A Welcome on the Mat?

Making Services Accessible to Older Lesbian, Gay, Bisexual and Transgender People

Dr Marie Riley
'This is the City and I am one of the citizens. Whatever interests the rest interests me'

Walt Whitman, *Leaves of Grass*, 1855

'We are just part of life and part of the community'

Marion, Project Participant, 2005
Foreword

Staff and volunteers at Age Concern Preston and South Ribble have given support to many thousands of older people since the organisation was founded as an independent local charity in 1981, providing practical assistance, information and advice, and a host of facilities including shopping services, luncheon clubs, computer classes and other activities. It continues to work in partnership with other local organisations to ensure the provision of high quality services.

It is encouraging, that as they celebrate their 25th year of service to older people, Age Concern Preston and South Ribble are demonstrating their commitment to ‘promoting the well-being of all older people,’ by recognising and valuing the diversity of the people who use those services.

Age Concern England’s nationally successful ‘Opening Doors’ conference in 2002 raised the profile of older Lesbian, Gay and Bisexual (LGB) people amongst a variety of organisations, and a number of worthwhile initiatives have followed that have benefited the estimated one-in-fifteen service users that are likely to fall into one of these categories.

The experience of ageing is common to us all, but because of complex social and historical reasons, many individuals, groups and communities have varied patterns of living their lives, patterns which are constantly evolving in the face of social change. As a result older people have many differing needs - which for some individuals and groups will remain unmet without a more imaginative approach from those who are in a position to support them.

Of course many older people’s services are already used by all sections of the community, but any effective organisation will seek to understand the needs of its service users before it attempts to address them. This report has been commissioned to examine whether local services in Preston and South Ribble are fully inclusive and appropriate to the needs of older LGB and transgender people, or whether there may be barriers to people accessing the things that they need to help them to age well.

It is heartening to see that older people have contributed this to this research and their views and opinions are valuable in helping us to understand how we can move forward on this issue.
A raft of recent legislation has helped to promote equality in a number of areas, but for an older generation who have lived through discrimination and sometimes outright hostility, there might be particular measures that organisations may be able to adopt that help to remove barriers, improve access and ensure that a message of acceptance and welcome goes out to all older people irrespective of sexual orientation or gender variance.

David Borrow

Member of Parliament for South Ribble
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The Project
1: Project Rationale: Why Single Out Older LGBT People?

‘What difference does it make?’

During the course of this project, a number of people from service provider organisations that I communicated with expressed surprise that there should be considered any need to research the accessibility of services to older lesbian, gay, bisexual and transgender (LGBT) people. ‘What difference does it make?’ was a question that was asked on more than one occasion. Resistance was raised to the idea of any specific treatment or singling out of LGBT people, fearing that it might constitute some kind of ‘apartheid’ or segregation based on sexual difference. Many saw no need for initiatives around inclusion, since their services, they argued, were already available to all.

‘We treat everybody the same’

The frequently expressed view was, that in some specialised areas, for example, sexual health promotion, the sexual orientation of service users might be a relevant issue. For other services it was not, because, I was assured, ‘we treat everybody the same’. This view appeared so prevalent that it is perhaps pertinent to address at the outset the reasons why we, at Age Concern, felt that this project was considered necessary and worthwhile.

Most public and voluntary sector organisations have sufficient commitment to equality and diversity not to discriminate overtly against LGBT people. Yet prejudice and homophobia still exist within society at large. Despite equal opportunities polices, individual practitioners within organisations may be hostile or ambivalent in their dealings with LGBT people. To deny this is to deny the testimony of those who have experienced discrimination at first hand. Similarly, to refuse to acknowledge difference in pursuit of delivering a ‘one size fits all’ provision is to fail those who, as David Borrow pointed out in the foreword to this report, might live their lives according to different patterns, and as a result, exhibit differing needs.

A number of previous research studies have pointed to differences in the lives of LGB or trans people that might impact on their service requirements.
There is evidence, for example, pointing to higher incidences of mental health problems and self-harm among LGBT people: not a direct consequence of sexual orientation or gender variance, but perhaps a predictable side effect of dealing with the stress of discrimination or being cast in the role of ‘other’ by straight society.

There are also differences in the patterns of family life which might impact on older LGBT people and subsequently affect the levels of support they are able to draw on as they move into older age. One American study, researching the support networks available to older people, discovered that the percentage of older people who had no one to turn to in a time of crisis or difficulty was ten times higher for lesbian, gay or bisexual people than that of the general older population.

Of course it is not always the case that older LGB or trans people will be isolated, vulnerable or unhappy, and it can be unhelpful to stereotype people in this way. Many of the participants in our Preston and South Ribble study lead rewarding and fulfilling lives, benefiting from strong support networks and links to their local community, and contributing more than they take from society. But unless those who are charged with delivering services are willing to familiarise themselves with the issues around sexual orientation and gender variance, it is likely that the needs of many older LGB or trans people will go unmet.

Some organisations we encountered expressed a desire to adopt a more proactive attitude to non-discriminatory practice, but felt that LGBT issues presented particular problems, citing the paucity of information about the number of their service users who might fall into these categories; concerns how they might be identified sensitively and appropriately, and uncertainty about how to proceed effectively.

We feel that it is important to recognise that although organisations might not discriminate directly, indirect forms of discrimination may occur when people self-exclude because they perceive those organisations as unwelcoming, or not providing a service that is relevant to their needs.

Older LGBT people who have lived through a lifetime of discriminatory practice will have a memory of a time when the collective response of ‘the authorities’ was to stigmatise, medicalise and criminalise those who deviated from the ‘norm’ of heterosexual behaviour or prescribed gender stereotypes. Much equalities legislation to protect the rights of LGB and trans people is still relatively recent.
At the time of writing, the new Equality Bill going through parliament is, after lobbying from pressure groups, currently being amended to prevent discrimination on the grounds of sexual orientation in the provision of goods and services. Without this amendment it would continue to be legal to discriminate on these grounds.

'There needs to be a welcome on the mat'

Some older people may be aware of their protection under existing legislation and organisational standards, others may be less so and are entitled to assurances from organisations that the services they provide will be appropriate and inclusive, and that they themselves will be, not simply tolerated, but respected and valued. To ensure this, we believe that service providers need to take a visible stance on LGBT issues, particularly where older people are involved.

A volunteer from an Age Concern in the West Midlands spoke at a recent Age Concern LGB national network meeting about his personal experiences of contact with older gay men, many of whom, he felt, still anticipate a negative response from health and social care practitioners. He recounted instances of people hiding evidence of relationships and feeling that they needed to suppress crucial aspects of their identity. According to Robin’s account:

'People can be out for fifty years, but when social services come to call that’s all wiped away. That part of them dies'

It is from Robin’s observation, ‘there needs to be a welcome on the mat’ that I have drawn the title of this report. It also, I hope, echoes the spirit of Age Concern England’s innovative ‘Opening Doors’ LGB programme

Age Concern Preston and South Ribble undertook this project as part of a journey for our own organisation in our efforts to make ourselves more responsive to the needs of this group of older people. We are conscious that we still have some distance to travel. Our intention was to listen to our service users, and those who might potentially use our services, in order to meet their needs more effectively; to learn from the good practice of other organisations, and to share with them any benefits that we accrued from our research.
2: Background

2:1 Previous Studies and Age Concern National Initiatives

There have been many generic studies relating to lesbians and gay men, less so about bisexual or trans people. Most of these studies have not focused on older people. An assumption that sexual orientation is an issue primarily for young people appears to be fairly pervasive. Raymond Berger, in his American study *Gay and Gray* (1996) pointed out:

> The increasing attention which is now being paid to the elderly, and to homosexuals as a group, has not extended to older homosexuals. When gerontologists talk about the elderly, they mean heterosexual elderly; when gay rights advocates talk about homosexuals, they mean young homosexuals. (p.13)

Stephen Pugh, an academic based at Salford University and a specialist on this area of work, confirmed this view in his 2002 article, 'The Forgotten':

> On the whole, researchers and commentators in exactly the fields of study in which we would expect older lesbians and gay men to be recognised – social gerontology and sexuality - have largely ignored their existence. (p.161)

Studies that have taken place have pointed to the lack of coherence in approach or to the shortcomings of the limited research that does exist. Annmarie Turnbull, in her Age Concern *Opening Doors Literature Review* (2001) commented on the fact that 'the research that has emerged is overwhelmingly based on people living in the USA' (p.2) and points to a number of issues around sampling which suggests that research participants in many studies are not particularly diverse or necessarily representative of older lesbian and gay people.

The existence of Turnbull's Literature Review reflects the fact that Age Concern had already begun to recognise the invisibility of older LGBT people, and was responding to the challenges of meeting their needs with its ‘Opening Doors’ Project which started in 1999.

An Opening Doors conference was hosted in 2002 with over 200 attendees from voluntary and public sector organisations.
Antony Smith, one of the conference organisers and a consultant to the Opening Doors project from the outset, now works for Age Concern England as National Policy and Development Officer for LGB issues, coordinating the Age Concern older LGB network. This brings together a number Age Concerns throughout the country who are striving to improve their practice on LGB/T issues.

As Annmarie Turnbull acknowledged, there is now a growing interest in LGB issues from UK researchers. In 2003, Brian Heaphy, Andrew Yip and Debbie Thompson from Nottingham Trent University surveyed 266 LBG participants over the age of fifty, using a questionnaire method alongside focus groups and interviews. Their report provides insight into the influence of sexuality and non-heterosexual identity on patterns of ageing and has a number of policy implications.¹

I have made reference to some recent research on older LGB and trans people throughout this project report, and to more generic research on LGBT issues, which although not focusing specifically on older people, is relevant to the field of health and social care. A recent MIND report, for example, draws attention to homophobic attitudes still prevalent amongst mental health practitioners.² I have drawn on practical sources such as Tamsin Wilton’s extremely useful Sexualities in Health and Social Care (2000), and consulted guides for practitioners on LGBT issues produced by organisations, for example UNISON’s Not ‘Just’ a Friend (2004) which offers best practice guidance on health care for LGB service users and their families.

2:2 Local Research

Studies within the North West of England have included Age Concern Blackpool’s 2002 survey of the health needs of older lesbians and gay men living in residential care homes in nearby Blackpool, Fylde and Wyre. The report was intended to include the Preston area but it is not clear if any care homes from Preston actually participated in the project.

Gary Kitchen interviewed three gay men and two lesbians as part of study of the social care needs of older gay men and lesbians on Merseyside commissioned by Sefton Pensioners Advocacy Centre in 2003.

In 2005, Lisa Galloway undertook a survey of policy and practice around sexual orientation in further education, conducting her research on site at Blackpool and Fylde College and looking, among other things, at attitudes of staff to LGB issues. Her research was not related to older people.

Age Concern Blackburn is currently conducting some local small-scale research on LGBT issues around older people.

2:3 Local Initiatives and Facilities

Lancashire is home to a number of LGBT Initiatives. The Navajo Project was founded in 1999, arising from North West Lancashire’s Health Promotion Unit. It issued from the premise that ‘tackling oppression, stigma, prejudice and addressing social well-being and acceptance in society of LGBT people has a direct positive impact on their health’. In order to drive good practice, Navajo awards a charter mark to organisations that have taken positive steps to encompass LGBT issues within their organisation. An approved organisational standard is agreed and monitored by a charter mark group made up of representatives from a number of statutory and voluntary organisations, many of whom hold posts in equality and diversity or work specifically with LGBT service users. Around ninety organisations in Lancashire currently hold the Navajo charter mark.

Navajo holds awareness training in LGBT issues, including a regular five day accredited ‘Training for Trainers’ course which is run several times a year and is well attended by representatives from a range of organisations including the health sector, and criminal justice agencies such as Lancashire Constabulary and the National Probation Service Lancashire. Attendees then go on to deliver LGBT awareness training within their own organisations. A similar course is delivered by South Ribble PCT. Navajo also facilitates a projects group which supports LGBT projects throughout Lancashire.

The other key group for LGBT issues, Lancashire Sexual Equalities Forum, meets quarterly. The secretariat for the forum is currently held by the Equalities Unit at Blackpool Council. It serves as a means of disseminating information about LGBT issues throughout the county, providing a useful platform for promoting new initiatives and bringing practitioners together to share good practice and work jointly on LGBT issues.

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3 Navajo Information Sheet.
Lancashire is a geographically large and diverse county and some areas inevitably have better coverage of LGBT issues than others. Blackpool, seventeen miles from Preston, has the reputation of being one of Britain’s gay-friendly coastal resorts with a more visible gay population. Blackpool has hosted a number of LGBT projects such as the ‘Rainbow over Blackpool Tower’ in 2005. This provided a vehicle for reminiscence and the gathering of local LGBT history material. It culminated in an exhibition that was on display in a number of outlets including libraries and community centres. Blackpool regularly hosts events such as World Aids Day Vigils, and in 2006 is holding its first Pride event.

Although some projects emanating from Blackpool can have county-wide repercussions, for older people, who may have limited ability to travel, there is little opportunity to benefit from initiatives that are not rooted in their own immediate locality.

In Preston there are a small number of LGBT initiatives including a lesbian group that meets at the Women’s Centre and a project for young people run by Preston Disability Information Service Centre, but nothing specifically designated for older people. Another lesbian group, Saffies, run by volunteers, has struggled to survive through lack of support.

Chorley, around twelve miles from Preston city centre, is home to Project Oscar which includes a gay men’s support group sponsored by South Ribble Primary Care Trust. The support group is not specifically for older people but does include a number of fifty-plus attendees. This group is used by people from a wide geographical area and provided a useful point of contact for my own research project.

I am indebted to John Miller, the project worker, for his expertise, support and contacts, which contributed significantly to moving this project forward in its early stages. Project Oscar has no equivalent in Preston and it is difficult to forecast at this stage what effect the imminent merger of Preston and South Ribble PCTs will have on service provision.

An LGBT charity ‘Lancashire Friend,’ based in Blackburn ten miles from Preston City Centre operates a telephone help line three evenings a week. The Lesbian and Gay Foundation in Manchester also operates a help line and offers some activities for older people, but this is around thirty-five miles from Preston and not a feasible distance for many older people to travel.

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4 See for example Paul Hartnett’s article on ‘Bad Boys go to Blackpool’ in the February 2006 edition of ‘AXM’ Magazine.
3: Research Outline and Methodology

3:1: Research Aims:

The purpose of this research study has been to ascertain the experiences and expectations of older lesbian, gay, bisexual and trans (LGBT) people of using services in the Preston and South Ribble area, and to determine the appropriateness of existing provision.

The study has sought to explore potential barriers faced by LGBT individuals and the LGBT community in accessing services for older people. It has involved interviewing a range of older LGBT people to find out about their experiences and expectations of older people’s services, and surveying staff and volunteers from a range of public and voluntary sector agencies to establish the level of awareness that organisations have about this group of service users.

As well as highlighting gaps in provision, the project has sought to identify and promote good practice. Its findings will inform future Age Concern Preston and South Ribble development work on LGBT issues and we hope encourage other organisations to reflect on their practice in this area.

3:2: Funding

The project has been funded by Preston Neighbourhood Renewal Innovations Fund.

3:3: Geographical Area of Project

The project took place in Preston in Central Lancashire, in the North West of England. Lancashire is one of England’s largest shire counties with a geographical area covering 3,075 square metres. Preston is one of the more densely populated parts of the county with a population of around 131,000, 14.5% of whom are aged sixty-five plus.

It was awarded city status in 2002.

The main focus of the project has been on the inner urban Preston Area, particularly the Neighbourhood Renewal Funding (NRF) priority wards.

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5 www.lancashire.gov.uk/environment/lancashire/profile/areas/county_pop.asp
This focus is a requirement of the project funding, but there is recognition that the expertise is Lancashire-wide and the few groups that exist for the LGBT community in Lancashire are not confined to the Neighbourhood Renewal areas. Individual participants within NRF priority wards were targeted but it was difficult to identify sufficient numbers from this area and they were also drawn from the wider Preston and South Ribble area which this Age Concern serves. One participant came from the North Lancashire area, but it was felt that her experiences and expertise on county-wide trans issues were of benefit to this project.

Service Provider organisations participating in the project have been largely concentrated in the inner Preston area and several have their offices within the NRF priority areas.

3:4: Methodology

Methods used were a mixture of qualitative and quantitative. Older LGBT participants were interviewed. While some interviews also took place with representatives from participating organisations to ascertain policies and procedures, the bulk of information from organisations was obtained by questionnaires.

3:5: Interview Method: Older LGBT Participants

i) Method of Recruitment

2000 leaflets were professionally printed and distributed to a range of organisations in the Preston area, including many organisations that took part in this study. 600 leaflets were sent out via post to older people on an Age Concern mailing list and leaflets were displayed in Age Concern offices. Newsletter items inviting people to participate were placed in local newsletters, including the Project Oscar Newsletter.

No participants were recruited directly via this method and no potential candidates offered themselves as interviewees after receiving a leaflet. All interviewees were recruited by word of mouth; from contact with practitioners working with groups of LGBT people; through colleagues at Age Concern, participating organisations, or advisors to the project; or through the researcher attending LGB groups and appealing for participants.
This led to a partial ‘snowball effect’ which has been shown the most effective method of recruiting participants in previous similar studies. The study encompassed a fairly diverse group despite some levels of inter-connection. Two sets of participants were partners; some participants were linked to other participants through social networks, support groups or friendships. Five participants had no connection with any other participant in the study.

The lack of success in recruiting participants via leaflet distribution or general publicity was largely anticipated in the context of previous studies (e.g. Brown 2002). It was felt worthwhile to go ahead nonetheless to ensure that the study was as inclusive as possible and offered the opportunity for as many people as possible to take part.

ii) Age of Interviewees

The target age of interviewees was aimed at over fifty. As with many previous studies, it has proven difficult to access the older age group

The oldest participant was sixty-eight and the youngest was forty-five. This participant, younger than the original target group and the only interviewee under fifty, was initially informally interviewed with her partner, and after some consideration, was formally included in the project. Many of her comments and views were pertinent to the project and it would have appeared unnecessarily stringent not to include them on the basis that she fell short of the target age. The project, like much earlier research therefore, has tended to focus on the younger end of the age spectrum.

iii) Status / Sexual Orientation of Interviewees

I have relied on participants’ self-definition for these categories. It has been difficult to access interviewees from all categories. Although attempts were made to access a cross section of people, no interviewees identified as bisexual. Despite the aim of the project to cover LGBT issues and the continued use of this acronym in this report it is difficult to argue that the project has addressed bisexual issues in any meaningful way.

Seven interviewees identified as lesbian, three as gay men, one as ‘other – cross dresser,’ and one, a participant who has had gender reassignment surgery, as ‘prefer not to label’.  

iv) Type of Interviews

Although a questionnaire was drawn up as a basis for interviews (Appendix 2) actual interviews tended to be loosely structured. All interviews were taped with permission from participants. Most interviews took place in the interviewees’ own homes although some took place on office premises. Interviews were designed to elicit experiences of using services or expectations of using services in the future.

Two participants were visited pre-interview to clarify the aims of the interviews and ensure that fully informed consent had been obtained. Others were contacted in advance via phone call, e-mail or through a third party. All participants were issued with information about the purpose of interviews and how they would be conducted. ‘Ground rules’ about the ethics of interviewing were discussed with participants (Appendix 1).

I have chosen not to transcribe interviews verbatim, feeling it more useful to isolate specific replies and group into topics. I have tried as far as possible to reflect the broad spectrum of opinion reflected in interviews. The sample of interviewees was small, and not necessarily representative of all LGBT people. It seemed inappropriate, if not misleading, to use replies as a basis for drawing graphs and bar charts or citing percentages. I have kept reportage of this section fairly fluid.

Some quotes I have attributed to specific interviewees, particularly those where I felt that a strong statement was being made where ‘ownership’ might be an issue. Some I have allowed to remain unidentified.

3:6: Questionnaire Method: Service Provider Organisations

i) Type Of Services

The study has focused on selected services, which can be divided into four broad categories:

- Housing Providers
- Health Care Providers
- Social Care Providers
- Information and Advice Services
ii) Selecting participating organisations

A number of organisations were approached that either provided services to older people, or provided more general services that older people were likely to access. None directly declined to take part in the study, though a number did not respond to e-mails or return telephone calls despite repeated attempts to contact them.

One approach to an organisation elicited a questionnaire response only from the Chief Officer, who, although agreeing in principle to take part, felt it ‘not appropriate’ to pass on the questionnaire to his staff. I have not included this organisation in the survey results feeling that the response from one single individual cannot be deemed to be representative of that organisation.

Another organisation specifically dedicated to working with minority ethnic communities was approached and agreed to distribute questionnaires, but no responses were received. This was largely because the organisation was, at that time, in a state of flux, having shed most of its staff due to funding difficulties.

It may be that those organisations that did take part are more likely to be sympathetic towards LGBT issues.

Several service provider organisations were visited to explain the purpose of the project although time constraints precluded this for all organisations, for example GP practices.

In general, voluntary and private sector organisations tended to be more straightforward when it came to obtaining consent to distribute surveys. I approached two private residential care homes and both readily agreed to participate after receiving assurances about staff anonymity. For public sector organisations this was a more complex and protracted process. Some individuals within those organisations, to whom I owe a debt of gratitude, went out of their way to extend support and facilitate participation. Other potential enablers did not return contact, extending considerably the amount of time it took to secure the involvement of those organisations.

Inevitably the complex and hierarchical structure of large organisations proved a complicating factor.
iii) Organisations surveyed for the project

Age Concern Preston and South Ribble
Preston Disability Service Centre (DISC)
Preston Citizens Advice Bureau
Harvest Housing
Catholic Caring Services
Preston City Council Welfare Rights Service and Panda Mediation Service
26 GP Practices in Preston’s PR1 and PR2 districts
Lancashire County Council Social Services Dept
The Birches Residential Care Home
Moor Park Residential Care Home

iv) Distribution of Questionnaires

Distribution took place via a variety of methods. Age Concern staff and volunteers received questionnaires alongside a regular mail-out of our volunteer newsletter, the *Arkwright Flyer*.

Questionnaires were distributed by team managers via their internal e-mail system to Lancashire County Council Social Services staff.

Other surveys were distributed either by myself at team meetings or via a key contact in the organisation. In some cases, managers, team leaders or equality and diversity personnel received and distributed questionnaires.

Questionnaires were hand delivered to 12 GP practices for the attention of the practice manager, and posted out to 14 others.

It was difficult to monitor the response ratio from individual organisations or in fact the ratio of overall responses to the number of questionnaires sent out. This was due to the variety of distribution methods preferred by different organisations and uncertainty in some cases about how many were finally distributed to individual staff or volunteers.
v) Information Requested from Service Providers

The complete questionnaire is attached at Appendix 4. Its focus included the following areas:

- Levels of awareness of LGBT issues
- Levels of confidence in supporting LGBT service users
- Training in LGBT issues
- Knowledge of equal opportunities policies
- Experiences of working with LGBT service users
- Knowledge of LGBT referral organisations

3:7: Ensuring Good Practice: Advisory Group

An e-mail advisory group was established at the outset to provide a range of expertise for the project. Its role was a consultative one, scrutinising literature and promotional material associated with the project to ensure it was language appropriate and inclusive. It enabled the project to utilise best practice and proved helpful in promoting networking opportunities, suggesting interview contacts, and enlisting support from the LGBT community.

Advisory Group Members:

Antony Smith: National Development and Policy Officer:
Older Lesbians, Gay Men and Bisexuals,
Age Concern England

Bobbie Perry: Equality and Diversity Manager:
National Probation Service Lancashire

Lynne Braithwaite: Consultant to Lancashire Constabulary:
Trans Issues

Rosie Jolly: Chief Officer:
Age Concern Fylde

Clive Taylor: Health Development Manager:
Blackpool and Fylde PCT

John Miller: Public Health Community Worker:
Project Oscar
Several members of the group are involved with Navajo and attend the Lancashire Sexual Equalities Forum.

During the course of the project I attended Lancashire Sexual Equalities Forum meetings and Navajo charter mark group meetings in order to familiarise myself with appropriate organisations and initiatives. I also participated in Age Concern Older LGB national network events.

Leslie Sopp, Head of Research at Age Concern England, kindly gave advice on the research outline and methodology. All errors and omissions are, of course, entirely my own.

3:8: The LGBT Rainbow

Accommodating the needs of a number of diverse groups within one study has presented some difficulties. Lesbians, for example, are not necessarily a homogeneous group, any more than gay men, bisexuals, or trans people.

There were many differences, both between individual participants and ‘categories’ of participants I interviewed. Gay men and lesbians, although they have participated in common causes and face similarities in discrimination, are separated by gender differences. There are social and legislative differences in the way society has historically responded to gay men and lesbians as a group. It is naïve to assume that that services that meet the needs of one group will necessarily meet the needs of the other.

It has proved challenging, from a methodological point of view, to accommodate bisexual and trans issues in this study. No participants identified as bisexual. Some representation on trans issues was obtained. One participant has had gender reassignment surgery, another participant described herself as a ‘cross dresser’. A further trans representative formed part of the e-mail advisory group for the project.

It was problematic, on a practical level, to devise survey and interview questions that were inclusive to all groups. Trans people have a set of issues that cannot easily be subsumed under the LGB banner. Some organisations, still grappling to come to terms with LGB equality, or conscious of their limited resources and not wanting to simply pay lip service to this subject, defer addressing trans issues as too difficult or specialist, leaving this group at risk of being further marginalised and isolated.
Despite having to reconcile varying sets of interests which do not always coincide I felt it better to continue to try to represent the needs of this group rather than to exclude them as being too difficult or esoteric, although I am aware of the inadequacies of this approach and that some of this study may be skewed more towards lesbian and gay issues.

Attempts to encompass the whole rainbow while referencing other studies and projects that have been more specific, have led to problems with terminology as I switch constantly from LGB to LGBT or LGB/T. In some parts of this study I refer only to LGB, either because I am citing studies, instances or initiatives that may not have included trans participants, or because the issue under discussion may be specific to LGB rather than trans people. Even on these occasions, LGB may be a misnomer as in reality bisexual issues are often overlooked.

3.9: The Role of Researcher

This was not a neutral role. Inevitably my commitment to equal opportunities influenced this project, as did the commitment of Age Concern Preston and South Ribble to promoting diversity and non-discriminatory practice. I would not have felt comfortable securing the participation of interviewees adopting any other stance.

My own sexual orientation was not, I felt, a particular issue for the gay men or trans people I encountered during the course of the project, since I did not present as someone who had shared their specific experiences, although this could be a misinterpretation of how I was perceived. Some of the lesbians I interviewed did want to know about my sexual orientation. Discussing these issues with Bruce Graham, a member of the Age Concern LGB network, he observed perceptively, ‘they would want to know if you were family’.

This, I felt, was a sensitive way of framing it, and encapsulated a sense of belonging amongst the lesbian community that was not exclusive or hostile, but simply acknowledged a shared sense of being, and a need to know whether I might be tuned in to a commonality of experience.

Many people gave freely of their time and their trust to this project, despite it being for them, a leap in the dark about whether it would reflect their interests fairly, or render them vulnerable to misinterpretation or insensitive translation, either of their views, or the way that they live their lives.

I have remained conscious of the responsibility that this entails and hope I have dealt fairly with everyone involved.
3:10: Project Presentation

I have included ‘pen pictures’ of participants with some personal details and referred to participants by their first names rather than initials or assigning interviewee numbers. This was in order to retain a more human touch so that participants’ views could be presented in a readable and approachable format.

The aim of the project was to identify barriers to LGBT people accessing services. The outcome was intended to promote good practice and improve access to services. It was important to produce a practical and accessible project report, not a dry and worthy document that would remain unread by the individuals and organisations it is intended to reach. I approached interviewees, I hope, not in the guise of an academic trying to garner information about ‘alternate’ lifestyles, but as someone who simply wished to consult, listen, and reflect their views.

I have, for emphasis, highlighted comments from participants in a different font, often separating short comments from the main body of text. Some of the longer quotes I have attributed to specific participants. Many shorter comments I have left unattributed to give the impression of a cacophony of voices contributing to the report.
The Participants
4: Pen Pictures of Participants

David

David is a sixty-one year old social worker. After losing his partner two years ago he now lives alone. Experiencing bereavement as a gay man has made him aware of the lack of support, and often insensitivity, that people in his position are faced with.

David and his partner were together for thirty-four years and during that time he always 'went out of his way' to ensure that people recognised them as a gay couple. In the past he has been active in campaigns for gay equality and is confident and comfortable about being out. He has no family, but has good friendships and networks with organisations that provide activities for gay people, including gay walking groups. He has recently been discharged from hospital outpatient services after suffering from a heart attack.

Marion

Now sixty-two, Marion retired eleven years ago due to ill health and lives alone. Her previous employment was as a caterer. Marion is involved with a variety of local charities. She is treasurer of a local charity and has been invited to join the board of two local women’s organisations. She has three sons and several grandchildren. Marion maintains a close relationship with her family despite the fact that they all dispersed geographically. In her free time she enjoys painting.

Susan

Susan is fifty-five, and is employed full time in a co-ordinating role that enables people with disabilities to have access to transport. From a previous marriage she has a daughter, with whom she enjoys a close relationship, and two granddaughters. Susan has been together with her partner, Sarah, for ten years. Susan and Sarah enjoy going out for meals together and are part of a loose social network of other lesbians, but would welcome the opportunity to have ‘more gay friends’.
Sarah

Sarah, at forty-five, was not initially recruited as a participant due to her age falling below the threshold for the project, but after being interviewed alongside her partner, Susan, it became clear that she had much to contribute and that the project would be poorer without her involvement. Sarah, like many participants, was married for a period, but found the support available to help her to end her marriage and acknowledge her sexuality to be wholly inadequate. She has two children and also shares in the extended family of her partner. Sarah is still employed full time, and although ‘out’ in some social situations prefers not to reveal her sexual orientation at work.

Jim

Jim, now fifty-seven, worked as a plaster technician for the NHS but retired eleven years ago due to ill health. He has arthritis, depression and a number of other health problems. Jim currently lives in rented accommodation but is on a waiting list for sheltered housing. Jim lives alone. Last year he split up from his partner of nine years, although they did not share a home together. He has since found it difficult to meet people, partly due to his limited mobility.

Jim’s childhood was spent in children’s homes where he reports that he was verbally and physically abused. He has been married three times but he did not have gay relationships during that period. He did not know anything about the gay scene until he was forty-five when he suffered a breakdown brought about partly due to his growing awareness about his sexuality and the realisation that he should never have married. Jim has a teenage daughter whom he sees regularly.

June

June is sixty-five and was a social worker until her retirement in 1999. She was married for twenty-five years and has two sons. Following her divorce she had a female partner for seventeen years whom she has now separated from. She recently moved back to Preston after living away for some years and now lives alone in a property she is in the process of renovating. June has friendships and good social networks with other lesbians. She enjoys opera and theatre and eating out. June remains on good terms with her ex husband and sees her children and grandchildren almost every day.
Jeannie

Jeannie is sixty-five and has been living with her partner Pam for twenty-one years. She retired from a senior position in the NHS after suffering a head injury. The following years were difficult, as she adjusted from a busy responsible position, to a life without structure and reduced capabilities. After a period of depression Jeannie began to take small steps towards recovery and regained confidence through volunteering. She is now Chair of her local Home Start and involved in numerous local voluntary organisations including the CAB and Older People’s Forum. Jeannie’s community involvement has given her a high profile amongst professionals in the voluntary and public sector and she is open and confident about her sexual orientation.

Jeannie has a strong relationship with her daughter and son-in-law and their family. She is proud that, whilst growing up, her daughter always made a stand against prejudice and bigotry.

Pam

Pam is sixty-two years old. She retired as a health care professional due to ill health and has arthritis. Pam was married for a period but made the decision to come out in her mid forties when she realised ‘it was about time she lived her own life’. Pam’s family, whilst seemingly accepting of her sexuality, are not comfortable with her relationship with Jeannie. As Jeannie’s partner however, Pam has been fully absorbed into Jeannie’s family and is accepted as a grandparent to Jeannie’s grandchildren.

Pam is active in her local community as a volunteer for several organisations, including Home Start and a local blind society, where she offers her services as a reader.

Paul

Paul is sixty-eight years old and is now retired after a career in retail management. He was married for nine years and although it was a warm and caring relationship he felt able to come out and ‘be himself’ following the death of his wife. He has no children. Paul lives with his partner of eighteen years, Martin. They share a range of interests including their two dogs. Paul also enjoys gardening, photography, travel and cookery. He is actively involved in his local church
Jane

Jane is a sixty four year old resident of a sheltered housing scheme. She is in poor health following a succession of strokes and is a wheelchair user. She has had alcohol problems in the past but stopped drinking twenty-five years ago. Jane has been cross-dressing in private since she was around nine years old. To maintain discretion, she dresses mostly as a man in her day-to-day life, but privately cross-dresses as a woman, to some degree, every day. To her family and the outside world she is known by her male name. Only a small number of health and social care practitioners are aware of Jane’s cross dressing and preference for a female identity. She would have liked to have had gender reassignment surgery, or at least have lived more fully as a woman, but has always found it too difficult to come out about her situation. Before she retired Jane was a master butcher. She has been divorced for a number of years.

Christine

After being widowed and then newly re-married at the age of fifty, Christine came to the difficult realisation that her life as a man was no longer tenable. Christine, who is now sixty, spent her working life with the ambulance service, retiring as a superintendent due to ill health after twenty-seven years service. Within two years she was living full time in her new gender role and giving voluntary support to trans people via a telephone help line. Despite the issues that this raised for them as a couple, and the prejudice and discrimination they have faced together, Christine and her wife, Shirley, have remained married and provided constant support to each other for the last ten years.

Despite a series of health problems, Christine’s post retirement years have been full. She became a qualified counsellor and for a period was regional organiser for the Beaumont Society. She has delivered lectures and training on trans issues to a number of organisations. Living in different parts of the North West, she has advised three police forces on trans issues, producing documents on training and custody procedures. She continues to work with Lancashire Constabulary. Christine has now had gender reassignment surgery. Both she and Shirley are settled in their local community with good relationships with neighbours and local people who are aware of their situation and generally supportive and helpful.
Audrey

Audrey is fifty-five and has lived in sheltered housing for about two years due to poor health. She was first aware of her feelings for other women when she was a teenager, but she suppressed them hoping that it was 'just a phase'. She was briefly married and brought up her son as a single parent.

Audrey has suffered from depression for many years and feels that her fragile mental health is related to anxiety about her sexuality and inability to find a partner. As she has kept her sexual orientation secret she feels has never had the opportunity to have a relationship.

At the beginning of this project Audrey had confided only to a small group of people, mostly health and social care practitioners, about her sexual orientation. She feared rejection from her family. During the course of this research she contacted me to say that she had made the decision to ‘come out’ to her son and other family members. This has been a positive experience as her family proved supportive, although she continues to struggle with depression and feels isolated because she lacks contact with other women who have gone through similar experiences.
5: Participant Interviews

5:1: Background Information:

It should be noted that this is a very small-scale study with a higher proportion of lesbians than gay men. It presents only a snapshot of those interviewed. It does not purport to be statistically representative.

i) Family Life

All participants except for one had been married at some stage, although none identified as bisexual. Again, this was simply a reflection of the society that participants grew up in, when many of them felt it was difficult to acknowledge their own sexuality, let alone reveal it to other people.

Nine participants had children. Nearly all participants reported warm relationships either with children or extended families, though for many this was after a difficult or even traumatic period of coming out in later life. Those who did not see their families regularly cited geographic reasons rather than any relationship problems. Most participants who had families living locally saw them regularly.

ii) Relationships

Six participants were in long-term relationships; six were not. Of the latter group, two had recently broken up with long-term partners. David had been bereaved two years ago after thirty-four years with his partner.

iii) Housing

Two participants lived in sheltered accommodation, the rest lived in their own homes.

iv) Age

The target age range for the project was fifty plus but one participant fell below this at forty-five. The oldest participant was sixty-eight.
v) Ethnicity

All interviewees identified as white, although one interviewee was keen to stress his dual Irish heritage. I adopted the ethnicity classifications used by the Neighbourhood Renewal Unit so that monitoring returns could be streamlined. These classifications were limited, containing only the five main census categories without including sub categories. For many purposes this would not be fully adequate, but in this case the ethnicity of project participants showed little evidence of diversity.

The ethnic make up of Preston in the 2001 census is shown in the table below:

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>85.5</td>
</tr>
<tr>
<td>Mixed</td>
<td>1.3</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>11.6</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>0.9</td>
</tr>
<tr>
<td>Chinese or Other Ethnic Group</td>
<td>0.6</td>
</tr>
</tbody>
</table>

The Asian population for some Neighbourhood Renewal wards is much higher than indicated in the above table, for example rising to 32.2% in the Town Centre ward and 29.3% in nearby Fishwick. Despite this, no older LGBT participants from minority ethnic communities were identified who might be recruited for the project.

Although this reflects to a large extent the invisibility of this group, it can also be seen as a shortcoming of the project in an area as ethnically diverse as Preston. Further research into issues of sexual orientation affecting minority ethnic elders would clearly be a worthwhile, although sensitive, topic.

vi) Employment Status

Three participants were in full time employment, the rest were retired or out of employment due to ill health.

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7 Population figures taken from UK 2001 Census @ [http://neighbourhoodstatistics.gov.uk](http://neighbourhoodstatistics.gov.uk)
vii) Use of Services

All participants had visited their GP within the last twelve months. Six participants had received treatment at hospital as an outpatient and four as an in-patient. One was making use of a community psychiatric service and another was visited by a district nurse. The health service was the most consistently used by participants. None of the participants accessed domiciliary services such as Meals on Wheels.

Four participants had used services offering information and advice in the last twelve months, some of these had contacted multiple organisations.

5:2: Anonymity and Being ‘Out’

All participants were in various stages of being ‘out’ about their sexuality in different situations, from David who felt it personally and politically important to assert his identity and determined to continue to do so ‘until people start putting bricks through the window,’ to Audrey, who, at the age of 55 was just beginning to tentatively explore coming out, and Jane, who still lived a largely hidden life. Some felt that they were fully out, but as Jeannie and Pam put it...‘we tend not to make an issue of it’. Others were more guarded depending on the situation. Although the question was not asked directly about when participants first came out, it became clear in discussions that the process had begun in mid life for the majority of participants.

‘A lot of lesbians have led heterosexual lives for quite a long time. We have gone through experiences that have made us more wary, less confident - no less proud, but we find it more difficult now because we've come at it at an older age and probably hit a lot more prejudice or found it difficult to deal with’

The quote above from June seemed to sum up the situation of many participants whether lesbian gay or trans. Jim was forty-five when he fully admitted to himself that he was gay. Paul was strongly aware of his sexual orientation whilst he was married but constrained by social pressures to adapt to heterosexual society. Pam came out in middle age when she realised that she was no longer prepared to conform for the sake of other people:

‘I decided when I was forty that if I wasn’t going to live my own life now then I never would’
Many participants described the considerable emotional strain of decades of denial about their sexuality and aspects of who they felt they were as people. Being in a situation where they could be open about their sexual orientation came as a tremendous relief to all those who had been through this process. In Paul’s words:

‘Having come out ... It’s the most wonderful thing just to be yourself’

Being ‘out’ however, is a more complicated process than is sometimes assumed by those who have not had to deal with a myriad of social and professional situations, some ‘safer’ than others for LGBT people. Anonymity, consequently, was an issue for many participants. Some were happy for their full names to be used in the project report; others preferred only their first names. Two chose names that they were not generally known by and one chose a pseudonym.

‘We like to think it’s a tolerant society, but that isn’t always the case. Lives and careers are still ruined. We have come a long way in terms of race but not in terms of sexuality’

Several participants asked for details that might identify them not to be included in their pen pictures. This did not reflect a lack of pride in who they are, but an understandable degree of caution, especially for those whose employment or voluntary work brought them into contact with people who they felt might react less than positively.

‘It’s still an issue for professional people, especially if you’re working with children. You can’t really be open about it. You don’t know what the repercussions will be’

5:3: Volunteering Information about Sexual Orientation

Participants felt that it was important, in some contexts, but not others, for people delivering services to be aware of their sexual orientation. David, who is out and confident, talked about his expectations of care if he should ever be in the position of requiring domiciliary services:

‘I would absolutely demand that anybody who came into my house would know who I am, and how I tick, and what are the important things for me’
Nonetheless he appreciated that this would not be the stance that everybody would adopt:

‘For an awful lot of people the last thing they’d want is to tell professionals that they are gay…they would be scared to death about what the professionals’ attitude would be’

Participants felt that the most likely scenario where they would volunteer information about their sexual orientation would be to their GP. Many reported positive experiences in dealings with GPs. According to Susan ‘he was fine… he didn’t make me feel uncomfortable’. Sarah, on the other hand, has not come out to her current GP because she felt that they have a good relationship that might be put in jeopardy if he reacted badly. Paul felt that in his own surgery the doctors and nurses were all helpful and welcoming.

Christine felt that having a supportive GP was particularly crucial for trans people requiring gender reassignment because they provided a gateway to other services.

The other most common reason for volunteering information about their sexual orientation was in situations involving partners or next of kin. Most participants, even if they were entirely comfortable about being ‘out’, tended not to volunteer information about their sexual orientation unless they felt it was specifically relevant.

5:4: Responses to Monitoring Sexual Orientation

‘It means you exist’

Participants discussed their experiences of being asked by service providers about their sexual orientation and whether they felt comfortable about responding to those kinds of questions. Participants were not asked directly if they were in favour of organisations monitoring sexual orientation although with hindsight this would have been a useful question to ask.

Situations where participants had been asked directly about their sexual orientation were rare. One was an incident in a GP’s surgery which seems to have arisen out of general discussion, rather than a specific policy to monitor sexual orientation. In this case the practice nurse had enquired about the interviewee’s living arrangements.
When she had replied that she lived with another woman, the nurse asked whether this was ‘a physical relationship’. This seems to have been a particularly clumsy and unwarranted attempt to gain information about the status of a patient’s sexual orientation.

The only other two occasions described were from participants, who although unconnected, had both had dealings with the same housing provider, North British Housing. Marion, although initially expressing some resistance to the idea of monitoring, had no objection to answering the monitoring question on their application form as it was accompanied by the association’s equal opportunities policy. She felt that this gave a clear understanding of why the question had been asked. While happy with this approach she felt that without the accompanying statement the question would have appeared intrusive.

Jim, who was asked the same question by the same housing provider, was very positive about monitoring, saying, ‘It means you exist’. The equal opportunities statement that accompanied it gave him confidence that the housing provider was positive about anti-discriminatory practice.

Unsurprisingly perhaps, North British Housing was cited by Age Concern England to be the first housing association to address directly the needs of older lesbians and gay men, producing their own research on this issue in 1999.8

5:5 Inclusive Literature and Images

In discussing situations where participants may, or may not, choose to reveal their sexual orientation or gender identity, I asked participants, perhaps unrealistically, what kind of clues that they would look for about whether a practitioner presented as a ‘safe’ person to come out to. This proved a fairly unproductive mode of questioning. In Christine’s words:

‘You can’t prejudge how people will react. If you could it would be easy’

It soon became apparent that what participants were looking for were not subtle, indiscernible signs from individuals, but a clear and unambiguous statement of non-discriminatory practice from organisations.

As David put it:

‘In its presentation an organisation could make sure its personnel were aware of gay rights and equality issues ... that the staff had training in that area, that might reassure people’

Although all of the organisations’ equal opportunities policies that I was able to obtain copies of made reference to sexual orientation, if not gender identity, these policies are not generally documents that are easily accessible and visible to service users. The clearest statement that an organisation could make about its commitment to LGBT service users would be to include explicit references in its literature and promotional literature to LGB and trans people. Discussions with participants revealed that they perceived there to be a dearth of such literature.

‘There aren’t any (leaflets), even in the doctors. The only place you see them is in the sexual health clinic’

‘There’s no information in the waiting room (at the GP’s surgery). There are notices about every other thing, but nothing about lesbian and gay issues’

Interviewees were asked whether, if they visited somewhere for advice, information or support, they would find it helpful to see information on display that referred to LGBT issues. It was apparent from their responses that, from the point of view of participants, equal treatment did not mean that organisations should remain oblivious to their existence.

‘It would make you feel at ease before you went in to see somebody’

‘It would be particularly helpful for older people’

All participants agreed that they would find literature that specifically made reference to LGBT people helpful and it emerged strongly from subsequent discussions, that organisations which did not reflect their LGBT service users in any of their leaflets and literature contributed to their sense of invisibility within society.

‘I think literature is important - It should be inclusive’
'It would be a sign that they acknowledged that there are gay people around'

A number of participants commented on the lack of positive images and the lack of information and literature about LGB or trans issues in places where literature about many other issues appeared in abundance. Participants felt that inclusive literature was important because it acknowledged their existence and signalled an organisational culture where they would be welcomed and where their sexual orientation or gender identity would not be an issue.

'I think literature would make a big difference as to whether people would want to access services'

The only caveat came from Christine who felt that although such literature was a good idea in principle, it might lead to unrealistic expectations that staff were knowledgeable about trans issues, when in her experience this was unlikely to be the case.

'It's no good putting leaflets out if the staff don't know what the issues are'

5:6: Information and Advice Services

'I wouldn't go to one (a mainstream advice or information service) to get help. I would be educating them. I think they need more training'

'If I wanted support there is an advice line in Manchester I would ring - there is nothing round here'

'If it was a specifically gay thing I don't think I'd go to a 'straight' advice bureau'

'I think they would be helpful. I don't think they would be obstructive. I wouldn't expect they'd have the information at their fingertips'
'They were very apologetic that they didn’t know the answers'

'I find them really good. I know they have proper equal opportunities policies'

Despite some of the above comments, four respondents, a relatively high number for such a small group, had contacted mainstream advice agencies in the last twelve months. Some of these respondents had been in touch with multiple agencies as the table below illustrates:

Number of Enquiries Made to Information and Advice Agencies

<table>
<thead>
<tr>
<th>Agency</th>
<th>Enquiries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citizens Advice Bureau</td>
<td>4</td>
</tr>
<tr>
<td>Age Concern</td>
<td>1</td>
</tr>
<tr>
<td>Other Welfare Rights Organisation</td>
<td>1</td>
</tr>
<tr>
<td>British Legion</td>
<td>1</td>
</tr>
<tr>
<td>LGBT Organisation</td>
<td>2</td>
</tr>
</tbody>
</table>

Jeanie, because of her extensive volunteering involvement, had encountered a number of staff who worked in Information and Advice agencies and was fully confident that those agencies were appropriate places to access information about LGB issues. She spoke particularly highly of Lancashire County Council’s Welfare Rights Service.
5:7: Housing and Residential Care

i) LGB People and Residential Care

‘It must be very lonely emotionally. When you go into the main lounge they’re all going to be chatting about their husbands and wives and you would be reluctant to join in the conversation. And it would be quite sad really, to go into an environment like that’

The idea of specific lesbian or gay care homes was raised by a number of interviewees who felt that it would benefit them personally. Sarah’s thoughts (above) on the subject were seconded by her partner, Susan, and both felt that residential care would be particularly difficult for lesbians and gay men. June spoke eloquently about the reasons why older lesbians might want to seek out specifically designated residential care accommodation.

‘I know it sounds precious, but I would like to think there would be places that were predominantly if not solely for older lesbian women, because I share a lot of things, as an older person, and as a woman, with other people. But there is a part of you that is different, and it is that difference that you want to share with other people - and it makes it a sameness then. And that is really important, because the isolation you feel about who you are is difficult enough - and then to live in a situation where they are all heterosexual, you are denying yourself - and that leads to lots of psychological problems’

Sexual orientation, as these comments illustrate, is not solely about sexual activity, but about identity, and for some - but not all - a sense of belonging to a specific community. Although it can be misleading to talk about ‘communities,’ LGBT social and other networks do exist; sometimes fragmented or short-lived, sometimes visible and sometimes less so; but for a number of people provide levels of support and friendship that have sustained them through difficult times.

People who have experienced prejudice or discrimination, or those who have gone through particular situations, for example the difficulties of
‘coming out,’ may feel a sense of belonging amongst those who have shared similar experiences and with whom they share a similar outlook. It is neither unusual nor unreasonable for people to seek out those who they feel have some kind of common history or identity, or to welcome the opportunity to congregate in separate spaces when the wider community can sometimes be unwelcoming or define you as in some way different.

While many interviewees, as described earlier, exercised discretion about their sexuality in some situations, either because they anticipated difficulties, or simply felt it was ‘nobody else’s business,’ coming out was a process that they preferred to be in control of.

The idea, in older age, of being in a full-time situation where they were in a minority; where they could not share aspects of themselves with people of a similar outlook; or where they might feel that they either needed to be guarded about who they are; or face being stereotyped or defined by their sexual orientation was not a welcome prospect. There was not a great deal of confidence that staff or residents, would be sufficiently inclusive.

‘It would be awful to be looked after poorly paid staff who lacked basic awareness’

Confirmation that care homes are not the most welcoming environment for LGBT people came from the Polari Housing Association’s 1995 study of the housing and support needs of older lesbians and gay men. Annmarie Turnbull, in her Age Concern Opening Doors Literature Review, quotes, from the case study of Paul, aged 88 living on Merseyside, who featured in the Polari report:

"Though of a comparatively high standard of accommodation, I don’t think my care home is a particularly easy place for a gay man to live. They know about me but I have to be discreet, which I never used to be. Also, my gay friends tend not to visit me any more, not being made to feel welcome and also feeling it could make life difficult for me. (Turnbull p.12)"

In the Polari study, 91% of lesbians and 75% of gay men surveyed welcomed the idea of separate sheltered or residential care accommodation.

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for lesbians and/or gay men. To date there is still no such provision in the UK.

Of course a great deal of legislative progress has been made on LGB and trans issues since the last decade and we might assume that this has brought with it a change of attitude that would improve the situation for LGBT people in care homes and sheltered accommodation. A study carried out in 2002, however, of lesbian and gay issues in residential care in Blackpool, raised particular problems for the researcher, Elliot Brown. In the seven homes that fully participated in the study, staff were unable to identify any LGB residents for Brown to interview. The interviews he held with other residents highlighted high levels of homophobia:

Hearing oppressive views and opinions from three generations ago felt very isolating and at times extremely depressing. I considered how it might be for an older lesbian or gay man wishing to reminisce openly, after possibly living a large part of their lives in oppressive and unsupportive communities. I felt that I had gained a little insight into how very isolating this environment might be for any gay or lesbian resident. (p.8)

It would be unfair to attribute homophobic views to all older heterosexual people, but the indications are that these views are more prevalent amongst this age group. A recent (2003) comprehensive study in Scotland, produced by the Scottish Executive, highlighted a high level of homophobic attitudes amongst respondents. Results varied according to respondents’ gender, social class, religious belief and educational qualifications, but the age of respondents was a highly significant factor with people aged over sixty-five exhibiting significantly higher levels of homophobia and negative attitudes towards LGB people.

Older people in this study were less likely to report knowing anybody who was gay or lesbian. Just over one in three (37%) of those aged over sixty-five said that they knew someone who is gay or lesbian compared with more than three-quarters of those aged under sixty-five.
Homophobic Attitudes of Older People in Scotland by Percentage\(^\text{10}\)

<table>
<thead>
<tr>
<th></th>
<th>Equal opportunities for gay men and lesbians gone too far</th>
<th>Male homosexual relationships are always wrong</th>
<th>Gay men and lesbians unsuitable primary school teachers</th>
<th>Gay couples should not be allowed to marry</th>
<th>Gay male couple are not as good parents as a man and woman</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Ages</td>
<td>19</td>
<td>29</td>
<td>27</td>
<td>30</td>
<td>39</td>
</tr>
<tr>
<td>65+</td>
<td>29</td>
<td>51</td>
<td>47</td>
<td>49</td>
<td>56</td>
</tr>
</tbody>
</table>

The British Social Attitudes Survey has consistently returned results indicating higher levels of homophobia amongst older people. This suggests that older LGB people are likely to face discrimination from their peers in situations where older people congregate.

As well as the implications for housing, this suggests the possibility that mainstream services provided for groups of older people, for example, luncheon clubs, day centres, or other dedicated activities may not provide a welcoming peer group environment for older LGBT people.

Although none of the interviewees in this study lived in care homes, two lived in sheltered accommodation. Both these participants expressed anxiety about other residents finding out about their sexual orientation or gender identity. Jane mixed very little with other residents and would not have wanted any of them to be aware of her cross-dressing. Audrey felt that she would be ostracised by other residents if they found out about her sexual orientation. She felt strongly that living in sheltered accommodation hindered her ability to form relationships because she believed she could never bring a partner back to her flat without being observed and judged by other residents.

\(^{10}\) This table is a much condensed version of the one produced by Catherine Bromley and John Curtice: Social Research 2003: Attitudes to Discrimination in Scotland: Scottish Executive and Social Research. http://www.scotland.gov.uk/library5/society/
Despite these problems, both Audrey and Jane felt that they had received support from staff at their separate sheltered housing complexes, who in both cases, were aware of their respective situations.

The prospect of residential care, whilst not a pleasant one, did not appear to present a particular anxiety for project participants. Some interviewees were confident that either their own awareness or the support of partners or relatives would be sufficient to ensure that the system did not let them down. In the words of Jeannie and Pam:

‘We support each other really ... we would try to look after each other’

Paul’s partner, Martin, was committed to safeguarding Paul’s welfare whatever circumstances might face them in the future:

‘I would push for the best ... He would have the best because I would ensure it’

Marion felt that she would have no concerns about being ‘out’ in residential care because her sons would make absolutely certain that any care she received was ‘appropriate and decent’. June felt that as a former social worker, she had sufficient knowledge of the system to ensure that she should not be discriminated against, and anybody who might attempt it would be called to account.

It is likely that interviews with heterosexual people would elicit the same degree of negativity or dismissal about the idea of residential care. I became conscious during interviews that this was not a future scenario I had ever contemplated for myself and it was unrealistic to imagine that any LGBT people would have given it any special consideration. It may, at worst, have appeared alarmist to raise it.

Residential care is not an appealing prospect to many people, and the reality is, that very few of us, whatever our sexual orientation, will ever experience life in a care home. The current figure is around seven in every thousand for those aged between 66 and 74, although predictably this rises rapidly in older age. Government policy is encouraging a move away from residential care with its ‘Supporting People’ programme committed to enabling more older people to remain in their own homes.

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Nonetheless, there are additional issues for LGB or trans people who do find themselves in residential care.

Given that the number of gay and lesbian people who lack support networks as they age is likely to be higher than the general population, it might be reasonable to assume that the number of LGBT people in residential care is likely to be above average, yet many of those individuals may be in situations that are not fully inclusive or appropriate to their needs.

ii) Trans People and Residential Care

Amongst trans people the issue of congregating with people who have shared the same experiences appears to be more complex than amongst LGB people. Christine spoke of the reluctance of many of this group to embrace a trans identity.

The aim of many trans people, Christine argues, is to be fully recognised in their new gender. This is achieved by overcoming difference, not by perpetuating it. A successful transition generally involves becoming invisible in the adopted gender role. Hence somebody undergoing a change from male to female will wish to identify simply as a woman, not as a trans person.

This makes the idea of separate spaces for trans people in any situation likely to prove problematic, although there were not sufficient trans interviewees to fully explore this issue in this limited study.

Christine was less concerned about the attitude of other residents in a potential care home scenario, given her own experience that familiarity and personal knowledge tended to reduce prejudice. In the Scottish study referred to earlier there did appear to be a correlation between people knowing openly LGB people and being less likely to have homophobic or discriminatory attitudes, although this study did not include attitudes to trans people.

Christine was not confident that care staff would be able to respond adequately to trans people and provide intimate levels of personal care in a way that was sensitive and appropriate. From her own perspective she felt that difficulties would be inevitable:

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12 Age Concern England, on its Opening Doors website pages, quotes the Brookdale Centre for Ageing in New York’s study in which 20% of older LGB people reported having no one to turn to at a time of crisis, a figure 10 times higher than the general older population.
‘I personally would not make it an issue – but it would become an issue’

Christine’s overall summary on the prospect of residential care as a trans person was succinct:

‘A bloody nightmare!’

5:8: Health Services

‘More than anyone else I think the Health Service have got to make big improvements’

‘The doctors are fantastic’

‘She (the nurse) made me feel really uncomfortable’

‘You’ve got the stigma, if you go in for an operation, of being tested for hepatitis and HIV’

Personal experiences of accessing health care varied among participants, with some interviewees being extremely positive about the attitude of health care professionals, whilst others felt that there is still much progress to be made. The Nottingham Trent University study of older LGB people in 2003 found low levels of confidence amongst LGB participants that health care providers would be sensitive to the needs of LGB service users:

Only one third of older non-heterosexuals believed health professionals to be positive towards lesbian, gay and bisexual clients, and a notably smaller percentage believe health professionals to be generally knowledgeable about non-heterosexual lifestyles. (p.3)

Less than 10% of the older LGB people participating in the Nottingham Trent study supported the statement that they ‘strongly agreed’ that ‘health professionals are generally positive towards LGB clients’ (p.24).
Almost half of all those surveyed said they were ‘uncertain’ about whether health professionals were generally positive towards LGB clients.

It could be argued that this was more about perception than practice. This would point, at the very least, to the need for the health service to promote a more positive message on LGBT issues although it seems likely that work still needs to be done to eradicate discrimination. Tamsin Wilton, in her 1997 handbook on lesbian health and wellbeing, *Good for You*, pointed to research into the attitudes of nursing staff repeatedly uncovering negative attitudes towards lesbians, religious conviction often being cited as a reason for homophobia.\(^\text{13}\)

One issue that did arise with a number of participants from the Preston and South Ribble study was the way partners are treated by the health service, – or in some cases, the way that they are perceived to be treated.

‘One of the things that needs highlighting is when one of you is in hospital, a partner being treated the same way as any other partner, but that tends not to happen. I believe you can name your partner now as next of kin, but the medical profession seems to still struggle with that. They think there’s something illegal about it’

Participants related their own negative experiences as well as anecdotal evidence of situations that they had heard of where couples weren’t accorded recognition by hospital staff.

UNISON’s Best Practice Guidance for LGB Service users *Not ‘Just’ A Friend* (2004) acknowledges these type of concerns amongst LGB service users, offering guidance to health care practitioners on the issue of next of kin:

Many people in same sex relationships are concerned about the refusal of health care workers to acknowledge their partner, denying them visiting rights and access to information. In the vast majority of cases there is no legal basis for this. It certainly hinders best health care (p.5)

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It goes on to advise that health care practitioners should avoid asking for a person’s ‘next of kin’ as the term often causes confusion and in the context of healthcare, it is not generally an appropriate or legally useful term.

Part of the problem surrounding the way partners were treated seemed to be because of the level of heterosexism in the Health Service.

‘It just doesn’t occur to them that you might be gay’

Heterosexism, or heterormativity, can be understood as, not an overt act of discrimination, but rather a preconception that heterosexuality is the norm, and thus by default, all individuals are presumed to be straight. When these attitudes prevail it is not surprising that same-sex partners are overlooked or ignored.

Participants in a 2003 MIND study described the effects of heterosexist assumptions and the lack of training and awareness amongst mental health professionals: As one participant stated:

People could be trained to have awareness to start with that the client in front of them may not be completely heterosexual, they could be anything sexually. They will assume you’re straight (Summary Report p.5)

This kind of experience appeared not uncommon in other health services, and again the Nottingham Trent study confirmed that the perception of heterosexist assumptions appeared to be widespread:

Participants generally believed that health and care service providers (a) operated according to a heterosexual assumption, and (b) failed to address their specific needs. (p.3)

Some interviewees, while expressing their desire be treated ‘the same as everybody else’, found themselves wrong-footed by such assumptions. Although not wishing to make any particular statement about their sexual orientation, they were sometimes placed in situations where they had to explain themselves or ‘come out’ to people providing services in situations not of their choosing.

Jeannie, during her interview, described how when she attended hospital for a scan was asked ‘if she would like her husband present’.
In this situation, a more inclusive use of language, - i.e. ‘partner’ rather than husband, does not represent a redundant instance of political correctness, but has practical consequences for people in same-sex relationships. In this instance it would have precluded Jeannie from having to ‘explain’- in a context that she was not fully in control of - her choice of Pam to support her.

While Jeannie is confident and open about her sexuality this was not a situation designed to make her feel comfortable or included.

People who have experienced discrimination in the past may be uncertain about how this type of information will be received, particularly at a time when they might already feel vulnerable through illness or incapacity. In situations such as this, it is the service provider’s insensitivity that makes sexual orientation an issue, rather than any desire by the service user to be accorded special treatment.

Other incidents arose where participants had made their relationships clear but found that they were ignored. David described a situation when his partner of thirty-four years was undergoing major surgery at a hospital in Manchester. As his partner entered theatre, David had left the hospital in a distressed state, fearing that he might not survive, but when he returned he was not met with a welcoming reaction:

‘The ward sister said to me, “you are only allowed on the ward if you promise not to upset my patient”’

David felt that the ward sister had probably made the assumption that he was a work colleague or friend, and remained ‘completely and utterly unaware’ of his situation or feelings, despite the fact that ‘it had been talked about in consultations with the doctor that we were a gay couple who had been together for years’. Her grudging ‘permission’ to allow him to spend time at the bedside of his partner, combined with her proprietorial tone (‘my patient’) had, at best, not acknowledged his relationship, and at worst, had denigrated it. His partner later died.

These kinds of incidents illustrate the paradox that if organisations are committed to the idea that sexual orientation should not become an issue when people access their services, they have to make it an issue for the organisation and its staff and volunteers.

Part of this process means ensuring that they have sufficient awareness and training not behave in ways that are unwelcoming or inappropriate.
At a local level, the Primary Care Trust in Preston do appear to recognise that there are issues for LGBT service users. Employees from the PCT are actively involved in the Navajo Project and the PCT has an LGBT staff group that meets regularly and is involved in diversity initiatives around LGBT issues.

i) Mental Health

The MIND report referred to earlier, whilst not focusing specifically on older people, recorded higher levels of psychological distress, emotional difficulties, substance abuse, suicide and self-harm among LGB participants. The effects of homophobia in wider society, the impact of discrimination and for some people, the anxiety of leading secret lives, has undoubtedly impacted upon the mental and emotional well being of LGB people. The study did not include trans service users.

The results showed that mental health professionals still appear to have serious improvements to effect in the way they respond to LGB service users. Fourteen years after the World Health Organisation finally removed homosexuality from their list of mental 'diseases', many professionals still appeared to perceive sexual orientation as a cause of mental illness. Of course a proportion of LGB people, just like the rest of the population, will experience mental health problems that are entirely unrelated to their sexuality, yet a causal link is often assumed by professionals. Sarah described how when she first came out to her GP it was suggested that she go for psychotherapy to 'sort out' her sexual orientation.

For those individuals who feel that their sexual orientation has impacted on their mental well-being, rather than interpreting this as an understandable response to homophobia, hostility, and heterosexist society, some practitioners seemed to believe that being lesbian, gay or bisexual was in itself sufficient to account for mental illness. According to the MIND report:

Up to a third of gay men, one quarter of bisexual men and over 40 per cent of lesbians encountered negative or mixed reactions from mental health professionals when being open about their sexuality. One in five gay men and lesbians and a third of bisexual men recounted that a mental health professional made a causal link between their sexuality and their mental health problem. (p.5)

Several participants I interviewed reported previous or ongoing problems with depression and a number were unsatisfied by the response from health care professionals.
Audrey, who is currently receiving treatment for depression, was extremely distressed that she had been assigned a male psychiatrist and a male support worker. She had expressed her view that she did not feel at ease talking to a man about, what for her, were emotive issues surrounding her sexual orientation. She described feeling that she had reached a point of despair about not being listened to.

While the professionals involved no doubt believed they had good reasons for their decisions, I felt that Audrey would have benefited greatly from an advocate who had awareness of LGB issues to mediate on her behalf.

ii) Trans People and Mental Health

For trans people there is evidence that many practitioners assume that gender dysphoria – that is, the experience of feeling that you are living in the ‘wrong’ gender - is itself a mental illness. Persia West, in a study conducted in Brighton in 2003 reported that this was the experience of many of the trans people she interviewed:

People who do not fit in with expected gender stereotypes have often found themselves declared mentally ill and this continues to this day to be a means of removing them from legitimacy, taking away their voice, and treating them unjustly, while at the same time finding good reason to do this in an otherwise fair society. (p.7)

The prevalence of this type of view was confirmed by Christine who felt that many professional people she had contact with had not taken her seriously and had made unwarranted and ill-informed assumptions about the state of her own mental health or intellectual capabilities.
5:9 Social Networks and Isolation

‘I don’t feel comfortable getting involved in the gay scene in Preston. It’s all about young people. Older people have nowhere to go and nowhere to meet people’

‘I couldn’t walk into a (gay) bar on my own - not at my age. I don’t know where else I could go’

‘Preston is more for young people. We went to a bar but it was full of young people and thick with smoke. You wouldn’t have been able to talk’

‘There is one (lesbian) group in Preston but I am the oldest there and don’t feel comfortable’

For those who felt that isolation was a problem it was an issue that was clearly exacerbated by their sexual orientation or gender identity.

‘I wouldn’t go to a group like that - not on my own’

Audrey described her feelings about having nobody other than a help line to discuss, what were for her, issues crucial to who she was and the kind of life she had been constrained to live. The professional help she was receiving for her mental health needs did not appear to adequately address feelings about her sexuality, and she wanted to talk, not just to professionals but other lesbians who had been in her situation. She wished to develop friendships with people whom she could identify with and feel some common ground.

Audrey did eventually find the confidence to attend a place where she could meet other lesbians, but at an earlier stage she would have benefited from one-to-one befriending to help her to access wider support networks. She had felt intimidated by the idea of walking alone into a pre-existing group, let alone going out on the scene to clubs and bars or to places where younger people would predominate. Audrey does not venture out at night.
Jane, although being visited regularly by a relative, is not ‘out’ about her cross-dressing to any of her family. To them, she still maintains the role of a straight male, although she had once led a complicated former life on the gay scene in Preston whilst a married man. Having limited mobility, Jane has now completely lost touch with the people she had known in her former life and now had no means of making contact with LGB or trans people who might have been able to provide her with support.

‘I used to know a lot of (gay) people in Preston in the sixties when I went to the pubs and clubs, but now I don’t get out I don’t know anybody’

It was important to Jane to be known in this report by the female name she had adopted, but she had very few opportunities to use this name or to be accepted in her female identity. The manager of the sheltered housing complex was perhaps the only person who referred to her regularly as ‘Jane,’ although the district nurses that visited her were aware of her cross dressing. One nurse had brought her stockings, an act of acceptance on a symbolic as well as a practical level, that she much appreciated. But for the most part Jane continues to lead a hidden and isolated life.

Some participants made conscious efforts to maintain support networks with other LGB or trans people. Others relied on support from family or partners. Susan and Sarah felt that they would like to make more lesbian friends but thought that it was difficult to meet people locally and that they would need to go to Manchester to access those kinds of networks. They described how in the supermarket, they would occasionally register, with a flicker of joint recognition, other lesbian couples shopping together with shared trolleys. They would have liked to feel able to stop and chat, but instead passed them by without any acknowledgement, because any other reaction might be liable to misconstruction or be seen as odd or inappropriate.

Those without family or partners were potentially vulnerable in situations where support networks were weak or non-existent, or where individuals lacked the confidence to engage with social situations that they feared might be intimidating. Many participants commented on the lack of support available to LGBT people and the lack of social mechanisms that could bring like-minded people together, and two referred specifically to the reluctance of gay people to access mainstream projects or befriending services geared towards older people.

‘If you have AIDS there’s a buddy scheme - if you had something like that, just for (gay) people who are on their own ... that would be a good thing to do’
Again, for trans people, there are additional issues. As Christine highlighted, after transition, many trans people are determined to fully embrace their new gender identity but the fresh start they seek brings its own problems:

‘A lot of people will move to a new area to start again with a new gender identity where they were not previously known. This means they have even less support networks available to them’

The Secretary of State’s report to parliament, *Opportunity Age* (2005), outlines the government’s ‘Supporting People’ programme which provides a range of support services to enable vulnerable people to live independently. The report cites ‘good social networks and sense of support’ as one of the main building blocks of quality of life in older age (p.13) It claims that for older people it commonly provides:

- Help in establishing or maintaining social support: older people can become isolated and may need help to set up new and maintain existing support networks; and

- Emotional support and befriending, including counselling to help older people manage stress or isolation.\(^4\)

In this comprehensive report no reference is made to levels of exclusion amongst older LGBT people, although in an earlier chapter, references are made to factors that might impact specifically on black and minority ethnic elders.

It is not surprising that policy documents such as this fail to reflect the existence of LGBT people when statistical information on sexual orientation or trans identity is not easily available from a single coherent source or collected by the Office for National Statistics. I discuss the issue of census data in the conclusion to this report, but it seems clear that such omissions become self-perpetuating. Without recognition at the level of government policy that LGBT people exist, and are particularly vulnerable to social exclusion and isolation it then becomes more difficult for organisations to access funding or justify the need for service level agreements that could address their needs.

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\(^{14}\) *Opportunity Age: Meeting the Challenges of Ageing in the 21st Century*. DWP: TSO 2005 p 47
5:10 Counselling and Bereavement

Discussions took place with some project participants around the need for counselling and bereavement services specifically designated for LGBT people. During the course of this project, this subject came up also at an Age Concern National LGB network meeting where several gay men spoke about their personal experience of bereavement and the lack of support they felt was available. The views expressed there largely echoed those of David below:

‘This is especially important for gay people because I think gay people are more isolated than the general population. I think when you are talking about bereavement its useful to be able to talk to someone who has a clue about where you are at, not just with the bereavement but in terms of where you fit in the community as well’

June also commented on the lack of appropriate services for LGBT people, around bereavement specifically, but also around loss and relationship break-ups:

‘There is a big gap’

Several respondents recalled the time when they first came out to family and friends as a particularly traumatic period when they would have benefited from counselling and support. For a number of respondents, coming out precipitated marriage break-ups and having to forge new relationships with their children. Sarah recalled how she and her (then) husband were referred by her GP for counselling from a mainstream relationship guidance agency. She felt that the agency was primarily focused on her husband’s feelings and the emotions that he was experiencing in coming to terms with her sexuality. She was not unsympathetic to that approach, being acutely aware of how difficult it was for him to accept this, but she herself was in equal need of support and empathy. Her summing up of the counselling was that:

‘It didn’t really help me in any way’

This was echoed by her partner Susan who added:

‘The guilt issues within yourself are bad enough without having people you’ve gone to for help make you feel even worse’
For Audrey, I witnessed first-hand the painful process of finding the right support at this difficult time, as her ‘coming out’ took place during the course of this project. Despite her anxieties that she would be ‘cast aside’ by her son and brother, a few weeks after I interviewed her, Audrey rang me to say that she had made the decision to tell them about her feelings for other women that she had struggled most of her life to come to terms with.

Although I had adopted a neutral stance during our two meetings, the timing of her decision left me feeling that the project may have precipitated it which left me with a moral responsibility to help her to access support. The support I did manage to obtain for Audrey, I felt to be inadequate and insufficient for her needs. Several more phone calls from Audrey left me feeling anxious about her well being. Her family, fortunately, have proven supportive. She is relieved to have told them, but it remains to be seen whether the help that she requires will be forthcoming to help her to put her sexual orientation into perspective, and to enable to move forward in feeling comfortable, let alone proud, to own a lesbian identity.

5:11: LGBT Specific or Generic Services

‘I think gay people are less likely to be involved in groups that are not gay or gay friendly... I think generally people would be persuaded more towards organisations that are gay or gay friendly’

Both Jim and David favoured the idea of services that were specifically targeted at gay men. David, whilst feeling he could never at any stage envisage himself as an attendee of mainstream older people’s luncheon clubs, held a more positive view of networks that might specifically target LGB people. He was aware of some gay luncheon clubs in Blackpool and Manchester and felt that as he grew older ‘and more decrepit’ he would be more likely to access these kinds of facilities.

Paul recalled an informal gay men’s group that existed in Preston around twelve years ago. It consisted of around twenty people who met once a month for coffee in each other’s homes and he thought ‘had probably originated from the gay switchboard’. He felt that this had been a positive and worthwhile network although it does not appear to have any counterpart in Preston today.

There was a consensus among participants that all services should be inclusive. Approval for additional targeted services was more patchy and some participants expressed concerns about segregation, although there was a feeling that there were insufficient support groups or places where
older gay and lesbian people could socialise and form friendships. There was also a strong level of support, as described earlier, for specifically designated residential care homes.

The need for service providers to take on board the diversity of older service users was highlighted by Stephen Pugh in his essay ‘The Forgotten’:

The existence and experience of older lesbians and gay men will add to the debate about diversity in later life and encourage further reflections on the experience of ageing. Necessarily this should impact on service delivery with challenges to current practice and the automatic ascription of heterosexuality, in the same way that services have to consider racial and ethnic differences and the needs of, for example, black older people. As such, models of care will need to be developed or refined to encapsulate such diversity. (p.179)

While in many cases a service being offered to older people may appear to have no relevance to a person’s sexual orientation or gender identity, and it would appear unnecessary and intrusive to make an issue of this, if there is evidence of need, it is not unusual or considered divisive to target specific groups. It may be helpful, in some instances, to designate a particular service for LGBT service users in the same way that other services may be targeted, for example a men’s health project, a women’s safety project or minority-ethnic focused services.

Overall, project participants recognised that LGB or trans people had a number of issues that might affect their quality of life, and many felt that these issues were not being fully addressed by service providers.
The Organisations
6: Summary of Results:

This part of the project proved extremely time consuming. Initially it was envisaged that representatives from all organisations taking part would be interviewed and a detailed description of each organisation’s policies and procedures around LGBT issues would be compiled. Due to a variety of factors this was not possible for all participating organisations.

What emerged from questionnaires can be seen only as a snapshot of how staff and volunteers from organisations self-reported their levels of awareness and understanding. It was established at the beginning of the project that results would not be collated according to organisations. The intention was not to single out individual organisations, except as a pointer to good practice, but to build an overall picture.

There was a remarkable uniformity of response among the organisations that took part, with the possible exception of Preston Disability Service Centre (DISC). This is an organisation that already has the Navajo charter mark and has made training available on LGBT awareness available to staff. Without the inclusion of this organisation, reported levels of training would have been even lower. Other results were influenced by the participation of DISC. Those who reported that their organisation was involved in projects or initiatives around LGBT issues mostly referred to DISC’s OK project, or in responses from Age Concern staff and volunteers - to my own research project.

### Number of Responses Received from Organisations

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<thead>
<tr>
<th>Organisation</th>
<th>Responses</th>
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<tr>
<td>Age Concern</td>
<td>43</td>
</tr>
<tr>
<td>Citizens Advice Bureau</td>
<td>18</td>
</tr>
<tr>
<td>Preston City Council</td>
<td>14</td>
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<tr>
<td>Preston DISC</td>
<td>10</td>
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<tr>
<td>Catholic Caring Services</td>
<td>18</td>
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<tr>
<td>Harvest Housing</td>
<td>7</td>
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<tr>
<td>Lancashire County Council</td>
<td>11</td>
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<tr>
<td>Preston City Council</td>
<td>14</td>
</tr>
<tr>
<td>GP Surgeries</td>
<td>5</td>
</tr>
<tr>
<td>Care Homes</td>
<td>19</td>
</tr>
<tr>
<td>Unidentified</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total Received</strong></td>
<td><strong>167</strong></td>
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Some organisations were more difficult than others to secure participation. It proved difficult to calculate an overall response rate because it was not always possible to establish how many staff in each organisation actually received the survey, although overall response rates were low.

Questionnaires were distributed to Lancashire County Council social work teams via a central contact who forwarded them on to managers and then team leaders, but responses from social services staff were disappointing despite reminders being issued.

Over a hundred and twenty questionnaires were distributed to the two care homes that agreed to take part in the survey but only nineteen responses were received.

Permission was received from Preston Primary Care Trust to distribute questionnaires to twenty-six GP Surgeries in PR1 and PR2 districts of Preston, but only five responses were received. The PCT were very supportive of the project but gaining appropriate permissions to distribute questionnaires was necessarily a protracted process. It was again disappointing that a better level of response was not received from GP’s surgeries.

Questionnaires were distributed to Preston City Council’s Welfare Rights Team and Panda Mediation Team. Only a small number of City Council Staff work directly with the public due to the two-tier system of administration with the County Council, so the response rate here was relatively high. It included a small number of volunteers who work on the Panda Mediation Team which involves resolving local disputes among neighbours.

In general, smaller organisations tended to have a proportionally higher response rate than larger organisations, and unsurprisingly, Age Concern staff and volunteers returned the highest rates of questionnaires.

The charts on the following pages are fairly self-explanatory. Levels of knowledge, awareness and confidence tended to be consistently lower for transgender issues than for LGB issues, although even for LGB issues respondents did not exhibit high levels of confidence about their knowledge or awareness.

In some instances even these low levels of confidence appeared optimistic. For example 12% of respondents reported that they would feel ‘very confident’ in advising or supporting an older LGB service user who had a concern about LGB issues. Yet only 9% of respondents had reported that their level of knowledge about LGB issues was ‘very good’.
Only 2% of respondents reported that their knowledge of referral organisations for LGB issue was ‘very good’. Respondents may perhaps have felt that although their individual knowledge was not particularly strong, the information was available if they needed to access it. The CAB for example have a wealth of information available on LGB issues on their computer system that advisors can access fairly easily, and Age Concern’s ‘Opening Doors’ web pages also provide information on LGB issues. Although information available at a national level is useful, this is not always a substitute for local knowledge about referral organisations and support networks.

Only 5% of respondents reported having training in LGB or trans issues. 25% said that they would not find training helpful, 43% didn’t know whether they would find training helpful or not. 32% said they would find training helpful.

It might have been expected that more people would have supported the idea of training, given the low levels of knowledge and confidence that respondents self-reported – for example, over half of respondents had reported that they would feel ‘not very confident’ about advising or supporting an older service user who had concerns about LGB issues, rising to 65% for trans service users.

It is difficult to say why more people did not think training would be helpful. Given some of the comments below, it may well have been lack of awareness that their service users included LGB people who might have relevant issues that they needed support with.

‘Not been questioned reference this subject previously in 22 years’

‘Never had this issue raised in past eight years of volunteer service’

‘To my knowledge in 5 years of service provision I have only dealt with 1 person who is commonly known by other residents to be gay. And to my certain knowledge this had not presented any unique problems’

Many comments on the questionnaires indicated that respondents did not feel this was an issue that was relevant to them, although some were more positive:
'I found this questionnaire highlighted my lack of awareness/understanding of LGBT issues'

'I think it is important for our organisation and volunteers to learn as much as possible in order to support all members of the community'

'I would like to know more about LGBT'

'As my answers prove my level of knowledge and awareness of the service and issues mentioned is very limited. This is the first literature I have seen'

'I would personally find the training helpful but unsure if I would use it'

Many comments were of the 'we treat everyone the same' variety discussed elsewhere in this report:

'I think people should be left alone to be who they want to be and other people shouldn’t interfere'

Over half the respondents did not know whether their organisation referred to LGB issues specifically in its equal opportunities policies. For trans issues there was even more confusion, although many policies did refer specifically to trans issues.

This highlights the need for organisations to be more proactive about promoting their existing policies. If staff are unaware of what the policies refer to it appears unlikely that service users can be expected to appreciate their stance on LGBT issues.

One respondent, making reference to their organisation’s equal opportunities policy, appeared to indicate that simply by having a lesbian or gay person on their staff, the organisation had done enough to establish its credentials:
'I am aware that the agency adheres to its policies by employing staff in the LGB category'

Of those respondents who wrote comments about sexual orientation not being an issue, several wrote that they did not need – or want - to know their service users’ sexual orientation.

'I have never had a service user disclose to me that they were LGB or a transgender service user. I do not feel that asking a service user when gathering basic information towards an assessment whether someone was LGB at the same time as asking their nationality etcetera would be appropriate'

'Could have supported many people with such orientations without knowing - and don't need to know in most cases, because the service is offered without any prejudice or need to know-

'(Our services) are provided for all older people and unless an older LGB or transgender service user specifically raised the issue of his/her sexuality why would we be interested?'

The results indicate that organisations still have a great deal to do in terms of promoting equal opportunities and providing adequate training to raise awareness about LGBT issues. One respondent wrote that while they themselves tried to respect difference, they were not confident that the structures were in place for their organisation to do this effectively:

'When it comes to services specific to people’s individual needs I feel we are sadly lacking, and whatever the person’s beliefs/orientation/ethnicity, we tend to have to fit them into services which are available, even if it is not meeting their needs fully, because alternative services are not available'

This is probably a valid point in terms of the way many organisations tackle diversity, but I would argue that this is exacerbated when it comes to issues of sexual orientation or gender identity.
In the case of ethnicity, organisations at least tend to acknowledge that there are issues that they might need to address. There are frequently targets to meet in these areas, for example in staffing ratios or the proportion of minority ethnic people amongst their service users. There are rarely comparable targets for sexual orientation and gender identity which inevitably leads hard-pressed organisations to accord this issue less time and attention. The results of this study indicate a significant gap in awareness and knowledge.

Questionnaire responses illustrate that LGBT service users are still largely invisible, and many people from service provider organisations, however well intentioned, appear to believe that they should remain so.
7: Questionnaire Responses

Q1: How Would You Describe Your Level Of Knowledge About LGB Issues?

- Very Good: 9%
- Fairly Good: 38%
- Not Very Good: 53%

Q2: How Would You Describe Your Level Of Knowledge About Transgender Issues?

- Very Good: 2%
- Fairly Good: 17%
- Not Very Good: 81%

- Very Confident: 12%
- Fairly Confident: 33%
- Not Very Confident: 55%

Q4: How Confident Would You Feel About Advising/Supporting An Older Service User Who Had A Concern About Transgender Issues?

- Very Confident: 5%
- Fairly Confident: 30%
- Not Very Confident: 65%
Q5: How Would You Describe Your Knowledge Of Referral Organisations For LGB Issues?

- Very Good: 5%
- Fairly Good: 20%
- Not Very Good: 75%

Q6: How Would You Describe Your Knowledge Of Referral Organisations For Transgender Issues?

- Very Good: 1%
- Fairly Good: 12%
- Not Very Good: 87%
Q7: Has Your Organisation Provided You With Any Training In LGB Or Transgender Issues?

- Yes: 5%
- No: 95%

Q8: If You Have Not Received Any Training, Would You Find It Helpful To Do So?

- Yes: 32%
- No: 25%
- Don’t Know: 43%
Q9: How Would You Rate Your Organisation's Provision For Older LGB Service Users?

- Very Good: 7%
- Fairly Good: 22%
- Not Very Good: 14%
- Don't Know: 57%

Q10: How Would You Rate Your Organisation's Provision for Older Transgender Service Users?

- Very Good: 5%
- Fairly Good: 16%
- Not Very Good: 15%
- Don't Know: 64%
Q11: Is Your Organisation Involved In Any Projects or Initiatives Around LGB Or Transgender Issues?

- Yes: 11%
- No: 23%
- Don't Know: 66%

Q12a: Does Your Organisation Refer to Sexual Orientation In Its Equal Opportunities Policy?

- Yes: 39%
- No: 10%
- Don't Know: 51%
Q12b: Does Your Organisation Refer To (Trans) Gender In Its Equal Opportunities Policy

Yes 19%

No 24%

Don't Know 57%

Q13: Does Your Organisation Have The Navajo Charter Mark?

Yes 4%

No 19%

Don't Know 77%
Recommendations and Conclusion
8: Report Recommendations: Building an LGBT Friendly Organisation:

An inclusive organisation does not simply avoid discrimination; it takes measures to include marginalised or excluded groups. An organisation that wishes to ensure it gives the same level of service to LGBT people as it does to its other service users needs to become aware of any issues that might affect LGBT people.

Workshop participants at the Age Concern Opening Doors Conference in 2002 identified three potential stages of becoming an LGBT friendly organisation:

1. Learning about gay and lesbian needs
2. Promoting existing services to be welcoming to lesbians and gay men
3. Where appropriate developing services to meet the specific needs of lesbians and gay men

This appears to be a sensible way to proceed, although bisexual and trans people should also be given consideration. In the light of this project’s findings we would recommend the following points:

- Equal opportunities policies and equality and diversity strategies should make specific reference to LGBT issues / service users. Organisations should consult good practice guidance such as UNISON’s model statement on sexual orientation and gender identity.  
  
- Equal opportunities policies should be promoted and publicised to make staff, volunteers and service users aware that they are inclusive to LGBT people.
- Literature and promotional material should include positive images of LGBT people and make reference where appropriate to LGBT service users.
- Language on all materials produced by organisations should be inclusive. Heterosexist assumptions should be avoided.
- LGBT magazines should be included in waiting areas alongside other reading material. Organisations in the North West are, in many cases, eligible for free copies of Outnorthwest, available from the Lesbian and Gay Foundation in Manchester.

15 The model statement can be found at http://www.unison.org.uk/file/B2307.pdf
• Resource materials specific to LGBT issues should be made available to staff and volunteers and kept up to date with changes in legislation. Organisations such as the Alzheimer’s Society and Age Concern have produced resources and good practice guidance that can be accessed by those working with older people. Age Concern’s recent resource pack *The Whole of Me*, (2006) for example, provides a wealth of information and guidance for those working in care homes and extra care housing.

• Staff and volunteers should familiarise themselves with local and national referral organisations for LGBT issues and be aware of local projects and initiatives that might benefit their service users.

• LGBT issues should be included in generic diversity/equal opportunities training.

• Specific LGBT awareness training should be made available for staff and volunteers. A staff member completing a ‘Training the Trainer’ Understanding Sexualities or similar course could deliver awareness training on an ongoing basis.

• Organisations, where possible, should designate a staff member to attend LGBT network events, at a local or national level. This gives access to a range of expertise and puts organisations in touch with current issues and groups that are undertaking LGBT work. It can also be a means of accessing resource materials.

• Organisations should consider becoming involved in existing LGBT initiatives, for example Pride events, World Aids Day vigils or LGBT History Month events.

• Organisations with meeting room facilities should consider making them available to local LGBT groups.

• If there is an appropriate facility within the organisation, consideration should be given to becoming a third-party reporting centre for homophobic hate crime.

• Where charter marks are available, for example the Navajo charter mark, organisations should take advantage of this. Going through the application process can be a driver for moving forward on LGBT issues.

• Staff, volunteer and board member vacancies should be advertised in the gay press where resources allow. Other outlets are available for organisations on a limited budget, for example via LGBT forums.

• Clear procedures should be in place for dealing with homophobia and discrimination. This gives confidence to both staff and service users.

• Strategies should be in place for challenging homophobic attitudes or behaviour from service users. Tolerating homophobia does not send out a positive message to LGBT staff or LGBT service users.
Organisations should also give consideration to the following issues:

- Whether a dedicated LGBT project would be of benefit to service users
- Whether to introduce monitoring procedures for staff/volunteers or service users

i) Dedicated LGBT Projects

Mainstream organisations that wish to develop specific services for LGBT service users may find that clients do not come rushing to their door. Inevitably it takes time to build trust with any designated ‘hard to reach’ group, but LGBT people may be particularly wary.

This may cause problems for organisations dependent on short term funding who need to satisfy the requirements of funders that their work is impacting on sufficient numbers of people.

Any organisation seeking to offer specific LGBT provision should begin by addressing its organisational culture and practice to ensure that they are fully inclusive in their approach. It can then begin to promote its visibility within the LGBT community through attendance at LGBT events and through building partnerships with LGBT organisations. It should seek to benefit from the good practice of other organisations that have undertaken LGBT work and consult LGBT people in the design and implementation of any LGBT projects.

There is a range of expertise available on this subject that organisations can access through appropriate networks. Some organisations, for example Age Concern Camden and Age Concern Stockport, are already delivering successful dedicated projects or services to LGBT service users.

ii) Monitoring Sexual Orientation and Gender Identity

Most equal opportunities practitioners recognise that monitoring lies at the heart of equal opportunities practices. Without an understanding of the make up of the organisation’s client group, how can an organisation determine whether or not they are serving all sectors of the community?

Whether or not to monitor remains a contentious issue. Routine monitoring for age, gender or ethnicity is now commonplace, but monitoring for sexual orientation or gender variance is rather more sensitive, particularly amongst older service users.
In all cases there may be issues about the accuracy of information given by respondents, who might feel such questions are intrusive, irrelevant, or could expose them to prejudice and discrimination.

The Commission for Racial Equality, advocating that organisations should monitor for ethnicity, suggests that ethnic monitoring can be used to:

- Highlight possible inequalities
- Investigate their underlying causes
- Remove any unfairness or disadvantage

It goes on to provide a justification for ethnic monitoring of both employees and service users:

In employment, monitoring lets you examine the ethnic make-up of your workforce and compare this with the data you are using as a benchmark. It also lets you analyse how your personnel practices and procedures affect different ethnic groups. In service delivery, monitoring can tell you which groups are using your services, and how satisfied they are with them. You can then consider ways of reaching under-represented groups and making sure that your services are relevant to their needs, and provided fairly.\(^{16}\)

The CRE cites issues that arise where monitoring does not occur, such as the inability to determine whether an organisation’s equal opportunities policy is working, and the subsequent credibility of that policy among staff and service users.

Although there are clearly differences between ethnic monitoring and monitoring for sexual orientation, the underlying principles remain the same.

Without reliable statistical information on LGBT issues and service users it is difficult for organisations to justify LGBT projects to funders or to plan and deliver services to the LGBT population in an equitable way. At the moment such information is still not being gathered in any coherent or consistent way. The 2005 edition of Social Trends, published by the government’s Office for National Statistics, for example, makes no reference to LGB or trans people in its 244 pages, despite containing a wealth of information about population profiles, demographics and lifestyles.

\(^{16}\) [http://www.cre.gov.uk/gdpract/index.html](http://www.cre.gov.uk/gdpract/index.html)
At the time of writing the Office for National Statistics has issued a press release rejecting the inclusion of a question on sexual orientation in the 2011 census.\(^{17}\) In their information paper issued in March 2006 they concede that there is a strong case for monitoring:

> A number of central government departments, local authorities, health service providers, education services and police authorities agree that collecting information on sexual orientation in the census would allow effective and targeted allocation of resources. (p.3)

Despite the insistence of the Office for National Statistics that ‘the increasing requirement for the information is clear and must be addressed by ONS and others’ (p.3) and the assurance that a programme of work will be initiated to take on this issue, it is difficult to view this decision as other than a missed opportunity. The earliest date that census information around sexual orientation might be gathered is now 2021.

Monitoring nonetheless remains a topical and pressing issue and it is crucial that if an organisation opts to monitor for sexual orientation it ensures that this is undertaken properly.

The TUC (2005) have issued guidelines about monitoring LGBT staff, which whilst not entirely applicable to service users, contains some basic principles that organisations ought to give consideration to. These are as follows:

- There must be a full LGBT equality policy already in place and action to implement it
- Everyone should be clear why monitoring for sexual orientation and gender identity is being carried out, and what will be done with the results
- There should have been a process of consultation on, and explanation of, the first two principles, prior to completion of the plan and implementation
- There needs to be an absolute guarantee of confidentiality of the information collected\(^{18}\)


\(^{18}\) Monitoring guidelines available at [http://www.tuc.org.uk/equality/tuc-9303-f0.cfm](http://www.tuc.org.uk/equality/tuc-9303-f0.cfm)
The TUC’s ‘basic rule’ concludes that monitoring ‘should only be done if it is going to be useful’ and that it will serve no purpose to monitor with only vague ideas that it might advance equal opportunities without a clear plan to use the information to drive good practice.

Organisations such as Stonewall have come out strongly in favour of the principle of monitoring and many practitioners working on LGBT issues believe that monitoring is the way forward for organisations that are serious about improving their practice in this area. This is something that is currently under review in many local authorities and larger organisations. Of all the organisations surveyed only DISC included any questions about sexual orientation addressed to service users, this was in a customer satisfaction survey and the results were used to improve future practice. Representatives from both the city and county council suggested that their monitoring procedures around sexual orientation were likely to be reviewed in the future.

Given the level of resistance to acknowledging the issue of sexual orientation in questionnaire responses from service provider organisations I would suggest that staff training and awareness raising on LGBT issues was a crucial pre-requisite to the implementation of any monitoring programme.
9: Project Conclusion: Different Strokes?

‘All we ever ask for is to be treated the same as other people’

‘What we don’t like is being made to feel different’

‘You want to be treated just as a woman, as a human being’

‘We are the same as anyone else in society. We just want to live our lives’

I have argued, in the rationale for this project, that it is valuable to recognise difference rather than relying on ‘treating everybody the same’. Yet the desire to be treated ‘the same’ came across also from many LGBT people who were interviewed.

Does this suggest that it is a mistake for service providers to seek to make an issue of sexual orientation or gender identity when LGBT people ‘just want to live their lives’?

It would seem clear that to define a human being according to a set of sexual preferences is reductive and unhelpful. Some participants in this study felt uneasy that they might be categorised on this basis. In the words of Marion, one interviewee:

‘I am a person, not a sexuality’

Such a positive affirmation is difficult to find fault with. As already stated, LGBT people, or categories of people within the LGBT spectrum do not form a homogenous group. Some interviewees were keen to stress their sexual orientation as an intrinsic part of who they are, seeking out friendships and social and cultural experiences within the lesbian or gay community. Others were more preoccupied with family and other interests, anxious that their sexuality should not be seen to define them.

This is not at all surprising or contradictory. We all privilege some aspects of our identity above others, particularly at certain stages of our lives. This does not detract from our complex individuality and neither position can be judged to be necessarily right or wrong, appropriate or inappropriate.
Stressing our similarity to other people can serve as a statement of our common citizenship. Stressing difference can be a way of asserting an individual or group identity that otherwise goes unrecognised. We may alternate between these positions depending on context and whether we feel we need to redress the balance of how other people see us.

It can be problematic to polarise the debate in terms of whether LGBT people need to be treated ‘the same’ or ‘differently’ by service providers. This is a false dichotomy and one that has largely been transcended in other areas of equality. Heterosexual people are not generally put in a position where they need to justify that they are ‘the same as everybody else’. Our common humanity ought to be self-evident. ‘Sameness’ should not preclude difference.

Aside from those factors that might predispose older LGBT people to have additional needs, a case might be made for the argument that sexual orientation or gender identity are private matters for the individual, and not the concern of organisations, if those same organisations could demonstrate that their staff were immune to prevailing stereotypes about LGB or trans people; that they were comfortable in dealing with LGBT service users; that they displayed no discriminatory, homophobic, or heterosexist attitudes, and that their LGBT service users were aware that this was the case and accessed their services confident in the knowledge that they would receive equitable treatment.

For an organisation to assume that this state of affairs already exists without them having taken any steps to facilitate it suggests a lack of awareness, a lack of understanding, and in many cases, a lack of care for its LGBT service users.

Services need to be inclusive and accessible to all, but like institutional racism, assumptions of heteronormativity sometimes exclude inadvertently, or invite self-exclusion by not challenging assumptions about who their organisation is there to serve. If organisations are serious about inclusion and diversity they need to address their organisational culture and practice around LGBT issues. At Age Concern Preston and South Ribble we will be using the results of this project to improve our own practice in this area and we hope that this report will provide the impetus for other organisations to give further consideration to their LGBT service users.
Bibliography and Appendices
10: Bibliography


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Appendix 1

Pre interview Information.

My name is Marie Riley and I am a research officer for Age Concern Preston and South Ribble. I am undertaking a research project into the needs of older lesbian, gay, bisexual and transgender people. The aim of the project is to try to find out whether organisations who provide care, health services, advice, housing, or other services, are aware of the needs of lesbian, gay, bisexual and transgender people and whether this group of people are comfortable about using services for older people and feel that they will be dealt with fairly and sensitively.

As part of the research I will be interviewing people who provide services to older people and I will also be interviewing lesbian, gay, bisexual and transgender people over the age of fifty. I want to include people who are already using services and people who might use services in the future to find out what their thoughts and views are also. The project will be completed by the end of March when a report will be produced that will go out to a number of organisations. Its aim is to raise awareness and influence the way services are delivered. It will add to a body of research about this issue.

About the Interviews

- Interviews may be tape recorded if you give your permission. This is to make sure that any information that goes in the report is accurate and fair.
- Things you say during the interview may be quoted in the research report. This is because your views and opinions are important and other people would welcome an opportunity to share them.
- Interview questions should not be too personal or intrusive, but if there are any questions you prefer not to answer there will be no pressure to do so.
- You can withdraw from the interview at any time.
- Nothing will be disclosed without your permission. I will do my best to ensure that you are happy with any information about you that goes into the report.
- Your contact details will remain confidential and will not be passed on to any other source.
• In the main part of the report you will be referred to by your first name only. If you are anxious about confidentiality you can use a different name.
• At the end of the report there will be a section thanking all the people who gave their support to the project. You can decide whether or not to have your full name included here.
• If you would like a copy of the report, this will be made available to you.
• Your views and wishes will be respected at all times.

If you need to contact me please ring 07855 442187
Appendix 2

Age Concern Preston and South Ribble: LGBT Service Users Questionnaire

Part 1: Care needs

I’d like to ask about your current situation and any care or support that you might receive at the moment in order to get a picture of the kind of services that might be relevant to you.

1: How would you describe your current employment status?

- Retired
- Semi-retired
- Employed
- Unemployed
- Disabled/long term sickness
- Other

2: Can you tell me what type of housing you live in?

- Residential Care
- Sheltered Housing
- Own Home
- Other

3: Have you accessed any of the following health services in the last twelve months?

- Hospital in-patient
- Hospital out patient
- GP
- District Nurse
- Other
4: Do you have any of the following help or support with your day-to-day living?

- Shopping
- Housework
- Personal care
- Mobility
- Meals on Wheels
- Other

5: If so, who provides that support for you?

- Partner
- Family Member
- Friend
- Social Services
- Voluntary Organisation
- Other

6: Do you attend any groups or activities for older people? (This might mean a day centre, a luncheon club or other social events)

- Yes
- No

7: Have you used any services offering Information and Advice in the last twelve months?

- Yes
- No
8: If yes, which organisation provided this service?

- C.A.B. □
- Welfare Rights Organisation □
- Voluntary Organisation □
- LGBT Organisation □

**Part 2: Social and Family Networks**

These questions are about the kind of support networks that you might have access to as you grow older.

1: Do you live alone or with somebody else?

- Alone □
- Shared household □

2: Do you have a partner?

- Yes □
- No □

3: Are you a member of any groups, for example, a community organisation, a faith/church group, or a group centred around a hobby or special interest.

- Yes □
- No □

4: Do you have any contact with organisations/groups providing support for LGBT people?

- Yes □
- No □
5: Do you have social contact with other LGBT people?
   Yes  
   No  

6: Do you have contact with family members?
   Yes  
   No  

7: If yes how often do you see them?
   More than once a week  
   Weekly  
   Monthly  
   Less often  

Part 3: Experiences and Expectations of Care and Support Services

In this part of the interview I am trying to find out whether people who provide services are aware of the needs of older LGBT people so I will be asking you questions about your own experiences or expectations of using services.

1: Can you think of any situations where you feel it is important that the person providing support or services is aware of your sexual orientation/gender identity?
   Yes  (further details?)  
   No  

2: Has anybody providing support or services ever asked you about your sexual orientation/ gender identity?
   Yes  
   No  

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3: Have you ever volunteered information about your sexual orientation/gender identity to anyone providing support or services?

Yes ☐

No ☐

4: If not, would you feel comfortable about doing this?

Yes ☐

No ☐

Depends on situation ☐

5: If you have volunteered information about your sexual orientation/gender identity with anyone providing support or services - was there anything about the person/situation that made you feel comfortable about giving this information?

Yes ☐

No ☐

6: Have you ever avoided giving this information to anybody providing support or services?

Yes ☐

No ☐

7: If you have avoided giving this information, was there anything about the person/situation that made you feel uncomfortable?

Yes ☐

No ☐

8: Are there any signals that you would look for to enable you to judge whether a person or situation appeared ‘safe’ to come out about your sexuality/gender identity?
9: If you needed advice or information about an issue where your sexual orientation/gender identity was relevant where would you go to access this? (Prompt if required: ‘Examples of this might include information about civil partnership, inheritance tax, issues to do with discrimination etc’)

- C.A.B.
- Welfare Rights Organisation
- Voluntary Organisation
- LGBT Organisation
- Social Services
- Carer
- Other

9: Would you expect organisations giving information and advice to be knowledgeable about LGBT issues?

- Yes
- No
- Don’t know

10: If you visited somewhere for advice or information or support would you find it helpful to see information on display that referred to LGBT people?

- Yes
- No
11: As you get older, if you felt you needed some extra care or support with your day-to-day living, who would you expect to support you?

- Partner
- Family Member
- Friend
- Social Services
- Voluntary Org.
- Other

12: If a time came when you needed extra support services that couldn’t be provided by a friend or relative or partner, do you have any anxieties about the type of care that you might receive? (Prompt if required: ‘I am thinking here about perhaps having to go into hospital, residential care or sheltered accommodation, or maybe having somebody come into your home to support you’.)

- Yes
- No

13: Is there anything else you would like to tell me about your experiences of using services, or your feelings about services that you might need as you get older.

- Yes
- No
Part 4: General Information

This section includes a few personal details to help get a clearer picture of who took part in the project and to make sure your details are recorded in a way that you would prefer.

1: How would you describe your sexual orientation/gender identity?

- Lesbian
- Gay
- Bisexual
- Trans Male to Female
- Trans Female to Male
- Other
- Prefer not to label

2: How would you describe your ethnic background?

- White
- Mixed
- Asian or Asian British
- Black or Black British
- Chinese or other ethnic group

3: Can you tell me how old you are?

4: What is/was your occupation?
5: How open would you say you are about your gender identity/sexual orientation?

- Generally comfortable about being ‘out’
- Depends on the situation
- Generally prefer to remain private

6: Where did you find out about this research project?

- Leaflet/Poster
- Visit from Researcher to LGBT Group
- LGBT worker
- Carer/support worker
- Friend
- Newsletter Item
- Other

7: Are you happy for your first name to be used in the report?

- Yes
- No

8: Would you like your full name to be listed at the end of the report?

- Yes
- No
9. At the end of the report I would like to include a brief description or ‘pen picture’ of the people who took part in this project. It would include details such as age, occupation, and some general background information. Can you tell me anything about yourself that you would like to include in this section?

Name……………………………………………………..

Postcode………………………………………………….

Contact Tel………………………………………………
Age Concern Older Lesbian, Gay, Bisexual and Transgender Survey

Age Concern Preston and South Ribble are conducting a research project into the needs of older lesbian, gay, bisexual and transgender (LGBT) people. We want to find out whether their needs are being met by existing provision or whether there are barriers preventing older LGBT people from accessing mainstream services.

We have been interviewing LGBT people to find out about their experiences and expectations of using services. We are now turning our attention to organisations that might provide support or advice to older people. We are trying to establish whether organisations have any specific provision for LGBT people and what levels of awareness there are within organisations about the needs or potential needs of this group of service users.

The enclosed questionnaire forms part of this research and we would be very grateful if you could support the project by taking the time to fill it in. Please be reassured that:

- All responses will be treated in confidence
- Any reference made to your response in the project report will not identify you or your organisation

Please answer according to your current knowledge rather than looking up policies and procedures – this should make the questionnaire fairly quick and easy to complete. Your honesty is appreciated. Questionnaires should be placed in the attached envelope and returned to me at Age Concern.

Thank you for your time in participating in this survey. If you have any queries please contact Marie Riley on 07855 442187

marieriley@55plus.org.uk
Age Concern Preston and South Ribble: Older Lesbian, Gay, Bisexual and Transgender Awareness Survey

The aim of this survey is to try to establish whether staff (and volunteers if appropriate) in your organisation are aware of any potential needs of older (fifty plus) lesbian, gay, bisexual or transgender service users. Please be as honest as possible in your responses.

Please note that LGB refers to lesbian, gay, or bisexual. Questions that include transgender issues/service users will say so specifically.

1: How would you describe your level of knowledge about LGB issues?

Very good ☐  Fairly good ☐  Not very good ☐

2: How would you describe your level of knowledge about transgender issues?

Very good ☐  Fairly good ☐  Not very good ☐

3: How confident would you feel about advising/supporting an older service user who had a concern about LGB issues?

Very confident ☐  Fairly confident ☐  Not very confident ☐

4: How confident would you feel about advising/supporting an older service user who had a concern about transgender issues?

Very confident ☐  Fairly confident ☐  Not very confident ☐
5: How would you describe your knowledge of referral organisations for LGB issues?

- Very good □
- Fairly good □
- Not very good □

6: How would you describe your knowledge of referral organisations for transgender issues?

- Very good □
- Fairly good □
- Not very good □

7: Has your organisation provided you with any training in LGB or transgender issues?

- Yes □
- No □

Please list below any relevant training on LGB/Transgender issues you have undertaken


8: If you have not received any training on LGB/Transgender issues, would you find it helpful to do so?

- Yes □
- No □
- Don’t know □
9: How would you rate your organisation’s provision for older LGB service users?

Very good  □  Fairly good  □  Not very good  □  Don’t know  □

10: How would you rate your organisation’s provision for older transgender service users?

Very good  □  Fairly good  □  Not very good  □  Don’t know  □

11: Is your organisation involved in any projects or initiatives around LGB or transgender issues?

Yes  □  No  □  Don’t know  □

If yes please list below


12: Does your organisation refer to sexual orientation or (trans) gender identity in its equal opportunities policy?

Sexual orientation  Yes  □  No  □  Don’t know  □

Transgender identity  Yes  □  No  □  Don’t know  □

13: Does your organisation have the Navajo Charter Mark?

Yes  □  No  □  Don’t know  □
14: Can you describe any occasions where you have supported older LGB or transgender service users?

15: Please add any further comments that you feel might be relevant to this survey

16: Name of Organisation.................................. Department.................................

Thank you for taking the time to fill in this questionnaire. A report on the project's overall findings will be produced in March 2006. It will be available on the Age Concern Preston and South Ribble website at www.55plus.org.uk

Please return your completed survey in the envelope provided to me: Marie Riley, Age Concern Preston and South Ribble, Arkwright House, Stoneygate, Preston, PR1 3XT.
E-mail marieriley@55plus.org.uk tel: 07855 442187
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