## Sexuality and Intimacy in Care Homes for Older People: Co-production of Staff Training Resources to Support Residents' Needs

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## **Background and Research Aims**

Attempts by older people to express sexuality and intimacy are often ignored, ridiculed, or dismissed as unimportant or inappropriate (Simpson et al., 2015). This is particularly true in care home settings, where older people who may be frail or in poor health may not be considered to have intimacy needs, and where staff time and attention is often directed towards meeting more basic needs. Despite this, older people living in care homes report how the simple, intimate activities that many of us take for granted, such as sharing a cuddle with a husband or wife, are vital for their happiness and quality of life (Simpson et al., 2017).

Our recent work with staff in care homes (Simpson et al., 2016; 2017) has revealed a number of difficulties that staff members face when trying to understand and support residents to meet their sexual and intimate needs. This includes a lack of awareness of residents' sexual and intimate needs, a lack of confidence in being able to talk to residents about their needs, and confusion around the complex legal, ethical, and safeguarding issues that surround sexual and intimate behaviour in care homes. Our research revealed a clear need, and desire, for practical resources that help staff to understand and support residents' needs in sensitive, appropriate, and ethical ways.

Information and guidelines relating to sexuality and intimacy in care homes have been available for a number of years. However, this information does not seem to have helped care home staff to support residents' needs. One reason for this may be that the information is presented in traditional, text-based forms, which is unlikely to be engaging and accessible to a large number of care home staff. In addition, this information has largely been put together by academic or clinical professionals, with little or no contribution from care home staff. There is therefore a need to develop and evaluate training and practical resources for staff that are clear and accessible, and that are tailored to the needs of the target user group.

As a first step towards this aim, we will gather together existing examples of guidelines and policy that are available to support sexuality and intimacy needs in care homes. We will then invite care home staff and older people to work with us to develop improved versions of resources that can support residents' sexuality and intimacy needs. As cognitive impairment will influence the types of needs that residents have, in this project we will focus mainly on supporting the needs of older adults with little to no cognitive impairment.

## References

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