Developing a collaborative research agenda regarding the equitable delivery of LGBTQ-inclusive older age care services by religious providers

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Abstract

Addressing the attitudes of staff working with lesbian, gay, bisexual, transgender and queer (LGBTQ) people is important for inclusive older age health and social care. International research suggests religious beliefs can inform some care providers' negative attitudes towards LGBTQ people. This has not yet been researched in the UK. Engaging with key stakeholders, while essential, can be fraught with tensions and challenges. This article describes a recent UK project which did so, using diverse consultation techniques, including a World Café. The importance of networking and collaborative methodologies in intersectional research is discussed, together with the implications for promoting LGBTQ-inclusive care.

Key words: LGBTQ-inclusive care; staff attitudes; religion; stakeholder consultation; World Café.

Introduction

This article discusses the importance of, and challenges associated with, stakeholder consultation in developing a research agenda to explore the delivery of lesbian, gay, bisexual, transgender and queer (LGBTQ) - inclusive health and social care services by religious providers. We consider the value of collaborative dialogue in doing so.

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There is a growing body of international research which suggests that healthcare, social care and social work staff who hold negative attitudes towards LGBTQ people are more likely to be religious, especially highly religious individuals who adhere to conservative religious doctrine (Westwood, 2022a). This is important for the UK, because despite the general decline in religious belief in the UK, over 70% of NHS staff are religiously affiliated (Héliot, 2020), many experiencing conflict between their personal beliefs and their professional values (Héliot et al, 2020). Many social care and social work staff working in the UK originate from overseas (Skills for Care, 2020), often coming from countries where same-sex activity is socially, morally and/or legally prohibited, LGBTQ people have few, or no, rights, and many are systematically persecuted (Westwood, 2022b). They can experience tensions between their personal values and beliefs based on their experiences in their countries/cultures of origin and those in the UK, where LGBTQ people enjoy greater social inclusion and have far more legal rights and protections (Harris et al, 2017).

Stakeholder consultation is central to many organisational and research strategies, including those relating to the delivery of health and social care (Boaz et al, 2018). Consulting those in receipt of and/or affected by services is now considered to be foundational to the effective delivery of those services. Consultation can be both via quantitative (survey) and qualitative (interviews, focus groups, etc.) methods. While frequently illuminating, there can be challenges, especially when bringing together groups of individuals with competing values and attitudes.

Discussions on issues relating to faith, and competing beliefs, can be fraught with tensions. When issues of sexual orientation and gender identity are also factored in constructive discussion can be challenging at the very least. World Cafés have the potential to help. They involve,

> … a simple yet powerful conversational process that helps groups of all sizes to engage in constructive dialogue, to build personal relationships, and to foster collaborative learning. Café conversations, based on seven core design principles, are built on the assumption that people already have within them the wisdom and creativity to confront even the most difficult challenges. (Tan and Brown 2005, 84)

This article is co-authored by the project team which was developed through a scoping study on religion, sexual orientation and gender identity in older age care spaces (Westwood, 2022c). That team began mapping out a research agenda, which was subsequently further developed by an online stakeholder consultation workshop and an in-person World Café event held at the University of York, UK. The aim of this paper is to review the approaches taken and consider the use of collaborative methodologies, with a particular focus on World Cafés. We discuss the importance of using networking and collaborative methodologies in intersectional research, to both build momentum and develop potential research partnerships. The benefits of World Cafés in supporting dialogue between potentially competing and conflicting social groups and promote human rights and social justice are discussed.

Background

Religion, gender and sexuality in older age care spaces

With an increasingly diverse and expanding ageing population, it is essential that all older people have access to equally good health and social care, and that intersectionality is addressed. This necessitates taking into account the needs and wishes of older LGBTQ people, whose voices are often unheard in health and social care discourse (Hafford-Letchfield, Toze & Westwood, 2022). LGBTQ people, especially older people, experience profound inequalities in health, healthcare and social care in later life, primarily associated with the cumulative effects of minority stress (the health impacts of lifelong

stigma and social exclusion) and providers' lack of knowledge and understanding about their needs (Zeeman et al, 2019; Westwood et al, 2020). Many social care providers take a 'we treat them all the same' approach (Simpson, Almack & Walthery, 2018), assuming older people to be heterosexual and cisgender, thereby overlooking the identity-based needs and relationship priorities of older LGBTQ people. Many older LGBTQ people are very fearful of older age care provision, which they anticipate will misunderstand their needs at best and may be a source of prejudice and discrimination at worst (Westwood, 2016; Almack, 2018; Willis et al 2021). Guasp (2011) reported, in a study of 1,000 older LGB [sic] people in the UK, that three in five (i.e., 60% of the total sample) were not confident that social care providers would understand or meet their needs and that 'significant numbers' (3) avoided much-needed social care and support in later life.

There has so far only been limited research on this in the UK. Stonewall has described 'unhealthy attitudes' in the NHS, with staff reporting witnessing bullying, harassment and abuse of LGBTQ people, support for conversion "therapy" and a reluctance to challenge colleagues making homophobic/transphobic comments (Somerville 2015). LGBTQ adults' partners and friends are often unrecognised and unsupported by NHS staff (RCN 2016). The Equality and Human Rights Commission (2018), in its review of home care for older people, reported discriminatory attitudes towards older LGBTQ people which caused them distress, and which in at least one case led to premature care home admission.

It has been acknowledged that some older LGBTQ people in the UK have found religion a source of support across their lives (Westwood, 2017). It is also know that many have experienced religious-based rejections and some have experienced religious-based abuse (Westwood, 2018), leading to them now being very fearful about religious-based care (Westwood 2022d). International research suggests that many healthcare, social care and social work providers have negative attitudes towards LGBTQ people, and that this is

heightened among providers with religious beliefs, particularly those who are highly religious and affiliated with traditional religious doctrine (Stewart & O'Reilly, 2017; Balik et al., 2020; Westwood 2022a).

These issues have so far received only received minimal attention in the UK (Brown & Cocker, 2011; Carr and Pezzella, 2017). UK case law has highlighted a Relate counsellor dismissed for refusing to provide counselling to same-sex couple,[13] a trainee psychotherapist who was removed from the training register for actively promoting and providing gay "conversion therapy",[14] and a Christian hospital doctor dismissed for refusing to use the correct pronouns for transgender patients.[15] An evangelical Christian social work student who posted on his Facebook page his opposition to gay marriage, citing biblical passages including ones describing gay people as "abominations", was consequently expelled from his course, but subsequently reinstated on procedural grounds after legal action.[16] The case aroused considerable controversy, highlighting divided opinions about whether providers who disapprove of LGBTQ people on religious grounds can deliver equitable services to them (Mason, Cocker & Hafford-Letchfield, 2022; Westwood, 2022e).

Knocker (2012, 10) has previously described a care worker telling an older disabled lesbian that it was not too late for her to be 'saved' which Knocker observed 'has made her feel unsafe and alienated in her own home.' Westwood, James and Hafford-Letchfield (2023) recently reported a case study with a newly qualified nurse who described encountering religious-based prejudice towards LGBTQ patients on a hospital ward for older people, including snide comments, a reluctance to deliver care and/or support same sex partners, misgendering of trans women and men, and offers to pray for a gay patient perceived to be 'going to Hell'. However, there has not, as yet, been any comprehensive UK research on these issues.

Targeting practice for improvement through training can promote LGBTQ-inclusive practice (Jurček et al. 2021). However, international research has suggested that those individuals with strongly held religious beliefs opposed to LGBTQ lives can be resistant to such training and to reflective dialogue which invites them to critically reflect upon their beliefs (Dessel et al., 2012; Joslin et al, 2016; Vinjamuri 2017). In the UK, Westwood and Knocker (2016, 18) described UK trainers delivering LGBTQ training to health and social care staff, who had experienced religious-based resistance to their training, with some participants claiming LGBTQ people were "perverted" and should be exorcised. Hafford-Letchfield et al (2018), also in the UK, reported on a research project involving LGBTQ community members called Community Advisers (CAs) delivering training to staff working in care homes with older people. They encountered negative religious-based attitudes from some overseas care workers who referred to older LGBTQ people as "perverted" and "diseased." The authors observed,

> It is unsurprising that staff from societies where sexual and gender difference are outlawed and/or attract severe moral condemnation should express hostility or unease but we believe, in principle and in the interests of good practice, that such attitudes require challenge. (e316)

There is a growing emphasis in research policy and among research funders, on co-production in research (Turnhout et al, 2020). This is particularly in relation to marginalised communities, where people's voices tend to be less well-heard, and there can be power imbalances in research. Co-production can promote the inclusion of marginalised voices, and contribute to a rebalancing of inequalities in the research process and research outcomes (Willis et al. 2018). This is especially important for ageing research, where the voices of minority older people, and issues of intersectionality, tend to be less well heard and addressed. Issues of intersectionality are increasingly relevant for ageing LGBTQ

populations, among whom there is growing diversity. It is essential that those diverse voices are represented and to identify allies/advocates to engaging marginalised individuals in the research journey. Researchers on LGBTQ ageing in the UK have used various methodologies for research collaboration and co-production, for example, engaging with community members as co-researchers (e.g. the Trans Ageing and Care (TrAC) project in Wales[1]), engaging with older LGBTQ people as trainers of care home staff (see, e.g. Hafford-Letchfield et al, 2018, referred to above), co-producing oral histories with older lesbians (Traies, 2018), etc. This project team chose World Cafés because of their potential to produce constructive dialogue and mutual understanding between individuals with competing points of view, especially relating to issues where there can be strong emotions involved.

World Cafés

World Cafés have been used in a wide range of contexts (including by national and local governments, large and small corporations, public service providers, educators, and entrepreneurs (Brown & Isaacs, 2005; Tan and Brown, 2005; Aldred, 2009; Löhr, Weinhardt & Sieber, 2020; Ropes, van Kleef & Douven, 2020). Older people are often systematically excluded from research, including in relation to services which directly affect them. World Cafés have been used to mitigate this by consulting with older people on a range of issues, including the delivery of health and social care provision (Khong et al, 2017; Wright-Bevans, Walker & Vosper, 2020).

World Cafés are known for their ability to create pathways for collaborative dialogue and for creating positive solutions where none have previously been identified.

> The process is simple, yet it can yield surprising results…. In a Café gathering people often move rapidly from ordinary conversations— which keep us stuck in the past, are

> often divisive, and are generally superficial— toward conversations that matter, in which there is deeper collective understanding or forward movement in relation to a situation that people really care about. (Brown & Isaacs, 2005, 21).

World Cafés are, then, more than just "conversational tools" because of their potential for transformative dialogue (Lorenzetti, Azulai & Walsh, 2016). They can be used to promote intergroup dialogue about social justice issues, especially between groups and individuals with conflicting opinions and beliefs which can become polarised, creating potential sites of tension and conflict (Dessel, Rogge & Garlington, 2006). This includes promoting interfaith dialogue, especially in relation to diversity issues (Holland and Walker, 2018). World Cafés can also be used to identify community members' prioritisation for research issues, which can contribute to ensuring that research agendas are community- as opposed to researcher-driven (MacFarlane et al., 2017). They can also do so relatively swiftly (Schiele et al., 2022), providing "real time" information to support contemporaneous research development.

Hafford-Letchfield et al (2021) have successfully employed World Café methodology in the Netherlands and the Republic of Ireland to identify learning and education best practices to promote more inclusive older LGBT+ [sic] care. Their findings included: the need to differentiate between authentic and tokenistic care; the importance of LGBT+ people being able to feel safe to be themselves in older age care spaces; education delivery should include LGBT+ people, model good practice, be embedded in human rights principles, and support critical self-reflection; acknowledging the systemic and institutional barriers to the delivery of LGBT+ training, including,

> ….fear and bullying, the religion and cultural backgrounds of educators and learners, institutional resistance including lack of management support, student resistance to learning, lack of space in a crowded curriculum and negativity towards the topic. This

> included sanctions from external stakeholders who may not see LGBT+ education as a priority. (15)

The need to include LGBT+ competencies in professional standards was highlighted, as well as the need to "'train the trainers'" (15) in effective training delivery on LGBT+ issues.

Hafford-Letchfield et al concluded

> The commitment shown to the World Cafés in this project demonstrates the importance of role modelling and LGBT+ education by building alliances, particularly those which share experiences and partnerships, which in turn facilitate engagement with the experiences of LGBT+ service users. These personal experiences, as illustrated in the formal evaluation, were instrumental when challenging personal beliefs and discrimination. (19-20)

It was in light of these important insights that using World Café methodology was considered to be an essential element of the collaborative endeavour reported here.

Establishing a collaborative agenda

Aim

The aim of the collaboration was to consult with key stakeholders about the main issues regarding the delivery of LGBTQ-inclusive care by religious care providers, to inform the agenda for future research grant applications.

Staged process

The consultation process involved multiple stages (see Figure 1).

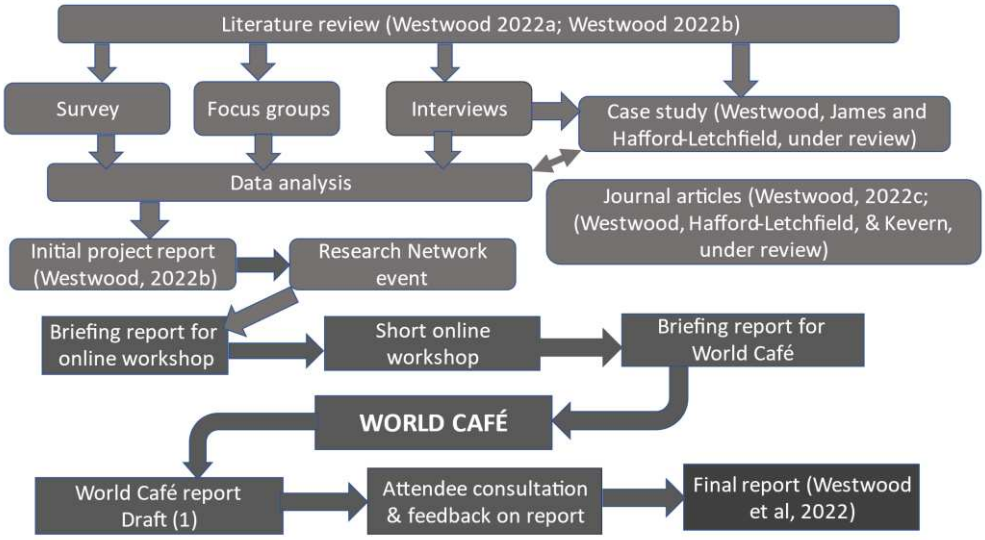

Figure 1. Stages prior to and following the World Café.

The first stage was a 2020-21 funded scoping research project on religion, sexual orientation and gender identity in older age care spaces (Westwood, 2022c) whose aim was to scope existing literature, identify key issues, and build a research network. The project involved a small survey, interviews and focus groups. From that project, several community members volunteered to join the lead researcher in forming a research project network. Members of the network met in person for a full-day workshop, held at the University of York, in January 2022. The aim was to agree goals and a shared vision for future research initiatives. Individual team members took responsibility for recruiting participants to the World Café which was scheduled to take place in July 2022. It was subsequently decided to also hold an online workshop for interested parties who were unable to attend the Café. The research team co-authored two briefing documents, one for the online workshop, shared with participants prior to that event, and one for the World Café, also for advance perusal, which incorporated feedback from the online workshop.

Participants

The online workshop was attended by LGBTQ faith and interfaith leaders and members, academics, and community representatives, both directly invited, and those who signed up via Eventbrite, which was promoted via personal and professional networks. The event was two hours long, aimed at people who could not attend the all-day event and/or only had limited time available to participate. Many attending the meeting expressed the wish that it had been longer. However, whilst online collaboration can be valuable for inclusivity, there are technological limitations and challenges in working through screens for prolonged periods of time.

The World Café participants were directly invited faith and interfaith leaders and members, academics, and community representatives. 45 individuals and/or organisations were invited to attend the World Café, of which 27 accepted. This included representatives from: MHA[2]; OneBodyOneFaith[3]; Anna Chaplaincy For Older People[4]; the Global Interfaith Commission on LGBT+ Lives[5]; Anchor Hanover Housing[6]; Father Hudson's Care[7]; LGBT Foundation[8]; the Jewish LGBT+ Group[9]; Stonewall[10]; the National Institute for Health Research (NIHR)[11]; Skills For Care[12]; and several academics and independent consultants. Several key stakeholders including statutory bodies that regulate services and representation of specific religions were invited without success.

The World Café

The World Café format comprises seven key elements (Brown & Isaacs, 2005; Tan and Brown, 2005; Carson, 2011). Each were employed/applied in our event, as follows:

1. *Set the context: clarify the purpose and broad parameters within which the dialogue will unfold***.**

> The café hosts intentionally create the purpose and parameters in which collaborative learning will unfold. They help to shape the content and the process – both in preparation and during the World Cafe´ session. (Fouché & Light, 2011, 35)

The context was set both by initial invitation, which often involved some form of dialogue/discussion about the event, and by a discussion document which was circulated the week prior to the event. This document summarised the findings from the initial scoping research project, and the discussions from the research network team's meeting in January 2022. It also provided a copy of the timetable of events for the World Café itself. The structure for the day comprised a series of rounds of small and large group discussions, with participants able to choose from elective group topics during the second half of the day.

2. *Create a hospitable space: assure the welcoming environment and psychological safety that nurtures personal comfort and mutual respect*

> It is important for the hosts to create a social space that is welcoming, provides personal comfort and psychological safety. In some instances, hospitable space begins with a creative invitation to attend a café. (Fouché & Light, 2011, 35)

The event took place at York Law School, University of York, in its dedicated 'Problem-Based Learning' space which comprised large and small rooms suitable for plenary and small group discussions respectively, communal lounge spaces, and quite rooms participants could use if they needed to take some personal time, make private calls, etc. It is a light and bright area, smart, modern, with relaxing décor. Participants were welcomed with refreshments, and were able to mingle informally in the open-plan lounge area. When they entered the large group room, tables and chairs were re-arranged so everyone was in a circle, so everyone was

able to see each other. Spread around the room was a core values statement for the day, intended to create a safe space, which was also read out by the large group facilitator at the first session. (See Figure 2). Another option would have been to ask participants to determine their own core values, however, it was decided not to do this, as the associated group activity can be very time-consuming.

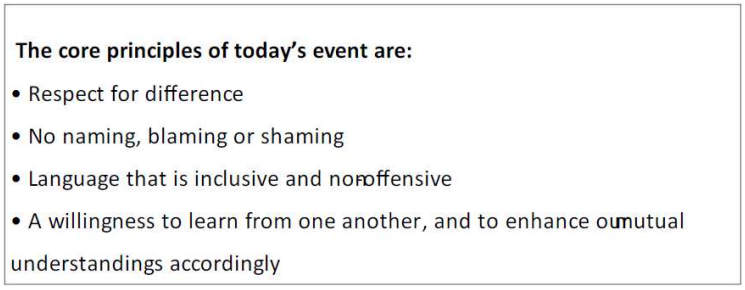

Figure 2. Core Principles for the World Café event.

3. *Explore questions that matter: focus collective attention on powerful questions that attract collaborative engagement.*

   All participants should focus their collective attention on powerful questions that attract collaborative engagement. Depending on the timeframe and objectives, a cafe´ may explore a single question or use a line of inquiry through several conversational rounds. (Fouché & Light, 2011, 35)

The questions for the small and large group discussions were based on the findings from the previous scoping project, from the research network meeting, and the online consultation workshop. They had been distilled from these prior processes/events and chosen for both their power, significance, and relevance for developing a future research project. They were:

- What does religion mean to us? (Small and then large groups)
- Briefing document – What do attendees consider to be the key issues and concerns? (Small and then large groups)

- What are the challenges and opportunities in addressing these issues? (Small and then large groups)
- Optional groups (participants chose one group to attend)
    - Group A: Theme (1) Research questions: What are the key research questions the project should ask?
    - Group B: Theme (2) Research strategy: What research design and methodology would be most effective for the project?
    - Group C: Theme (3): Research collaboration: What would be the best way to work collaboratively with key stakeholders (regulators, commissioners, providers, managers, staff, faith groups, members of the LGBTQ community)?
    - Group D: Theme (4): Covering a spectrum of issues: How can the project address both the benefits and challenges of religion contributing to the care of older LGBTQ people?
- Next steps

4. *Encourage everyone's contribution: enliven the relationship between the 'me' and the 'we' by inviting full participation and mutual giving*

   The hosts and all participants to the World Cafe´ should invite full participation and honor each person's unique contribution. People engage deeply when they feel they are contributing their thinking to questions that are important to them. (Fouché & Light, 2011, 35)

A low-key warm-up activity (writing down something people might not know about you, and then the group having to guess who it was) both broke the ice with light-hearted self-disclosures, which also began the processes of breaking down 'Othering' and giving participants an opportunity to reflect on stereotyping. Participants made connections with one another across groups ("Oh, yes, me too!") serving to emphasise commonalities across perceived differences. Tensions were dealt with by the facilitator, who acted as a dialogic frame (Jorgenson & Steier 2013), acknowledging and holding competing perspectives, encouraging constructive communications at all times.

5. *Cross-pollinate and connect diverse perspectives: use the living system dynamics of emergence through intentionally increasing the diversity and density of connections among perspectives, while retaining a common focus on core questions.*

   Facilitating conversational rounds and asking people to change tables between rounds allows for a dense web of connections. Where possible, the tables can be 'waited' on by the cafe´ hosts. (Fouché & Light, 2011, 35)

Members of the project research network acted as facilitators for the small group discussions. The lead researcher facilitated the large group discussions, moved between the small groups, checking that each group understood their task, making sure everything was working well, and providing refreshments (it was a hot day) for everyone.

The small groups then fed back to the larger group, initially by the facilitators, who invited contributions from their small group members. There was then a larger group reflection and discussion, encouraging further cross-fertilisation of ideas.

6. *Listen together for patterns, insights, and deeper questions: focus shared attention in ways that nurture coherence of thought without losing individual contribution*

> As the diverse perspectives are successfully connected, focused shared attention should be encouraged to nurture coherence of thought while affirming individual contributions. (Fouché & Light, 2011, 35)

The facilitated conversions produced a wide range of rich thoughts and ideas, relating to meanings attributed to religion/religious belief; the relationship between religious attitudes and care practices; tensions and challenges; staff development and recruitment; and setting a research agenda. These are described in the 'Findings' section below. According to participants' comments, the day was thought to have been a positive experience, affording the opportunity to meet and engage with people with whom attendees might not usually connect. Many new contacts were fostered, and many attendees expressed a willingness to be involved and/or support a future research project in some way, and/or participate in ongoing dialogue. Attendees said they had found the event thought-provoking and said that it had given them much to go away and reflect upon and consider.

7. *Harvest and share collective discoveries: make collective knowledge and insight visible and actionable*

> By distilling the insights, patterns, themes and deeper questions down to their essence and providing a way to get them out to the whole group, collective knowledge is developed. (Fouché & Light, 2011, 35)

Following the World Café, an event report was written with contributions from members of the research network team. It was then circulated to all attendees for their comments and feedback, and then a final report was confirmed (Westwood et al, 2022). Several of the attending individuals/organisations have expressed interest in becoming co-research collaborators, others in joining the various projects' advisory groups, while still others wished

to remain informed about the respective projects' progress. The findings from this project also informed a good practice guide on LGBTQ+ [sic] dementia care (Westwood and Price, 2023) and the project team, joined by two of the attendees from the World Café are currently developing good practice guidance for religious providers delivering care services to LGBTQ+ people.

Key Themes and Issues

The key themes and issues which were discussed related to: "What does religion mean to us?"; religious attitudes and care practices; tensions and challenges; staff development and recruitment. Each are now explored.

What does religion mean to us?

The meaning of the word "religion" was discussed and recognised as meaning different things to different people. There was an understanding that religion is not a monolithic thing, that there are many different religions, and various arms to those religions across the liberal/conservative spectrum. Attendees emphasised both the importance of religious communities, i.e., religion as something that is practised collectively, and of distinguishing between religious doctrine and "everyday theologies" (Francis, 2016) i.e., how people interpret their religious beliefs and apply them in their daily lives. One attendee told the group about Theological Action Research (Cameron, 2013) which approaches religion from four levels (formal liturgy, academic, espoused theological voices and operant) highlighting the different ways of analysing religion in theory and doctrine and its application by individuals in their everyday lives.

It was acknowledged that religion is and can be a tremendous support to many people. This is especially in later life, when people may turn/return to religion as they reflect on the meaning of life and death and look back on the lives they have lived (Kevern, 2018). Many LGBTQ people, including older people, are religious and attached to religious communities and organisations (Westwood, 2017). Some align themselves with the more liberal arms of the leading world religions, others with LGBTQ-specific religious organisations. It was acknowledged that many find great meaning and support from humanist organisations.

The religious underpinnings of charitable works and of early social work were highlighted by several attendees. Many thought that at their best, religious beliefs could form the basis of an optimal ethic for health and social care delivery, informed by compassion, kindness and non-judgementalness. However, some LGBTQ attendees spoke of deeply wounding personal experiences of religious-based rejections, both in early and later life. They spoke of religious "cures" in their earlier years, of being expelled from church groups, of rejection by religious family members. They talked about the deep pain this had caused them and, for some, still caused them. Examples were given of both reconciliations with religious family members who had softened their attitudes across time, and continued rejection by those who had not. For these individuals, the harms of religion were foremost in their minds.

The idea of "love the sinner not the sin" was discussed and how some religious organisations and/or individuals try to distinguish between disapproval of LGBTQ "lifestyles" rather than LGBTQ people themselves (Lomash, Brown & Galupo, 2018). Many of the LGBTQ attendees spoke of finding this very difficult, as their sexualities and/or gender identities are fundamental to who they are, rather than simply being "lifestyle choices."

Religious attitudes and care practices

There was considerable discussion about whether it is possible to compartmentalise religious beliefs and care practices (Westwood, 2022b). Some attendees felt that this was indeed possible, based on a compassionate approach to care. Others felt that religious "tolerance" was insufficient for LGBTQ-inclusive care and that it was impossible for religious care providers who disapprove of LGBTQ people and/or their "lifestyles" to then offer affirmative care to them.

There was a generally held view that part of the way forward is a theological one, and that it is essential to engage the leading religious organisations on these issues, and to explore doctrinal and religious-interpretative approaches to beliefs about LGBTQ people and their lives. Many religious practitioners travel a personal journey, softening their attitudes about LGBTQ people across time (often after engaging with them in their everyday lives and/or professional practice). Some thought this journey was spiritual, others pastoral, i.e., that it is less an ideological/theological process rather than one which leaves ideology/theology aside while deepening a recognition of our shared humanity. There is much to be learned from these journeys and how they might be facilitated among those religious care practitioners who currently hold negative attitudes towards LGBTQ people.

The importance of drawing upon equality and human rights legislation, and case law, was also highlighted, as well as establishing boundaries and expectations through supervision and review. The significant role played by management and leadership practices and organisational cultures and environments was emphasised, as well as having integrity, key principles and values that underpin care even in challenging and sensitive contexts and circumstances.

Tensions and challenges

Several issues were identified to which there were no easy answers. One LGBTQ activist described negative religious attitudes towards LGBTQ people as “prejudice”. However, it was also acknowledged that religious individuals with such attitudes believe they are not prejudiced but are simple upholding their own religious truths (Jowett, 2017).

There was discussion about how to reconcile care providers’ right to their religious beliefs, including those which involve disapproval of LGBTQ people and/or their lives, with an LGBTQ person’s right to inclusive, affirmative person-centred care. Narratives about negative experiences among some LGBTQ service users in relation to some religious carers show this can be a problem at times. Research also suggests that it can get in the way of training and encouraging reflective practice, especially among those staff who believe it is their religious duty to preach the word of their god as they understand it, above and beyond their professional duties. This is potentially an area of irreconcilable differences which it is important to address.

Additionally, tensions not only relate to care providers. Staff often feel very anxious about how to deal with service users, their families and friends if they make homophobic and/or transphobic comments and/or behave in discriminatory ways. How do you challenge someone who may be very confused and/or at the end of life? How do you challenge their family and friends during what can be a very stressful and distressing time? How do you establish and maintain associated boundaries with sensitivity, care and respect?

Culture and ethnicity were raised as important issues. This is a consideration for the migrant care workforce who may originate from from countries where the state does not support LGBTQ rights and sometimes systematically persecutes LGBTQ people based on highly culturalized and subscribed dominant religious doctrine. Extensive LGBTQ legal rights and comparatively greater LGBTQ social inclusion in the UK can come into conflict

with some migrant workers' beliefs and previous socialisation. There can be clashes with expectations, rights that people take for granted, and cultural differences in how people manage their beliefs and identities, with associated implications for care practices. At the same time, it is important to understand that migrant care workers can also experience racism and social exclusion when employed in care settings (Stevens, Hussein & Manthorpe, 2012).

These are complex, intersecting processes involving in/exclusions and which can deter any transparent or authentic discourse between diverse groups in the UK. The importance of "cultural humility" was raised by several attendees, i.e., care providers do not have to be fully informed or know all the answers, but they do need to have a curiosity about people, especially those who are different from themselves. They need to have the potential for constructive dialogue and challenge without fear of repercussions or sanctioned silence.

Staff development and recruitment

Education, training and supervision in care settings are primary responses to addressing and implementing equality issues. It is important to support students and staff to reflect on the place of their religious beliefs in relation to their professional practice (Woodford et al, 2021). However, LGBTQ issues are not always included nor integrated into training agendas (Jurček et al, 2021). This can be compounded by trainers, educators and managers lacking confidence in addressing these issues, often based on fears about being accused of racism and/or untoward discrimination against someone on the basis of their religion or belief.

There was a generally agreed sense that training was insufficient as a single instrument or tool of change. Where this is mandatory or included in equality, diversity and inclusion training, it can be thwarted by high turnover in the workforce (Westwood & Knocker, 2016). A wider cultural and organisational shift to promote LGBTQ inclusion in

services (both those informed by religion and those that are not) is required. While it was thought that culture change had to involve all staff in a team, from the "bottom" to the "top" it was thought to be especially important that managers led by example, that not only were the right policies and procedures, and training in place, but that managers modelled their application in practice. It was also the responsibility of supervisors and managers to identify issues, following them through with staff and using education and sanctions as appropriate.

There was overarching agreement about the importance of dialogue, and of creating safe spaces for exploring differences and using education and dialogue to create change. Several participants highlighted the importance of narrative and storytelling as a means of encouraging reciprocal understanding in everyday conversations. It was thought that storytelling could facilitate dialogue between people from different backgrounds and of different faiths, and in encouraging respect for diversity, and promoting equality and human rights. Storytelling can be an important tool in staff education, training and development, particularly in supporting staff to widen their knowledge and understanding of LGBTQ issues (Willis et al, 2018).

Research agenda

One of the outcomes from the collaborative discussions was the potential for generating new knowledge and ways of working through research and evaluation specifically in the following areas: attitudes towards LGBTQ people and their care among health and social care providers in the UK; the role of religion in those attitudes and in care delivery; how conflicts between personal attitudes and religious beliefs and the delivery of LGBTQ-inclusive care perceived,

understood and responded to; the place of equality legislation in relation to these issues; training and staff development implications; including the voices of LGBTQ people in all such research.

There was a sense within the group, that it was very important for religion not to be "demonised" both because it is not fair to do so, and because it will alienate religious care providers from engaging in a research project and/or addressing these issues more broadly. The importance of using education and dialogue to foster curiosity, and support engagement in a more dynamic approach that supports inclusion and change, was frequently raised.

Discussion

The consultation and collaboration methods described here – survey, interviews, focus groups, project teams, workshops and a World Café – have served to produce rich and thick descriptions of the issues explored, building on an incremental approach to building up the key substantive questions that can be prioritised and taken forward. The event naturally attracted those stakeholders already invested in equality, diversity an inclusion and prepared to challenge and debate.

The consultation process, and the Café itself, have offered significant insights. The World Café described here is the first of its kind, bringing together disparate, though overlapping, communities where there was open acknowledgement of, and respect for, our common humanity. It demonstrates how World Cafés can offer the opportunity for 'constructive dialogue', 'cognitive reframing', 'relationship building', 'collective discoveries' and 'collaborative learning' (Fouché & Light, 2011, 42). They can offer opportunities for disparate groups and individuals to engage in 'equitable contribution and participation' and 'collective knowledge sharing' (42). They can also assist with setting stakeholder-driven

research agendas, as this project has, by directly questioning participants about research priorities (MacFarlane et al., 2018). This includes in relation to topics which are potentially highly divisive (Dessel, Rogge & Garlington, 2006).

This World Café was not formally evaluated (to promote informality and avoid attendees feeling the onus was on academic research outcomes, rather than collaborative dialogue). Evidence for the effectiveness and evaluation of the World Café approach and how its principles and processes can be adapted by religious and care providers in the short- medium- and longer- term, would provide an interesting focal point for further research. Notwithstanding, the findings indicate both the importance of hearing the diverse voices of the key stakeholders involved in these issues, and some of the challenges of doing so, not least of which is getting everyone engaged. There is a clear need for further research to explore how religious beliefs affect attitudes among care providers and how these beliefs and attitudes, in turn, affect the delivery of LGBTQ-inclusive care. It is essential to include the diverse voices of health and social care commissioners, providers and regulators, and of various LGBTQ communities (including marginalised groups/individuals within those communities) both in the research process and in the ongoing conversations and dialogue which need to take place.

Such informed and experiential processes themselves are least discussed in the literature. The challenge was to find practical routes to reflexive, democratic environments which generate multidisciplinary knowledge exchange among institutions and researchers. The process set out its intention to comprehensively reflect the reality, foster interactions between researchers and a diverse range of participants, and empower competing marginalized and hitherto powerful groups to be heard. An environment in which counter-narratives were generated provides a base to enable participatory, practice, observances, research and doctrines to be aired in a more inclusive, engaging, and empowering manner.

The World Café is just one method to provide new perspectives on the ethics of researching competing vulnerable populations and the vexed or unspeakable problems not always authentically discussed.

The need to raise awareness and to address these issues via staff training, development and supervision is essential, as well as what models or approaches might be best to integrate these into a more holistic and sustainable way is one recommendation for further enquiry. These collaborations have highlighted the importance of taking intersectionality into account when delivering care to older people, including LGBTQ older people. It also highlights how intersectionality among health and social care providers and intersectionality among service users can create potential areas of tension without quick solutions. Equitable service delivery which involves relationality – as care does – raises unique challenges. Care involves not just performing a task, but also doing so within the context of a caring relationship. The quality of that caring relationship matters. One of the challenges is, then, how one can ensure older LGBTQ individuals will enjoy equally good caring relationships when some of the staff engaged with them in those relationships disapprove of them on religious grounds. Another challenge is how to respond to those staff who feel their religious beliefs are being impinged upon by care systems which require them to show approval towards people of whom they do not approve, based on their religious beliefs. A third challenge is how to engage with those who are unwilling to become involved with these thorny issues. Engaging with the major professional regulators will be part of the solution.

Conclusion

This article has highlighted the importance of engaging, and collaborating, with key stakeholders in addressing the attitudes of religious care providers towards delivering

LGBTQ-inclusive care to older people, and in developing a research agenda. The World Café aimed to provide support to promote reconciliation of thought between religious, sexual and gender identities. No single methodology has all the answers but for some sensitive research topics, the aim was to constructively canvas opportunities to conduct a human rights analysis of the issues and the competing rights and interests in a collaborative way. This can inform a more progressive and illuminating response that promotes dignity and proposes increased tolerance and possible change.

Much has been aired in the popular media about religious liberty versus spiritual wellbeing. Taking both a legal and pastoral approach may facilitate ethically acceptable postures that does not require individuals to part with deeply held values and beliefs about themselves but to neither be harmed or rejected by dominant institutions and their protagonists. What is needed is a measured analysis of the competing interests and issues at play and this can help determine and guide those bodies responsible for commissioning or delivering LGBTQ equitable care, on how to intervene and prevent harm. LGBTQ people are already protected by UK legislation but nevertheless would like the nurturing and respect that comes with other diverse protected characteristics. With an increasingly diverse ageing population, these findings have relevance not only for older LGBTQ populations but for all marginalised older people, particularly those at the intersection of multiple social exclusions.

Notes

1. https://trans-ageing.swan.ac.uk/
2. https://www.mha.org.uk/
3. https://www.onebodyonefaith.org.uk/
4. https://www.annachaplaincy.org.uk/
5. https://globalinterfaith.lgbt/
6. https://www.arhm.org/user-profile/Anchor_Hanover/
7. https://www.fatherhudsons.org.uk/

8. https://lgbt.foundation/
9. https://www.jglg.org.uk
10. https://www.stonewall.org.uk/
11. https://www.nihr.ac.uk/
12. https://www.skillsforcare.org.uk/
13. McFarlane v Relate Avon [2010] IRLR 196 (EAT); [2010] IRLR 872(CA); Eweida and Others v. UK [2013] ECHR 37.2.
14. Christian Concern Legal Centre (Christian Institute, 2016) Case Summaries 2006-2015, Page 38. https://archive.christianconcern.com/sites/default/files/clc_case_summaries_v7.pdf.
15. Dr David Mackereth v (1) The Department for Work and Pensions (2) Advanced Personnel Management Group (UK) Ltd, Case Number: 1,304,602/2018.4
16. R (Ngole) v The University of Sheffield [2019]; R (on the application of NGOLE) (Appellant) v The University of Sheffield (Respondent) [2019] EWCA Civ 1127.

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