

## **Findings: Care Home Residents and Intimacy/Sexuality**

Thank you for contributing your opinions to our research. Basically, we wanted to find out from residents, their partners or spouses (if affected by dementia) and care staff about the value of doing research on intimacy and sexuality and, if need be, how we ought to go about it.

### **Why look at this issue?**

We decided to look into this issue because it has been overlooked. There have been quite a lot of studies on active old age that challenge stereotypes but these have avoided talking about sexuality and intimacy. For those who are able and want to carry on being sexual or intimate in a way that is right for them, we believe that, like the right to food and shelter etc, this is also a human rights issue. We also want to challenge the idea that being old means you have little value or are seen as not fully human or even capable of intimacy.

### **How did we get the information?**

So far we have interviewed three residents (two men and one woman aged from early 60s to early 80s and three spouses of residents who are affected by dementia. We have also conducted two group interviews with care staff in two care homes in the Northwest. This involved 16 care staff in

all. We have also garnered feedback on our research ideas at a conference for care staff and researchers. This was attended by more than 40 individuals.

## **What you told us**

### **Residents and spouses**

There have been mixed responses:

1. This research should not be done at all because it is too personal/private and residents are no longer able to be involved or are no longer interested in sex.
2. The research is valuable but needs to proceed with caution and sensitivity – you should not ask people in any future research intrusive questions about their actual sexual activities or preferences. It is better to focus on ‘younger old’ people in care homes and not the oldest of old people accommodated there who may be less interested in or capable of being sexual.
3. The research is valuable but sexuality needs to be considered as one need among others for those who want to carry on being sexual/intimate. There is also a need to be listened to, to have company, good hygiene and privacy etc. There may also be unmet needs in terms of more personalized care that could be put right by staff having more time to build relationships with residents and their visiting partners.

4. Intimacy is more important than sex. This means that residents are redefining sexuality as intimacy and a 'loving longevity' involving affection, cuddles and mutual understanding which was distinguished this from frenetic and sometimes transient youthful notions of what 'sex' is. Although a positive redefinition, it was perhaps also a pragmatic response to loss of capacity or desire.

### **Carers**

1. Care staff were more enthusiastic about the issue as they thought addressing sexuality and intimacy could promote positive mental health. They also recognized that there needs to be more double rooms in homes to allow intimacy.
2. Staff spoke of the need for guidance as they have to manage many different relationships, expectations and legal/professional requirements and want to do the best by residents and their significant others. Staff training is therefore needed on sexuality/intimacy to help them normalize issues, especially concerning lesbian or gay residents.
3. They also thought it was possible to include in any future research people with mild dementia.

It is also worth noting that although we didn't (knowingly) interview any lesbian, gay, bisexual or trans (LGBT) individuals, attitudes towards these forms of gender and

sexual difference were generally positive. This contradicts the view that old people are somehow more prudish or essentially anti-gay etc. Residents, spouses and care staff tended to recognize that LGBT residents need and are worthy of respect, rights and appropriate support if living in a care home for older people. The same could apply to LGBT staff or visitors.

## **Summary**

This regional consultation has revealed a variety of views about the value of doing research on care home residents and intimacy. The attitudes were generally positive towards the idea of researching intimacy and sexuality in care homes for older people, though we would need to conduct any research sensitively in the ways recommended. We are hoping this initial consultative research will lead to national research on older people aged 60 plus and sexuality and intimacy.