

Aged care must make space for intimacy and sexual expression”.

Relationships don't end when someone enters residential aged care and facilities need to consider how they provide opportunities for intimacy and sexual expression, seniors and carers have said.

For many spouses and partners of aged care residents, the lack of opportunity for privacy and intimacy is profoundly upsetting and frustrating, an international conference in Melbourne has heard.

Carers often speak of the isolation, loneliness, frustration, anger and resentment at the loss of intimacy once their partner moved to residential care, said Mary O'Mara, a counsellor with Carers Victoria.

At the Let's Talk About Sex Conference in Melbourne this week, seniors and carer groups, researchers and providers discussed the importance of better awareness in aged care of the need for intimacy and sexual expression, though they acknowledged many providers had made progress in recent years.

In terms of affording privacy and opportunities for residents and their partners to be intimate, Ms O'Mara said aged care “has a long way to go”.

“Carers wonder can they have a cuddle under the blanket, will [the care worker] knock before they come in,” she told the conference hosted by Alzheimer's Australia Vic and COTA Victoria.

Ms O'Mara said that carers wanted greater understanding that the need for intimacy did not fade with the onset of dementia and that relationships did not end when someone entered residential aged care. While some aged care facilities provided double beds and supported overnight stays, this was not the norm, she said.

Expression of love, intimacy important

The conference heard from Anne Fairhall, who cared for her husband Geoff at home until he moved into residential aged care when his dementia progressed. She said the move was a huge change and brought not just physical separation but also a sense of loss, grief and despair.

“Residential aged care lacks privacy,” she said. “There are many strangers coming and going and moving around, many unexpected interruptions. You have a single bed not a double bed... The cultural background of many carers leads to difficulties for them because of their beliefs and traditions.”

When people were at their most vulnerable, expression of love and intimacy were particularly important, Ms Fairhall said.

She and Geoff found the need for touch very important, she said. It calmed Geoff, focused his mind, and lowered his irritability and aggression. “We hold hands, stroke hands; when we're getting him into bed I give him a cuddle when I'm putting the pyjamas on. That's getting harder now, and often we need two people so it becomes a bit less personal, but it can still happen.”

Skin contact, tender touch and grooming were all very important for residents, but many staff and family members did not realise this, she said. "Geoff is a very dignified man. He likes to wear shirts with buttons, and he likes them ironed. I have had to train the laundry to have plenty of shirts and to iron them; he'll send them back otherwise."

Lack of training, policies

Narelle Higson, an occupational therapist with the Multiple Sclerosis Society of WA, told the conference that sexual needs were often not considered in aged care because staff did not receive sufficient training, were unsure of their organisation's policies, were personally uncomfortable, or believed it was the role of another staff member or professional, such as a psychologist.

It was important that residential aged care staff had sufficient knowledge around how ageing and health conditions, and the environment, might impact on sexual expression, as well as potential strategies to assist, Ms Higson said.

Similarly, it was important that daily practice supported sexual expression, such as through assessment (checklists and screening), normalising it through discussion and in printed material around the facility.