

**Older LGBTQ adults' psychological needs in long-term care: A  
qualitative investigation**

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## **Word Count**

(Excluding title pages, tables, figures, references, and appendices)

Paper 1: 7,514 (abstract: 247, main text: 7,267)

Paper 2: 7,972 (abstract: 197, main text: 7,775)

Paper 3: 5,953

Total word count (all three papers): **21,439**

## Thesis Abstract

The aim of this thesis was to gain a deeper understanding of older Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) adults' psychological needs and psychological safety within long-term care (LTC) and later life housing. Paper 1 is a systematic review of the literature concerning the psychological needs of older LGBTQ adults receiving LTC. Fifteen studies from six different countries were included and analysed through meta-synthesis applying 'best-fit' framework synthesis. Kitwood's (1997) framework of psychological needs was employed as an a priori framework. Additional psychological needs of acceptance and safety were identified, and the a priori framework was revised to include these needs. Clinical recommendations were recognised.

Paper 2 is an empirical study which seeks to explore what psychological safety means to older LGBTQ adults in general, regarding later life housing needs, and considering LGBTQ-majority extra-care housing schemes. Utilising a qualitative focus group and individual interview design, the narratives of 36 older LGBTQ adults were audio-recorded, transcribed, and analysed inductively using reflexive thematic analysis. Sixteen subthemes were identified and organised around six main themes: 1) *Historical impact on psychological safety*, 2) *Discrimination in the current living context*, 3) *Acceptance from others and self*, 4) *Belonging and connection*, 5) *Protection and security*, and 6) *Moving away from heteronormative care*. The findings were considered in relation to the wider literature and recommendations were made for improvements to clinical practice.

Paper 3 presents a critical appraisal of the research process, including the rationale underpinning methodological decisions and the strengths and limitations of the work. This paper concludes with the first author's personal reflections on the thesis project.

## **Declaration**

No portion of the work referred to in this thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

## **Copyright Statement**

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## **Acknowledgements**

I would like to thank my research supervisors, Dr Louisa Shirley and Dr Sandra Flynn, for all of their time, supervision and guidance during this project; Dr Anja Wittkowski for joining the systematic literature review team at a later date, and all of the wonderful older LGBTQ adults who shared their stories with me.

**Paper 1:**

**Understanding the psychological needs of older LGBTQ adults receiving long-term care: A meta-synthesis**

This paper has been formatted according to the publication guidelines of *Psychology and Aging* (Appendix A).

**Understanding the psychological needs of older LGBTQ adults receiving long-term care: A meta-synthesis**

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## **Abstract**

**Purpose:** Qualitative research shows that older LGBTQ adults' have encountered barriers to receiving person-centred care when seeking long-term care. LGBTQ individuals' narratives hinted that this could be due to a failure of services not accurately meeting their psychological needs, which may differ from their cis-gender, heterosexual counterparts. Considering a lack of research in this area, this review aimed to comprehensively capture the psychological needs of older LGBTQ adults to improve service provision.

**Method:** A meta-synthesis, applying the best-fit framework methods informed by Kitwood's (1997) framework of psychological needs (attachment, comfort, identity, inclusion, occupation), was conducted using five databases to identify relevant peer reviewed articles published between 1987 and 2023.

**Results:** Fifteen papers were identified that met the eligibility criteria. Findings showed that the psychological needs of older LGBTQ adults could be seen in terms of Kitwood's framework and identified further psychological needs of acceptance and safety. As such, the a priori framework failed to fully acknowledge the psychological needs of older LGBTQ adults. The original framework was extended to capture all psychological needs.

**Conclusion:** This was the first review of the qualitative literature to explore older LGBTQ adults' psychological needs. The full array of needs identified could be a helpful way to monitor if older LGBTQ adults' needs are being met in long-term care. Acknowledging a person's LGBTQ identity within the person-centred care approach and employing the extended framework of psychological needs, clinical recommendations include the provision of LGBTQ-affirmative and inclusive care, and LGBTQ-specific staff training.

**Keywords:** *psychological well-being, LGBTQ, long-term care, best-fit framework  
synthesis, qualitative*

## **Introduction**

In recent years, the acknowledgement and recognition that older lesbian, gay, bisexual, transgender or queer (LGBTQ) individuals exist within long-term care (LTC) has increased (Goldsen, 2018; Bailey et al., 2022). Whilst societal attitudes are changing toward LGBTQ individuals, stigma and discrimination persist, leading to worse physical and mental health outcomes for LGBTQ individuals compared to cisgender, heterosexual people (Williams, 2021; Moagi et al., 2021). Additionally, it has been suggested that older LGBTQ adults have benefitted less from changing attitudes than younger LGBTQ people (Houghton, 2018). This finding is likely due to the longevity of personal experiences of discrimination, stigma, and mistreatment from society in general, within health care systems (De Vries, 2014; Fredriksen-Goldsen et al., 2019) as well as minority stress experienced throughout life (Meyer, 2003).

Roe and Galvin (2021) found that older LGBTQ adults face barriers when accessing care, owing to the heteronormative nature of current care provisions (e.g., the assumption that everyone is heterosexual), and postulated this may prevent older LGBTQ adults from accessing person-centred care. Person-centred care places the personhood of an individual (i.e., who someone is, the factors that make a person who they are, their values and beliefs) at the centre of their care (Brooker, 2007). According to the Department of Health (2013), person-centred care should be applied to all individuals receiving any form of health care. Applying person-centred care is vital, because the enactment of providing a service using this approach, and thus acknowledging an individual's personhood allows psychological needs to be met when receiving care (Kitwood & Bredin, 1992). In turn, meeting individuals' psychological needs can increase quality of life (QoL), psychological well-being and confidence in care services (Kitwood et al., 1992; Ryan & Deci, 2017).

Kitwood (1997) provided a framework for psychological needs, identifying five core psychological needs universal to all human beings. The framework itself was developed with individuals with a dementia in mind. The five identified psychological needs are attachment, comfort, identity, inclusion, and occupation. The following conceptual definitions have been provided by Kitwood (1997) and further described by his colleague Brooker (2007): 1) Attachment relates to bonding, connection, nurture, trust, and relationships that offer a safe place, as well as security in relationships, in addition to connecting to and having ties to others and a social group one identifies with. 2) Comfort refers to the provision of tenderness, closeness and soothing that can be provided through physical touch, comforting words, and gestures, as well as feeling physical comfort within one's body (e.g., by having personal care needs met). 3) Identity relates to a need to know who one is as a person and having a sense of continuity to the past. Identity also relates to being respected and being able to express oneself, one's thoughts and feelings linked to choices and preferences, such as clothing or how we look (e.g., shaving facial hair, how we style our hair). 4) Inclusion requires a sense of belonging, being part of a community, and feeling accepted for who one is. Lastly, 5) Occupation relates to the involvement with personally meaningful activities, a sense of agency and control to make things happen. This framework has been used to inform areas of care practices by providing a blueprint of what good care should look like through the development of tools, such as Dementia Care Mapping, and more generic tools developed for the Care Quality Commission (University of Bradford, n.d.).

LTC refers to care received over an extensive period of time for people who require ongoing support (Nies et al., 2013). While short-term care is restricted to a time period to reduce a person's need for ongoing support (e.g., following an operation), LTC has no fixed time limit and is delivered for as long as it is required (NHS digital,

2019). LTC may be received at home or within facilities, such as nursing homes, by people who can no longer live independently or where care is essential for independent living. Qualitative research found that prior experiences of discrimination or stigma within health and LTC settings for some older LGBTQ adults meant that they did not view these services as inclusive spaces where they were respected, and where their needs were met (Roe et al., 2020). A systematic scoping review by Kneale et al. (2019) investigated the health and care needs of older LGBTQ adults. Analysing a combined number of 42 quantitative and qualitative studies, the authors highlight that older LGBTQ adults viewed mainstream care settings (inclusive of LTC) as heteronormative spaces that would require participants to assume new identities due to fears of homophobia. The potential loss of sexual or gender identity was regarded as a real threat to their own sense of self and safety and contributed to older LGBTQ people's feelings of invisibility.

Synthesising research on older LGBTQ adults in LTC and staff's abilities to provide care in an integrative review of 20 studies, Fasullo et al. (2022) identified that, similarly to Kneale et al. (2019), participants feared discrimination in LTC and expressed worries of needing to conceal their identities to maintain a sense of safety. Fears of entering LTC extended to disconnecting from their LGBTQ community, reportedly leading to loneliness, and receiving less equal care compared to their cis-gendered heterosexual counterparts, and care not being adequately tailored to meet their unique needs.

Concerns of receiving less equal care were also discovered in a systematic review of 19 studies by Caceres et al. (2020) who focused on LTC healthcare staff (seven cross sectional studies) and LGBTQ individual perspectives (12 qualitative or cross-sectional studies) on LGBTQ issues in LTC. The studies focusing on LTC



healthcare staff indicated that most staff felt unprepared and lacked skills to provide care for older LGBTQ adults (ibid). Additionally, a negative association between staff attitudes towards the LGBTQ population and care provided was found.

The three reviews highlighted indicate that current LTC services do not adequately meet the needs of older LGBTQ adults. Additionally, Bailey et al. (2022) suggested that LTC must review person-centred care to include an individual's sexual orientation and gender identity to meet the psychological needs of older LGBTQ adults.

Considering lifelong experiences of minority stress (Meyer, 2003), it is possible that older LGBTQ adults have additional psychological needs compared to cis-gender, heterosexual counterparts not considered within current, heteronormative care practices. Bailey et al. (2022) state that this gap in understanding could negatively impact psychological well-being of the LGBTQ population. However, to date, no systematic review has been conducted that systematically investigates the psychological needs of older LGBTQ adults in LTC. Given the expressed negative impact LTC services have had on older LGBTQ (Kneale et al., 2019; Fasullo et al., 2022), it is important to investigate people's narratives and lived experiences (Skivington et al., 2021) to properly understand the context and needs of this population.

Consequently, this meta-synthesis aimed to synthesise research on what older LGBTQ adults' psychological needs are when receiving LTC, to improve our understanding of how to best meet their needs and improve how care is provided. We specifically aimed to address the question 'What are the psychological needs of older LGBTQ adults in relation to their experiences and perceptions of receiving long-term care?'

## **Method**

This meta-synthesis was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines (Page et al., 2021).

The protocol was registered with PROSPERO on 12/10/2022 (Ref: CRD42022366839:

[https://www.crd.york.ac.uk/prospero/display\\_record.php?ID=CRD42022366839](https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42022366839)

Qualitative syntheses offer a valuable method for examining participants' perspectives and experiences. Considering the paucity of quantitative research in this area and that the research question specifically explores LGBTQ elders' *experiences and perceptions* of receiving LTC, a qualitative approach is best suited to address the aim of the review. Additionally, this method allows for developing an overarching understanding occurring from the combined interpretation of the studies included in the synthesis (Barnett-Page & Thomas, 2009).

### ***Search strategy***

The PICO tool (Population, Intervention, Comparison, Outcome; Methley et al., 2014) was employed to develop the search strategy (Table 1). Kitwood's (1997) psychological needs informed the search terms, and Medical Subject Heading (MeSH) terms were utilised to identify synonyms of terms included. Dementia was not included in the search terms as individuals living with a dementia were not the focus of the review.

Boolean operators ("AND", "OR") were used to combine terms. A systematic literature search of the main five subject-specific databases (EMBASE, PsycInfo, MEDLINE, CINHALL and Web of Science) was undertaken to optimise coverage of the most relevant research. Forwards and backwards citation chaining of included studies was conducted (Horsley et al., 2011). Databases were searched in October 2022. The search was updated in January 2023, but no new studies for inclusion were identified.

Identified references were imported into EndNote (Clarivate Analytics UK Ltd [Version 20], 2020). Duplicates were removed, and titles and abstracts were assessed for eligibility against the inclusion and exclusion criteria by the first author. A second independent reviewer assessed a sample of 20% of the 106 full papers (i.e., 21). An almost perfect agreement was achieved between reviewers (95%,  $\kappa = 0.857$ ). Any disagreements were resolved by discussion.

Table 1

*Search terms and limits*

PICO elements	Search terms
1. P – Population	(lgbt* OR lgb OR homosexual* OR gay* OR lesbian* OR bisexual* OR transgender* OR queer* OR “sexual minorit*” OR “gender minorit*” OR non-binar*) AND (old* OR age* OR aging OR geriatric* OR senior* OR “later life” OR elder* OR “older adult*” OR “older people” OR “older patient*” OR “older person” OR “older women” OR “older men” OR “older individual*”)
2. I – Intervention	(“long-term care” OR “long-term care services and supports” OR LTC OR “nursing home*” OR “residential care” OR “residential home*” OR “aged care” OR “care home*” OR “home?care” OR “home health care” OR “assisted living” OR “supported accommodation” OR “sheltered accommodation” OR “sheltered housing” OR “supported living” OR “extra care housing*” OR “elder* care” OR “senior care”)
3. C – Comparison	n/a
4. O – Outcome	(psycholog* OR need* OR “psychological need*” OR “psychological safe*” OR “mental health” OR “mental well-being” OR well-being OR “quality of life” OR QoL OR comfort OR inclusion OR identity OR occupation OR attachment)
5. 1 AND 2 AND 4	
Limits: English language, humans, older LGBTQ adults, published after 1987, long-term care	

### ***Inclusion and exclusion criteria***

Papers were included if they 1) focused on the LGBTQ population, 2) focused on people aged 50 years and over (or, if age ranges were unclear or wide, then 60% of the participants had to be aged 50+), 3) focused on LTC or LTC settings where acute medical help was not required (such as nursing homes, care homes, residential care, assisted living, residential care homes, long-term support services (LTSS), sheltered housing, sheltered accommodation, extra care housing. Home care, senior care, elder care and aged care were also included, if it was clearly stated that these services offered LTC), 4) were written in the English language, 5) included qualitative data from qualitative or mixed-methods studies that could be extracted, 6) were published in a peer-reviewed journal.

Results were limited to papers published between 1987 and 2023, because 1987 marked the year when homosexuality was removed from the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) as a mental illness (APA, 1987). As research on older LGBTQ adults is sparse, this age has been selected to include as many possible voices as possible of LGBTQ individuals. Additionally, adults aged 50 or over are the next generations to possibly think about and seek out LTC, and therefore, this age frame was decided on.

Papers were excluded if they 1) focused solely on the heterosexual population, 2) focused on people younger than the age of 50 years, 3) focused on short-term care or acute facilities, 4) were grey literature, discussion articles, position papers, letters or editorials, 5) case studies/series which did not include qualitative data, 6) reviews personal accounts and unpublished theses, 7) book chapters and book reviews, 8) conference proceedings, and 9) non-English articles.

Considering the novelty of this research, the review hopes to establish a foundation of what the psychological needs of older LGBTQ adults are. These will be equally applicable to older people with dementia, but dementia will add additional needs. Therefore, it was regarded as important to explore psychological needs of LGBTQ elders without a dementia prior to adding potential complicating factors of a dementia. The review could pave the way to appraise the psychological needs for those with a dementia at a later time-point.

### ***Methodological quality assessment***

The methodological quality of each included study was appraised using the widely used 10-item Critical Appraisal Skills Programme (CASP, 2018) checklist, adapted, and used for qualitative evidence synthesis (Long et al., 2020). As the CASP does not offer a summary scoring system (Long et al., 2020), a numerical system was used (No = 0, Partially Agree = 0.5, Yes = 1). Methodological quality was categorised as high (>8-10), moderate (6-8) or low ( $\leq 5$ ; see Butler et al., 2020). To ensure reliability, an independent reviewer rated 20% of the included papers ( $n = 4$ ). A perfect agreement was achieved between reviewers (100%,  $\kappa = 1$ ).

### ***Data extraction and analysis***

The text from included studies under the headings ‘results’ or ‘findings’ were extracted and analysed using NVivo12 qualitative analysis software. The methodological approach for this review was based on the “best-fit” framework synthesis (Carroll et al., 2011; Carroll et al., 2013). This approach, developed by adapting framework analysis (Pope et al., 2000), involves systematically organising data into an a priori framework to better understand the phenomenon of interest (Carroll et al., 2011; Carroll et al., 2013; Dixon-Woods, 2011). In this case the a priori framework used was from Kitwood (1997) and his five domains of psychological need, namely

identity, inclusion, attachment, comfort, and occupation. This framework was chosen because the psychological needs outlined are inherently universal (Brooker, 2007), lending itself as a solid starting point to investigate this research question. Whilst Kitwood (1997) summarises the five psychological needs in the fundamental need for love (thus adding a sixth psychological need), he suggested to only use the five domains for further analysis (p.19). Additionally, it can be argued that the perception of love for the older LGBTQ community may be difficult considering the lifelong discrimination experienced in regards to whom they love.

Descriptive themes were derived from line-by-line coding of eligible full-texts and placed within the above-mentioned framework. This allowed for further themes to be generated inductively where the data did not fit within the domains offered by the framework. This approach was appropriate as an a priori framework was identified, which informed sorting and charting of the data. Thus, the “best-fit” framework synthesis offered a way to refine an existing theoretical model based on data. Additionally, although the approach was largely deductive (testing a framework), it also included inductive (thematic) analysis that is useful in understanding a phenomenon (Carroll et al., 2011; Carrol et al., 2013), such as the widely under-researched psychological needs for older LGBTQ adults.

To enhance rigor of the analysis process (Braun & Clarke, 2006), initial coding of a paper was shared with another author to ensure transparency and trustworthiness of the coding and analysis process. The research team discussed the deductive and inductive themes to ensure that the final themes were plausible, coherent, and appropriately derived from the data (Carroll et al., 2013). Based on the ontological argument that reality exists, while recognising that our experience of it is influenced by our individual perceptions and locatedness (Clarke & Braun, 2013), the analysis was

underpinned by a critical realist epistemology (Fletcher, 2017). The Enhancing Transparency in Reporting the Synthesis of Qualitative Research (ENTREQ) guidelines were followed outlined by Tong et al., (2012; Appendix B) to enhance the transparency and trustworthiness of the data.

## **Results**

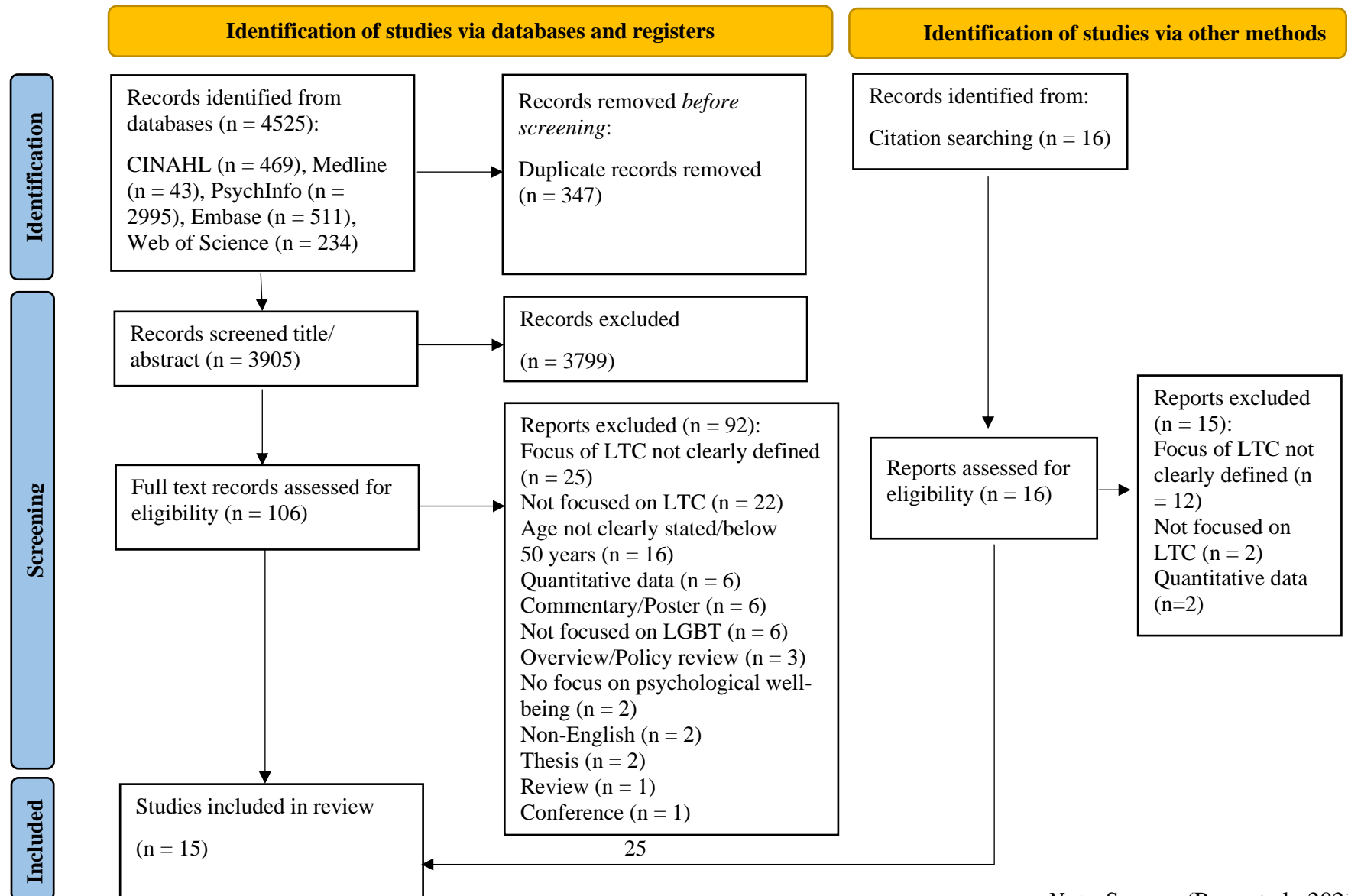
### *Selection of studies*

The search strategy identified 4252 articles. After removing duplicates, the titles and abstracts of 3905 articles were screened for inclusion. One hundred and six potentially relevant papers were identified for full text evaluation, of which 92 papers were subsequently excluded (see Figure 1). Citation chaining identified one paper for full text evaluation, which then met the inclusion criteria. Overall, 15 studies were included in this review.



**Figure 1**

*PRISMA flowchart showing final results*



*Note.* Source: (Page et al., 2021).

### ***Study characteristics***

Fifteen studies were included in this review and synthesised. These studies were conducted in six countries between 2010 and 2022 and reported on the experiences of 327 older LGBTQ adults (see Table 2). Chronological ordering was chosen for the tabulation of the included papers to allow for a well-organised and clearly structured to ensure it is easy to follow. Most studies reported on Lesbian and/or Gay individuals (n = 8) and LGBT individuals (n = 5). One study focused on transgender and nonbinary experiences (Knochel & Flunker, 2021) and one study focused on transgender individuals only (Waling et al., 2020). All studies detailed participant age, sex and sexuality. Twelve studies reported on the ethnicity of participants. Sample sizes ranged from one to 60. Qualitative data were derived from interviews (n = 11), focus groups (n = 2) or a mix of interviews and focus groups (n = 2). No studies used a mixed method design. A range of analysis methods were used and a variety of LTC settings were assessed (such as residential care homes, home care, and nursing homes).

### ***Methodological quality of included studies***

Overall, the methodological quality of the 15 studies was assessed as being high (n = 14) or moderately high (n = 1; see Table 3). However, only one study adequately considered the researcher-participant relationship in relation to its impact on the research (Williams et al., 2022). Eleven studies (73.33%) noted ethical considerations, but no reference was made to this in the remaining four papers (26.67%). Williams et al. (2022) received the highest methodological quality ratings of 10/10, whereas Willis et al. (2016) received the lowest quality ratings of 7/10. Whilst no widely accepted approach for excluding qualitative studies based on quality exists (Dixon-Woods et al., 2006; Thomas & Harden, 2008), quality can still

be assessed, and decisions made to exclude (Mays & Pope, 2000). However, no studies were excluded from this review on the grounds of quality considering their good to high ratings.

**Table 2***Characteristics of included studies presented in chronological order*

	<b>Study: Authors, Year, Location</b>	<b>Study aim</b>	<b>Care and/ or setting</b>	<b>Data collection</b>	<b>Analysis</b>	<b>No. of partici pants</b>	<b>Mean Age, <i>SD</i> (age range)</b>	<b>Gender/ sexual identity</b>	<b>Ethnicity</b>	<b>Main theme titles</b>
1.	Williams et al. (2022) USA	Investigate LGBT+ older adults experiences with health, mental health, social, and long-term care services, and their perceptions of future formal service needs	LTC services	Interviews	Template analysis (Brooks et al., 2015)	11	Not stated (60-88)	7 lesbian women, 3 gay men, 1 transgender person	All Caucasian	<ol style="list-style-type: none"> <li>1. Concerns or obstacles with formal services</li> <li>2. Being “out” with service providers</li> <li>3. Concerns about planning for future needs</li> <li>4. Recommendations for service providers and the community</li> </ol>
2.	Knochel et al. (2021) USA	Explore how gender identity affects Transgender and Nonbinary older adults’ fears, hopes, and plans for use of LTC	LTC	Semi-structured interviews	Reflexive TA (Braun & Clarke, 2006)	24	63, <i>no SD</i> (56-73)	22 trans women and men; 2 nonbinary people	22 white, 2 not stated	<ol style="list-style-type: none"> <li>1. Apprehension About Mistreatment and Identity Loss</li> <li>2. Hope to Avoid Mistreatment and Identity Loss</li> </ol>

<b>Study: Authors, Year, Location</b>	<b>Study aim</b>	<b>Care and/ or setting</b>	<b>Data collection</b>	<b>Analysis</b>	<b>No. of partici pants</b>	<b>Mean Age, <i>SD</i> (age range)</b>	<b>Gender/ sexual identity</b>	<b>Ethnicity</b>	<b>Main theme titles</b>	
3.	Waling et al. (2020) Australia	Examine older trans women's views of residential care, current and future decision-making processes about ageing and future care	Residential Care	Semi-Structured Interviews	Thematic analysis procedure (Braun et al., 2006)	10	not stated (60-75)	10 trans women	not stated	<ul style="list-style-type: none"> <li>3. Plan for Avoiding or Navigating Long-Term Care</li> <li>1. Concerns related to being trans</li> <li>2. Avoidance of, and alternative strategies to, using residential care services</li> <li>3. Specific wants and needs relating to residential care service provision</li> </ul>
4.	Waling et al. (2019) Australia	Explore participants' perceptions and experiences of residential and home-care services. Explore current and future decision processes in accessing aged-care services	Residential and home-based aged-care services	In-depth Interviews	Thematic analysis procedure (Braun et al., 2006; Ezzy, 2002)	33	Not stated (60-70)	19 lesbian women; 14 gay men	not stated	<ul style="list-style-type: none"> <li>1. Perceptions and experiences of residential-care and home-care services</li> <li>2. Hoping to never need residential care</li> </ul>

Study: Authors, Year, Location	Study aim	Care and/ or setting	Data collection	Analysis	No. of partici pants	Mean Age, <i>SD</i> (age range)	Gender/ sexual identity	Ethnicity	Main theme titles
									3. Alternative strategies to residential care
5. Leyerzapf et al. (2018) Netherlands	Investigate the experiences and needs of older LGBT people about their social inclusion, participation, and well-being in residential care homes	Residential care homes	Interviews, participant observation and focus groups	Thematic, interpretative analysis (Braun et al., 2006)	16	No information, but participant had to be 55+ years old.	10 men and 6 women identifying as LGBT (not distinguished)	not stated	1. Organisation of gay-friendly care 2. Social exclusion, (in)visibility and difference 3. Safety, feeling at home and being yourself 4. Corresponding experiences between older LGBT and heterosexual people
6. Putney et al. (2018) USA	Examine what LGBT older adults' current and anticipated housing needs and concerns are, particularly focusing	Residential care settings (including nursing homes and assisted living)	Focus Group	Inductive thematic analysis approach (Braun et al., 2006)	50	Not stated (55-87)	28 women, 18 men, 3 transgenders, of which 44 were gay/lesbian, 4	7 Black / African American, 39 white, 4	1. Affordability 2. Caregiving 3. Dementia 4. Safety 5. Suicide 6. LGBT inclusive

Study: Authors, Year, Location	Study aim	Care and/ or setting	Data collection	Analysis	No. of partici pants	Mean Age, <i>SD</i> (age range)	Gender/ sexual identity	Ethnicity	Main theme titles
	on residential care settings.						bisexuals, 1 other, 1 straight	multiracia 1	7. LGBT staff and LGBT-trained and -sensitive staff
7. Butler (2017) USA	Assess how older lesbians experience home care services providing long-term supports and services (LTSS).	Home Care	Semi- structured telephone interviews	Constant comparative method of grounded theory (Boyatzis, 1998; Strauss & Corbin, 1998).	20	71, <i>no SD</i> (66-86)	20 lesbian women	All white	1. Level of disclosure 2. Experiences with homophobia 3. Evaluation of care received 4. Visions of ideal long-term services and supports
8. Furlotte et al. (2016) Canada	Examine the expected experiences by lesbian and gay couples with LTC homes and home care services.	LTC homes/home care	Interviews	Constant comparative method of grounded theory (Boyatzis, 1998; Strauss & Corbin, 1998).	24	63, <i>no SD</i> (39-75)	16 lesbian women, 8 gay men (of which one identified as transgender)	23 white; 1 Chinese Canadian	1. Discrimination 2. Expenditure of Energy 3. Nuanced Care

<b>Study: Authors, Year, Location</b>	<b>Study aim</b>	<b>Care and/ or setting</b>	<b>Data collection</b>	<b>Analysis</b>	<b>No. of partici pants</b>	<b>Mean Age, <i>SD</i> (age range)</b>	<b>Gender/ sexual identity</b>	<b>Ethnicity</b>	<b>Main theme titles</b>
<b>9.</b> Westwood (2016) UK	Explore LGB individual's worries about mainstream sheltered accommodation/housing and residential/ nursing care	Sheltered housing/accommodation and residential/nursing care	Semi-Structured Interviews	Thematic analysis (Braun et al., 2006)	60	64, <i>no SD</i> (58-92)	29 lesbian women, 1 gay woman, 2 bisexual women, 4 uncertain; 24 gay men.	59 white British, 1 unknown	1. Concerns about mainstream provision 2. Specialist sheltered housing/residential care preferences
<b>10.</b> Willis et al. (2016) Wales	Investigate similarities and differences between older LGB adults' expectations for future care home provision and the expectations of care staff and managers in providing residential services to older LGB people	Residential and nursing homes	Semi-structured Interviews	Interpretative phenomenological framework	29	Not stated (50-76)	19 lesbian women, 9 gay men, 1 bisexual man	All white	1. Looking back, reflecting forward: experiences of discriminatory treatment 2. Heterosexual norms and assumptions embedded in future care



<b>Study: Authors, Year, Location</b>	<b>Study aim</b>	<b>Care and/ or setting</b>	<b>Data collection</b>	<b>Analysis</b>	<b>No. of partici pants</b>	<b>Mean Age, <i>SD</i> (age range)</b>	<b>Gender/ sexual identity</b>	<b>Ethnicity</b>	<b>Main theme titles</b>
<b>11.</b> Jihanian (2013) USA	Examine what it means for LTC providers to respond to LGBT older adults in ways that meet their needs	LTC	In-depth interviews and focus groups	Standpoint Theory (Harding, 1994); Systematic analyses	8	Not stated (61-79)	1 lesbian, 5 gay men, 1 trans woman.	All white	1. Knowledge Domains 2. Attitudes Domains 3. Skills Domains
<b>12.</b> Gabrielson (2011) USA	Explore the roles of experiences, social ties, and beliefs for aging play in decision to live in an LGBT continuous care setting	Continuous Care Retirement Communities	Interviews	Qualitative case study design with a narrative approach (Stake, 1994)	10	Not stated (55-65)	10 lesbian women	9 white; 1 African American	1. Negative Past Experiences: Homophobia 2. Health Care 3. Positive experiences: LGBT community 4. Community and Health Care 5. Present Experiences: Taking Stock of options

<b>Study: Authors, Year, Location</b>	<b>Study aim</b>	<b>Care and/ or setting</b>	<b>Data collection</b>	<b>Analysis</b>	<b>No. of partici pants</b>	<b>Mean Age, <i>SD</i> (age range)</b>	<b>Gender/ sexual identity</b>	<b>Ethnicity</b>	<b>Main theme titles</b>
<b>13.</b> Rivera et al. (2011) USA	Examine older gays and lesbians view of LTC planning and how their previous life experiences affect future planning	LTC housing	Interviews	Phenomenological inquiry/ case study approach (Yin, 2003)	15	70, <i>no SD</i> (61-92)	7 lesbian women; 8 gay men	13 Caucasian ; 3 Hispanic/ Latino	<ol style="list-style-type: none"> <li>1. Future Living Arrangements</li> <li>2. Financial Arrangements</li> <li>3. Perceptions of Their Relationships in Later Years</li> <li>4. Quality of Life</li> <li>5. Envisioning Compassionate Long-Term Care for Older Gays and Lesbians</li> </ol>
<b>14.</b> Jenkins et al. (2010) USA	Assess the ways an older lesbian woman managed her identity in an assisted living facility	Assisted Living Facility	In-depth Interviews	Qualitative case study; Narrative analysis (Denzin & Lincoln, 2003)	1	78, <i>no SD</i> (no age range)	1 lesbian woman	All Caucasian	<ol style="list-style-type: none"> <li>1. Keeping her own counsel</li> <li>2. Maintaining “family” connection</li> <li>3. Celebrating second chances</li> <li>4. Living outside the L box</li> </ol>

Study: Authors, Year, Location	Study aim	Care and/ or setting	Data collection	Analysis	No. of partici pants	Mean Age, <i>SD</i> (age range)	Gender/ sexual identity	Ethnicity	Main theme titles
15. Stein et al. (2010) USA	Examining health and psychosocial experiences of lesbian and gay seniors living in LTC and the community considering a future relocation to LTC	Residential LTC facility / LTC	Focus groups	Qualitative approach	16	Not stated (60-84)	12 gay men, 4 lesbian women	14 white, 2 African American	5. Staying morally cantered  1. Views on Being Gay in the Community 2. Views on Gay Elder Care in Long-Term Care Settings 3. Suggestions for Improved Care

**Table 3***Methodological quality assessment of included studies*

<b>Study: Authors and year</b>	<b>Was there a clear statemen t of the aims of the research ?</b>	<b>Is qualitative methodology appropriate?</b>	<b>Was the research design appropriate to address the aims of the research?</b>	<b>Was the recruitment strategy appropriate to the aims of the research</b>	<b>Was the data collected in a way that addressed the research issue?</b>	<b>Has the relationship between researcher and participants been adequately considered?</b>	<b>Have ethical issues been taken into consideration?</b>	<b>Was the data analysis sufficiently rigorous?</b>	<b>Is there a clear statement of findings?</b>	<b>How valuable is the research?</b>	<b>Quality Apprais al (total score)</b>
Williams et al. (2022)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	10
Knochel et al. (2021)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	9
Waling et al. (2020)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	9
Waling et al. (2019)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	9
Leyerzapf et al. (2018)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	9
Putney et al. (2018)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	9
Butler (2017)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	9

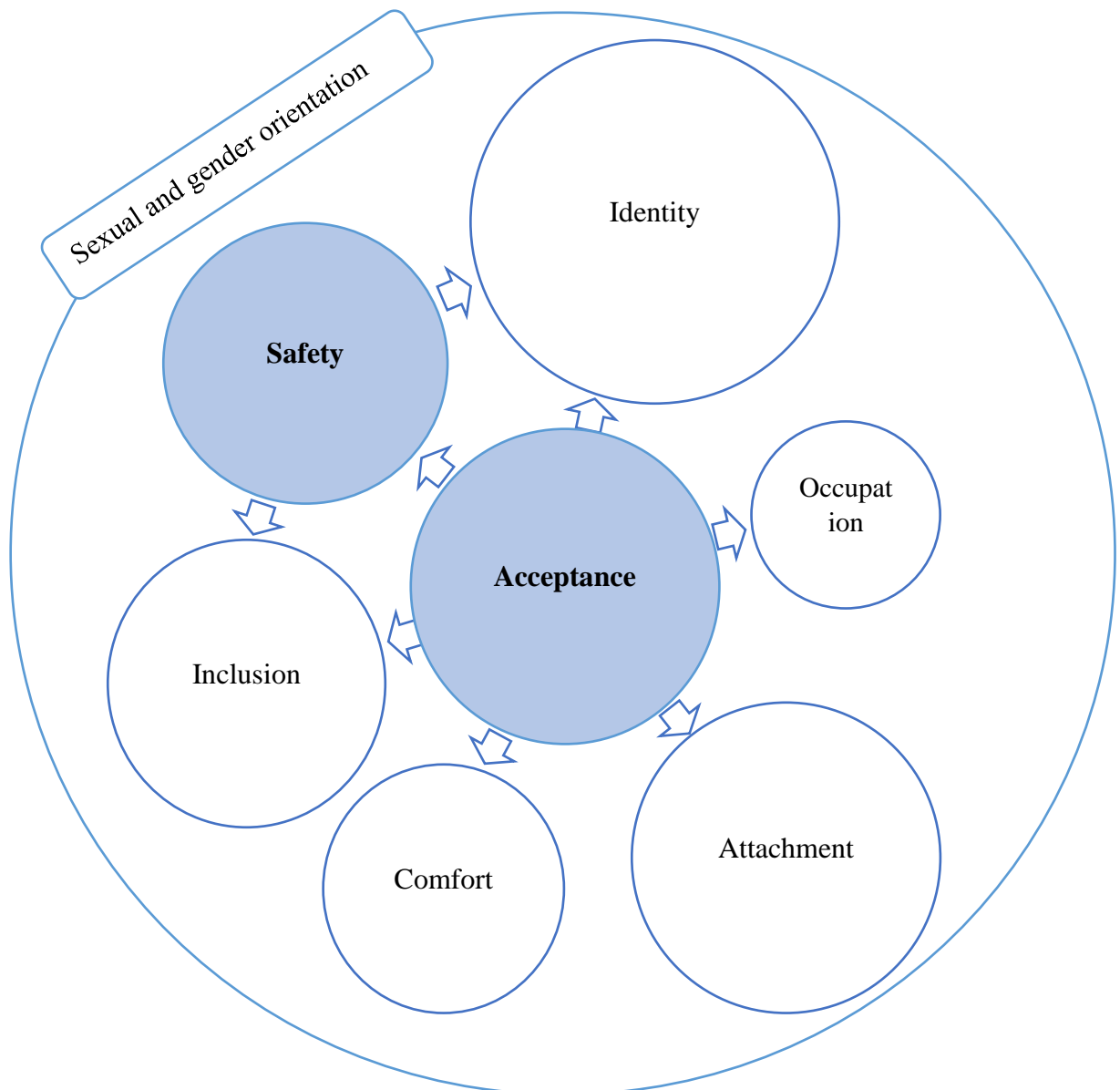
<b>Study: Authors and year</b>	<b>Was there a clear statemen t of the aims of the research ?</b>	<b>Is qualitative methodology appropriate?</b>	<b>Was the research design appropriate to address the aims of research?</b>	<b>Was the recruitment strategy appropriate to the aims of the research</b>	<b>Was the data collected in a way that addressed the research issue?</b>	<b>Has the relationship between researcher and participants been adequately considered?</b>	<b>Have ethical issues been taken into consideration?</b>	<b>Was the data analysis sufficiently rigorous?</b>	<b>Is there a clear statement of findings?</b>	<b>How valuable is the research?</b>	<b>Quality Apprais al (total score)</b>
Furlotte et al. (2016)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	9
Westwood (2016)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Can't tell (0.5)	Yes (1)	Yes (1)	8.5
Willis et al. (2016)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	No (0)	Yes (1)	Yes (1)	7
Jihanian (2013)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	8
Gabrielson (2011)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	9
Rivera et al. (2011)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	9
Jenkins et al. (2010)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	8
Stein et al. (2010)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	8

### *Findings of the framework synthesis*

In total, the best-fit framework synthesis resulted in seven master themes, which are required to be viewed considering sexual and gender orientations. Five master themes stemmed from the a priori framework of attachment, comfort, identity, inclusion, and occupation, informed by Kitwood (1997). Two further master themes, entitled acceptance and safety, were also identified by the synthesis. As such, the a priori framework was revised and extended on by including the additional psychological needs (Figure 2, the newly identified psychological needs are highlighted in blue). Table 4 presents the theme representation per paper included in the review.

**Figure 2**

*Extended framework of psychological needs of older LGBTQ adults*



**Table 4***Table illustrating which papers included data for each theme*

<b>Authors</b>	<b>Psychological Needs</b>						
	<b>Attachment</b>	<b>Comfort</b>	<b>Identity</b>	<b>Inclusion</b>	<b>Occupation</b>	<b>Acceptance</b>	<b>Safety</b>
Williams et al. (2022)	X		X	X		X	
Knochel et al. (2021)	X	X	X	X		X	X
Waling et al. (2020)		X	X	X		X	
Waling et al. (2019)	X	X	X	X	X	X	X
Leyerzapf et al. (2018)	X	X	X	X	X	X	X
Putney et al. (2018)	X		X	X	X	X	X
Butler (2017)	X	X	X			X	X
Furlotte et al. (2016)	X	X	X	X	X	X	X
Westwood (2016)	X	X	X	X	X	X	X
Willis et al. (2016)	X	X	X	X		X	X
Jihanian (2013)	X		X		X		X
Gabrielson (2011)	X	X	X	X		X	X
Rivera et al. (2011)	X	X	X	X	X	X	X
Jenkins et al. (2010)	X		X		X		
Stein et al. (2010)		X	X	X		X	X

### ***Theme 1: Attachment***

As outlined by Kitwood (1997), the psychological need for attachment, including connection and relationships with others was found to apply to older LGBTQ adults. Participant narratives revealed their belief that if the need for attachment was met that they assumed their psychological well-being would improve.

The need for connection with heterosexual residents and staff was reported within several studies (e.g., Jenkins et al., 2013; Butler, 2017; Leyerzapf et al., 2018; Waling et al., 2019). For example, Leyerzapf et al. (2018) found that LGBTQ participants “stressed wanting to feel at home within the care home in general and connected with fellow older people and care professionals independent of sexual orientation” (Author comment, p. 364), because social connections promoted psychological well-being. However, older LGBTQ adults held the belief that the psychological need for attachment had to be to be strongly linked to attaining a connection with the LGBT community, LGBTQ friends and partners (e.g., Waling et al., 2019; Rivera et al., 2011; Furlotte et al., 2016). A lack of such connection was seen as isolating, which was a concern for well-being:

I am just concerned about nursing homes and being isolated especially if you are alone as I probably will be... Being in a nursing home and maybe there is not another gay person there, that does bother me. Not being able to speak to other gay people or mix with them because of my age and also maybe there won't be any there. (Waling et al., 2019, p. 1255)

A worry expressed by participants was that connections with the LGBTQ community, friends or partners would not be supported within LTC. Therefore, it was perceived to be vital that LTC services acknowledged friends and partners because “your



relationship with your same-sex partner matters just as much as somebody's relationship with a, you know, other sex partner" (Furlotte et al., 2016, p. 438).

### ***Theme 2: Comfort***

According to participant narratives across the 11 studies, the psychological need for comfort was vital to older LGBTQ people's psychological well-being. Importantly, this need related to receiving "LGBTQ-affirming care" within LTC services, as to participants this would mean "that you're going to get the proper care without being discriminated" (Waling et al., 2020, p.1315). Moreover, participants reported on their need to live in comfortable, supportive environments. Rivera et al. (2011) found that participants hoped for LTC staff to be "kind, caring and don't mistreat me because I'm old, sick and homosexual" (p. 167). Additionally, to feel comfort, participants expressed that staff needed to be respectful of and show acknowledgement of participants' LGBTQ cultures (e.g., Stein et al, 2010; Willis et al., 2016; Waling et al., 2020). As one participant noted:

I would have to consider their awareness of a gay lifestyle. I think I'd have to consider their knowledge of my lifestyle which is different than theirs in some ways. I'd have to ensure that they were tolerant and that they were accepting. (Furlotte et al., 2016, p.439)

In general, participants described how having a supportive environment and regular interaction with LGBTQ-affirmative staff made participants more comfortable to discuss their personal and sexual lives with staff and residents (Willis et al., 2016).

Comfort was also linked to a dual relationship whereby participants have to feel comfort from staff, but staff are also required to feel comfortable caring for LGBTQ residents (e.g., Butler, 2017; Furlotte et al., 2016). Butler's (2017) participant highlights the importance of the carer-patient relationship for comfort: "So there wasn't a lot of eye

contact. It didn't feel like much of a caring connection. And it is only later, as I reflect back, you know, she may have been uncomfortable with our relationship" (p.390). In addition, Furlotte et al. (2016) discussed the importance of health care providers feeling comfortable with the LGBTQ population and concluded that:

This need for comfort went beyond having a health care provider who didn't convey prejudice. Participants were looking for health care providers who could respect their lifestyle and empathize with their concerns around receiving care from someone who was not lesbian or gay. (Author comment, p.439)

### ***Theme 3: Inclusion***

A sense of inclusion for older LGBTQ adults involved feeling accepted for who they are and accepted for identifying as LGBTQ by staff and other residents as well as feeling part of the LTC community (e.g., Stein et al., 2010; Willis et al., 2016; Williams et al., 2022). Considering past societal exclusion, Stein et al. (2010) reported that many older LGBTQ participants raised "fears of not being accepted and respected by others in LTC setting" (Author comment, p.427). They also reported anxiety of being excluded and ostracised in LTC, which would negatively impact on their well-being. For example, a participant in Willis et al.'s (2016) study reported that being "somewhere where nobody speaks to you is a horrible thought. To be somewhere where somebody was greasing the top step to get rid of you would be worse. I know it's extreme, but that sort of thought is there" (p.292).

Others worried about being ridiculed by residents: "I don't want people making fun of me. I don't want people calling me names. I have been in the past. It sure has happened to all of us or a lot of us" (Gabrielson, 2011, p.366), and being openly excluded: "For example, they [other residents] wouldn't sit next to me at dinner or coffee in the care home" (Leyerzapf et al., 2018, p.361). According to participants

narratives, inclusion was important because it could decrease worrying about being excluded and thus improve psychological well-being: “I know communities already that are more, if you will, accepting, and I don’t, would not think about having to worry as much or be concerned as much about people in my community being as accepting” (Williams et al., 2022, p.229).

#### ***Theme 4: Identity***

Participants across all studies addressed the need to retain their sense of identity, and more specifically their LGBTQ identity within LTC. Honouring their LGBTQ identity was regarded to impact psychological well-being positively (e.g., Furlotte et al., 2016; Jihanian, 2013; Willis et al., 2016) because “I feel like I’d be back in the closet if I didn’t” (Furlotte et al., 2016, p.438). The inability to retain one’s identity within LTC was considered to contribute to high distress, whereby participants questioned if life would be worth living:

I suppose I can’t imagine being in a place where everybody around you would not know that you had spent all of your life as a lesbian, I mean that would be, there is no point in living, that would be the worst thing for me if you had to be completely in the closet with nobody knowing about you and you couldn’t talk about your life. (Willis et al., 2016, p.293)

The studies also demonstrated the need to be able to express one’s gender or sexual identity when receiving LTC, which was frequently raised by transgender and non-binary individuals (e.g., Jihanian, 2013; Waling et al., 2020; Knochel et al., 2021) and linked to the clothes they could wear, alongside being addressed by the correct name, pronouns and gender (Knochel et al., 2021). For example, Knochel et al. (2021) discovered that transwomen “feared they would be addressed as “sir” and related to as men (...) and both transmen and transwomen expressed concerns that staff would refuse

to provide hormone replacement therapy, which helps to maintain their physical transition” (Author comment, p.1545). Misgendering and refusal to provide hormone replacement therapy was found to be participants’ “biggest fears” because it would be “demoralizing to end my life that way” (p.1545) and impacted their psychological need for identity and psychological well-being. Waling et al.’s (2020) participant further demonstrated this fear:

I have heard some horror stories about a number of people, of transwomen who want to dress and live as trans women being told, “No, no, no, you are really a male. You have to wear this. You have to wear that” I would hate to be in that sort of situation. (p.1312)

Across the included studies it was noted that LTC providers should understand that being able to express one’s gender or sexual identity as one experiences it is crucial to one’s ability to be oneself. For example, using the correct pronouns contributed to validation and psychological well-being: “So, they ended up calling me [preferred name]. And they know I’m a transgender (...) and I can be myself, you know?” (Jihanian, 2013, p.220).

### ***Theme 5: Occupation***

The psychological need for occupation was viewed to benefit participants’ well-being, as illustrated by Jenkins et al. (2013): “the activity director... [saved] my life because she got me interested in doing activities. Now I’m a helper... She laughs all the time and she got me to laughing” (p.411). Rivera et al. (2011) considered occupation to improve quality of life: “Belinda shared how her level of involvement in her retirement community helped her maintain the best quality of life” (Author comment, p.166). However, it is crucial that meaningful occupation was not limited to heterosexual individuals. As one participant highlighted:

It's all geared to heterosexual people ... Everything that happens, what they talk about, and their past, things that don't relate to me as a gay man... Everything's heterosexist, really. They can't relate to your needs... You don't have 'Gay Times' on the table, but you'll have something for heterosexuals on the table. (Westwood, 2016, p. 157)

The narrative across the included studies showed that personally meaningful occupation would only be achieved in LTC settings, if LGBTQ inclusive activities were offered:

I would only visit activities in the communal area if they are also for homosexual elderly, because with like-minded people you can be yourself. I don't dare to go to the current activities; I am scared that they will start asking questions or make comments about me. (Leyerzapf et al., 2018, p.363)

### ***Theme 6: Acceptance***

Whilst the importance of acceptance has been emphasised within the psychological need for inclusion, acceptance should be regarded as a standalone psychological need for the older LGBTQ community. Acceptance was spoken about frequently within the context of other needs and tied into the psychological needs of comfort, identity, inclusion, and attachment. For example, acceptance meant that LGBTQ identities would be regarded as a norm, which in turn would lead to comfort as illustrated by Putney et al. (2018): "she would feel comfortable if in response to being aware of her identity, nobody did a double take" (Author comment, p.898).

For others, acceptance was important, because it would mean an ease of mind when partners came to visit (attachment), not having to worry about partners being excluded from care: "I'd have to consider how my partner would be accepted when they came freely to visit for dinners, that she is involved just as somebody's husband or wife

would be involved in any events that go on” (Furlotte et al., 2016, p.438). This was reiterated in Putney et al.’s (2018) study as LGBT accepting and inclusive care meant “partners being able to visit them, without fear of discrimination” (Author comment, p.898).

Acceptance also meant a supportive environment to older LGBTQ adults, which aided quality of life and psychological well-being. As one participant noted: “They (staff) would understand where I’m coming from, and they would also understand my friends visiting, and would be supportive, and all that” (Rivera et al., 2011, p.164). Overall, Leyerzapf et al. (2018) concluded: “All LGBT respondents expressed the need to feel safe, accepted and at home in their care home” (Author comment, p.362).

### ***Theme 7: Safety***

Participant’s narratives stressed that the psychological need for safety was vital for psychological well-being within LTC. This need can be understood in light of historical experiences of homophobia, transphobia, stigmatisation, and discrimination and the fear of this happening in current LTC. For example, Furlotte et al.’s (2016) study found that participants had to “expend a great deal of energy to ensure their well-being in care environments” because they “actively looked out for cues signalling emotionally uncomfortable situations for which they tried to be prepared” in their efforts to “protect themselves or their partners from actual or perceived threats” (Author comment, p.438-439). Additionally, the fear of being mistreated impacted older LGBTQ adults’ safety and psychological well-being. For example, Stein et al. (2010) highlighted that a participant felt “afraid to have a stranger in my home, someone who may be very anti-gay, and then what if they find out about my life and now they’re in my home regularly and could somehow take advantage or mistreat me” (p.429).

However, the need to feel safe or protected may currently supersede participants

openness about their sexual and/or gender identities when receiving LTC (e.g., Stein et al., 2010; Butler, 2017; Willis et al., 2016; Westwood, 2016). Participants reported hiding or believed they would hide their LGBTQ identity and described de-gayng their own homes due to feeling unsafe around visiting staff: “I don’t have anything displayed. I put away some books that were lesbian connected; I just put them under other things” (Butler, 2017, p.387). Leyerzapf et al. (2018) concluded that participants within LTC facilities reported hiding their sexual/gender identities due to “fear of social exclusion and stigmatisation by heterosexual residents or professionals of the care home” (Author comment, p.361). Participants described feeling anxious towards care staff: “I’m afraid of the people I need the most. They’re people from a different background, and I know that if they knew I was gay, my care would be worse” (Stein et al., 2010, p.430).

Consequences of feeling unsafe included, firstly, the prevention of participants from being their true selves due to concerns of exposure to “sexuality-based discrimination from staff and other residents and perceived a lack of protections for them” (Author comment, p.1254, Waling et al., 2019); secondly, isolation due to participants feeling “reluctant to join them (activities) as they feared negative reactions from other residents and subsequent consequences for their social integration in the care home” (Leyerzapf et al., 2018, Author comment, p.364); and lastly mental health concerns, such as

Chronic anxiety that residents would be at some risk if they were to talk about their lives or gay-related issues with other residents or roommates and that this anxiety magnified their sense of isolation and loss as a nursing home resident.” (Stein et al., 2010, Author comment, p.430)

Feeling unsafe due to fear of discrimination in LTC and narratives from participants around suicide accentuate the need for safety for the LGBTQ population:

From a trans perspective, that fear runs deep and many, many of us amongst the trans community suffer from PTSD because of that fear (...). That fear is real and it will cause us to hide and do things that we wouldn't normally do, i.e., take your own life. (Putney et al., 2018, p.897)

Overall, the continued hypervigilance, sense of threat, need to protect oneself and feeling unsafe within LTC appeared to impact on psychological well-being, highlighting the importance of the psychological need for safety.

## **Discussion**

This is the first systematic review to synthesise qualitative research exploring older LGBTQ adults' psychological needs when accessing LTC. Data from 15 studies were synthesised, reflecting the voices of 327 older LGBTQ adults, across six countries, spanning 12 years of research using best-fit framework synthesis to answer the research question. Employing Kitwood's (1997) framework of psychological needs, the results suggest that the five original psychological needs of attachment, comfort, inclusion, identity, occupation encapsulated most psychological needs of older LGBTQ adults. However, the a priori framework was not sufficient, and two additional psychological needs of acceptance and safety were identified. The additional needs allow for a more comprehensive consideration of older LGBTQ adults needs and may warrant extension of the a priori framework. Completion of the review identified an area in the literature that is vastly under-researched, namely the psychological needs of older LGBTQ adults in LTC.

The a priori framework does not acknowledge LGBTQ identity and histories, though it is acknowledged that the a priori framework was developed for older adults living with a dementia (Kitwood, 1997). Failure to acknowledge individuals' sexual orientation or gender identity in LTC services could demonstrate that, due to



heteronormative practices, staff and services treat everyone the same (Langley, 2001; Tolley & Ranzijn, 2006). However, services treating everyone the same, runs the risk of invisibility of the older LGBTQ person within LTC (Willis et al., 2011), resulting in not meeting their psychological needs. Thus, the extended framework could be used in the development of a measurement tool or generate recommendations on this matter.

A lack of connection (psychological need of attachment) has been found to lead to deterioration of quality of life and psychological well-being (de Jong Gierveld & Havens, 2004). For older LGBTQ adults, connection to the LGBTQ community, friends and partners seemed most vital. Research indicated LGBTQ elders to be susceptible to loneliness (Kim & Fredriksen-Goldsen, 2016) due to fear of discrimination, stigmatisation, and a lack of legal recognition of partnerships from the general population (Fredriksen-Goldsen et al., 2013). Understanding the psychological need of comfort from a LGBTQ perspective linked this need to LGBTQ-affirmative care, including staff's awareness of LGBTQ lives and feeling comfortable around LGBTQ people. These findings confirm previous research accentuations that LGBTQ-affirmative care positively impacts on psychological well-being (Fredriksen-Goldsen et al., 2014). Past research has highlighted that non-acceptance of LGBTQ individuals can result in the social exclusion of older LGBTQ people in LTC (Fredriksen-Goldsen et al., 2013), and negatively affects their psychological well-being (Toh et al., 2023). Recognising the discrimination older LGBTQ adults have experienced throughout life and being excluded from society (De Vries, 2014; Fredriksen-Goldsen et al., 2019) emphasises why inclusion with LTC is so important. An inability to retain and LGBTQ identity (e.g., wearing the clothes they wish, pronouns being used correctly, continued hormone treatments) has been shown to heighten distress for LGBTQ individuals (Meyer, 2003) and adversely impacted psychological well-being (Roosevelt et al., 2021). Past research

has highlighted that occupation is important for psychological wellbeing (Brooker, 2007; Stav et al., 2012) and this was confirmed by our findings within the theme of occupation. However, it needs to be stressed that the psychological need of occupation would only be met if activities in line with older LGBTQ adults' interests (e.g., reading an LGBTQ magazine) within LTC were offered. Overall, the a priori framework needs to be revised to properly meet the psychological needs of older LGBTQ adults considering their LGBTQ identity and impact their identity has had on their lives. This could lead to LGBTQ individuals receiving proper person-centred care.

The a priori framework required extension to include the psychological needs of acceptance and safety to better capture older LGBTQ adults' psychological needs. Whilst the psychological need for inclusion addresses parts of acceptance, the review found that acceptance should be regarded as its own, individual psychological need, because it appears to encompass all previous mentioned psychological needs. Thereby, it extends the a priori framework. Recognising LGBTQ friends and partners within LTC linked to acceptance and touches on the psychological need for attachment. Furthermore, acceptance meant welcoming and supportive environments that would create inclusivity. Acceptance of the LGBTQ identity connected to comfort because it demonstrated affirming care and a dual relationship of respect. Acceptance also meant that individuals were able to be their true selves, and able to express their sexual orientation and gender identity without fear, and therefore ties in with the psychological need for identity. Considering the framework, it may not be surprising that psychological needs may overlap; however, it seems that the psychological need for acceptance provides a comprehensive starting point to implement the right care to meet psychological needs of older LGBTQ adults. Additionally, the psychological need for acceptance would provide an over-arching theme for further studies.

A less considered finding of the review was the psychological need for safety, which was not addressed in the a priori framework. Current research found older LGBTQ adults being hypervigilant within LTC services, due to fear of mistreatment and hostility from staff and residents (Rostosky et al., 2021). This hypervigilance, in addition to, concealing their LGBTQ identity for protection was found to lead to isolation and increased mental health concerns (including higher risk of suicide; Witten, 2014). Therefore, the psychological need for safety needs to be acknowledged and addressed within LTC and framework, as a constant sense of threat and hypervigilance negatively impacts on psychological well-being (Rostosky et al., 2021). As highlighted in the results, non-discriminatory care is vital to achieve a sense of safety.

### *Clinical implications*

Participant narratives in the present systematic review point towards a number of important clinical implications. Firstly, LTC should offer LGBTQ-affirmative and inclusive care to older LGBTQ adults that is respectful, safe and recognises their lives and histories (Houghton, 2018; Willis et al., 2021). This type of care would move away from heteronormativity and increase older LGBTQ adults' visibility in LTC, which could increase the likelihood of receiving adequate, and equal care. Therefore, LGBTQ-specific training is required to be provided to LTC services and staff members. LGBTQ-specific training seems particularly important considering research highlighting an unpreparedness and discomfort of staff when caring for older LGBTQ adults (Caceres et al., 2020).

To meet the psychological needs of older LGBTQ adults, LGBTQ-specific training must also include cultural competency and LGBTQ-awareness training (McCave et al., 2019). Training should incorporate using LGBTQ-affirming language and averting heterosexually assumed language, compassion around inclusion, diversity,

and disclosure, as well as awareness of LGBTQ history, the minority stress model (Meyer, 2003), and the extended psychological needs framework outlined within this review. Additionally, partners and significant others should unequivocally be involved within LTC services and activities, in line with older LGBTQ interests (e.g., showing LGBTQ films, providing LGBTQ magazines, should be offered. Employing LGBTQ welcoming imagery (e.g., the rainbow flag) would signal an accepting and inclusive space and could help individuals' feel more at ease when entering LTC (Jihanian, 2013; Kortés-Miller et al., 2018). Implementing the above could lead to societal and structural equality of care for the LGBTQ population, prevent discriminatory and stigmatised care (Bailey et al., 2022) and would positively impact on psychological well-being.

The psychological need for acceptance and safety demonstrates that change is needed at multiple systemic, cultural, and political levels to promote safe, welcoming, and accepting environments to ensure older LGBTQ adults' well-being in LTC. The concept of person-centred care and its provision requests to be reconsidered at the level of both the individual (inclusive of sexual orientation or gender identity) and the organisation/team for LGBTQ people to receive appropriate and safe LTC. Acknowledging a person's LGBTQ identity within this approach and employing the extended framework of psychological needs within this would truly allow for offering inclusive, safe, and holistic care, which could lead to substantial improvements of LTC and thereby enhancing LGBTQ individuals' lives and psychological well-being (Bailey et al., 2022).

### ***Strengths, limitations, and future research***

A strength of the review was its inclusion of a range of LTC services, ages, and sexual and gender orientations represented within the samples, allowing for the analysis and interpretation of a diverse range of older LGBTQ adults' views and experiences.

However, a limitation of the literature was that most of the included studies reported on individuals identifying as white or Caucasian individuals, which limits the transferability of findings across ethnic groups. Whilst it is not uncommon for mostly white participants to volunteer for research studies, future studies should report on ethnicity. As they represent a multiple stigmatised group (sexual/gender and ethnic minority) and therefore may experience higher sexual and gender minority stress (Meyer, 2003; Whitehead et al., 2016), the impact this could have on their psychological needs and accessing LTC needs to be explored.

The current review was restricted to peer-reviewed studies published in English due to time limitations and translation costs. Language, publication, and selection biases are therefore possible, and caution is advised when extrapolating findings. Considering that the studies included were limited to Australia, Europe, and North America, the overall synthesis could represent a westernised view of experiences and views. Thus, cross-cultural exploration of psychological needs would be welcomed. Although it is not possible to generalise findings from the current review across geographic regions, clear themes emerged from the data irrespective of setting or location, highlighting key recommendations for practice and future research.

The use of an a priori framework allowed for the systematic consideration of rigour, credibility, and relevance (Chenail, 2011; Dixon-Woods et al., 2007). Trustworthiness, methodological rigour, and credibility of the review findings were also enhanced through the process of independent review at stages of study selection, quality assessment, and theme identification (Tong et al., 2012), and due to the high or moderately high methodological quality ratings of all included studies.

Given the novelty of the review findings regarding the psychological needs of acceptance and safety for older LGBTQ adults, current research in this area is in its

infancy and thus limited. Therefore, qualitative research focusing on these specific psychological needs is required to enhance our understanding of what they mean to older LGBTQ adults and how LTC, healthcare staff and policies can implement the extended framework to ensure the psychological needs of older LGBTQ adults are met. Lastly, whilst this review was completed with older LGBTQ adults and LTC in mind, the framework could be beneficial for this population generally or for older LGBTQ individuals with cognitive needs. As such, this area would require further investigation.

## **Conclusion**

The psychological needs of older LGBTQ adults within LTC were explored. Kitwood's (1997) framework of psychological needs was extended to capture the psychological needs of older LGBTQ adults, that thus far had been missed within care practices. The findings of the review call for changes at systemic, cultural, and political levels to promote safe and accepting environments for older LGBTQ adults and stresses the need to revise how person-centred care is currently provided. Key recommendations for LTC services, staff members and health care providers are highlighted. Future quantitative and qualitative research is needed to focus on the psychological needs, with specific emphasis on acceptance and safety, as well as the extended framework for older LGBTQ adults as this is a vastly under-researched area.

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**Paper 2:**

**Psychological safety in later life housing: what does it mean to the older LGBTQ  
population?**

This paper has been formatted according to the publication guidelines for *Qualitative  
Research in Psychology* (see Appendix C).

**Psychological safety in later life housing: what does it mean to the older LGBTQ  
population?**

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## **Abstract**

Research on the views and experiences of older LGBTQ adults accessing long-term care identifies concerns of discrimination and identity loss. However, what the concept of psychological safety means to this population in long-term care and later life housing has been neglected. Understanding psychological safety could ensure the needs of older LGBTQ adults are understood and considered in planning. Thirty-six older LGBTQ adults were interviewed individually or in focus groups. Data were analysed inductively using reflexive thematic analysis. Eleven subthemes were identified and organised around six main themes: 1) *historical impact on psychological safety*, 2) *discrimination in the current living context*, 3) *acceptance from others and self*, 4) *belonging and connection*, 5) *protection and security*, and 6) *moving away from heteronormative care*. This novel study found that the past and current experiences of LGBTQ elders with discrimination and its impact on psychological safety need to be understood and incorporated within staff training. Acceptance, belonging and connection, protection and security strengthened psychological safety. Long-term care services and its staff need to move away from heteronormative care, present positive LGBTQ attitudes and show an understanding and awareness of LGBTQ intergenerational and intercommunity similarities and differences to engender psychological safety.

**Keywords:** *LGBTQ, elderly, psychological safety, later life housing, qualitative methodology.*

## **Introduction**

With a growing ageing population, the number of older Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) adults are anticipated to increase considerably, signifying more individuals may require access to long-term care (LTC) settings, such as care or nursing homes. Concerns have been raised for the psychological well-being of older LGBTQ adults accessing these settings; most profoundly a need to hide their sexual or gender orientation, and thus eradicating their core identity (Furlotte et al., 2016; Knochel and Flunker, 2021; Westwood, 2022). The ability to fully show and be oneself without fear of negative consequences to oneself has been defined as psychological safety (Kahn, 1990). Feeling coerced to conceal or minimize sexual and gender identity could consequently lead to experiencing feelings of guilt, shame, or stress and vice-versa (Mereish and Poteat, 2015; Chaudoir and Quinn, 2016), and may lead to negative psychological outcomes.

The intricate and intersecting factors that affect the psychological well-being of LGBTQ individuals include experiencing minority stress, stigmatisation and internal homophobia which may have led to inequalities in accessing healthcare and negative discrepancies in physical and mental well-being within this population (Fredriksen-Goldsen, et al., 2013). Stressors may vary in intensity throughout life, and are influenced by aspects such as age, race, and gender (White, Sepúlveda and Patterson, 2020). The minority stress model proposes that sexual minorities (Meyer, 2003) and gender minorities (Hendricks and Testa, 2012) face unique, chronic, and hostile stressors (e.g., homophobia or transphobia), due to their minority identity. Ultimately, experiencing minority stress negatively impacts an individual's mental health and can result in trauma symptoms (e.g., hypervigilance, feeling unsafe, avoidance, or intrusive memories/thoughts; Keating and Muller, 2020). The disproportionate exposures to

traumatic stressors (compared to heterosexual and cisgender counterparts) have led to many older LGBTQ people avoiding accessing care (Alessi and Martin, 2017).

Relocating into LTC settings has remained a difficult transition for most older adults, with many experiencing difficulties' in adapting to changes in the living environment (e.g., staffed, receiving personal care, communal living spaces; Wu and Rong, 2020). However, older LGBTQ adults are facing further, unique challenges in these environments, often underpinned by assumed heteronormativity (that everyone identifies as heterosexual; Westwood, 2016). Research highlighted older LGBTQ adults experienced fears of having to "go back into the closet" (Furlotte et al., 2016) due to harassment and discrimination by staff, residents, and visitors (Bouchard, Potts, and Lund, 2021). Other research stressed concerns over a lack of inclusivity (Waling et al., 2019; 2020), mistreatment by staff (Knochel et al, 2021) and LGBTQ identity loss (Westwood, 2022). A study within a UK residential care home (Westwood, 2016), found LGB elders felt heterosexualised. This resulted in a lack of *or* risk of too much visibility, as participants LGBTQ identity was either fully ignored or focused on too much. Both concerns of visibility led to fears of homophobia, inequality in care, and consequently in social isolation. Most concerningly, research accentuated that the unique LGBTQ challenges made older LGBTQ adults regard euthanasia or suicide as better alternatives to accessing LTC (Putney et al., 2018; Knochel et al., 2021; Waling et al., 2020).

Several studies showed that older LGBTQ adults preferred LGBTQ-friendly, LGBTQ-majority or LGBTQ-only schemes to traditional LTC in later life (Stein et al., 2010; Sullivan, 2014; Putney et al., 2018). Sullivan (2014) found older LGBTQ adults residing in LGBTQ housing to have expanded their social network, formed meaningful social relationships, and felt accepted and comfortable within their environment; experiences that resulted in participants feeling safe. In the UK such LGBTQ-majority

schemes have been presented as extra-care housing schemes, which offer self-contained apartments and a variety of services to allow for independent living and remaining within the housing scheme should care needs change. Although these LGBTQ schemes seem beneficial and promising, what psychological safety means in traditional or LGBTQ-majority LTC settings remains unknown.

A recent systematic review by Helmuth et al., (in preparation) discovered that the older LGBTQ population have additional psychological needs of safety and acceptance that need to be met within LTC to ensure psychological well-being. Combined with LGBTQ elders describing safety concerns in LTC, which could exacerbate minority stress and lead to poorer mental health (Stults et al., 2017), it appears pivotal to investigate the concept of psychological safety within this population and LTC. To the authors' knowledge, there are no previous studies exploring psychological safety in older LGBTQ adults or LTC. Thus, the aim of this research was to explore LGBTQ elder's perceptions of potential future LTC and the meaning of psychological safety within this. The research question was "what does psychological safety mean to older LGBTQ adults in general, regarding later life housing and LGBTQ-majority extra-care housing schemes?" From this, how LTC services may wish to operate to ensure this population feels psychologically safe could be considered and recommendations developed for clinical practice.

## **Method**

This study used a qualitative design, employing focus group and individual interviews to investigate what psychological safety means to older LGBTQ adults in the context of later life housing. Reflexive thematic analysis (Braun and Clarke, 2006; 2019) was selected as an exploratory approach with the aim of identifying and analysing key themes within older LGBTQ adult stories, to synthesise these into a shared narrative.



Ethical approval was granted by the University of Manchester Research Ethics Committee (UREC; Ref: 2021-12739-21035; see Appendix D).

### ***Focus Groups***

Focus groups, to represent the diversity seen within the LGBTQ community, were held. These focus groups were identified as: 1) gay, 2) lesbian, 3) bisexuals, 4) transgender. The initial plan was to conduct four focus groups. However, due to high participation demand by transgender individuals, a total of three focus groups were held for this population. The groups were decided upon to allow participants to feel more comfortable amongst individuals who shared their sexual orientation or gender identity. Participants were screened prior to the focus groups to ensure correct allocation. All focus groups were held via the online platform Zoom. This allowed for creating a safe space as individuals were not required to share their video. Participants were asked to speak during the focus groups, however many participants felt more comfortable using the chat-box functions to share their experiences and views.

### ***Interviews***

Four interviews were conducted with individuals who had expressed interest in attending one of the focus groups, however, were unable to attend or felt more comfortable meeting individually. Based on participants decisions, two interviews were held via Zoom and two interviews were held in person.

### ***Data collection***

Recruitment took place via online advertisement on Twitter and a local, online LGBTQ and Queer newsletter (Manchester, UK). Additionally, a study poster was created and distributed via e-mail to LGBTQ organisations situated within the UK to share with potential participants, and the first author spoke to various LGBTQ groups to inform

them of the research. Participants contacted the first author directly to receive more information about the study. Individuals who expressed an interest were sent information packs via email that included a participant information sheet (see Appendix E), and a consent form (see Appendix F). All participants provided informed written consent prior to attending the online focus groups or interviews and were asked to complete a demographics questionnaire (see Appendix G)

Focus groups and interviews were conducted using a semi-structured topic guide (see Appendix H), to allow for a method of data collection that enabled a flexible approach when replying to participants' stories (Miles and Gilbert, 2005). The guide was developed by the researchers, informed by the study aim, the concept of psychological safety and the existing literature. The topic guide covered four broad areas: i) safety in general, ii) psychological safety regarding housing, iii) previous experiences of housing, and iv) support required within LGBTQ-majority extra-care housing schemes to feel psychologically safe. Open-ended questions were used to elicit people's experiences, views and reflections and all participants were offered the opportunity to raise any additional points at the end of each focus group and interview. The research team reviewed the topic guide after each focus group and interview to ensure that relevant experiences continued to be captured and explored in more depth, resulting in minor adjustments. Focus groups and interviews were audio-recorded using an encrypted dictation device and later transcribed verbatim by the first author. All transcripts were checked for accuracy by the first author.

### ***Participants***

English speaking older adults aged 55 or over, who identified as lesbian, gay, bisexual, or transgender/non-binary were eligible for inclusion. The age frame was chosen as most extra-care housing schemes are offered to individuals aged 55 and over.

### *Data analysis*

Reflexive thematic analysis (RTA) was employed to analyse the data and was guided by the six phases of RTA by Braun and Clarke (2006; 2019). RTA was deemed appropriate as it offers an open, flexible, and inductive approach, lending itself as a starting point in investigating an under-researched population and research area (Braun et al., 2019). This research was underpinned by a critical realist position, based on the ontological argument that reality exists, whilst recognising that our perception of it is shaped and influenced by our personal perspectives and locatedness (Clarke and Braun, 2013). By exploring older LGBTQ adults' personal views and experiences, we wished to identify and understand what is real and true for them, rather than pursuing an objective truth, in addition to develop a shared narrative that presented rich and comprehensive insight into a real-world problem (Braun et al., 2006). By utilising an inductive, data-driven, approach, the first author firstly familiarised herself with the data set by reading and re-reading transcripts.

Transcripts were read and analysed using NVivo12 qualitative analysis software and following the familiarisation stage, transcripts were coded using line-by-line coding to generate initial semantic codes. A second member of the research team coded a set of transcripts to gain further insight into the data set and allow for trustworthiness. In line with RTA, codes were shared and discussed to allow for reflections on how data was coded, the assumptions that were made when coding data and areas that may have been overlooked (Braun et al., 2019). After preliminary coding of all transcripts, the first author collated similar codes together and generated initial themes. Through conversations within the team, initial themes were reviewed and modified, which essentially led to defining and naming the final themes, which were agreed by all authors.

### ***Reflexivity and rigour***

Throughout the research, the first author was conscious of her positionality within this research, as an ‘insider’ and an ‘outsider’ position (Hayfield and Huxley, 2015), which was frequently revisited in supervision with the research team. The first author remained mindful of the impact of the numerous roles she held as a bisexual woman (‘insider’ position) and as a younger healthcare professional (‘outsider’ position - who may have held more privilege and more positive experiences within society compared to the participants) upon the questions asked and findings attained. The second and last authors’ position coming into the research was as cis-gender, heterosexual women, with the former working as a researcher and the latter as a clinical psychologist, who has been working with older people within care settings for 20 years. Braun and Clarke (2013), postulate that this ‘humanness’ exceeds all qualitative research and has been recognised as a valuable research tool, so long as it is appropriately thought about and considered.

Rigour during the research process was ensured by following various procedures, in keeping with current guidance (Nowell et al., 2017) and through continued discussion in supervision: Firstly, to oversee decisions made about the method and annotations of focus groups, interviews and transcribed data, the first author kept a reflective journal. This allowed for reflexive thoughts on the first author’s own positionality and its impact, beliefs, and assumptions being attained and recognised. Secondly, a transparent audit trail for coding and theme development was maintained. Thirdly, to reflect and describe all participants perceptions, themes were evaluated and agreed on by the entire research team. Lastly, the relevance of themes was appraised by returning to the raw data set with the initial thematic structure.

## Results

### *Sample*

Forty individuals requested information about the study, of which 36 were eligible to participate. All eligible participants completed consent procedures; however, one participant was lost to follow up contact at this point. To maintain participant confidentiality, only selected participant demographics are reported in Table 1.

**Table 1:** *Demographic characteristics*

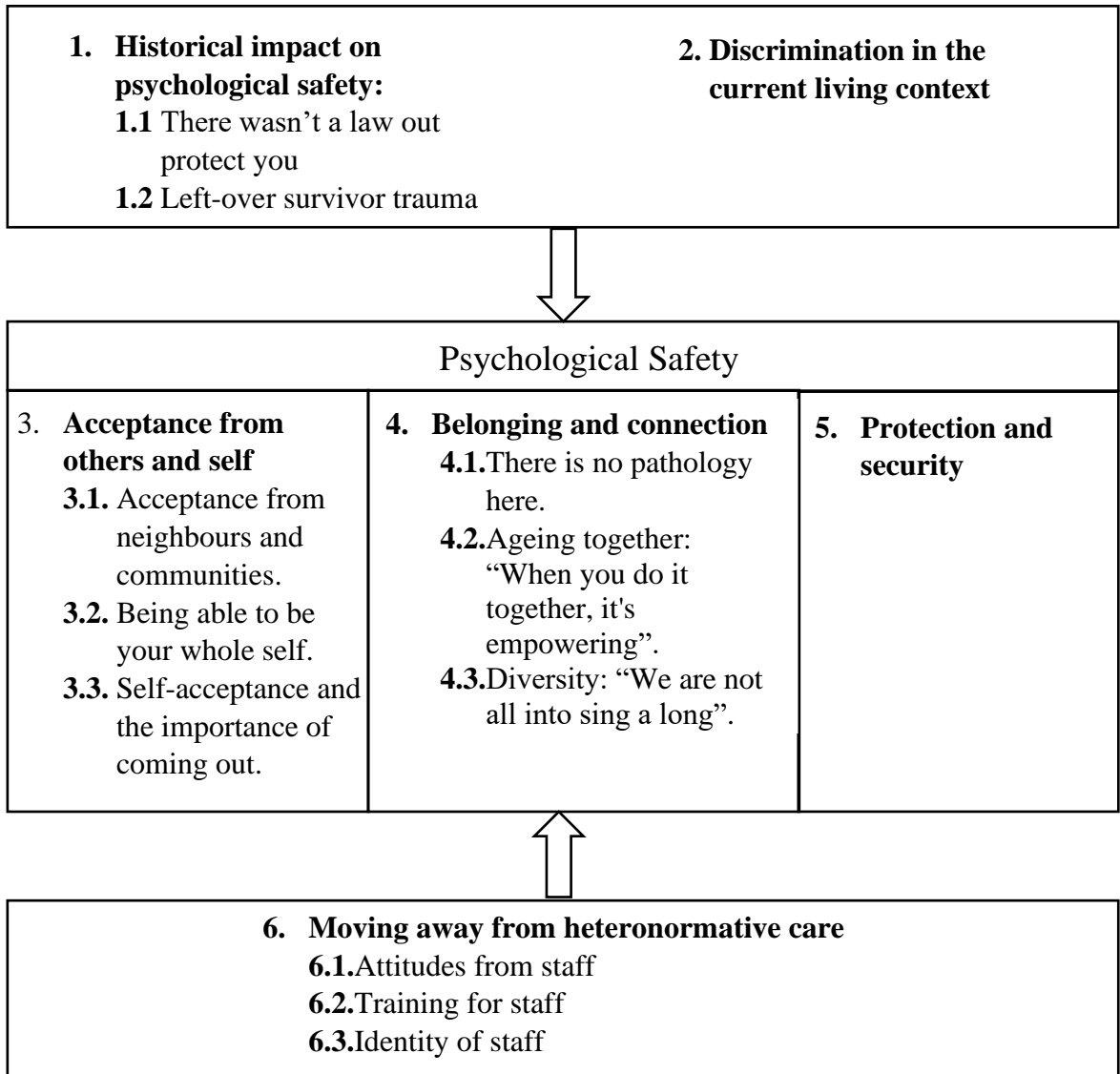
<b>Demographics</b>	<b>N</b>	<b>Mean Age (SD), range</b>
<b>Sexual/Gender Identity</b>		
Gay	7	60.14 (5.93), 55-70
Lesbian	5	58.80 (6.30), 55-70
Bisexual	9	59.11 (5.21), 55-72
Transgender	14	57.71 (1.82), 55-60
Non-binary	1	67
<b>Total</b>	<b>36</b>	<b>58.94 (4.55), 55-72</b>
<b>Ethnicity</b>		
White British	9	
White Irish	3	
Other White background	1	
Black or Black British African	7	
Black or Black Caribbean	2	
Any other Black or Black British background	3	
Mixed White and Black African	3	
Mixed White and Black Caribbean	2	
Any other mixed background	1	
Chinese	1	
Not stated	4	

### *Findings of thematic analysis*

The initial codes of the analysis were grouped into six main themes. The first two of these themes explain the past and current context impacting on psychological safety. The

other themes conceptualise what psychological safety means to older LGBTQ adults within a housing context and contain several subthemes. Figure 1 demonstrates a diagrammatical depiction of all main themes and subthemes.

**Figure 1:** *Meaning of psychological safety to older LGBTQ adults*



***Theme 1: Historical impact on psychological safety***

The first theme comprises of two subthemes and outlines the past and ongoing impact of the historical context on psychological safety.

*1.1. "There wasn't a law out to protect you"*

Participants described how for a significant proportion of their lives, they were faced with extreme inequalities, such as being treated as "second-class citizens" and facing discrimination: "Everyone saw gays as the problem of the society, the terror of mankind and all of that" (Participant 4, Gay).

Combining experiences of stigmatisation, discrimination and homophobia, participants reported feeling psychologically unsafe as younger adults which impacted on psychological well-being:

There wasn't a law out to protect you (...) it is just that the feeling it gives you of being told legally you are not equal. So all of these things add to psychological safety I think in your head. So being told you are a sinner, you're a criminal you know all these sorts of things can affect you. (Participant 36, Gay)

Participants spoke about the challenges of coming out in a time where being queer was unlawful: "when I grew up, when I came out in the seventies (...) it was illegal to be queer in the US. Just as it was in Ireland, in the UK and elsewhere" (Participant 3, Non-binary), which prompted some individuals to hide their sexuality, as they felt they had to "act straight" and hoping that others "don't think I am gay". The mental strain of constantly hiding and protecting oneself was highlighted: "I just kept it to myself and acted straight most of my life (...) you're protecting yourself really all the time at that so yeah, it came with a lot of difficulties psychologically" (Participant 35, Bisexual).

Without legal rights and facing discrimination, participants reported on their lifespan struggles with housing, which often started with their parental home. Numerous participants reported they were "kicked out by parents" at a young age or "abused by

family” for identifying as LGBTQ. One participant recounted his experiences of being evicted for identifying as gay:

It came to a tribunal (...) and the solicitor said ‘these two men are homosexuals, and the landlord finds that outrageous’ and the judge said ‘yes that's absolutely unacceptable and they have to leave within a week (...), and we got evicted for being gay. (Participant 36, Gay)

### *1.2 “Left-over Survivor Trauma”*

Participant’s narratives emphasised the vast and ongoing impact these past events have on the present. Participants noted feeling hypervigilant and constantly “scanning” and “looking over your shoulder” in their surroundings due to “that leftover survivor trauma” (Participant 3, Non-binary). This constant sense of threat impacted on their abilities to enjoy themselves: “I just become more attuned to my environments and so I am focusing on what's going on around me rather than just enjoying myself” (Participant 34, Gay), which reduced their sense of psychological safety. Additionally, the participant noted how they may change behaviours in public due to fear and feeling psychologically unsafe, which was linked to their past experiences:

You want to be open about who you are, so we often wear badges and things, but because of the way you were brought up and the way you are, you don’t do things like holding hands in the streets which a heterosexual couple would do.  
(Participant 36, Gay)

This left-over trauma expanded to trauma memories “of what people did to me in the past” (Participant 17, Transgender), resulting in avoiding “showing physical affection” or “holding hands” with partners and hiding their true self despite a “desire to do things” out of protection and fear felt in the present-day.



## *Theme 2: Discrimination in the current living context*

All participants were living alone, with their partner, or in shared housing of their choice. Participants voiced feeling psychologically safe within their current accommodation, due to living with individuals from the LGBTQ community or alone. However, the notion of experiencing discrimination outside of their accommodation (often by neighbours) impacted on an ability to fully feel psychologically safe. For example, the experience of “discrimination, abuse, neglect from the neighbours due to one’s gender could disrupt ones peace of mind” (Participant 19, Transgender). This was reiterated by others, who described an initially friendly neighbour until “she found out I live with my partner, and then just didn't speak to me anymore” (Participant 20, Bisexual).

Neighbours’ behaviours were often interpreted in light of participants sexuality or gender identity. These perceptions made participants feel ‘different’ or ‘othered’, which consequentially affected their sense of psychological safety:

I have a few neighbours that I think are disapproving of me (...) around my sexuality (...) that's sort of annoying, because you're going along in your own space and then somebody (...) might not say hello to you, or say hello to you in a sort of cold way (...) it feels a bit jarring because then you have to be reminded that (...) ‘I am different to other people’, or ‘they perceive me as other’, (...) that is a sort of issue around safety because you just think (...) what's going on here?  
(Participant 20, Bisexual)

This experience triggered some participants to move location to enable feeling psychologically safer: “where I was living before, my neighbours make me feel inferior

(Participant 17, Transgender)”, and expressing wishes to live in a place that is “free from discrimination and violence” (Participant 31, Transgender).

### ***Theme 3: Acceptance from others and self***

This theme outlines that psychological safety in later life housing means an acceptance by neighbours and the community (first subtheme), being able to be your true authentic self (second subtheme) and self-acceptance (final subtheme).

#### ***3.1. Acceptance from neighbours and communities***

Psychological safety in later life housing was regarded to constitute as being fully accepted where “everyone is treated and accepted to be equal” (Participant 15, Transgender), and “embraced and welcomed by everyone” (Participant 3, Non-binary). Acceptance related to “friendly and supportive” neighbours. It was voiced that acceptance could make later life housing feel psychologically safe, as evidenced by participants reporting that “psychological safety in relation to housing means having people who, who are okay or okay with you around them” (Participant 4, Gay), and “being accepted (...) it makes it psychologically safe” (Participant 7, Lesbian).

The concept of acceptance also expanded to the environment and community one lives in, and for some, psychological safety encompassed being free from discrimination and threats to self for being who they are:

Oh, personally the only environment that would make me feel safe is a place where I'm free from all forms of discrimination. And where my, my life is not a threat or where I am not being abused by let's say my neighbours. (...) it is more like a place where people of my gender are being fully accepted. (Participant 12, Transgender)

which was supported by another transgender individual:

I totally agree with P12. I would see safety as a place (...) where it's totally free from bullying. No attacks from maybe neighbours or some persons in the community, and also a place where I'm being valued, like places where people do not have to ask questions about who I am. (Participant 13, Transgender)

### 3.2. *“Being able to be your whole self”*

Participants noted that feeling accepted in later life housing could enable someone to be their true, authentic self, without having to worry about harm, in turn making a place psychologically safe. Acceptance would enable somebody to “feel comfortable being in their own skin and being who they are” (Participant 34, Gay), and “being able to be your whole self or being able to live as an out gay man (...) It is about being recognized” (Participant 2, Gay). To others, acceptance in later life housing meant an ability to be “your real self without feeling less of yourself” (Participant 15, Transgender), and therefore felt that “psychological safety, it's more like an instance where you have that liberty or choice (...) and without being treated badly or without being like condensed [by neighbours or communities]” (Participant 28, Transgender).

### 3.3. *Self-acceptance and the importance of ‘Coming Out’*

Self-acceptance in later life appeared to be buffering the impact of negative societal views. It seemed that self-acceptance facilitated psychological safety, through the courage of coming out regardless of societal views: “when you're able to come out and tell people this is who you really are it doesn't matter if you're being accepted at that time” (Participant 7, Lesbian), and “that you are okay with the way, irrespective of how people see you or your own view as long as you okay with your decision” (Participant 9,

Lesbian). Others expressed a need to come out, despite other's attitudes, to feel safe and comfortable:

I think my church would have stopped me like they would have made me not come out in the past, but (...) I just had to come out, and I was tired of hiding outside of living in the shadows. I had to do what I had to do to be to feel safe, to be comfortable, and through the evil to enjoy life. (Participant 7, Lesbian)

Some participants reported that with age, their self-acceptance grew stronger, as they had learnt how to deal with adversity over time which aided mental well-being in later life housing. As two participants noted:

I think the only impact that it's had on safety, as I've got older, is that I've learnt situations that made me feel really uncomfortable and how to deal with them (...) So, you know, there's lessons of experience there, I think. (Participant 34, Gay)

During my youthful age, when I first identified as a gay, (...) I faced a lot of discrimination and even hits from relatives but with time, I got over it. And even now. I have been a gay for a very long time, so I don't take anything anybody says serious. (Participant 6, Gay)

Self-acceptance also impacted on reducing shame that people from the LGBTQ community have experienced: "I'm proud of being myself. And there's nothing after reaching this age, there's nothing that you can do to me, (..) that is going to make me ashamed of myself" (Participant 1, Gay).

#### ***Theme 4: Belonging and connection***

This theme developed from specific questions within the topic guide reflecting older LGBTQ adults' thoughts on LGBTQ-majority extra-care housing schemes and how they

could ensure psychological safety. The theme consists of three subthemes (“There is no pathology here”; Ageing together: “When you do it together, it's empowering”; Diversity: “We are not all into sing-a-longs”). Belonging and connection was seen as particularly important as they seemed to counteract loneliness. One participant explained:

One of the main issues about the older LGBT population is around loneliness (...) and so that plays into, into the culture of psychological safety, because if you are alone, you worry and if you worry, your anxiety levels go up and therefore you don't feel safe. (Participant 34, Gay)

#### *4.1. “There is no pathology here”*

The narratives of participants suggested that being amongst other LGBTQ elders within a LGBTQ-majority extra-care scheme increases psychological safety due to a shared understanding as residents “will understand us and we won't have any form of discrimination” (Participant 32, Transgender) and “I will feel safe since we share something in common” (Participant 19, Transgender). Such shared understanding increased a sense of belonging and safety in these environments: “So all of that support and that's all I want is the sense of safety and connection, and belonging of people who understand me, you know, for who I am without apology (...) that's all I'm looking for” (Participant 3, Non-binary). From a community that has experienced a lot of hardship with neighbours, communities, and society, it was felt that such majority schemes would create “A neighbourhood that understand that everyone can choose to be what the person wants to be” (Participant 31, Transgender). A preference for these places was noted throughout interviews.

#### 4.2. Ageing together: *“When you do it together, it's empowering”*.

Participants stories highlighted that a LGBTQ-majority extra-care scheme would “bring the older LGBTQ community together” (Participant 28, Transgender), therefore offering a place where this population could age together. This was seen of great importance as the ageing process is:

A scary journey, quite frankly, you know but it's made so much easier, that's another important part, I think, about the LGBT aging experience. When you do it together, it's a whole lot less scary, it's empowering, it's good stuff. (Participant 3, Non-binary)

Additionally, ageing with people of a similar age and background enhanced a sense of shared understanding:

They get it because they all have the same upbringing or ideas, or we are obviously not all the same but what I am trying to say is that, like people in the same age group, you, who are all gay or bisexual, they know what you are going through. (Participant 36, Gay)

The idea of ageing together increasing psychological safety was most frequently raised by transgender or non-binary individuals. The historical segregation of the LGBTQ community seems to drive this want for shared connection and ageing, for example:

I want to age among my tribe, so I don't have to deal with the pathology of homophobia, or transphobia I want more than just tolerance. I want celebration of a queer life well lived, right to the very end. (Participant 3, Non-binary)

and “I believe that if we all are together (LGBTQ), it would bring forth unity amongst us” (Participant 33, Transgender).

#### *4.3. Diversity: “We are not all into sing-a-longs”*

A sense of belonging and connection within LGBTQ-majority extra-care schemes was also heightened by considering the difference within the LGBTQ community. Being categorised as the “same” due to a LGBTQ identity was a concern:

To be honest to be treated as an individual, you know we are not all into sing-a-longs and like I say bingo (...) I mean there is big differences between gay men, never mind between people who are bisexual or who are lesbian, or who are transgender. There are big difference between gay men, you know. (Participant 34, Gay)

Intrinsically, treating an individual for who they are constituted a sense of psychological safety. For some, being able to retreat to their own, private, and quiet space after socialising in shared communal areas aided psychological safety: “to have your privacy and stay in the quietness of your own flat, and that (...) you know just be able to relax and be yourself” (Participant 36, Gay) or “safety is when you have a quiet space” (Participant 22, Bisexual). For many transgender participants, psychological safety would be increased “if they give us, the Transgenders, a separate space, I will feel more comfortable” (Participant 28, Transgender).

Others highlighted the considerations for different needs within the LGBTQ community in LGBTQ-majority extra-care schemes:

Thinking about services that would be available on site (...) making sure that any of those are tailored according to the requirements of residents (...) for example, if I was a trans woman, then I might want things like hair removal or stuff like that

that's done in the right way (...) because again, that would be a signal that I'm welcome there. (Participant 34, Gay)

### ***Theme 5: Protection and security***

Firm implementations of policies and guidelines for staff and tenants can garner a sense of protection, confidence, and security aiding psychological safety within LGBTQ-majority extra-care schemes.

Participants stressed the importance of “confidentiality”, “policies”, and “guidelines” for tenants and staff members to feel protection, confidence, and security in knowing the housing is a safe space. Being from a historically silenced and marginalised group, it felt that being able to raise their concerns and being part in the decision-making process of how the service may be run, helped with protection: “Psychological safety is the belief that you won't be punished or humiliated for speaking up with ideas and questions” (Participant 24, Bisexual) and that “there'd have to be like a residence association that makes sure that staff are properly trained (...) and that the residents have a say over how that is” (Participant 8, Lesbian). Having a voice was considered important for psychological safety, as was knowing what to expect from staff: “guidelines around what tenants can expect from staff and vice-versa” (Participant 20, Bisexual).

Protection was also linked to incorporating a system of maintaining accountability of staff, including “following the rules, good practice, policies, and procedures. Employing the right people and keeping an eye on them” (Participant 8, Lesbian), having “agreements for the way that people behave and treat each other” (Participant 34, Gay). having a “complaint system or an anti-social system” (Participant 35, Bisexual) in place and lastly including “rules about being confidential” (Participant



36, Gay). It was hoped that having these guidelines or legal protections, would not only help protect against homophobia but would also “burst the bubble of racism, sexism, discrimination, all of that” (Participant 3, Non-binary).

***Theme 6: Moving away from heteronormative care***

The final theme, comprising of three subthemes, considers the need of positive staff attitudes towards and appropriate staff training for caring for older LGBTQ adults within LGBTQ-majority extra-care schemes. From this, the sexual and gender identity from staff also seemed important and influence psychological safety.

***6.1. Attitudes from staff***

Staff attitudes, such as being open, inclusive, and moving away from heteronormative care when caring for older LGBTQ adults was an important contributor to psychological safety:

The imposition of care, you know a cultural imposition (...) I’m not having it, you can be who you are (...) but if you cannot be open and embrace and be inclusive in your care, then you're in the wrong line of work. Go do something else, but don't care for me and don't abuse me. You know, elder abuse is, it's a reality, and I believe heteronormative care constitutes elder abuse. (Participant 3, Non-binary)

Whilst participants noted that they “don't expect (staff) to be experts”, they “do expect them to be prepared to learn” (Participant 34, Gay). Attitudes from staff believed to enhance psychological safety included “fair” and “considerate” treatment towards all residents and “listening and respecting at a fundamental level. That's all that it is” (Participant 3, Non-binary).

Psychological safety was negatively impacted by a fear of staff who “might try and to discriminate you for who you are” and “asking some questions [about sexuality] that are not necessary” (Participant 9, Lesbian). Others accentuated the detrimental effect heteronormative assumptions by staff can have, demonstrating why visibility within housing and LGBTQ-majority extra-care schemes are needed: “You know, as though once you get into somewhere like that your sexual identity, it goes, you know, you become invisible, which is why I think it's so important that we're having this extra-care housing scheme” (Participant 8, Lesbian). Entering heteronormative care settings triggered a “fear of going back into the closet” and “being invisible”, highlighting current issues with heteronormative care. Assumptions made about LGBTQ individuals on the basis of their sexuality or gender identity also negatively linked to psychological safety. For example, one participant mentioned: “for psychological safety, it’s free from people's, I guess projections upon you, so what they think you are. You don't even have to say anything, but people can just make judgments” (Participant 20, Bisexual). Thus, these assumptions can be experienced as judgements and disabling someone to feel “free” to be their true authentic self.

### *6.2. Training for staff*

Considering the difficulties participants described around staff attitudes and heteronormative assumptions within this, it appeared important for the participants to have well-trained, LGBTQ-affirming care staff. Within this, staff understanding of the LGBTQ history and their struggles and experiences (e.g., societal difficulties), as well as ensuring their care reflects an awareness of intergenerational and LGBTQ intercommunity differences was crucial:

His (friend) experience when I guess homosexuality was illegal, is totally different from maybe gay people in the seventies and eighties, and different from my experiences (...) there's the individual difference in each person's life but also I think there are different phases and different attitudes (...) like maybe when I first came out, people would be, you know bisexuals don't exist (...) I think it would be useful to get a perspective, so that everybody could understand some of the history. (Participant 20, Bisexual)

As societal attitudes are constantly changing, staff training needs to be monitored and kept up to date to ensure a sense psychological safety is maintained:

Training to make sure that those people (staff) are doing the job right (...) and some of it, it will change, the things that people regard as ordinary have changed, you know, phenomenally in the last 70 years (...) so they could change again. So, it's going to be a case of how we keep up to date with what is the modern good thinking. (Participant 8, Lesbian)

Providing specific training to all healthcare professionals on “inclusive language” and “pronouns” was regarded as paramount as seeing “evidence of any member of staff that's working there using the correct terminology [increased psychological safety] (Participant 34, Gay)”. Disengagement of staff with inclusive language was regarded as a “slap in the face”, since “miss pronouncing, using dead names” meant that staff were

Eradicating queer identity, you know. I mean that's more than microaggression, in my opinion, that borders on hate (...), the harm that they're causing to both older and younger Trans Folks and all, but microaggressions, and every bit is damaging (Participant 3, Non-binary).

Therefore, specific training for staff could alter these experiences and increase older LGBTQ adults' sense of psychological safety.

### *6.3. Identity of Staff*

Participants reported a preference for care to be delivered by LGBTQ-identifying staff as this would instantly make participants feel more at ease within housing and LGBTQ-majority schemes. For example, one transgender participant reported “making sure that the workers there identify as a LGBTQ because this will make us have that free mind of safety is” (Participant 12, Transgender). This was agreed on by other participants, who reported that good staff would constitute staff from the same community as they “could be sure of being safe” and that “there would be no discrimination because of one's gender or identity” (Participant 27, Bisexual). Another participant took this further and felt that to feel psychologically safe “everyone in charge, like the management, staff and other people operating in the scheme should be people from the LGBTQ community” (Participant 17, Transgender).

## **Discussion**

The aim of this qualitative study was to explore what psychological safety means to older LGBTQ adults generally, regarding later life housing and finally in LGBTQ-majority extra-care housing schemes. Consistent with what is already known (Alessi and Martin, 2017; Keating et al., 2020), the themes identified in the study demonstrate the impact life-long experiences of discrimination, homophobia and stigma by society has had on mental health and thus psychological safety. In addition, psychological safety appeared to be strongly linked to acceptance, belonging and connection, as well as protection and security in later life housing and LGBTQ-majority extra-care housing

schemes. Staff attitudes, identity and engaging with LGBTQ-specific trainings seemed important factors to promote a sense of psychological safety.

Previous research has shown that discriminatory past experiences led to LGBTQ individuals' being hypervigilant and avoidant, which negatively impacted on well-being and mental health (Reisner et al., 2017; Keating et al, 2020). The current study expanded on this and demonstrated that negative past experiences, concurrent with current experiences of discrimination (most notably by neighbours) in housing, shaped the foundation for psychological safety. It is well established that trauma experiences lead to hypervigilance towards possible threat (Ehlers and Clark, 2000). Participants within the study identified hypervigilance towards certain threats, such as heteronormativity or staff/residents applying the wrong pronouns. Understanding and incorporating these influences could create psychologically safe environments for later life and meet the needs of older LGBTQ adults.

The need for acceptance within care facilities and its impact on LGBTQ psychological well-being has been reported on in the literature (Johnson et al., 2005; Gardner, de Vries and Mockus, 2014; Helmuth et al., in preparation). Considering historical and current experiences of discrimination, and within this a lack of acceptance can shed light on why acceptance is deemed important. Johnson et al. (2005) quantitative research on discrimination in retirement care facilities concluded that addressing acceptance of LGBTQ individuals could even be a prospective remedy for discrimination, and therefore improve psychological well-being. Additionally, societal and personal acceptance of LGBTQ individuals has been found to affect their psychological well-being (Camp, Vitoratou and Rimes, 2020). The current study extends on this literature by demonstrating a link between acceptance and an increased sense of psychological safety in respect to neighbours, communities and the self. Acceptance

encompassed the ability to be one's true self, which linked into Kahn's (1990) definition of psychological safety. As such, increasing a sense of acceptance within LTC could increase psychological safety, along with psychological well-being.

Psychological safety to older LGBTQ adults also meant belonging and connection. Loneliness and its negative impact on psychological well-being and stress has been widely reported in older LGBTQ communities (Hughes, 2016; Perone, Ingersoll-Dayton, and Watkins-Dukhie, 2020; Freedman and Nicolle, 2020). The current findings showed that belonging and connection could mediate this, as a shared understanding and ageing together within a LGBTQ-majority extra-scheme was found to be empowering. Current research described that older LGBTQ adults are often childless or alienated from family, and live alone (De Vries, 2014). Additionally, this population avoids accessing LTC settings due to concerns about discrimination (Stein et al., 2010) and anxiety of inadequate treatment (Brotman et al., 2007; Putney et al., 2018). Hence, being able to age together within non-heteronormative, LGBTQ-majority extra-care schemes seems vital. Ageing together and its positive impact on psychological safety was raised mostly by transgender or non-binary individuals. As these specific communities have been invisible and neglected by society but also the LGB community for an extended period, ageing together may therefore be more important to this population. Historically, research has reported on the LGBTQ community as a group, however, the current findings highlight the importance of individuality and person-centred care for all individuals falling under the LGBTQ umbrella. Acknowledging differences was emphasised to positively impact on psychological safety, echoing Shore et al.'s (2011) research suggesting that when both a feeling of belonging to a group and one's uniqueness being valued are present, individuals feel included.

This is the first study to demonstrate the importance of protection and security, in forms of policies and robust guidelines, to psychological safety. Whilst a study by Putney et al. (2018) reported that explicit policies that protect LGBTQ individuals would imply LGBTQ-inclusive care to participants, the current study highlights the impact this protection would have for older LGBTQ psychological well-being. This can be further understood considering historic discriminatory and anti-LGBTQ policies and laws that were in place when participants were younger. According to the minority stress model such discriminatory policies and laws produced unique and persistent stress specific to sexual and gender minorities (Meyer, 2003). These findings imply the need of protection and security for older LGBTQ adults to feel psychologically safe in later life.

Staff attitudes, self-identity and LGBTQ-affirming training were found to positively influence psychological safety, as they signal acceptance, belonging and connection, and protection and security to older LGBTQ adults. Whilst this study was the first to investigate psychological safety, similarities in findings were shared with past research, such as the negative impact of heteronormative care on older LGBTQ adults' psychological well-being (Westwood, 2016). Previous research highlighted the importance of staff attitudes towards LGBTQ individuals, as they fear discrimination and mistreatment in LTC (Jihanian, 2013; Westwood, 2016; Putney et al., 2018). This was further supported by the current findings, which signified that inclusive, fair, and respectful care, and moving away from heteronormative care could lead to feeling visible, less lonely, and avoidant and ultimately, to feeling psychologically safe within LTC. Therefore, staff members identifying as LGBTQ was seen to aid psychological safety as the risk of discrimination was perceived to be non-existent, as staff member themselves would understand the detrimental effects of discrimination on well-being.

A requirement for training to ensure culturally competent LGBTQ care has been reported on (Fredriksen-Goldsen et al., 2014; Choi and Meyer, 2016; Putney et al., 2018). The current study stressed the need for staff training to consist of understanding intergenerational differences and how different historical experiences may have negatively impacted older LGBTQ adults. Additionally, the findings showed the need for staff training to encompass LGBTQ intercommunity similarities and differences and its importance to LGBTQ-affirming care (such as using correct pronouns). Similar competencies had been emphasised in Frederiksen-Goldsen et al. (2014) core competencies to providing care to older LGBTQ adults. The current study, however, also underlined the necessity to keep training updated with current affairs as these may change in the future. Recognising the current political climates on LGBTQ rights, how these may impact on older LGBTQs well-being and psychological safety in the present and advancing training could help staff members to better care for this population.

### ***Strengths and limitations***

The findings presented here provide a rich and detailed insight into what constitutes psychological safety for older LGBTQ adults regarding housing needs in later life. However, these findings should be considered in the context of some methodological limitations. Firstly, although the sample was heterogenous in terms of ethnicity, most of the participants were aged between 55-60 years, leading to a possible loss of incorporating the voices of “older old” LGBTQ adults as intergenerational differences are considerable.

Additionally, using an online tool for conducting focus groups led to, at times, limited verbal responses from participants. This was most noticed within Transgender focus groups. Thus, participant’s opinions or views were often captured in short, written responses using the chat-box function, leaving little room for spoken discussion. This



may have impacted on some depth of the data for these focus groups. Furthermore, responses may have been overshadowed by participants that felt able to verbally speak. However, the number of transgender individuals recruited clearly demonstrated their wish to engage and tell their stories. Therefore, it was important to respect participants wishes of how they intended to engage within the focus groups to enable a safe space.

Considering future engagement of older LGBTQ adults in research, focus groups should be offered to take place in person to allow for more discussion between participants. Pre-focus group conversation with each participant on a one-to-one basis to understand how the researcher can best accommodate them prior to and throughout the focus group to feel comfortable (e.g., do they wish to be addressed in a certain way, would they like to bring someone to speak on their behalf). This conversation could help the participant know what to expect from the focus group and research engagement, which could make them feel more at ease. Alternatively, one-to-one interviews could be offered for participant engagement.

Still, it is recognised that the perspectives of “older old” and transgender people have not been fully represented within the study. To address these limitations, future research should examine the views of “older old” LGBTQ adults regarding psychological safety, as well as ensuring that the voices of transgender individuals are amplified within research to enable wider conclusions to be drawn. Furthermore, dementia and its impact on psychological safety was not discussed. Understanding this concept within LGBTQ individuals with a dementia is vital, as minority stress could be even more heightened for this population when entering LTC. As such, deeper knowledge could help create psychologically safe environments for older LGBTQ adults with a dementia in later life.

### *Clinical implications and recommendations*

The narratives of the older LGBTQ adults provide a stark illustration of the continuing real-world consequences of life-long inequalities and highlight how older LGBTQ adults need wider focus and attention moving forwards. Increasing the understanding and awareness of psychological safety in the healthcare community seems paramount, specifically amongst care professionals working within LTC settings. This understanding and awareness also extends to management, staff training and policies within services to ensure the standards of psychological safety are met. This is especially important considering the link between trauma and psychological well-being and safety in later life.

Through LGBTQ-affirming training, healthcare workers should be educated about the severe consequences lifelong experiences of homophobia, stigmatisation and discrimination have had on the LGBTQ community and their psychological safety. Furthermore, training should be diverse, encapsulating differences within the LGBTQ community, as well as generational disparities and experiences. Healthcare workers should offer inclusive, and open care to older LGBTQ adults within their practice, providing a nurturing environment where everyone is treated with respect and dignity.

Policies should be set in place to ensure healthcare workers are abiding by the guidelines, which should also extend to managers, any resident regardless of sexual or gender orientation and visitors. Robust guidelines on how residents should be treated need to be made and rules and consequences should be strictly followed in all instances. It is hoped that these recommendations based on the results can be generalised to similar national or international LGBTQ-majority extra-care schemes to ensure older LGBTQ adults can age without fear.

## **Conclusion**

This was the first study to explore psychological safety within the older LGBTQ population. Understanding psychological safety is vital as it could prevent older LGBTQ adults from feeling unsafe in later life housing or LGBTQ-majority extra-care schemes. The current study accentuated how negative past experiences, concurrent with current experiences of discrimination formed the foundation for psychological safety. To feel psychologically safe, older LGBTQ adults require a sense acceptance, belonging and connection, as well as protection and security within later life housing and LGBTQ-majority extra-care schemes. It is, therefore, important for healthcare staff and LTC providers to challenge heteronormative care attitudes, and receive LGBTQ-affirming care training, including intergenerational and intercommunity similarities and differences and an understanding of LGBTQ histories. The findings can be extended to traditional LTC settings, key recommendations for LTC services, staff members and healthcare providers are highlighted. Future quantitative and qualitative research is required to further deepen our understanding of psychological safety as this is a considerable neglected area in research.

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### **Paper 3:**

#### **Critical Reflection**

This paper is a critical appraisal of the research presented within this thesis and is not intended for publication.

## **Introduction**

This paper presents a critical appraisal of the research process and reflections on the development, implementation and interpretations of the systematic review and empirical paper. The researcher's personal critical reflections on the research process and her own development throughout will be offered.

## **Paper 1: Systematic review**

In this section, each stage of the process of conducting the systematic review will be considered and reflective accounts of the decisions made and what guided those decisions will be provided.

### ***Selecting the topic***

Finding a research topic for the systematic review proved difficult. Initial scoping of the literature showed numerous systematic reviews focusing on older lesbian, gay, bisexual, transgender and queer (LGBTQ) adults and long-term care (LTC) had been completed (e.g., Mahieu et al., 2017; Caceres et al., 2020; Fasullo et al., 2022; Scott et al., 2022; Buczak-Stec et al., 2023). However, with a strong interest in LGBTQ and older adult mental health within LTC, stemming from prior inpatient work, the researcher felt reluctant to change her topic area. This may have been particularly fuelled by the researcher's prior knowledge of the negative experiences LGBTQ elders have encountered within LTC (e.g., Stein et al., 2010; Waling et al., 2020). During inpatient work with older adults with functional and organic disorders, the researcher became more mindful of the need for person-centred care. However, the researcher noticed a lack of consideration for sexual orientation or gender identity from staff within this approach. The researcher wondered how many LGBTQ patients unknowingly existed in the (heteronormative) system. This may have been specifically noticed due to the researchers own sexual orientation and contemplation about how she may feel in such

places as a patient. Through learning about specific theories explaining the experience of LGBTQ population (e.g., minority stress theory), the researcher was aware of the unique needs of LGBTQ individuals (Meyer, 2003). Working with people with a dementia, the researcher learned about specific models and fundamental psychological human needs (e.g., Kitwood, 1997), required to be met to ensure person-centred care and overall well-being.

Considering and combining ideas of minority stress theory and models of psychological needs, the researcher queried whether older LGBTQ adults may have unique psychological needs not currently captured. A second literature search discovered that no review had explicitly focused on psychological needs within this population. The researcher felt this review would be important to complete as the dialogue otherwise may be problem-saturated rather than needs-led. Additionally, it was hoped that insights gained from the current review could lead to changes within the systems that care for LGBTQ individuals in later life. Lastly, this review provided context for psychological safety described by older LGBTQ adults in Paper 2.

### ***Choice of framework***

The model which guides approaches to person-centred care in clinical practice is Kitwood's (1997) framework of psychological needs, which the researcher could see might be a useful model within which to understand the needs of the LGBTQ population. This framework was developed for people with a dementia in care settings which caused the researcher to pause and carefully consider whether it was the right model within which to investigate the literature. Nevertheless, the researcher was guided by the universality of the psychological needs embedded within Kitwood's (1997) framework which must be met to maintain a good sense of mental well-being. The researcher specifically valued the reference to identity and inclusion within the

framework, which are areas known to be difficult for the LGBTQ population (Westwood, 2016; Bouchard et al., 2021).

### ***Search strategy***

Throughout the systematic review, the principles of the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) Statement (Page et al., 2021) were followed. The principles provided a structured framework that aided in identifying inclusion and exclusion criteria, search terms, and creating a data extraction template. This was particularly helpful for a novice researcher as it provided a structure to a task that would have otherwise felt overwhelming. Frameworks for data extraction were discussed. The PICO tool was applied, instead of the SPIDER tool developed for qualitative reviews (Methley et al., 2014). This conscious decision was made as the SPIDER tool was found to run the risk of not identifying relevant papers, whereas the PICO tool has been recommended for a fully comprehensive search (ibid).

The Medical Subject Heading (MeSH) database was used to inform older adult and LGBTQ search terms. As the terms used for LTC and associated services differ across the globe, it was important that the searches represented all global terms to accurately capture the available data. To achieve this, the literature from different countries (e.g., USA, Australia, South Africa) was consulted. From this, senior care (USA) and aged care (Australia) were added as search terms. Kitwood's (1997) framework of psychological needs informed the search terms for the outcome section of the PICO framework.

### ***Inclusion and exclusion criteria***

The researcher was mindful of the prejudice about LGBTQ people in research she may come across, if the review were to include all papers from inception until the

present. Therefore, the researcher decided to limit the searches to a 35-year-period, to include papers published between 1987-2023. Importantly the timeframe represented the time point at which homosexuality was removed as a mental disorder from the Diagnostic Stat Manual – Third Edition (DSM III) by the American Psychiatric Association, who concluded that there was no scientific evidence supporting that sexual orientations is a freewill choice (APA, 1987).

The researcher opted to only include articles from peer-reviewed journals in the review. Whilst it is acknowledged that excluding grey literature could have meant the loss of some interesting data, the researcher excluded grey literature as it is not controlled by commercial organisations, making it difficult to search for and retrieve (Mahood et al., 2014). The researcher, however, reflected that a publication bias may exist and thus may be a potential shortcoming of this work (Button et al., 2013). Due to time and resource restrictions to translate articles, only studies written in the English language were included, which may have limited the comprehensiveness of the review. Nonetheless, the included papers shared commonalities in their findings and represented research from different countries (Canada, the Netherlands, Australia, the UK, and USA), implying a larger generalisability of results.

At the beginning the inclusion criteria for LTC was quite broad, stating that papers were mainly required to mention that LTC was being investigated. However, when screening full texts, it became apparent that this inclusion criteria required further refinement, owing to the complexities and different definitions of long-term and short-term care within different settings and countries. This was particularly true for papers examining elder, senior, or aged care as well as home care as these offers short-term care (not being explored) as well as LTC. Following a discussion with supervisors, the inclusion criteria was tightened, and PROSPERO was updated to reflect this. Following

this, papers were required to specifically use the term LTC in their research question, aims or purpose or had to specifically investigate the following settings: nursing homes, residential care homes, assisted living (also referred to as extra-care housing), and sheltered accommodation or sheltered housing (as these are known to offer LTC). This change allowed for a clearer and more transparent process for data extraction.

Whilst the age of 50 was not seen as ‘old’ by the researcher, this age was chosen as a cut-off point for review papers for two reasons. Firstly, a theory of ‘accelerated ageing’ suggested that LGBTQ individuals perceive to reach ‘older age’ at a much younger point than heterosexual counterparts (Schope, 2005). Secondly, many studies of ‘older’ LGBTQ people have followed this notion, employing relatively young thresholds (of 50 years) on studies of older LGBTQ people (Hughes & Deutsch, 2010). Initially, this threshold sat uncomfortably with the researcher, due to a perceived ageist view of how ‘old’ was defined within research. However, the researcher eventually decided to impose the same threshold as other studies, to reflect both the subjectivity around the interpretation of older age, and to ensure studies employing an age threshold of 50 years were not missed. The latter was also hoped to positively affect the numbers of available papers to include in the review.

### ***Contacting authors***

Several papers ( $n=4$ ) included in the full paper screening process appeared relevant to the review, but did not have full information about, for example, ages of participants. Therefore, the researcher contacted the authors to request relevant data to ensure the process remained systematic. Additionally, author contact boosts the quality of systematic reviews as it ensures important data are not missed (Mullan et al., 2009). Whilst two authors did not respond to requests others no longer had access to the data requested or did not provide a clear answer. Despite the low success rate in receiving the

required data, contacting authors for data was demonstrated the systematic nature of the review (Young & Hopewell, 2011).

### *Quality appraisal*

There has been a long-standing debate whether quality assessments for qualitative research are valuable (Carroll & Booth, 2015). Nevertheless, articles included in systematic reviews should be quality appraised as this is a key stage in systematic reviews (Jadad et al., 2000; Carroll et al., 2015) and the researcher decided that quality appraisals were integral to this review. The researcher consulted the literature on quality assessment tools to inform her choice of quality assessment tools (Hannes & Macaitis, 2012; Dalton et al., 2017) and the 10-item Critical Appraisal Skills Programme (CASP, 2018) checklist, adapted, and used for qualitative evidence synthesis (Long et al., 2020). The researcher felt conflicted whether the CASP (2018), or a newly revised version by Long et al. (2020) who added an additional question about epistemology/ontology, should be used due to concerns of using the 'wrong' one. However, the researcher noted that the CASP (2018) was the recommended by the Cochrane Collaboration and was therefore chosen. Additionally, the CASP (2018) is a solid quality assessment measure that is frequently used in meta-syntheses and suitable for novice researchers (Hannes & Bennet, 2017).

A quality rating system was added to the quality appraisal tool, which the researcher was conflicted about at first. Firstly, the Cochrane Collaboration favours researchers providing a break-down of the information from the quality assessment tool, to clarify where the problem may lie within a study. Therefore, the researcher felt concerned that adding a rating system would go against the guidelines of the Cochrane Collaboration and perceived as inappropriate. However, the researcher found comfort in the fact that tools can be adapted to suit the review (Tong et al., 2012). To ensure that



comparisons between the quality of the studies could be made, response items were assigned a score (i.e. 'no'= 0, 'can't tell'=1, 'yes'= 2) to derive an overall score for each article. The researcher felt that providing this information would offer further transparency.

### ***Analysis and synthesis of the data***

At first, thematic synthesis was considered as it is a flexible and systematic method that preserves principles traditionally seen as important to systematic reviewing (Thomas & Harden, 2008). However, this method is usually applied when no previous theory or framework exists (Thomas et al., 2008). Considering the use of Kitwood's (1997) framework, the researcher decided that thematic synthesis would not be suitable to meet the aims of this review. Through her own literature search, the researcher came across framework synthesis (Brunton et al., 2020), and specifically "best fit" framework synthesis (Carroll, Booth & Cooper, 2011; Carroll et al., 2013). The latter approach was regarded a suitable method for the review. The researcher chose the "best fit" framework synthesis approach because a published framework was identified from the literature that conceptualised psychological needs in older adults. Additionally, this approach increases coding transparency and fosters teamwork in analysing the data (Dixon-Woods, 2011). Furthermore, although a largely deductive approach (testing a framework), it also includes inductive analysis that is useful in understanding/progressing a phenomenon (Carroll et al., 2011; Carroll et al., 2013). Thus, the "best fit" approach capitalizes on the strengths of both framework synthesis and thematic synthesis (Carroll et al., 2013; Dixon-Woods, 2011). This allowed the researcher to generate a revised conceptual framework that included some considerations that were absent from the original framework.

As framework synthesis is an approach not covered by the Doctorate course, the researcher taught herself how to apply this method by consulting learning material available through the Cochrane community. Discussions in supervision about what the researcher had learnt helped to consolidate understanding and increased confidence in the approach. The researcher learnt the importance of remaining attentive to the analysis process, as chunking or squeezing data into existing concepts (as this may be easier) rather than creating new labels or extend the framework is a common issue (Shaw et al., 2021). This was achieved by closely following the definitions for each psychological need.

### **Empirical paper**

In this section, the rationales and reflective accounts of the decisions, strengths and challenges encountered within the empirical study will be provided.

### ***Rationale for topic***

The researcher was keen to engage in meaningful research regarding the adverse experiences of LGBTQ populations when accessing health or social care. The primary supervisor had coincidentally been in contact with the LGBT Foundation regarding a LGBTQ-majority extra-care housing scheme set to be built in Manchester. Discussions around how these schemes could be set up to make older LGBTQ people feel safe, followed by a literature search discovered a lack of understanding of what ‘safety’, and specifically *psychological* safety means to this population. As the initial literature search identified a paucity of research into how older LGBTQ adults might experience late life housing and care needs and this laid the foundations for a novel research project that would be clinically meaningful with real life application. The information from this project would increase academic understanding of the needs of older LGBTQ people and

provide information that could be put to practical use for the development of the LGBT Foundation housing scheme.

Psychologically safe environments are likely to be perceived as secure places where LGBTQ individuals can trust others, and their identities are being respected (Cunningham et al., 2014). The first thing the researcher did when thinking about her research was to consolidate how other studies had identified or defined ‘psychological safety’, which led to a workplace definition of this concept relating to protected characteristics, including gender and sexuality (Kahn, 1990; Cunningham et al., 2014). This literature highlighted the detrimental effects that feeling psychologically unsafe can bring to LGBTQ individuals’ physical, mental, and emotional health and work experience. This fuelled an interest within the researcher to investigate psychological safety within LTC for older LGBTQ individuals further, specifically as the researcher was aware of the distress older LGBTQ individuals experience around their identity within LTC (Stein et al., 2010; Putney et al., 2018).

### ***Rationale for thematic analysis***

The qualitative approach for this study was reflexive thematic analysis. This was chosen for various reasons. Firstly, this approach facilitates the identification and analysis of patterns of meaning across an entire data set (Braun & Clarke, 2006). As no previous qualitative studies pertaining to older LGBTQ adults’ views on psychological safety in later life housing had been completed, the researcher wished to develop an initial exploratory understanding of this concept for this population. Secondly, this approach is recognised to be an accessible and theoretically flexible interpretative approach to novice qualitative researchers (Braun & Clarke, 2019), as it goes back to basics by simply breaking down concepts into themes and sub-themes. Thus, it offered the researcher a solid and methodical framework for coding qualitative data, while still

ensuring that a refined and rich analysis was achieved. Lastly, this approach was recognised to deliver results that were readily accessible to many prospective readers (Braun & Clarke, 2014).

### ***Recruitment and sample***

Previous research has indicated that participant recruitment for qualitative studies can be challenging (Archibald & Munce, 2015). Despite the growing visibility of older LGBTQ adults in research, they remain a hard-to-reach population (Fredriksen-Goldsen & Kim, 2017), which may be due to being a particularly vulnerable population (e.g., disenfranchised, subject to discrimination or stigma; Liamputtong, 2007). However, the researcher was struck by the motivation and willingness of older LGBTQ adults to participate, and no difficulties in recruitment were experienced. The researcher reflected how this may indicate the desire of this population to be heard and raised her motivation to provide a positive research experience. For this purpose, flexibility was required from the researcher. For example, when some participants expressing interest in the study were unable, or did not wish to attend focus groups, the application to the university ethics committee was amended to include these participants in one-to-one interviews.

Purposive sampling was employed by the researcher, as it selects a sample that is most likely to provide information that will answer the research question due to first-hand experience of the phenomenon being studied (Palinkas et al., 2015). Whilst this strategy was successful in terms of gaining sufficient participant numbers, several limitations associated with purposive sampling need to be acknowledge. This type of sampling may have influenced subjective decisions about who is included in a sample. However, the sample were recruited with the intention of representing several groups within the LGBTQ population, and such approaches are not seen as a problem in qualitative research. It is common and appropriate to select participants based on

specific characteristics and for themes to reflect this group's conversation and experiences (Creswell, 2009). Online advertisement of the study may have led to the over-representation of individuals aged between 55-60, who may be more familiar with using online platforms. Mindful of this, the researcher attended multiple meetings within the LGBT Foundation (e.g., steering group) or ageing services across Manchester (e.g., Greater Manchester Ageing Hub; Age friendly GM) to explain her research. This approach led to attracting and recruiting 'older' participants and demonstrated the influence such talks can have on recruitment and inclusivity. A final factor in achieving recruitment was certainly the dedication of some members of the LGBT foundation, who shared the research study with individuals accessing their service.

Within the study, 53% of the participants identified as non-White, therefore, the ethnic diversity in the empirical study is an undisputable strength, especially as intersections of LGBTQ identities with factors such as ethnicity are not always captured (Kattari et al., 2016). Discussions with participant made the researcher aware of the importance of exploring different cultural terminologies within research in future. For example, the researcher learnt that some ethnic groups utilise terminology more pertinent to their cultural contexts or languages to express their sexual orientation or gender identify, instead of the terminology used by the mainstream LGBTQ movement (Fredriksen-Goldsen et al., 2014). Kattari et al. (2016) highlighted that this may be particularly applicable for individuals identifying as nonbinary, as they may use relatively new and culturally specific terminology.

### ***The interviewing process***

Face-to-face interviews are often seen as the ideal method in qualitative research (McCoyd & Kerson, 2006) because they allow researchers to establish a deeper rapport and connection with participants (Prior, 2018). However, to offer maximum flexibility to

participants it was decided to give participants the choice of meeting in person or via an online platform. Participants were required to email the researcher to register their interest, highlighting computer and internet access, it was appropriate to offer online interviews. It is recognised that this may have led to a limitation in recruitment, as ‘older old’ adults may not have access to computers or the internet. Apart from two participants (who were interviewed in person) all participants preferred online engagement. Participants were offered an initial meeting trialling Zoom video conferencing software to ensure they knew how it worked on the day.

The anonymity and convenience of online focus group discussions was perceived as a viable option for data gathering, as it would allow the researcher to access hard-to-reach populations, who may otherwise be unwilling to participate in face-to-face focus groups (DuBois et al., 2015; Prescott et al., 2016). It would also allow for sensitive experiences to be discussed in a ‘safer’ way (Reisner et al., 2018). Positive effects of online focus groups were noted, such as ensuring a safe space for generating conversations and numbers recruited (especially transgender people). However, offering online focus groups also presented some potential negative impacts on the study, which were unforeseen. A large proportion of participants opted to use the chat function and/or keep their cameras turned off. This meant that participant’s opinions or views were often captured in short, written responses, leaving little room for spoken discussion. Additionally, many participants kept their cameras turned off throughout the duration of the focus group, which led to missing verbal and visual cues from and between participants. This was particularly, but not solely, noted within the transgender focus groups. Research has accentuated that transgender people expressed concerns about privacy, such as information about their trans status being shared without consent (Willis et al., 2020). Whilst participants consented to take part in a focus group, potentially

being seen or recognised by other individuals within the group may have been too distressing. As such, the option to provide written responses and not requiring turning the camera on was preferred. The researcher worried that this may have impacted on the depth of the obtained data. However, research has revealed that content and depth of data generated by focus group discussions online and face-to-face is notably similar (Woodyatt et al., 2016).

It was noted that individuals who felt comfortable to speak during focus groups often offered more in-depth responses and, consequently, their views may be over-represented within the data analysis. The researcher remained mindful of this throughout the focus groups to ensure all voices were included and heard in the discussions. This was achieved by reading out participants written responses, enquiring for clarifications where needed and whether other participants felt similar or different to responses. This required a lot of mental effort from the researcher to keep track of the chat-box and ensuring the conversation was continuous. It also left the researcher worried that participants disliked the experience or questioned the researchers' abilities. Despite the internal challenges the researcher experienced, the feedback received from participants indicated a positive experience and included encouraging reflections about the research and the value this holds for them as a community.

Where discussions happened verbally or during the one-to-one interviews, researcher found that her clinical training enhanced the interview process, allowing her to notice, respond to and explore important aspects of participants experiences. Still, she also noted the need to maintain an awareness of the focus of the interviews, which was to collect research data and not to provide therapeutic intervention. Mindful of the potential distress exploring past discriminatory and traumatic experiences could bring, the researcher offered participants individual debriefs that could be scheduled at the end

of focus groups interviews. Regardless of the unforeseen challenges within the data collection, overall, the researcher genuinely enjoyed running the focus groups and interviews and felt a deep sense of privilege hearing older LGBTQ experiences and opinions.

### ***Data analysis and theme generation***

In accordance with a reflexive thematic analysis approach (Braun & Clarke, 2019), the identified themes were generated through sustained immersion and reflective engagement with the data by the researcher. Throughout the process, the researcher was mindful about her own values, beliefs, and perspectives which may be difficult to leave at the door (Braun & Clarke, 2013). Although researcher subjectivity is progressively regarded as a strength to draw upon (Braun et al., 2013), it is important to continually monitor internal dialogue and self-critical evaluation to assure that a trustworthy understanding of the researched phenomenon is produced (Finefter-Rosenbluh, 2017).

Coming into the research as a white, bisexual female healthcare professional and researcher, the researcher was very aware of her ‘insider’ position (being part of the LGBTQ community) and ‘outsider’ position (as a younger researcher/healthcare professional) within this. Thus, the researcher was mindful of the importance of acknowledging the different aspects of her identity and the influences they may exert during the analysis process. Specifically, the ‘insider’ position, at times, may have led to over-analysing data due to approaching analysis from more of a semantic level (Braun & Clarke, 2006) owing to a shared understanding and underlying desire to aid the LGBTQ community. Using a reflective log for self-monitoring and discussion in supervision were helpful to continually consider her own positions. Additionally, the influences and standpoints of the wider research team helped to create a balanced approach to the data. The team also included two cis-gendered, heterosexual women, of which one worked as



a Clinical Psychologist and the other as a Senior Researcher. This mixture of professional disciplines and levels of knowledge provided a valuable resource for balancing reflexivity within the team and for providing nuances in interpretation during the analysis.

### ***Challenges of the empirical research***

One of the challenges the researcher was mindful of was to not simply impose pre-conceived ideas of what the researcher thought she may see in the data, but to carefully consider the meanings generated by the participants (Yardley, 1008).

As reflexive thematic analysis is an approach that values the researcher's subjective experience as the primary way to discern knowledge from data, the goal was not to remove subjectivity, but instead to use the researcher's personal experience and values as the primary tool to make sense of data (Braun & Clarke, 2019). The researcher found this conflicting due to prior experiences of research where subjectivity was not valued, and the researchers concerns about over-analysis and "doing it wrong" persisted. However, using supervision in a reflective manner was helpful to manage these concerns. For example, through reflective supervision the researcher learnt and understood that no two researchers may offer the same interpretation of the data. This understanding helped the researcher to embrace subjectivity as an asset and she gained trust that her 'insider' position may come as an advantage to generate meaningful interpretation.

The researcher did not anticipate the impact the research would have on her own sense of safety. Whilst usually feeling somewhat aware of her surroundings when in the community, the researcher noticed how, over time, hearing stories about physical abuse from strangers experienced by participants, the researcher noticed becoming increasingly

vigilant to potential threat. Conversations with family and friends helped in managing this experience of discomfort and made the researcher more determined to produce a piece of work that could impact and bring about much needed change for the LGBTQ community.

### **Dissemination**

All participants provided consent to be contacted regarding the dissemination of results. This will be in the format of a written lay summary, to be emailed to the participants in June 2023. In addition, the LGBT Foundation will be contacted to discuss the findings within the LGBTQ housing steering group and ways to incorporate these within their LGBTQ-majority extra-care housing scheme. Finally, authors Stefanie Helmraath, Sandra Flynn, Louisa Shirley and Anja Witkowski prepared a manuscript of the systematic review for submission to the journal *Psychology and Aging*. Likewise, authors Stefanie Helmraath, Sandra Flynn and Louisa Shirley prepared a manuscript of the empirical study for submission to the journal *Qualitative Research in Psychology*.

### **Personal reflections**

This section of the paper focuses on the researchers' personal reflections on the research process, implications of findings set in a wider context and the knowledge she will take forward into her professional career.

#### ***On the research process***

Conducting a study of this nature made the researcher hyper-aware of the needs and difficulties older LGBTQ adults have been facing in society, but also within healthcare and research. This came with a strong sense of injustice and led to feeling a sense of accountability to "get it right". Additionally, the researcher felt responsibility to produce research that would adequately capture and validate participants' needs and

experiences to ensure meaningful change could be implemented within services. The researcher's own association with the LGBTQ community may have exacerbated this wish even further. Reflections during research team meetings helped address this discomfort and anxiety and highlighted the researcher's concern that she could become yet another healthcare professional to disappoint this population (Lee & Kanji, 2017). By being open about her sexual orientation within interviews, the researcher hoped to moderate her feelings of anxiety of possibly being perceived as disappointing, as research found that openly queer staff can foster increased emotional safety (Putney et al., 2018). In turn, this was hoped to make participants feel more at ease. It was important to acknowledge these feelings in supervision to resolve any form of internal conflict, as well as shifting her focus back to her role as a researcher and to generate shared themes that were grounded in the data. At the same time, the pressures to "get it right" helped the researcher stay focused and engaged with a process which at times proved challenging considering the other demands of the Clinical Psychology Doctorate course.

As a novice in qualitative research, the researcher often worried about getting the analysis process "wrong". As someone who is used to objective rules in research, the researcher was aware that this mindset could conflict with a reflective thematic approach, which values researchers' subjectivity above ideas of objectivity (Braun & Clarke, 2019). Thus, accepting subjectivity as an integral part of the study and to be unapologetic for it (Braun & Clarke, 2013) was highly important. Yet, the researcher noted some resistance to this process, owing to her own difficulties to sit with 'not knowing' exactly how the reflexive process works or whether she was applying it correctly. This was resolved by revisiting the methodology and understanding that reflexive thematic analysis does not expect that codes or themes interpreted by one

researcher may be reproduced by another (Braun & Clarke, 2019; Byrne, 2022). In doing so, the researcher also learnt the invaluable depth of understanding that a qualitative approach can bring to real-world problems.

### *On the study findings*

The themes from the empirical paper, especially the negative impact of heteronormativity, frequently left the researcher contemplating her own profession of clinical psychology, working in mental health systems that may fall into the traps of heteronormativity. Within mental health, a person's current distress can often overshadow someone's sexuality and gender identity, especially if these are not routinely enquired about. As such, the holistic approach clinical psychologists strive for may, in fact, miss out on important information leading to "less-than" perfect care. With the rise of trauma-informed care within mental health, the researcher would like to see the inclusion of person-centred care (which should encompass sexual and gender identity) within this care. This inclusion could raise the profile of LGBTQ-related trauma, which seems particularly important as services have been found to re-trigger past trauma (O'Malley et al., 2022). Whilst the empirical study enquired about safety, it revealed a real sense of LGBTQ-specific, historical trauma that had not been a product of the topic guide but seemed important to explore. Therefore, the researchers engaged in a discussion with supervisors about the possibility of using the data set to answer an alternative question about the impact of sexuality or gender-related trauma on late life safety and housing.

Regarding wider implications of this research, the researcher also reflected on the limited exposure medical and healthcare staff have to LGBTQ experiences and difficulties. The researcher herself noted how this teaching was lacking during her own clinical training. Although two lectures touched on the protected characteristics of

sexuality and gender orientation, the impact one's identity could have on perceiving or receiving care has otherwise not been incorporated into the curriculum. Accordingly, it is vital that teaching/education about the unique needs of older LGBTQ adults (and the community as a whole) is incorporated into the training for mental and physical healthcare professionals. This could be achieved by making it mandatory for courses and lecturers to consider intersectionality throughout all clinical groups.

Whilst the study findings did not surprise the researcher, she noticed a great sense of sadness that this population has and still is, confronted with challenges of discrimination, homo- and transphobia, and heteronormativity within services. As such, the researcher was particularly struck with the willingness of participants to engage in the research and to share so openly and honestly their experiences with homophobia, stigma, and trauma. Their honesty may reflect how much this research and any future research is needed.

### *On the wider contextual climate*

Whilst the progression in LGBTQ rights throughout participants lives had been touched on in interviews, a regression in this progress and a threat to their rights has also been noted. For example, in the US, state lawmakers have proposed a record 238 bills within three months of 2022 (compared to 41 in 2018), that would limit the rights of LGBTQ individuals, including restricting teaching on LGBTQ issues in school curriculums, permitting religious exemptions to discriminate against LGBTQ people and limiting trans people's ability to receive gender-affirming health care (Laviertes & Ramos, 2022). Within the UK, the legislative landscape has progressively become more permissive to facilitate LGBTQ people gaining comparable rights and treatment to heterosexual people since the 1990s (Park & Rhead, 2013). However, the acceptance of LGBTQ people within the UK social landscape has been slower, with a large minority of

the UK public continuing to see same-sex relationships as wrong (Watt & Elliot, 2019), Meanwhile, the legislative and social landscape for transgender people has lagged. Therefore, the right to change the gender assigned at birth was only recognised in UK law in 2004, despite it being recognised as a fundamental human right by the European Court of Human Rights 15 years prior (ibid). However, this reform was met with anti-trans campaigns and a rise in the trans-exclusionary radical feminists (TERFs) has been noticed specifically in the last few years. This group targets the exclusion of trans and non-binary people due to their supposed danger towards women, children, and the established moral order of the 'West' (Pearce et al., 2020).

With an influx of hate towards the LGBTQ community, and specifically transgender individuals, re-traumatisation through re-experiencing homophobia, transphobia and discrimination to the older LGBTQ population almost seems inevitable. Sadly, younger LGBTQ people are not excluded from the experiences the participants have described, and as such, may still face similar difficulties in later life. Given the slow regression, it seems that progressing research and pushing the agenda for LGBTQ needs is imperative to afford them with a sense of safety in an unsafe world in later life.

### ***Learning to take forward***

Throughout the research process, the researcher has brought the knowledge gained from the research process into her clinical work. For example, working on an older adult ward, the researcher was more aware of the lack of visibility and heteronormative care provided within these settings. Conversations about these observations with her placement supervisor, combined with the knowledge gained from the research, led to a reflective practice meeting of how this could be addressed within the team. Having completed both pieces of work has increased the researcher's awareness of the need to incorporate these in other services. The researcher was not

aware of how much services were falling behind in their care provisions and the dominance of heteronormative care prevailing despite advances made (e.g., the Equality Act, 2010). This lack of awareness might stem from her own privileges of having grown up in an era where sexual orientations and gender identities felt more accepted within society. As such, the researcher will take forward an awareness and knowledge to ensure that the notion of psychological safety and LGBTQ-affirmative person-centred care is extended beyond LTC services and incorporated into clinical practice regardless of the service she may enter.

## **Conclusion**

This thesis presents research relating to older LGBTQ adults' psychological well-being, by considering their psychological needs and psychological safety within LTC and later life housing. Outcomes comprise of implications and recommendations for clinical practice, future research needs, and professional developments gained by the researcher.

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## **List of Appendices**

### **Appendix A:**

**Guidance for research submissions to *Psychology and Aging***

## Submission

To submit to the editorial office of Elizabeth A. L. Stine-Morrow, please submit manuscripts electronically through the Manuscript Submission Portal in Word Document format (.doc).

Prepare manuscripts according to the *Publication Manual of the American Psychological Association* using the 7<sup>th</sup> edition. Manuscripts may be copyedited for bias-free language (see Chapter 5 of the *Publication Manual*). [APA Style and Grammar Guidelines](#) for the 7<sup>th</sup> edition are available.

## Journal Article Reporting Standards

Authors must adhere to the [APA Style Journal Article Reporting Standards](#) (JARS). The standards offer ways to improve transparency in reporting to ensure that readers have the information necessary to evaluate the quality of the research and to facilitate collaboration and replication.

The JARS:

- Recommend the division of hypotheses, analyses, and conclusions into primary, secondary, and exploratory groupings to allow for a full understanding of quantitative analyses presented in a manuscript and to enhance reproducibility;
- Offer modules for authors reporting on replications, clinical trials, longitudinal studies, and observational studies, as well as the analytic methods of structural equation modeling and Bayesian analysis;
- Include guidelines on reporting of study preregistration (including making protocols public); participant characteristics (including demographic characteristics; inclusion and exclusion criteria) psychometric characteristics of outcome measures and other variables, and planned data diagnostics and analytic strategy.

## Transparency and openness

APA endorses the Transparency and Openness Promotion (TOP) Guidelines developed by a community working group in conjunction with the Center for Open Science ([Nosek et al. 2015](#)). Reports of empirical research, including meta-analyses, submitted to *Psychology and Aging* must at least meet the “disclosure” level for all eight aspects of research planning and reporting, and the “requirement” level for Citation and for Transparency in Data, Design and Analysis, Analytic Code, and Research Materials. Thus, authors must make materials, deidentified data, and analytic code available via trusted repositories (e.g., [APA’s repository](#) on the Open Science Framework (OSF), or authors can access a full [list of other recommended repositories](#)), or explain the legal and/or ethical reasons that they cannot be provided. We encourage investigators to preregister their research designs and analytic plans prior to conducting the research, and to include links to this information in the author note, but this is not required; if the study and analytic plans were not preregistered, this should be reported. There are many available preregistration forms (e.g., the APA [Preregistration for Quantitative Research psychology](#) template, [ClinicalTrials.gov](#), or other preregistration templates available via [OSF](#)); completed preregistration forms should be posted on a publicly accessible registry system (e.g., [OSF](#), [ClinicalTrials.gov](#), or other trial registries in the WHO Registry Network). The list below presents the eight fundamental aspects of research planning and reporting, the TOP level required by *Psychology and*

*Aging*. Authors are encouraged to use the [Psychology and Aging TOP Checklist](#) to verify adherence to these standards before submission.

- Citation: Level 2, Requirement—All data, program code, and other methods developed by others must be appropriately cited in the text and listed in the references section.
- Data Transparency: Level 2, Requirement—Article states whether the raw and/or processed data on which study conclusions are based are available and either where to access them or the legal or ethical reasons why they are not available.
- Analytic Methods (Code) Transparency: Level 2, Requirement—Article states where computer code or syntax needed to reproduce analyses is available. The legal or ethical reason for any exception must be explained in the article.
- Research Materials Transparency: Level 2, Requirement—Article states where materials described in the method section are available. The legal or ethical reason for any exception must be explained in the article.
- Design and Analysis Transparency (Reporting Standards): Level 2, Requirement—The article must report 1) how the sample size was determined, 2) the gender and racial distribution of the sample as a function of age, 3) all data exclusions, 4) all manipulations, and 5) all study measures (see the [APA Journal Article Reporting Standards; JARS](#) and Simmons, Nelson, & Simonsohn, 2012).
- Study Preregistration: Level 1, Disclosure—Article states whether the study design and hypotheses were preregistered and, if so, where to access them. For masked submissions, authors may provide a masked version via a stable link or supplemental material.
- Analysis Plan Preregistration: Level 1, Disclosure—Article states whether any of the work reported preregistered an analysis plan and, if so, where to access it. For masked submissions, authors may provide a masked version via stable link or supplemental material.
- Replication: Level 1, Disclosure—The journal publishes replications.

Authors should include an introductory subsection in the method section titled “Transparency and openness.” This subsection should include a statement that materials, deidentified data, and analytic code are available—or an explanation of the legal and/or ethical reasons for any exceptions. This subsection should also include a statement as to whether or not the design and/or analytic plan were preregistered. Links to data, code, materials, and/or preregistrations should be included in the author note. Some examples of transparency and openness statements are as follows, with any links to resources described presented in the author note.

- We report how we determined our sample size, and describe all data exclusions, manipulations, and all measures in the study, and we follow the JARS (Appelbaum et al., 2018). All data, analysis code, and research materials are available. Data were analyzed using R, version 4.0.0 (R Core Team, 2020) and the package *ggplot*, version 3.2.1 (Wickham, 2016). This study’s design and its analysis were not pre-registered.
- We report how we determined our sample size and describe all manipulations and measures that were collected, as described in our pre-registration. No data met our a priori exclusion criteria (described below), so analyses reported are based on all data that were collected. Deidentified data and analysis code are available. Stimulus materials are copyright protected and cannot be provided.

## **Manuscript preparation**

Prepare manuscripts according to the 7th edition of the [Publication Manual of the American Psychological Association](#), paying attention to the use of bias-free language (see Chapter 5).

Please review APA's [Journal Manuscript Preparation Guidelines](#) before submitting your article. Additional guidance on APA Style is available on the [APA Style website](#). Double-space all copy. Other formatting instructions, as well as instructions on preparing tables, figures, references, metrics, and abstracts, can be found in the *Manual*. Your submission should include a cover letter with a completed [editorial checklist](#). This letter can be quite brief for original submissions. For revisions, the cover letter will typically provide a response to the decision editor and/or reviewers. In either case, the completed editorial checklist should be appended to the end.

## **Length**

### **Articles**

Articles do not typically exceed 8,000 words, excluding references, tables, and figures. Shorter manuscripts are equally welcome.

Articles exceeding the 8,000 word limit may be considered if they offer an especially novel theoretical framework, or complex methodology or statistical approach that requires more extensive exposition.

*Psychology and Aging* publishes direct replications. Submissions should include “A Replication of XX Study” in the subtitle of the manuscript as well as in the abstract.

## **Title page**

The first manuscript page is a title page, which includes a title of no more than 12 words, the author byline and institutional affiliation(s) where the work was conducted, a running head with a maximum of 50 characters (including spaces), and the author note.

## **Abstract, Public Significance Statements, and keywords**

All manuscripts must include an abstract, Public Significance Statement, and up to five keywords or brief phrases, typed on a separate page after the title page.

The abstract provides a balanced summary of the paper’s objectives, methods, findings, and conclusions (cf. [APA Style Journal Article Reporting Standards](#)) and should be comprehensible to a general audience of psychological scientists. Abstracts are no longer than 250 words.

The Public Significance Statement describes the most central finding(s) that will be easily understood by the larger public (e.g., practitioners, educators, policy makers, and news media), as well as the implications for theory, application, and/or policy. The Public Significance statement is typically one to three sentences in length and 30 to 70 words long (further guidance and examples can be found [here](#)).

## **References**

List references in alphabetical order. Each listed reference should be cited in text, and each text citation should be listed in the references section.

Examples of basic reference formats:

### **Journal article**

McCauley, S. M., & Christiansen, M. H. (2019). Language learning as language use: A cross-linguistic model of child language development. *Psychological Review*, 126(1), 1–51. <https://doi.org/10.1037/rev0000126>

**Authored book**

Brown, L. S. (2018). *Feminist therapy* (2nd ed.). American Psychological Association. <https://doi.org/10.1037/0000092-000>

**Chapter in an edited book**

Balsam, K. F., Martell, C. R., Jones, K. P., & Safren, S. A. (2019). Affirmative cognitive behavior therapy with sexual and gender minority people. In G. Y. Iwamasa & P. A. Hays (Eds.), *Culturally responsive cognitive behavior therapy: Practice and supervision* (2nd ed., pp. 287–314). American Psychological Association. <https://doi.org/10.1037/0000119-012>

## **Appendix B**

### **Enhancing Transparency in Reporting the Synthesis of Qualitative Research**

**(ENTREQ) Checklist (Tong et al., 2012)**

No	Item	Guide and description	
1	Aim	State the research question the synthesis addresses.	✓
2	Synthesis methodology	Identify the synthesis methodology or theoretical framework which underpins the synthesis, and describe the rationale for choice of methodology ( <i>e.g. meta-ethnography, thematic synthesis, critical interpretive synthesis, grounded theory synthesis, realist synthesis, meta-aggregation, meta-study, framework synthesis</i> ).	✓
3	Approach to searching	Indicate whether the search was pre-planned ( <i>comprehensive search strategies to seek all available studies</i> ) or iterative ( <i>to seek all available concepts until they theoretical saturation is achieved</i> ).	✓
4	Inclusion criteria	Specify the inclusion/exclusion criteria ( <i>e.g. in terms of population, language, year limits, type of publication, study type</i> ).	✓
5	Data sources	Describe the information sources used ( <i>e.g. electronic databases (MEDLINE, EMBASE, CINAHL, psycINFO, Econlit), grey literature databases (digital thesis, policy reports), relevant organisational websites, experts, information specialists, generic web searches (Google Scholar) hand searching, reference lists</i> ) and when the searches conducted; provide the rationale for using the data sources.	✓
6	Electronic Search strategy	Describe the literature search ( <i>e.g. provide electronic search strategies with population terms, clinical or health topic terms, experiential or social phenomena related terms, filters for qualitative research, and search limits</i> ).	✓
7	Study screening methods	Describe the process of study screening and sifting ( <i>e.g. title, abstract and full text review, number of independent reviewers who screened studies</i> ).	✓
8	Study characteristics	Present the characteristics of the included studies ( <i>e.g. year of publication, country, population, number of participants, data collection, methodology, analysis, research questions</i> ).	✓
9	Study selection results	Identify the number of studies screened and provide reasons for study exclusion ( <i>e.g. for comprehensive searching, provide numbers of studies screened and reasons for exclusion indicated in a figure/flowchart; for iterative searching describe reasons for study exclusion and inclusion based on modifications t the research question and/or contribution to theory development</i> ).	✓



No	Item	Guide and description	
10	Rationale for appraisal	Describe the rationale and approach used to appraise the included studies or selected findings ( <i>e.g. assessment of conduct (validity and robustness), assessment of reporting (transparency), assessment of content and utility of the findings</i> ).	✓
11	Appraisal items	State the tools, frameworks and criteria used to appraise the studies or selected findings ( <i>e.g. Existing tools: CASP, QARI, COREQ, Mays and Pope [25]; reviewer developed tools; describe the domains assessed: research team, study design, data analysis and interpretations, reporting</i> ).	✓
12	Appraisal process	Indicate whether the appraisal was conducted independently by more than one reviewer and if consensus was required.	✓
13	Appraisal results	Present results of the quality assessment and indicate which articles, if any, were weighted/excluded based on the assessment and give the rationale.	✓
14	Data extraction	Indicate which sections of the primary studies were analysed and how were the data extracted from the primary studies? ( <i>e.g. all text under the headings “results /conclusions” were extracted electronically and entered into a computer software</i> ).	✓
15	Software	State the computer software used, if any.	✓
16	Number of reviewers	Identify who was involved in coding and analysis.	✓
17	Coding	Describe the process for coding of data ( <i>e.g. line by line coding to search for concepts</i> ).	✓
18	Study comparison	Describe how were comparisons made within and across studies ( <i>e.g. subsequent studies were coded into pre-existing concepts, and new concepts were created when deemed necessary</i> ).	✓
19	Derivation of themes	Explain whether the process of deriving the themes or constructs was inductive or deductive.	✓
20	Quotations	Provide quotations from the primary studies to illustrate themes/constructs, and identify whether the quotations were participant quotations of the author’s interpretation.	✓

No	Item	Guide and description	
21	Synthesis output	Present rich, compelling and useful results that go beyond a summary of the primary studies (e.g. <i>new interpretation, models of evidence, conceptual models, analytical framework, development of a new theory or construct</i> ).	✓

**Appendix C:**  
**Guidance for research submissions to *Qualitative Research in Psychology***

## Qualitative Research in Psychology

<https://www.tandfonline.com/action/authorSubmission?show=instructions&journalCode=uqrp20#preparing-your-paper>

### Instructions for authors

Thank you for choosing to submit your paper to us. These instructions will ensure we have everything required so your paper can move through peer review, production and publication smoothly. Please take the time to read and follow them as closely as possible, as doing so will ensure your paper matches the journal's requirements.

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*Qualitative Research in Psychology* aims to become the primary forum for qualitative researchers in all areas of psychology—cognitive, social, developmental, educational, clinical, health, and forensic—as well as for those conducting psychologically relevant qualitative research in other disciplines.

*Qualitative Research in Psychology* is dedicated to exploring and expanding the territory of qualitative psychological research, strengthening its identity within the international research community and defining its place within the undergraduate and graduate curriculum. The journal will be broad in scope, presenting the full range of qualitative approaches to psychological research. The journal aims to firmly establish qualitative inquiry as an integral part of the discipline of psychology; to stimulate discussion of the relative merits of different qualitative methods in psychology; to provide a showcase for exemplary and innovative qualitative research projects in psychology; to establish appropriately high standards for the conduct and reporting of qualitative research; to establish a bridge between psychology and the other social and human sciences where qualitative inquiry has a proven track record; and to place qualitative psychological inquiry appropriately within the scientific, paradigmatic, and philosophical issues that it raises.

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<b>In-text citations</b>	
Basic citation formats	<p>Cite a resource in the text by (1) the surname(s) of its author(s); (2) its publication year; and (3) a page number or page numbers, when necessary (e.g., with a direct quotation). These elements of citation can be formatted in two ways. A resource can be cited with the author surnames incorporated into the running text and the publication year and page number(s) set inside parentheses, with a comma after the year and before the page number(s):</p> <p>This phenomenon occurs frequently, according to Smith and Jones (2018).</p> <p>Smith and Jones's (2018) landmark study offers valuable insights.</p> <p>Smith and Jones (2018, 67) consider "indulgent parenting... a danger to the average child."</p>

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At the point of submission, you will be asked if there is a data set associated with the paper. If you reply yes, you will be asked to provide the DOI, pre-registered DOI, hyperlink, or other persistent identifier associated with the data set(s). If you have selected to provide a pre-registered DOI, please be prepared to share the reviewer URL associated with your data deposit, upon request by reviewers.

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**Appendix D:**  
**Letter of ethical approval**



The University of Manchester

Research Governance, Ethics and Integrity

2<sup>nd</sup> Floor Christie Building

The University of Manchester

Oxford Road

Manchester

M13 9PL

Email: [research.ethics@manchester.ac.uk](mailto:research.ethics@manchester.ac.uk)

Ref: 2021-12739-21035

16/11/2021

Dear Miss Stefanie Helmuth, , Dr Louisa Shirley

**Study Title:** What does psychological safety mean to older LGBT adults in the context of late life housing needs?

University Research Ethics Committee 1

I write to thank you for submitting the final version of your documents for your project to the Committee on 11/11/2021 09:28 . I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form and supporting documentation as submitted and approved by the Committee.

**COVID-19 Important Note**

Please ensure you read the information on the [Research Ethics website](#) in relation to data collection in the COVID environment as well as the [guidance issued by the University](#) in relation to face-to-face (in person) data collection both on and off campus.

[A word document version of this guidance is also available.](#)

Please see below for a table of the title, version numbers and dates of all the final approved documents for your project:

Document Type	File Name	Date	Version
Additional docs	Research subcommittee approval	19/07/2021	1
Lone Worker Policy/Procedure	Lone Worker Procedure 13.08.2021 V1	13/08/2021	V1
Default	Topic guide 20.08.2021 V1	20/08/2021	V1
Default	Demographics questionnaire 20.08.2021 V1	20/08/2021	V1
Data Management Plan	Data management plan 07.09.2021 V1	07/09/2021	1
Additional docs	UREC letter 14.10.2021	14/10/2021	1
Advertisement	Online advertisement V1 22.10.2021	22/10/2021	V1
Additional docs	General Distress Protocol 22.10.2021 V2 (in person FG)	22/10/2021	V2
Additional docs	General Distress Protocol 22.10.2021 V2 (online FG)	22/10/2021	V2
Advertisement	E-mail template to participants 22.10.2021 V2	22/10/2021	V2
Participant Information Sheet	PIS 22.10.2021 V2 (in person FG)	22/10/2021	V2
Consent Form	Consent Form 22.10.2021 V2 (in person FG)	22/10/2021	V2
Distress Protocol/Debrief Sheet	Debrief sheet 22.10.2021 V2	22/10/2021	V2
Advertisement	Advertisement Poster V2 22.10.2021	22/10/2021	V2
Additional docs	PR7 Form (December 2018)	27/10/2021	1
Additional docs	Revisions to Ethics Applications 27.10.2021	27/10/2021	1
Additional docs	UREC letter 01.11.2021	01/11/2021	V1
Advertisement	E-mail and Letter to Services V3 03.11.2021	03/11/2021	V3
Participant Information Sheet	PIS 03.11.2021 V3 (online FG)	03/11/2021	V3
Consent Form	Consent Form 03.11.2021 V3 (online FG)	03/11/2021	V3
Additional docs	Revisions to Ethics Applications 05.11.2021	05/11/2021	V1
Additional docs	UREC letter 09.11.2021	09/11/2021	V1
Additional docs	Revisions to Ethics Applications 11.11.2021	11/11/2021	V1

This approval is effective for a period of five years however please note that it is only valid for the specifications of the research project as outlined in the approved documentation set. If the project continues beyond the 5 year period you will be required to submit a new ethics application.

If you wish to propose any changes to the methodology or any other specifics within the project, including the dates of data collection, an application to seek an

amendment must be submitted for review. Failure to do so could invalidate the insurance and constitute research misconduct.

You are reminded that, in accordance with University policy, any data carrying personal identifiers must be encrypted when not held on a secure university computer or kept securely as a hard copy in a location which is accessible only to those involved with the research.

**Reporting Requirements:**

You are required to report to us the following:

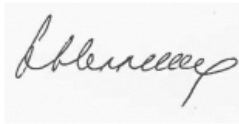
1. [Amendments](#): Guidance on what constitutes an amendment
2. [Amendments](#): How to submit an amendment in the ERM system
3. [Ethics Breaches and adverse events](#)
4. [Data breaches](#)
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It is our aim to provide a timely and efficient service that ensures transparent, professional and proportionate ethical review of research with consistent outcomes, which is supported by clear, accessible guidance and training for applicants and committees. In order to assist us with our aim, we would be grateful if you would give your view of the service that you have received from us by completing a **UREC Feedback Form**. Instructions for completing this can be found in your approval email.

We wish you every success with the research.

Yours sincerely,



Ms Kate Hennessy

Secretary to University Research Ethics Committee 1



**Appendix E:**  
**Participant Information Sheet**

(Please note that each participant received the online version of the Participant Information Sheet as those who wished to attend interviews did so after receiving this sheet)

## **What does psychological safety mean to older LGBT adults in the context of late life housing needs?**

### **Participant Information Sheet (PIS)**

You are being invited to take part in an online research study, which aims to investigate the meaning of psychological safety for older adults, who identify as LGBT, with a special focus on later life housing needs. This research forms part of a Clinical Psychology Doctorate programme (ClinPsyD) at the University of Manchester. Before you decide whether to take part, it is important for you to understand why the research is being conducted and what it will involve. Please take time to read the following information carefully before deciding whether to take part and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Thank you for taking the time to read this.

### **About the research**

#### **➤ Who will conduct the research?**

Research Team: Ms Stefanie Helmrath, Dr Louisa Shirley and Dr Sandra Flynn, Division of Psychology and Mental Health, The University of Manchester.

#### **➤ What is the purpose of the research?**

There is almost no research on what psychological safety means to older adults who identify as lesbian, gay, bisexual or transgender (LGBT) either general or in relation to housing needs in later life (e.g., extra care housing schemes). Thus, it is vital to gain increased awareness and knowledge about this to identify the needs of older LGBT individuals and identify the most effective way to support them in extra care housing schemes. Please note you do not need have any prior knowledge of extra care housing schemes, as this will be explained at the start of the group.

You have been invited to attend a focus group, because you are an adult above the age of 55 years old and are part of the LGBT community. Currently, Manchester City Council offers extra care housing schemes to people aged 55 or over, which is why this age range was chosen for the current study.

#### **➤ Will the outcomes of the research be published?**

We intend to publish the results in a suitable academic journal and to submit a conference paper to the British Psychological Society. The findings will also be forwarded to the LGBT Foundation in Manchester and results will be fed back in written and verbal form to the LGBT foundation Community Group and Manchester council, who have been involved with securing housing for the extra care schemes.

We will provide participants with a summary of the overall study findings upon request. Participant will be able to indicate in the consent form if they would like to receive the overall study findings and will be asked to provide their e-mail address if they would like this. This can be indicated on point 9 of the consent form. This is fully optional and not a prerequisite to taking part in the study.

➤ **Who has reviewed the research project?**

The research study has been reviewed by The University of Manchester Research Ethics Committee.

➤ **Consent form**

Within the consent form, please note that clauses 9 (“I agree that the researchers may contact me in future about other research projects.”) and 10 (“I would like to receive the findings of the research study. The findings will be made available in written form.”) are fully optional and you may participate in the research without agreeing to these.

**What would my involvement be?**

**What would I be asked to do if I took part?**

1. The research will be held online on Zoom.
2. Once you confirmed interest in the study, you will be send this Participation Information Sheet and a Consent Form via email prior to the focus group.
3. Within that email, you will be invited to speak with the researcher should you have any questions on the study or consent form. This can be done in person, over the phone or via videoconferencing, depending on your preference.
4. Once the researcher has received the signed consent form via email or post (should you wish to print the form), you will be sent a further email with the date, time and link to access the focus group on the day.
5. The main portion of the study will involve taking part in a focus group, which will last about 90 minutes.
6. On the day of the focus group, you will be asked to verbally re-confirm your consent to take part in the study.
7. You would be invited to take part in one focus group only, formed of 5-6 individuals, who have the same sexual orientation or gender identity to you. For example, if you identify as bisexual, you will be invited to take part in a focus group with other individuals who identify as bisexual.
8. You will also be asked to complete a demographics questionnaire, which you may complete independently or ask the researcher for assistance.
9. At the end of the focus group the researcher will answer any final questions.

➤ **Will I be compensated for taking part?**

You will receive a £10 amazon voucher following completion of the focus group. So that we can provide the Amazon voucher as a thank you for your time, your email address will be shared with our Finance department who will send the voucher to you. Your email address will be securely retained by Finance for a period of up to 7 years for audit purposes only and then destroyed. It will not be used by them for any other purpose.

### **What happens if I do not want to take part or if I change my mind?**

It is up to you to decide whether or not to take part. If you decide to take part, you would then be asked to sign a consent form (this may be done in writing). If you sign the consent form but change your mind later, you are free to withdraw at any point during the study without giving a reason and without detriment to yourself. However, it will not be possible to remove your data from the project once it has been anonymised as we will not be able to identify your specific data. This does not affect your data protection rights. If you decide not to take part, you do not need to do anything further.

As the focus group will take place via videoconferencing, it is essential to video record the focus group and therefore you should be comfortable with the recording process, however recordings can be stopped at any time if needed and you are not required to have your camera on.

### **Data Protection and Confidentiality**

#### **➤ What information will you collect about me?**

In order to participate in this research project we will need to collect information that could identify you, called “personal identifiable information”. Specifically, we will need to collect:

- Name
- Age
- Ethnicity
- Sexual Orientation
- Contact details (E-mail address and telephone number)

#### **Video recordings:**

As the focus group will take place via videorecording, the session will be video recorded and will consist of voices and facial features. However, it is not a requirement to have your camera on during the focus group, in which case the videorecording will consist of voice only. Your participation in this research will be recorded in Zoom and your personal data will be processed by Zoom. This may mean that your personal data is transferred to a country outside of the European Economic Area, some of which have not yet been determined by the United Kingdom to have an adequate level of data protection. Appropriate legal mechanisms to ensure these transfers are compliant with the Data Protection Act 2018 and the UK General Data Protection Regulation are in

place. The recordings will be removed from the above third-party platform and stored on University of Manchester managed file storage as soon as possible following the completion of data collection.

➤ **Under what legal basis are you collecting this information?**

We are collecting and storing this personal identifiable information in accordance with UK data protection law which protect your rights. These state that we must have a legal basis (specific reason) for collecting your data. For this study, the specific reason is that it is “a public interest task” and “a process necessary for research purposes”.

➤ **What are my rights in relation to the information you will collect about me?**

You have a number of rights under data protection law regarding your personal information. For example, you can request a copy of the information we hold about you, including video recordings.

If you would like to know more about your different rights or the way we use your personal information to ensure we follow the law, please consult our Privacy Notice for Research - <https://documents.manchester.ac.uk/display.aspx?docid=37095>

➤ **Will my participation in the study be confidential and my personal identifiable information be protected?**

In accordance with data protection law, The University of Manchester is the Data Controller for this project. This means that we are responsible for making sure your personal information is kept secure, confidential and used only in the way you have been told it will be used. All researchers are trained with this in mind, and your data will be looked after in the following way:

- All data which is collected about you will be kept strictly confidential and only viewed by members of the research team. Consent forms will be stored securely in a locked filing cabinet at the University. Demographic questionnaires will be kept electronically, with hard copies being disposed as soon as possible.
- Identifiable data will be fully anonymised as soon as possible. Data will be entered onto a computer database which will be password protected and encrypted. Each participant will be assigned a random study number; thus, names will not be entered onto the database.
- Data will be retained for 5 years on the secure University of Manchester's Research Data Storage (RDS) in accordance with the University Research Data Management policy and archived according to the policy.
- We plan to publish the research; however, names of participants will not be used.

**Video recordings:**

- The video recordings will be used to create transcripts. The transcribing will be performed by a member of the research team.
- Personal identifiable information will be removed in the final transcript, meaning you will not be identifiable from the transcript.
- Recordings will be destroyed as soon as the recording has been fully transcribed.
- Only members of the research team will have access to the recordings and transcript.

**Potential disclosures:**

- If, during the study, you disclose information about any current or future illegal activities, we have a legal obligation to report this and will therefore need to inform the relevant authorities.
- Individuals from the University, the site where the research is taking place and regulatory authorities may need to review the study information for auditing and monitoring purposes or in the event of an incident.

Please also note that individuals from The University of Manchester or regulatory authorities may need to look at the data collected for this study to make sure the project is being carried out as planned. This may involve looking at identifiable data. All individuals involved in auditing and monitoring the study will have a strict duty of confidentiality to you as a research participant.

**What if I have a complaint?**

If you have a concern about any aspect of the study or a minor complaint, the first point of contact is the researchers who you can get in touch with using the email address provided at the end of this information sheet. They will do their best to answer any questions you may have.

➤ **Contact details for complaints**

If you have a major complaint that you wish to direct to members of the research team, please contact: Dr Louisa Shirley, [louisa.shirley@manchester.ac.uk](mailto:louisa.shirley@manchester.ac.uk)

**If you wish to make a formal complaint to someone independent of the research team or if you are not satisfied with the response you have gained from the researchers in the first instance then please contact**

The Research Ethics Manager, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester, M13 9PL, by emailing: [research.complaints@manchester.ac.uk](mailto:research.complaints@manchester.ac.uk) or by telephoning 0161 306 8089.

If you wish to contact us about your data protection rights, please email [dataprotection@manchester.ac.uk](mailto:dataprotection@manchester.ac.uk) or write to The Information Governance Office, Christie Building, The University of Manchester, Oxford Road, M13 9PL at the University and we will guide you through the process of exercising your rights.

You also have a right to complain to the Information Commissioner's Office about complaints relating to your personal identifiable information (<https://ico.org.uk/make-a-complaint/>)

Telephone: **0303 123 1113**

### **Contact Details**

If you have any queries about the study or if you are interested in taking part then please contact the researcher:

**Ms Stefanie Helmrath**  
**Trainee Clinical Psychologist**  
**Stefanie.helmrath@postgrad.manchester.ac.uk**

**Thank you very much for reading this information sheet**

**Appendix F:**

**Consent Form (for online focus groups, online interviews, and in person interviews)**



**What does psychological safety mean to older LGBT adults in the context of late life housing needs?**

**Consent Form (online Focus Group)**

Participant identification no:

If you are happy to participate, please complete and sign the consent form below

	<b>Activities</b>	<b>Initials</b>
1	I confirm that I have read the attached information sheet ( <b>Version 4, Date 08.03.2022</b> ) for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2	I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. I understand that it will not be possible to remove my data from the project once it has been anonymised and forms part of the data set.  I agree to take part on this basis.	
3	I agree to the focus group being video recorded.	
4	I agree that any data collected may be included in anonymous form in publications and/or conference presentations.	
5	I understand that data collected during the study may be looked at by individuals from The University of Manchester or regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data.	
6	I understand that there may be instances where during the course of the research information is revealed which means the researchers will be obliged to break confidentiality and this has been explained in more detail in the information sheet.	
7	I agree to take part in this study.	
8	I understand that my email address will be passed to the University's Finance team for the sole purpose of sending me the Amazon voucher.	

**The following activities are optional, you may participate in the research without agreeing to the following:**

9	I agree that the researchers may contact me in future about other research projects.	
10	<p>I would like to receive the findings of the research study. The findings will be made available in written form.</p> <p>I, hereby, agree that the researchers may retain my contact details in order to provide me with a summary of the findings for this study.</p> <p>Results may be sent to (please provide e-mail address):</p> <p>_____</p>	

#### **Data Protection**

**The personal information we collect and use to conduct this research will be processed in accordance with UK data protection law as explained in the Participant Information Sheet and the Privacy Notice for Research Participants.**

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of the person taking consent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(When completed: 1 copy for Participant, 1 copy for Researcher site file)

**What does psychological safety mean to older LGBT adults in the context of late life housing needs?**

**Consent Form (online Interviews)**

Participant identification no:

If you are happy to participate, please complete and sign the consent form below

	<b>Activities</b>	<b>Initials</b>
1	I confirm that I have read the attached information sheet ( <b>Version 4, Date 08.03.2022</b> ) for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2	I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. I understand that it will not be possible to remove my data from the project once it has been anonymised and forms part of the data set.  I agree to take part on this basis.	
3	I agree for the interview to be video recorded.	
4	I agree that any data collected may be included in anonymous form in publications and/or conference presentations.	
5	I understand that data collected during the study may be looked at by individuals from The University of Manchester or regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data.	
6	I understand that there may be instances where during the course of the research information is revealed which means the researchers will be obliged to break confidentiality and this has been explained in more detail in the information sheet.	
7	I agree to take part in this study.	
8	I understand that my email address will be passed to the University's Finance team for the sole purpose of sending me the Amazon voucher.	

**The following activities are optional, you may participate in the research without agreeing to the following:**

9	I agree that the researchers may contact me in future about other research projects.	
10	<p>I would like to receive the findings of the research study. The findings will be made available in written form.</p> <p>I, hereby, agree that the researchers may retain my contact details in order to provide me with a summary of the findings for this study.</p> <p>Results may be sent to (please provide e-mail address):</p> <p>_____</p>	

### **Data Protection**

**The personal information we collect and use to conduct this research will be processed in accordance with UK data protection law as explained in the Participant Information Sheet and the Privacy Notice for Research Participants.**

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of the person taking consent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(When completed: 1 copy for Participant, 1 copy for Researcher site file)

**What does psychological safety mean to older LGBT adults in the context of late life housing needs?**

**Consent Form (In-person Interviews)**

Participant identification no:

If you are happy to participate please complete and sign the consent form below

	<b>Activities</b>	<b>Initials</b>
1	I confirm that I have read the attached information sheet ( <b>Version 3, Date 08.03.2022</b> ) for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2	I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. I understand that it will not be possible to remove my data from the project once it has been anonymised and forms part of the data set.  I agree to take part on this basis.	
3	I agree for the interview to be audio recorded.	
4	I agree that any data collected may be included in anonymous form in publications and/or conference presentations.	
5	I understand that data collected during the study may be looked at by individuals from The University of Manchester or regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data.	
6	I understand that there may be instances where during the course of the research information is revealed which means the researchers will be obliged to break confidentiality and this has been explained in more detail in the information sheet.	
7	I agree to take part in this study.	
8	I understand that my email address will be passed to the University's Finance team for the sole purpose of sending me the Amazon voucher.	

**The following activities are optional, you may participate in the research without agreeing to the following:**

9	I agree that the researchers may contact me in future about other research projects.	
10	<p>I would like to receive the findings of the research study. The findings will be made available in written form.</p> <p>I, hereby, agree that the researchers may retain my contact details in order to provide me with a summary of the findings for this study.</p> <p>Results may be sent to (please provide e-mail address):</p> <p>_____</p>	

### Data Protection

**The personal information we collect and use to conduct this research will be processed in accordance with UK data protection law as explained in the Participant Information Sheet and the Privacy Notice for Research Participants.**

\_\_\_\_\_  
Name of Participant                      Signature                      Date

\_\_\_\_\_  
Name of the person taking consent      Signature                      Date

(When completed: 1 copy for Participant, 1 copy for Researcher site file)

**Appendix G:**  
**Demographics Questionnaire**

## Demographics questionnaire

This information will remain confidential. Please do not write your name anywhere on this form to ensure anonymity. Please complete the empty spaces and circle the correct answer when necessary.

### 1. Which of the following options best describes how you think of yourself?

Woman (including trans woman)

Man (including trans man)

Non-binary

In another way  
(please state):

### 2. Is your gender identity the same as that you were assigned at birth?

Yes

No

### 3. Which of the following options best describes how you think of yourself?

Lesbian

Gay

Bisexual

In another way (Please state)

### 4. What is your age?

(Please tick  
**one option**)





**9. What is your relationship status (please tick all that apply)**

- Single
- In a relationship (not co-habiting)
- In a relationship (and co-habiting)
- Married
- Civil partnership
- Widowed
- Divorced/Dissolved

**10. Are you currently receiving any personal or social care? Please tick all that are relevant.**

No, I don't receive any support	Yes, I get Local Authority direct payment
Yes, I have a private care package	Yes, my partner(s) support(s) me
Yes, I have a Local Authority package	Yes, I have support from friends and/or family

I receive other kinds of support (please specify)

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**11. What type of care do you receive? Please tick all that are relevant.**

Managing nutrition	Maintaining family and close relationships
Maintaining personal hygiene	Accessing work, training or volunteering
Managing toilet needs	Making use of transport
Dressing	Accessing recreational or community services
Being safe in the home	Carrying out caring responsibilities
Maintaining your home	Other, such as taking medication, shopping, attending appointments and managing finances

**12. Do you receive any welfare benefits?**

I don't receive any welfare benefits	Personal Independence Payment (PIP)
Universal Credit	Income Support
Working Tax Credit	Intensive Personalised Employment Support
Child Tax Credit	Reduced Earnings Allowance
Employment and Support Allowance (ESA)	Severe Disablement Allowance
Job Seekers Allowance	Guardian's Allowance
Attendance Allowance	Housing Benefit
Blind Person's Allowance	Council Tax Reduction
Carer's Allowance	Cold Weather Payments
Carer's Credit	Warm Home Discount Scheme
Disability Living Allowance	Winter Fuel Payment
Discretionary Housing Benefit	National Concessionary Fuel Scheme
Incapacity Benefit	Bereavement Allowance
Independent Living Fund	War Widow(er) Pension
Industrial Injuries Disablement Benefit	Widowed Parent's Allowance

**13. What is your employment status?**

Employed (full-time)

Employed (part time)

Unemployed (eligible for benefits)

Unemployed (ineligible for benefits)

Retired

Other (please specify):

**14. Does your current housing meet your needs at the moment?**

Yes

No (please explain why not)

**15. How many people currently live in your household, including you?**

1

2

3

4+

**16. Are you currently living in age specific (i.e. retirement) housing?**

Yes

No

**17. Describe your housing tenure?**

Own home outright	Shared Ownership
Own home with mortgage	Living with family or friends

Renting from council or housing association	Lodger
Renting from private landlord	No fixed address/ Homeless
	Living in a residential, nursing or care scheme Other (please specify)

**Appendix H:**  
**Semi-structured Topic Guide**

## Topic Guide

### What does psychological safety mean to older LGBT adults?

<b>Equipment:</b>	<p>Participant Information Sheet</p> <p>Consent forms</p> <p>Encrypted audio-recorder or computer with access to Zoom</p> <p>Demographics questionnaire</p>
<b>Prior to interview:</b>	<p>Participant Information Sheet – any questions?</p> <p>Consent form – explain audio recording and what will be discussed in the focus groups will remain confidential.</p> <p>Demographic data (separate sheet)</p>
<b>Introduction:</b>	<p>Introduce self, welcome, and thank participants for attending the focus group. Ensure that the participants are comfortable.</p> <p>Re-confirm informed consent is still valid and participants still wish to take part.</p> <p>Outline focus group procedures and expected length of time for the focus group.</p> <p>Remind the participant that the interview will be audio recorded, that participation is voluntary, that they have the right to withdraw at any point without penalty and offer pauses and breaks.</p> <p>Explain confidentiality – everything the participants say during the focus group will remain confidential and that participants should not share what others have said during the focus group with others.</p> <p>“Thanks again for meeting with me today. Recently, the LGBT Foundation has secured housing for extra care housing schemes, which is hoped to be a LGBT affirmative space. However, the question arose as to what safety means to you as individuals and as a community.</p>
<b>Consent:</b>	
<b>Interview details:</b>	
<b>Confidentiality:</b>	
<b>Explain purpose of the study and take any questions:</b>	

<p><b>Ground Rules:</b></p> <p><b>Demographics questionnaire:</b></p>	<p>The focus group will focus on psychological safety and what this means to you, with a special focus on later life housing needs. We hope that with your help, we will be able to make these schemes LGBT affirmative. The focus group will take around 90 minutes to complete. With your permission, the focus group will be audio-recorded and then typed up to make sure we have an accurate summary of what you have said. Recordings will be securely stored in password protected computer files. Sometimes I may use quotes that you provide during the interview in publications, but I would always make sure that you would not be identifiable from these quotes. Do you have any questions at all?”</p> <p>Before starting the interviews, ground rules will be discussed, and participants will be invited to state any ground rules they would like to be included throughout their focus group.</p> <p>Remind participant that the focus group is not being recorded yet and ask participants to complete the demographics questionnaire.</p>
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Section of topic guide	
<p><b>Safety (in general)</b></p>	<p>“What does feeling safe look like for you?”</p> <p>“What does safety mean to you when talking about housing?”</p> <p><i>Prompt: What impact does this have on your emotional well-being? Please tell me more? What do you mean by that?</i></p>
<p><b>Psychological Safety</b></p>	<p>“Psychological safety means being able to be your true, authentic self without having to hide your sexuality; what does psychological safety mean to you?”</p>



	<p>“What does psychological safety mean in relation to where you live?”</p> <p><i>Prompt: What impact does this have on your emotional well-being?</i></p> <p><i>Please tell me more? What else can you tell me about that?</i></p> <p><i>Please elaborate more on that? In what way?</i></p>
<p><b>Feeling unsafe/difficulties</b></p>	<p>“Have you ever felt (psychologically) unsafe?”</p> <p>“Have you ever experienced feeling (psychologically) unsafe within the place you live?”</p> <p>“Have you ever felt too (psychologically) unsafe to get a place to live?”</p> <p><i>Prompts: What barriers have you experience from feeling safe? In the community? The place you live? What would be helpful if you were faced with this situation again?</i></p> <p><i>Please tell me more.</i></p>
<p><b>Experiences</b></p>	<p>“What are your experiences with care schemes/supported living?”</p> <p>“Is this type of scheme something you might be interested in?”</p> <p><i>Prompts: Why/Why not? Impact on this on well-being?</i></p> <p><i>What factors influence your thoughts? Any psychological or emotional factors? How about friends or family (if no experience)?</i></p>
<p><b>LGBT Foundation extra care housing scheme</b></p>	<p>This is a LGBT community plan (extra care housing scheme), what are your thoughts about that as a group?</p> <p><i>Prompts: Any concerns? Any positives?</i></p>
<p><b>Support</b></p>	<p>“What would extra care home schemes have to look like for you to access them?”</p>

	<p>“How could extra care home schemes look like in order for you to feel safe?”</p> <p><i>Prompts: Why would you wish/ not wish to access them currently?</i></p>
<b>Other considerations</b>	<p>“Are there any other things to consider that would aid psychological safety?”</p> <p>“Is there anything else you would like to add?”</p>

### **Interview closedown**

<p>“Is there anything else that you would like to tell me that we haven’t discussed, but you think might be relevant when thinking about extra care housing schemes and psychological safety?”</p>
<p>“How have you found the focus group today?”</p>
<p>“Ok I’ll now switch of the audio recorder.”</p>

### **End of interview**

<p>Thank the participants for taking part.</p> <p>Explain what will happen with the information provided.</p> <p>Ask the participant whether they would like to receive a summary of the results.</p> <p>Ask the participant whether they have any questions.</p>
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