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Pedagogical principles and methods underpinning education of health and social care practitioners on experiences and needs of older LGBT+ people: findings from a systematic review

Abstract

Background: There is a growing awareness of the need for LGBT+ competency training to ensure that the health and social care services offered to older LGBT+ people is affirmative and gender sensitive. **Objective:** To conduct a synthesis of the literature that describes the pedagogical principles, curriculum content and methods (teaching and assessment) used to educate health and social care practitioners on the experiences and needs of older LGBT+ people **Design:** Systematic thematic review of literature. **Data Sources:** MEDLINE, CINAHL, PsycINFO, EMBASE, Web of Science, Social Sciences Index, ERIC. **Method:** In accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Statement, this review examined peer-reviewed papers published in English, prior to April 2018 that addressed pedagogical and curriculum issues on the inclusion of needs and experiences of older LGBT+ people. **Results:** The combined searches yielded 2,214 papers of which 17 papers were eligible for inclusion, 10 discussion papers and 7 evaluation studies. Analysis identified the following themes: i) Acknowledging the wider historical context of older LGBT+ people's lives; ii) Recognising that older LGBT+ people are not a homogenous group; iii) Incorporating a multitude of theories and models from different

perspectives; iv) Alerting practitioners to the health issues and disparities facing older LGBT+ people; v) Including content that supports inclusive care for older LGBT+ people; vi) Addressing barriers to older LGBT+ people accessing health care; vii) Interactive activities the preferred pedagogical strategy; viii) Involving older LGBT+ people in curriculum development is a core principle; and ix) Mandatory education is not always the solution.

Conclusion: As the field matures there is a need for more exploration of curriculum principles, assessment strategies and strategies to overcome barriers to the inclusion of issues experienced by older LGBT+ people within curricula.

Keywords: Curriculum, pedagogy, lesbian, gay, bisexual, transgender, health practitioner, social care, ageing, LGBT+ ageing, descriptive thematic review

Pedagogical principles and methods underpinning education of health and social care practitioners on experiences and needs of older LGBT+ people: findings from a systematic review

Background

Worldwide, ageing populations are increasing rapidly, and policy makers and service providers are being forced to consider how best to respond to the growing pressure on health and social care (United Nations Population Fund and HelpAge, 2012). Although some of the care needs may be similar for all ageing populations, there is a growing awareness in many societies of the specific issues faced by older lesbian, gay, bisexual, transgender and gender diverse (LGBT+) people. Some of the identified issues include: social isolation (Fokkema & Kuyper, 2009; Fredriksen-Goldsen et al. 2013), stigma and discrimination (Adelman, 1991) and higher risk of negative mental health outcomes (Carr & Pezzella, 2017). Many older LGBT+ people grew up in a strongly conservative culture and an environment where their identities were pathologised, criminalised and demonised, and where role models for minority sexual orientations and gender identities were virtually absent. Consequently, older LGBT+ people have significant fears around accessing health and social care services (Brotman et al. 2003; Hughes, 2009; Sharek et al. 2015). Health and social care systems are viewed as unwelcoming for older LGBT+ people (McFarland & Sanders, 2003; Shankle et al. 2003), with many expressing concerns around discrimination in residential care services (Johnson et al. 2005) as well as concerns around not having their needs met (Higgins et al. 2016; Glackin and Higgins, 2008).

While there is a trend towards more positive societal attitudes about LGBT+ people, numerous studies suggest that heterosexism, homophobia, biphobia, and transphobia continues to exist in the attitudes and practices of some health and social care practitioners (Erdley et al. 2014; Hinchliff et al. 2005; Matharu et al. 2012), with practitioners demonstrating poor clinical knowledge and greater prejudice toward bisexual, transgender and gender non-conforming individuals (Brown et al. 2018; Carabez et al. 2016; Chisolm-Straker et al. 2018; Hancock & Haskin, 2015). Negative attitudes among professionals tend to coincide with religious and cultural beliefs about homosexuality, and a lack of awareness of the need for LGBT+-tailored health and social care (Doresen & Van Devanter, 2016).

Several authors have concluded that LGBT+ competency training is needed in services that provide affirmative and gender sensitive care to older LGBT+ people (Bell et al. 2010; Higgins et al. 2016; Hughes et al. 2011; Knochel et al. 2011; Stein et al. 2010). Research suggests that specific training on issues facing older LGBT+ people may result in better knowledge/skills of the health and social care workforce, which in turn may reduce the heteronormative and cisgendered communication between providers and LGBT+ people, as well as diminish feelings of stigma and discrimination experienced by LGTB+ people (Sekoni et al. 2017). Despite this assertion, Sirota (2013) notes the absence of focus on LGBT+ health care needs within curricula content and academic textbooks. In addition, curricula content needs to reflect the diversity of needs among LGBT+ people while also taking into consideration their changing needs as they age (Fredriksen-Goldsen et al. 2014). This review was undertaken as part of an Erasmus + funded cooperation between Ireland, United Kingdom, Slovenia and The Netherlands for innovation and the exchange of good practices programme. The funded project, titled BEING ME, aimed to share and develop educational

resources to support the inclusion of issues facing older LGBT+ people within health and social care curricula.

Aims of the review

The aims of the review were to: i) describe the pedagogical principles, curriculum content and methods (teaching and assessment) used to educate health and social care practitioners on the experiences and needs of older LGBT+ people (aged 55 and older); ii) describe enablers to the inclusion of issues facing older LGBT+ people within curricula for health and social care practitioners; and iii) describe strategies to overcome the challenges/barriers encountered

Methods

A search of the following electronic databases was undertaken by the librarian (GS):

MEDLINE, CINAHL, PsycINFO, EMBASE, ERIC, Social Sciences Index and Web of Science.

These include the main databases used in any health sciences-related systematic review, plus one of the most important databases for education topics and another for the social sciences. Another database with broad coverage of all subjects was used to ensure completeness.

Previous reviews and the authors' expert knowledge were used to determine keywords, for example terms denoting health professionals and ones denoting education-related topics. In all cases, these terms were looked for in titles and abstracts, and where appropriate other fields such as the "contributed indexing" field in MEDLINE. These were combined with controlled vocabulary terms such as MeSH and CINAHL Headings as appropriate (see example MEDLINE search strategy, Table 1).

Table 1: Example MEDLINE (Ebsco) search

<p>1. MH("Homosexuality+" OR "Transsexualism" OR "Bisexuality") OR AB(asexual* OR bisexual* OR dyke* OR gay* OR "gender fluid*" OR "gender identit*" OR homophobi* OR homosexual* OR lesbian* OR LGB OR LGBT OR LGBTI OR LGBTQ OR LGBTQI OR LGBTQQI OR "non-binary" OR queer* OR "same sex" OR "sexual minorit*" OR "sexual orientation" OR transgender OR transsexual*) OR TI(asexual* OR bisexual* OR dyke* OR gay* OR "gender fluid*" OR "gender identit*" OR homophobi* OR homosexual* OR lesbian* OR LGB OR LGBT OR LGBTI OR LGBTQ OR LGBTQI OR LGBTQQI OR "non-binary" OR queer* OR "same sex" OR "sexual minorit*" OR "sexual orientation" OR transgender OR transsexual*) OR CI(asexual* OR bisexual* OR dyke* OR gay* OR "gender fluid*" OR "gender identit*" OR homophobi* OR homosexual* OR lesbian* OR LGB OR LGBT OR LGBTI OR LGBTQ OR LGBTQI OR LGBTQQI OR "non-binary" OR queer* OR "same sex" OR "sexual minorit*" OR "sexual orientation" OR transgender OR transsexual*)</p>
<p>2. MH("Aged+" OR "Middle Aged" OR "geriatrics") OR AB(ageis* OR elder* OR geriatric* OR gerontolog* OR "later life" OR "old age" OR older OR pensioner* OR senior OR seniors) OR TI(ageis* OR elder* OR geriatric* OR gerontolog* OR "later life" OR "old age" OR older OR pensioner* OR senior OR seniors) OR CI(ageis* OR elder* OR geriatric* OR gerontolog* OR "later life" OR "old age" OR older OR pensioner* OR senior OR seniors)</p>
<p>3. MH"health personnel+" OR AB((health* OR hospital OR medical OR nurs* OR "operating-room" OR paramedical OR pharmac* OR psychiatric OR social OR welfare) N2 (aide* OR assistant* OR consultant* OR officer* OR personnel OR practitioner* OR professional* OR provider* OR specialist* OR staff OR worker*)) OR (anesthetist* OR anaesthetist* OR audiologist* OR clinician* OR counselor* OR counsellor* OR dentist* OR dietitian* OR doctor* OR "general practitioner*" OR gp OR gps OR geriatrician* OR gerontologist* OR gynecologist* OR gynaecologist* OR hospitalist* OR nurse* OR nutritionist* OR obstetrician* OR pharmacist* OR physician* OR physiotherapist* OR psychiatrist* OR psychologist* OR psychotherapist* OR surgeon* OR therapist*) OR TI((health* OR hospital OR medical OR nurs* OR "operating-room" OR paramedical OR pharmac* OR psychiatric OR social OR welfare) N2 (aide* OR assistant* OR consultant* OR officer* OR personnel OR practitioner* OR professional* OR provider* OR specialist* OR staff OR worker*)) OR (anesthetist* OR anaesthetist* OR audiologist* OR clinician* OR counselor* OR counsellor* OR dentist* OR dietitian* OR doctor* OR "general practitioner*" OR gp OR gps OR geriatrician* OR gerontologist* OR gynecologist* OR gynaecologist* OR hospitalist* OR nurse* OR nutritionist* OR obstetrician* OR pharmacist* OR</p>

physician* OR physiotherapist* OR psychiatrist* OR psychologist* OR psychotherapist* OR surgeon* OR therapist*) OR CI((health* OR hospital OR medical OR nurs* OR "operating-room" OR paramedical OR pharmac* OR psychiatric OR social OR welfare) **N2** (aide* OR assistant* OR consultant* OR officer* OR personnel OR practitioner* OR professional* OR provider* OR specialist* OR staff OR worker*)) **OR** (anesthetist* OR anaesthetist* OR audiologist* OR clinician* OR counselor* OR counsellor* OR dentist* OR dietitian* OR doctor* OR "general practitioner*" OR gp OR gps OR geriatrician* OR gerontologist* OR gynecologist* OR gynaecologist* OR hospitalist* OR nurse* OR nutritionist* OR obstetrician* OR pharmacist* OR physician* OR physiotherapist* OR psychiatrist* OR psychologist* OR psychotherapist* OR surgeon* OR therapist*)

4. MH"education+" OR AB(assess* OR class* OR course* OR "cultural competenc*" OR curricul* OR education* OR eLearning OR evaluat* OR knowledge OR learn* OR module* OR pedagog* OR skill* OR syllabus* OR teach* OR train*) OR TI(assess* OR class* OR course* OR "cultural competenc*" OR curricul* OR education* OR eLearning OR evaluat* OR knowledge OR learn* OR module* OR pedagog* OR skill* OR syllabus* OR teach* OR train*) OR CI(assess* OR class* OR course* OR "cultural competenc*" OR curricul* OR education* OR eLearning OR evaluat* OR knowledge OR learn* OR module* OR pedagog* OR skill* OR syllabus* OR teach* OR train*)

Search consisted of 1 AND 2 AND 3 AND 4. Limited to English results.

The search was limited to peer reviewed/published papers published prior to April 2018 and English language material. These search boundaries resulted in 2,214 papers. After duplicates were removed, the remaining 2,024 papers were screened according to the following criteria. Articles were included if they were i) published in peer reviewed journals; ii) were empirical studies or discussion papers that identified pedagogical principles, curricular content, teaching and assessment methodologies, and barriers and enablers to the inclusion of the experiences or needs of older LGBT+ people within curricula (irrespective of educational level) for health (nurses, doctors, psychologists, physiotherapists, occupational and speech and language therapists) and social care (social

worker or care staff) practitioners. Pedagogical was defined by the team as anything relating to the theory, methods and practice of teaching on the experiences and needs of older LGBT+ people. Papers were excluded if they i) focused exclusively on the outcomes of an educational intervention on older LGBT+ peoples experiences without making reference to curriculum principles, content, teaching/assessment methods, barriers/enablers, or strategies to overcome barriers; ii) focused exclusively on intersex people; iii) discussed education on LGBT+ peoples experiences in general but did not identify issues in relation to older LGBT+ people.

Covidence software package (www.covidence.org/) was used to manage the screening process. Two reviewers independently assessed each title and abstract against the inclusion/exclusion criteria to identify potentially relevant items (AH, CD) and any discrepancies were resolved by discussion and consensus within the team. For stage two screening, the full texts of 67 papers were obtained and assessed independently by the same two reviewers and any discrepancies were resolved by discussion and consensus with a third reviewer (BK). This stage resulted in the exclusion of a further 50 papers primarily due to them not focussing on education or on the older LGBT+ population. In total 17 papers were included in the review. Figure 1 provides a visual representation of the current review's methodological process, according to the PRIMSA framework.

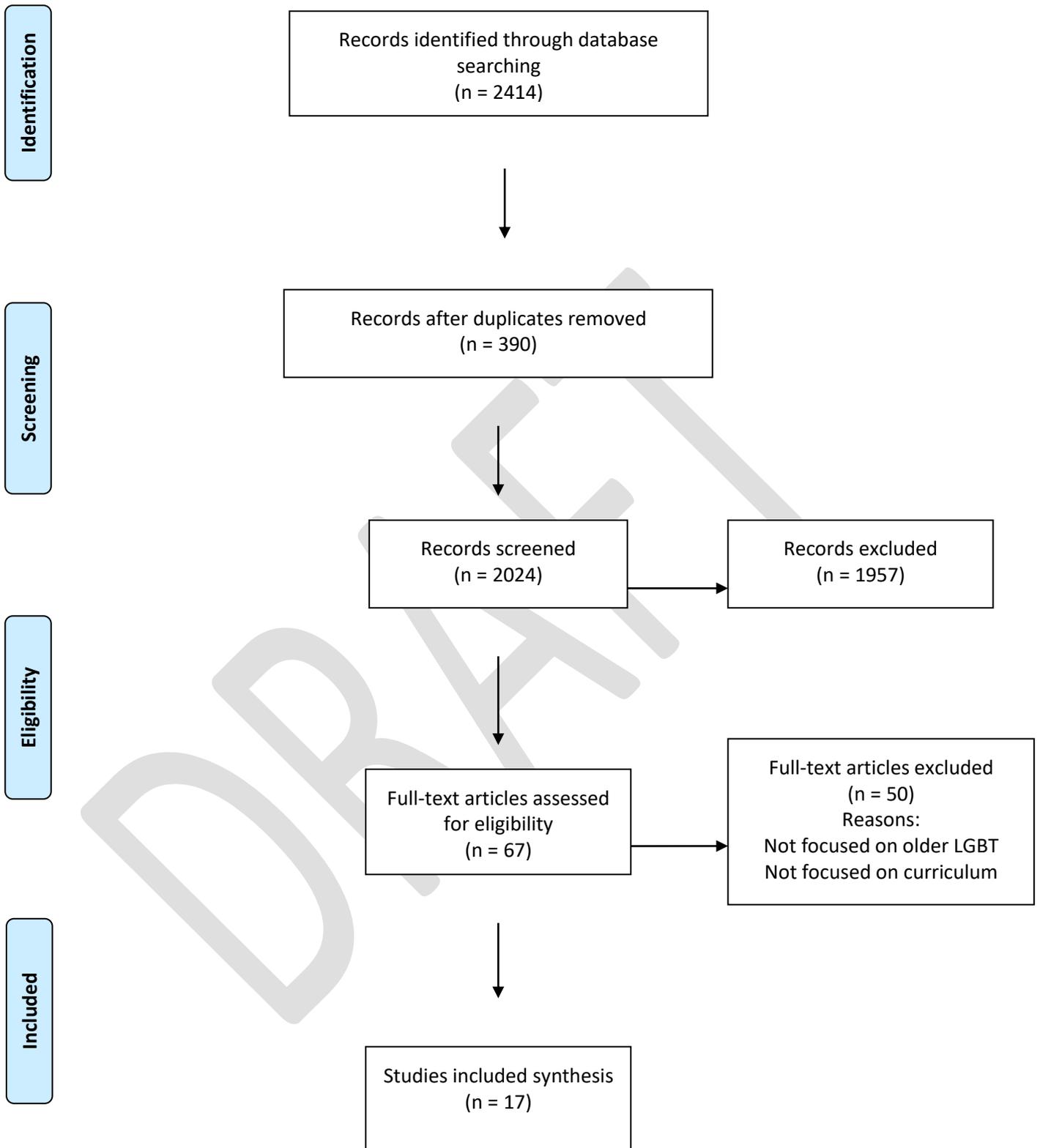


Figure 1. Flowchart of search strategy outputs and screening process

A quality assessment was not undertaken as the review was focused on curricular and pedagogical issues, as opposed to research outcomes and consequently included both descriptive and empirical papers. To assist with data extraction, a data extraction table was developed and piloted. One researcher extracted the data (CD) with a second researcher (AH) independently checking the data extraction forms for accuracy and completeness. Any discrepancies were resolved through consultation with another reviewer (BK). Once the data was extracted in text form a sample was open coded by one author (AH) and a preliminary coding framework developed, which was verified by a second person (CD). This framework included the following headings: curriculum principles, curriculum content, teaching methods, assessment methods, enablers to inclusion, barriers to inclusion. Data was then categorised using this framework. Once this was complete the data were read and reviewed by two authors (CD and AH), and in line with Braun and Clarke (2006) data were coded, compared and emerging themes that captured the essence of the data identified.

Results

Of the 17 papers included, 10 were discussion papers and 7 were descriptions of the development, and/or evaluations, of educational interventions designed to enhance practitioners' competence in relation to older LGBT+ issues. All papers were published in the previous 8 years, with the majority originating in the USA (n=14). The remainder were written by people in the UK (n=1), Australasia (n=1) and Canada (n=1). Nine themes emerged from the analysis: i) Acknowledging the wider historical context of older LGBT+ people's lives; ii) Recognising that older LGBT+ people are not a homogenous group; iii) Incorporating a multitude of theories and models from different perspectives; iv) Alerting

practitioners to the health issues and disparities facing older LGBT+ people; v) Including content that supports inclusive care for older LGBT+ people; vi) Addressing barriers to older LGBT+ people accessing health care; vii) Interactive activities the preferred pedagogical strategy; viii) Involving older LGBT+ people in curriculum development a core principle; and ix) Mandatory education not always the solution. Table 2 provides an overview of the papers included and the themes they contributed to.

Insert Table 2

Theme 1: Acknowledging the wider historical context of older LGBT+ people's lives

A number of authors highlight the need for education to take a historical account of older LGBT+ people's lives and make explicit how LGBT+ identities intersect with cultural, legal and socially oppressive practices. Thus, education needs to consider how the oppressive and marginalising impact of the pathologisation and criminalisation of LGBT+ identities is identified (Dentato et al. 2014; Nambiar, 2011; Pelt & Galambos, 2017).

Others highlight the need to pay attention to negative social and institutional factors (heterosexism, stigmatisation of gender variance, discrimination, marginalisation, victimisation, invisibility, minority stress and prejudice) which impact the lives of older LGBT+ individuals in terms of identity formation and disclosure, health and well-being, visibility, healthcare interactions and work life (Bell et al. 2010; Cannon et al. 2017; Donald et al. 2017; Fredriksen-Gold et al. 2014; Johnston, 2016; Pelt & Galambos, 2017; Rogers, 2013; Schwinn & Dinkel, 2015). A number of authors argue that education should focus on how laws serve to protect or discriminate against older LGBT+ adults, including legal issues that arise at the end of life (advance directives, medical care decisions, the transmission of property, custody of children, and directives for funeral arrangements) (Bell et al. 2010;

Cannon et al. 2017; Donald et al. 2017; Fredriksen-Goldsen et al. 2014; Gendron et al. 2013; Hardacker et al. 2014; Johnston, 2016). The precarious position of LGBT+ people and 'families of choice' is also cited, with authors suggesting that best practice teaching in end of life care needs to address the legal rights of same-sex partners, LGBT+ families and 'families of choice' in terms of care-giving and medical decision-making (Cannon et al. 2017; Hardacker et al. 2014; Johnston, 2016; Lim & Bernstein, 2012).

Theme 2: Recognising that older LGBT+ people are not a homogenous group

Recognising that LGBT+ identities do not represent one homogenous group, some authors highlight the need to address vulnerabilities of subgroups. Examples include, the greater risk of unemployment among transgender older adults; the greater invisibility of transgender and bisexual older adults; the marginalised position of HIV-positive LGBT+ older adults and the marginalisation of older individuals identifying as bisexual within the LGBT+ community (Fredriksen-Goldsen et al. 2014; Hardacker et al. 2014; Johnston, 2016). Several papers highlight issues specific to gender non-conforming and transgender older people. Topics highlighted include transitioning, hormone replacement therapy, sex reassignment surgeries and medication, health issues related to biological sex, and psychological and sociological factors that may impact care (Cannon et al. 2017; Donald et al. 2017; Hardacker et al. 2014; Lim & Bernstein, 2012). In addition to highlighting incidences of transphobia and misgendering within clinical care encounters (Donald et al. 2017; Cannon et al. 2017), the need to create inclusive services for older transgender persons through transgender focused patient education materials, support groups and advocacy programmes are highlighted (Cannon et al. 2017; Donald et al. 2017; Hardacker et al. 2014). In relation to bisexuality, Johnston (2016) suggests that education needs to challenge the binary construct of gender as well as challenging common misconceptions about bisexual individuals. Training also

needs to foster a greater awareness of the existence of older bisexual people within services by presenting statistics and facts, and consider particular end of life issues which may arise for older adults with history of significant relationships with both sexes.

Theme 3: Incorporating a multitude of theories and models from different perspectives

Several authors identify theories and models that they indicate should be incorporated into curricula; these include the person-in-environment perspective; the life-course perspective; the minority stress model; the social ecological model, anti-oppressive theory, intersectionality theory, and the notion of ascribed versus claimed identities (Donald et al. 2017; Fredriksen-Gold et al. 2014; Pack & Brown, 2017). In relation to family, several authors highlight the need to address family theory and how family is constituted differently for many LGBT+ individuals (Cannon et al. 2017; Hardacker et al. 2014; Lim & Bernstein, 2012; Pack & Brown, 2017). While the authors considered these as relevant to the education of practitioners in relation to older LGBT+ individuals, they do not make explicit how or why these theories or models should be included.

Theme 4: Alerting practitioners to the health issues and disparities facing older LGBT+ people

Health disparities affecting the older LGBT population (Hardacker et al. 2014; Nambiar, 2011) and the common physical and mental health problems affecting the older LGBT+ population (Dentato et al. 2014) are identified as important content, although the nature of the disparities and problems is not made explicit within the papers identified. In terms of health, two papers highlight the need for education to alert practitioners to the need to

promote safe sexual practices and address HIV, in terms of transmission, risky sexual behaviours and treatment (Cannon et al. 2017; Hardacker et al. 2014).

Theme 5: Including content that supports inclusive care for older LGBT+ people

In keeping with the values of respect and individuality, Johnston (2016) notes that understanding the nuances of language is important as meanings and connotations of terms may vary from individual to individual depending on how a person self-identifies. Thus, the importance of education in LGBT+ terminology and concepts (Fredriksen-Goldsen et al. 2014; Gendron et al. 2013; Hardacker et al. 2014; Nambiar, 2011), and the use of inclusive and appropriate language with older LGBT+ individuals is stressed by a number of authors (Bell et al. 2010; Dentato et al. 2014; Fredriksen-Goldsen et al. 2014; Pack & Brown, 2017). Fredriksen-Goldsen et al. (2014) in particular notes that although the term queer is being reclaimed by many within the LGBT+ community, it still has negative connotations for many older LGBT+ adults, who view it as a form of insult and oppression.

Multiple papers advocate the importance of skill development in areas such as assessment of sexual health, facilitating disclosure (Hardacker et al. 2014; Pack & Brown, 2017), challenging homophobic or transphobic language (Lim & Bernstein, 2012), as well as skills to support LGBT+ older adults and their allies to navigate health and social services (Fredriksen-Goldsen et al. 2014).

In addition to the development of greater self-awareness among care providers about sexuality and older LGBT+ individuals, several authors highlight the importance of exploring the impact of personal beliefs, attitudes and discomfort on the provision of culturally

competent and person-centred care to older sexual and gender minorities (Bayliss, 2000; Fredriksen-Goldsen et al. 2014; Gendron et al. 2013; Johnston, 2016; Nambiar, 2011). A number of papers highlight the ways in which individuals and institutions can improve the social environment of nursing homes through developing LGBT+ inclusive policies and initiatives (Bell et al. 2010; Rogers, 2013; Schwinn & Dinkel, 2015), tailoring educational materials and resources toward LGBT+ people in a way that promotes resilience (Donald et al. 2017) and improves access to care among older LGBT+ individuals (Porter & Krinsky, 2014).

Theme 6: Addressing barriers to older LGBT+ people accessing health care

Two papers identified the need to address barriers to healthcare within curriculum without specifying what barriers exist (Gendron et al. 2013; Hardacker et al. 2014). However, others suggest that curricula should address how heterosexism, homophobia, transphobia, stigma, prejudice, and the discriminatory and gendered nature of health care in protocols, policies and practices, serves to perpetuate stereotypes and marginalise LGBT+ individuals (Bell et al. 2010; Fredriksen-Gold et al. 2014; Johnston, 2016; Pack & Brown, 2017; Porter & Krinsky, 2014; Rogers, 2013; Schwinn & Dinkel, 2015). In addition to gendered healthcare, Donald et al. (2017) highlight the need to address specific barriers to person centred care in the older transgender population which include: misgendering, transphobia and a lack of knowledge among staff. Two papers also draw attention to the need to highlight that service providers who ignore the sexuality and sexual orientation of older LGBT+ service users in the name of equal treatment are failing to deliver person-centred care (Fredriksen-Goldsen et al. 2014; Pack & Brown, 2017).

Theme 7: Interactive activities are the preferred pedagogical strategy

While didactic teaching methods such as presentations are recommended to impart factual information (Cannon et al. 2017; Gendron et al. 2013; Hardacker et al. 2014; Johnston, 2016; Lim & Bernstein, 2012; Nambiar, 2011), they are only recommended as part of a broader approach to teaching. Most of the reviewed papers favour interactive teaching exercises and activities (Cannon et al. 2017; Gendron et al. 2013; Johnston, 2016; Nambiar, 2011; Rogers, 2013). These include discussions of case studies or vignettes to depict clinical situations, provide examples of appropriate person-centred approaches to care and raise awareness of issues relevant to older LGBT+ adults (Bayliss, 2000; Johnston, 2016; Lim & Bernstein, 2012; Nambiar, 2011). One paper suggested utilising problem based learning whereby students are presented with a challenging problem, and are guided in brainstorming practical solutions with real-world implications (Cannon et al. 2017).

Visual methods are also recommended to challenge thinking, with a number of authors using or recommending videos of older LGBT+ people, as a form of storytelling and a means of sharing personal narratives and testimonies about their lives and experiences (Cannon et al. 2017; Gendron et al. 2013; Johnston, 2016; Lim & Bernstein, 2012; Pelt & Galambos, 2017; Rogers, 2013). One paper recommends the use of images of an older same sex couple in order to stimulate thinking about sexuality and sexual diversity in older persons (Bayliss, 2000). Case studies, video presentations or similar methods wherein stories of older LGBT+ are represented are often used or recommended as a means of eliciting reactions to diversity and stimulating discussion (Bayliss, 2000; Dentato et al. 2014; Hughes et al. 2016; Pelt & Galambos, 2017).

Opportunities for discussion, dialogue, and reflection are recommended for inclusion by many authors (Bell et al. 2010; Dentato et al. 2014; Johnston, 2016; Pack & Brown, 2017;

Pelt & Galambos, 2017; Rogers, 2013), with one study citing it as a useful way of making participants feel more at ease with the topic (Bayliss, 2000). Role playing is also recommended as a way of teaching (Gendron et al. 2013; Johnston, 2016; Lim & Bernstein, 2012; Pack & Brown, 2017). The scenarios used in or suggested for role play are aimed at enhancing trainees' understanding of issues relevant to older LGBT+ adults and as a means of developing their skills in culturally competent care, assessment and intervention, and the use of appropriate language (Johnston, 2016; Hardacker et al. 2014; Pack & Brown, 2017). A novel and interactive approach to teaching is a transformative theatre performance described in a US study wherein the audience become active participants in the experience (Hughes et al. 2016).

A few authors highlight teaching methods which enable students to engage in self-assessment and critical reflection through the process of keeping a personal journal (Pack & Brown, 2017) or the use of evidence-based tools to self-assess cultural competency (Fredriksen-Goldsen et al. 2014). Johnston (2016) describes the use of thought experiments to challenge participants' assumptions and broaden their understanding about bisexuality.

Involving older LGBT+ individuals in the delivery of training or as part of training is suggested as a teaching method that is suitable to increase participant's exposure to this population (Cannon et al. 2017; Rogers, 2013) while Lim and Bernstein (2012) recommend the establishment of clinical placements in LGBT+-specific aging organizations. Irrespective of what method is used, debriefing or question and answer sessions is part of the majority of teaching strategies outlined (Hardacker et al. 2014; Lim & Bernstein, 2012; Nambiar, 2011; Schwinn & Dinkel, 2015), with Hardacker et al. (2014) suggesting that students be given the

opportunity to ask questions privately as they may be uncomfortable asking in the wider context of the group.

Theme 8: Involving older LGBT+ people in curriculum development is a core principle

Very few papers address core principles in relation to curriculum development, with the exception of Rogers (2013) and Cannon et al. (2017). Rogers (2013) stresses the need to involve older LGBT+ adults in the design, planning and delivery of education for many reasons, including, increasing the visibility and empowerment of older LGBT+ adults, building trust between the community and service providers, sharing experiential knowledge, and ensuring that education is appropriate and responsive to the community. Cannon et al. (2017) highlights the importance of integrating older LGBT+ issues into all aspects of curricula, by representing older LGBT+ adults in case studies and simulation exercises, and examining all issues from an LGBT+ perspective.

Theme 9: Mandatory education is not always the solution

There was a dearth of literature that identified challenges to the inclusion of issues facing older LGBT+ people within curricula. Schwinn & Dinkel (2015) suggest that, in order to circumnavigate any religious objections, education on LGBT+ issues should be framed as a necessary requirement for professional practice. However, Hardacker et al. (2014) noted that even when education is designated as mandatory some providers or practitioners are still opposed to attending training on the grounds of religious beliefs.

Discussion

Addressing sexuality in later life, promoting a positive outlook of older people's sexuality and facilitating the expression of older LGBT+ individual's sexuality is a core aspect of all health and social care professional roles. Yet evidence suggests that health and social care practitioners lack the knowledge, comfort and competence to provide sensitive and affirmative care to older LGBT+ people. This review set out to identify the pedagogical principles and methods needed to educate health and social care practitioners on older LGBT+ issues. As stigma and health inequalities are not just a 'product of interpersonal encounters' but a result of structural inequalities (Donald et al. 2017:346), having practitioners who recognise the intersectional nature of social identities and oppression is viewed as a critical competence. Hence, findings from this review highlight the need to underpin education with a person-in-environment perspective that acknowledges the historical and wider socio-political context of older LGBT+ people's lives as well as addressing the unique needs of each subgroup. As every individual possesses a sexual orientation and gender identity, findings also highlight the need for issues facing older LGBT+ people to be set in the context of holistic and inclusive care, as well as integrated with a more open discussion about older people's sexuality generally. All older people require their individuality to be recognised and in doing so, the diversity of individuality and the experiences of all will be respected (Pugh, 2005).

While there is general agreement that didactic teaching methods are appropriate for imparting some factual information, in order to effect attitudinal change and increase participants' comfort and confidence, a more interactive, pedagogical approach that involves students in their own learning needs to be incorporated. Thus, a variety of experiential learning methods, including reflective exercises, video, role play, case studies

and group discussion, are recommended. Given the evidence on the potential to change negative attitudes following increased contact with sexual and gender minorities (Cramwinckel et al. 2018; Detenber et al. 2013; Norton & Herek, 2013), it is not surprising that a number of authors recommend strategies to increase proximity to older LGBT+ individuals by involving them in the education of practitioners and establishing clinical placements in LGBT+-specific ageing organizations.

While some authors mention the need to address health and social inequalities experienced by older LGBT+ people, the papers do not explore these in any depth. Yet there is a significant body of research that indicates that relative to their heterosexual and cisgender counterparts, older LGBT+ people experience higher rates of mental health problems such as depression, anxiety and substance use disorders, and are at increased risk for certain medical conditions such as breast, cervical, prostate and anal cancers, and human immunodeficiency virus (HIV) (Czaja et al. 2016; Frediksen-Goldsen et al. 2013; Hillman, 2017; McCann et al. 2013; Willis et al. 2017; Yarns et al. 2016; Zelle & Arms, 2015). The reasons for the higher incidence of disease may be explained in part due to unique risk factors. For example, many of the factors associated with an increased risk of breast cancer, such as not having children, not having breast-fed and not having used oral contraceptives, are more prevalent among older lesbians (Waite, 2015). Although research into the needs of older people living with human immunodeficiency virus (HIV) is required (Cahill & Valadez, 2013), some research suggests that there is greater comorbidity and poverty among older gay men living with HIV compared to their younger counterparts (Lyons et al. 2010). In addition to education highlighting health disparities and risk factors, the broader social

determinants of health inequalities and its impact on healthcare access could also be flagged to practitioners (Barrett et al. 2015).

The review identifies several gaps that need further consideration: such as the core principles underpinning curriculum development on older LGBT+ issues, assessment strategies to determine practitioners' competence and the enablers and barriers to including older issues facing LGBT+ peoples within health and social care curricula. In addition, there is a lack of discussion within the literature on how culture, religion and ethnicity may impact the delivery of education. Notwithstanding the vast discussion of teaching methodologies, no authors provided insights into strategies to address stigmatising attitudes expressed by students within the classroom or strategies to engage students who have religious or cultural beliefs that consider LGBT+ identities as pathological, deviant and sinful. Equally little attention is given to the attitudes of teachers who may have been affected by embedded heterosexism, homophobia and transphobia in society or the importance of acknowledging that many older LGBT+ people may be uncomfortable addressing issues around their sexual orientation/ gender identity as a result of internalised stigma and shame. Although training materials need to acknowledge the impact of personal beliefs, focus should not be on changing these beliefs, but on ensuring that they do not impact on the care experiences of older LGBT+ individuals. The challenging reality is that even when education related to LGBT+ care of older people is provided the time allowed will likely be short. Materials therefore need to be brief but impactful while also being interactive and using personal stories of older LGBT+ individuals.

Strengths and Limitations

Although the review has several strengths such as its breadth of questions, the inclusion of both research studies and discussion papers, the use of a comprehensive multi-database search strategy and dual-author data extraction and analysis it needs to be read with the following limitations in mind. First some relevant papers may have been missed because of the exclusion of grey literature and non-English literature. Second, as the majority of papers are from the USA there may be a cultural bias in the information presented. Third, the potential for interpretative bias impacting the findings is also an issue, as some papers did not clearly define or discuss the concept and topics they were talking about.

Conclusion

While sexuality is generally a challenging issue for all health and social care workers, as it is a sensitive and emotive topic, when it comes to the sexuality of older adults and older LGBT+ people another layer of silence, ageist attitudes, stereotyping and stigma seems to exist (Gewirtz-Meydan et al. 2018). In this review, we have synthesised the findings from 17 papers on the inclusion of the experiences and needs of older LGBT+ people within health and social care curricula. While 10 were discussion papers and seven were descriptions of the development and/or evaluations of educational interventions certain findings in relation to curriculum content and teaching strategies were quite consistent across all the papers. As the literature on experiences and needs of older LGBT+ people expands and the field matures there will be a need for more in-depth exploration of certain pedagogical issues such as curriculum principles, assessment strategies, strategies to support the inclusion of older LGBT+ issues within curricula and strategies to overcome barriers to their inclusion. As

part of this funded project, best practice principles on developing LGBT+ cultural competence in health and social care education have been developed by the authors based on the findings of this review, feedback from older LGBT+ people and key stakeholders and can be downloaded from [website to be inserted following review]. There is also a need for more explicit standards and benchmarks on curriculum content and learning outcomes within professional education on LGBT+ issues and ageing inequalities, as addressing the care of older LGBT+ people must not be perceived as a politically correct requirement for a minority but as an opportunity to explore broader issues of care for all older people.

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Table 2: Overview of included papers

Author (Date) County of origin	Paper type	Aim of paper	Theme 1	Theme 2	Theme 3	Theme 4	Theme 5	Theme 6	Theme 7	Theme 8	Theme 9
			Acknowledging the wider historical context of older LGBT+ people's lives	Recognising that older LGBT+ people are not a homogenous group	Incorporating a multitude of theories and models from different perspectives	Alerting practitioners to the health issues and disparities facing older LGBT+ people	Including content that supports inclusive care for older LGBT+ people	Addressing barriers to older LGBT+ accessing health care	Interactive activities are the preferred pedagogical strategy	Involving older LGBT + people is a core principle	Mandatory education not always the solution.
Bayliss (2000) UK	Discussion paper	To discuss issues regarding social work practice with older lesbian women					✓		✓		
Bell et al. (2010) USA	Quantitative survey	To determine if nursing home directors had received at least one hour of training in six different areas of cultural competency, including homophobia and to examine whether the characteristics of the social services directors and the nursing homes influenced the odds of having had training.	✓				✓	✓	✓		
Nambiar (2011) Canada	Discussion paper	To describe a workshop designed to teach how to provide culturally competent care for LGBT seniors.	✓			✓	✓		✓		
Lim & Bernstein (2012) USA	Discussion paper	To review the issues in LGBT aging and make recommendations on how to integrate LGBT aging content into the nursing curriculum	✓	✓	✓		✓		✓		

Author (Date) County of origin	Paper type	Aim of paper	Theme 1	Theme 2	Theme 3	Theme 4	Theme 5	Theme 6	Theme 7	Theme 8	Theme 9
			Acknowledging the wider historical context of older LGBT+ people's lives	Recognising that older LGBT+ people are not a homogenous group	Incorporating a multitude of theories and models from different perspectives	Alerting practitioners to the health issues and disparities facing older LGBT+ people	Including content that supports inclusive care for older LGBT+ people	Addressing barriers to older LGBT+ accessing health care	Interactive activities are the preferred pedagogical strategy	Involving older LGBT+ people is a core principle	Mandatory education not always the solution.
Gendron et al. (2013) USA	Descriptive evaluation study	To describe the development of the LGBT Cultural Competency Project and the process and evaluation methods utilized to systematically evaluate the efficacy of the program, as well as examine the curriculum revisions undertaken based on the outcome of the evaluation.	✓				✓	✓	✓		
Rogers (2013) USA – Portland, Oregon	Evaluation study (Quantitative Survey)	To evaluate the impact of training panels provided by older LGBT adults on participants	✓				✓	✓	✓	✓	
Dentato et al. (2014) USA	Discussion paper	To explore differences in attitudes among generational cohort groups regarding coming out decisions; sexual risk and safety; the impact of evolving policies within systems and society; as well as discussing implications and suggestions for education, training, and best practices in the field of LGBT aging	✓			✓	✓		✓		

Author (Date) County of origin	Paper type	Aim of paper	Theme 1	Theme 2	Theme 3	Theme 4	Theme 5	Theme 6	Theme 7	Theme 8	Theme 9
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Fredriksen-Gold et al. (2014) USA	Discussion paper	To outlines 10 core competencies and aligns them with specific strategies to improve professional practice and service development to promote the well-being of LGBT older adults and their families	✓	✓	✓		✓	✓	✓		
Hardacker et al. (2014) USA - Chicago and surrounding areas	Descriptive evaluation study	To describe the development, implementation and evaluation of a 6 module curriculum entitled, 'Health Education about LGBT (lesbian, gay, bisexual and transgender) Elders (HEALE)' which is targeted at nurses and health-care staff.	✓	✓	✓	✓	✓	✓	✓		✓
Porter & Krinsky (2014) USA - Massachusetts	Evaluation study (Quasi-experimental)	To evaluate the impact of cultural competency training on the unique challenges of sexual and gender minorities on elder-service providers attitudes, beliefs, and intentions.					✓	✓			
Schwinn & Dinkel (2015)	Discussion paper	To describe how heterosexism impedes the provision of culturally competent care for	✓				✓	✓	✓		✓

Author (Date) County of origin	Paper type	Aim of paper	Theme 1	Theme 2	Theme 3	Theme 4	Theme 5	Theme 6	Theme 7	Theme 8	Theme 9
			Acknowledging the wider historical context of older LGBT+ people's lives	Recognising that older LGBT+ people are not a homogenous group	Incorporating a multitude of theories and models from different perspectives	Alerting practitioners to the health issues and disparities facing older LGBT+ people	Including content that supports inclusive care for older LGBT+ people	Addressing barriers to older LGBT+ accessing health care	Interactive activities are the preferred pedagogical strategy	Involving older LGBT+ people is a core principle	Mandatory education not always the solution.
USA		lesbian, gay, bisexual, transgender, and queer (LGBTQ) residents in long-term care (LTC) facilities.									
Hughes et al. (2016) USA	Descriptive evaluation study	To describe the development and evaluation of an interactive theatre experience that is designed to raise awareness among LGBT older adults and providers about issues such as the limited legal rights of partners, limited family support, and fear of being mistreated as a result of homophobia faced by LGBT older adults. The intervention is targeted at health care provider and students as well as the LGBT community.							✓		
Johnston (2016) USA	Opinion/personal experience paper	To educate LGBT service providers on the unique cultures, needs, and resiliencies of bisexual older adults. A professional LGBT aging advocate and cultural competency trainer outlines 5 common assumptions or	✓	✓			✓	✓	✓		

Author (Date) County of origin	Paper type	Aim of paper	Theme 1	Theme 2	Theme 3	Theme 4	Theme 5	Theme 6	Theme 7	Theme 8	Theme 9
			Acknowledging the wider historical context of older LGBT+ people's lives	Recognising that older LGBT+ people are not a homogenous group	Incorporating a multitude of theories and models from different perspectives	Alerting practitioners to the health issues and disparities facing older LGBT+ people	Including content that supports inclusive care for older LGBT+ people	Addressing barriers to older LGBT+ accessing health care	Interactive activities are the preferred pedagogical strategy	Involving older LGBT + people is a core principle	Mandatory education not always the solution.
		misconceptions which he has encountered and ways in which to respond to them.									
Pack and Brown (2017) Australasia	Discussion paper	To present an argument on, for an explicitly anti-oppressive approach to be applied to the education of professionals who work with elders identifying with gender and sexual minorities			✓		✓	✓	✓		
Pelt and Galambos (2017) USA	Descriptive evaluation study	To explore how Intergroup contact through the use of storytelling as a training mechanism influences Long Term Care staff members' attitudes related to serving LG older adults." P591	✓						✓		
Cannon et al. (2017) USA focus	Discussion paper	To address the unique healthcare needs of the aging LGBT population with an emphasis on social concerns and healthcare disparities and provide curricular recommendations to aid in the progressive augmentation of medical school curricula	✓	✓	✓	✓			✓	✓	

Author (Date) County of origin	Paper type	Aim of paper	Theme 1	Theme 2	Theme 3	Theme 4	Theme 5	Theme 6	Theme 7	Theme 8	Theme 9
			Acknowledging the wider historical context of older LGBT+ people's lives	Recognising that older LGBT+ people are not a homogenous group	Incorporating a multitude of theories and models from different perspectives	Alerting practitioners to the health issues and disparities facing older LGBT+ people	Including content that supports inclusive care for older LGBT+ people	Addressing barriers to older LGBT+ accessing health care	Interactive activities are the preferred pedagogical strategy	Involving older LGBT+ people is a core principle	Mandatory education not always the solution.
Donald et al. (2017) USA	Discussion paper	To discuss competency frameworks for medical educators to use when teaching physicians about appropriate care for individuals who are or may be lesbian, gay, bisexual, transgender (LGBT); gender nonconforming (GNC); and/or born with differences in sex development (DSD).	✓	✓	✓		✓	✓			

