

Older Lesbian, Gay,
Bisexual and Transgender
network



A report of the Older LGBT Network

into the specific needs of older lesbian,
gay, bisexual and transgender people



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1. Introduction

It has been increasingly obvious to LGBT organisations that many older LGBT people are looking at ageing and future care provision with concern.

Care providers and institutions are seen by many LGBT people as assuming heterosexuality at the least and even being homophobic in many instances. Whilst the majority of older LGBT people do not want their sexual orientation to define them, they want their needs to be accepted and catered for and their privacy respected in a safe environment. They also want their particular health needs and definitions of 'family' and 'next of kin' understood and respected.

The population of Wales is approaching 3 million; a low estimate of the homosexual population alone is 5-7 per cent. If one takes into account bisexual and transgender population then the number of LGBT people over the age of 50 in Wales is likely to be over 50,000. This population is largely unseen and because many people are currently reluctant to self-identify, they are largely ignored. To continue to ignore the needs of older LGBT people has policy implications and potentially a cost – discrimination always does.



2. Issues facing older LGBT people as users of care service provision

Increasing numbers of older LGBT people have lived their whole adult lives, particularly after the 1968 decriminalisation of male homosexuality legislation, in an open way and are not prepared to become secretive and closeted when needing care. **All** older LGBT people have the right to have their needs assessed without prejudice as a matter of social justice.

Older LGBT people are concerned about the prejudice and treatment they may encounter from other older people, particularly where service providers give no lead on this aspect of equality and practitioners have received no diversity training. Older LGBT people may also fear that they will be preyed on or even blackmailed because of their sexual orientation. They may not have anyone to turn to, especially if this is happening in the privacy of their own home.

Older LGBT people fear that heterosexuality is presumed by care providers and health professionals. Any interest in sex of any kind in older age is likely to be seen as inappropriate. There is a fear that self identification of sexual orientation is seen as somehow wrong or even perverse in older LGBT people.

Whereas a married couple may be offered a shared room or flat in a care facility, an LGBT couple may not expect to be offered the same treatment.

Older LGBT people worry that the person they might regard as next-of-kin, or who is most able to express their needs and desires, may be disregarded by care professionals if a person from the family-of-origin appears and attempts to take over. Also, there is a need for understanding and acceptance of a user-centred definition of what constitutes 'family': that is the people who are the most welcome visitors and those believed by the older LGBT person to have their interests most at heart.

The variety of LGBT relationships may result in the failure to identify people as being a couple. Some LGBT couples for example do not cohabit, but one partner may be entirely emotionally and financially dependant on the other. Failure to recognise LGBT people as being a couple in a form filling exercise or when preparing a care plan, could affect the security or inclusion of a partner.

3. Health issues facing older LGBT people

Research has shown that LGBT people are more likely to be smokers, substance abusers, heavy alcohol users and have weight issues.¹

LGBT people are shown to be less likely to regularly consult a doctor, possibly not wishing to touch on sexual orientation or partnership issues. Lesbians fear explaining their worries to unsympathetic, frequently male, care professionals.

Gay men certainly have had concerns about doctors' reports affecting life insurance and mortgages after the identification of the HIV virus. There is some evidence that Health Workers are homophobic and do not understand particular health issues and worries.

Reports show that, even as recently as 1999, one in nine doctors still considered homosexuality to be an illness and one in two medical students found homosexual activity unacceptable.²

Older LGBT people may be subject to different health complaints but be unaware of them and remain undiagnosed as a consequence.

For instance:

- The heavy use of hormones by transgender people may cause illness later in life yet they are less likely to have check-ups or if they do, the symptoms are not followed up adequately. This is especially so if, in being assessed for or accessing care, they move from their regular trusted physicians. Some surveys in North America have shown this, but as yet no studies have been carried out in Europe.
- Certain forms of cancer seem to be more prevalent amongst LGBT groups.³

¹ Counted out: towards a healthier LGBT Scotland. Stonewall, 2003.
Lesbian's health and wellbeing workshop at Age Concern conference London April 30th 2002
By Jan Bridget, Lesbian Information Service, 2002
Lesbian and bisexual women's groups. Factsheet. London, Women's Resource Centre, [2003]

² Counted out (as footnote 1).
Lesbian's health and wellbeing workshop (as footnote 1)
Lesbian and bisexual women's groups (as footnote 1)

³ Counted out (as footnote 1).

- Continuous low level stress can cause auto immune deficiency which can lead to numerous conditions, not least heart and digestive system illness.⁴
- Homophobic violence or confrontation (frequently unreported) can lead to post-traumatic stress disorders which are often unexplored.
- There are indications that older lesbians under-use gynaecology and related services and screening (e.g. cervical smear tests and breast scans). Also it has been suggested that menopausal and post-menopausal symptoms might not be picked up as their presentation may be different in lesbians.
- As well as an increased likelihood of caring for friends and partners with HIV-related illness, LGBT people may be caring for ageing parents or chronically ill siblings because they are seen by their family-of-origin as 'single' and thus available.

Compared with the support for marriage, there is little support from society for LGBT people to set up home together. This can increase the likelihood that older lesbians and gay men are the ones who stay at home to look after relatives, particularly in rural areas. This has a consequent effect on their relationships and quality of life.

- LGBT people are at a high risk of many stress related conditions due to homophobia and prejudice and research has shown that they are more likely to experience mental health problems. Research has found that a high proportion have considered suicide and one study found that 1 in 5 had attempted suicide.⁵

⁴ Counted out (as footnote 1).

Mental health and social wellbeing of gay men, lesbians and bisexuals in England and Wales
By Michael King and Eamonn McKeown. MIND 2003

⁵ Counted out (as footnote 1) and

Mental health and social well being of gay men, lesbians and bisexuals in England and Wales. MIND, 2003.

4. Need for Research

Research on the LGBT population tends to focus on sexual activity rather than on specific health or social needs (i.e. loneliness, partnership problems, accessible LGBT friendly social activity and social exclusion), particularly amongst older LGBT people.

Most research into older people does not include a tick-box for sexual orientation or perceived gender. It has been suggested that this is intrusive but the chance must be out there to self-identify in a safe manner.

There is a lot of work to be done by way of mapping in Wales. Furthermore there has been no research into whether being Welsh speaking and an older LGBT person may inhibit access to professional help in any way.

A lot of LGBT people only self-identify later in life, having had a variety of relationships. There is a need for research into relationships with family-of-origin and care-giving by offspring and other family members. There needs to be research on bisexual people in Wales who may self-identify later in life. Such people may not have had the chance to make an alternative 'family', have experienced exclusion by their family-of-origin, bemused former friends and community when they seek to define themselves. There needs to be research into how some LGBT people form a strong 'family' of friends and how this support system works in a crisis.



There is a popular perception that LGBT people are well off, professional or high earning singles, or couples with few responsibilities. This is by no means the case. Older LGBT people are much more likely to be living alone (about 65%) and not wealthy. Black and minority ethnic, disabled and lesbian people particularly may be subject to double discrimination in employment. To compound this there is also some evidence of poor benefit take-up by LGBT people generally, due to their reluctance to reveal their sexual orientation or carer status for fear of homophobia.

There are concerns about the situation of older LGBT people, especially lesbians, who, by contracting a Civil Partnership might make any settlement from a previous marriage invalid; possibly forfeiting pension rights from that relationship and being ineligible for a pension from their new partner, who may in any case not have an occupational pension and/or may have paid the married woman's rate for the state pension. This needs clarification and research into the possible effects of any changes.

Older LGBT couples will need good advice on the benefits and possible disadvantages of Civil Partnership registration.

⁷The housing needs of LGBT people in Wales have received little attention in research or policy development. In response to this, Triangle Wales and Stonewall Cymru were commissioned, with funding from the Welsh Assembly Government (WAG), to explore the range of housing needs and problems facing LGB people living in Wales and to identify examples of good practice among housing service providers.

⁸The research involved a self-selecting sample of LGB people who had experienced housing problems and a variety of housing service providers. The housing needs of older Transgender people were not included. Triangle Housing has initiated training sessions to make local authorities, housing trusts and registered social landlords aware of the issues. One aim has been to change interview and allocation procedures in order to minimise prejudice and make potential clients feel more secure.

⁶ Counted out (as footnote 1).

⁷ Response to the Government's document on Civil Partnership registration for same sex couples. Polari, 2003.

⁸ Housing needs of lesbian, gay and bisexual people in Wales. Triangle Wales and Stonewall Cymru, 2006.

Interaction between older LGBT people and others

Older LGBT people, as with any group, are diverse, both in their confidence and sociability and their interaction with others. The quality of such interaction depends on how secure they feel in any company or situation: almost any meeting with others involves a decision about the extent to which they 'come out'.

While some may be self-reliant and positive, ready to challenge heterosexism, politically active and aware of human rights, others may accept, at some level, the homophobic image of the LGBT population and therefore have a low self-image.

Some may feel they need to be quite secretive about their sexual orientation, living in two worlds; one public, one private, keeping their life in boxes, telling different people different things. This can be stressful and debilitating for older LGBT people and may leave them open to abuse. This secrecy may also make it difficult to open out to any professionals. There are also indications that some people who had lived an open and confident life have found they had to go 'back in the closet' in older age because of their increased needs for support.

Bisexual people may have had to balance a complicated lifestyle and be frightened of being discovered or outed accidentally by an unthinking service provider. The consequence can be alienation from friends, family-of-origin and even the local community, making it increasingly unlikely that they would be open to care or health professionals. This element too could have a particular Welsh focus.

The perceptions of others may have a strong effect, part of which may be positive; flexibility in gender roles, not seen as threatening to either sex, being emotionally strong and capable in a crisis, with a strong circle of friends and large 'family', perhaps retaining good ties with family of origin. This can easily be reversed if an older LGBT person does not feel secure or valued. They can easily become alienated, lonely and depressed. This can add to the haunting fear of a stereotyped view of old age, which is damaging enough without the additional fear of homophobia.

5. Negative issues facing older LGBT people

Feeling that it is too risky to be “out” to their family-of-origin and even to their circle of friends can leave older LGBT people with little or no support.

Transgender older people, especially those still seeking gender assignment, fear that their needs will not be taken seriously or that in seeking a care package will lose the carefully built up support network of friends and health professionals, leaving them open to abuse.

Older LGBT people are more likely to encounter hate crime, yet less likely to report it, for fear of being spotlighted.

There is an element of ageism in the gay community; there is a lot of emphasis on youth, often leading older LGBT people to feel isolated and not valued, especially if they experience a break-up or bereavement later in life. To some extent self-denial of ageing can lead some to make poor provision for old age and/or poor life choices.⁹

There are few social activities or venues available locally in Wales for older LGBT people where they feel secure, welcome and not patronised.

Again there is a need for research in this area.

Older LGBT people fear homophobia from care providers and health professionals and they anticipate encountering a lack of respect or understanding for themselves, their partners and ‘family’.

When it comes to next-of-kin and/or personal directive issues, older LGBT people can have difficulties in announcing or having their ‘next of kin’ choice accepted.

Many LGBT people do not know that they already have the right (quite apart from Civil Partnership Registration) to nominate whom they want as next of kin in a hospital context. Even if they know this, it may still take confidence and some support to assert that right against an assumption of heterosexuality.

It is also relatively easy to take out a lasting power of attorney that can help prevent a challenge to the individual’s choice of next of kin while they are incapacitated.

⁹ Lesbian, gay and bisexual lives over 50. Brian Heaphy, Andrew Yip and Debbie Thompson. York House Publications, 2003 [Out of print]

Older LGBT people are less likely to complain about poor treatment in case they are 'outed' to others, ridiculed, preyed upon or face homophobia from appointed carers.

There is not a clear-cut policy when it comes to LGBT couples in rented or shared accommodation as to whether one is allowed to continue tenancy if the other has to move into a care facility. It is then uncertain whether the partner's needs are taken into account, especially if they are not in a registered Civil Partnership. There is evidence that this varies with different local authorities and housing associations. Work needs to be done to develop a common policy.

Older LGBT people can be interdependent yet not living together, in a loose caring or partnership situation and/or financially dependent yet not fit the neat categories often assumed. When one person needs care the financial effects on others can be great, but ignored or unrecognised. This is another issue with little or no research especially in rural areas such as Wales.

Older people living alone, especially LGBT people, can feel, when they are vulnerable, that people approaching them with care plans can have other than their best interests at heart.

They can fear that their family-of-origin just want the value of their property or that they are neatly out of the way, cared for by someone else.

They could feel that the care plan suits the scheme that the providers are promoting rather than their aspirations. Older LGBT people may be less likely to feel confident or secure enough to seek this needed advice from mainstream providers. There is an urgent need for impartial advice, support and advocacy at such crucial times.



6. Looking for positive outcomes: recommendations

- 1) There is a need for research to map the older LGBT population. Social isolation, particularly in a Welsh context, language issues, types of community and geography need to be considered. Some work has been undertaken with the mainstream LGBT population by Stonewall Cymru but the particular needs of older LGBT people have not been looked at. Older LGBT people do not want meeting places that define them by sickness or loneliness but may need secure, friendly and accessible networking and resource centres.
- 2) Prioritisation of person-centred care for older LGBT people would lead to the realisation of the importance and relevance of the issues facing older LGBT people by social services and the NHS. They need to understand the different health and care needs and the requirement for appropriate personal treatment for older LGBT people. There is a need for thorough, professional training for care providers in older LGBT care. Diversity issues as discussed above should be included in the Care Standards agreements and the National Service Framework, this relates to NHS, social service and private care providers. Care providers should appreciate how devastating tactless comments can be, either from staff or fellow clients, and that making older LGBT people feel secure is the key to appropriate treatment. Any statistics and findings concerning particular LGBT health issues should be made into an accessible, updated resource for health professionals.
- 3) New developments in accessing care for older people may be most beneficial for older LGBT people as providers are now offering clients Direct Payments. This means that older LGBT people can access care that most suits their needs, they will be able to advertise for or pay a much more appropriate carer than before and be in more control. This system can also include a payment for day services so again they could access a different LGBT-friendly service if they wanted. The issue

of 'family' is being addressed with self identified 'User Controlled Trusts' whom the provider will accept as having the best interests of the client at heart and be able to monitor any care provided. These innovations are still best practice examples but must be recommended as a way forward.

4) Recommendations derived from the research for housing providers:

- Awareness training should be undertaken by all housing service providers and should serve a threefold purpose: to raise awareness of the housing issues, problems and needs faced by LGBT people in Wales; to deal with LGBT clients in a sensitive manner, equip service providers with knowledge of appropriate language to use and so on; to make housing service providers aware of specialist LGBT services in Wales.
- Improving staff understanding of LGBT housing needs through training courses and practical guidance should be set in a comprehensive corporate policy framework on sexual orientation.
- All housing providers should state and demonstrate a zero tolerance policy against homophobia and prejudice.
- All housing service providers should monitor access to housing services by sexual orientation, including housing allocations, transfers, waiting lists and anti-social behaviour cases.
- All service providers should consider what preventative action they could take to meet LGBT housing needs, which should include reviewing existing policies and practices to identify whether the full range of services are open and available to LGBT people.
- All housing service providers should develop working relations with LGBT organisations to identify how best to improve services and open up consultation processes to the LGBT community.
- Sensitive allocation policies should be established to ensure that people are safe and secure in their home and not placed in a threatening environment.
- To ensure tenancy security, all housing service providers need to ensure that the rights enjoyed by opposite-sex couples are also provided to same-sex couples.

5) A statutory advocacy service should be introduced; it is currently a variable and sparse provision. This should be regularised with a common service level agreement throughout Wales. This could be available for any older person facing a change in lifestyle due to the need for personal care; it is not just an LGBT issue. The main issue in this context is that such a service must treat older LGBT people appropriately, given that they as a group would be least likely to challenge unfair treatment and are likely to be alone with a poor support system.

A good advocacy service should be able to:

- Support a person's choices from an independent standpoint
- Signpost to information and advice on important issues such as care, paying for care and legal issues, including wills, next-of-kin, advanced directives and mental capacity.
- Provide independent support to counter homophobic bullying and elder abuse.

- 6)** Clear information needs to be available to, and inclusive of, LGBT people on subjects like ageing and bereavement issues for couples (either registered or unregistered), including advanced directives, appointing executors, Lasting Power of Attorney, Pension and Benefit entitlement.¹⁰
- 7)** Work needs to be done on pension rights and interdependence in a LGBT context.
- 8)** Research into older people's housing or care issues should include people's own identification of their sexual orientation as a mainstream issue.
- 9)** Exclusively LGBT care facilities should be piloted.
- 10)** Discussions of the idea of 'buddying' should be held, as used previously by LGBT people in the care of people with HIV and AIDS, to combat isolation in older LGBT people living alone or in residential care. This could be taken up by voluntary groups and coordinated by an organisation such as Stonewall Cymru. There could be links with Advocacy services, particularly in rural areas.

¹⁰ Such as Age Concern's Information sheet 27 Older same-sex couples and benefits. Also Age Concern Information sheet 8 Planning for later life as a lesbian, gay man or bisexual person. Also Age Concern Information sheet 5 Advance decisions, advance statements and living wills.

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The LGBT network is a group of lesbian, Gay bisexual and transgender (LGBT) national and local organisations who are committed to working together to ensure that policies and services better meet the needs of older LGBT people.

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Age Concern Cymru and Help the Aged in Wales have joined together to form a single new charity (regd. No 1128436) dedicated to improving the lives of older people.



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