BestCare 4LGBTQI+

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proposals for a better service provision of care for older LGBTQI+ users based on storytelling

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We would like to express our sincere thanks to all the peer-reviewers who contributed their time and expertise to review this report. Your invaluable feedback and suggestions helped shape the final product, and we greatly appreciate your contributions. We also extend our gratitude to the individuals who agreed to be interviewed and shared their experiences and insights, as well as those who provided information and resources to support our work. We hope that the insights and perspectives shared in this report will help to promote greater inclusivity and equality for older LGBTQI+ people.
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This guide has been coordinated by AFEJI (France) and Anziani e non solo scs (Italy) with the cooperation of all partners of the Bestcare4older LGBTQI+ project.

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Introduction – The BestCare4LGBTQI+ project

BestCare4LGBTQI+ is a European project funded under the Erasmus+ programme.

The mission of the BestCare4LGBTQI+ project is to support the development of LGBTQI+ friendly elder care services, providing tools, awareness-raising materials and learning resources to home care and residential care services managers and staff to ensure a better adapted, more respectful, and inclusive care for LGBTQI+ older people living in care facilities.

To learn more about the project visit: **https://www.bestcare4lgbtqi.org/**

The context

LGBTQI+ rights in the European context

Equality and non-discrimination are core values and fundamental rights in the EU, enshrined in its Treaties and in the Charter of Fundamental Rights. On this account, the European Commission, the Parliament and the Council, along with Member States, share the responsibility to protect fundamental rights and ensure equal treatment for all.

However, discrimination against LGBTQI+ people persists throughout the EU. Although social acceptance of LGBTQI+ people is rising overall (from 71% in 2015 to 76% in 2019), two downsides must be noted. First, social acceptance varies significantly across the EU. It has actually gone down in nine Member States[1]. Several Member States do not respect EU law and European Court of Justice judgments regarding LGBTQI+ rights[2]. In Poland for instance, regions have adopted LGBT free zone resolutions. Second, greater social acceptance does not always translate into clear improvements in LGBTQI+ people's lives. An increasing number of LGBTQI+ people declare that they feel discriminated against (from 37% in 2012 to 43% in 2019)[3]. For many, it is still unsafe to show affection publicly, to be open about their sexual orientation, gender identity, gender expression and sex characteristics (be it at home or at work), to simply be themselves without feeling to be threatened. An important number of LGBTQI+ people are also at risk of poverty and social exclusion. Not all feel safe to report verbal abuses and physical violence to the police. Sexual orientation is the most commonly reported ground of online hate speech (accounting for 18.2%)[4]. A gap of protection on gender identity remains, as hate against trans people is on the rise[5].

To better protect LGBTQI+ people's rights, a series of measures were adopted by the EU. The first policy framework specifically combating discrimination against LGBTQI+ people was presented in 2015[6]. It was reinforced by the European Commission's LGBTQI+ Equality strategy for 2020-2025, adopted in 2020[7]. Guidelines to support concrete action for protection of the rights of LGBTQI+ people[8] were drafted, to help Member States implement action plans.

Regarding intersex matters, the first study investigating the lived experience of intersex people (exposure to non-vital medical interventions, discrimination, social exclusion) is under work by the European Commission.

[1] Special Eurobarometer 493: Discrimination in the European Union, October 2019.
[2] See, for instance, CJEU's ruling in the case of V.M.A v. Stolichna obshtina involving Bulgary. The same-sex couple had been refused a birth certificate in Bulgaria for their new-born daughter.
[3] European Union Agency for Fundamental Rights (FRA), EU-LGBTI II - A long way to go for LGBTI equality (14 May 2020) (FRA, second LGBTI survey).
[4] European Commission, Code of Conduct on illegal hate speech online – Sixth Evaluation, October 2021.
[5] ILGA-Europe, Annual Review 2021, February 2022.
[6] European Commission, "List of Actions to Advance LGBTI Equality", 2015.
[7] European Commission, "LBTIQ Equality Strategy 2020-2025", November 2020.
[8] European Commission, LGBTIQ Equality Subgroup, Guidelines for Strategies and Action Plans to Enhance LGBTIQ Equality, April 2022.

To read about the specific contexts of countries involved in the project, go to **Attachment nr.1.**

> If you need to consult a glossary of LGBTQI+ - related terms we suggest you to consult the resource included as **Attachment nr. 4.**

Purpose of this report

The understanding of older LGBTQI+ people's needs with regard to their health and social care is low and research on this is scarce[9]. Moreover, how to implement LGBTQI+ inclusive elderly care is still a rare and not very explored topic for European research and practice. Therefore, in order to be able to support the up-skilling of care professionals and the practical implementation of measures aimed to make residential and homecare services perceived as friendly and safe for older LGBTQI+, it is important to begin with an exploration of the lived-in experiences of this target group in the project countries and to systematize them in a set of recommendations for service providers.

This report aimed to respond to this goal by collecting the voices of older persons self-identifying as LGBTQI+ from France, Italy, Greece, Portugal and Romania through interviews aimed to activate story-telling practices. The questions explored topics like: experience of care for LGBTQI+ older adults; organization of LGBTQI+-friendly care, social exclusion, (in)visibility and difference; safety, feeling at home and being yourself.

At the same time, professionals (manager and staff) were also interviewed to elicit their personal narratives in relation to dealing with diversity and relevant case examples from social work practice in a health and residential care setting that highlight some specific complexities of working with this client group.

Our research

Methodology

The research was based on qualitative inputs collected through interviews and/ or focus groups to a convenience sample of older persons identifying as LGBTQI+ and professionals from the health and social care sectors from each of the partner countries.
Researchers used a set of semi-structured questions aimed to explore experience with providing and receiving care for older LGBTQI+ in residential care facilities and to collect suggestions and proposals to make nursing home more inclusive of LGBTQI+ residents.
Answers were collected and summarised by researchers and they form the basis for this report.

You can read the research questions as **Attachment nr. 2**

[9] Addis, S., Davies, M., Greene, G., MacBride Stewart, S., & Shepherd, M. (2009). The health, social care and housing needs of lesbian, gay, bisexual and transgender older people: A review of the literature. Health & social care in the community, 17(6), 647-658.

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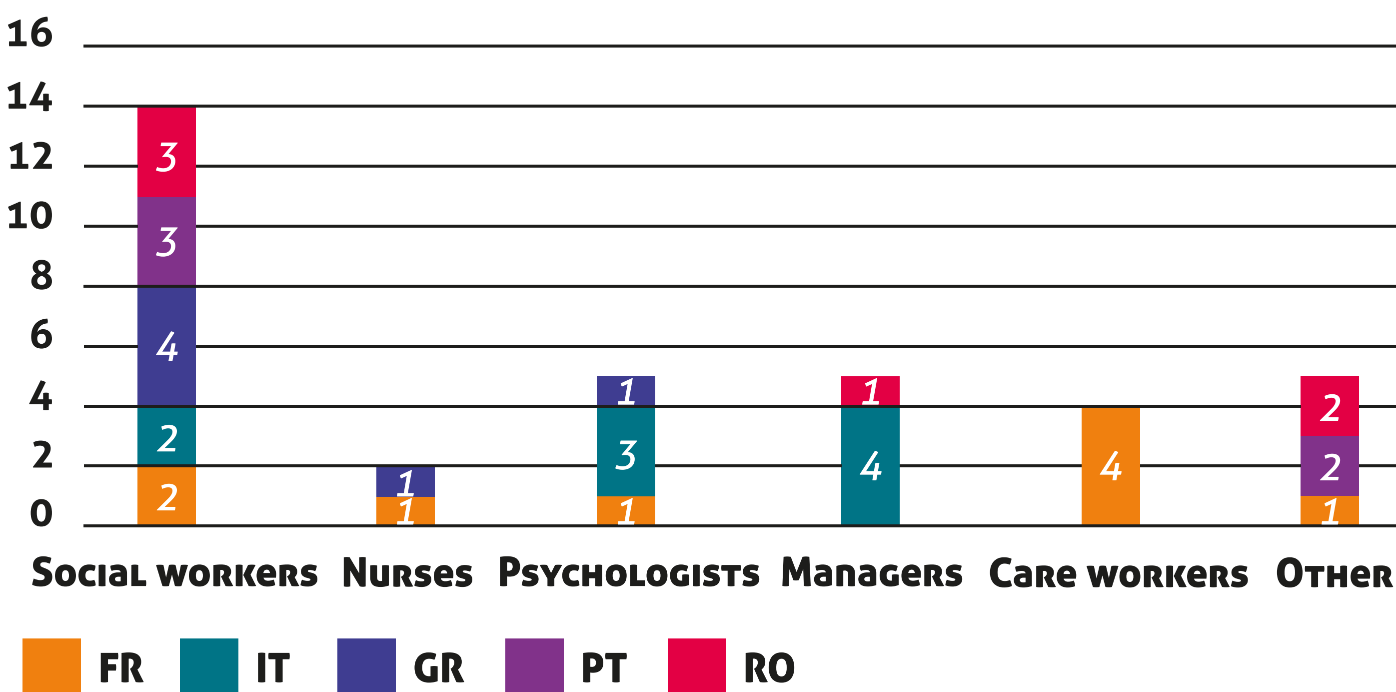
Recruited sample

Professionals: overall, 35 professionals from different fields of medical and social care were interviewed. The vast majority (40%) were social workers, while care professionals, psychologists, social educators and managers are also represented.

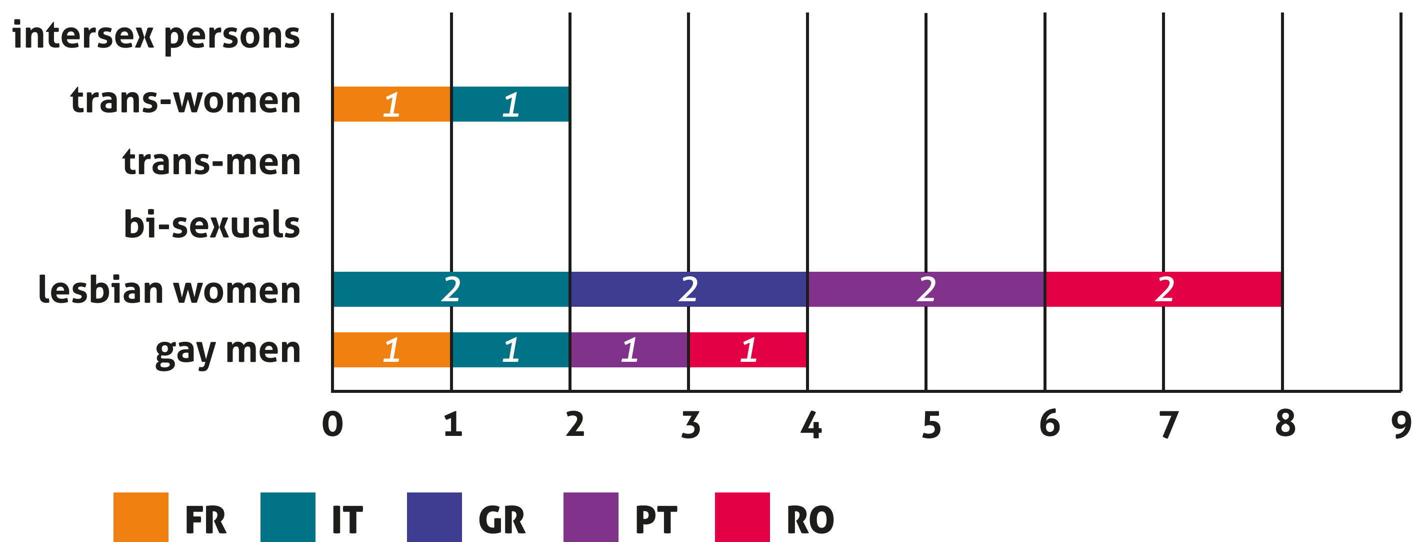
Professionals - countries and profiles



Older persons: overall, 14 older persons (over 55) identifying as LGBTQI+ were recruited. The sample has a predominance of lesbian women (57%). While gay men and transwomen are also represented, the partnership was not able to engage bisexuals, intersex persons and trans-men.

> Note that the research used a convenience sample, therefore the recruitment process was not aimed to provide a statistical representativeness of the LGBTQI+ older population. On the other hand, the fact that some groups were harder to reach could also be linked to the fact that they are more invisible or less prevalent in the general population.

LGBTIQ+ older persons



To read the full national reports of interviews with older LGBTQI+ persons and professionals please go to **Attachment nr. 3**

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THE PERSPECTIVE OF OLDER LGBTQI+ PEOPLE

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Topic 1: Concerns about institutionalization

Studies indicate that relocating to a residential facility is a stressful event for older people, requiring major adjustments to a change in lifestyle[10]. Indeed, moving to residential care was considered "one of the most pervasive sources of anxiety marking later life"[11] and a source of depression, fear and stress for older people[12]. Fears include lack of adequate care, fear of losing their memories and fear of abuse.

These worries are mirrored by LGBTQI+ persons: indeed, according to research[14], this group of population seek an inclusive environment where they will be safe and feel connected to a community. Same as their non-LGBTQI+ peers, they fear dependence on healthcare providers, dementia, mistreatment, and isolation. However, research also highlights specific challenges for older LBGTQI+ such as the fear of living old age in institutionalised care which is built around a heteronormative culture[15]. In this sense, there are still challenges for care services to meet these needs given documented concerns about the accessibility, inclusiveness and safety of care services particularly institutionalized care. This requires systemic change which is not easy to operationalise.[16]

Another common concern for an older member of the LGBTQI+ community, is related to dementia and the loss of self as cognitive function deteriorates, added to loss of an LGBTQI+ identity due to institutionalized cultural incompetence, with the consequence of being rendered doubly invisible[17].

Consistently with the above, inputs collected during our research highlighted that:

- There is a common idea among LGBTQI+ elders that entering a care facility means losing their freedom, even if they still are autonomous. They are afraid of being subjected to a schedule decided by someone else and lose power over themselves, how they organize their daily-life activities, etc. That also comprises the loss of privacy in the broad sense: not only sexual intimacy but more globally have the opportunity of being alone, to read, to pray...
- All interviewed elders addressed the fear of having diminished cognitive capacities (dementia, Alzheimer among others) and permanently losing sense of self. For LGBTQI+ elders, that can also mean losing the respect of their identity, for example not being able to be gendered the way they wish once they lose their cognitive capacities.
- All elders raise the anxiety that comes with being taken care of, that is the notion of "risk", "unsafety", "fear of mistreatment". While we can consider these fears as more related with dependency rather that specifically related with being LGBTQI+, according to some respondents this is can be amplified by the perception that residential care facilities are generally not LGBTQI+-friendly, making them feel more at risk of mistreatment.

[10] Nay, R. (1995). Nursing home residents' perceptions of relocation. Journal of Clinical Nursing, 4, 319–325.
[11] Biedenharn, P.J., & Normoyle, J.B. (1991). Elderly community residents' reactions to the nursing home: An analysis of nursing home related beliefs. The Gerontologist, 31, 107–115
[12] Lee, D.T.F. (1997). Residential care placement: Perceptions among elderly Chinese people in Hong Kong. Journal of Advanced Nursing, 26, 602–607
[13] Lee, V. S., Simpson, J., & Froggatt, K. (2013). A narrative exploration of older people's transitions into residential care. Aging & mental health, 17(1), 48-56.
[14] Putney, J. M., Keary, S., Hebert, N., Krinsky, L., & Halmo, R. (2018). "Fear runs deep:" The anticipated needs of LGBT older adults in long-term care. Journal of gerontological social work, 61(8), 887-907.
[15] Vella, C. (2020). Narratives of older lesbian and gay persons: Exploring disparities within social and health care support in Malta. rainbow, 36.
[16] Hafford-Letchfield, T., Simpson, P., Willis, P. B., & Almack, K. (2018). Developing inclusive residential care for older lesbian, gay, bisexual and trans (LGBT) people: An evaluation of the Care Home Challenge action research project. Health & social care in the community, 26(2), e312-e320.
[17] McGovern, J. (2014). The forgotten: Dementia and the aging LGBT community. Journal of Gerontological Social Work, 57(8), 845-857.

- Most elders consider that good facilities might be "unaffordable" for them, connecting the quality of the services received with the price to be paid to access them.
- It can be noted that among respondents, those who have a story of activism in the LGBTQI+ field, tend to be more concerned than non-activists about the risk of being forced feel to be in the closet again and the impact that being in a care-facility might have on their possibility to be faithful to their identities.

"I hope I don't end up falling into the hands of medical professionals" (Romania)

"When you take care of yourself, you feel safe, but when someone else does it for you, you feel insecure and you are in a constant state of anxiety" (Greece)

"I've seen institutional mistreatment of older people. So, if you add my homosexuality and the fear of AIDS in medical institutions...
[Implying there are reasons of concern]" (France)

"It is important that a standard exists, and that someone can verify the quality of services offered" (Romania)

"I usually say that if you don't have some money to pay for a home, you're screwed" (Portugal)

"I confess that when I went there, I felt a very depressing atmosphere. A woman waiting to die and nothing else." (Portugal)

Topic 2. Coming out in residential care

Revealing oneself as an LGBTQI+ person is rarely easy and involves an appraisal of potential reactions, support available, trust, power relationships, confidentiality and attitudes of nurses and other healthcare professionals[18]. For example, a study has involved LGBTQI+ residents that have spoken of living in fear and the necessity of 'selective concealment' of their identities from residents and staff[19].

Several studies have also documented high levels of mistrust of the health care system particularly among transgender, HIV-positive, and aging LGBTQI+ populations[20] and this might be related to the fact that these groups have greater levels of discrimination in health care settings than their heterosexual counterparts.

These inequities in turn influence perceptions, attitudes, and values of LGBTQI+ individuals in accessing health care, although there might be different outcomes, such as those highlighted by an Irish research among older LGBTQI+ persons who decided to come out with healthcare professionals, where many positive encounters were relayed[21].

However, care professionals might lack the necessary skills to provide adequate care to LGBTQI+ clients and organizations might not have policies in place. Research results[22] suggests that Long Term Care (LTC) staff struggle with how to be sensitive to LGBTQI+ residents' needs and that LGBTQI+ residents could be obliged to depend largely on the goodwill, knowledge and reflexivity of individual staff to meet care and personal needs which no substitute for collective practices that become integral to care homes' everyday functioning[23].

Outcomes from our research underlined the following aspects:

Note: all interviewed elders are not currently living in a residential care facility. Their comments are the results of the projections they make about such residences and based on the reported experience from relatives.

- Most are afraid of being forced to go back to the closet. Most affirmed they would assume being LGBTQI+ but fear the mistreatment that would come with it.
- Most elders affirmed that they would like to identify one person in staff who appears reliable rather than having to come out to the whole staff upon arrival.
- All elders agreed that their distrust would diminish if there were LGBTQI+ people within staff.

[18] Gibbons, M., Manandhar, M., Gleeson, C., & Mullan, J. (2007). Recognising LGB sexual identities in health services: the experiences of lesbian, gay and bisexual people with health services in North West Ireland. -4266.
[19] Westwood, S. (2016). 'We see it as being heterosexualised, being put into a care home': gender, sexuality and housing/care preferences among older LGB individuals in the UK. Health & Social Care in the Community, 24(6), e155-e163.
[20] Maingi, S., Bagabag, A. E., & O'mahony, S. (2018). Current best practices for sexual and gender minorities in hospice and palliative care settings. Journal of pain and symptom management, 55(5), 1420-1427.
[21] Sharek, D. B., McCann, E., Sheerin, F., Glacken, M., & Higgins, A. (2015). Older LGBT people's experiences and concerns with healthcare professionals and services in Ireland. International journal of older people nursing, 10(3), 230-240.
[22] Donaldson, W. V., & Vacha-Haase, T. (2016). Exploring staff clinical knowledge and practice with LGBT residents in long-term care: A grounded theory of cultural competency and training needs. Clinical Gerontologist, 39(5), 389-409.
[23] Simpson, P., Almack, K., & Walthery, P. (2018). 'We treat them all the same': the attitudes, knowledge and practices of staff concerning older lesbian, gay, bisexual and trans residents in care homes. Ageing & Society, 38(5), 869-899.

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"I just have to figure out who is the right person to tell about it [meaning, to come out as LBGTQI+] in the organization" (Italy)

"I've seen institutional mistreatment of older people. So, if you add my homosexuality and the fear of AIDS in medical institutions...
[Implying there are reasons of concern]" (France)

"I don't believe in segregating LGBT members from the others. We just need clear anti-discrimination policies and education provided to employees of care centres" (Romania)

"Every person is different and every person has different needs and needs a different kind of care. Treating everyone equally runs the risk of reinforcing inequality" (Italy)

[What we would need is] the "right staff and training", "trained, sensitized, aware staff" (France)

Topic 3: Sexuality in long term care (LTC)

Long term care facilities are increasingly shifting to the paradigm of person-centred care to enhance quality of care and life as a standard of practice. The care philosophy of Person-centred Care (PCC) is built around the needs of the individual resident. This whole-person care delivery model is rooted in integrative medicine, which promotes the use of diverse healthcare resources to deliver the physical, behavioural, emotional and social services required to improve care coordination, well-being and health outcomes.

In this regard, multiple elements compound well-being, among which sexuality and the choice to remain sexually expressive, a basic human right for older adults, should be included. However, this right is largely overlooked in the context of LTC.[24]

While this is true for all sexual orientations, it is probably even more true for persons identifying as L-G-B living in residential care. Indeed, there is evidence that LTC staff perceive same-gender sexual behaviours more negatively than heterosexual behaviours. [25]

It should be noted that significant gaps exist in the literature regarding LGBT elders' sexuality and sexual health. Most surveys focus upon the sexual activity of gay and lesbian elders; no surveys are available to provide detailed information about the sexual activity of older bisexual and transgender adults. Most surveys also only focus upon sexual activity rather than more global measures of sexual health and satisfaction.[26]

Outcomes from our research underlined the following aspects:

Respondents agree that sexuality in old age is relatively marginalized. The specific needs are not calculated for people of the third age, let alone for people who are LGBTQI+.
Professionals should be sensitized about intimacy and sexuality, ensuring the rights and protection of vulnerable people.

On the other hand, for older participants to the interviews, sexuality is considered as an integral part of life and respondents believed it should be addressed in the context of long-term care. There is consensus on the need of a private place in which to live their own sentimental and sexual lives in privacy, intimacy and dignity.

According to some respondents, neglecting sexual needs of residents of LTC facilities could expose them to risks as sexual health is not addressed and the risk of non-consensual relationships might be overlooked.

[24] Bentrott, M. D., & Margrett, J. A. (2017). Adopting a multilevel approach to protecting residents' rights to sexuality in the long-term care environment: Policies, staff training, and response strategies. Sexuality Research and Social Policy, 14(4), 359-369.
[25] Schwinn, S. V., & Dinkel, S. (2015). Changing the culture of long-term care: combating heterosexism. Online J Issues Nurs, 20(2).
[26] Hillman, J. (2017). The sexuality and sexual health of LGBT elders. Annual review of gerontology and geriatrics, 37(1), 13-26.

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"If sexuality is not addressed, how can consent and safe practices be?" (France)

"When you get older, you have more free time and you have a sort of growth in relation to your sexuality, maybe not in performance but in willing and in desire to prove new experience" (Italy)

"Sex makes you feel good at every age, but most in seniority" (Greece)

The perspective of health and social care professionals

Topic 1. Sexuality in long term care facilities: a taboo

According to research, sexuality, intimacy and relationship needs are still important to many older adults in care settings and remain an integral part of normal life for many older individuals. For example, one study, drawing on the experiences of community dwelling older adults, found that 19% of men and 32% of women aged 80+ report having frequent sexual intercourse. Intimate behaviours, such as frequent kissing and fondling, were reported by over half of respondents aged 80+(men 47% and women 62%), suggesting that sexual expression remains important in older age.[27]

However, in the long-term care environment, sexual needs of residents are often ignored or, otherwise, expressions of sexuality are frequently labelled as problematic behaviours.[28] And this mirrors the perception of the general public of an 'asexual' old age, of sex in older people being disgusting, or simply funny.[29]

[27] Lee D, Nazroo J, O'Connor DB, Blake M, Pendleton N. Sexual health and wellbeing among older men and women in England: finding from the English longitudinal study of ageing. Arch Sex Behav 2016; 45: 133–44.

[28] Yang MH, Yang ST, Wang TF, Chang LC. Effectiveness of a Sexuality Workshop for Nurse Aides in Long-Term Care Facilities. Int J Environ Res Public Health. 2021 Nov 24;18(23):12372. doi: 10.3390/ijerph182312372. PMID: 34886098; PMCID: PMC8657160.

[29] Walz T. Crones, dirty old men, sexy seniors: Representatives of the sexuality of older persons. Journal of Aging and Identity. 2002;7:99–112

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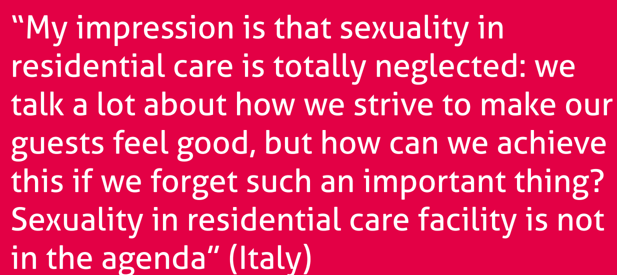
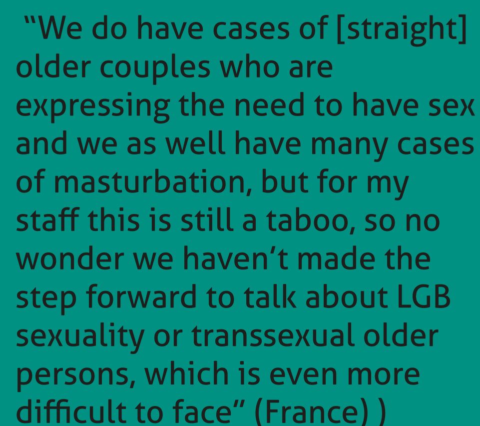
The outcomes of our research validate what emerges from other studies. Indeed:

- It was a common idea among interviewed professionals that sexuality among older residents is a neglected issue in care facilities and that there is a stigma around sexuality of older persons in general, including LGBTQI+.
- It is neglected both because it is not considered that relevant for older persons, but also because professionals are afraid that asking would create expectations that could not be met afterwards. For example, it is difficult to create space for intimacy for couples as in their facilities there are mostly double or triple rooms in facilities.
- As it is a rarely discussed topic, many participants underlined the role of those having a coordinating position to encourage an open discussion among staff and to promote the adoption of an open policy about sexuality and health protection.





Topic 2. The need to be trained

There are numerous studies[30] who explored the barriers faced by care professionals in dealing with sexuality of older persons. For some, lack of expertise or training was identified as the main barriers to discussing sexual issues with patients, with professionals concerned that they may open a 'can of worms' which there was no time or capacity to explore[31]. On the other hand, research suggests that an increased knowledge and awareness about the needs of care home residents in relation to sexuality, intimacy and relational needs has been shown to promote more positive and permissive attitudes of staff around this issue.

When we explored staff knowledge on the topic of sexuality of older persons and LGBTQI+ related issues, we found out that:

- There is a consensus on the fact that providing training and supervision to staff in relation to sexuality of older persons is considered useful, as it would help them dealing with cases, should they happen. However, the vast majority of respondents never received training on this topic.
- Indeed, many respondents acknowledged their lack of knowledge. Professionals are somehow familiarized with the meaning of the LGBTQI+ term, but there are still some details that seem confusing. For example, many were doubtful regarding the meaning of the LGBTQI+ acronym and especially when it comes to issues related with transgenderism and intersexuality.
- Age-related prejudices can have an impact on the attitude of staff, not only in relation to sexuality in old age but also because of the widespread idea that being LGBTQI+ relates only to young persons and therefore that older-LGBTQI+ "do not exist".
- According to professionals, better trained staff, informed with regards to the LGBTQI+ topic, with better communication skills, being open to discussion and challenges, being able to see other perspectives and with a perceived better work ethic would positively contribute to make residential care facilities more LGBTQI+ friendly.

"That part of IQ+, honestly no. I only knew LGBTI and I don't remember what the "I" was about anymore" (Portugal)

"I think so [it is important to have training on the subject], because one notices that these differentiations are increasing and maybe it makes sense because people are there and like it to be known how they like to be treated and these specificities" (Portugal)

[30] Among the others:
Villar, F., Celdrán, M., Fabà, J., & Serrat, R. (2017). Staff members' perceived training needs regarding sexuality in residential aged care facilities. Gerontology & Geriatrics Education, 38(4), 443-452.
Heath, H. (2011). Older people in care homes: sexuality and intimate relationships. Nursing Older People (through 2013), 23(6), 14.
Villar, F., & Fabà, J. (2021). Older people living in long-term care: no place for old sex?. In Desexualisation in Later Life (pp. 153-170). Policy Press.
McGrath, M., & Lynch, E. (2014). Occupational therapists' perspectives on addressing sexual concerns of older adults in the context of rehabilitation. Disability and rehabilitation, 36(8), 651-657.

[31] Gott M, Hinchliff S, Galena E. General practitioner attitudes to discussing sexual health issues with older people. Soc Sci Med. 2004 Jun; 58(11):2093-103.

[The difference between sexual orientation and gender identity] "I think it's pretty clear to me, as I did a bit of research a while ago, anyway, it started from a discussion with some friends. But I can't say I have a very good grasp of it". (Romania)

"Sometimes it [the sexuality of residents] is something that is discussed informally with the employees, but training, in what concerns me, never had". (Portugal)

"If there was a manual or flier on awareness, I think it would be a great help. That would talk about the fact that even the elderly can be part of the community. A lot of people think that only young people can be in the community". (Romania)

Topic 3. Addressing the needs of older residents who belong to the LGBTQI+ community

Although LGBTQI+ older adults experience the same challenges as the general population, many face specific barriers that can negatively influence quality of life in later years[32]. For care workers however, it can often be difficult to identify specific care needs of LGBTQI+ elders and thus to understand how they might adapt their practices accordingly.

While it is important to provide staff with specific training on what it means to be an older person belonging to the LGBTQI+ community, it might also be helpful to refer to conceptual references which are already applied in elderly care. The person-centered care (PCC) paradigm should enable care professionals to recognize the needs that underpin a resident's expression, despite increasing cognitive impairments.[33] The concept of PCC, being a universal approach to users' needs, can be applicable also to the specific needs of LGBTQI+ residents.

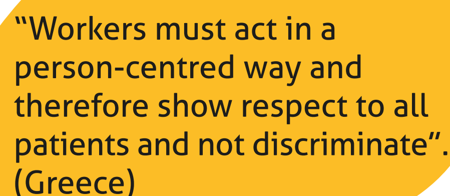
[32] Jennifer M. Putney, Sara Keary, Nicholas Hebert, Lisa Krinsky & Rebekah Halmo (2018) "Fear Runs Deep:" The Anticipated Needs of LGBT Older Adults in Long-Term Care, Journal of Gerontological Social Work, 61:8, 887-907, DOI: 10.1080/01634372.2018.1508109

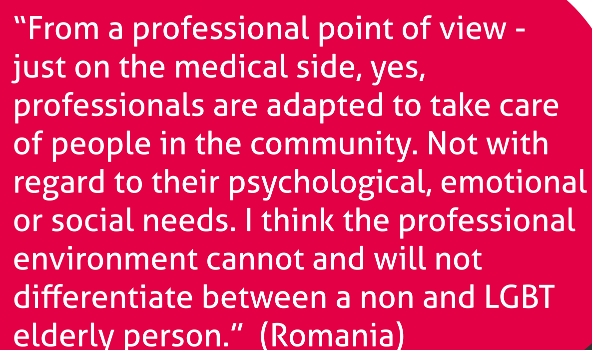
[33] Edvardsson D, Winblad B, Sandman PO. Person-centred care of people with severe Alzheimer's disease: current status and ways forward. Lancet Neurol. 2008 Apr;7(4):362-7.

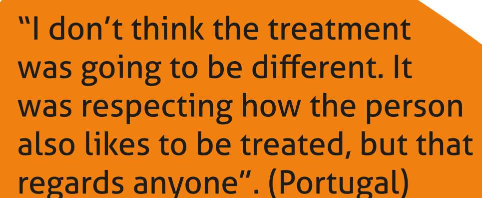
At the same time, diversity of intersecting identities and experiences, including cognitive impairment, leads to differing configurations of risk and resilience, associated with different treatment and support needs: using a lifespan perspective can help providers offer assistance to LGBTQI+ older persons. This approach is based on the idea that an individual's development may be determined by various interactions with others amidst changing social and political climates and, further, that this evolving historical context throughout time contributes to the health needs and health outcomes of a specific demographic of individuals.

Consistently with the above, inputs collected during our research, highlighted that:

- The majority of respondents believe that from a physical point of view they don't think there are marked differences compared to other older people and therefore that they would care for them the same way as they do with all the other residents and that trauma and abuse might be part of the history of any residents, not exclusively when it comes to older LGBTQI+ persons.
- On the other hand, some participants acknowledged that there might be a difference in psychological care, since they can be more traumatized, feel excluded, and frightened at some point in their lives.
- There seems to be a consensus on the fact that applying emotional intelligence, empathy and communication skills when caring for a vulnerable person (whether being a senior or part of the community or both) is essential.
- The need for protection from the risk of being discriminated against and abused, including from other residents, is often recognized and raised.







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"It comes down to positive discrimination. I'd like it not to be exaggerated, to be seen as normal people, but also not to be protected, to be the same equality that it was before knowing. To appreciate a person's qualities for being human and that's it" (Romania)

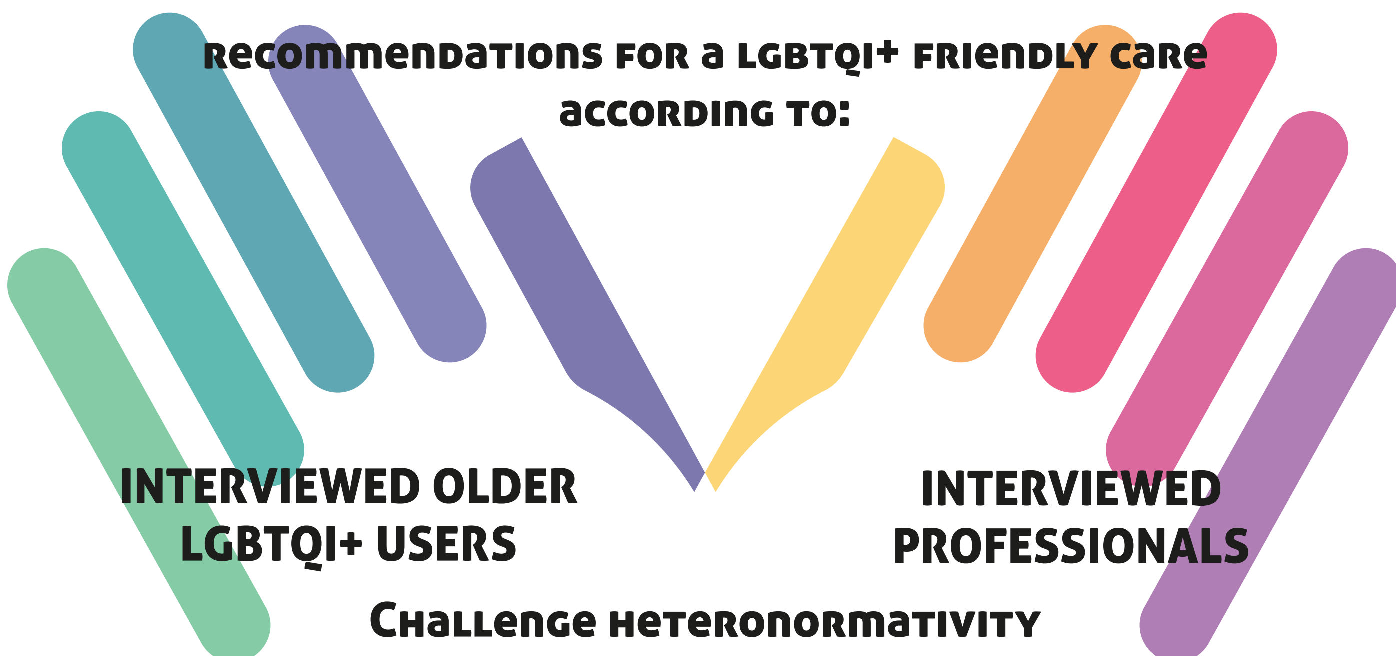
"It may be that I don't know whether there are certain rules or certain differentiated care. If there are, I think it is important to understand these differences so that we can be prepared, if these specificities really exist!" (Portugal)

"These people are people like all others, like us, as those who do not identify as being heterosexual, is equal. They're people. They have the same needs, they certainly have the same health problems, they are sure to have the same economic, psychological problems, whatever". (Portugal)

"I think the most challenging part would be managing the opposition of the other residents, as we are talking about older people who are usually more entrenched in their views and find it difficult to accept anything that was not acceptable in their time or that they do not understand". (Greece)

Recommendations and conclusions

This table summaries the recommendations collected from older persons and professionals participating to the research process:



Challenge heteronormativity

Stop assuming all residents are cisgender and heterosexual and ask sexual orientation, how they would like to be referred to (pronouns, civil status vs customary name), while leaving at the same time the possibility not to answer, if they wish so.

Be careful with the questions/ language used – do not assume heteronormativity.

Have an open communication

Communicate with LGBTQI+ elders about their will of being out to whole staff and other residents before outing them without authorization.

Recognize sexuality as part of the basic needs of older persons and therefore **discuss it with the older person when he/she/they enters the care facility,** same as they do in relation to other issues such as personal care, hobbies etc.

Provide training on LGBTQI+ issues

Ensuring education, training, awareness-raising on LGBTQI+ related issues at every level of the hierarchy, especially higher instances.

Be aware of specific medical situations which can affect specifically LGBTQI+ older people: for instance, getting old with AIDS and serologic status in general, offering the possibility to engage in a transition at an older age.

Provide **training and supervision to staff in relation to sexuality of older persons and LGBTQI+ specific needs.**

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Promote emotional connection

Promote emotional connection between staff and residents, with emphasis on psychological support.

Explore the attitude, bias and prejudices of staff towards older LBGTQI+.

Use a person-centred care approach

A truly person-centred care approach would respond to the needs of all residents, including those identifying as LGBTQI+.

Show you are LGBTIQ+ friendly

Display information across the facility who explicit **an inclusive and non-discriminatory policy.**

Exposing the Rainbow Flag and informative material across the facility, to make it explicit that the needs of LGBTQI+ residents are acknowledged and addressed.

Define policies and contrast discrimination

Make sure that the care facility adopts an **active anti-discrimination position alongside a quality system control as well as a signalling mechanism.**

Have reference in internal regulations about the inclusive and non-discriminatory nature of the institutions.
Setting clear instructions and rules on what constitutes discrimination, setting sanctions for inappropriate behaviour – having a standard for evaluating care centres.

Conclusions

This document aims to be a useful resource to improve the knowledge of older persons, professionals and stakeholders on how to improve the quality of life of older LGBTQI+ residents in care facilities.

While developed as a stand-alone resource, the results of this research will also be used to inform the next steps of the Bestcare4LGBTQI+ project to make sure that they are users-led and mirrors the actual needs and expectations of our target group.

Attachment 1 - National contexts about LGBTQI+ rights in partner countries

Attachment 2 - Research methodology

Attachment 3 - Full national reports

Attachment 4 - Glossary

Attachment 5 - LGBTQI+ elders board

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