LGBTI+ Housing, Health & Social Care Needs in Later Life

April 2017
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Thanks to Damian Domski for sharing his unpublished Social Work Studies dissertation with us, reviewing much of the literature in health, social care & housing for older gay men & lesbians.

Thanks to Sister Maria Renate for access to Rainbow Lives information

A note on language used in this report

We use the term LGBTI+ throughout the main body of this report, however we acknowledge that there are other identities not explicitly represented by this term (e.g. queer, genderqueer, asexual, pansexual, & so on).

Where we have quoted directly from individuals’ comments, we retain the language they have used themselves.
Summary/Main Findings

These findings are based on responses from 71 individuals. Not everyone responded to every question. In summary, of those who responded:

**Housing**

- The majority (60%) owned their own home, with a quarter (25%) renting from private landlords, & 13% living in social housing.
- The majority (79%) had considered how their housing needs would change as they got older.
- People’s biggest worry for the future was housing affordability (54%) - which is probably a common concern for all older people. Close to half (44%) were worried about isolation in older age, & over ¼ (29%) were concerned about having to conceal their sexuality/gender identity in care homes or to domiciliary care providers.
- The majority (67%) wished to stay in their own home in older age - again, a wish which most older people are likely to share. However, where this was not an option, 40% liked the idea of a specialist Older LGBTI+ housing complex, & 37% said they favoured shared accommodation with other Older LGBTI+ people.
- Only 1 person said that they would favour mainstream housing provision aimed at older people.
- An overwhelming 96% of respondents felt safe where they currently lived.
- However, 28% had experienced harassment or victimisation when living in previous accommodation. 5% had experienced it whilst in their current home.
- Where people had sought help from the police or housing providers in cases of harassment or victimisation, the response had generally been positive & supportive.
- Despite generally feeling safe in their current homes, 64% of respondents had concerns about discrimination from housing services as they got older. Worries included homophobia, transphobia, sexism/misogyny, discrimination because of HIV status, lack of children to stand up for them.
Health & Social Care

- The majority of respondents (68%) lived in Liverpool - with others living throughout Merseyside & beyond.
- The vast majority (83%) were in touch with a GP, & smaller numbers used a range of services for physical & mental health support.
- Only 4 people cited LGBTI+ support groups as providing an element of their health & social care support (PSS LGBT Support Group & Armistead Centre).
- As with housing services, there were fears about coming out to health & social care providers - whether respondents had experienced discrimination in the past or not.
- A frequent complaint was that health & social care providers made a presumption of heterosexuality.
- 70% said they felt involved in making decisions about their care but, as not everyone was 'out' to their care providers, there were still concerns about how coming out might impact on their treatment.
- There were also concerns that ongoing cuts to health & social care budgets would mean that mainstream services would be harder to access, & that LGBTI+ specialist services were even less likely to be funded.
- As with housing services, most people felt reasonably well-served by health & social care services at present but had fears about services meeting their needs in older age.
- Things that would help included: reference to sexuality & gender in care packages; awareness of non-binary gender identity from care providers; LGBTI+ kite marks; co-design & co-production of services by LGBTI+ people.
- 75% of respondents were ‘out’ to their GP or other key care providers but there was a tendency to ‘pick & choose’ who to tell, based on gut-instinct.
- 76% thought it was important to be out to health & social care providers.
- In respect of personal emotional wellbeing: 88% thought that independence was important; 78% valued social networks; 61% saw the benefit of peer support.
General

- Over half (57%) thought that Older LGBTI+ housing, health & social care needs were different from those of their heterosexual/cisgender peers.
- The ‘Top 5 Concerns’ about getting older as an LGBTI+ person were: Lack of LGBTI+ awareness from housing, health & social care services (82%); Being alone without family support (71%); Assumption of heterosexuality/cisgender (69%); Refusal to recognise next of kin (67%); Having to go back ‘into the closet’ if in care home (57%).

Equality & Diversity

- Over half of respondents (54%) identified as lesbian. ¼ (25%) identified as gay (including some females). Others identified as Bisexual (9%), Queer (6%), Non-Binary (4%) & Trans (2%).
- Almost ¾ (74%) said they were White British.
- Over half (54%) said they had no religion/faith, but almost ¼ (24%) identified as Christian.
- Close to half (43%) were single.
- Close to ¾ (71%) were female.
- 7% did not identify with the gender they were assigned at birth.
- Over 1/3 (37%) said that had a long-term illness, disability or health condition.
- Respondents were aged from their 20s to their 70s, but the largest group were in their 50s (30%).
Section 1: Introduction

Liverpool Mental Health Consortium aims to improve mental health services in Liverpool and surrounding areas by offering opportunities for those who have experienced mental distress to develop a collective voice about their experiences, share opinions and insights, and influence the planning, delivery and evaluation of mental health services.

This report is the culmination of a piece of work we were asked to undertake by The Casey Street Project. The Casey Street Project is a Liverpool-based Community Interest Company (CIC) which aims to improve health, social care and housing provision for older Lesbian, Gay, Bisexual, Trans & Intersex (LGBTI) people on Merseyside. The remit for this piece of work was to consult with LGBTI+ individuals about their experiences & views of housing, health & social care within Merseyside and to produce a report and recommendations based on their input. This will, we hope, help to inform the development of both mainstream & specific LGBTI+ services in the area.

1.1 Aims & Objectives

- Research the experiences & views of LGBTI+ individuals of housing, health & social care within Merseyside, with a view to improving housing, health & social care provision for older LGBTI+ people on Merseyside.
- Develop a survey & focus group questions in order to gauge opinions on the need for LGBTI+-focused housing, health & social care services in older age, & the types of services required from specialist &/or mainstream service providers.
- Write a report that will inform the development of both mainstream & specific LGBTI+ services in Merseyside

1.2 Method

- Survey – including online & paper-based survey - & Focus Group questions developed
Survey promoted via relevant service providers, support agencies, LGBTI+ social groups, & social media

Recruitment & advertising for Focus Group participants carried out

3 Focus Groups held: Liverpool Mental Health Consortium LGBTI+ Steering Group; PSS LGBT Peer Support Group; Liverpool Women’s Book & Film Club (LGBT)

Analysis & write-up of findings/recommendations

Section 2: Background

It is worth noting that older people in general remain one of the most disadvantaged groups in modern society. There are now 11.6 million people aged 65 or over in the UK, & 23.6 million aged 50 & over. This is over a third of the total population. Within the older population, 3.5 million (36%) of all people aged 65 & over live alone, with nearly 70% of these being women (Age UK, 2017). According to Age UK, 40% of all people 65 & over have a limiting long-standing illness, 1.6 million (14%) pensioners in the UK live in poverty; & of the 2.8 million older people with care-related needs, 900,000 do not currently receive any formal support. In England, 36.9% of people 65 or over have experienced age discrimination. Domski (2008) points out that there is an assumption that all older people are the same & they are therefore treated as a homogenous group. Individual identity in terms of ethnicity, gender, sexuality & a variety of needs are often ignored as they do not fit the commonly perceived image of an ‘average’ older person. The ageist ‘gay community’ does not cater to the social needs of older LGBTI+ people either, excluding them in the same way as the wider community.

2.1 LGBTI+ Experiences of Housing, Health & Social Care

Although this report is focusing on the needs of LGBTI+ people, some explanation is needed about terminology as there are wide variations in the amount of research carried out with the respective communities, & wide variations in need. Stonewall (2011) estimates that there are 1 million LGB people aged over 55 & there is a limited, but growing, body of evidence into the lived experience of LGBTI+ people in housing,
health & social care provision. However, there are significant gaps in knowledge, largely due to the lack of routine monitoring of sexual orientation & gender identity across services, & a lack of data derived from population-based studies & statistical datasets (The National LGBT Partnership, 2015). The majority of studies concentrate on LGB issues, with substantially less research carried out with trans people.

There is very little research on the needs of intersex people & indeed, some controversy as to whether the category should be included within the LGBT grouping. As Koyama (2016) points out, there are some very good reasons for adding the 'I' to LGBT – Intersex bodies are pathologised & erased in a way that is similar to how homosexuality has historically been treated within psychiatry; another sexual minority that is pathologised & treated as ‘abnormal’. Another reason is that the surgical treatment for intersex bodies is heavily motivated by homophobia, transphobia & misogyny.

Fears about LGBT groups adopting the ‘I’ include: the fact that it gives the wrong impression that all or most intersex people are LGBT; there is already a lot of conflation between LGBT & intersex in society, & being combined with LGBT might prevent intersex from getting its own visibility; it can make it appear as if what intersex people need is the same thing that LGBT people need & gives the false impression that intersex people’s rights are protected; & the model of organising is very different. People with intersex conditions generally do not organise around the ‘identity’ or ‘pride’ of being intersex. Intersex is a useful word to address political & rights issues, but there is yet to be an intersex ‘community’ or ‘culture’ in the way that we talk about LGBT communities.

There is a risk that this lack of data about the needs of older LGBTI+ people, as a consequence of this ignorance, marginalisation & discrimination, could be misinterpreted as evidence of an absence of need. The majority of studies are qualitative, based on small samples, & with limited inclusion of people over the age of 75, people from ethnic minority groups, & bisexual men & women. Nevertheless, findings across these reports point to consistent trends that older LGBTI+ people experience:
• Services as being underpinned by cisgender, heteronormative attitudes & behaviours (the assumption that all people are heterosexual & identify with the gender they were assigned at birth)
• Greater risk of isolation & dependence on services
• Evidenced risks of being victims of hate crimes, including ongoing harassment, criminal damage, intimidation, & attacks on personal property
• Increased risk of homelessness, mental distress, substance misuse & expression of suicidal thoughts & behaviours, due to long exposure to stigma & discrimination
• Difficulty in accessing & using services because they feel or fear their needs haven’t been considered
• Invisibility of gender identity in referral, assessment, service allocation & recruitment
• Lack of specific work around sexual orientation in assessment or care planning, with a consequent assumption of heterosexuality in service design & delivery.
• Social exclusion within housing & care provision due to a lack of networking opportunities
• Seeking support at a later stage, with many choosing to use specialist LGBT services rather than face difficulties in mainstream services

There are a number of laws that protect older LGBT people & apply to all care & support services:

• Civil Partnership Act 2004
• The Equality Act 2010
• Protection of Freedoms Act 2012
• Mental Capacity Act 2005

However, as noted by Humphreys & Weeks (2016), LGBTI+ people are still disproportionately affected by inequalities across a number of health & wellbeing areas. Research has shown that, compared to heterosexual people, LGB people are at higher risk of misusing substances, experiencing mental health problems, &
expressing suicidal thoughts & behaviours (Fay 2016). Significantly higher levels of mental distress & substance misuse have also been reported by trans people in health surveys (National LGBT Partnership 2015). Research shows that LGBTI+ people often seek support at a later stage & many choose to use specialist LGBT+ services where they can avoid some of the difficulties they may face in mainstream services (Mallon 2000, Tai S et al 2008). They often report having difficulty accessing services because they feel or fear that their needs haven’t been considered by the service provider (Stonewall 2013), including the use of language used being exclusive of those who have an LGBT identity (Stonewall 2012, National LGBT Partnership 2014).

In terms of stigma, discrimination & hate crime, the National LGBT Hate Crime Partnership (2016) point to the fact that for many older LGBTI+ people, the criminalisation of homosexuality & fear of prosecution, & the consequences of institutionalised homophobia, biphobia & transphobia, including legislation such as Section 28, leave an imprint of mistrust & a reluctance to disclose. Historically, many LGBTI+ people, particularly gay men, were subjected to various aversion therapies & treatments including ECT & chemical castration. Having experienced criminalisation in law, been stigmatised by society, condemned by religious authorities, & pathologised by medical practitioners, it is little wonder that, when faced with an uncertain future, some older LGBTI+ people see returning to the closet as the only way. As Domski (2008) points out, the most significant issue is the historical period when older LGBTI+ people first identified as such, as this leads to an ‘accredited’ or ‘discredited’ sexual identity that has profound implications for later life experience.

In Stonewall’s survey, Lesbian, Gay & Bisexual People in Later Life (2011), 73% of older LGB people said they wouldn’t feel comfortable disclosing their sexual orientation to care staff. Some people may have never come out, some may have always been out, & some people may be out to some & not to others. Homophobia, biphobia & transphobia & harassment, not only from workers but from other residents, were found to be all too familiar to older LGBTI+ people.

Within the trans community, rising numbers of older people are now emerging - both those who transitioned a number of years ago & those transitioning in later life. There is concern that care providers’ lack of understanding about trans identities, bodies & needs, means that health needs are often ignored. Intimate personal care in care
settings can be a time of anxiousness & vulnerability for older trans people. Fear of revealing discrepancies around gender & birth gender could potentially cause ridicule, misunderstanding & abuse, & result in older trans people feeling marginalised & isolated within care settings.

Older LGBTI+ people will also have a number of other identities & health & care issues not related to their sexual orientation & gender identity. For example, older LGBTI+ people living with HIV are a cohort of people that have not previously been reflected in care settings in the growing numbers that they are occurring now. The results of long-term successful combination therapy has contributed to HIV-positive people living much longer than they had expected to. A study by the Terrence Higgins Trust/Age UK (Power et al. 2010) found that respondents feared that social care services, care homes & sheltered housing might be HIV prejudiced. An HIV/AIDS Needs Assessment conducted in Wirral, also in 2010, identified that older people living with HIV were worried about having to move into residential or nursing care & encountering prejudice, ignorance & discrimination from staff. To address this, NHS Wirral commissioned a pilot of an HIV/LGBT awareness training course delivered by Sahir House in 3 residential homes. This dispelled some of the common myths around HIV & increased the confidence of the staff who took part but did not seem to filter through the workplace to other staff.

Whilst acknowledging these consistent trends, there also needs to be recognition that there is no such thing as homogeneity across LGBTI+ communities. As noted by SITRA (2015), sharing a gender identity or sexual orientation is not prescriptive in identifying what individuals want & expect from services. Assuming that all LGBTI+ people want the same outcome & putting them under one category is as uninformed & dangerous as treating them as ‘invisible’ members of the community. Research demonstrates a clear divide as to what LGBT people want in terms of accommodation & support. This is why personalised support planning that considers personal preferences, including & going beyond sexual orientation & gender identity, is so critical in addressing the needs of older LGBT people.
2.2 Housing

Involving older LGBTI+ groups in the development of housing, particularly housing with care, has often been on an opportunistic, sometimes ad hoc basis. Much of the current debate about care & housing is centred on the personalisation/commissioning agenda & providers of these services have often been slow to respond or recognise the diverse nature of their client/customer focus. Wathern (2016) comments that it is, therefore, no surprise that older LGBT people do not feel considered in the wider housing debate & can feel that they are missing out on choices available to other sections of the population.

Building Safe Choices (Shelley/Stonewall, 2016) examined the current provision of housing & related care & support for the older LGBT population. The findings were clear: Unlike the USA & many countries in Europe, the UK still has no housing that is designed, built & provided in response to the wishes & needs of the older LGBTI+ population. Older LGBTI+ people in the UK continue to report that they do not have confidence in mainstream housing, support & care providers to offer safe & appropriate services that recognise & respond to their life experiences. They have ongoing concerns about the risk of harassment & abuse if they are open about their sexuality. Different housing & support options that meet their expressed wishes are not available; there is no tailored provision, let alone the possibility of considering a range of options. Older LGBTI+ people therefore lack choice in safe housing & services.

Many different housing models exist e.g. Specific Housing, Integrated Housing, Co-housing, Shared housing, Naturally Occurring Retirement Communities, Extra Care Housing Schemes, & Homeshare. There are diverse views about whether people have a preference for LGBTI+-specific housing or for mainstream, integrated housing with a clear understanding of LGBTI+ needs. Wathern (2016) reported on workshops in Manchester & Blackpool, where the pros of specific LGBTI+ housing were stated as increasing positive visibility, modelling best practice, signposting to services & enabling continuation of a lifestyle & identity. When asked what older LGBTI+ housing would look like in an ideal world, responses included wanting mixed or integrated opportunities for meeting & socialising, communal areas for activity & conversation, & the opportunity for inter-generational socialising. When asked whether there should
be LGBTI+ integrated services, people recommended developing supported housing options as ‘centres of excellence but not LGBT ghettos’.

Wathern found that if you ask older LGBTI+ people who are not at a point in their lives when they need any type of intervention or care, many of them have definitive ideas about what housing should look like in the future, usually wanting a form of integrated project that is LGBTI+ friendly with staff trained in all aspects of equality & diversity. However, when the same question is asked of older LGBTI+ people faced with making immediate decisions, they will often say that they want LGBTI+ specific services. Whether this is because the response is based on immediate need & the prospect of waiting for staff to be trained may be untenable for some is difficult to assess.

Stonewall’s housing support & care research carried out to date identifies consistent themes & findings in relation to housing (Stonewall, 2016):

- The need for choice in finding suitable housing & support provision
- The importance of safety & security, including the geographical location of any new scheme
- The inclusion of social space & community facilities within a housing scheme
- The need for links with the wider LGBTI+ community, including cross-generational
- The need for co-production of specialist housing schemes
- Improved monitoring of current provision to provide improved information about the numbers of LGBTI+ people living in mainstream housing schemes
- Home is particularly important for an older LGBTI+ generation who often did not feel safe in the wider world
- Concerns about a lack of knowledge & understanding from housing, care & support staff, making people feel vulnerable to abuse
- The fear of isolation

Shelley (2016) points out in Building Safe Choices that with the passing of the Housing & Planning Act 2016, this is an uncertain period for the development of new & affordable housing. There is severely limited opportunity for grant funding, & this has implications for the capacity to develop new schemes, including specific LGBTI+ homes. In addition to lack of capital funding, the impending welfare reforms – particularly the potential application of Local Housing Allowances to housing benefit
for people living in shared & sheltered housing – are a further threat to the development of new housing for rent. Existing schemes will become unaffordable for many, & housing associations & others will be reluctant to invest in & develop new schemes. There is also a 4-year, year-on-year, 1% cut to affordable housing rents that will impact on the viability of new schemes.

Wathern (2016) cites a number of organisations implementing good practice with older LGBTI+ tenants, often based on local response, such as: Blackpool Coastal Housing, Northwards Housing (Manchester), Berneslai Housing (South Yorkshire), Genesis Housing (London), & Golden Gate (Warrington). Becoming the first UK community to provide the older LGBTI+ population with choice & control over housing services that are more supportive, safe & appropriate is currently a hot topic. The Tonic Centre has been planned as a landmark retirement community which they hope will become an iconic symbol as the first community in the UK with a distinct LGBTI+ identity & ethos. They are exploring land options in London for a site which is close to good public transportation, has an existing infra-structure of retail & cultural amenities, & a community within which a progressive older people’s housing scheme would be welcome. They are also considering sites in Brighton & Hove. In February 2017, Manchester City Council announced plans to create the UK’s first retirement community for LGBT people – with a hard limit on how many non-LGBT residents can live there. No specific site or launch date has yet been announced. The ambition for both these projects is to provide positive, alternative housing options for people who find living on their own a burden, particularly for those whose financial & social circumstances mean a more limited choice.

2.3 Health

As highlighted in the Adult Social Care Outcomes Framework LGBT Companion Document (2015), successive studies have shown that LGBTI+ people often have poor experiences of health care e.g. discrimination & heteronormativity; a lack of LGBTI+-friendly environments for care delivery; discomfort disclosing sexual orientation or gender identity to healthcare providers; & actual experience of discrimination & abuse, as well as fears of such treatment. These can all be major barriers for LGBTI+ people maintaining contact with healthcare providers & seeking
the help they need in a timely manner. The result of these barriers risks escalating the individual's care needs so that they are more complex or severe when they do finally access care.

In Humphreys & Weeks’ (2016) research, experiences of assumed heterosexuality were common & often resulted in respondents feeling forced to come out, particularly in relation to questions around birth control. It was found that many health professionals do not think that sexual orientation is relevant to any health care need, which reinforces the invisibility of people’s identity & means that the specific needs of LGBTI+ people are overlooked. Conversely, many examples were given where people felt that their sexual orientation or gender identity was focused on inappropriately e.g. when going to a GP with a common illness or unrelated issue, such as a knee complaint or hearing problem. It was also noted that people often stated that their partner was excluded from discussions, even if they wanted their support to make decisions about their care, as they were not recognised as a partner. This was particularly reported by women using fertility & maternity services.

Overall, there is a need for health & social care staff to have information about the specific needs of LGBTI+ communities, to prevent service users having to take on the role of educator. There were many examples of LGBTI+ people having to tell health professionals how to refer them to specific services such as fertility clinics or gender identity services, or explain why they needed specific health care support.

The Trans Mental Health Study (McNeill et al. 2012) represented the largest survey of its kind in Europe. It found that 58% of participants felt that the wait for being seen at a Gender Identity Clinic had led to worsening mental health. 46% felt they had experienced difficulties obtaining the help they needed, including admin errors, restrictive protocols, problematic attitudes & unnecessary questions/tests. 53% felt unable to discuss mental health concerns at the clinic, largely due to concerns about reduced chances of gender reassignment surgery.

Participants highlighted a number of situations they would avoid due to fear of being harassed, with over 50% avoiding public toilets & gyms, & many also avoiding clothing shops, leisure facilities, clubs, social groups & public transport. In health services, participants reported being belittled, ridiculed, discouraged from exploring their gender, being told they were not really trans, staff using the wrong pronoun, & hurtful
& insulting language. 29% of participants stated that their gender identity was treated as a symptom of a mental health issue rather than being genuine. Depression, stress, anxiety, self-harm & suicidal thoughts were prevalent.

As described by Age UK (2017), how you experience later life as a trans person varies according to the age you transitioned & when that was. If you are 60 & transitioned when you were 20, you have had a different life & faced different issues than if you are 60 but transitioned when you were 55. Knowledge is improving as trans people age, but there are still unanswered questions about what later life & health will be like for trans people. We are only now seeing the first generation of trans people in their 60s & over who have taken hormone therapy for 30 years or more, many of whom are living with gender reassignment surgeries performed using the very different techniques of the 1960s & 70s. If you pursued gender transition & reassignment more recently, you may be an older person in most respects, but ‘young’ in terms of your experience of living & being in your affirmed gender. Many health & social care professionals are working with older trans clients for the first time, many of whom may have complex social or bodily needs relating to their gender reassignment.

2.4 Social Care

Much of the research highlights that, unlike heterosexual older people, older LGBT people are more likely to age as single people (e.g. Musingarimi 2008, The National LGBT Partnership 2015). They are also less likely to have children, or to be out of touch with their children if they do have them, compared to heterosexual people. Notions of ‘family’ among LGBTI+ people are broad & go beyond the traditional ‘biological families’ that are familiar to most heterosexual people. LGBTI+ people, following rejection from biological families because of their sexuality or gender identity, often seek out friends with whom they can be themselves without fear of being ‘outed’. These friends become ‘families of choice’. Whilst these provide social support, a key problem is that members of these ‘families of choice’ may be the same age as them, likely to have age-related problems at the same time, & therefore not as effective at providing the social support necessary. This is unlike the situation with a significant proportion of heterosexual older people who, in addition to having spouses, are more
likely to have people of a younger generation, such as children or grandchildren to care for them.

Most social care is provided to individuals in their own homes & for many LGBTI+ people, their homes are a place where they can truly be themselves & be safe from discrimination & stigma. The fear of having their privacy invaded, by a provider of social care who may potentially be homophobic, may lead many older LGBTI+ people to avoid seeking access to social care services.

Research carried out by The National LGBT Partnership (2015) for the Adult Social Care Outcomes Framework LGBT Companion Document found that only 10% of respondents were in receipt of a personal budget or direct payment. Of those, all reported that they felt they had some form of choice & control over their personal budget/direct payment. However, it is notable that 53% of respondents described the choice on offer as limited. A previous Think Local, Act Personal report highlights that levels of confidence around choice & control over direct payments/personal budgets may be high in LGBTI+ communities, thanks to the ability to be able to dismiss a carer who is discriminatory & choose carers with whom they have a good relationship. Research has shown that many LGBTI+ people, especially those who are ageing, fear the prospect of using generic mainstream care services where engaging in activities that are associated with LGBTI+ identity are not perceived to be possible (Commission for Social Care Inspection, 2008)

The Companion Document states that 41% of respondents knew people in permanent residential or nursing care. A quarter of these said that the care & support provided had been poor. Research previously conducted with LGBTI+ people about the prospect of accessing social care indicates that many are reluctant to rely on care services for fear of having to ‘go back into the closet’, or experiencing stigma & discrimination.

Although nearly a quarter of carers (23%) said they were satisfied with care & support services, two fifths reported being unsatisfied. Research suggests that the experience of caring is shaped by the heteronormative nature of social relations, not only for those being cared for, but for their LGBTI+ carers too. Carers & those receiving care have to fit their experiences into a framework based on heterosexuality as the default position. Two fifths of carers reported that they were included in discussions about the
care of the person they were caring for although, notably, 59% of those said that they didn’t feel they were listened to. Only 14% of respondents found it easy to find information about support, whereas three quarters said they had not found it easy.

Other research (Ward et al. 2012) has highlighted that services need to consider not only how they look on the ‘inside’ but also from the ‘outside’ for potential users, & provide easy access to information that is relevant & appropriate. Best practice would include LGBTI+-affirmative language & imagery in service promotion (e.g. using words such as partner, rather than husband/wife, & including same-sex couples in imagery) to reassure LGBTI+ people that the service is welcoming. Services should also be aware of & signpost to specialist support provided by the LGBTI+ voluntary & community sector.

In Ward’s study, over a third (35%) of respondents said that as a user of care & support services they did not feel safe & secure. A further 14% said they did not always feel safe & secure. 6 in 10 respondents said that they did not feel supported to plan ahead for their care & manage any potential risks, & a further 29% said that this was limited. It also found that, in residential care settings, the sexual expression of residents is commonly viewed as a problem by staff, meaning LGBTI+ individuals may be particularly vulnerable to discriminatory treatment. Furthermore, the review found evidence of the inappropriate use of safeguarding procedures in response to LGBTI+ residents entering into relationships, as well as disapproval of same-sex partners staying with service users overnight in residential care.
Section 3: Findings

3.1 Housing

The majority of respondents currently owned their own home (60%), with a quarter (25%) renting from a private landlord & 13% renting from a social landlord.

![FIG. 1: HOME OWNERSHIP/TENANCY](image1)

Over three quarters of respondents (79%) had given thought to how their housing needs might change as they get older, with just under a quarter (21%) saying they had not yet thought about this issue.

![FIG. 2 : THOUGHT ABOUT CHANGES TO HOUSING NEEDS AS YOU GET OLDER?](image2)
For those who had thought about their housing needs when older, the issue mentioned by the most people was affordability (54%), followed by isolation (44%), & negotiating the stairs (35%). Isolation is no doubt a concern for all older people, but is likely to be a bigger concern for minority groups. The thought of having to conceal aspects of their identity in older age was cited as a potential issue for over a quarter of respondents (29%) & this is an issue specific to LGBTI+ communities.

![Fig. 3: Housing Concerns as you get Older?](image)

'I know of people who have hidden their true sexuality when accessing care provision, & I can imagine it would be extremely difficult to be out & proud when living in a 'straight' care home, & I for one do not want to go back in the closet!'

'Not given this the greatest amount of thought, but I do wonder what support there will be. Children might not be an option, so who will look after me?'

'Now I know it's a concern, I'm concerned'
Preferred Housing Options

In line with the older population as a whole, the option that the most respondents were attracted to was staying in their own home (67%). This was followed by living in a specialist older LGBTI+ complex (40%) & shared LGBTI+ housing for older people (37%). Mainstream accommodation for older people was not seen as an attractive option, with only 1 person (2%) citing this as a preference.

![Bar chart showing preferred housing options](image)

- Stay in own home: 35 (67%)
- Specialist Older LGBTI+ Complex: 21 (40%)
- Specialist Older LGBTI+ Retirement: 9 (17%)
- Shared LGBTI+ Older: 16 (37%)
- Shared LGBTI+ Any Age: 9 (17%)
- Mainstream Older: 1 (2%)
- Shared LGBTI+ Older: 16 (37%)

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'If left on my own, I would probably want specialist LGBT housing to reduce isolation'

'I wouldn't want to be surrounded by other old people, but a bespoke LGBT-specific care facility would be helpful'

'I can see the advantages of an LGBT environment because it’s comfortable, safe & a respite, but we should be able to live in a world where everyone can feel like that.'

'I would like LGBT-specific housing'
Safety

When asked if they felt safe in their current home, the vast majority of respondents (96%) said that they did feel safe.

'I live in a part of Liverpool that I feel relatively safe in & I am lucky enough to be surrounded by like-minded people.'

'You do fear what your neighbours are going to be like & take this into account when you move'

'Trans young people who’ve found themselves in temporary accommodation have had trouble'

'Renting, where your neighbours change regularly, can have an impact. Communities are much more transient.'

However, when asked if they had ever experienced harassment or victimisation, the picture became rather more mixed, with 61% of respondents saying they had no experience of this, 10% saying they had experienced it in their current home, & over a quarter of respondents (28%) saying they had experienced harassment or victimisation in previous accommodation.
‘Neighbours across the street broke into my home on a regular basis, vandalised it & were verbally abusive. It was reported to the police & I was re-housed by a Registered Social Landlord on the grounds of being a victim of a homophobic hate campaign.’

‘When we first moved here we had a couple of incidents, but we had great support from the hate crime police.’

‘I had problems with my neighbours. After I complained to my housing officer & supplied 6 months of recorded records of harassment, my neighbours were evicted.’

**Concerns about the possibility of discrimination from housing services in older age**

Although the majority of respondents had not previously had any experience of harassment or being discriminated against, the majority (64%) were still concerned about the possibility of discrimination from housing services as they get older.
'I have read about older people committing suicide because of the discriminatory care they had received from carers. We all need to feel safe as we get old & vulnerable, therefore we should have care homes/sheltered housing etc. that provides for people from the LGBTI communities & where people from these particular communities can also provide the care.'

'My biggest fear is that carers will have homophobic attitudes & that I will suffer discrimination, even harm, when I am most vulnerable.'

'My concerns are more about gender than about sexuality - I would want to be in accommodation which is predominantly women.'

'I’m worried my HIV status may count against me'
3.2 Health & Social Care

The majority of respondents (68%) currently used health & social care services in Liverpool, with good representation from the wider city region.

As would be expected, the service used by the most respondents (83%) was their GP. Only 2 of the services mentioned, Armistead & PSS, referred to LGBTI+ specific groups.
Positive Experiences of Health & Social Care

We asked people, ‘As an LGBTI+ person, what do you feel is good about the care you receive?’ 39 people responded to this question, with comments varying widely as some respondents said they had not had positive experiences. The concerns brought up most often were fears about being ‘out’ to health & social care professionals, & assumptions being made about a person’s sexuality.

Fig. 10: Most-Used Words on Positive Experiences

'I've always been slightly nervous about coming out to health care professionals, but have never actually felt that they were surprised, negative or discriminatory in any way.'

'I recently attended an A&E appointment, & when I told the consultant I was married to a woman, he started to rant about gay people, saying he believed Tony Blair was gay, he had sex with men & was hiding it, he called
him a 'dirty degenerate'... go figure. However, I did not feel I could argue with him as I felt vulnerable & in his care.'

'Nothing, my sexuality is not even referred to, it is just 'presumed' that I am straight!

'I have never disclosed my sexuality to a community health professional (mental health professional, yes)'

'I feel treated as a person, with respect & dignity, though my sexual orientation is never brought up in conversation'

'So far all healthcare providers/services I have used have never discriminated against me & have been LGBT positive.'

'No problems currently, but at previous GP practice I've experienced heterosexual assumptions when I’m in an opposite-sex relationship'

**Things that could Improve the Care Received**

33 people responded to the question on what could improve the care they received. Many of the responses talked about awareness-raising, signposting to LGBTI+ services, staff attitudes, making visible the fact that a service was welcoming & diverse, & not making assumptions of heterosexuality.
'It would be easier to come out if there was visible evidence in the surgery or health care setting that the practice was diverse & welcoming to all.'

'The attitudes of the people providing the care.'

'My sexuality being taken into account as part of the care & support I receive'

'Contraception issues'

'More awareness of the psychological effects of discrimination, fewer heteronormative assumptions & careless use of language.'

'All NHS staff being trained to be aware of LGBT issues, e.g. not to assume someone is straight or cisgender, not to assume someone wears a bra or identifies as a woman just because they have a vagina.'

'Still operates under the assumption of heterosexuality e.g. sexual health/contraception etc.'

'Maybe see more leaflets aimed at LGBTI health in GP surgeries, clinics, hospitals'
‘Not assuming I’m heterosexual during personal questioning & signposting LGBT services in GP surgeries.’

‘Positive promotional literature; organisations that work through well-known LGBT organisations, such as Stonewall – this would engender trust; representations of yourself via LGBT workers, representations in literature or identified unit.’

Involvement in Care Planning & Decision-Making

The majority of respondents (70%) said that they felt involved in planning & making decisions about their care in the way that they wanted, though many acknowledged that they were worried about whether this would still be the case as they get older.

‘At this stage in my life, I do. I’m not sure about how much control I’ll have as I get older.’

‘Yes, if I attend a GP appointment it’s to discuss & diagnose what may be wrong together with the GP’
‘Not much choice, get what you are given due to cuts in services - only 10 mins with GP & reluctance to be referred to specialist due to cost’
‘At times, it seems the thinking has been done for you’
‘A lot of different health services e.g. GP, hospital clinics, sexual health clinics don’t seem very joined up in their approach to care, & communication is often poor between different services.’
‘The best I receive comes in the form of sympathy, but I’m not an object of pity because of my health needs & gender identity. Gender identity still treated as a mental disorder by some professionals.’
‘I’ve been lucky to have supportive health professionals’

Thoughts on whether health & care services are likely to meet needs in older age
Although most people felt relatively well-served now, the majority of respondents (60%) thought that their health & social care needs were unlikely to be met as they got older. Some concerns were applicable to all older people, such as affordability, the likelihood of there being less health & social care services due to austerity measures & cuts, & prejudice against older people. Some concerns were more specific to LGBTI+ older people, such as lack of awareness, fear of discrimination, & lack of LGBTI+ specific services.

FIG. 13: ARE HEALTH & SOCIAL CARE SERVICES LIKELY TO MEET YOUR NEEDS AS YOU GET OLDER?

Yes 18 (40%)
No 27 (60%)
‘As a woman who is getting older, there may be the likelihood of me needing care in the future, & I would like to think it could be provided by people who will not judge or discriminate against me because of my sexuality. I would feel a whole lot more confident in getting old if I thought I could access care from my own community. Because I do not have confidence that carers have sufficient equalities training & because of this I would feel anxious & vulnerable to homophobia & mistreatment.’

‘No dedicated services for LGBTI & no reference to sexuality in any care packages’

‘You get what you are given! The choice won’t include women-only or LGBTI-only provision I don’t think’

‘I will not be able to afford to pay & services are limited due to costs’

‘There’s just not enough money to provide a basic service, let alone services which respond to the needs of individuals’

‘My concern is with social care services, rather than health, & getting access to appropriate (or even any) care as I get older, especially with the savage cuts to local authority funding going on at the moment, which seems to be disproportionately affecting the north of the country.’

‘I’m not sure. There are no LGBT housing options at present.’

‘Poor, if any, awareness of non-binary gender identity from service providers & little inclination to see its relevance in regards to care’

‘There are no LGBTI friendly housing complexes that I know of.’

‘Concerned about cuts to social care. I’m in my 30s - there’s unlikely to be any left by the time I get old. Very worried about NHS waiting lists, understaffing & potential privatisation.’

‘I don’t think health & care services will exist in the same way & they won’t be able to meet the needs of different groups. It’s unlikely there will be any LGBT-specific care.’

‘Staff can think that any older person cuddling is disgusting, let alone same-sex couples. There is prejudice against older people as well as LGBT people.’
Things that would make people more confident about trusting services to give them the care they prefer/need as an LGBTI+ person

Respondents talked about improved information, greater awareness of LGBTI+ issues, visible evidence of services taking inclusivity seriously, accredited or kite-marked services, co-production & co-design, & again, not making assumptions about sexuality.

Fig. 14: Most-Used Words about Confidence in Services

'Improved visibility of LGBTI+ friendly signage at health centres etc. Improved information about sources of advice & information.'

'If support was targeted or advertised as inclusive, it would make it easier'

'Some sort of LGBTI+ kite mark? Explicit references to the fact that not everyone is straight/cis-gendered in literature available from e.g. care homes or agencies.'

'Explicit gay-friendly policies, materials, language - no heterosexism or assumptions'

'That the services were run by & employed people from the LGBTI community.'
‘Stop presuming I’m straight’
‘Genuine co-production & co-design of services with LGBT people. Services being visibly welcoming & inclusive of LGBT people, e.g. The Navajo kite mark.’
‘If services were accredited as LGBT-friendly & inclusive’
‘Less assumption being made about my sexuality.’
‘Not being asked my gender would be a great start’
‘Sharing & promoting LGBT+ services or health related issues specific for LGBT+ people.’
‘More evidence of LGBTI+ recognition’

Being ‘out’ to GP & other care providers & whether or not this is important

A quarter of respondents (75%) stated that they were ‘out’ to their GP & other care providers, with a corresponding number ( 76%) stating that being ‘out’ was important. The main reasons given for this were professionals/services assuming that people are heterosexual, issues around likelihood of pregnancy & need for contraception, & not having to hide your identity. Several respondents noted that ‘coming out’ is a constant process.

‘It’s not easy to come out to health professionals - because of fears about how it may impact on my treatment or the assumptions they may make
about me. But I would still prefer to be honest (for the good of my own mental health) & it’s important to me not to be complicit in my own invisibility.’

‘My partner & I are going through fertility treatment so we have to be ‘out’ to services. We have to ‘come out’ every time we walk in for another appointment. Some members of NHS staff are better than others.’

‘I got fed up being asked if I might be pregnant when I was having gynaecological problems between the ages of 20 & 45, so had to come out repeatedly, which seemed unnecessary & demonstrated how widespread heteronormative assumptions & attitudes were.’

‘From my experience, GPs assume people’s sexuality to be straight, especially at GUM Clinics.’

‘You pick & choose who to come out to - some very comfortably, some you know it’s best not to say. Constantly deciding whether to come out!’

‘I have not declared my HIV status to my dentist for fear of being removed from their books’

‘Sick of them asking if I’m pregnant every time I go in with something - do they not make a note on the system.’

‘We should not have to hide who we are, that is a recipe for illness.’

‘I wish there had been an ‘it depends’ option for this question. I may choose to disclose my sexual orientation if I think it is relevant, but if it’s in my records I shouldn’t have to keep doing it, nor should people make assumptions that I’m heterosexual - if it’s relevant then ask me, or check my records beforehand.’

‘Respect, not exacerbating gender dysphoria, receiving appropriate care’

‘It’s always easier if you are out. The process of constantly having to come out is awkward & tiring.’
Peer Support, Social Networks & Independence

In relation to emotional wellbeing, 61% thought that peer support was important, 78% that social networks were important, & 88% that independence was important.

![Bar Chart]

**Fig 17: In relation to emotional wellbeing, which of the following are important to you?**

- Peer Support 30 (61%)
- Social Networks 38 (78%)
- Independence 43 (88%)

Differences in housing, health & care needs from those of heterosexual/cisgendered people

When thinking about whether their needs were likely to be different or not from those of heterosexual people as they got older, responses were fairly evenly split between 57% who thought that LGBTI+ people’s needs would be different, & 43% who thought their needs would not be different.

![Pie Chart]

**FIG. 18: HOUSING, HEALTH & SOCIAL CARE NEEDS DIFFERENT FROM THOSE OF HETEROSEXUAL/CISGENDERED PEOPLE?**

- Yes 28 (57%)
- No 21 (43%)
‘The main difference is likely to be in needing to feel understood without having to explain all the time & the need for a queer community around me.’
‘If straight older people were made to live with gay people in a care home I am confident that the majority of them would object, they would feel isolated from people like themselves; but we are made to do this all the time because there is nothing else available.’
‘The answer is yes & no – I would be devastated to live in a mainly male or mainly heterosexual environment - but at a basic level the needs are the same’
‘Services need to be sensitive to LGBT people’s experiences of discrimination & not make assumptions about us. I need to feel safe & know that people around me are supportive.’
‘There is still a lot of sneaky homophobia’
‘Need to be in contact with other LGBT people, specific cultural needs’
‘I would want my sexuality acknowledged so it’s not a potential issue.’
‘Moving into sheltered housing feels daunting. I’m concerned I’ll experience isolation & alienation because of my gender & sexual orientation.’
‘Surely health care needs are equal despite LGBT issues’
‘There are some excellent care homes around, but I would prefer an LGBT-specific home because of entrenched attitudes from staff & residents. You need to be able to feel safe. I wouldn’t want to have to hide my sexuality. Services are predominantly heterosexual.’

‘You worry about being reliant on other people’s decisions & opinions & you have to live with those.’
What staff need to know

31 people responded to this question, giving a variety of answers. The most-mentioned things to be aware of were not making assumptions, use of language, history & culture, & treating people as individuals rather than a homogenous group.

Fig. 19: Most-Used Words for ‘What Staff Need to Know’

'Don’t make assumptions about anyone’s gender identity or sexual orientation. Allow people to identify themselves to you as they wish to be identified & give them plenty of opportunities to do this. Use inclusive or neutral language. Include LGBTI+ images & literature in your health/care setting. Have contacts with LGBTI+ support networks & organisations in the community & be informed.'

'Terminology, history & hardships.'

'Treating each person as an individual'

'LGBT people are as diverse as every other group of people. We may not have identified as LGBT for all of our lives, so be aware of that when it
comes to certain health issues, e.g. cervical cancer, whether we have had / wanted to have children, etc. Just ask us! And co-design services with us.’
‘Just the fact that not everyone is straight or cisgender, & that not everyone lives up to stereotypes of any sort.’
‘Aware of culture, history, specific needs’
‘Don’t presume heterosexuality. Don’t presume everyone has kids.’
‘Care workers need to be trained about LGBT experiences by LGBT people’
‘Need to raise the profile of non-biological/chosen families who don’t come up as Next-of-Kin’
‘Organisations that are religious tend to brush LGBT issues under the carpet’
‘They need to ask the relevant monitoring questions; many won’t’
‘Older people are seen as a homogenous group & they shouldn’t be’

Main Concerns for People as they get Older
49 people gave responses as to what their main concerns were as they get older. The concern cited by the most people (82%) was lack of LGBTI+ awareness, followed by being alone without family/support networks (71%), & assumptions about heterosexuality (69%).

Fig. 20: What is likely to be of concern as you get older?
‘LGBT people tend to be staunchly independent, but older age brings greater dependency. You need to be able to maintain independence as much as possible.’

‘People are more likely to be delivering services in your home. You are vulnerable to worse quality of care if people are homophobic. You need to be able to challenge discrimination, but many staff are lone workers & there is little consistency, so it is most likely that you will have no yardstick to compare your treatment to.’

‘Unconsciously, an LGBT person is always thinking ‘how are you going to be with me?’ Are you just being rude or being rude to me because I’m an LGBT person?’
Section 4: Discussion & Conclusion

The majority of respondents owned their own home (60%). This corresponds to the rate of home ownership across the UK (64%), but is high for Liverpool which has a home ownership rate of only 47%. Respondents’ biggest concern for the future in relation to housing was affordability. This is a common concern for all older people. Other worries were more specific to the LGBTI+ community, with close to half of respondents worried about isolation, & a quarter concerned about having to conceal aspects of their sexuality/gender identity in care homes or to support providers.

In line with older people generally, the majority of people wished to stay in their own home in older age. However, it was clear that if this was not an option, the preferences were for LGBTI+ accommodation of some sort. The main choices were for an Older LGBTI+ Housing Complex, or for shared accommodation with other older LGBTI+ people. Only one person favoured mainstream housing provision for older people. It is clear, therefore, that development of a range of housing options to maximise the choice available to older LGBTI+ people is desirable.

The vast majority of people respondents felt safe in their current accommodation, but over a quarter had experienced harassment or victimisation in previous accommodation, & 5% in their current home. It is encouraging that, where people had sought help from the police or housing providers, the response had been supportive. Despite this, many respondents had concerns about discrimination from housing services as they got older, & this is something that needs to be addressed. The main concerns included worries about homophobia. Transphobia, sexism/misogyny, discrimination due to HIV status, & lack of children to stand up for them when vulnerable in older age.

In relation to health & social care services, over half of the respondents thought that the needs of older LGBTI+ people were different from those of their heterosexual/cisgender peers. There were fears about ‘coming out’ to professionals/providers that was not related to discrimination experienced in the past. One of the main concerns was that professionals/providers made an assumption of heterosexuality. When talking about improvements that needed to be made in health & social care, respondents spoke about reference to sexuality & gender identity in care packages, awareness of non-binary gender identity, adopting & implementing LGBTI+
Kite Marks/accreditation, & developing the co-design & co-production of services with LGBTI+ people. Most people felt reasonably well-served by those services at present, but had fears about services meeting their needs in older age. There were concerns that ongoing cuts to health & social care budgets would mean that mainstream services would be harder to access, & that LGBTI+ specialist services would be even less likely to be funded.

The ‘Top 5 Concerns’ about getting older as an LGBTI+ person were:

1. Lack of LGBTI+ awareness in housing, health & social care services
2. Being alone without family support
3. Assumptions of heterosexuality/cisgender
4. Refusal of services to recognise Next-of-Kin
5. Having to go back ‘into the closet’ if living in a care home

As LGBT Age (2015) point out in their Impact Report, this moment in our cultural history is an important & fertile time to create the change that the LGBTI+ community needs in order to access services safely & positively. While discrimination does persist, & progress is often imperfect & uneven, general attitudes towards LGBTI+ people continue to change for the better. However, while there is a great deal of willingness, as shown by this report, there is not always the knowledge & understanding necessary to create truly inclusive & welcoming services.
Section 5: Recommendations

1. The sector needs to recognise that sexual orientation & gender identity do not disappear on retirement
2. The development of specialist older LGBTI+ housing schemes across all tenures needs to be supported & encouraged in order to maximise choice
3. Beyond specialist services, housing, health & care providers need to develop good practice & greater understanding in their provision of services to the older LGBTI+ community
4. Providers should signpost LGBTI+ people in receipt of personal budgets or direct payments to appropriate providers of care who have a proven track-record in providing inclusive services.
5. Providers should ensure that all staff receive training on LGBTI+ issues, including language & assumptions, & are able to sensitively discuss an individual's specific needs in relation to their sexual orientation & gender identity
6. Commissioners of housing, health & social care should include a requirement in contracts for service providers to monitor sexual orientation & gender identity of clients. This can be used to better understand & meet LGBTI+ needs.
7. Providers should ensure that any published materials use LGBTI+-affirmative language & imagery, & that LGBTI+-inclusive policies are made clear to all staff & clients.
8. Providers should consider signing up to & implementing LGBTI+ Kite Marks &/or accredited schemes
9. LGBTI+ specific services should be co-designed & co-produced in partnership with LGBTI+ people
Section 6: References

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Appendix 1: Questionnaire & Focus Group Questions

Older LGBTI+ Housing, Health & Social Care Needs in Merseyside

Focus Group Questions

Housing

1. What is your current housing situation? (own home, private/social rental, sheltered housing, nursing home)
2. Have you thought about how your housing needs are likely to change as you get older & what concerns do you have about this? (affordability, maintenance, accessibility, isolation, concealing LGBTI+ aspects)
3. What housing options would you prefer as you get older? (own home, specialist LGBTI+ housing or retirement home, mainstream housing or retirement home, shared LGBTI+ accommodation for older people or without age restrictions, cooperative, gender-specific)
4. Do you currently feel safe where you live?
5. Have you ever experienced harassment or victimisation in your accommodation?
6. Do you have any concerns about the possibility of discrimination from housing services as you get older?

Health & Social Care

1. Do you currently use health or social care services? (in Liverpool, Sefton, Knowsley, St Helens, Wirral, Halton)
2. Which services do you use? (GP, personal care, residential, day services, community, mental health, walk-in centres)
3. As an LGBTI+ person, what do you think is good about the care you receive?
4. What do you feel could improve the care that you receive?
5. Do you feel involved in making plans & decisions about your care?
6. As an LGBTI+ person, do you think the health & care services in your area meet/are likely to meet your needs as you get older?
7. If you don’t currently use services, what would make it easier for you to get help?
8. What would make you more confident in trusting services to provide the care you prefer/need as an LGBTI+ person?
9. Are you ‘out’ to your GP & other care providers & do you think this is important?
10. In relation to your emotional wellbeing, which of the following are important to you – independence, social networks, peer support?

**General**

1. Do you feel your housing, health & care needs are/are likely to be different from those of heterosexual/cisgender people as you get older?
2. What do you think staff in housing, health & social care should be aware of when providing services to older LGBTI+ people?
3. What concerns do you think you will have as you get older?

[Needing to go back ‘into the closet’ if you go into a care home]

Assumptions of heterosexuality/cisgender identity in language used by staff

Lack of awareness of LGBTI+ issues from staff/services

Support staff not using ‘personal pronouns’

Care homes/staff not recognising your chosen ‘next of kin’

Being alone without family/support networks

Dementia/reduced inhibitions causing you to ‘out’ yourself inadvertently

Inability to trust services due to past experiences of discrimination

Fears about personal care services making you vulnerable

Correct support around HIV+ status

Strangers coming into your home/’safe space’]
Appendix 2: Equality & Diversity Monitoring

Sexuality

Over half of the respondents (54%) identified as lesbian, with a quarter (25%) identifying as gay. It is worth noting that not all those identifying as gay were male. Respondents also identified as bisexual, trans, queer & non-binary.

![FIG. 1: SEXUALITY](image)

Ethnicity

Nearly three quarters of all respondents identified as White British (74%), with 8% identifying as White Irish, & the remaining respondents identifying as Asian/Asian British, Black Caribbean & White, Mixed Ethnicity, Other White Background & Other Ethnic Group. The percentage of people in Liverpool as a whole identifying as White British is 94.5%, so the diversity of respondents in this report is relatively varied.
Religion

Over half of respondents stated that they had no religion (54%). This is much higher than for Merseyside as a whole where the percentage of people with 'no religion' is 17%. Nearly a quarter (24%) of respondents identified as Christian, 10% as 'Other', 5% as Buddhist, 5% preferred not to say, & 2% as Buddhist & Christian.
**Relationship Status**

The greatest number of respondents identified as being single (43%). This corresponds with the number of single people in Liverpool (40%), but is high compared to the rest of England & Wales at 26%. This was followed by 21% who said they were cohabiting, & 14% in a civil partnership. 7% described themselves as divorced/separated, 7% as married, 3% didn’t answer, 3% preferred not to say, & 2% were widowed.

![Fig. 4: Relationship Status](image)

**Gender**

Nearly three quarters (71%) of respondents said they were female, with a quarter being male (25%), & 4% describing themselves as 'other'
Of these, 88% said this was the gender they were assigned at birth, 7% said it was not the gender they were assigned at birth, & 5% did not answer the question.

**Long-Term Illness, Disability or Health Condition**

The majority of people (61%) said that they did not have a long-term illness, disability or health condition, although a sizeable minority of 37% stated that they did. In Liverpool as a whole, the percentage of people stating they have a long-term illness, condition or disability is 22%, compared with 18% nationally. The ratio in this particular study is, therefore, rather high.
Age

Respondents came from a varied age range of 23 years to 70 years. The largest single group were in their 50s (30%) & 12% were over 60 years of age.
Appendix 3: Local LGBTI+ Services & Support

Armistead Centre, The Beat Office, 56-58 Hanover Street, Liverpool L1 4AF
0151 247 6500

- LGBT 45+ Group
- LGBT Drop-In 18+ - Tuesday 5-9pm, Thursday 2-6pm, Saturday 4-7pm
- LIV.FAST Network – Trans Support female-male, 3rd Wednesday 6.30-9pm
- Merseyside & Cheshire Transgender Family Support Group, 2nd Saturday, bi-monthly
- Parents & Carers Group
- Queer Notions – Mental Health Drop-In, Tuesday 7-9pm
- Spirit Level – Transgender Group, 1st & 3rd Monday, 7.00-9.00pm
- Women’s Group (GB)
- Youth Drop-In 13-19 Year-Olds, Every Saturday 1.00-3.00pm

Be Yourself Peer Support Group, 2-4pm Thursdays (fortnightly), Nicky McGovern, PSS Umbrella Centre, 111 Mt Pleasant, L3 5TF, 0151 708 0415 wellbeingcentres@pss.org.uk

Embrace Network (Sefton CVS) LGB Strategic & Social Group
embracesefton@gmail.com

GLOW – for 13-19 year olds in Halton, 0151 257 2520 p.mcclure@addaction.org.uk
Facebook: @glowlgbt

GYRO (Gay Youth ‘R’ Out), YPAS, 36 Bolton Street, Liverpool L3 5LX
0151 702 6076 gyro@ypas.org.uk www.gyro.org.uk

HIV Positive Men’s Group – Sahir House – 0151 237 3989 info@sahir.uk.com www.sahir.org.uk

Liverpool Action for Trans Health (Increasing access to health care)
Facebook: @liverpoolactionfortranshealth
LGBT Regional Group Crosby 07900 680725 info@lgbtnw.org.uk

Liverpool Frontrunners – Social runs for LGBT runners
liverpoolfronrunners@outlook.com

Liverpool LGBT Choir www.lgbtchoirliverpool.co.uk rehearsals Sunday 6.30-8.30pm at The Oasis Centre, St Stephen’s Church, Crown Street/Chancellor Court, L8 7SX

LGBT Mental Health Strategy Group – Liverpool Mental Health Consortium 0151 237 2688 hello@liverpoolmentalhealth.org www.liverpoolmentalhealth.org

Liverpool PRIDE – www.liverpoolpride.co.uk

Liverpool Trans info@liverpooltrans.co.uk www.liverpooltrans.co.uk
@LiverpoolTrans

Liverpool Women’s Book & Film Club (LGBT) – Last Tuesday of month, 7.30pm at Dr Duncan’s (near St George’s Hall)

Many Hands One Heart – LGBT Refugee & People Seeking Asylum, Sahir House 0151 237 3989 info@sahir.uk.com www.sahir.org.uk

Mersey Mermaids Family Support Group – Trans children & teenagers up to 19, their families & support network. Jan Sampson 07951 956493. Meetings held at Barclays Sky Branch, Wavertree Boulevard, Wavertree Technology Park L7 9PQ

Merseyside LGBT Book Group – Saturday 12.00 noon – 2.00pm, Root Coffee, Seel Street stev_arts@yahoo.co.uk

Merseyside LGBT Creative Writing Group – last Sunday of month, 1.30-3.30pm, 4th Floor, Liverpool Central Library stev_arts@yahoo.co.uk

Merseyside (Non-Scene) LGBT Social Group – LGBT-friendly venues across Central Liverpool, www.meetup.com/MERSEYSIDE-LGBT-SOCIAL-GROUP stev_arts@yahoo.co.uk

Merseyside LGBT Student Network – Facebook: @merseysidelgbtstudents

Over The Rainbow – first Wednesday of month, 13-15 yr olds 4-5.30, 16-25 yrs 6-7.30, 01744 457243 taz@sthelens.gov.uk
The Phoenix LGBT Community Centre – information, guidance, support, advice – 07833 322140  alisonstokes92@gmail.com

Queer Notions (Self/Peer Support) queernotions@hotmail.com
www.queernotions.org Drop-In at Armistead

Spirit Level – Peer to peer Transgender Support, mazykate@toucansurf.com
Facebook: @tgliverpool

St Helens LGBT Network 01744 457243

Teen Wirral LGBTQI Group – 13-19 yr olds, Wallasey Youth Hub (Mondays), Katrina Maxwell 07920 278107

Trans Tea & Toast – for 16-35 year olds, info@wirrallgbt.org.uk

Trans Wirral – TransWirral@gmail.com  www.transwirral.btik.com

Wigan & St Helens LGBT Group – Facebook: @wiganwellnesslgbt

Wirral LGBT Network – Facebook @WirralLGBT

Work It Out – LGB Group, 14-18 yr olds, Thursdays 6.30-8.30pm, Brook Wirral, 14 Whetstone Lane CH41 2QR 0300 123 5474