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A scoping review of education and training resources supporting care home staff in facilitating residents' sexuality, intimacy and relational needs.

Abstract

Background: Having positive intimate, sexual and relational experiences is an important public health issue for older adults in care settings, yet little is known on the extent to which nursing staff have received education or training in addressing and meeting these needs among older adults in their care. This scoping review aimed to identify and examine what education and training resources exist to assist nursing care home staff to meet their residents' needs in this area.

Methods and analysis: Using the Arksey and O'Malley framework, we systematically searched papers and grey literature to identify education interventions and resources that aimed to facilitate care home staff to meet their residents' sexuality, intimacy and relational needs.

Results: Eleven studies (one dissertation) and three education resources met the inclusion criteria; most were conducted in the USA and Australia. Across the studies and resources identified the education content was mixed and the methodology, presentation, design and duration varied widely. The focus of the education interventions and resources were to increase knowledge and improve and/or change attitudes toward the: (i) sexual expression of older people living in residential aged care; (ii) sexuality and ageing; (iii) expression of sexuality in people with dementia.

Conclusion: Few education interventions and training resources were identified. The findings suggest that education interventions can improve knowledge and/or change care staff attitudes, in the short-term, towards older people's sexuality, intimacy and relational needs in care home settings, which can lead to facilitating staff to enhance person-centred care in this area of need.

A scoping review of education and training resources supporting care home staff in facilitating residents' sexuality, intimacy and relational needs.

Introduction

Having positive intimate, sexual and relational experiences is an important public health issue for older adults but remains a neglected area in promoting quality of life, wellbeing and personal identity [1,2]. This is particularly the case for older adults residing in care settings, such as nursing and care homes [3,4]. In the UK, over 400,000 older people reside in care homes [5]. Studies suggest that sexuality, intimacy and relationship needs still matter to many older adults in care settings [6] and remains an integral part of normal life for many older individuals with 19% of men and 32% of women aged 80+ reporting having frequent sexual intercourse [7]. Intimate behaviour, such as frequent kissing and fondling were reported by over half of respondents aged 80+ (men 47% and women 62%) [7]. Such needs persist even when cognitive and physical decline advances to a stage where residential and nursing care is needed [8,9]. Surveys suggest that intimate behaviours range from touching and kissing, to masturbation and intercourse, which continue to remain important to long term care residents [10]. However, there remains a gap in knowledge in addressing and meeting the sexuality, intimacy and relational needs of older adults residing in residential care settings [11,12].

Research highlights concerns about the ability of nursing staff in residential care settings to provide appropriate provision in this area of need [12]. Additionally, there is limited research reporting on the extent to which nursing staff have received education or training in this area [4], although a review of knowledge and attitudes of healthcare professionals towards the sexuality of older people highlighted a general lack of knowledge and confidence in the area [13]. This is important as increased knowledge and awareness about the needs of care home residents in relation to sexuality, intimacy and relational needs has been shown to promote more positive and permissive nursing staff attitudes toward this area of person-centred care [14,15].

A cross-sectional postal survey of Australian residential aged care facilities found that only 45.6% of respondents reported that staff in their facility had attended training regarding later life sexuality and sexual health within the past two years, whilst 40.7% indicated that their staff had never received training in this area [4]. Most of the education and training was delivered by external educators (70.9%), with commonly covered topic areas including attitudes towards aged sexuality (70.0%), sexuality and normal ageing (69.9%), sexuality and dementia (68.7%), definition of sexuality (52.2%), disruptive sexual behaviour (46.3%), consent and legal issues (39.8%), sexual health (17.5%), guidelines/policy (16.3%), assessment (12.0%),

sexuality and illness (10.8%) and pharmacological treatments (78%). The most cited 'other' subject area was sexual preference, specifically LGBTI sexualities.

Given the clear need for increased education and training to help staff to support care home residents' sexuality, intimacy and relational needs, the purpose of this scoping review was to identify and examine what education and training courses and resources (materials used for teaching a course) exist to facilitate care home staff to meet their residents' sexuality, intimacy and relational needs.

Methods

The scoping review follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews (PRISMA-ScR) [16], employing the Arksey and O'Malley methodological framework for scoping reviews [17]. The sequential stages of this framework are: (i) identify the research question; (ii) identify the relevant literature (iii) select the literature; (iv) chart the data and (v) collate, summarize and report results [18].

2.1. Identifying the research question(s)

This scoping review was guided by the following questions:

- What existing education and training programmes and resources are there to facilitate care home staff in their support of older care home residents' sexuality, intimacy and relationship needs?
- What is the nature, extent and range of existing education and training programmes and resources to support care home staff to meet residents' sexuality, intimacy and relationship needs?
- What are the gaps in the evidence base?

2.2. Identifying relevant literature

Search Strategy

Searches were undertaken using five electronic databases: CINAHL, Embase, ERIC Medline, Scopus and ISI Web of Science, to capture a comprehensive sample of literature, for records published from 1980 to 30th March 2020 in the English language. This extended time period was chosen to identify relevant early education interventions. To ensure that all relevant information was captured, the grey literature was searched using google (two engines), three health and social care websites (National Institute of Clinical Excellence (NICE), Social Care Institute for Excellence (SCIE) and Public Health England), websites of relevant organisations (charities and

organisations with an interest in aged care) and the grey literature databases (e.g. OpenGrey). Reference lists of included papers were also searched.

Search Terms

Search terms were developed under the headings “homes for aged”, “Sexuality”, “Nursing” and “Aged” to ensure that all studies meeting the inclusion criteria were captured. Truncation (*) was employed where variations of a search term existed. A copy of the search terms used and modifications necessary across databases is available from the corresponding author upon request.

2.3. Selecting the literature

Included sources from the published research were qualitative and quantitative studies that describe or evaluate any resource designed to help/train/educate care home staff to support/manage the expression of sexual or intimate behaviours; written in English and published from 1980. Included sources from the grey literature were theses/dissertations, reports, and other sources that identified education and training programmes and/or resources to assist care home staff in their support of older care home residents' sexual or intimacy needs. Excluded sources (from both the published research and grey literature) were those that: (i) reported cases of sexual abuse in care homes; and (ii) other systematic/scoping reviews.

2.4. Charting the data

A data extraction sheet was developed to tabulate data related to study origin, study design, population characteristics, description of educational intervention/resource, outcomes measured and the study results. This was undertaken by two authors (MH, JY). Quality of study design was assessed using a validated checklist for evaluating studies of diverse designs [19]. Study eligibility was confirmed by two authors (MH, JY). There were few initial disagreements related to inclusion or exclusion of the sources; decisions on inclusion/exclusion were achieved through consensus and did not require mitigation by a third author. Each paper was judged against 14 points on the checklist, where a single method was used, and 16 points on the checklist, where multi methods were used. A percentage score was calculated as a measure of quality; a score of less than 50% was considered poor quality; a score between 50-70% was considered to be moderate quality; and a score of greater than 70% was considered high quality. Results were synthesised narratively.

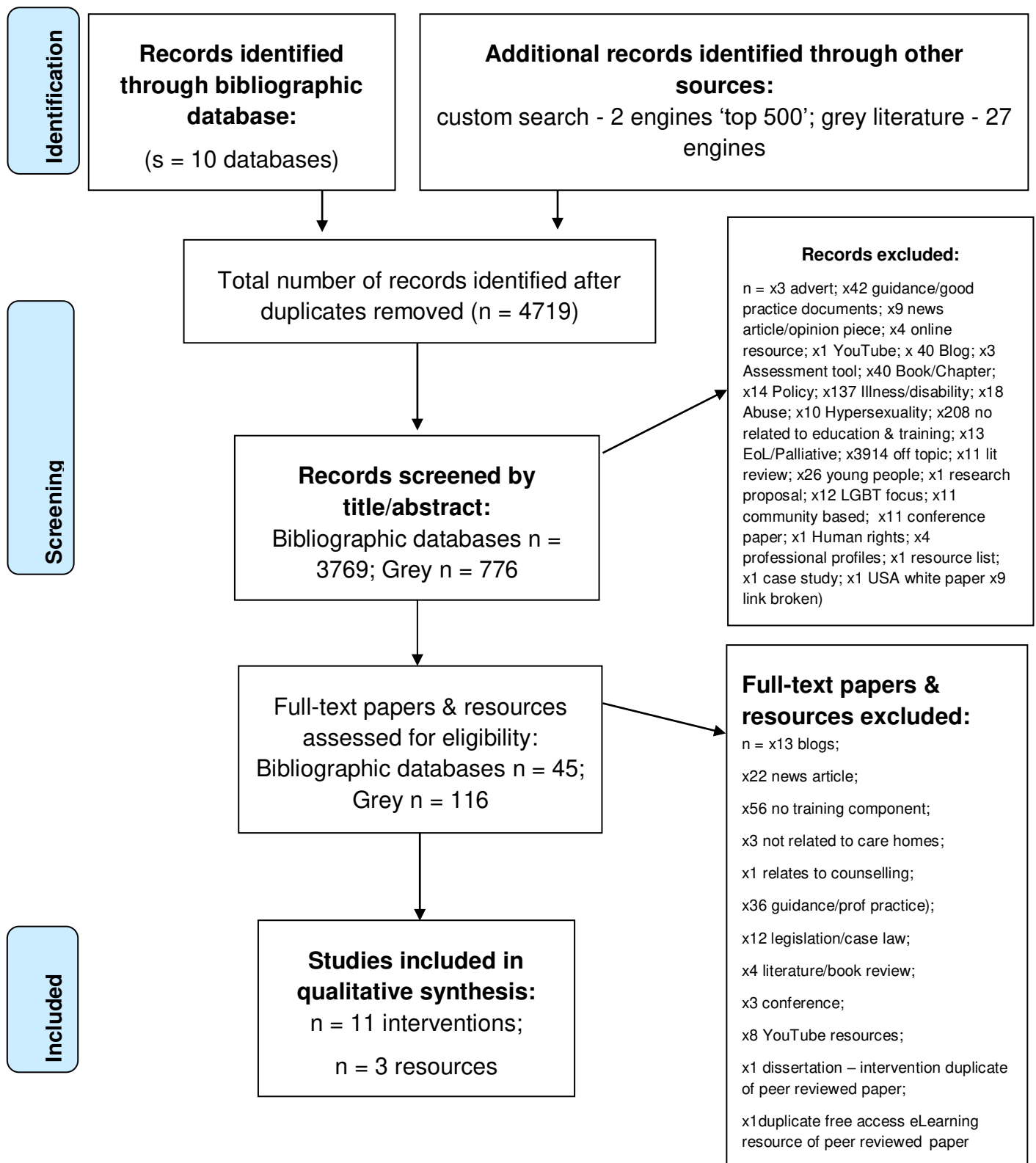
2.5. Collating, summarizing, and reporting the literature

For study and training resources, a summary of the structural elements of the intervention as well as the content of the educational resource/training, outcome measures/learning outcomes and main findings were summarized and reported.

Results

A total of 4719 citations/resources were identified from searches of electronic databases and other sources (grey literature/google), after duplicates were removed. Following the application of exclusion and inclusion criteria, eleven education intervention papers were identified [20-30]. In addition, the systematic search of the grey literature identified three education resources [31-33] which met the inclusion criteria (Figure 1).

Figure 1: PRISMA Flow Diagram



Education intervention studies and resources were analysed for type of delivery, aims/learning outcomes of the education intervention/resource, educational content, outcomes measures, target audience (who it was aimed at), target population of education intervention/resource, study designs and broad findings for the published education interventions (Table 1 & 2). The study quality of the education interventions was poor to good (Table 1).

Table 1: Educational interventions related to sexuality, intimacy and relational needs of older care home residents

Study	Design & aim	Intervention/duration	Content	Participants & setting	Outcome measures	Main findings	Conclusion	Quality rating
<p>Aja & Self (1986) [20]</p> <p>USA</p>	<p>Randomized control study.</p> <p>To determine if attitudes and knowledge of care home staff change when exposed to different levels of explicitness in sex related materials.</p>	<p>Two-day Sexual Attitude Reassessment (SAR) training programme consisted of a x14-hour workshop split over 2 days.</p> <p>Three participant groups:</p> <p>(i) Implicit group</p> <p>(ii) Explicit group</p> <p>(iii) Control group</p>	<p>(i) Implicit group:</p> <p>Exposure to sexually implicit materials.</p> <p>(ii) Explicit group:</p> <p>Exposure to sexually explicit materials.</p> <p>Both groups also completed exercises on values, sexual language & touching.</p>	<p>n=32 nurses' aides,</p> <p>dietician aides,</p> <p>registered nurses, social workers & nursing home administrators from one nursing home.</p>	<p>Attitude & Knowledge</p> <p>Assessed by using:</p> <p>(i) Sex, Knowledge & Attitude test (SKAT);</p> <p>(ii) LTK Attitude Rating Scale (Aja, 1982)</p>	<p>Both implicit and explicit treatment groups performed significantly better than the control group ($p < .05$) on the Knowledge Scale of the SKAT.</p> <p>No significant differences based on analysis of the LTK Attitude Rating Scale.</p>	<p>Changes in attitudes & knowledge can be achieved without the use of sexually explicit film materials.</p>	<p>13/42</p> <p>31%</p>
<p>Bauer et al. (2013) [21]</p> <p>Australia</p>	<p>Pre-post-test questionnaire design.</p> <p>To evaluate an education intervention designed for aged care nursing staff to increase knowledge & improve attitudes towards the sexual expression of older people living in residential aged care</p>	<p>Education intervention specifically designed for nursing staff working in residential aged care.</p> <p>Delivered as a three-hour workshop.</p> <p>Participants completed a self-administered questionnaire at the beginning & at the end of the workshop.</p>	<p>Topics covered in the workshop:</p> <p>(i) importance of sexuality</p> <p>(ii) common attitudes/stereotypes</p> <p>(iii) sexuality & ageing</p> <p>(iv) sexual expression in residential care.</p> <p>(v) sexuality & people with dementia; (vi) residents' rights and staff responsibilities.</p> <p>(vii) legal issues including capacity & consent.</p>	<p>n= 112 (n=102 female – 93%) facilitated in community setting</p> <p>Registered nurses & enrolled nurses/licensed practical nurses employed in two regional health services in Victoria, Australia.</p>	<p>Attitude Assessed by using:</p> <p>(i) attitudinal part of the Ageing Sexuality Knowledge & Attitudes Scale (ASKAS) administered pre and post workshop</p> <p>(ii) 8/20 items from the Staff Attitudes about Intimacy and Dementia (SAID) Survey (Kuhn, 2002).</p>	<p>Attitudes were significantly more permissive following the education intervention across both ASKAS attitudinal items ($X^2 = 11.5$, $df = 2$, $p < .01$, $n = 218$) & the additional items from the SAID survey ($X^2 = 10.5$, $df = 2$, $p < .01$, $n = 218$).</p> <p>No significant differences between pre- and post-testing based on demographic variables - gender, age, English as a first language, job</p>	<p>A relatively short duration education intervention can have a significant impact on the permissiveness of staff attitudes towards sexuality of older adults living in residential aged care & older adults with & without dementia.</p> <p>Attitudes improved most for ASKAS items relating to "staff understanding of sexual needs" & for the dementia-specific items from the SAID survey.</p> <p>Additional items from the SAID survey relating to</p>	<p>29/42</p> <p>59%</p>

						position, years worked in aged care; or study site.	homosexual relationships was also found to elicit a more permissive attitude following the education intervention.	
Hammond & Bonney (1985) [22] USA	Pre-test, post-test, evaluated with a non-randomised control group. To investigate the effects of a course on sexuality & ageing on the acquisition of knowledge & attitude change.	Sexuality & ageing course; consisted of a 7-week course, meeting for two hours per week each week (total 14 hours) using a blended learning presentation. Experimental and control group. Experimental group attended course, control group did not. Both experimental and control groups completed pre-test and post-test surveys.	Course objectives: (i) Increased knowledge of sexual terms & functions (ii) Understanding of own sexual biases (iii) Distinguishing myths from facts (iv) Effect of cultural differences (v) Identifying developmental stages & psychological changes (vi) Problems of the institutionalised (vii) Implications for counselling	Experimental group: n = 28 participants enrolled in a gerontology certificate programme Control group: n = 25 participants enrolled in a gerontology certificate programme	Attitude & Knowledge: Assessed using the Attitudes toward sexuality in the aged: community aged tool (White, 1978)	A significant increase in knowledge scores about sexual aging was seen in the experimental group (F1,51 = 36.9340; p = 0.0001) compared to the control group A significant change in attitude scores was seen in the experimental group compared to the control group (F1, 51 = 6.0632; p = 0.0172).	Experimental group demonstrated more liberal viewpoints in attitudes compared to the control group (no change in attitudes). A fourteen-hour course can increase knowledge significantly. Evidence of change toward a more liberal attitude, with the majority of course participants feeling more able to deal openly with the elderly in helping them with sexual problems.	17/48 35%
Jones & Moyle (2016) [23] Australia	Sequential mixed methods study using (i) online self-directed eLearning training & online questionnaire (ii) subsequent semi-structured interviews. To evaluate the ease of use, quality, and effectiveness of an eLearning	Participants had up to 4 weeks to complete the eLearning educational resource. The education intervention was based on the Sexualities and dementia: Education resource for health professionals (Jones & Moyle, 2014) developed for the Dementia Training and Study Centre (Queensland-DTSC). Upon completion of the eLearning education resource, participants completed the post	Consisted of four learning modules: (a) intimacy, sexuality & sexual behaviour; (b) dementia & the expression of sexuality; (c) ethical considerations: policy guidelines development for sexualities & dementia in care settings; (d) developing sexualities & dementia policy guidelines for care practice. Case studies, activities, & resources are provided to	n = 16 undergraduate nursing students and n = 26 registered nurses, enrolled nurses, personal care workers & diversional therapists working in RACFs. Prior to completion of the education intervention, participants completed an	eLearning resource: Knowledge & attitudes of participants toward the expression of sexuality by older people in RACFs were assessed using: (i) The Aging Sexual Knowledge & Attitudes Scale (ASKAS). (ii) The Staff Attitudes about Intimacy & Dementia (SAID) Survey.	Knowledge of late life sexuality: Statistically significant change between participants' pre- & post-ASKAS knowledge scores (Z = -2.82, p = .005) with lower ASKAS knowledge items scoring lower in the post-test (M = 51.0; SD = 8.56) than pre-test (M = 57.57; SD = 15.06). Attitudes toward late life sexuality:	Staff knowledge was significantly improved & attitudes were significantly more permissive toward the expression of sexuality by people with dementia living in RACFs following completion of the self-directed eLearning education intervention. Staff appeared to be less reliant on cognitive capacity assessment, focusing on the overall happiness and well-being of residents & strategies to respond to intimate and/or sexual	32/48 67%

	<p>education intervention to increase knowledge and improve attitudes of staff toward the expression of sexuality by people with dementia living in Residential Aged Care Facilities (RACFs).</p>	<p>intervention online questionnaire.</p> <p>Subset of participants were interviewed:</p> <p>(i) presented with two case scenarios of intimate and/or sexual relationships involving an older person with dementia; participant views of, and their approach and response to, the scenarios were sought and</p> <p>(ii) evaluated the ease of use, quality & effectiveness of the eLearning education resource.</p>	<p>facilitate & consolidate learning about the various content focus areas.</p>	<p>online questionnaire that consisted of questions seeking demographic information as well as their knowledge and attitudes toward the expression of sexuality by older people in RACFs.</p>	<p>Interviews: Views of & their approach & response to two case scenarios (their decision-making process & what they thought).</p>	<p>Significant differences were found for both ASKAS ($Z = -2.57$, $p = .01$) and SAID ($Z = -3.14$, $p = .002$) attitudes scores. The total score for the ASKAS attitude items at post-test ($M = 41.10$; $SD = 11.97$) was lower than at pre-test ($M = 48.76$; $SD = 16.51$).</p> <p>Total score for the SAID attitude items at post-test ($M = 37.38$; $SD = 7.48$) was lower than at pre-test ($M = 41.90$; $SD = 10.88$).</p>	<p>relationships of people with dementia.</p> <p>Mode of education delivery lacks the ability to engage in discussion, interaction & support for change in practice.</p> <p>Although the education intervention was effective in improving knowledge & nurturing more permissive attitudes in staff, to what extent (if any) this change impacted on practice was not examined.</p>	
<p>Livni (1994) [24]</p> <p>South Africa</p>	<p>Quasi-experimental design.</p> <p>To examine the knowledge of and attitudes toward sexuality and differing stages of dementia</p>	<p>Educational programme, delivered as a 62-minute video guided, facilitated discussion workshop:</p> <p>Delivered as similar as possible on each of five experimental occasions</p> <p>Pre-test post-test questionnaires undertaken</p> <p>Control group:</p> <p>Only completed the questionnaire.</p>	<p>Workshop consisted of:</p> <p>(i) A video showing an elderly married couple discussing their sexuality, tasteful love making scenes, as well as open discussion of masturbation.</p> <p>(ii) Followed by a 15-minute facilitated discussion by the presenter about the video.</p> <p>(iii) A short video depicting the lifestyles of two married couples, who have partners with AD</p> <p>(iv) Followed by facilitated discussion on sexual relationships where one partner has dementia and lives in an institution.</p>	<p>Pre-test n = 210 nursing staff:</p> <p>(i) experimental group n = 120</p> <p>(ii) control group n = 90</p> <p>Post-test n = 183 nursing staff completed questionnaire:</p> <p>(i) experimental group n = 101</p> <p>(ii) control group n = 82</p> <p>Participants worked in long-</p>	<p>Attitude & Knowledge</p> <p>Assessed via the Ageing and Sexuality Knowledge & Attitude Scale for Dementia (DEMASKAS).</p> <p>Demographic information:</p> <p>Age, gender, home language, education level & training.</p>	<p>Significant differences were found from pre to post-test on the three knowledge subscales of the DEMASKAS scale ($F [1, 181] = 39.15$; $p = 0.001$ in the pre to post-test x treatment group on the three knowledge subscales of the DEMASKAS scale ($F [1, 181] = 19.08$; $p = 0.001$ and in post-test scores were seen in two of the subscales:</p> <p>(i) knowledge on aging and sexuality - $F [1, 181] = 6.36$; $p = 0.05$</p> <p>(ii) dementia and sexuality - $F [1, 181] = 5.52$ $p = 0.05$</p>	<p>Attitudes changed significantly in a more tolerant direction after an educational program, except towards patients with severe dementia.</p> <p>Attitudes in the control group remained practically unaltered.</p> <p>No significant correlation was seen between attitude change & demographic variables or prior knowledge of sexuality in dementia.</p> <p>Demographic variables had little influence on attitude changes.</p>	<p>24/42</p> <p>57%</p>

				term care institutions.		<p>Repeated measures</p> <p>MANOVAS: significant differences were found from pre to post-test on the three attitude subscales:</p> <p>(i) general morality (ii) institutional sexuality (iii) dementia & sexuality - $F = 33.42$; $p = 0.001$.</p> <p>Analysis demonstrated a consistently more tolerant attitude towards alert patients than those with mild dementia.</p>	No significant changes were seen in the control group.	
<p>Mayers & McBride (1998) [25]</p> <p>USA</p>	<p>Pilot study</p> <p>To:</p> <p>(i) educate staff regarding sexuality in aged care;</p> <p>(ii) normalise the topic and address staff perceptions and prejudices;</p> <p>(iii) offer information</p>	<p>Pilot training programme delivered as a x3 hour workshop</p> <p>Delivered as group activities, open discussions and handouts to consolidate learning</p>	<p>Workshop focused on:</p> <p>(i) Attitudes toward sexuality & the elderly;</p> <p>(ii) Terminology & communication;</p> <p>(iii) Residents' rights and abilities to make decisions about their sexuality;</p> <p>(iv) Information sharing and handouts: information to carry away from the session & share with co-workers.</p>	<p>n = 27 including psychiatrists, non-psychiatrist physicians, nurses and nurse administrators, social workers, therapists & students.</p> <p>• 20 of the 27 participants undertook a post training interview</p>	<p>Efficacy of the training: assessed via a standard hospital feedback form, during workshop discussion</p> <p>Attitude & Knowledge: assessed via a brief sexual attitude survey & individualised interview five months post training</p>	<p>Only qualitative statements:</p> <p>(i) Workshop staff discussions.</p> <p>Participants valued discussion on:</p> <p>(i) views perceptions of sexually attraction in older age.</p> <p>(ii) how to discuss sexuality sensitively</p> <p>(iii) developing a humanist approach to resident sexuality</p> <p>(ii) Post training interviews:</p>	<p>The training program on sexuality was quite effective in eliciting interest & participation.</p> <p>Methods used to enable staff to discuss the topic openly were well generally accepted.</p>	<p>13/48</p> <p>27%</p>

						<p>The majority of participants highly rated the workshop.</p> <p>Post training interviews suggest:</p> <p>(i) frequency of and ease of communication with staff increased</p> <p>(ii) reduced embarrassment, discomfort or distress when talking to patients and other staff members about sexuality.</p> <p>(iii) increased information about older age sexuality, terminology, attitude and awareness and use in practice</p> <p>Some participants reported that the written materials reinforced the validity of the topic, helped staff to understand the issues more clearly, clarified ideas & were helpful for future reference & documentation.</p> <p>(iii) General attitudes about the workshop - All participants indicated that they liked the workshop.</p>		
Menzel (2005) [26]	Quasi-experimental design.	Training programme consisting of x1 hour face-to-face presentation, supplemental handouts, video footage & in	Programme had a three-part focus – knowledge, attitudes and practice.	n = 35 nursing home staff in western Pennsylvania:	Knowledge - assessed through researcher developed questionnaire.	Significant increase in the number of reported sexual behaviours from pre to post-test.	Training programs could be beneficial, although this was not significant.	N/A - dissertation

USA	<p>Implementation of training program for staff to increase knowledge and awareness of sexuality in the elderly.</p> <p>Three hypotheses:</p> <p>(i) Experimental group will increase knowledge.</p> <p>(ii) Experimental group will have positive change in attitude.</p> <p>(iii) Experimental group will report fewer cases of 'acting-out' behaviours in the elderly pre and post-test.</p> <p>No change in control group in knowledge, attitude or cases</p>	<p>group discussion with case studies/case vignettes.</p> <p>Experimental group: received training program. Pre & post-test measures were undertaken</p> <p>Control group (a second nursing home): completed pre and post-test measures at the same time as the experimental group.</p>	<p>(i) Phase one: focused on attitudes towards sexuality in the elderly.</p> <p>(ii) Phase two: covered basic knowledge. This section included a video presentation featuring several vignettes of elderly couples discussing the effects that aging has on their sexuality; and professionals discussing their perceptions & experiences of sexuality in the elderly.</p> <p>(iii) Phase three: an in-group discussion with case studies/case vignettes. Specific strategies were offered in response to the vignette examples. Focus was on problem solving & practical solutions.</p>	<p>(i) Experimental group n= 29 undertook training</p> <p>(ii) Control group n = 6</p> <p>n = 20 agreed to complete a questionnaire & take part in a short interview at the time of the pre- & post-test</p>	<p>Attitude -assessed through researcher developed questionnaire.</p> <p>Incidence of sexual behaviour in the past month - assessed through interview questions.</p>	<p>Significant differences were found in attitudes toward geriatric sexuality from pre to post-test.</p> <p>Although no significant increase in knowledge of geriatric sexuality were found, the trend suggested that staff training had a positive impact.</p>	<p>Trends in the data suggested support of the hypotheses</p> <p>Significant decrease in reported incidence of sexual behaviour at post-test in experimental group; suggests that staff training had an impact on the reporting of these behaviours.</p> <p>Assumed that the number of incidents had not decreased, but attitudes towards incidents had shifted.</p> <p>The training programme had a greater impact than anticipated in relation to discussions about policy in nursing homes.</p>	
<p>Reingold & Burros (2004) [27]</p> <p>USA</p>	<p>Unclear</p> <p>To explore the perceptions, challenges & opportunities of care staff in long-term care settings for the elderly.</p>	<p>A policy & video training program on sexual expression; duration not specified</p> <p>Staff education was undertaken by a social worker & a psychiatric nurse clinician.</p>	<p>Care home policy & the importance of seeing sexual expression as right-based before a facilitated discussion around a range of vignettes based upon actual cases.</p> <p>Focus was placed on residents with dementia.</p>	<p>Focus on staff in one nursing home with seventeen units - nurses, aides, physicians, social workers, dieticians & activity co-ordinators.</p>	<p>None</p>	<p>Only qualitative statements were provided.</p> <p>Reported that:</p> <p>(i) staff education was received positively by staff</p> <p>(ii) staff were relieved to have clearer guidelines on how to respond to</p>	<p>Used vignettes in educational intervention.</p> <p>No outcome measures utilised.</p> <p>No specific demographic</p>	<p>5/42</p> <p>12%</p>

						situations which had made them anxious, uncertain, and uneasy.	details reported.	
<p>Steinke (1997) [28]</p> <p>USA</p>	<p>Pilot study</p> <p>To assess the effects of an educational intervention on one sample of facility staff.</p>	<p>Education intervention on sexuality in ageing, delivered as two one-half day (one week apart) education sessions.</p> <p>Participants completed a pre-test at the beginning of the first education session – demographic tool, ASKAS and three general questions related to sexuality & privacy issues.</p> <p>Participants completed a post-test ASKAS at the end of the last half day session.</p>	<p>Educational methods included lecture, discussion, audio-visual aids, a game and printed materials.</p> <p>Programme content:</p> <p>(i) Perspectives on sexuality in ageing.</p> <p>(ii) Assessment of sexual function.</p> <p>(iii) Psychosocial concerns.</p> <p>(iv) Approaches to sexuality in the nursing facility.</p> <p>(v) Effects of chronic illness and medications on sexuality</p>	<p>n=10 (Female = 8 Male = 2) registered nurses, licensed practical nurses, certified medication assistants, certified nursing assistants</p> <p>Age range: 29-62; mean age = 39.2 years</p> <p>Years of experience: Range 1-20+ years</p>	<p>Attitude & Knowledge: assessed using ASKAS.</p> <p>Sexuality and privacy issues: assessed through three general questions.</p>	<p>Significant increases seen in knowledge about sexuality from pre-test to post- test; t (9) = 4.27, p = 0.002.</p> <p>No significant differences seen in attitude scores from pre- to post-test; t (9) = 0.72, p = .49</p>	<p>An educational intervention can increase nursing staff knowledge about sexuality in ageing.</p> <p>There was no change in attitudes observed</p> <p>intervention period; reported that staff had fairly permissive attitudes at the outset of the education programme & that attitudes usually occur over a longer period of time.</p>	<p>15/42</p> <p>36%</p>
<p>Walker & Harrington (2002) [29]</p> <p>USA</p>	<p>Evaluation of a pilot study of four training modules/pre-test post-test design.</p> <p>To:</p> <p>(i) test the four modules with participants to ascertain the effectiveness & acceptability of the training prior to a planned field test and (ii) test the short-term effects of four training</p>	<p>Sex & Sexuality in Long Term Care curriculum, intended to be delivered over a three-week period.</p> <p>Each session consisted of around an hour of instruction related to one of the four program topics.</p> <p>Included long term care facilities did not offer the same modules, therefore duration varied.</p>	<p>Project team identified 17 specific training objectives related to sexuality & the elderly that could serve as the blueprint for developing a training program.</p> <p>Revised 17 objectives following a ranking study & focus group discussions were ordered into subtopics that became the basis for four modules</p> <p>Instructor manual included: guidelines for presenting the materials, a transcript of the</p>	<p>Convenience sample of n = 109 (n= 99 female; n= 10 male) long-term care staff (registered nurses, licensed practical nurses, nursing assistants, activity aides and other professionals) from four settings who completed one or more of the four modules.</p>	<p>Attitude & Knowledge: Assessed using the Knowledge and Attitudes Toward Elderly Sexuality (KATES) - developed by the team in previous research.</p> <p>Demographic information: Age, gender, ethnicity, marital status, education level,</p>	<p>Training effect on knowledge & attitudes toward elderly sexuality:</p> <p>Main effect of module was not significant (p = .085) suggesting that across the pre- & post-tests participants performed at similar levels on all four modules.</p> <p>Main effect of time (p< .0005) was significant, indicating that post-test scores were higher than pre-test scores.</p>	<p>Significant time effect suggests that the training modules were successful at improving long-term care staff knowledge of & attitudes toward elderly sexuality.</p> <p>Significant time by module interaction suggests that the improvement was not uniform across the four modules with only three areas: (i) need for sexuality & intimacy; (ii) sexuality & dementia; and</p>	<p>32/42</p> <p>76%</p>

	<p>modules designed to improve staff knowledge & attitudes</p>	<p>Participants attended one or more training sessions</p> <p>Each session included an introduction, videotape & a discussion of case studies.</p> <p>Detailed instructions for presenting the session were provided in an instructor manual.</p>	<p>videotapes, step-by-step instructions for presenting the information, case study handouts, additional resources aimed at providing information to instructors & evaluation instruments (pre & post-tests, program evaluation forms).</p> <p>Four main topics:</p> <p>(i) The need for sexuality and intimacy; (ii) sexuality and dementia; (iii) sex and aging & (iv) family & personal issues.</p>	<p>Age range: 20-69 (Mean = 38.47 years).</p> <p>Years of experience: 1 to 33 (Mean = 9.14 years)</p>	<p>primary language, years' experience.</p>	<p>Interaction of time by module ($p < .0005$) was significant, suggesting that the improvement from pre- to post-test was not uniform across the four modules.</p> <p>Specifically, scores improved from pre- to post-test for three modules - need for sexuality and intimacy, sexuality and dementia, & sexuality & aging, but remained stable from pre to post-test for family & personal issues.</p> <p>Programme evaluation: n = 117 program evaluation forms.</p> <p>89.8% of participants said that the information in the modules was useful or very useful.</p> <p>89.7% said the information was very interesting or interesting respectively.</p> <p>Amount of information: 81.2% said there was the right amount of detail.</p> <p>With regards to programme materials: 91.4% felt that the handouts or visuals were useful or very useful & 94.9% thought videos</p>	<p>(iii) sexuality & aging showing increases of 57%, 24%, & 66% respectively.</p> <p>Scores on the family & personal issues module stayed stable from pre to post-test - whilst pre-test scores on this module were higher than for the other three modules, on average, participants getting 10 out of 15 items correct, suggesting that a ceiling effect is unlikely to account for the non-significant change from pre to post-test.</p>	
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						they saw were very useful or useful. 92.3% said the case studies were very useful or useful.		
<p>White & Catania (1983) [30]</p> <p>USA</p>	<p>Randomized control trial</p> <p>To assess the effects of an older age-oriented sex education program on elderly persons, nursing home staff, and adult family members of elderly persons.</p>	<p>A sexual psychoeducational intervention developed to challenge the myths & create a permission giving climate regarding sexuality in old age among older persons, adult family members of older persons, and staff members of nursing homes.</p> <p>Duration:</p> <p>(i) Older adults: x3, 2-hour sessions</p> <p>(ii) Family of older adults: 1-day, 6-hour session</p> <p>(iii) Nursing home staff: 1-day, 6-hour session</p> <p>All participant groups received same lecture material but the perspective altered depending on whether resident, staff or family member.</p> <p>All experimental groups received pre & post-test measures via personal interview.</p> <p>Control group: received pre & post-test measures via personal interview at the same time period as the experimental groups</p>	<p>Content/stimulus material:</p> <p>(i) Session 1: lecture-discussion on the myths about sexuality and aging, followed by a panel discussion video tape of a group of experts on sexuality & aging;</p> <p>(ii) Session 2: lecture-discussion on psychological and physiological aspects of sexuality and aging and a film on interpersonal intimacy;</p> <p>(iii) Session 3: lecture on disease effects, drug effects, and environmental effects on sexuality and a simulation exercise on problem situations encountered by older persons regarding sexual activity. Lecture topics included material on the normative changes in sex & aging, benefits of sex in old age, social hindrances to sexual expression & intimacy, retirement, marriages & other physiological, pharmacological, psychological & sociological factors relevant to sex & aging.</p> <p>The panel discussions video tape provided opinions and facts about sexuality & aging from professionals with backgrounds in religion, sexuality & aging.</p>	<p>Nursing home staff participants:</p> <p>(i) Intervention N = 30</p> <p>(ii) Controls = 33.1 years), i.e. administrators, registered and licensed practical nurses & activity directors, were recruited from local long-term care facilities.</p> <p>Older adults:</p> <p>n = 30 (12 men; 18 women) community residing elderly participants recruited from local Older American groups.</p> <p>Mean age: Intervention = 67.8 years; Controls = 69.3 years)</p> <p>Participants were all Caucasian & self-reported heterosexuals.</p>	<p>(i) Attitude & Knowledge:</p> <p>Assessed using ASKAS scale</p> <p>(ii) Sexual behaviour questionnaire for older adults only</p>	<p>Significant changes in knowledge about & attitudes towards sexuality & aging in all three participant experimental cohorts post intervention, exposure to programme had significant positive effect in all groups.</p> <p>Intervention had no significant impact on sense of self-rated attractiveness.</p> <p>Frequency of sexual fantasies did not change significantly post intervention.</p> <p>Significant increase in recognising the importance of sexuality.</p> <p>Significant increase (400%) in sexual behaviour in experimental group.</p>	<p>Significant changes in attitudes toward & knowledge about sexuality & aging & sexual behaviour.</p>	<p>24/42</p> <p>57%</p>

		Transcripts of each lecture were provided for the participants.		Family of older adults: n = 30 family of elderly persons i.e. immediate relatives.					
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Table 2: Education resources related to sexuality, intimacy and relational needs of older care home residents

Resource name	Content	Target audience	Target populations	Learning Outcomes
<p>Alzheimer’s Society - Lift the Lid (2019) [31]</p> <p>Pay for resource</p> <p>UK</p>	<p>Pay for workshop in a box on sex, intimacy & relationships developed by Alzheimer’s Society’s Innovation team.</p> <p>Box Contains:</p> <p>Lift the Lid leaflet & a facilitator guide & three activities:</p> <p>(i) A True or False game - 10 question & answer cards to challenge perceptions/ provoke discussion.</p> <p>(ii) Follow the Heart - uses scenarios & guidance to support important conversations with residents, partners & families.</p> <p>(iii) Plan for Change – to help staff identify what will make a practical difference in their care home.</p>	Care home staff	People with dementia living in care homes	<p>Not specifically reported.</p> <p>Designed to challenge perceptions around sex, intimate relationships & people affected by dementia & provide a framework for respectful management of in-the-moment situations, make practical changes e.g. reviews of residents’ care plans to ensure that emotional & psychological wellbeing is included; assist care home staff to create their own policies based on individual need and consent.</p> <p>Audience-led innovative sprints to gather knowledge, actionable insights and creative solutions to prototype, adapt and adopt. The shared outcomes and process are intended to be used to help the care home meet the needs of people living with dementia.</p>
<p>Aged Care Awareness (2020) : [32]</p> <p>Free access resource.</p> <p>Australian</p>	<p>Aims to showcase the increasing complexity of aged care; challenge attitudes and assumptions; develop understanding of how quality care can be delivered to older people.</p> <p>Four modules in total of which module 2 is relevant to sexuality, intimacy and relationship needs:</p>	Health professionals in aged care.	<p>Older adults in residential care</p> <p>People with dementia</p>	<p>Module 2:</p> <p>Through reflection of the films you will be able to:</p> <ul style="list-style-type: none"> ● Demonstrate an understanding of resident rights within residential aged care ● Reflect on the complexity of supporting the rights of older people and the way policy can influence practice

	<p>Module 2: focuses on Resident's Rights and Intimacy and aims to increase awareness & understanding of the complexity of practice in supporting resident autonomy and personhood.</p> <p>Contains 4 short films that explore the relationship between two residents.</p>			<ul style="list-style-type: none"> ● Analyse your attitudes towards sexuality and sexual expression in older people ● Identify additional resources to enhance your learning
<p>Sexuality, Intimacy & Dementia in Residential Care Settings (David Khun)</p> <p>Producer: Terra Nova Films, Inc. (2017) [33]</p> <p>Pay for resource</p> <p>Israel</p>	<ul style="list-style-type: none"> ● A pay for 5-chaptered DVD designed to explore sexuality, intimacy & dementia, as well as the complex issues that impact residents, family members & care staff. ● Consists of five 15 to 20 minute videos: <ul style="list-style-type: none"> (i) The Effects of Dementia on Intimacy and Sexuality (ii) Responding to Sexual Expressions (iii) Consensual Intimacy & Sexuality (iv) Spousal and Family Responses (v) Non-consensual Intimacy and Sexuality ● The pack includes a PDF facilitator's guide with key lesson points, discussion questions, sample policy and procedures with regards to sexual expression. 	Care home staff	People with dementia residing in residential care	<ul style="list-style-type: none"> ● To equip care staff with a well-rounded understanding of the sensitive issues concerning intimacy, sexuality, and the rights of persons with dementia, as well as, how to respond to expressions of sexuality in a manner that promotes both resident dignity and safety. ● DVDs explore issues of intimacy and sexuality on quality of life, freedom to express sexuality, capacity to consent, resident protections, and potential legal ramifications. ● Touches on the needs of LGBT residents, how to address resident-to-resident and resident-to-visitor encounters, and how to find workable solutions with the support of family members.

Eight education intervention studies were conducted in the USA [20,22,25-30]; two in Australia [21,23] and one in South Africa [24]. Of the three education resources identified through the grey literature/google search, one pay for workshop was developed and available to purchase in the UK [31]; one free online resource was developed in Australia [32] and one pay for view DVD resource and facilitators guide was developed in Israel [33].

Description of education interventions and resources

Content coverage

The education content was mixed across education interventions and resources; Tables 3 and 4 summarize the content. Defining sexuality/sexual behaviour/facts about sex and ageing was a common theme across all the education interventions and resources. Six of the eleven education interventions [21,22,25-28] focused on sex and sexuality as opposed to intimacy and relational needs; all the education resources [31-33] focussed on sexuality, intimacy and relational needs (Table 4). Dementia and challenging perceptions around sex and intimate relationships of people affected by dementia, featured often in the education interventions [21-24, 27,29] and resources [31,33].

Table 3: Summary of education interventions taught content

General subject/topic areas	Study										
	Aja & Self (1986) [20]	Bauer et al. (2013) [21]	Hammond & Bonney (1985) [22]	Jones & Moyle (2016) [23]	Livni (1994) [24]	Mayers & McBride (1998) [25]	Menzel (2005) [26]	Reingold & Burros (2004) [27]	Steinke (1997) [28]	Walker & Harrington (2002) [29]	White & Catania (1983) [30]
What is sexuality & its importance		X					X				X
Terminology, definitions, myths & facts related to sexuality & ageing			X			X			X		X
Intimacy, sexuality & sexual behaviour	X			X	X					X	X
Attitudes towards sexuality in older people		X				X	X		X		
Sexual-related stereotypes	X	X					X		X		
Nonheterosexuality-related stereotypes	X	X									
Physiological aspects of sexuality & ageing		X					X		X	X	X
Psychological aspects of sexuality & aging									X		X
Sexuality & cultural differences			X								
Sexuality, illness & treatment		X	X				X		X		X
Disability & sexuality	X		X								
Sexual expression in residential care	X	X									

Expression of sexuality & people with dementia		X		X	X			X		X	
Sexuality & communication	X		X			X					
Specific sex acts	X				X		X				
Family & personal issues										X	
Approaches to sexuality & the role/responsibilities of residential aged care staff		X							X		
Sexuality & residents' rights		X				X		X			
Legal issues related to sexuality		X									
Ethical considerations				X				X			
Development of sexualities & dementia policy guidelines for care practice/settings				X				X			

Table 4: Summary of education resources content

General subject/topic areas	Education resource		
	Lift the Lid	Aged Care Awareness	Sexuality, Intimacy & Dementia in Residential Care Settings
Importance of expression of sexuality for people with dementia			X
Myths & facts related to sexuality & ageing	X		
Intimate & sexual needs of people with dementia			X
Attitudes towards sexuality & sexual expression in older people		X	
Attitudes/perceptions around sex, intimate relationships & people affected by dementia	X		

Supporting the expression of sexuality by people with dementia			
How to respond to expressions of sexuality that promotes dignity & safety for residents with dementia	X		X
Needs of LGBT residents			X
Communication related to sex & intimate relationships with residents, partners & families	X		X
Assessment of cognitive competency of people with dementia to have intimate & sexual relationships/capacity to consent			X
Approaches & the role/responsibilities of health care professionals/aged care staff in responding to the expression of sexuality by people with dementia	X		
Addressing resident-to-resident & resident-to-visitor encounters			X
Sexuality & residents' rights & supporting the rights of older people		X	
Legal issues related to sexuality			X
Knowledge translation of sexualities & dementia into care practices/settings	X		
How policy can influence practice in supporting the rights of older people		X	

Most of the education interventions focused on facts around the physiological aspects of sexuality and ageing (Table 3). Two education interventions included nonheterosexuality-related stereotypes [20,21], whilst one education resource touched on the specific needs of LGBTI residents [33]; one education intervention included legal issues [21]; cultural difference was only addressed in one education intervention [22] and family and personal issues was only mentioned in one education intervention [29].

Three education interventions [21,25,27] and two education resources [32,33] explicitly framed sexuality as a rights-based and legal issue, whilst two education interventions [23,27] and one education resource [32] specifically identified ethical issues in this area. Family and personal issues were only mentioned in one education intervention [29].

Communication was addressed in three of the education interventions [20,22,25] and two education resources [31,33]. Only two education interventions looked at what organisations could do more broadly to support sexual expression [23,27]. Specific sex acts were addressed in three education interventions [20,24,26].

Methodology, presentation and design

Ten of the eleven education interventions [20,21,22,24-30] and one pay for education resource [31] used active learning strategies, delivered in a workshop format. Each workshop used a range of methodologies such as presentations, vignettes, facilitated discussions, watching of video/film clips (explicit and implicit approaches) with facilitated group discussions, to explore ideas and develop knowledge. The use of written hand-outs helped to facilitate a better understanding of older people's sexuality. One education intervention [23] and one education resources were delivered via an e-learning platform [32]; a final resource was a pay for view DVD set and a facilitator's guide with key lesson points and discussion questions related to sexual expression, sexuality, intimacy and dementia [33].

None of the education interventions or resources explicitly articulated the use of educational theory to guide the design of the courses/resources.

Duration

The education interventions and resources identified were quite varied in their duration of delivery taking the form of a one-hour PowerPoint training program [26]; a 62-minute video guided, facilitated discussion workshop [23]; a one off three-hour workshop [21,25]; a x14-hour workshop over 2 days [20]; a two, one-half day (one

week apart) education session [28]; a 1-day, 6-hour session [30]; a four 60-minute programme topics over a three week period [29]; an up to four week completion of a self-directed, eLearning educational resource [23]; a seven week face-to-face programme, meeting for two hours/week, each week for a total of 14 hours [22] and the duration was not specified in one educational intervention [27] (Table 1).

Aims of education interventions and resources

The focus of the education interventions were to increase knowledge and improve and/or change attitudes toward the: (i) sexual expression of older people living in residential aged care [21,22,27,29]; (ii) sexuality in the elderly/sexuality and ageing [26,28,30]; (iii) expression of sexuality by people with dementia/differing stages of dementia residing in care settings for older adults [23,24] and (iv) need for consideration of sexuality in geriatric programmes [20,25].

The overall aim of the education interventions and resources was centred on what care staff could do to support older adults in their care in this area of need and little about organisational attitude towards supporting the needs of older adults except for one education resource [31].

Staff attitudes, knowledge and understanding

Eight of the eleven education intervention studies used standardized psychometric measures to assess participant attitudes, knowledge and understanding pre and post educational intervention: (i) Ageing Sexuality Knowledge and Attitudes Scale (ASKAS) [21,23,28,30]; (ii) Staff Attitudes about Intimacy and Dementia (SAID) Survey [21,23]; (iii) the Ageing and Sexuality Knowledge and Attitude Scale for Dementia (DEMASKAS) [24]; (iv) the Knowledge and Attitudes Toward Elderly Sexuality (KATES), developed by the team in previous research [29]; (v) the Attitudes toward sexuality in the aged: community aged' tool developed by White (1978) [22] and (vi) Sex, Knowledge and Attitude test (SKAT) [20].

One education intervention did not assess staff attitude via a recognised scale but through workshop discussions and via a post-training interview [25]. One further study assessed participant attitude via non-validated, researcher developed questionnaires [26]. One education intervention did not assess staff attitudes as part of their study [28].

Six education interventions reported statistically significant difference in scores towards more permissive attitudes regarding sexuality following the educational

interventions [21-24,26,30] and one reported more positive changes in attitude towards sexual behaviour of older adults [25].

One education intervention assessed knowledge through a researcher developed questionnaire [26]. A further study did not assess knowledge via a recognised scale, but through workshop discussions and a post training interview [25]. Staff knowledge and understanding was not assessed in two education interventions: (i) the focus of the intervention was on permissiveness of staff attitudes towards sexuality of older adults with and without dementia [21]; (ii) staff knowledge and understanding were not assessed as part of the study [27].

Seven education interventions reported a change in knowledge relating to older people's sexuality following the education intervention [20, 21-24,28,30].

Discussion

To the best of our knowledge, this scoping review is the first to identify what education and training resources are available to care home staff to assist them in meeting their residents' needs in this area. This is important given that there remains a gap in knowledge in addressing and meeting the sexuality, intimacy and relational needs of older adults residing in residential care settings [11,12].

The scoping review has identified a number of education interventions and resources aimed at improving awareness, knowledge and understanding about the sexuality and/or intimacy needs of older care home residents and to facilitate care staff to support older care home residents' sex and sexuality needs, but few focussed on intimacy and relational needs or explicitly framed sexuality as a rights-based issue for older adults. Evidence suggests that intimacy is important for relational behaviour in care home settings to reduce loneliness and isolation [34] and therefore is an important consideration when delivering rights based, person-centred care.

The nature, extent and range of existing education interventions and resources to support care home staff to meet residents' sexuality, intimacy and relational needs were varied in their content and delivery; dementia focussed in the main, but very few interventions and resources considered the specific needs of the LGBTQI+ residents. This is an important area of consideration for residential care homes around inclusivity and acknowledging the specific needs of this group of older adults.

This scoping review has also identified that educational interventions have the potential to change care home staff attitudes towards older people's sexuality and

intimacy needs in a more permissive direction, supporting previous research in the area that suggested an increase in knowledge about sexuality was linked with more permissive and open attitudes towards sexual expression in older people [35].

Most of the education interventions and resources appear to move beyond simple provision of information and guidance with active learning focussing on developing 'common sense' approaches and taking the resident's perspective. Definitions of common sense vary across theoretical frameworks [36]. Common sense implies a shared set of values and beliefs which guide decisions and practice [37]. However, sexuality and intimacy for older residents is subject to beliefs of ageist erotophobia, which necessitates the need to tackle biases of ageism, heteronormativity and asexuality in ageing [12], thus calling into question the validity of a 'common-sense' approach.

Few education interventions and resources specifically looked at communication around how to manage sexuality, intimacy and relational needs with residents, partners and family. Previous reviews have identified that this is an area where care home staff identify that they need further guidance [38]. In addition, what organisations could do more broadly to support sexual expression, intimacy and relational needs was lacking. A supportive culture in the organization has been identified as an important facilitator to improving care-staff attitudes toward resident sexuality [39].

The influence of culture and ethnicity on sexuality [40] was explored in only one education intervention [22]. The impact of organisational culture on the attitudes of residential care staff toward the sexuality and intimacy of care home residents [39] were not explored in any of the education interventions and resources identified.

This scoping review identified and described the nature, extent and state of education and training resources undertaken to assist care home staff in managing older care home residents' sexuality, intimacy and relational needs. However, this scoping review did not include an optional final step involving key stakeholder consultation, practitioners and policy makers [17]; this may have provided some additional insight into education and training resources. Although a rigorous approach to conducting the scoping review of the peer-reviewed and grey literature was undertaken using a recognised framework, it is possible that not all relevant records were identified in this area.

Conclusions

Few education interventions and training resources were identified. The education interventions did show potential in improving knowledge and/or changing nursing staff attitudes, in the short-term, towards older people's sexuality, intimacy and relational needs in care home settings. This can lead to facilitating staff to enhance person-centred care in this area of need for older adults living with and without dementia. However, the overall quality of five of these interventions was poor, therefore the findings need to be interpreted with caution.

Future research is needed using prospective longitudinal approaches to assess the medium to long term changes in attitudes, awareness and knowledge of care home staff and the impact of changes in attitude and knowledge on care delivery and resident outcomes.

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