.r.keemink@kent.ac.uk)

 : @JolieRosanne

