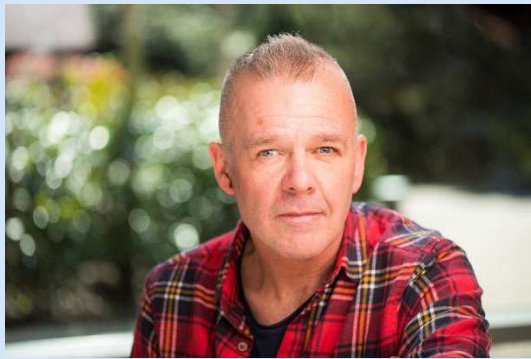


**Skilling up the workforce:  
How can care home staff better support their  
residents' sexuality and intimacy needs?**

Dr Laura Brown  
Division of Psychology and Mental Health  
University of Manchester, UK  
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# The OPUS Team

**Dr Paul Simpson**  
Edge Hill University



**Dr Maria Horne**  
University of Leeds



**Older People's  
Understanding of Sexuality**



**Project RA: Sara Elias**

**Prof Christine Brown Wilson**  
Queen's University Belfast



**Dr Laura Brown**  
University of Manchester



**Dr Tommy Dickinson**  
King's College London



# Residents' Needs

- Sexuality/intimacy still matters to many
- Intimacy 'designed out' of care home environment
- Lack of privacy
- Lack of opportunity to meet new partners

**“To snuggle up together is lovely you know... You don't have to have intercourse but you can have a cuddle. I miss that.”** (Bauer et al., 2013)

**“You might have a couple who've been married forever and a day and [...] they're in a single room with a single bed - even trying to fit a little two seater settee in is difficult”** (Simpson et al., 2018)

**“Couldn't do anything here because if the door opened and somebody like [manager] walked in I'd be mortified. There are no locks on the door, as you notice.”** (Cook et al. 2017)

**“Oh I'd love a man in my life...”** (Bauer et al., 2013)

# Staff Development Needs

- Knowledge and attitudes around sexuality/intimacy
- Guidance on legal and ethical issues
- Support around moral and family issues
- Communication skills

**“I mean we’re aware of a lot of different cultural things but when it comes to homosexuality [...] I’d be floundering with that one”** (Neville et al., 2015)

**“They’ve obviously got that need and want to express it but [...] does that lady know what he’s doing? Does she actually want him to do that? It’s mind-boggling, really.”** (Simpson et al., 2018)

**“Sometimes ... the families become too over-protective ... which is a natural thing I suppose.”** (Cook et al. 2017)

**“It’s just something you don’t approach with an older person.”** (Simpson et al., 2016)



# Guidance and Policy



Royal College of Nursing

**Older people in care homes: sex, sexuality and intimate relationships**

*An RCN discussion and guidance document for the nursing profession*



**AGE Concern**

**The whole of me...**

Meeting the needs of older lesbians, gay men and bisexuals living in care homes and extra care housing

A resource pack for professionals



**The last taboo**

A guide to dementia, sexuality, intimacy and sexual behaviour in care homes

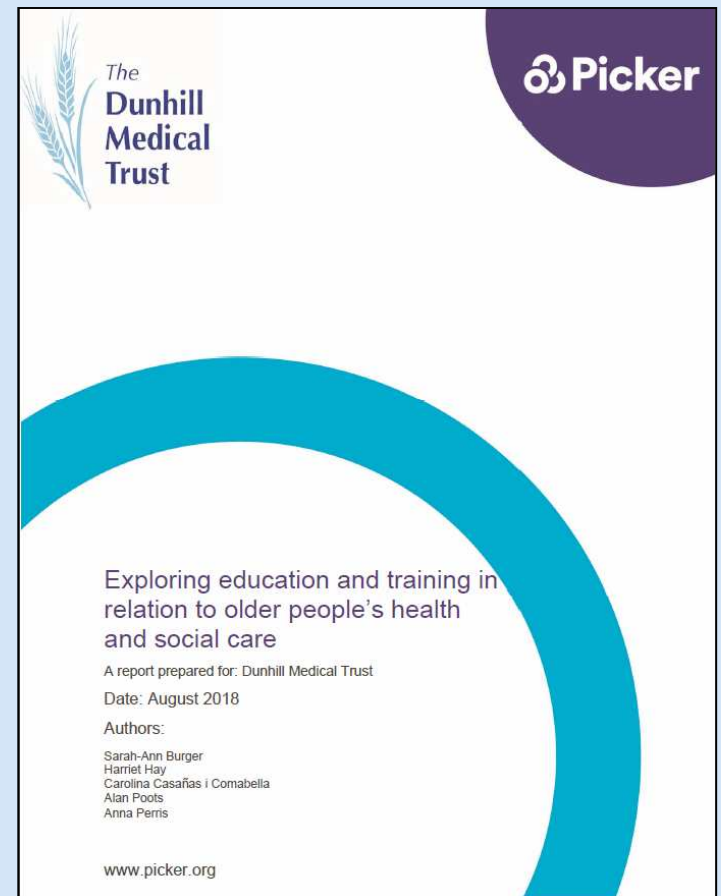
[www.ilcuk.org.uk](http://www.ilcuk.org.uk)

**ILC**

# The Picker Report (2018)

[http://www.picker.org/wp-content/uploads/2018/08/P3159\\_Dunhill-Medical-Trust\\_Older-peoples-care-staff-training\\_FULL-Report\\_SAB-HH-AJP-JK\\_120718\\_FINAL.pdf](http://www.picker.org/wp-content/uploads/2018/08/P3159_Dunhill-Medical-Trust_Older-peoples-care-staff-training_FULL-Report_SAB-HH-AJP-JK_120718_FINAL.pdf)

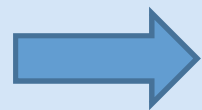
- Staff training in care homes is ‘varied’, ‘inconsistent’, and ‘fragmented’.
- Many Barriers to Learning e.g.
  - High staff turnover
  - Little chance to practice skills
  - Lack of life experience (young staff)
  - Language and cultural differences
  - Not feeling valued in role





# Our Aims

1. Examine what kinds of training and policy care homes use to support their residents' sexuality and intimacy needs.



An online audit of current practice

2. Find out how care home staff prefer to learn and develop their skills in this area.



Four workshops with care home staff

# Audit

Care home managers around the UK invited to respond to short anonymous online survey



Small (1-10 bed)

0



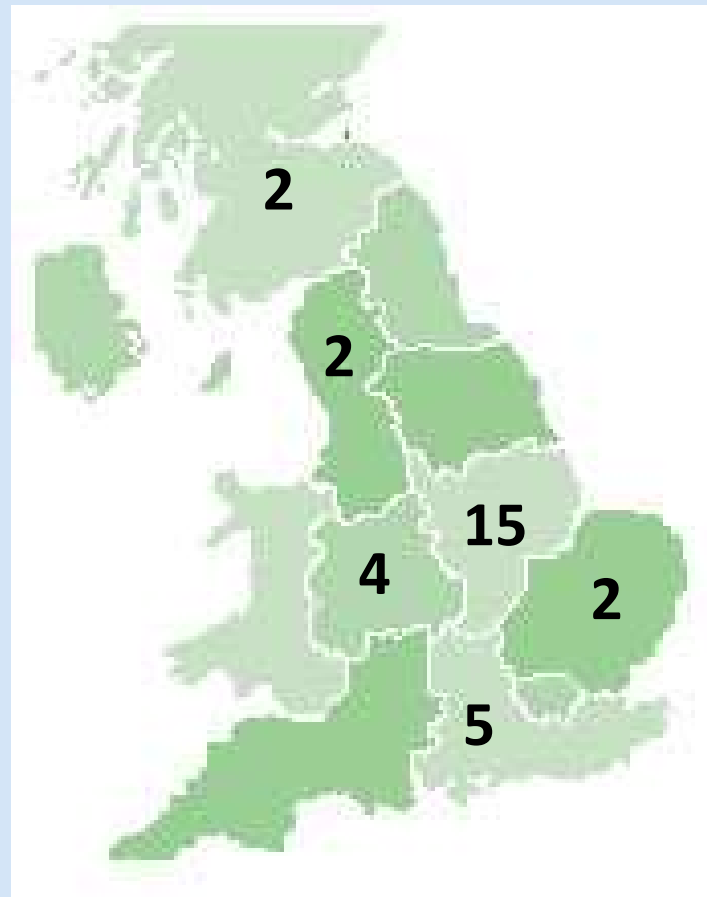
Med (11-49 bed)

24



Large (50+ bed)

6



**R**esidential

24

**N**ursing

11



# Policies Reported

Staff are asked to knock before entering bedrooms	20 / 30	(67%)
Residents are able to remain in their bedrooms with locked/closed doors	18 / 30	(60%)

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Residents are able to remain in their bedrooms with locked/closed doors	18 / 30	(60%)
Privacy is provided during partner visits	13 / 30	(43%)
Residents are asked at admission about their sexual/intimacy needs	5 / 30	(17%)
An inclusive environment for Lesbian, Gay, Bisexual or Transgender/sexual residents is promoted	5 / 30	(17%)

# Training Provision (50%)

How to deal with potentially inappropriate sexual behaviour from residents	10 / 30	(30%)
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Developing communication skills for discussing residents' sexual/intimate needs	4 / 30	(13%)
Understanding or recognising different forms of sexual expression or orientation e.g. by providing a glossary of terms or a range of case study examples to illustrate the possible sexual/intimate needs that residents have	1 / 30	(3%)



# Workshops with Care Home Staff

Four workshops  
23 staff members

Good and Bad  
training  
experiences



How they get  
information and  
support to care  
for residents



Discussion of  
existing  
resources and  
digital training



# What do Staff Want?

Engaging

SHORT, INTERACTIVE  
TRAINING

Prepare to respond on-the-spot

CULTIVATE COMMON  
SENSE

Colleagues' opinions

LEARNING FROM  
EACH OTHER

Little time/desire to  
consult information

RECOGNITION FOR  
EXPERTISE

Tsars/  
champions

Realistic and  
personal cases

CONNECTION AND  
PERSPECTIVE TAKING

Badges /  
certificates

# Conclusions

- A need for training around enabling sexuality/intimacy not just preventing it.
- Training needs to go beyond simple provision of information and guidance.
- Learning should focus on developing 'common sense' and taking resident's perspective.
- Learning should be 'bite-sized' rather than one-off.
- A team-based approach to learning is helpful.
- Staff need to be valued for the expertise they gain

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# Next Steps



2018-2020: Developing an interactive staff training resource to meet the sexuality and intimacy needs of care home residents

## Opportunities to get involved ([m.horne@leeds.ac.uk](mailto:m.horne@leeds.ac.uk))

- Members of the public linked to care homes (e.g. relative, staff, current/future resident) wanted to guide project.
  - Leeds-based meetings
  - Travel expenses and gratuity for time
- Care homes interested in helping us develop/test the training:
  - Ideally in/near Leeds. Gratuity/vouchers for involvement.
- Two-year 75% FTE Post Doctoral Research Fellow post (Leeds):
  - <http://jobs.leeds.ac.uk/MHHEA1126> (closing date: 2nd Nov)



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# Thank you for listening

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