



"The same, yet different"

A review of the evidence of the needs of older lesbian, gay, bisexual and transgender (LGBT) people and access to Health and Social Care Services





“The same, yet different”

Desk review of the literature of the needs of older lesbian, gay, bisexual and transgender (LGBT) people and access to Health and Social Care Services.

Stefan Milenkovic

Edinburgh Voluntary Organisation’s Council

This document has been produced by Edinburgh Voluntary Organisations’ Council on behalf of Evaluation Support Scotland as a contribution to the ‘[A Stitch in Time?](#)’ project.

What this document is:

This document aims to gather evidence from a range of sources about the current situation for older lesbian, gay and bisexual and transgender people at the time of accessing crucial health and social care support. For the purpose of this document we have taken older to refer to individuals over the age of 65 as the age at which people begin to use older people’s Health and Social Care services - in line with current health and social care policy. Some of the evidence will necessarily refer to people below this age.

For the sake of clarity we have taken the terms LGBT and LGBT community to refer to lesbian, gay, bisexual and transgender people and LGB to refer to lesbian, gay and bisexual people where the evidence does not refer also to transgender people. We recognise that individuals may not be comfortable with this terminology and would stress that we do not consider this to be a homogenous community and that the experiences and needs of individuals will vary significantly.

In addition, we have tried to gather recent recommendations about practice improvement for this group. We hope that the evidence provided will furnish the reader with a wide range of documents from which to begin their research.

What this document is not:

While a good amount of the information included within this document may be transferable to groups or individuals with other protected characteristics and/or with intersectional identities, this will not be true across the range of information and this document does not intend to be an exhaustive study of all Equalities groups.

This document does not intend to provide an exhaustive examination of the situation for older LGBT people nor does it include any specific examples of practice development. This information was excluded for brevity.

How to use this document:

There are two parts to this document. The general text describes what the evidence tells us about the need of older LGBT people. An evidence matrix references the sources of evidence with a brief summary. In the general text the numbers in brackets refer to the relevant row in the evidence matrix.

In summary, what the evidence tells us about the needs of older LGBT people:

Whilst many older LGBT people live happy, successful lives, others face considerable challenges through their lives which affect their ability to make full and appropriate use of mainstream services. LGBT people are more likely to need formal services because traditional family networks may not be as strong as in the general population.

Amongst older LGBT people these challenges are more likely to be more pronounced than for younger LGBT people and there is a higher potential for older LGBT people to be much more anxious about using services due to well-founded concerns about how their sexual orientation or gender identity might be perceived, both by non-LGBT peers and those professionals delivering the service.

Services are not always sensitive to the needs of this community. Providers may not be aware of or take into account the value of non-traditional family networks, may minimise the stress of disclosure or may not be appropriately supported to challenge discriminatory behaviour – including bullying – when it occurs.

At the end of the paper we share policy recommendations from Stonewall.

The situation:

Lesbian, gay, bisexual and transgender people currently constitute approximately 1 in 15 of the population (7-10%)[1]. Yet, despite significant recent legislative advances [2,3], LGBT people continue to be severely disadvantaged. Within general society, ignorance, negative attitudes and stereotypes exist around LGBT identities and individuals face rejection (or fear of rejection) by family, friends, neighbours and colleagues [4] which often results in individuals being fearful of being out in many spheres of their lives [5]. This situation can result in social isolation, marginalisation and invisibility, and can result in the day-to-day experiences of many LGBT people continuing to be that of challenging or fearing discrimination, prejudice, stigma and harassment.

Many LGBT people are able to live open, happy, successful lives but many others face complex challenges:

- 3 in 5 young lesbian and gay people are bullied in schools (1 in 5 have received a death threat) [6],
- 1 in 5 lesbian and gay adults have experienced a homophobic hate crime or incident in the last 3 years (1 in 6 of these experienced a physical assault) [7], and
- 3 in 5 transgender people have experienced transphobic harassment from strangers in public places [8].

Societal ignorance, marginalisation or outright hostility frequently result in acute health inequalities which are indicated by high prevalence rates of psychological distress – increasingly referred to as 'minority stress' [9] or increased reports of poor mental health [10]. With 4 in 5 individuals affected, rates of poor mental health are nearly 4 times that found in the general population [11] and rates of suicidal behaviour and self-harm are also extremely high (2 in 5 LGBT people) [12].

There are a number of specialist services in Scotland (The Equality Network, Scottish Transgender Alliance, LGBT Youth, Stonewall Scotland, Waverley Care) and Edinburgh (LGBT Health and Wellbeing, Gay Men's Health) focused on challenging social, legal and health inequalities within the LGBT community and to working with this group to overcome these inequalities.

These organisations exist, in part, because there is a recognition that, at present, mainstream services have some work to do before they can effectively meet the complex needs of LGBT people and that there is a widespread lack of understanding of the day-to-day experiences and challenges faced by the LGBT community.

Responses by mainstream services are frequently reported to fall below expectations by failing to meet these needs with the consequence that there is a high level of demand for LGBT-specific services: LGBT Health and Wellbeing's 2007 Community Needs Assessment [13] found that:

- 1 in 4 respondents had experienced problems accessing health and other public services because of their sexual orientation or gender identity.
- 3 in 5 of those who had experienced problems said that their experience had affected whether they continued to use health and other services.
- 3 in 4 respondents would be more likely to use LGBT specific or 'friendly' services.

The Christie Commission [14] identifies four key objectives for the programme of reform. These are that:

- public services are built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience;
- public service organisations work together effectively to achieve outcomes;
- public service organisations prioritise prevention, reducing inequalities and promoting equality, and
- all public services constantly seek to improve performance and reduce costs, and are open, transparent and accountable.

These objectives support work to improve services for minority communities.

Historic experience:

Older LGBT people will often have experienced a lifetime of prejudice and discrimination: until 1980 in Scotland [15] and 1967 in England & Wales [16] lesbian, gay, bisexual and transgender people were frequently treated as criminals or as people suffering from mental ill health rather than as equal citizens [17]. It was not until 1990 that the World Health Organisation removed homosexuality from the International Classification of Diseases [18], and that day, 17th May, is now observed in many countries as IDAHO – the International Day Against Homophobia and Transphobia [19]. Clause 28 of the Local Government Act 1988 [20] sought to stop the momentum of a developing LGBT rights movement in the 1980s by preventing local authorities from 'promoting' homosexuality.

On a practical level this means, for example, that individuals may have criminal records for being in relationships with same sex partners or may have been discharged from the armed and other uniformed services; serious problems which may, in turn, have precipitated additional complications with families, friends and colleagues and/or could have interfered with career progression or job security [21].

Improvements have come: the Equalities Act (2010) integrated and updated a range of anti-discrimination legislation to provide uniformity and clarity within the law. From 1st October 2012, those who meet certain conditions laid down in the Protection of Freedoms Act (2012) will be able to apply to the Home Office to have convictions, cautions, warnings and reprimands for consensual gay sex with those over the age of 16 disregarded [22].

These improvements notwithstanding, a lifelong experience of discrimination leaves a lasting impact on older LGBT people. This, for many older LGBT people,

has resulted in the expectation of discrimination, prejudice and potential violence which, when compounded over many years, results in a reticence to access preventative services [23]. This in turn leads older LGBT people to 'sit on their symptoms' due to the fear of a poor reception [24] which may take the form of bullying by peers or, particularly in the case of transgender people, a failure by staff to recognise the importance in validation of their sexual orientation or gender identity [25].

The difficulties that are highlighted can be difficult to challenge, requiring cultural changes amongst mainstream service users and providers alike and can only begin to be embedded when they are echoed back to the community of older LGBT people – many of whom will not be accessing services at present due to the concerns emphasized in this document.

These concerns come in many forms – but might include:

- Bullying or becoming ostracised by existing service users [26].
- Staff not taking necessary action when service users behave in a discriminatory fashion toward LGBT peers [27].
- Staff not receiving appropriate support to take action when bullying occurs: be that from individual managers or from organisations as a whole, through failures of policy [28].
- Staff using heterocentric and/or exclusionary language which assumes that service users will 'normally' be heterosexual and/or not transgender and that LGBT [29a] service users will be able to successfully identify themselves and make their needs known [29b] and adapt to a heterocentric environment.

Family structures:

In Scotland, as elsewhere, families play a number of key roles within the lives of their ageing members: as advocates, carers or supporters. Members of the LGBT community will often be estranged from their families of origin. In some circumstances families (or local communities) may have been intolerant of their LGBT family member's sexual orientation or gender identity and ostracised that family member. In other cases they may have found out about their LGBT family member's sexual orientation and/or gender identity under difficult circumstances which can lead to a traumatic escalation of the situation with a great deal of acrimony [30]. For these and other reasons LGBT people will often move to larger, more metropolitan areas in order to find cultural sensitivity and acceptance but may leave behind existing support networks to do so.

In addition to being potentially ostracised within, or moving away from, communities of origin, older LGBT people are less likely to have children and less likely to be in a long-term relationship. A New York study into LGBT people and ageing reported that:

- 75% of older LGBT people live alone, 2.5 times more than heterosexual peers,
- 90% had no children, 4.5 times less than heterosexual peers, and

- 80% aged as single people, twice more than heterosexual peers.

This same study reported that older LGBT people were 10 times less likely to have anyone to call upon at the time of crisis than their heterosexual peers [31].

Issues that can compound social isolation within the LGBT community include:

- Coping with same sex bereavement and a lack of LGBT specific services [32].
- Caring for a same sex partner [33].
- Coming to terms with sexual orientation and/or gender identity later in life [34].
- Needing support to access LGBT groups and/or venues [35].
- Ageing with HIV [36].

Social isolation is being recognised as a damaging problem for older people from all walks of life. Recent research [37] regarding the general population includes:

- 'A US study recently found that loneliness can increase the risk of death by almost 10%'
- 'Loneliness is estimated to be as bad for people's health as smoking 15 cigarettes a day'
- 'A 2006 study of 3,000 nurses with breast cancer found women without close friends were four times more likely to die than women with 10 or more friends'
- 'The risk of dementia almost doubles in older people who are lonely'
- 'Around 10% of over 65s say they are lonely or very lonely, another 20% are occasionally lonely'

One solution to these altered family structures is the construction of 'families of choice.' Comprised of strong groups of friends and acquaintances these groups, which might not be identified in a straightforward question and answer assessment, are often a vital support to older LGBT people and it is crucial to the understanding of service users that providers identify these, often invisible, support networks early in any intervention [38].

Families of choice, or other informal networks, while delivering additional community resilience during early older age can begin to break down as frailty approaches. Groups can often comprise individuals of a similar age and social background, members will tend to age together, reach older age and possibly ill-health together. If there are no younger members entering the group then the size and overall resilience of the group as a whole can decline as members become less able to take care of one another [39].

Assessments which focus on service users' families or next of kin may not provide the opportunity for service users to discuss these concealed caring networks [40a] and there is a crucial opportunity at assessment which may be missed by service providers to deliver more appropriate, personalised, support by creating the safe space required by older LGBT people to safely discuss their real concerns in an environment that they can know is safe [40b].

During any intervention with older LGBT people, it is important to recognise that there will be many older LGBT people who are not out in any realm of their lives. They might never have felt safe in taking this step and so may never have discussed issues around gender identity or sexual orientation [40c].

Additionally, these differing family structures and lack of family support will mean that many older LGBT people are more likely to be reliant upon formal support than their non-LGBT counterparts, as such it is doubly important that those services be well equipped to support their needs in times of crisis or transition.

Specific issues:

Older LGBT people share many of the same concerns in their day-to-day lives as non-LGBT people, around changing abilities and needs, changes in social and support networks, housing, pensions, sex and relationships etc. However, and as noted above, older LGBT people are more likely to need to rely upon formal services and are more likely to experience difficulties in utilising those services.

This section tries to describe some of those additional challenges, around hate crimes, the pressure on older LGBT people to deny their sexual orientation and/or gender identity and additional issues for those with dementia or those needing personal care. For additional information, please look through the documents listed throughout the evidence matrix at the end of the document.

Hate crimes:

As noted above, the LGBT community has been, and remains, the target of hate crimes. A hate crime can be defined as a bias-motivated crime in which the perpetrator targets a victim due to their perceived membership of a given social group. A hate crime typically refers to a criminal act which might include assault or battery, damage to property, bullying or harassment (be that in a workplace, school or in the street toward a stranger), verbal abuse or insults or written abuse in the form of graffiti, letters, email or messages on social media.

There is a variety of legislation under which hate crimes are defined and can be prosecuted including: the Protection from Harassment Act (1997), The Crime and Disorder Act (1998) and The Criminal Justice Act (2003); in addition, under Scottish Common Law, courts may take any aggravating factor of a crime into account within sentencing.

In 2010 Stonewall published a study which found that: 2 in 3 LGBT people had experienced a hate crime, 88% of those who had reported being verbally abused did not report the incident and that 61% of those who have experienced physical violence did not report the incident [41a]. There is some evidence that those who have experienced a hate crime have considered it 'a part of life' [41b] and the reporting of hate crimes remains low because people are fearful that a report to the police will be met with homophobic attitudes [41c].

'De-gaying':

'Coming out' or disclosure of gender identity or sexual orientation is often incorrectly thought to be a single incident for LGBT people – while it is in fact a continuous process which presents a challenge to be confronted on every occasion of meeting someone new, going to new places or, in the context of an older LGBT person trying to access busy Health and Social Care services: every time one undertakes an assessment or review, attends a new activity or seeks to find out more about a given service. For many LGBT people this can be a daunting prospect, particularly for those who might be getting older, struggling with health concerns and/or those who might have already become socially isolated.

It is often impossible to know how people (be that individuals or service providers) will react to an older person self-identifying in this way, if doing so might lead to difficulties and, if an older LGBT person is reliant upon that outcome being positive, then it might be easier to say nothing. The experience of many older LGBT people will be that once they have said nothing about their sexual orientation or gender identity at the beginning of their relationship with an individual, group or organisation that it becomes much more difficult to come out at a later date [42, 43].

Many LGBT people do not come out until later in life, for example after families have grown up or following a divorce from an earlier marriage [30]. There is some anecdotal evidence that this can be particularly true for transgender people who may begin to explore their gender identity or sexual orientation later – perhaps after retirement or when children have grown up and moved away, at which time they might be presented with their first opportunity to do so.

'De-gaying' is a term which has recently been coined to describe a specific phenomenon wherein older LGBT people, who may formerly have been active and vocal participants with their local LGBT communities or confident about their sexual orientation or gender identities in their day-to-day lives, will begin to hide this element of their identities as they age [42, 43].

Evidence indicates that this occurs when older LGBT people believe that they are at risk of harm or bullying related to their gender identity or sexual orientation subsequent to coming out or if they feel that they will not be provided appropriate support to access a vital service due to discrimination or prejudice [42, 43].

This failure to disclose happens on a number of levels – these can roughly be broken down to:

Publicly: this could also be framed as no longer coming out of the closet in day-to-day public life. This action would protect an older LGBT person

from having their gender identity and/or sexual identity inadvertently revealed.

At home: (Whether in shared accommodation (such as a care home, sheltered accommodation or hospital) or in private homes (where external service providers may visit.) This might include the removal of memorable keepsakes such as photographs of partners.

Personally: de-gayng doesn't only happen in public or in the home - it is a process that older LGBT people might experience on a very personal level by eliminating what they consider to be LGBT elements of their own identity [44].

Transitions:

The transition to shared accommodation for older people – care homes, sheltered accommodation and long stay hospital wards – is a critical moment for older LGBT people. This transition is typically precipitated by some form of crisis – whether that is medical, social, emotional or due to a decline in overall resilience. It is likely that this one crisis is sufficient for older people to confront at that time. The difficulty in the disclosure of gender identity and/or sexual orientation combined with the introduction to potentially hostile peers and the crisis that has precipitated the transition can simply be too difficult at the time to confront.

This forces older LGBT people into an extremely difficult dilemma: do they 'degay' and deny their LGBT identities in order to ensure that they receive equality of access or do they attempt to confront this dual challenge at what is potentially their time of greatest need for support. Finding ways improve this transition is one of the key jobs for practitioners and policy-makers but is not one that can be carried out in isolation. Members of equalities groups should be engaged in the co-production of appropriate policy frameworks and improvements publicised within the community to ensure that those older people not at present in contact with services have the opportunity to learn about the relevant improvements.

As with the transition to shared accommodation there is a risk as the time an older LGBT person begins to invite volunteers/home care staff etc. into their homes. Older LGBT people have reported a number of fears about in-home care services. The main causes of these fears were based in:

- Their inability to vet these people.
- A fear that they might hold different values.
- A fear that they might discuss private matters with other members of the local community – breach of confidentiality
- Fears that their views might be disrespected.
- Concerns that their homes might be treated like a work place.

- The possibility that there would be a high turnover of people – each of whom they would need to make the choice about coming out to [42, 43].

Dementia:

Dementia is a national priority for Scottish Government and is presenting both statutory and voluntary organisations with a range of challenges which will require new ways of working and will challenge already stretched budgets. There are currently two main models of support for people with dementia, both developed by Alzheimer Scotland.

The Five Pillars Model of Post Diagnostic Support aims to provide everyone diagnosed with dementia in Scotland with one year of post diagnostic support from a named Link Worker. The Link Worker will work on 5 areas to support the individual's health and wellbeing [45]:

- Supporting community connections
- Peer support
- Planning for future care
- Understanding the illness and managing symptoms
- Planning for future decision-making

The Eight Pillars Model of Community Support likewise seeks to engage people living with dementia in a range of supportive activities but also to reinforce the network of providers delivering support to the person living with dementia, carers and family and friends [46].

As with other services, in order that older LGBT people are able to engage with these kinds of models of care, there needs to be confidence both amongst LGBT individuals and within the community that the reception older LGBT receive will be sensitive to their needs. There is some, limited, evidence that dementia presents some older LGBT people with further challenges. Evidence from Australia [47], provides some examples:

In a first example, older LGBT people were reported to have become distressed within care settings because they couldn't remember whether or not they have come out to fellow residents or staff and that this was causing significant anxiety.

Other case studies have indicated that in common with non-LGBT people, some older LGBT people have come to believe that they are in a former relationship. In the case of LGBT people living with dementia this had led to the rejection of the current partner and carer and the belief that one remains in a relationship with an opposite sex partner.

In a third example, the same paper refers to cases in which adult family members have demanded that staff separate same sex partners, against the wishes of both parties. This is a situation which might be avoided by supporting LGBT people to execute wills and advance directives detailing their wishes for support arrangements.

Carers:

Many of the issues outlined for older LGBT people while being the same for older LGBT carers and the carers of older LGBT people. It is vital that carers be able to discuss their needs and derive the support that they require in a way which allows open, supportive relationships with peers.

As noted above, if older LGBT people feel uncomfortable discussing their LGBT identities it will be impossible to identify their caring networks which can in turn lead individuals to become estranged from those support networks at the time of greatest need. Carers who go unidentified will also become invisible and their needs not fully identified [33, 48].

Transgender people:

This section discusses the situation for transgender people, which has additional complexity, partly because these issues are less well understood outside transgender communities. The Scottish Transgender Alliance provides resources and guidance on their website [49] which we would recommend to supplement the brief introduction provided here.

As noted in the introduction to this review, transgender people are more likely to experience adverse events in public than their lesbian, gay or bisexual counterparts.

Societal views also differ; in the 2010 Scottish Social Attitudes Survey [50] researchers found that 'discriminatory attitudes were particularly common in relation to Gypsy/Travellers and transgender people'.

In the same study it was identified that 'those with lower levels of educational attainment and older people were more likely than others to feel prejudice was sometimes acceptable, and to express discriminatory views about particular groups'.

In common with lesbian, gay and bisexual people, transgender people may have experienced a lifetime of discrimination which can lead to uncertainty and fear when it comes to using Health and Social Care services or activity groups but there are additional challenges and misunderstandings.

Three key issues for older transgender people in accessing Health and Social Care services are gender presentation, gender specific health screening and the provision of intimate care.

Gender Presentation:

For many transgender people their gender identity may not be congruent with gender presentation and there may be confusion amongst peers and service providers about the relationship between gender identity and sexual orientation.

The Scottish Transgender Alliance has produced their 'Transgender Umbrella' as an awareness raising tool for working with people unfamiliar with transgender people to explain ideas around transition [51].

Where an individual is at the beginning of the exploration of issues related to gender identity or transition, this may not be readily apparent to a service provider. In the interest of achieving genuine outcomes for the service user, service providers should avoid making immediate assumptions about gender identity. At assessment this might include asking, for example, 'How would you like me to refer to you? Mr, Miss, Ms Smith?'

Where individuals do present in their chosen gender it is critical that they are validated in so doing: for transgender people, the fear of not being validated in their identified gender is extremely powerful, this can create a significant obstacle to even approaching services. Individuals who feel that they are being dismissed or disrespected will be unlikely to return to services for some time – the journey undertaken to achieve self-identification in public for many transgender people is a long and difficult one often only happening in later life but that self-identification can be fragile.

Gender specific health screening:

Many staff will have very limited awareness of the issues faced by transgender people. One crucial task within workforce development is to ensure that staff are provided with comprehensive transgender awareness training – for example, it is often not understood by practitioners that transgender individuals will continue to require screening for gender specific condition i.e. transgender women will need to be screened for prostate cancer and transgender men will need to be screened for breast/cervical cancers [52].

Where transgender people have required inpatient treatment there has been evidence of individuals being treated on single sex wards of the gender opposite to their identified gender: i.e. female to male transmen people being treated on obstetric-gynaecology wards [53].

Intimate care:

Where intimate care services are required by transgender people this can be a particular challenge. For a variety of reasons some transgender people will have chosen not to undertake genital reconstruction surgery, it is crucial that transgender people be made to feel comfortable talking about their gender identity with home care staff, staff at care homes and other carers and staff should be well informed about the many possible choices about transition and be able to discuss any issues that might arise in an open and non-judgemental manner.

Policy recommendations:

In 2010 Stonewall published the results of a comparative survey commissioned from YouGov [54]. This survey sampled 1,050 heterosexual and 1,036 lesbian, gay and bisexual people over the age of 55 and from across Britain. This report, while focussing specifically on the needs of lesbian, gay and bisexual people includes a series of recommendations which can apply equally to transgender people.

Those recommendations are:

The Department of Health and other strategic bodies:

- The Dept. of Health should share guidance with frontline health and social care staff on the needs of older lesbian, gay and bisexual people.
- The Dept. of Health should develop public health campaigns that include gay people. Campaigns of particular relevance to the older gay community – for example mental health – should also specifically target them.
- The Dept. of Health should advise all health and social bodies to monitor the sexual orientation of all patients and people in care in an appropriate and confidential manner
- Schools and universities teaching medical and social care students should specifically cover the needs of older lesbian, gay and bisexual people in their curricula. All courses covering geriatric medicine and care should cover their needs in detail.
- All on-going professional development given by Royal Colleges should cover the health and social care needs of the older lesbian, gay and bisexual people.

Care Quality Commission (Care Inspectorate in Scotland):

- The Care Quality Commission (CQC) should produce specific guidance for care providers on how to meet the Equalities Act (2010) which explicitly covers how to meet the needs of older lesbian, gay and bisexual patients.
- The CQC registration process for care providers should require all applicants to explicitly demonstrate they've considered sexual orientation equality for older people in the delivery of their services.
- The CQC should produce guidance for inspectors on how they can question and assess care providers on how they're meeting the needs of lesbian, gay and bisexual service users.
- The CQC should engage directly with older lesbian, gay and bisexual users of care services to advise them on relevant issues.
- The CQC should ensure that older lesbian, gay and bisexual people understand their rights as care users.

Adult social care services:

- Local authorities and other commissioners of care services should ensure through their contact management that adequate care and support is provided to older lesbian, gay and bisexual service users.
- Local authorities that directly employ frontline care staff should provide mandatory training that includes how to provide good quality care for older lesbian, gay and bisexual people.
- Those conducting assessments should be knowledgeable about the needs of older lesbian, gay and bisexual people so that these are considered during the assessment process and so that adequate advice and information, such as knowledge of local support groups for older lesbian, gay and bisexual people, is provided during assessment.
- Local authorities should support opportunities for older lesbian, gay and bisexual people to meet and socialise, as they do for other members of the community.
- Local authorities should make sure information is widely visible and available to older lesbian, gay and bisexual people on relevant advice services, social groups and other resources.

Delivering frontline services – GPs and other health care staff:

- Shouldn't assume a patient's sexual orientation.
- Should understand the particular health needs of older lesbian, gay and bisexual people.
- Should ensure older lesbian, gay and bisexual patients have stipulated who is their 'next-of-kin' and who should be given decision making power in the event they're unable to make health care decisions for themselves.
- Should use open language when talking to patients to give older lesbian, gay and bisexual people confidence to be open about their sexual orientation.
- GPs should make their confidentiality policies clear to all patients, and make clear to older lesbian, gay and bisexual patients whether or not they'd like their sexual orientation to be included in their medical records.
- Patient environments should be made more welcoming by displaying images, information posters and materials that include lesbian, gay and bisexual people.

Delivering frontline services – Care and support staff working in people's homes:

- Should never assume a patient's sexual orientation.
- Should be trained on how to provide adequate care and support sensitive to the needs of older lesbian, gay and bisexual service users.
- Should not discuss their personal views about lesbian, gay and bisexual people or issues.

- Should use open questions to encourage service users to be open about their sexual orientation and needs.
- Should provide information to patients on opportunities for them to engage with other lesbian, gay and bisexual people socially.

Delivering frontline services – Residential care homes:

- Should apply the same policies and procedures to same-sex couples wanting to live together in care homes as heterosexual couples.
- Same-sex couples should be allowed private time or allowed to show affection for one another as is the case for heterosexual couples.
- Should develop clear policies on what is accessible and unacceptable behaviour from patients. Care homes should deal firmly but sensitively with incidents of homophobia from patients.
- Staff should be trained to understand the needs and circumstances of older lesbian, gay and bisexual patients and how to provide them with good quality care.
- Lesbian, gay and bisexual residents should be supported to access opportunities to socialise and meet other lesbian, gay and bisexual people to help them maintain social support networks.
- Should ensure older lesbian, gay and bisexual people have stipulated who should be given decision making power in the event that they are unable to make decisions about their care for themselves.
- Care homes should make their environments more welcoming by displaying images, posters and materials that reflect lesbian, gay and bisexual people.

[Source: Lesbian, gay and bisexual people in later life, Stonewall, 2010]

The Trans Mental Health Study (Scottish Transgender Alliance) [2] was a survey conducted in partnership with TransBareAll, the Trans Resource and Empowerment Centre, Traverse Research and Sheffield Hallam University. The findings from this research led the researchers to make the following policy recommendations:

Training:

There is significant need for trans health and awareness training for all staff and managers across general healthcare, mental health and within Gender Identity Services, to ensure that the discrimination evident in this survey is curtailed so that trans people have the same access to all forms of healthcare as other people. Many of the issues which respondents faced related to a simple lack of understanding, which could easily be avoided through appropriately targeted, mandatory training.

Suicide prevention:

Suicide prevention research, campaigns and targeted interventions with the trans population. Further research is vital to better understand the complex interaction of factors which influence suicidal ideation amongst trans people at all stages of the research process. Targeted interventions are vital for reducing the exceptionally high prevalence of suicide and suicidal ideation amongst trans people. Trans mental health needs to be written into suicide prevention policies and addressed at a local and governmental level to ensure a comprehensive and uniform strategy is introduced. As trans people are more likely to use friends and family when in need, due to their concerns about health services, it is essential that services are developed to ensure that they are supported with information and assistance, as an interim measure whilst current services are enhanced to take in to account the needs of trans people.

Research:

There is a substantial need for further research concerning transgender mental health and wellbeing. This study represents a pilot and clearly demonstrates areas where further exploration is necessary and essential. Any further research must fully involve and engage with trans people in order to ensure that their needs and experiences are truly considered.

Enhanced collaboration:

Closer work between voluntary and community sector organisations and mental health services (including commissioning of services) in the area of trans support and outreach, to enhance trans people's experiences of services and the types of services they can receive.

Evidence matrix															
	Premise	Source	Evidence												
1	Population of LGBT people	Integrated Household Survey 2012 (Experimental) Office of National Statistics http://www.ons.gov.uk/ons/rel/integrated-household-survey/integrated-household-survey/january-to-december-2012/stb-integrated-household-survey-january-to-december-2012.html	<p>Latest experimental statistics published from the Integrated Household Survey January - December 2012 shows that the number of people who self-identified as lesbian, gay or bisexual in Scotland was 1.4% - comparable to the figure for the United Kingdom (1.5%).</p> <p>A comparison by gender shows that 93.2% of men and 93% of women identified themselves as heterosexual/straight, the equivalent figures last year were 93.6% of men and 94.3% of women. Similar to 2010/11 figures, there was a larger proportion of men stating they were gay, at 1.5%, compared to women at 0.7%.</p> <p>A comparison by age group showed that 2.7% of those aged 16-24 identified themselves as gay/lesbian or bisexual, compared to 0.4% of those aged 65 and over.</p> <table border="1"> <thead> <tr> <th>Age Groups</th> <th>50-64</th> <th>65 and over</th> </tr> </thead> <tbody> <tr> <td>Heterosexual/Straight</td> <td>94.8</td> <td>95.0</td> </tr> <tr> <td>Gay/Lesbian</td> <td>0.7</td> <td>0.3</td> </tr> <tr> <td>Bisexual</td> <td>0.3</td> <td>0.2</td> </tr> </tbody> </table>	Age Groups	50-64	65 and over	Heterosexual/Straight	94.8	95.0	Gay/Lesbian	0.7	0.3	Bisexual	0.3	0.2
Age Groups	50-64	65 and over													
Heterosexual/Straight	94.8	95.0													
Gay/Lesbian	0.7	0.3													
Bisexual	0.3	0.2													

		<p>Lesbian Gay and Bisexual People in Later Life April Guasp, Stonewall, 2010 http://www.stonewall.org.uk/documents/lgb_in_later_life_final.pdf</p> <p>Don't look back? Improving health and social care services delivery for older LGB users Ward R., Pugh S., Price E. Equality and Human Rights Commission, December 2010 http://www.equalityhumanrights.com/uploaded_files/research/dont_look_back_improving_health_and_social_care.pdf</p> <p>Dimensions of Diversity Report NHS Health Scotland 2009 Gordon D., Graham L., Robinson M., Taulbut M. http://www.healthscotland.com/equalities/sexualorientation/demographics.aspx</p> <p>Older Gay, Lesbian and Bisexual People in the UK - A Policy Brief The International Longevity Centre (ILC) November 2008 Musingarimi P. www.ilcuk.org.uk/files/pdf_pdf_68.pdf</p>	<table border="1"> <tr> <td>Other</td> <td>0.3</td> <td>0.3</td> </tr> <tr> <td>Don't Know/Refusal</td> <td>3.0</td> <td>4.0</td> </tr> <tr> <td>No Response</td> <td>0.8</td> <td>0.3</td> </tr> </table>	Other	0.3	0.3	Don't Know/Refusal	3.0	4.0	No Response	0.8	0.3	<p>One million LGBT people over the age of 55 3.7 million LGBT people in Britain</p> <p>Whilst it is difficult to enumerate the older LGB population (estimates vary from 2-10 per cent, Apsinall, 2009), a necessarily crude estimate would suggest the number of older lesbian and gay men in the UK may be up to 1.2 million people.</p> <p>Recent national surveys have found between 1.1 per cent and 2.4 per cent of the population self identify as Lesbian, Gay or Bisexual (LGB). This probably under reports the size of the LGB population in Scotland, although to what extent is unknown.</p> <p>The UK Government estimates that lesbian, gay and bisexual people comprise approximately 5-7% of the population.</p>
Other	0.3	0.3											
Don't Know/Refusal	3.0	4.0											
No Response	0.8	0.3											
2 & 3	Legislative advances for LGBT people	<p>Marriage and Civil Partnership (Scotland) Act 2014 http://www.scottish.parliament.uk/parliamentarybusiness/Bills/64983.aspx</p>											

		<p>Equalities Act 2010 http://www.legislation.gov.uk/ukpga/2010/15/contents</p>	
4	<p>Negative attitudes and fear of rejection to LGBT identity</p>	<p>Scottish Social Attitudes Survey 2010 Attitudes to Discrimination and Positive Action Ormston R., Curtice J., McConville S., and Reid S. http://www.scotland.gov.uk/Resource/Doc/355716/0120166.pdf</p> <p>Older Gay, Lesbian and Bisexual People in the UK - A Policy Brief The International Longevity Centre (ILC) November 2008 Musingarimi P. www.ilcuk.org.uk/files/pdf_pdf_68.pdf</p>	<p>27% felt sexual relationships between two adults of the same sex were always or mostly wrong. Older people are more likely than younger people to hold discriminatory views towards gay men and lesbians. People who cross-dress in public and people who have had a sex change operation are particularly likely to attract a discriminatory response in the context of family relationships.</p> <p>Older LGB people may face discrimination and prejudice based on at least two factors; their age and their sexual orientation. They may face additional discrimination based on their ethnicity or gender among many other factors.</p> <p>Prejudice and discrimination against LGB people is typically in two forms: homophobia and heterosexism.</p> <p>Homophobia has been defined as 'the irrational hatred, intolerance, and fear of lesbian, gay and bisexual people'11. It can be in the form of words and language used (e.g. speaking disparagingly about LGB people) or be in the form of actions that are taken e.g. violence perpetrated against an individual or defacing of property.</p>

		<p>Living Together – British attitudes to lesbian and gay people Cowan K. Stonewall, March 2007 www.stonewall.org.uk/documents/living_together_fin_al_web.pdf</p>	<p>Heterosexism, on the other hand, is the assumption that everyone is heterosexual and is endemic in the society¹¹. It is entrenched in societal institutions, traditions and in customs. While heterosexism might be unintentional, it marginalizes and fails to recognize at the outset that not everyone is heterosexual.</p> <p>This can have a direct impact on whether the needs of a lesbian, gay or bisexual person are met when they access services.</p> <p>People acknowledge that there is general prejudice against lesbians and gay men in Britain. Although they say they are not prejudiced against gay people themselves, the majority feel that society in general treats gay people differently from the way it treats straight people.</p> <p>A significant number of British people – gay and straight – have witnessed or experienced anti-gay harassment and bullying, particularly in schools and workplaces. Straight people who are thought to be gay can experience harassment too. People who have gay family or friends can also experience discrimination.</p> <p>People feel the media makes this worse by portraying gay people in narrow and stereotyped ways.</p>
--	--	---	---

5	Individuals feel fearful of being out in many spheres of life	<p>Not safe for us yet – The experiences of older lesbians, gay men and bisexuals using mental health services in London Wintrip S.</p> <p>Age of Diversity – Consortium of LGBT Voluntary and Community Organisations, March 2009 http://www.openingdoorslondon.org.uk/resources/Not%20safe%20for%20us%20yet.pdf</p> <p>Older Gay, Lesbian and Bisexual People in the UK - A Policy Brief The International Longevity Centre (ILC) November 2008 Musingarimi P. www.ilcuk.org.uk/files/pdf_pdf_68.pdf</p> <p>Visible Lives Higgins A., et al. Gay and Lesbian Equality Network, 2011 http://www.glen.ie/attachments/Visible_Lives_Main_Report_Final.pdf</p> <p>Opening Doors Evaluation Phillips M., Knocker S. Age Concern, January 2010 http://www.openingdoorslondon.org.uk/resources/Opening%20Doors%20Evaluation%20Report%20-</p>	<p>National Social Inclusion Implementation Team co-ordinated by the National Institute of Mental</p> <p>Health in England. Many of the issues raised by this team are particularly pertinent to older LGBs: reduced access to social communities or events due to stigma or feared persecution.</p> <p>Fear of discrimination (or perceived discrimination) and stigmatization can have a hugely negative impact on a lesbian, gay or bisexual person.</p> <p>Some research has shown that LGB people who may have internalized heterosexist values and who have remained secretive about their sexual orientation throughout their lives have relatively poor adjustment and lower morale in later life¹³. That is, later life adjustments may be especially difficult for those who have felt a need to hide their sexual orientation throughout their lives.</p> <p>For LGBT people however, is the fear that services for older people, such as nursing homes or retirement communities will not recognise or respect their LGBT identity or their key relationships, especially with their partners. It is also notable that a large number of older LGBT people in this study still fear that disclosure of their identity will lead</p>
---	---	---	--

		%20FINAL%20-%2022%2002%2010%20(2).pdf	<p>to the loss of friendships or even harassment.</p> <p>These days, young gay people are encouraged to be open about their sexuality. Older ones, particularly those who don't have a partner, can find it difficult to share in the new freedom. They are no longer criminalised – but that doesn't mean they are free from discrimination in public places. Some are understandably still fearful of verbal and physical abuse.</p>
6	School Bullying	<p>Living Together – British attitudes to lesbian and gay people Cowan K. Stonewall, March 2007 www.stonewall.org.uk/documents/living_together_final_web.pdf</p>	<p>More than a third of adults, some 17 million people, say they've witnessed homophobic bullying in schools.</p>
7	Homophobic hate crime	<p>Visible Lives Higgins A., et al. Gay and Lesbian Equality Network, 2011 http://www.glen.ie/attachments/Visible_Lives_Main_Report_Final.pdf</p>	<p>Nearly half (47.3%) of the survey participants reported being verbally insulted and 19.1% reported being punched or kicked on the basis of their LGBT identity. One-quarter (24.8%) had been threatened with physical violence and one-fifth (20.3%) had people threaten to out them.</p>
8	Transphobic harassment	<p>Trans Mental Health and Emotional Wellbeing Study 2012 McNeil J., et al. The Scottish Transgender Alliance, 2009 http://www.scottishtrans.org/wp-content/uploads/2013/03/trans_mh_study.pdf</p>	<p>To explore further the types of harassment or discrimination which the participants may have experienced to lead to such high levels of avoidance, they were provided with a list of different hate crimes or insults which are sometimes used against trans people, and</p>

			<p>common fears they may have (many of which were derived from the Canadian PULSE study). They were asked if these things had ever happened to them (N=665), and when they happened (N=633). Over 90% had been told that trans people were not normal, with over 80% experiencing silent harassment. The responses showed that for some, being trans was something to be occasionally hidden, or which might be embarrassing for others. There were fears around isolation and aging, with many people losing family and friends or employment opportunities.</p>
9 & 10	<p>Minority Stress and poor mental health</p>	<p>Loneliness Among Older Lesbian, Gay, and Bisexual Adults: The Role of Minority Stress Kuyper F., Fokkema T. Archives of Sexual Behavior October 2010, Volume 39, Issue 5, http://link.springer.com/article/10.1007/s10508-009-9513-7</p>	<p>Past research has consistently found that aging lesbians, gay men, and bisexuals (LGBs) are more apt to suffer from loneliness than their heterosexual counterparts. Data from the 2002 Gay Autumn survey (N = 122) were used to find out whether minority stress relates to higher levels of loneliness among older LGB adults in the Netherlands. We examined five minority stress factors: external objective stressful events, expectations of those events, internalized homonegativity, hiding and concealment of one's LGB identity, and ameliorating processes. The results showed that greater insight into loneliness among older LGB adults was obtained when minority stress factors were considered. Older LGB adults who had</p>

		<p>Lesbian Gay and Bisexual People in Later Life Guasp A., Stonewall, 2010 http://www.stonewall.org.uk/documents/lgb_in_later_life_final.pdf</p> <p>King, M. and McKeown, E. (2003) Mental Health and Social Wellbeing of Gay Men, Lesbians and Bisexuals in England and Wales: A summary of findings. London: MIND; and Count Me In Too (CMIT) (2007) Initial Findings LGBT Community Report. Brighton: University of Brighton http://www.countmeintoo.co.uk/ cited in Don't look back? Improving health and social care services delivery for older LGB users Ward R., Pugh S., Price E. Equality and Human Rights Commission, December 2010 http://www.equalityhumanrights.com/uploaded_files/research/dont_look_back_improving_health_and_social_care.pdf</p>	<p>experienced negative reactions, as well as aging LGBs who expected those reactions, had the highest levels of loneliness.</p> <p>Older lesbian, gay and bisexual people are more likely to have a history of mental ill health and have more concerns about their mental health in the future.</p> <p>[This work] found that LGB people are at significantly higher risk of suicidal behaviour, mental health conditions, substance misuse and substance dependence than heterosexual people. There was a two-fold excess of suicide attempts and suicidal ideas in LGB people measured over the preceding 12 months or over the lifetime. Depression in the preceding 12 months was found to be two to three times more prevalent in LGB people. LGB people had more than twice the risk of alcohol dependence and almost three times the risk of drug dependence in the preceding 12 months. They conclude that the difficulties LGB people face in an unsympathetic society are likely explanations for these findings.</p> <p>The Count Me in Too project gathered data through discussion groups and questionnaires completed by over 800 LGBT people of all ages who live, work or socialise in the Brighton and Hove area.</p>
--	--	---	--

			Findings from the study highlighted mental health as a priority across all age groups, with older LGB people more likely to rate their mental health as poor compared to younger groups.
11		Gay and Bisexual Men's Health Survey Scotland – undated. Stonewall Scotland, Edinburgh. http://www.stonewallscotland.org.uk/documents/sw_gmh_scotland_low_res_web_2.pdf	A worryingly high number of gay and bisexual men report having attempted to take their own life. Rates of depression, anxiety and deliberate self-harm among gay and bisexual men are also higher than for men in general.
12		Suicide and Self Harm Bird, L. & Faulkner, A The Mental Health Foundation, London http://www.mentalhealth.org.uk/content/assets/PDF/publications/suicide-self-harm.pdf?view=Standard	Research carried out in the United States suggests that suicide rates for young lesbians and gay men may be considerably higher than rates for heterosexual young people. A report commissioned by the US Government concluded that lesbian and gay youth were two or three times more likely to attempt suicide than other young people,49 and that they may account for 30% of suicides in young people. Other US studies have suggested that as many as 40-50% of young lesbians and gay men have attempted suicide. There is a growing body of research which suggests that the same is true in the UK.
13	Difficulty in accessing mainstream services	Community Needs Assessment 2007 LGBT Health and Wellbeing Edinburgh http://www.lgbthealth.org.uk/wp-content/uploads/2014/08/Needs-Assessment-Sept-	

		07- Updated-Dec-07 .pdf	
14	Christie Commission	http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S4/SB_11-52.pdf	
15	Scottish Legislation decriminalising homosexuality	Criminal Justice (Scotland) Act 1980 http://www.legislation.gov.uk/ukpga/1980/62/contents	
16	England and Wales Legislation decriminalising homosexuality	Sexual Offences Act 1967 http://www.legislation.gov.uk/ukpga/1967/60	
17	History of criminalisation of homosexuality	http://lgbthistoryuk.org/wiki/index.php?title=Timeline_of_UK_LGBT_History	
18	WHO International Classification of Diseases	http://www.euro.who.int/en/health-topics/communicable-diseases/hiv-aids/news/news/2011/5/stop-discrimination-against-homosexual-men-and-women	
19	IDAHO	http://www.homophobiaday.org/	
20	Clause 28 Local Government Act 1988	http://www.legislation.gov.uk/ukpga/1988/9/section/28	
21	Historic convictions for homosexuality	Lesbian and Gay Foundation campaign http://www.lgf.org.uk/Your-rights/deletion-of-historical-gay-convictions/ Home Office	From 1st October 2012, anyone who meets certain conditions laid down in the Protection of Freedom Act will be entitled to apply to the Home Office for a formal disregard of those convictions, cautions, warnings or reprimands

		https://www.gov.uk/government/publications/disregarding-convictions-for-decriminalised-sexual-offences	for consensual gay sex with someone over the age of 16.
22	Protection of Freedom Act 2012	http://www.legislation.gov.uk/ukpga/2012/9/content/enacted	
23	Reticence to access preventative services	Lesbian Gay and Bisexual People in Later Life Guasp A., Stonewall, 2010 http://www.stonewall.org.uk/documents/lgb_in_later_life_final.pdf	<p>This pioneering research examines the expectations that both heterosexual and gay people have about getting older and underlines how their experiences differ. It demonstrates that older gay people are not accessing the services they need and are genuinely afraid about who will support them as they age.</p> <p>One in eleven (nine per cent) lesbian, gay and bisexual people have experienced discrimination, hostility or poor treatment because of their sexual orientation when accessing information about health and social care services.</p> <p>Some older lesbian, gay and bisexual people not only hide their sexual orientation from service providers, but fail to access needed services altogether.</p>
24	LGBT people not accessing services	Not safe for us yet – The experiences of older lesbians, gay men and bisexuals using mental health services in London Wintrip S. Age of Diversity – Consortium of LGBT Voluntary and Community Organisations, March 2009	[...] negative experiences or those of other LGB people known or heard of might have deterred an older age group from seeking help from the mental health services, however difficult their symptoms were to live with.

		<p>http://www.openingdoorslondon.org.uk/resources/Not%20safe%20for%20us%20yet.pdf</p> <p>Improving the Lives of Older LGBT Adults Services and Advocacy for gay, Lesbian, Bisexual and transgender elders (sAge)</p> <p>http://www.lgbtmap.org/file/improving-the-lives-of-lgbt-older-adults.pdf</p>	<p>Not surprisingly, 72% of 121 gay and lesbian people surveyed as part of the study said they were tentative about using AAA services due to lack of trust of AAA personnel; only 19% reported involvement in a senior centre.</p>
25	Transgender people's experience of staff	<p>Trans Mental Health and Emotional Wellbeing Study 2012</p> <p>McNeil J., et al.</p> <p>The Scottish Transgender Alliance, 2009</p> <p>http://www.scottishtrans.org/wp-content/uploads/2013/03/trans_mh_study.pdf</p>	<p>There is a significant need for trans health and awareness training for all staff and managers across general healthcare, mental health and within Gender Identity Services, to ensure that the discrimination evident in this survey is curtailed so that trans people have the same access to all forms of healthcare as other people.</p>

26	Bullying or becoming ostracised by existing service users	<p>Homophobic Hate Crime Guasp A., et al. Stonewall, The Gay British Crime Survey 2013 https://www.stonewall.org.uk/documents/hate_crime.pdf</p> <p>Not safe for us yet – The experiences of older lesbians, gay men and bisexuals using mental health services in London Wintrip S. Age of Diversity – Consortium of LGBT Voluntary and Community Organisations, March 2009 http://www.openingdoorslondon.org.uk/resources/Not%20safe%20for%20us%20yet.pdf</p>	<p>I am not 'out' to everyone at work and I do not think the service users realise that I am bisexual. For staff who are openly gay, and 'appear' gay and lesbian, I have seen them face verbal abuse and bullying from service users and even other staff. Jenny, 42 – West Midlands</p> <p>For the majority of others, discrimination and attack from other service users was of at least equal or sometimes greater concern than the negative behaviour of staff.</p>
27 & 28	Staff not taking action and not supported	<p>Not safe for us yet – The experiences of older lesbians, gay men and bisexuals using mental health services in London Wintrip S. Age of Diversity – Consortium of LGBT Voluntary and Community Organisations, March 2009 http://www.openingdoorslondon.org.uk/resources/Not%20safe%20for%20us%20yet.pdf</p> <p>Low, LLP, Lui, MHL, Lee DTF, Thompson DR and Chau JPC (2005) Promoting awareness of sexuality of older people in residential care. Electronic Journal of Human Sexuality Improving the Lives of Older LGBT Adults Services and Advocacy for gay, Lesbian, Bisexual and transgender elders (sAge)</p>	<p>[...] not one individual reported an instance in which members of staff had tackled homophobic behaviour in the part of service users. Most individuals had not seen making a complaint as a viable option.</p> <p>Some research has found care home staff generally view sexual expression among older people to be inappropriate behaviour. Many professional caregivers are not accepting of, or trained to work with, LGBT elders. These providers may be hostile, discriminatory, or simply unaware that LGBT elders exist.</p>

		http://www.lgbtmap.org/file/improving-the-lives-of-lgbt-older-adults.pdf	
29 A	Staff assumption that service users will 'normally' be heterosexual	Visible Lives Higgins A., et al. Gay and Lesbian Equality Network, 2011 http://www.glen.ie/attachments/Visible_Lives_Main_Report_Final.pdf Older Gay, Lesbian and Bisexual People in the UK - A Policy Brief The International Longevity Centre (ILC) November 2008 Musingarimi P. www.ilcuk.org.uk/files/pdf_pdf_68.pdf	[...] participants described how healthcare practitioners assumed heterosexuality and were not responsive to their specific needs. Heterosexism, on the other hand, is the assumption that everyone is heterosexual and is endemic in the society ¹¹ . It is entrenched in societal institutions, traditions and in customs. While heterosexism might be unintentional, it marginalizes and fails to recognize at the outset that not everyone is heterosexual. This can have a direct impact on whether the needs of a lesbian, gay or bisexual person are met when they access services.
29 B	LGBT services users... will make their needs known	A report of the Older LGBT Network into the specific needs of older lesbian, gay, bisexual and transgender people Andrew Hinchliff Older Lesbian, Gay, Bisexual and Transgender Network http://www.openingdoorslondon.org.uk/resources/Ag_e_Concern_Cymru_Older_LGBT_Network_report_2009.pdf	This population is largely unseen and because many people are currently reluctant to self-identify, they are largely ignored.
30	Family members finding out about sexuality	A report of the Older LGBT Network into the specific needs of older lesbian, gay, bisexual and transgender people Andrew Hinchliff	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

	of older family member	Older Lesbian, Gay, Bisexual and Transgender Network http://www.openingdoorslondon.org.uk/resources/Ag_e_Concern_Cymru_Older_LGBT_Network_report_2009.pdf	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.
31	People to call on in a crisis	Improving the Lives of Older LGBT Adults Services and Advocacy for gay, Lesbian, Bisexual and transgender elders (sAge) http://www.lgbtmap.org/file/improving-the-lives-of-lgbt-older-adults.pdf	Several studies of LGBT older people have noted sizable numbers of respondents (10% to almost 25%) who were unable to identify someone on whom they could call in times of need.
32	Lack of same sex services around bereavement	Don't look back? Improving health and social care services delivery for older LGB users Ward R., Pugh S., Price E. Equality and Human Rights Commission, December 2010 http://www.equalityhumanrights.com/uploaded_files/research/dont_look_back_improving_health_and_social_care.pdf	In bereavement care and support, attention has been drawn to the notion of 'disenfranchised grief' where LGB relationships, including friendships, have been treated less seriously by service providers at times of loss.
33	Caring for a same sex partner and isolation	Don't look back? Improving health and social care services delivery for older LGB users Ward R., Pugh S., Price E. Equality and Human Rights Commission, December 2010 http://www.equalityhumanrights.com/uploaded_files/research/dont_look_back_improving_health_and_social_care.pdf	[...] research suggests that a significant proportion of older LGB individuals may have caring responsibilities (e.g. 25 per cent of 50+ years' respondents in a study by Hubbard and Rossington, 1995). LGBT carers have issues and experiences similar to the general caregiving population. These concerns include disrupted sleeping

		<p>Visible Lives Higgins A., et al. Gay and Lesbian Equality Network, 2011 http://www.glen.ie/attachments/Visible_Lives_Main_Report_Final.pdf</p>	<p>patterns, poor physical health, social isolation, conflicts with work and other family roles</p>
34	Coming out in later life	<p>Visible Lives Higgins A., et al. Gay and Lesbian Equality Network, 2011 http://www.glen.ie/attachments/Visible_Lives_Main_Report_Final.pdf</p> <p>A report of the Older LGBT Network into the specific needs of older lesbian, gay, bisexual and transgender people Andrew Hinchliff Older Lesbian, Gay, Bisexual and Transgender Network http://www.openingdoorslondon.org.uk/resources/Age_Concern_Cymru_Older_LGBT_Network_report_2009.pdf</p>	<p>One woman who had married and come out later in life commented on the rates of alcoholism among the lesbian community.</p> <p>A lot of LGBT people only self-identify later in life.</p>
35	LGBT Groups	<p>Don't look back? Improving health and social care services delivery for older LGB users Ward R., Pugh S., Price E. Equality and Human Rights Commission, December 2010 http://www.equalityhumanrights.com/uploaded_files/dont_look_back_improving_health_and_social_care.pdf</p>	<p>Implicit in the approaches adopted both by SAGE and UK groups such as Polari, Gay and Grey, the Opening Doors programme, the LGBT Dementia Support Network and the Count Me in Too project is the demand by older LGB people to be heard by the agencies that are required to serve their needs.</p> <p>There was some consensus between all groups that there are some mental health</p>

		<p>Not safe for us yet – The experiences of older lesbians, gay men and bisexuals using mental health services in London Wintrip S. Age of Diversity – Consortium of LGBT Voluntary and Community Organisations, March 2009 http://www.openingdoorslondon.org.uk/resources/Not%20safe%20for%20us%20yet.pdf</p>	<p>services that they don't use because of anxiety about experiencing homophobia from other service users there, and user groups are not excluded from this.</p>
36	Ageing with HIV	<p>Improving the Lives of Older LGBT Adults Services and Advocacy for gay, Lesbian, Bisexual and transgender elders (sAge) http://www.lgbtmap.org/file/improving-the-lives-of-lgbt-older-adults.pdf</p>	<p>Studies of surviving partners have shown evidence of survivor guilt, negative impacts on self-esteem and identity, and (especially among HIV-positive partners) deteriorated health, death anxiety, and suicidal ideation.</p>
37	Social Isolation	<p>http://www.ucsf.edu/news/2012/06/12184/loneliness-linked-serious-health-problems-and-death-among-elderly http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.1000316 Parker-Pope T, What Are Friends For? A Longer Life, The New York Times, April 2009 Victor CR, Scambler SJ, Bowling A and Bond j, (2005) The prevalence of, and risk factors for loneliness later life: a survey of older people in Great Britain, Ageing and Society, 25, (3), pp357-76</p>	
38	'Families of choice'	<p>Don't look back? Improving health and social care services delivery for older LGB users Ward R., Pugh S., Price E. Equality and Human Rights Commission, December 2010 http://www.equalityhumanrights.com/uploaded_files/research/dont_look_back_improving_health_and_social_care.pdf</p>	<p>[...] research in both the UK and US has highlighted the emergence of 'families of choice', a term that denotes the range of relationships shared by LGB people that extend the boundaries of biological families.</p> <p>Families of choice, or 'friendship families', refer to non-familial social networks, which</p>

		<p>Visible Lives Higgins A., et al. Gay and Lesbian Equality Network, 2011 http://www.glen.ie/attachments/Visible_Lives_Main_Report_Final.pdf</p>	<p>have been highlighted as playing a larger role in the lives of LGBT people when compared to heterosexual people.</p>
39	<p>Limitations to reliance on 'families of choice'</p>	<p>Improving the Lives of Older LGBT Adults Services and Advocacy for gay, Lesbian, Bisexual and transgender elders (sAge) http://www.lgbtmap.org/file/improving-the-lives-of-lgbt-older-adults.pdf</p>	<p>Another limitation of the family of choice when it comes to caregiving is that it is less likely to be intergenerational. Elderly people who rely on their families of origin as caregivers have the potential for support from children, grandchildren, nieces and nephews. By contrast, friends of LGBT older people are more likely to be roughly the same age – and, as a result, they may not necessarily be capable of providing long-term, extended care because they are facing health challenges of their own.</p>
40 A	<p>Involvement of 'Families of choice'</p>	<p>Older Gay, Lesbian and Bisexual People in the UK - A <i>Policy Brief</i> The International Longevity Centre (ILC) November 2008 Musingarimi P. www.ilcuk.org.uk/files/pdf_pdf_68.pdf</p>	<p>Lack of recognition of same sex relationships (or families of choice) by providers has also been raised as a problem that can be faced by older LGB people. There has been anecdotal evidence of partners being excluded from consultation on the care plan of a partner.</p>
40 B	<p>Making assessments safe</p>	<p>Health Issues Affecting Older Gay, Lesbian and Bisexual People in the UK - A Policy Brief The International Longevity Centre (ILC) November 2008 Musingarimi P. www.ilcuk.org.uk/files/pdf_pdf_70.pdf</p>	<p>If users feel the environment is not a positive one in which to disclose their sexual orientation, heterosexist attitudes may prevent providers from having an accurate assessment of the individual's personal history, risk factors and health-related needs. The heterosexist nature of the provision of</p>

		<p>Don't look back? Improving health and social care services delivery for older LGB users Ward R., Pugh S., Price E. Equality and Human Rights Commission, December 2010 http://www.equalityhumanrights.com/uploaded_files/research/dont_look_back_improving_health_and_social_care.pdf</p>	<p>healthcare services may hinder general access to appropriate health assessment, treatment and preventive services.</p> <p>[...] in adult social services, sexual orientation is absent from charting patterns of referral, assessment, service allocation and staff recruitment.</p>
40 C	Assessments poor if person not 'out'	<p>Opening Doors Evaluation Phillips M., Knocker S. Age Concern, January 2010 http://www.openingdoorslondon.org.uk/resources/Opening%20Doors%20Evaluation%20Report%20-%20FINAL%20-%202022%2002%2010%20(2).pdf</p>	<p>Difficulties remain because many older lesbians and gay men, who chose not to come out, continue to be invisible, making it a problem for an accurate assessment of their well-being.</p>
42 & 43	"De-gayng"	<p>Don't look back? Improving health and social care services delivery for older LGB users Ward R., Pugh S., Price E. Equality and Human Rights Commission, December 2010 http://www.equalityhumanrights.com/uploaded_files/research/dont_look_back_improving_health_and_social_care.pdf</p>	<p>'I came out in the 50s – and that was shit – now I am dependent on carers and I am frightened... I am very frightened of them... what if they find out that I am a lesbian... what are they going to do to me... I have de-gaynged my house... this is much worse than the 50s. I want to be able to be gay in my last days – I don't want to have to hide again and I particularly don't want to have to hide because the home help is coming round...'</p> <p>To ward off harassment, LGBT elders may "de-gay" their homes before a HCBS caregiver</p>

		Improving the Lives of Older LGBT Adults Services and Advocacy for gay, Lesbian, Bisexual and transgender elders (sAge) http://www.lgbtmap.org/file/improving-the-lives-of-lgbt-older-adults.pdf	arrives (e.g., hide family pictures or ask a same-sex partner to temporarily leave), a process that can be emotionally and physically trying for an older person with serious health care needs.
44	Personal 'de-gaying'	Visible Lives Higgins A., et al. Gay and Lesbian Equality Network, 2011 http://www.glen.ie/attachments/Visible_Lives_Main_Report_Final.pdf	Some strategies for concealing or hiding sexual orientation and gender identity struggles included: cautiousness, discretion, developing divided lives, voluntary exclusion, living a 'straight life' and emigration.
45	5 Pillars Model of Post Diagnostic Support	http://www.alzscot.org/campaigning/five_pillars	
46	8 Pillars Model of Community Support	http://www.alzscot.org/campaigning/eight_pillars_model_of_community_support	
47	Dementia	Dementia, Lesbians and Gay Men, October 2009 Birch, H. Alzheimer's Australia http://www.fightdementia.org.au/common/files/NAT/20091000_Nat_NP_15DemLesbGay.pdf	Various case studies throughout the document.
48	Issues for LGBT carers	Opening Doors Evaluation Phillips M., Knocker S. Age Concern, January 2010 http://www.openingdoorslondon.org.uk/resources/Opening%20Doors%20Evaluation%20Report%20-%20FINAL%20-%2022%2002%2010%20(2).pdf Don't look back? Improving health and social care	More than half of the Camden-based men were not confident that if they needed a carer from Camden Council that would be competent in dealing with the issues of an older LGBT person. However, in recent policy on later life, including the National Carers Strategy (DoH,

		<p>services delivery for older LGB users Ward R., Pugh S., Price E. Equality and Human Rights Commission, December 2010 http://www.equalityhumanrights.com/uploaded_files/research/dont_look_back_improving_health_and_social_care.pdf</p> <p>Visible Lives Higgins A., et al. Gay and Lesbian Equality Network, 2011 http://www.glen.ie/attachments/Visible_Lives_Main_Report_Final.pdf</p>	<p>2008a), the End of Life Care Strategy (DoH, 2008b), the National Dementia Strategy (DoH, 2009) and the Dignity agenda (RCN, 2008), the extent to which older LGB service users are recognised, or their needs acknowledged, varies markedly, with little sign of a coherent policy response.</p> <p>In addition to this, however, LGBT carers identified a number of unique issues. These include issues with accessing LGBT friendly services; fear of disclosure of an intimate relationship; difficulties in accessing support from family and friends; negative attitudes from professionals; unfriendly institutional policies; as well as actual and anticipated discrimination in healthcare services.</p>
49	Scottish Transgender Alliance	http://www.scottishtrans.org/guidance/	Information and guidance can be found on the STA website.
50	Variances between views of lesbian, gay and bisexual people and transgender people.	<p>Scottish Social Attitudes Survey 2010: Attitudes to discrimination and positive action. (Research Findings No. 12/2011) Ormston, R., Curtice, J., McConville, S. and Reid, S. Scottish Centre for Social Research http://www.scotland.gov.uk/Resource/Doc/355763/0120175.pdf</p>	
51	Transgender Umbrella	http://www.scottishtrans.org/guidance/transgender-umbrella/	
52	Health issues	Trans Mental Health and Emotional Wellbeing Study	For nearly 30% of respondents, a

	for transgender people	<p>2012 McNeil J., et al. The Scottish Transgender Alliance, 2009 http://www.scottishtrans.org/wp-content/uploads/2013/03/trans_mh_study.pdf</p> <p>NHS Choices Website http://www.nhs.uk/chq/Pages/should-transgender-men-have-cervical-screening-tests.aspx</p>	<p>healthcare professional had refused to discuss a trans-related health concern.</p> <p>Transgender men (transsexuals who have changed their gender from female to male) who have had a total hysterectomy do not need to have cervical screening tests. Transgender men who still have a cervix will be invited for regular cervical screenings, unless they decide to opt out.</p>
53	Gender identity in health care settings	<p>Trans Mental Health and Emotional Wellbeing Study 2012 McNeil J., et al. The Scottish Transgender Alliance, 2009 http://www.scottishtrans.org/wp-content/uploads/2013/03/trans_mh_study.pdf</p>	<p>Difficulties included being harassed, misgendered and uncertainty about placement within single sex facilities. One respondent describes some of the negative experiences he received whilst being an inpatient: 'the wrong pronouns were used while I was an inpatient, and I was threatened with being put on the female ward when I identify as male'.</p>
54	Policy recommendations	<p>Lesbian Gay and Bisexual People in Later Life April Guasp, Stonewall, 2010 http://www.stonewall.org.uk/documents/lgb_in_later_life_final.pdf</p>	

A Stitch in Time?

A Stitch in Time? is a partnership project to support the third sector to collect and present evidence about its contribution to Reshaping Care for Older People (RCOP). The programme runs from April 2013 to March 2015 and focuses on third sector organisations working with older people and carers in Lothian.

A Stitch in Time? publications



A model to explain the third sector contribution to Reshaping Care for Older People



Focus on third sector interventions that allow older people to stay positive and in control



Indicator Bank for third sector outcomes for older people



Focus on third sector interventions to enable older people to keep or be more financially and materially secure



Focus on third sector interventions that make the physical and social environment more age friendly



Focus on third sector interventions that make the system work better for older people



Focus on third sector interventions to enable older people to keep or be more socially connected



Focus on third sector interventions that ensure healthy and active ageing

To accompany this series there are **evaluation case studies** and a number of **evidence reviews**. To see all publications associated with A Stitch in Time please see Evaluation Support Scotland website.

Evaluation Support Scotland (ESS) works with voluntary organisations and funders so that they can measure and report on their impact.



www.evaluationsupportscotland.org.uk

Evaluation Support Scotland, 5 Rose Street, Edinburgh EH2 2PR
t: 0131 243 2770 e: info@evaluationsupportscotland.org.uk

Evaluation Support Scotland is a registered Scottish charity No. SC036529 and a company limited by guarantee, registered in Scotland, No. SC284843.

Supported by:

