Introduction

In October 2010, a partnership group[1] undertook a small pilot project to find out the views of LGBT older people with a view to helping us better meet their needs. This involved a focus group and a series of steering group meetings. In total, around 20 older LGBT people gave us their views in one way or another. This consultation was the basis for development of an older people’s social group, which is further informed our learning, which has in turn led to a project funded by Putting You First and the Day Opportunities Fund in 2014/15.

In summary, our consultation with LGBT older people from Dumfries and Galloway identified several key themes and issues which need addressed, including:

- Isolation of LGBT older people generally, from family, friends, community and services
- A lack of access to friendships and social opportunities that felt safe and inclusive
- Negative attitudes and a lack of acceptance by the wider community towards LGBT people and identities
- A struggle with issues of identity and coming out, many coming out later in life
- A range of physical, mental and sexual health issues
- Particular issues for partners, not least in relation to next of ken rights when one requires more care or dies
- Barriers to accessing LGBT Services, which are viewed as being targeted towards the younger generation, or feel in accessible for those who are less ‘out’
- Barriers to accessing mainstream services, not least those for older people, where concerns around (or experience of) negative treatment are commonplace

Prevalence of social isolation in urban and rural settings (for LGBT Older Adults)

LGBT older people who were born in the mid-1960s and before were forced to grow up and live in an era where homosexuality was illegal and where individuals were often criminalised for same sex relationships, or institutionalised (sometimes as children) in order to ‘cure’ them of their homosexual or gender-dysphoric feelings.[2] Although attitudes have improved somewhat in recent years, and there is now legislation to protect LGBT people, there is still prejudice in society towards LGBT people, not least amongst the older generations and within religious institutions (of which many older people are now the main participants). This societal context of constitutional, institutional and personal homophobia, biphobia and transphobia which has existed in previous decades and which still has remnants
today, has meant that (despite our ageing population) LGBT older people remain a largely invisible population across our Region with many individuals leading ‘closeted’ lives, in fear and isolation, which can have devastating effects on their health and wellbeing.

Many LGBT older people are forced to ‘live a lie’ to family, friends and community members which can isolate them from those close to them, cut of avenues of support and be a source of great stress. Those who are able, may have active ‘underground’ lives, meeting up with sexual partners online, visiting friends in their own homes, or travelling to bigger cities to access gay pubs, clubs and saunas. With the onset of old age, ill health and frailty however, and reliance on other people for care (not all of whom may be accepting or aware of LGBT issues) even for those individuals who are ‘out’, their independence, choices and ability to express their LGBT identity or socialise with other LGBT people can greatly diminish or completely stop.

In addition, there are many LGBT older people come out in later life, having been forced to conform to heterosexual and societal norms, and in doing so, find themselves entering a world they feel ill equipped to navigate, with few peers to be open or share their experiences with, or from whom they can access support. They may even find themselves rejected by family, friends or community who previously provided the majority of their social and support needs.

Although it is not always easy for LGBT older people to find loving relationships, particularly later in life or when rurality compounds their isolation, those who are with a same sex partner, or who have a partner or family who are supportive of their LGBT identity often find things a little easier, as they have people with whom they can be open and to whom they can turn to for support. There are also a good number of same sex couples who have retired to Dumfries and Galloway, and (having faced their coming out issues in another place) arrive with a level of confidence which is often missing in LGBT people who have lived their whole lives in D&G. However, while they have each other, many same sex couples may be less motivated to seek friendships and social networks, particularly when there are barriers (such as rurality, a lack of LGBT social opportunities or a fear of prejudice) in the way. Their lives can take a dramatic turn if the relationship ends; when one partner becomes in need of additional care or support; or when one partner dies, particularly if they were a couple who were not open about their relationship status to other people, or if they were not in a civil partnership. Some older same sex couples may not feel able to disclose the fact that they are partners when one of them needs additional care, or even when their partner dies, therefore their needs at that critical time will be either overlooked, inappropriate care may be given, or their rights as next of kin may be denied. The couple (or the caring or remaining partner) may suddenly find themselves experiencing much of the isolation that other LGBT older people face, with little avenues for help.

Despite the range of specific issues that LGBT older people face, which may in fact mean that they are more in need of services than other older people, this (at times) vulnerable group are often not catered for by either LGBT or mainstream service providers. Many LGBT groups, venues and organisations are geared more towards the needs of younger people and many older people are also concerned about the implications of accessing LGBT-specific services (i.e. a fear of being discovered or
outed’). Others may not feel that they need the counselling-based support that many LGBT organisations provide but would like to share common interests and participate in activities with other LGBT people.

Similarly, others may feel that the LGBT aspect of their life is less important than the ‘older’ part, yet still feel unable to access older people’s services due to a fear, or the real experience, of homophobic discrimination and prejudice. Mainstream services often tend to treat older people as a homogenous group, often being unaware of the diversity of people which exist within our ageing population. LGBT issues are not promoted within the vast majority of these services and few staff are trained in the specific needs of older LGBT people, and may even be unaware of the very existence of LGBT service users. Again confidentiality is an issue for many LGBT older people, and with a catalogue of often negative experiences of services from their past, many will either never access services, or will never disclose their sexual orientation or gender identity, even at times of crisis, or when their treatment or care depends on it (e.g. in the case of sexual or mental health services, or when there are decisions affecting their relationship)

**Impacts of social isolation, for instance loneliness, ill-health**

The isolation and other issues outlined above, puts LGBT older adults at particular risk of poor mental health, and in turn, they may take additional risks with their health such as practicing unsafe sex, abusing alcohol, or attempting to take their own life.

National research, most notably that undertaken in 2011 by Stonewall UK[3] echoes many of our local findings (although it could also be argued that the situation for LGBT older people in rural areas is even worse than that described below, because of the traditional conservative values, rural isolation, the higher prevalence of homophobia and the lack of visibility of LGBT people as a whole).

The study (undertaken with over 1000 heterosexual and over 1000 LGB older people) discovered that LGBT people over 55 are (in relation to family support):

- More likely to be single. Gay and bisexual men are almost 3 times more likely to be single than heterosexual men
- More likely to live alone. 41 per cent of LGB people live alone compared to 28 per cent of heterosexual people
- Less likely to have children. Just over a quarter of gay and bisexual men and half of lesbian and bisexual women have children compared to almost nine in ten heterosexual men and women.
- Less likely to see biological family members on a regular basis. Less than a quarter of lesbian, gay and bisexual people see their biological family members at least once a week compared to more than half of heterosexual people.
- Consistently more anxious than their heterosexual peers about a range of issues including future care needs, independence and mobility, health including mental health and housing. Half feel that their sexual orientation has, or will have, a negative effect on getting older.
In relation to their **health**, this study also found that LGB older people:

- Drink alcohol more often. 45 per cent drink alcohol at least ‘three or four days’ a week compared to just 31 per cent of heterosexual people.
- Are more likely to take drugs. 1 in 11 have taken drugs within the last year compared to 1 in 50 heterosexual people.
- Are more likely to have a history of mental ill health and have more concerns about their mental health in the future.
- Lesbian and bisexual women are more likely to have ever been diagnosed with depression and anxiety – two in five have been diagnosed with depression, one in three with anxiety.
- Gay and bisexual men are twice as likely to have ever been diagnosed with depression and anxiety than heterosexual men.
- 49 per cent of lesbian, gay and bisexual people worry about their mental health compared to 37 per cent of heterosexual people.

In addition, the study elicited that with diminished support networks in comparison to their heterosexual peers, more lesbian, gay and bisexual people expect they will need to rely on formal **support services** as they get older. Lesbian, gay and bisexual people are nearly twice as likely as their heterosexual peers to expect to rely on a range of external services, including GPs, health and social care services and paid help. However, at the same time (they discovered) lesbian, gay and bisexual people feel that providers of services won’t be able to understand and meet their needs:

- Three in five are not confident that social care and support services, like paid carers, or housing services would be able to understand and meet their needs.
- More than two in five are not confident that mental health services would be able to understand and meet their needs.
- One in six are not confident that their GP and other health services would be able to understand and meet their needs.
- As a result nearly half would be uncomfortable being out to care home staff, a third would be uncomfortable being out to a housing provider, hospital staff or a paid carer, and approximately one in five wouldn’t feel comfortable disclosing their sexual orientation to their GP.
- Significant numbers of disabled lesbian, gay and bisexual people also report that they have not accessed the health, mental health and social care services in the last year that they felt they needed.
- The cumulative experience and concerns of older lesbian, gay and bisexual people leave them specifically concerned about the prospect either of living alone without support or having to enter care homes which will not meet their needs.

**Best practice and ideas that could be shared across Scotland, including examples of targeted support or initiatives (including housing, health, third sector)**

Dumfries and Galloway LGBT Plus runs a project for LGBT Older adults which includes recruiting older volunteers to help run social activities; offer befriending to
isolated LGBT Older adults, and to be a voice for the LGBT older adult community, thereby ensuring that their issues are considered in the design and delivery of local services. There are over 50 older adults on our mailing list and we hope to build on this work over the coming years to ensure that the needs of this group continue to be met by LGBT and older people’s services more generally. Similar projects are run in Glasgow and Edinburgh (LGBT Age) and a small group runs in Highland, however most areas have not even begun to consider the needs of this marginalized group. In addition, funded by money from the local carers’ strategy, work has been undertaken to raise awareness of the needs of LGBT Older adults through training, awareness raising and screening of the powerful film Gen Silent http://stumaddux.com/GEN_SILENT.html. Some local organisations have signed up for and are working through the LGBT Charter Mark Scheme (run by LGBT Youth Scotland) and others are using an audit tool developed by the LGBT Age at the LGBT Centre for Health and Wellbeing in Edinburgh http://www.lgbthealth.org.uk/services-support/lgbt-age/professional-resources/

**Potential ideas for improvement and influencing policy**

Instead of being viewed as a homogenous group, older people need to viewed holistically, with all aspects of their intersesectional identities as it is these intersections where most of the issues manifest. Similarly, in monitoring (through surveys, census information and at initial assessments e.g. for personalisation or hospital admission etc.), older people need to be asked about all aspects of their identity, or at least asked an open question about need relating to protected characteristics so that their needs as e.g. an older transgender disabled woman are not lost. Agencies need to be much more aware of intersectional identities, not least in the development of policy and strategy such as local Integration Schemes or local Delivery Plans for older people. LGBT agencies should be supported to bring LGBT older people together as a consultative forum so that their needs may be captured, and some Scottish research should be commissioned to fully identify the needs of this group.

**Effective awareness-raising within communities**

Training on LGBT Older adults issues should be a core part of training for older people’s services, and commissioners of older people’s services. Publicity materials and resources relating to older adults should show a diversity of older people including those who are LGBT, BME or from minority faith groups etc. GP practices will be particularly important locations to hold information. Integration schemes should have equality and diversity at their forefront and as awareness raising is rolled about about Integration, Personalisation, and other issues for older people, so LGBT issues should be included in this information. The Scottish Government could undertake a specific publicity campaign linked to One Scotland to raise awareness of people with intersectional identities, including LGBT older people.

[1] Dumfries and Galloway LGBT Centre, Age Scotland, DG Voice, NHS Dumfries and Galloway Cromarty Mental Health Service
Homosexuality was not legalised until 1980 in Scotland, and the World Health Organisation did not remove homosexuality from its classification of mental illnesses until 1992.

Lesbian, Gay and Bisexual People in Later Life: Stonewall UK 2011

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