Master de Santé Publique

Improving the inclusivity of older bisexual individuals in UK care homes: Insights from qualitative research

Sara FERNANDEZ-ARIAS

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Location of the practicum:

Leeds, United Kingdom

Professional advisor:

Giles Ratcliffe and Alison Iliff;

NHS England and Office for Health Improvement and Disparities,

Academic advisor:

Dr. Odessa Petit Dit Dariel;

Professor EHESP

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Acronyms

EA	Equality Act
GP	General Practitioner
HIV	Human Immunodeficiency Virus
HSCA	Health and Social Care Act 2008
LGB	Lesbian, Gay, and Bisexual
LGBT	Lesbian, Gay, Bisexual, Transgender
NHS	National Health Service
ONS	Office for National Statistics
OHID	Office for Health Improvement and Disparities
UK	United Kingdom

Abstract

Introduction: Despite the recent progress in anti-discrimination laws and increased public acceptance of the LGBT community, there is a lack of research on the specific healthcare requirements of older bisexual individuals in care homes. Bisexual people have faced stigma and biphobia due to living in a heteronormative society, leading to elevated rates of mental health concerns. This study seeks to comprehend the needs of potential care home residents who identify as bisexual, with a focus on public health. The findings can then guide care homes and local authorities on how to modify the care home environment to ensure inclusivity for bisexual individuals.

Methods: The study included individuals identifying as bisexual or non-monosexual that were 40 or older living in the UK. A snowball sampling method as well as connecting to potential participants through online groups was used in the study. The study utilised 30 to 45 minute semi-structured interviews as the primary data collection method. Moreover, the data was transcribed, uploaded to Nvivo, and analysed through the 6 steps of thematic analyses by Braun and Clarke.

Results: The six participants discussed their need to be in a space where they feel accepted as well as having care home staff that is educated about the bisexual experience. In addition, having an intergenerational community can provide the opportunity for this sample to keep a connection with the world outside a care home. Finally, participants highlighted the importance of having the liberty to keep exploring their sexuality.

Conclusion: This study highlighted the importance of public health as care homes need to understand bisexuality and the intersectionality within it to ensure the protection of bisexual individuals from any kind of marginalisation against them. This process should start with the training of care home staff as well as providing care home residents with intergenerational activities. Moreover, to provide a holistic person-centred service, care home staff must develop techniques to ask residents about their background and sexual orientation.

Keywords: care homes, bisexuality, LGBT, UK, sexual orientation, older adults

Abstract in French

Introduction : Malgré les progrès récents des lois anti-discrimination et l'acceptation accrue de la communauté LGBT par le public, il y a un manque de recherche sur les besoins spécifiques en matière de soins de santé des personnes âgées bisexuelles dans les maisons de soins. Les personnes bisexuelles sont confrontées à la stigmatisation et à la biphobie du fait qu'elles vivent dans une société hétéronormative, ce qui entraîne des taux élevés de problèmes de santé mentale. Cette étude vise à comprendre les besoins des résidents potentiels des maisons de soins qui s'identifient comme bisexuels, en mettant l'accent sur la santé publique. Les résultats pourront ensuite guider les maisons de soins et les autorités locales sur la manière de modifier l'environnement des maisons de soins afin de garantir l'inclusion des personnes bisexuelles.

Méthodes : L'étude a porté sur des personnes s'identifiant comme bisexuelles ou non-monosexuelles, âgées de 40 ans ou plus et vivant au Royaume-Uni. Une méthode d'échantillonnage en boule de neige ainsi que la mise en relation avec des participants potentiels par le biais de groupes en ligne ont été utilisées pour l'étude. L'étude a utilisé des entretiens semi-structurés de 30 à 45 minutes comme principale méthode de collecte de données. En outre, les données ont été transcrites, téléchargées sur Nvivo et analysées selon les 6 étapes de l'analyse thématique de Braun et Clarke.

Résultats : Les six participants ont évoqué leur besoin d'être dans un espace où ils se sentent acceptés ainsi que d'avoir un personnel de maison de soins sensibilisé à l'expérience bisexuelle. En outre, l'existence d'une communauté intergénérationnelle peut permettre à cet échantillon de garder un lien avec le monde extérieur à la maison de retraite. Enfin, les participants ont souligné l'importance d'avoir la liberté de continuer à explorer leur sexualité.

Conclusion : Cette étude a mis en évidence l'importance de la santé publique, car les établissements de soins doivent comprendre la bisexualité et son intersectionnalité pour garantir la protection des personnes bisexuelles contre toute forme de marginalisation. Ce processus devrait commencer par la formation du personnel des maisons de soins et par l'organisation d'activités intergénérationnelles pour les résidents des maisons de soins. En outre, pour fournir un service holistique centré sur la personne, le personnel des maisons de soins doit développer des techniques pour interroger les résidents sur leurs antécédents et leur orientation sexuelle.
Mots clés : maisons de soins, bisexualité, LGBT, Royaume-Uni, orientation sexuelle, personnes âgées

Introduction

There are approximately 1 million adults over the age of 55 who are part of the LGBT community in Britain and more than 3% of individuals 16 and over identify themselves as part of the LGB community in the UK (Age UK 2020; Office of National Statistics 2021). The LGBT community has been increasing over time as the amount of knowledge and acceptance of different sexual identities expands, with approximately 30% of Gen Z identifying themselves as part of the LGBT community in the UK (Stonewall 2022). This increase makes it essential to consider improvements in health services throughout the lifecycle that include all sexual identities. However, for many older adults in the LGBT community sexual identity inclusivity has been the opposite of their experience, as they have encountered lifelong marginalisation and abuse in health care services (Kneale et al. 2021). In the UK, Individuals currently 65 or older grew up in an era where homosexuality was still criminalised (Kneale et al. 2021). Even after homosexuality was no longer penalised for men older than 21 in 1967 in England and Wales and subsequently enforced in Scotland and Northern Ireland in 1980 and 1981, a hostile environment for the LGBT community remained, exacerbated by the HIV epidemic in the 1980s (Kneale et al. 2021). For transgender individuals, the fight for inclusion has taken even longer, as they were only permitted to change their gender legally in the Gender Recognition Act of 2004 (Nirta 2021). Data shows that the older LGBT population is at higher risk of negative health outcomes as the fear of marginalisation and abuse in health care services delays access to these same services (Westwood et al. 2019; Skeldon & Jenkins 2022). As LGBT individuals age, their health services needs will evolve making it necessary for some individuals to consider a transition to a care home.

In recent years, while there have been some improvements in the UK in terms of including the LGBT community in the law, there has been little research regarding their specific needs when it comes to older adults' long-term care (Putney et al. 2018). There have been studies focusing on the older LGBT population's needs in care homes, but these mainly considered gay and lesbian individuals with only very few participants from the bisexual and transgender communities (Jones et al. 2018). Some transgender studies have appeared in recent years as there has been increasing interest in their health needs. On the other hand, older bisexuals remain a population that needs more attention. Bisexual individuals comprise almost half of the LGBT population in the UK (Stonewall 2022). However, they have been understudied as LGBT studies rarely separate the data by sexual identity and must include bisexual individuals within gay and lesbian individuals' categories (Jones et al. 2018). As a result, studies focusing on older LGBT care home needs have not gone into sufficient depth to understand the specific need of the bisexual population. According to Meyer et al. (2017), the likelihood of transgender individuals identifying as bisexual is 5.5 times higher, thus studying of bisexual needs important not only to cisgender individuals but to trans individuals as well.

Compared to other sexual identities bisexuals have a higher rate of mental health pathologies, suicide, and negative health outcomes as the result of the multiple levels of discrimination that they face (Bostwick & Dodge 2019; Colledge et al. 2015; McCann et al. 2021; Fedriksen-Goldensen et al. 2017). This concerning data has significant public health implications as the marginalisation of bisexual individuals can affect their access to health services because of fear (Putney et al 2018; Hiestand et al 2007). These challenges in accessing health services span the lifecycle and eventually require entering care homes, yet this public health issue has not been sufficiently explored for the older bisexual population. As a result, it is essential to consider improvements in care home provision that will include all sexual identities in order for current and future members of the LGBT community to feel welcomed in an environment where they can live fully in their last years of life. There is currently no study available that only focuses on bisexual anticipated care home needs in the UK, this project aims to fill this gap in the current literature. To contribute to the gap in the literature, this project explores the potential care home needs of older adults in the bisexual community. The study focuses primarily on the needs of individuals currently not residing in a care home, to explore their expectations regarding their vision of a future bisexual-inclusive care home. Identifying the potential needs of the bisexual population can inform care homes on how to improve their services to better cater to the needs of bisexual residents.

The Bisexual Context and Specific Healthcare Needs

Bisexual is a term used to describe the sexual identity of an individual who feels romantic or sexual attraction towards more than one gender or sex (Scherrer 2017). Recently the term bisexual has been argued to be an inclusive term that describes any individuals who identify as non-monosexual (for example, not a heterosexual or homosexual), this includes pansexual, queer, fluid, and other non-monosexual terms (Flanders 2017). Survey data has shown that close to 40 % of the population in England answers “yes” when asked if they have ever been attracted to the same gender (Stonewall 2022). As a result, many people may not use the bisexual label but may have some interest or attraction to more than one gender.

Although there is increasing acceptance and understanding of sexual orientations, bisexual individuals still experience more negative attitudes toward them compared to gay or lesbian individuals (Monto 2015). In addition, bisexual individuals not only experience stigma from heterosexuals but also from the gay and lesbian community (Selime et al. 2020). Stereotypical views towards the bisexual population include perceptions that they are unfaithful and promiscuous (Monto 2015; Jones et al. 2018). Bisexual women have experienced multiple cases of harassment by heterosexual men because they are perceived as hypersexual (McCann et al. 2021). Such stereotypes are a representation of social stigma regarding

bisexuals also known as “biphobia” (Jones et al. 2018). Biphobia can directly affect their sense of well-being as they may also experience self-internalisation of biphobia, where bisexuals start believing that the stereotypes about bisexual people are true (Scherrer 2017). Bisexuals also experience invisibility in society. Bisexual individuals who have experienced a long-term relationship with the opposite gender are constantly questioned about their sexual identity (Jen 2021). If a bisexual person is in a relationship with the opposite gender, it does not make it a heterosexual relationship, however bisexual individuals have reported that their bisexuality is unseen in this circumstance (Jen 2021).

As a result of high levels of stigma, bisexual individuals experience more mental health issues compared to other sexual orientations. Fredriksen- Goldensen et al. (2017) concluded in their study that older bisexual individuals have higher internalised stigma, lower social support, and less openness about their sexual identity, resulting in a higher number of mental health issues compared to gay and lesbian older adults. For example, bisexual women have a higher risk of suicide as they get older and face multiple levels of discrimination over their gender, sexuality, and age (Colledge et al. 2015; Kneale et al 2021). Discrimination can exacerbate the risk of experiencing anxiety, depression, and PTSD (McCann et al. 2021).

Although being part of a community can improve a sense of belonging and improve their mental health, bisexual older adults often age without such a community of people with similar sexual identities (Kneale et al. 2021). It can be hard to find a bisexual community for older adults as the community is often created by young individuals, where older bisexual people may not feel understood since their experiences might be different from the younger generations (Kneale et al. 2021). In addition, as some older bisexual individuals have disclosed their sexual identity later in life friends and family may not have been a close support system when they came out, leaving individuals feeling isolated and rejected (Grigorovich 2015). Other studies have shown that for many bisexual individuals, coming out to friends and family is linked to greater anti-bisexual experiences (Selime et al. 2020). Therefore, individuals may fear discrimination when disclosing their sexual identity to other people (Grigorovich 2015). However, not sharing information to avoid discrimination directly affects their ability to access correct healthcare services such as specific resources or support programs that could be useful to them (McCann et al. 2021). For example, before starting the process of moving to a care home, individuals have to take a care needs assessment. This process includes opening up to a social worker about their life's background and struggles (NHS 2022) If a bisexual individual does not feel comfortable expressing their sexual identity, the social worker does not have a full scope of the person's needs. Moreover, bisexual people may not feel the need to inform their social worker about their sexual identity since it may not be one of the main questions in the care assessment questionnaire (Which 2023).

Ageing in England for the LGBT Community

There are 2 main types of care homes in the UK that support people over 65 years old: residential care homes and nursing homes. Residential homes help with fundamental needs such as personal care and medication management. In contrast, nursing homes provide 24-hour nursing staff support for complex medical conditions and disabilities (NHS 2022).These spaces can be run by a council, non-profit, or private entities, however, in recent years private entities have taken control of over 80% of care home beds in England (NHS 2022; Campbell 2022).Care homes are not affordable as the price of being in a residential care home on average is £800 per week, while nursing homes cost £1,078 per week (Laing 2023). If individuals can afford to pay for their care home, they have the flexibility to choose what is better for them, however, only 45% of residents can afford this without any support (Laing 2023). For individuals who cannot afford a care home, local councils pay for older adults who have overall savings of less than £23,250 (NHS 2022). The local council will provide the budget which may or may not allow the older adult to attend their first care home choice, as care homes prices vary. The National Health Service (NHS) website also states that if their ideal care home is over their budget, friends or family can pay the extra costs (NHS 2022). For many bisexual community members, this may be impossible as they may not have close relationships with family members after having revealed their sexual orientation and/or they never had children (Grigorovich 2015; Westwood et al 2020; Marhankova, 2019).

Care homes are regulated and monitored by entities such as the Care Quality Commission in England, Care Inspectorate for Scotland and Wales, and the Regulation and Quality Improvement Authority in Northern Ireland who regulate based on the *Health and Social Care Act 2008 Regulations 2014 (HSCA)* (Health and Safety Executive 2021). The HSCA and the *Equality Act 2010* (EA) ensures that vulnerable people are being protected, including those in care homes. The HSCA seeks to ensure that vulnerable people have access to high-quality care. The HSCA regulation of 2014 ensures the elimination of prejudice in health care services based on sexual orientation, sex and, gender (*Health and Social Care Act 2008 Regulations 2014*). In the same way, the EA protects individuals from being discriminated against based on characteristics such as sex, gender, sexual identity, etc (*Equality Act 2010*). In the context of care homes, these two legislations ensure that all people in the LGBT community should receive the same quality of care as any heterosexual individual. However, currently, there is no unified protocol or obligatory training that would help care homes improve inclusivity for older LGBT individuals. Therefore, it can be hard for older adults to find a care home suitable for them as they may not know which one would more aligns with their sexual identity needs. One organisation has tried to improve the search process for older adults, Opening Doors (OD), a charity that focuses on inclusive care homes for LGBT has created a

“Pride in Care quality standard”, which aims to inform future care home residents which care home facility has high levels of inclusivity (Opening Doors 2023). Still, bisexual older adults and all members of the LGBT community face a challenge that heterosexual individuals may not even consider.

Current Problems for the LGBT Community in Care Homes

The current situation in care homes is far from ideal for LGBT people. Some studies that have analysed the current situation in care homes highlight how there is little awareness from care home staff about the existence, and needs, of the LGBT community (Hafford-Letchfield et al 2018; Westwood et al. 2019). Survey results have shown that only 16 % of managers have received training on LGBT topics and only 6% of care assistants have reported any type of training regarding LGBT needs (Eleuteri et al. 2019). As a result of the lack of LGBT awareness, there is a global assumption that all residents are heterosexual (Jen 2021). Heteronormative care homes contribute to LGBT residents staying quiet about their sexual identity which can feel like they are “going back to the closet” (Skeldon & Jenkins 2022). In addition, caregivers might assume that transgender individuals are cisgender and use the wrong pronouns (Simpson et al. 2018). Such heteronormative assumptions in the healthcare system can even prevent older adults from disclosing their sexual orientation to their GP, which can affect their overall treatment (Kneale et al 2021). There is a premise that care home residents have children and grandchildren, which may not be the case for many older LGBT adults as they have lived a childfree life. Thereby older LGBT adults can feel isolated and disconnected from the rest of the other residents (Westwood et al 2020; Marhankova 2019).

Care homes can feel like a vulnerable place for many older LGBT individuals who have experienced lifelong discriminatory abuse by health providers (Westwood 2019). For lesbian and bisexual women who have had a traumatic power dynamic experience in the past or have suffered abuse from a male, having a female caregiver is intrinsically important to protect their overall well-being in a care home (Westwood 2019). However, older women from minority groups may not speak up for themselves as they do not want to be labelled as ‘complainers’ (Aronson & Neysmith 2001). This might be the result of a feeling a lack of power in relation to their carers (Aronson & Neysmith 2001)

Many care homes treat all residents the same regardless of their sexual identity and do not recognize residents' diverse sexual identities. Paradoxically, treating every resident the same is seen by care home workers as an act of providing good care and sexual orientation is considered as falling outside the scope of care home responsibilities (Willis et al 2016; Simpson et al. 2018). The NHS uses a person-centred care approach that recognises the needs of each individual in their care, however, this is not a holistic approach since it only

focuses on the physical and mental needs of care residents and not on their sexual needs (Willis et al. 2016). Equal treatment in this case does not mean that there is no discrimination toward the LGBT community, rather, it exacerbates their invisibility.

As a result of the heteronormativity in care homes, some academics have pushed for LGBT exclusive care homes (Putney et al. 2018). Studies have highlighted that some older adults in the LGBT community find it crucial to live in an exclusive LGBT care home as they have already experienced a lifetime of hostility towards their sexual identity (Zhang & Willis 2019). However, according to Skelton and Jenkins (2022), exclusive LGBT care homes would not solve the systemic issue of homophobia, biphobia, and transphobia in care homes. On the contrary, it would only exacerbate the idea that all care home residents are heterosexual since the LGBT would go to their specific care home (Skelton & Jenkins 2022). There is currently no exclusive LGBT care home in the UK, however, the first LGBT retirement home opened in London (BBC 2021). In addition, the city of Manchester has started affordable LGBT retirement apartments as they have seen the need for safe spaces for this community (Manchester City Council 2021). As mentioned above, retirement homes are appropriate for individuals who can perform their day-to-day tasks but do not provide help with residents' personal care in the same way a care home facility does. LGBT retirement homes are still not solving the problem for many people who need more care and support in their activities of daily living.

Objectives

To contribute to filling this gap in the literature, this study will focus specifically on the care home needs of the bisexual population to understand how they feels about their future potential access to care home facilities. As more of the UK population identifies themselves as part of the bisexual community it is intrinsically important to consider how the care home environment may adapt to meet the needs of all potential care home users. As a result, the research question is the following: *What does the bisexual community consider necessary for them to feel included and fulfilled in a care home environment in the UK?*

This project has two aims, to better understand the views of the bisexual community regarding care homes and to discern the potential needs of care home residents who are bisexual. These aims will help to inform care homes and local authorities in the UK on how to adapt the care home environment to be more inclusive and sensitive to bisexual needs.

Methods

This is a qualitative research study that collected data through semi-structured in-depth interviews conducted in person or using videoconferencing. Interviews were fully transcribed,

and the data was analysed using a thematic analysis procedure. The project used constructivist epistemology to understand the experiences of bisexual individuals and their potential needs at a care home.

Sampling

The two primary inclusion criteria were that participants needed to be 40 years of age and older and identified as bisexual or non-monosexual, including other labels such as pansexual and queer. The inclusion criteria did not restrict to any type of gender and individuals could self-identify as woman, man, trans woman, trans man, non-binary, or any other gender identity. In the UK an adult aged 65 or older is considered an older adult as historically it was the age when people can start receiving their state pension (Office of National Statistics 2019). However, as older bisexual adults are a hard-to-reach population (Jones et al.2018 & Westwood 2019), extending the age inclusion to 40 was necessary to include more participants. Although individuals who are currently 40 may not be close to retirement age, they can imagine their potential need for care homes in the future. All participants were based in the UK and did not need to be currently residing in a care home as the study focused on care home future needs and not current needs.

Recruitment

Before the beginning of the recruitment process, ethical approval was obtained by the University of Sheffield's ethics committee. The ethical approval procedure included the submission of an ethics form describing the study as well as the documentation that would be sent to the participants, such as the information sheet and the consent form (See Appendix 1 and 2). All the documents were approved by the School of Health and Related Research at the University of Sheffield.

The recruitment goal of this study was to meet data saturation and participants were recruited using snowball sampling as well as reaching out to potential participants through UK LGBT organisations, governmental and university organisations newsletters, online social networks, and online forums focused on the LGBT community in the UK. These methods were selected because older bisexual adults are a hard-to-reach population since many of them may not wish to reveal their sexuality for fear of marginalisation (Westwood 2019). Although a purposive sampling method would have been ideal, there is not enough data on older bisexual people to understand how gender, socioeconomic status, and educational or ethnic characteristics might affect their perspectives on care homes (Jones et al. 2018).

To being, a brainstorming session was necessary to understand the spaces and networks where older bisexual individuals may interact. This research was a collaboration

project between NHS England and Office for Health Improvement and Disparities (OHID) and as a result, the project had a big communication network with which to interact with. More than 25 LGBT organisations in the UK were contacted by email to recruit participants. In addition, posts on the NHS LGBT newsletter, OHID LGBT newsletter, and the University of Sheffield staff volunteer list newsletters were circulated. From this first contact, a couple of individuals were recognised as potential participants and they connected us to other potential participants. The emails and newsletter posts included a brief description of the study and the project contact information. To try to reach individuals who would be difficult to access via OHID and NHS networks, online social networks such as Instagram and Facebook as well as online forums specific to the LGBT community in the UK were also used. Online Social Networks that focused on bisexuality rights and education in the UK were recognised and direct messages were sent to more than 45 individuals describing the study, its implications, and the researcher's contact information. In addition, Facebook and forum posts were also used for recruitment by, including a brief introduction to the study as well as a simple Google form to collect their information more systematically. If a potential participant reached out the information sheet and a consent form were sent. If the potential participant fully agreed with the implications of the study an appointment was made to interview them online or in person.

Data Collection

Before any data could be collected, participants had to sign an informed consent form. The consent form stated that while the data would remain anonymous that the information collected during the interview would be used in future publications and highlighted the fact that they could retract their consent before their data would be analysed. During the recruitment process participants could decide if they wanted to have an in-person interview or an interview through the video call platform Microsoft Teams. Since most of the interviews were conducted online, they were recorded through the Microsoft Teams for subsequent analysis and coding. Moreover, the researcher had access to a pen and paper to write down any specific notes or specific themes that the participant highlighted during their interview.

Each participant participated in one semi-structured interview that lasted 30 to 45-minutes. A semi-structured interview was chosen for the study as it allowed participants to elaborate on a question with much more detail (Grigorovich 2016). In addition, the Jacob and Furgerson (2015) guide for qualitative research questions was used to formulate the research questions. This guideline provided a better understanding of how to create insightful interview questions. During the interview, the researcher followed a script that included greeting each participant as well as reminding them of what the study was about and reassuring the anonymity and confidentiality of the study (See Appendix 3). Although all participants met the

study's inclusion criteria, demographic questions such as gender, relationship status, occupation, etc were asked to get collect relevant characteristics and better understand their current situation (See Appendix 3). Asking participants for a brief introduction also lets the participants get comfortable with the researcher and begin building trust (Jacob and Furgerson 2015). The second section of the interview focused on how they saw themselves living in the future, their ideas regarding care homes and inclusivity as well as imagining a care home where they would feel fulfilled. The interviews were open-ended thus providing the researcher the opportunity to follow-up and go deeper into certain relevant topics (Jacob and Furgerson 2015). After each interview the recorded interview was transcribed by the researcher and checked for accuracy before uploaded them to Nvivo for analysis.

Data Analysis

An inductive thematic approach following the 6 phases of analysis by Braun and Clarke (2006) was used to analyse the lived experiences and opinions of the bisexual participants in this study. A thematic approach was ideal as it provided the guidelines to understand common experiences and shared meanings (Kinger & Varpio 2020). In addition, an inductive approach was appropriate as the project aimed to let the participants' opinions speak for themselves while avoiding letting any a priori or preconceived opinions prevail during the analysis. An inductive approach also allowed the data to express the actual issues of the bisexual community and provided an understanding of the entire body of data rather than minimising it to the specific question that the researcher was asking (Kinger & Varpio 2020).

This project is underpinned by a constructivist epistemology which allowed us to understand the experiences of bisexual individuals during their lives and how this frames the way they believe a care home should be for them to feel fulfilled (Braun & Clarke 2006; DeLamater & Shibley 1998).

The first phase of analysis included familiarisation with the data. When analysis began, there were already some initial analytical interests identified following the interviews and transcriptions. Each participant's transcript was re-read multiple times as the researcher sought patterns in the data (Braun & Clarke 2006). During the familiarisation process, notes were taken regarding any potential themes or repeated meanings to facilitate the process of coding the data in the subsequent phases (Braun & Clarke 2006).

Coding started in the second phase. After the codes were created (such as "LGBT community", "belonging", etc) they were defined to avoid overlap with a different code (Kinger & Varpio 2020). During coding, if some data was perceived as relevant but did not fit into any of the initial codes, a new code was created to include this data in the analysis. During this

phase, potential connections between the data were noted, and these allowed us to observe the patterns that would become a theme (Braun & Clarke 2006).

In phase three, themes were identified. All the codes were analysed and separated into their respective themes. As Braun & Clarke (2006) explained, codes are seen as the building blocks of a theme. The themes were created by comparing and combining each code (Kinger & Varpio 2020). To guide this process a thematic map was used. A thematic map provided the visual representation of where each code best fit. Some codes ended up being broader themes and others were selected as sub-themes.

The fourth phase included revising the thematic map and revising the themes created. Each theme created in phase three was revised to see if the theme was coherent with the other themes. Themes were then checked to see if they accurately represented the meaning of the data set (Braun & Clarke 2006). If there was no congruence between the themes and the main research question, then these themes were reanalysed and re-constructed. All the themes had to tell a story about the data that was coherent and harmonious. A final read of the data set was completed to check if any missing codes were not taken into account. At the end of this phase, the final thematic map was completed (See Appendix 4).

The fifth phase focused on critically analysing each final theme. Each of the themes were clearly described to justify why this theme provided insight for the purposes of this project. Each theme had to be able to contribute to answering the research question (Kinger & Varpio 2020). During this time data extracts from each theme were selected to provide a narrative illustration of the selected theme. The results of these six phases of analysis are found in the results section below.

Results

As discussed above, the intention had been to recruit as many participants as possible until saturation using the different recruitment routes. However, given time limitations and inherent challenges in accessing this hard-to-reach population, only 6 individuals finally accepted to participate in this study. Three participants were contacted using snowball sampling after the first contact with LGBT organisations and the three others through online social networks. Two interviews lasted between 30 to 45-minutes while the other 4 lasted between 60 and 80 minutes. The age range of the participants was between 40 and 70, with the majority in their 40's. All the participants were Caucasian and living in the UK. Two participants had a form of disability and assumed they would need a care home sooner than other people and this more than likely contributed to their willingness to participate in the study.

The participants' sexual orientations also differed. During the recruitment process, the target population was bisexuals and individuals who identify with any other non-monosexual

identity. However, half of the participants did not identify with the term bisexual but related more to other non-monosexual sexual identities such as “queer”. Queer, although a better umbrella term to describe the non-monosexual community, was not used for the recruitment of participants because of the negative connotation that the term had before the 1990’s (Callis 2009). One participant identified herself as mainly lesbian however she wanted to be part of the study as she is attracted to more than one gender. Some participants expressed having diverse gender identities with 3 identifying as « genderqueer ».

To retain the participants' anonymity, pseudonyms were assigned and used to refer to them in the rest of this document. The table below illustrates the main characteristics of each of the participants:

Participant	Age	Gender	Sexual Identity	Relationship Status	Disability	Employment
Mandy	70	Female (she/her)	Lesbian but attracted to both genders	Single	No	Retired health and care sector
Oliver	40	Male (he/him)	Bisexual	In a relationship with a male	No	Health and care sector
Rob	49	Gender queer (they/him)	Queer	Single polyamorous	Ehlers-Danlos syndromes	Part-time Education sector
Alex	53	Gender queer (they/them)	Queer	Single polyamorous	No	Designer
Tiffany	43	Gender queer (her/they)	Bisexual	In a relationship with 2 males	Ehlers-Danlos syndromes, Autism and ADHD	Unemployed because of disability
Bella	48	Female (she/her)	Bisexual	Married to a male and polyamorous	No	Health and care sector

Four main themes surrounding care-home needs for bisexual individuals emerged during the analytic phase. The first theme related to a need for acceptance and having a space where participants would not feel repressed as they had been throughout their lives. A second theme related to staff education in order for care-home workers to have a better understanding of bisexuality and be able to protect the care-home residents. The third theme is having a

communal environment at a care home that could provide an opportunity to remain connected to people of different ages. The fourth and final theme was having the liberty to keep exploring their sexuality within the care home.

1. Feeling accepted

Mandy, Tiffany, Rob, and Alex all discussed growing up in a period where diverse sexual orientations were not accepted within society. Mandy was born before the criminalisation of homosexuality had been abolished and remembers being aware of gay men. However, as she explained, "*it never really crossed my mind*" that two women could be in a relationship as lesbians as opposed to living with "*a woman friend".* For Rob and Tiffany, their knowledge about different sexual orientations was not encouraged since Section 28 was latent at the time. Section 28 was a law enacted in 1988 following a national survey in 1987 that found that 64% of the population in the UK thought a sexual relationship between two people of the same gender was always wrong (British Social Attitudes 2013). Section 28 prohibited local authorities in the UK and schools to promote homosexuality, including the funding of lesbian and gay services (Godfrey 2018). The law was abolished in 2000 in Scotland and later in 2003 for the rest of the UK (Godfrey 2018). Mandy, who had been campaigning against this law in her 30s remembers:

> *"We all knew teachers who went straight back in the closet or were scared to talk about gay issues with their pupils and I knew a teacher who was sacked. She's still a lesbian though (laughs)"*

As a result, older adults were living in a society where their sexuality was being oppressed until the early 2000s. Other than well-known celebrities such as David Bowie, bisexuality was not very visible. For Mandy, this meant discovering her sexual identity in the 80s after being married to a man, even though she has never called herself a bisexual woman. At the time, Mandy did not think it was an option to call herself bisexual since bisexuals were perceived as less oppressed compared to gays and lesbians. Indeed, bisexuals were seen as having the option to either be straight or homosexual rather than being a person with a different sexual identity that did not fit the traditional binary. Mandy explained:

> *"You either were in a heterosexual relationship, in which case you're seen in the heterosexual world or you weren't, in which case you're invisible"*

Feeling like they were different because nobody was like them affected participants' well-being. Tiffany discussed how *"being herself"* was not really accepted as she was "*a bad*

example of a cis woman" and she learned how to "*mask*" who she truly was in order to feel more included in society. However, this denial of her true sexuality affected her mental health as she said she "*attempted suicide a couple of times and self-harmed*". Tiffany explained:

> *"I'm very, very, very aware of the mental health outcomes for bi people. But for me, it's difficult to tell where it started because being so unusual and unconventional a lot of adults bent over backwards to say, you know, it's okay to be you, be yourself, be yourself. But then you know, there's the meme, be yourself. No, not like that"*

Thus, most participants explained how they would like a care home where they did not feel like they would need to wear a mask to be accepted. Mandy, who has worked in care homes in the past, expressed that she would actually prefer not to go to a care home as she had experienced first-hand the reality of care towards members of the LGBT community. Mandy talked about how older people in the care home she worked in *"degay their environment"* by hiding pictures and removing aspects of their life that would showcase their involvement in the LGBT community for fear of experiencing any type of abuse because of their identity:

> *"People are scared and so they go back in the closet and they spend the last years of their lives denying their real selves, their authentic selves. And that's just horrible"*

All participants highlighted how they perceived that there was still bisexual invisibility even today. Since participants had grown up repressing who they were because of the social and political situation, they wanted to be fully themselves now and in the future. When discussing care home inclusivity of the bisexual community, five of the six participants said they would not like living in an environment where they could not be fully themselves, as described by Tiffany:

> *" It took me until my late 30s, forties to actually just go, 'Ohh, I don't care. I can accept myself now.' It took a long time to accept myself. So going back somewhere where I'm going to be the different one. I'm going to be the minority would be quite stressful"*

Similarly Alex *"wouldn't want to conceal"* their identity as they have experienced in the past challenges regarding their non-binary identity in workspaces. As a result, they would not like to experience the same pressures at the end of their lives. However, not all participants expressed the need to talk about their bisexuality openly as a necessity. When asked if being fully out in a care home would be a necessity, Bella considered it rather as "*an ideal situation"*

rather than necessary as she has not disclosed her sexual orientation to several of her social groups because she does not want people to *"consider my sexuality".* In addition, Bella does not disclose her sexual identity since she has experienced people's rejection of her bisexuality in the past. As a result, she decides to not talk about her sexuality with people who might potentially stigmatise her or her family.

2. Staff being educated about bisexuality

Participants have seen how bisexual identity has been misunderstood and misrepresented over the years in society. As a result, the importance of having care home staff who understand what bisexuality is and the struggles this population faces was highlighted during the interviews. Although the NHS proclaims to use a person-centred approach, Mandy describes how care-home staff often did not understand the importance of asking people about their sexual orientation. She talked about her experience providing LGBT training at care homes:

> *"But the thing that was most difficult, I think in that sort of training was in the homes where they said. Why does it matter? What we're doing this training for?*
> *We treat everybody as they are. We treat everybody as we're person-centred. We treat everybody as they need to be treated…You do not get it. You do not understand that it's because our lives have been different. You know, some of these older men have been in prison because of their sexuality.You know, it's like and that they obviously they've tried to put that aside in their lives and in the last 15 or 20 years they might have being able to do that and really live a much more open life and now they come into this care home where you think none of that matters.And that's not significant part of their life?So you're not giving them any opportunity to share any of that or open be open about anything?*

Similarly, Oliver explained that he was assumed to be gay when he accessed health care services because he has a male partner. This has caused him to question how this assumption would affect his future in care homes as these spaces might not take into account the needs of non-monosexual individuals, he said:

> *" I wonder if that would impact on accessing social care or care home or whatever. If there are kind of invisible groups of people in those homes that might identify as bisexual it's just never recognised, I suppose."*

Having staff who knows the people they are caring for and what matters to them is important for Oliver as he does not want people to assume his sexuality since his sexual identity might have different needs. Participants argued that the gap in bisexual knowledge at care homes could be facilitated by a management team who understood bisexual needs and who would explicitly hire more care-home staff from the LGBT community.

In addition, ensuring their preferred pronouns were respected was a must for genderqueer participants in this study. According to Alex, care-home staff *"who immediately refers to me as Mrs or something like that"* is a big red flag that the place does not respect their identity. However, Rob and Oliver also consider that care homes may not have encountered the *"people who are necessarily going to be as vocal about rights yet"* but that this would likely change in future years as the number of people in the bisexual community increased over time. The participants in this study demanded that care-home staff create a safe space for people to speak openly about their past as well as ask about their sexual orientations instead of making assumptions. Rob and Oliver are hopeful that stigma will change with time and be more inclusive by the time they will need a care home. However, they insist that understanding the struggles of the bisexual community is not enough to ensure the well-being of bisexual residents. Oliver described what protecting its residents would look like to him:

> *"Challenging of any kind of biphobia, homophobia, transphobia, any kind of, you know, unacceptable behaviour and having that almost codified within your minimum standards as a care home or you know your rules of expected behaviour or whatever it is. And it is difficult because you're gonna have people potentially in there who I guess maybe are suffering cognitive decline or have mental health problems and there's lots of difficulties in terms of potentially people with high needs and managing problematic behaviour. But the intention at the very least needs to be there"*

All participants stated that they assumed there is some level of biphobia among either the care-home staff or residents. Because biphobia is not as discussed about as other forms of marginalisation, Oliver talked about how "*The bisexual community is maybe even less visible than some of the other bits of that spectrum and certainly it feels like"* as there is not much data and information regarding bisexual needs. However, there is hope that through the education of care staff, there would be less marginalisation of the bisexual community in care homes.

3. Having a communal environment

A sense of community was recognised as important for the participants because, for most of them, the community came to replace the legal concept of family. Rob describes their relationship with their kids who are both biological and adopted:

> *"One of the things about the LGBT community is you do make those family connections and they are…they do become your family and like that doesn't always fit into kind of legal frameworks"*

Maintaining access to this nonbiological family is important for bisexual individuals as 4 of the 6 participants did not have children or a partner with whom they could see themselves going to a care-home with. Individuals such as Alex who has family in a different country, and no children or a partner, talked about making a care-home decision *"that my friends and I have to take together*". Moreover, the idea of living only surrounded by *"old people"* was not perceived positively by most participants as individuals normally interact with people from different age groups in society, especially Mandy who said:

> *"I wouldn't want to just be around older people. I think it's false. I think it's bizarre. I think it's normal to have a mix of different ages around you, even if they're not closely in your life"*

Rob, Tiffany, Mandy, and Alex discussed how they have friends of different ages and how these intergenerational interactions would still be important for them even when they had moved into a care home. Participants talked about ways of bringing people of different ages into the care home to provide residents with access to different ideas and perspectives as well as organizing events and outings outside the care home. Tiffany emphasised the need to not rely only on residents' *"families to socialise with them"* but also include different opportunities for social contact that could ensure residents were engaged in their community and surrounding environment. One idea participants provided to contribute to the feeling of an inclusive community space in care-homes was a *"cross-generational initiative where LGBT plus youth would be invited to work together with LGBT care-home members to share their kind of wisdom and experience"* and to learn from each other about the past and current LGBT issues.

The participants were also questioned about the idea of residing in an LGBT exclusive care home. Mandy and Oliver recognised that an LGBT affirmative care home would be ideal for them as they were connected to the broader LGBT community. The idea of LGBT exclusive/affirmative care homes could also be an ideal situation for participants like Bella,

however, it was important for her to "*make sure it wasn't just lesbian and gay people there*" as she believes the gay and lesbian communities have a lot of stigma against bisexuality. Tiffany on the other hand considered that heterosexual individuals fetishized bisexuality whereas heterosexuals were not as hostile compared to some queer spaces where she has been. This worry also resonated with Rob as they consider how although the LGBT community has to come together "*against oppression and discrimination*" it does not mean that the entire community shares the same ideas on inclusive and exclusive criteria of what it means to be part of the LGBT community:

'"Within that community there are parts of the community that would think. "These people should not be in the community, or you know, because they're too queer"'

Creating an exclusive LGBT care home would be complex given this diverse community and the conflicting ideas about what queerness means. Some participants saw an LGBT exclusive care home as a utopian place rather than a realistic care home where the bisexual community would be truly accepted. Alex, who knows about an LGBT retirement community, associates this space with a *"posh"* lifestyle that would not fit into their current lifestyle since they described themselves as being "*very much a queer rather than a gay*". Overall, four participants talked about how they would potentially clash with other members of an LGBT exclusive care home if it was not inclusive of the bisexual experience.

4. Liberty to keep exploring their sexuality

Finally, participants believed that care homes generally assumed that residents were either automatically heterosexual or simply asexual. However, Alex, Rob, Oliver, and Tiffany wanted to be able to live in a care home where they could still be able to keep exploring their sexuality. This would mean allowing care-home residents to build their relationships in a way that works for them without assuming that residents are attracted to a certain kind of gender. Although participants were not directly asked about their future sexual exploration, when Alex was asked about what they would look for in a care home they replied:

> *"I'm assuming I'll be like my friend, still be banging when I'm in my 90s. So I would assume that whoever I wanted to have sex with it's consensual. Deal with it, don't slut shame me for still wanting to still having desire at that age"*

An environment that allowed participants to be fully themselves was one that allowed them to keep exploring their sexuality without any judgment. This included sexual practices

such as polyamory that could be seen by many as outside of societal norms. Four out of 6 participants in this study identified as polyamorous and only one individual was married while in a polyamorous relationship. Comments about not feeling like people really understood participants' polyamorous relationships were repetitive in this sample. As promiscuity is a common stereotype for bisexuals, Tiffany has questioned if her sexual relationship is a negative representation of her sexual identity by saying: "*am I being the bad stereotype? Am I letting us down?"*

Similarly, Rob talked about how he thinks that people see polyamory as "*weird*" and even inside the LGBT community, some individuals do not understand their relationships. In the same way, Bella emphasised how she would very much mind being open about being polyamorous with other moms from school as she fears her kids would not be able to play with other kids because of the stigma people might have on polyamory. In order to not feel restricted, Rob wishes that care homes would be:

> *"More accepting of relationships that are outside the boundaries of you know what people assume, so you know, as there are more and more people who kind of like open about poli (polyamorous) relationships. You know the fact that being poli dynamic is not just wife swapping, which a lot of people might think it is."*

Some participants also used the term *"polyfidelity"* to highlight that they are specifically in a relationship with only 2 people in a consensual manner. However, these diverse dynamics can be affected by the privacy of care homes. Tiffany talked about how important it is for her to be able to have people over and stay the night with her "*whether sex is involved or not*" and having a space where she could socialise in a private environment that would facilitate this experience. However, participants feared that a care home would have a lot of restrictions on their personal space and prevent people from staying over. As a result, Rob described a care home as a space that could feel like being in a "*child role*" again as there are people who are creating rules that he has to follow, and it would be like "*having to adjust backwards*" as he might lose his independence. As a result, the findings suggest that privacy and social and physical independence are key aspects of ageing healthy in a care home.

Discussion

The present analysis revealed 4 main results that capture the most prominent points of the sample regarding potential bisexual needs at a care home. As a result, these are significant results that shine a spotlight on public health awareness to the struggles that bisexual individuals have experienced over time which moulds their perspectives regarding care home needs.

The experiences of Mandy, Tiffany, Rob, and Alex growing up in a society where diverse sexual orientations were not accepted have significant public health implications. The lack of education because of section 28 after the abolition of the criminalisation of homosexuality ensured the enforcement of heteronormativity in society. Thus, participants were not able to see a representation of their sexuality in society. This oppression of sexuality affected the well-being of participants, leading to mental health issues such as suicide attempts and self-harm. Although older adults in this study are now open about their sexuality some still repressed it when talking about their sexual identity with colleagues because of the fear of stigma. Fredriksen-Goldsen (2017) argues that individuals who are open about their sexual orientation may have more positive physiology however the disclosure could result in a social toll. Consequently, participants in this study who have been open about their sexuality fear the idea of restricting their full selves in order to assimilate into heteronormality. A desire for authenticity in the place which would be home for the last years of their lives was significant as many participants did not want to conceal their identity from other care home residents, visitors, and staff. However, Willis et al. (2016) and Grigorovich (2016) have argued that care homes do not provide a space for residents to disclose their identity as sexuality is not relevant in the current "person-centred" approach. This study aligns with past research concerns as participants in this study echoed the need for care homes to not only provide a safe environment where sexual identity marginalisation is challenged but a care home where they are being asked about their sexual identity directly. This will reassure that the care home is concerned about providing good care to each individual specific needs. Neglecting the unique needs of this community can have severe consequences on their mental and emotional well-being. Therefore, it is crucial to promote awareness and inclusivity towards diverse sexual orientations to ensure that everyone can live a healthy and fulfilling life.

For older adults who identify as non-binary, there is an overlapping of complex layers regarding their sexual orientation and their gender. More than 55% of individuals that identify as non-binary as well as transgender identify with a non-monosexual sexual orientation (James et al. 2016). Care homes have to consider the intersectionality between sex and gender as the non-binary community is primarily bisexual. Thus, a need to use a holistic approach that provides acknowledgment of the deconstructions of the sexual and gender dichotomy. Genderqueer individuals emphasized the importance of being referred to by their preferred pronouns and expressed discomfort when this was not respected. This highlights the need for care homes to create a safe and respectful environment for individuals to express their gender identity. Contemplating the intersectionality of sex and gender can challenge the concept of "treating everyone the same" as individuals would have their own needs according to their specific gender, sex, and life experiences.

Although potential residents in this study would like to live in a care home that has knowledge about LGBT, past research has acknowledged that care home staff are not educated in LGBT topics (Simpson et al. 2018). As a result, care home staff, do not know the number of LGBT individuals that are currently residing at their care home (Simpson et al. 2018). This surprising finding has propelled multiple authors to compose a call to action for LGBT inclusion at care homes (Simpson et al. 2018; Willis et al. 2016 ; Hafford- Letchfield et al. 2017), however, participants in this study highlighted not only the importance of LGBT education but rather unique knowledge regarding bisexual and non-monosexual issues, such as biphobia. Older adults have questioned how lesbian and gay issues have been more studied than biphobia which directly affects the way they are perceived in society. Bisexuals are still seen as people who are either part of the lesbian and gay community or heterosexual rather than a community that has its own issues, diversity, and complications with health services. Educating care-home staff about bisexuality and creating a safe and respectful environment for individuals to express their gender identity and sexuality is crucial. In addition to challenging biphobia, homophobia, and transphobia in care homes.

Similar to Jen's (2021) study this project encountered participants that have experienced exclusion from LGBT spaces. The binary rhetoric of lesbians and gays as the dominant identities in the LGBT community has made the bisexual community's needs invisible, not only for heterosexuals but also for the larger LGBT community. Some past research highlighted the importance of LGBT exclusive care homes (Zhang & Willis 2019, Willis et al 2016; Johnson et al. 2005), however, this study differed from that result. Apart from Oliver and Mandy, who identifies as a lesbian, when participants were asked about an exclusive LGBT care home most participants saw this as a utopian idea rather than an inclusive space for the bisexual community. The bisexual community is less connected to the overarching LGBT community as a result of experiencing biphobia in LGBT spaces, negatively affecting their mental health outcomes (Kertzener et al. 2009; Jen 2021). Although most participants were not fully engaged with the idea of living only with LGBT individuals, a broader sense of community at a care home was necessary for bisexual individuals to feel included. This community was not necessarily LGBT but rather people who have similar interests especially where different age groups are involved. This communal environment at a care home would focus on executing intergenerational programs where older and younger individuals can learn from each other. Moreover, many older bisexual individuals do not have children or direct long-term partners however they have created a community where friends from different generations have become family. In addition, intergenerational spaces can raise awareness among different age groups about bisexual traumatic situations throughout in different time periods resulting in promoting the potential strengthening of the community (Alexander et al. 2004).

Participants in this sample challenge the heteronormative, asexuality, and even monogamous notion of older adults. The desire for sexual exploration in this sample is significant. However, the notion that care homes still have an assumption that residents are asexual, and heterosexual is recurrent. The notion is not false as past studies by Willis et al. (2016) have highlighted the heteronormativity and asexuality assumption from care home staff in general. The lack of staff awareness regarding residents' sexual activity will be an issue for future potential bisexual residents in this study as they have deconstructed the meaning of monogamy and heteronormativity by practicing polyamory. Not all bisexuals are polyamorous, however, polyamorous relationships are more common in the bisexual community compared to the general population (Barker et al. 2008). This statement does not mean that older adults in this study are having short-term sexual interactions with multiple people, but rather they have more than one long-term very close romantic relationship. For older adults in this study who were polyamorous, their multiple romantic partners provided them with support and connection in times of hardship as well as companionship. A term such as “polyfidelity” was used to describe consent and agreement of not dating outside the established relationship. Older polyamorous adults are aware in this study that their relationship is outside the norm even in LGBT spaces. As a result, a feeling of shame for the non-monogamous actions starts to flourish. For example, Tiffany questions if she was a negative representation of bisexuality because of her desire to be in a polyamorous relationship. By fearing their societal response to their relationship choices polyamorous bisexuals internalise bisexual stereotypes such as promiscuity directly affecting their well-being and mental health (Fredriksen-Goldensen et al. 2017). If care homes want to move towards the inclusivity of bisexual and non-monosexual individuals in their spaces, an environment of security and protection towards residents’ sexual relationships must also be taken into account. As society's consideration for polyamorous relationships is on the rise (Scoats & Campbell 2022), care homes should become more accommodating to different forms of relationships to provide an environment for residents that will allow them to flourish without sexual restrictions. Further research is necessary to examine polyamory in care homes as there is currently no study focusing on this topic.

The project contributes to care homes' inclusivity by actively addressing potential residents about their needs. The results can promote adjustments in current and future care homes to promote inclusivity for the non-monosexual community. As this qualitative research study had few participants from different age groups and ethnic backgrounds this study cannot generalise the experience of the bisexual community (Polit & Tatano 2010). However, this study brings a rich perspective on the human experience of a few bisexual individuals.

Limitations

The study encountered a few limitations during the research process. The study had a small sample size as this is a population that is known as a hard-to-reach (Westwood 2016 & Jones et al. 2018). This can be because some bisexual individuals have discovered their sexual identity later in life (Jen 2021). In addition, as a study participant described their experience coming out in the 70s, *"It was a complete no-no because being bisexual meant you didn't experience the oppression that lesbians experienced"*, many women would have chosen to identify as a lesbian to no be marginalised once again. Another reason why this group was hard to reach is that some older bisexual individuals have had bad experiences when coming out to their friends and family making them more reticent to talk about their sexuality (Westwood 2019). The challenging access to this population can also be one of the reasons why there is limited research regarding their health needs. In addition, the researcher was not part of the 40 or older non-monosexual community, which was a limitation as being a member of the population being researched can provide easier access to participants as well as more openness from the participants (Dwyer and Buckle 2009).

It is important to recognise, that all participants in this research were either very open about their sexuality or were activists for the bisexual community. Although these participants provided amazing feedback for care home inclusivity this study missed the voices of people that are not as open about being bisexual.

Moreover, we assumed that organisations with strong connections with OHID and the NHS would help us network with some potential participants however, many organisations would only provide indirect services to the LGBT community and not work directly with individuals. On the other side, online forums and groups were very effective for recruitment as the researcher had more direct contact with potential participants.

Although the study included participants with diverse gender, class, and abilities, it struggled with recruiting individuals from diverse racial backgrounds. Bisexual experience can differ according to each person's race, class, gender, disabilities, etc. Individuals that hold various sub-ordinate identities in an already existent marginalised group are being double marginalised, making them invisible to society (Veenstra 2011). However, these voices must be understood to educate caregivers and provide the best care possible to marginalised communities. To resolve this missing piece in the data, specific black and minority ethnic LGBT organisations in the UK were contacted, but no response was received. For this reason, further research is needed regarding the intersectionality between race, sexual orientation, and care home needs, which could be facilitated if the researcher had an existing connection with a gatekeeper in the community. Although this study struggled with diversifying

participants' race and age, this study provides an indication for further research to address its limitations and to further explore the needs of this extremely diverse community.

Recommendations for Care Homes

Three main recommendations for care homes' inclusivity can be made by combining the findings of this study with existing data on older bisexual adults.

1: Provide LGBT training for all the care home staff.

Care home inclusivity for bisexual individuals relies on the education of care home managers and staff. Previous research by Willis et al. (2016) has shown that care home staff are eager to learn more about how to protect LGBT individuals in general. However, the LGBT community is extremely diverse, with each specific community having its own challenges and needs. Care home regulators in the UK should mandate that entities running care homes are training their staff on LGBT issues. Working alongside other charities focused on the well-being of the older LGBT population in the UK, such as Opening Doors, could facilitate the training process. Opening Doors provides training for health care services on understanding LGBTQ+ needs as well as managing and personalising care home services by ensuring people's individual needs regarding their sexual identity (Opening Doors 2023). As a consequence of training, care home staff will be more knowledgeable about LGBT issues, be more aware of their own bias and provide a more empathetic services and care to non-heterosexual residents. In 2022 Skills for Care commissioned in 2022 a framework known as "LGBTQ+ Care in Later Life" in which the leading academics in the area collaborated to create a set of guidelines for social care providers to improve their practices for the LGBTQ+ community (Hafford-Letchfield & Lawrence 2023). In addition, some of the actions that care homes can take to ensure that their care home culture is more inclusive would be to acknowledge LGBT individuals and the diversity in the community on the care home website, including LGBT films for movie evenings and talking about pride and LGBT awareness week.

2: Provide intergenerational activities.

As bisexual individuals desire a sense of community with shared values, this project recommends the inclusion of intergenerational activities in care homes. Creating a network where old and young individuals can share experiences fosters a sense of purpose in the older community (Cook & Bailey 2013). Care homes could ask their residents about their interests and seek community groups that are interested in the same topics. These groups could include university students with political interests, gardening groups in the area and LGBT organisations, etc.

3: Personalised the care of residents.

All care home residents should receive a holistic service in which their care is being personalised according to their needs. All care home residents should be asked about their background, their life experiences, sexuality, and gender. Open-ended questions as well as creating a non-judgemental space are intrinsically necessary for residents to open up about their sexual lives (Flicker 2019; Jones 2019). This also includes being more open about polyamorous residents and their own specific needs regarding love and affection. Consulting residents about their sex and gender is an inclusive technique that will show heterosexual residents that there are other types of sexual orientations in the care home and would provide non-monosexual residents a space to express their needs.

Conclusion

This research examined the potential need of future older bisexual care home residents in the UK to provide a better understanding of how to create an inclusive space for them. Older bisexual individuals have lived in oppressed environments which affected their mental health, sense of belonging, and overall life experience. By completing semi-structured interviews with 6 participants, this study provides and insight into older bisexuals' needs to ensure their satisfaction at a care home. The findings of this study have significant implications for public health, particularly in terms of ensuring that care homes provide a safe and supportive environment for bisexual individuals. Participants highlight the importance of acceptance and understanding of who they are by the care home community while having a communal and private environment to thrive. It is important to note that marginalisation against bisexual individuals can have serious consequences for their mental health. Therefore, care homes have a responsibility to ensure that all residents, regardless of their sexual orientation, feel valued and respected. This can be achieved through staff training that focuses specifically on bisexual issues, helping to deconstruct heteronormative assumptions and promoting a more inclusive and accepting environment. An environment of security and protection towards residents' sexual relationships should be taken into account to move to the inclusivity of bisexual and non-monosexual individuals in care. At the heart of this research is a wish to overall improve the lives of potential future bisexual residents of care homes in the UK, however, the experiences of marginalisation and exclusion of participants in this study may be similar to other individuals in Western societies. By acknowledging the potential challenges that bisexual individuals face, care homes can critically analyse the steps that they have to take to incorporate strategies to improve their service. As a result, care homes will play a vital role in promoting public health and ensuring that all residents receive the care and support they need to thrive.

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Appendix

Appendix 1: Research Information Sheet

Date: 27/02/2023

Inclusive care homes for older bisexual individuals
Information Sheet

It is my pleasure to invite you to take part in my research project which aims to understand the needs of older adults in the bisexual community. Before you decide whether or not to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

What is the project's purpose? People that identify as bisexuals are half of the LGBT community, however, they have been understudied compared to self-identified members of the gay and lesbian communities. In addition, there has been a growing understanding of sexual identities, however, some environments such as care homes have struggled to include all sexual identities. This project aims to understand the needs of older adults in the bisexual community, who are 40 years of age or older, that in the future will be potential care home users/residents in the UK. This project will help categorise the struggles that a bisexual individual may face in a care home facility. The project also aims to clarify the specific needs that a person in the community requires, to have a fulfilling experience and improve their wellbeing while in a care home facility.

Why have I been chosen? We are recruiting for this study in 3 ways. The forum, online social network, or group you are part of has been identified through a web search, in which groups that included older adults in the LGBT were selected or have been recommended through members of the Yorkshire and Humber healthy ageing or sexual health networks. Alternatively, you may be a member of the University of Sheffield volunteer list and have opted to receive invitations to participate in research.

Do I have to take part? It is completely voluntary and up to you to take part in this study. If you do decide to take part, you will be given this information sheet to keep (and asked to sign a consent form either electronically or in person when we meet for the interview); you can still withdraw from the study at any point before the data is anonymised and analysed. If you wish to withdraw from the project, please contact Sara Fernandez (email sara.fernandez3@nhs.net phone 07475756339)

What do I have to do? You will be asked to participate in one individual one-to-one interview that could be in person or online. The interview will last between 30 and 45 minutes and will take place in a safe space where anonymity and confidentiality can be ensured via Microsoft Teams. The interview will invite participants to describe their views and opinions of older adults' care homes and how these spaces consider people from the bisexual community. In, addition participants can have somebody with them during the interview if they choose to.

What are the possible benefits of taking part? There are no immediate benefits for the participants, but it is hoped that this work will enable the identification of the needs of older adults in the bisexual community in order to create more inclusive care homes in the future. Moreover, your contribution to this project will allow me to perform research in a relevant subject and will overall help me graduate from my Master's programme.

Will my taking part in this project be kept confidential? All the information that will be collected about you during the course of the research will be kept strictly confidential and will only be accessible to members of the research team. You will not be able to be identified in any reports or publications unless you give explicit consent for this. If you agree to me sharing the information you provide with other researchers, then your personal details will not be included unless you explicitly request this.

What is the legal basis for processing my personal data? According to data protection legislation, we are required to inform you that the legal basis we are applying in order to process your personal data is that 'processing is necessary for the performance of a task carried out in the public interest' (Article 6(1)(e)). Further information can be found in the University's Privacy Notice https://www.sheffield.ac.uk/govern/data-protection/privacy/general.'

Will I be recorded? Campus interviews will be audio recorded or using the recording function on Google Meet if conducted online; in either case, the recording will be used only to create fully anonymised transcripts for analysis. No other use will be made of the audio without your written permission, and no one outside the project will be allowed access to the original recordings.

What will happen to the data collected, and the results of the research project? The audio recording will be stored in an encrypted folder on the NHS shared networked file store to which only the researcher will have access; electronic or physical copies of the consent form and contact details will also be stored in a separate access-restricted folder on the NHS shared networked file store to which only the project team have access. All identifiable data (audio recording, consent form, and contact details) will be destroyed no later than one year after the completion of the project; the anonymised transcripts will be kept indefinitely. Quotations and themes emerging from the analysis of the interviews will be used for a Master's thesis for the University of Sheffield.

Who is organising and funding the research? This research is not supported by any funding.

Who is the Data Controller? NHS England will act as the Data Controller for this study. This means the NHS is responsible for looking after your information and using it properly.

Who has ethically reviewed the project? This project has been ethically approved via the University of Sheffield's Ethics Review Procedure, as administered by ScHARR.

What if something goes wrong and I wish to complain about the research? Please contact the Academic supervisor for this research Sarah Barnes at s.barnes@sheffield.ac.uk. If the complaint relates to how your personal data has been handled, contact my project supervisor Alison Iliff, Health and Wellbeing Programme Lead of the North East and Yorkshire Region, at alison.iliff@DHSC.gov.uk

Contact for further information about the project Sara Fernandez-Arias email sara.fernandez3@nhs.net phone 07475756339

Thank you for considering taking part in the project.

Appendix 2: Research Consent Form

Please tick the appropriate boxes	**Yes**	**No**
Taking Part in the Project		
I have read and understood the project information sheet dated 27/02/2023 for the project has been fully explained to me. (If you will answer No to this question please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.)		
I have been given the opportunity to ask questions about the project.		
I agree to take part in the project. I understand that taking part in the project will involve me participating in a single recorded one-to-one interview between me and the researcher.		
I understand that my taking part is voluntary and that I can withdraw from the study up to the point when the data is anonymised and analysed. I do not have to give any reasons for why I no longer want to take part and there will be no adverse consequences if I choose to withdraw.		
How my information will be used during and after the project		
I understand my personal details such as name, phone number, address and email address etc. will not be revealed to people outside the project.		
I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named in these outputs unless I specifically request this.		
I understand and agree that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.		
I understand and agree that other authorised researchers may use my data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.		
So that the information you provide can be used legally by the researchers		

I agree to assign the copyright I hold in any materials generated as part of this project to The University of Sheffield.		

Name of participant [printed] Signature Date

Name of Researcher [printed] Signature Date

Project contact details for further information:
Lead researcher: Sara Fernandez email: sara.fernandez3@nhs.net phone: 07475756339

Appendix 3: Interview Questions

Hello…

Thank you very much for being here today. I appreciate your time immensely.

We are trying to understand the needs of potential bisexual residents in care homes. As we grow older although we might not want to go to a care home, we might encounter ourselves in a position where a care home might be the best for us. However, there is very little data regarding the bisexual community in care homes. As you know, the LGBT+ community is extremely diverse, and every sexual identity has various needs which should be met in a patient-centered environment.

Just to remind you that this study ensures the anonymity and confidentiality of all participants

If at any point there is a question that you feel uncomfortable please let me know.

Questions:

Getting to know you, questions:

1.Please tell me a little bit about yourself. Probes(Age, children, hobbies?)

2.Do you have a partner at the moment? What is your partner's gender identity?

3. What is your sexual orientation?

4. At what stage in your life did you realize your sexual orientation?

Care home questions:

5.What does healthy ageing mean to you?

6.Have you ever imagined in which type of environment you would like to grow old?

7.What are the characteristics of an inclusive environment for bisexual individuals.

a. Have you ever considered moving to a care home in the future? Why or why not?

b. Do you believe care homes are inclusive for the community? What are your major concerns if any?

IF THEY HAVE A PARTNER- Do you have any concerns regarding living in a care home with your partner?

8. Let's imagine you were looking at moving into a care home, what would you look for?

IF THEY DON'T MENTION ANYTHING ABOUT BEING BISEXUAL What would you look for in a care home in order for your sexual orientation to be fulfilled?

9.In your opinion, what could care homes do to be more inclusive for individuals with sexual identity?

10. Are you concerned about how you will pay for staying in a care home in the future?

11.Do you think that an exclusive LGBT care home could be positive or negative for a bisexual individual?

Appendix 4: Final Thematic Map