



Don't Rule it Out: Tips for Care Staff to Help Older Residents Meet Their Needs Concerning Sex, Intimacy and Sexuality

They aren't interested in sex, are they?

Such a question might say more about worries about how we think older residents/service users should 'behave' rather than how they might want to behave or live their lives.

Remember that today's older people will have witnessed the women's and lesbian and gay liberation movements, which expressed freer, more equal attitudes towards sex.

Yet, older care home residents/service users are commonly seen/stereotyped as prudish or 'past it' - not interested in sex. But, they reflect human diversity. Some residents/older people will see sex as a thing of the past but will still value intimacy. Some individuals will want to continue with both. Sex, intimacy and sexual identity (e.g. gay, bisexual, straight) and gender identity (e.g. male, female, transgender) can be vital to maintaining self-esteem and overall health. They also connect with human rights concerning freedoms of self-expression and association. As skilled carers, you have an important role in addressing such issues and helping older residents/service users to meet their own needs.

Based on a project designed to address sexuality and intimacy in care homes for older people, the OPUS Research Group (Older People's Understandings of Sexuality) observed various challenges in meeting such needs. We provide some recommendations below for you and your home to consider to help you positively manage these challenges.

Challenges	Possible solutions
1. Persistent, widespread messages about asexuality/lack of interest can mean that older people/residents see themselves and other older people in this way.	TV programmes like <i>Last Tango in Halifax</i> (BBC1), with realistic and positive portrayals of older people, could be used to encourage residents to discuss how expectations of old age are changing and to recognize older people as sexual/intimate.
2. Lack of double rooms, double beds, two-seater sofas in communal areas can prevent intimacy. Also residents can feel that they have little privacy.	More double rooms, beds and sofas. Residents also need privacy to be intimate. Privacy policy needs to balance care and protection with resident needs and wishes. (See 'Take-home messages: action now' below).
3. Female residents outnumber male males by three to one. This means a lack of opportunity for heterosexual (straight) women for sexual and intimate activity.	Enable female residents who are capable/would choose to visit a community group where they could develop friendships. Lesbian, gay, bisexual, trans (LGBT) residents could also be encouraged to keep links with community groups/significant others.
4. LGBT residents may feel obliged to 'go back into the closet' and thus hide their identity to avoid hostility from staff, residents and visitors.	Display LGBT-related literature/symbols. Care home literature could signal 'LGBT-friendliness' and encourage sensitive discussion on sex and intimacy needs whatever ones' sexuality if residents choose. Such needs could be addressed at an appropriate point after admission and included in care plans.
5. Overcautious safeguarding guidance can encourage staff to see sexuality and intimacy as problems to be prevented/managed rather than rights to be fulfilled.	As in response to 3 above, safeguarding policy and practice should be driven by the observable needs and wishes of the resident. You could consult guidance as in the links at the end of this document, especially for guidance on dementias.
6. Care staff can feel difficult about raising such 'private' issues with residents old enough to be their parents/grandparents.	Training could help staff feel more confident in raising the subject. Residents could be encouraged to have discussions and facilitated by outside older speakers.

It is important that all involved in the life of the home work together to overcome the above challenges. Discussing 'personal' matters means that you will need to build relations of trust, which require tact, recognition of residents' personal boundaries, a friendly, supportive demeanour and signalling that you have an open mind.

Take-home messages: action now!

Getting your heads together and thinking creatively in staff-resident meetings and involving residents themselves in 'local solutions' in the long-term will really help. For now, you could do some quick and simple things that would have almost immediate effects:

1. Agree a code or form of signage that can indicate when residents do not want to be disturbed (but bearing mind urgencies and meal times etc).
2. Ask for sexuality/intimacy needs to be discussed at the next staff meeting.
3. Display a small rainbow flag (associated with LGBT communities) on the home's reception desk.
4. Invite an older person from a voluntary organization to talk about the importance of sexuality and intimacy in later life.

Guidance

1. International Longevity Centre – UK (2011) [The Last Taboo: A Guide to Dementia, Sexuality, Intimacy and Sexual Behaviour in Care Homes](#).
2. Local Government Association (2014) [Making Safeguarding Personal](#).
3. Royal College of Nursing (2011) [Older People in Care Homes: Sex, Sexuality and Intimate Relationships](#).

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