



The LGBT Health and Inclusion Project

A Local LGBT Older People's Group – A Stakeholder Roundtable

The LGBT Health and Inclusion Project

NHS Sussex and Brighton and Hove City Council (BHCC) have commissioned a consortium of organisations providing services to lesbian, gay, bisexual and transgendered (LGBT) people in the city to conduct a series of consultations with local LGBT people. The aim is to use the information gathered to feed into local service commissioning, planning and delivery.

The partner agencies are: Brighton and Hove LGBT Switchboard, THT South, MindOut, Allsorts Youth Project, Brighton Bothways and the Clare Project. The consortium has employed a worker to coordinate the project, known as the LGBT Health and Inclusion Project (LGBT HIP).

Please note, the following report presents information about the consultation and engagement work conducted by LGBT HIP and should not be taken as a position statement of any of LGBT HIP's Consortium partners.

Background

This report details findings from a round-table hosted by LGBT HIP about a group or forum in the city for older LGBT people. A local LGBT action-research project called Count Me In Too (CMIT) has presented a number of important findings in relation to the needs of older people (defined as 55+).¹ The research indicated that local older LGBT people were:

- More likely to be on a lower income
- More likely to live alone
- More likely to say that Brighton and Hove is a difficult place to live
- More likely to be in social housing but also to own their own homes.

Housing was an important issue in that fear was reported of going into residential care because of a perception that their LGBT identity might not be understood and respected. 62% of older people said they would be interested in sheltered housing/residential care that is specifically for the LGBT community. However, there was also resistance to the idea of being 'hived off' in to an older LGBT people's 'gay ghetto'.

Regarding social interaction and safety, older people were least likely to experience hate crime but most likely to report feeling unsafe within Brighton in the day or at night-time and to avoid going out at night. They were also least likely to say that they enjoy LGBT venues and events due to ageism and feelings of exclusion.

There were also important health findings: older people were more likely to rate their mental health as poor or very poor but were least likely to report a specific mental health problem. Older people were the second most likely group (after people aged under 26) to report suicidal distress but the least likely to have attempted suicide in the last five years.

¹ Brown, K. & Lim, J. (2009) Count Me In Too. Older People Summary Findings Report. http://www.realadmin.co.uk/microdir/3700/File/CMIT_OlderPeople_16Feb09_v3-1.pdf

Older people were also more likely to rate their physical health as poor or very poor. Regarding sexual health, older people were the least likely to have had sex in the last three years and most likely to say that they don't need a sexual health check-up. However, even among older people who were sexually active, they were more likely to say they don't need a sexual health check-up. Those that had received a check-up were more likely to have had this more than five years ago. On a positive note, older people were more likely to have disclosed their LGBT status to a GP.

More recent national research from Stonewall on the needs and experiences of older LGBT people identified similar issues of need.² They surveyed 1050 heterosexual & 1036 LGBT people aged 55+ across from across Britain. They found that LGBT people were:

- More likely to be single
- More likely to live alone
- Less likely to have children
- Less likely to see biological family members on a regular basis.

LGBT people were nearly twice as likely to expect to rely on external services such as GPs, health and social care services and paid help. However, three in five were not confident that social care and support services (paid carers, housing services) would be able to understand and meet their needs. Similarly, although they were more likely to have a history of mental ill health and have more concerns about their mental health, over two in five respondents were not confident that mental health services would be able to understand and meet their needs. One in six were not confident that their GP and other health services would be able to understand and meet their needs.

There was also a lack of confidence in disclosing LGBT status to service providers:

- Nearly half would be uncomfortable being out to care home staff.
- A third would be uncomfortable being out to a housing provider, hospital staff or a paid carer.
- One in five wouldn't feel comfortable disclosing their sexual orientation to their GP.

The Stonewall report did not focus on the needs of trans people and there is a lack of comparable data for them. However, a very useful briefing from AgeUK identified some important issues regarding the needs of older trans people.³

- We are now seeing the first cohort of aging trans people, i.e. older people who transitioned in the 1960s to 1980s. There is a lack of information about people who have transitioned decades ago when medical technologies may not have been as developed as they are currently, leading to complex health issues and medical needs.
- There are also issues for people transitioning in later life whereby surgical and hormonal options may be limited by the physical impact of aging.
- There is a perceived lack of awareness among health and social care providers about the needs and experiences of older trans people.
- There may be disruption to pension/benefit entitlements due to administrative failings and delays resulting from a change of gender identity markers in records and databases.
- There are concerns about the management of preparation for end of life, i.e. that the person's identity and new gender will not be respected in death.

From the CMIT study, there was reportedly a strong desire to be involved and consulted.⁴ Given the wide range of issues identified, LGBT HIP focussed on whether there was a the need for an

² Stonewall (2011) Lesbian, Gay and Bisexual People in Later Life.
http://www.stonewall.org.uk/documents/lgb_in_later_life_final.pdf

³ AgeUK (2010) Transgender Issues Later in Life.
http://www.openingdoorslondon.org.uk/resources/AgeUK_Transgender_issues_in_later_life.pdf

⁴ Brown, K. & Lim, J. (2009) Count Me In Too. Older People Summary Findings Report.
http://www.realadmin.co.uk/microdir/3700/File/CMIT_OlderPeople_16Feb09_v3-1.pdf

older people's group or forum in the city to bring together older people and stakeholders who could progress an agenda for development and change.

Aims and Objectives

The aims and objectives of the roundtable exercise were as follows.

1. To consult a group of stakeholders about the need for an LGBT older people's group or forum in the city and to make recommendations for further development.

The objectives were:

1. To identify a group of 15-20 individuals to attend a consultation roundtable.
2. To facilitate a two-hour roundtable consultation to explore participants' perceptions of the need for and feasibility of an LGBT older people's group or forum.
3. To provide a briefing paper detailing key learning and recommendations from the exercise.

Pre – Workshop Preparation

The LGBT HIP Coordinator worked collaboratively with the Director of Allsorts Youth Project to develop the roundtable programme, drawing upon her learning regarding the setting up of a local independent project for older Jewish people (L'Chayim). The local Community and Voluntary Sector Forum (CVSF) was approached to identify organisations registered on its database as carrying out work with older people in the city. These groups were invited to the roundtable. In addition, recommended contacts were invited to participate. The session was also published via LGBT HIP's e-newsletter, website and social networking facilities (Twitter and Facebook).

The Consultation Workshop

Eighteen people attended and 14 different local organisations were represented (see appendix 1). The workshop consisted of a series of presentations and small and whole group exercises to identify:

- The understanding of the group regarding the specific needs of local older LGBT people.
- Ways in which issues of difference and diversity might influence the needs identified.
- Whether lessons could be learned from the development of selected other projects with older people or older LGBT people.
- What recommendations could be made to BHCC and NHS Sussex to encourage progress (see appendix 2 for a roundtable schedule).

In addition to learning about L'Chayim, the roundtable benefitted from brief presentations from MindOut, GEMS and Brighton and Hove LGBT Switchboard about their on-going and planned work with older LGBT people. From this exercise a number of findings and recommendations were identified.

Findings

Needs Identified

The exercise reflected many of the findings of the studies cited above. Chiefly, fears of dependency on health and social care services that may not understand the needs and experiences of older LGBT people, as well as homophobia/transphobia among service providers. Participants wanted assurances that the health and social care services they needed and used would understand their experiences, needs and lifestyles and would not discriminate against them. LGBT awareness training for service provider staff was felt to be necessary in equipping

them with the required knowledge and skills, and providing the reassurance that participants wanted.

There was a perception that the likelihood of physical ill-health and disability increased with age. Therefore, better sign-posing and awareness raising among local older LGBT people about services catering for the needs of people living with disabilities or health conditions was also thought needed.

Issues of isolation and lack of local social support were also strong themes. It was perceived that while there could be strong social networks within LGBT communities, such bonds tended to diminish with age. This was expressed especially strongly by some of the men present, who suggested that gay social networks were often created and maintained in the context of the commercial gay scene, which they felt excluded from as they aged. There were also felt to be opportunities to promote better mixing between the L, G, B and T groupings, as opportunities for this were felt to be lacking, with women, bisexuals and trans people especially needing access to a wider range of inclusive social spaces. Mistaken perceptions about the LGBT community among service providers could compound the issue, i.e. that the local LGBT community already had cohesive and developed social networks so that efforts to develop social support for older LGBT people were not needed. As discussed, this did not always reflect participants' views and experiences.

The spiritual needs of older LGBT people were also highlighted. It was suggested that as people age and experience life-challenging experiences such as illness and the death of loved ones, they may feel more inclined to explore spiritual issues, and that faith organisations could be important sources of practical help and support. However, it was perceived that faith communities have not always been welcoming to LGBT people. More action was thought needed to open a dialogue with faith communities about the issues.

Diversity and Inclusion

Issues of diversity and inclusion were also strong themes. It was thought unhelpful to regard 'older people' as a homogenous group. It was noted that as well as differences related to identity (e.g. sexual identity, trans status, gender, ethnicity, disability), there were thought to be important differences related to age grouping. For example, it was thought that the needs of a person aged 55 may be considerably different from a person in their 80s, and this distinctiveness needed to be recognised. However, it was also proposed that there could be opportunities to encourage peer support across these age groupings.

It was also thought important to recognise the impact of the different histories and experiences of groupings under the LGBT umbrella. For example, the experience of some women present, who had been politicised as a result of their experience of the women's movement, wanted on-going opportunities for engagement and activism with other women, which they perceived were lacking. Men present highlighted their experience of living through the period when AIDS had claimed the lives of many of their peers and who now faced the challenges of being survivors when partners/peers had died. Spaces to be with other men who shared their experience were thought important. The on-going struggles of bisexual people for acceptance and visibility within the LGBT community was also alluded to, which was perceived to be more challenging for bisexual people within an older age cohort due to less open-minded attitudes about sexual orientation. Similarly, the distinctive struggles of older trans people were mentioned, who could not necessarily rely on acceptance and support in the wider LGB community and who might experience heightened exclusion when accessing health and social care services.

Complex issues were also raised about the nature of social support structures for older people within some Black and Minority Ethnic (BME) communities, where it was perceived that there was a particularly strong reliance on family and faith-based resources. This was perceived to be potentially problematic since these sources of support were regarded as not necessarily accessible to older LGBT people. It was felt that more work was needed to explore these complex issues and perceptions.

Issues of digital inclusion were also raised, where it was perceived that exclusion was linked to aging. This was thought to have an especially heightened effect for older LGBT people because much LGBT social interaction was conducted online (e.g. dating, social networking, political activism).

Participation and Engagement

There was a strong drive for older LGBT people to be at the heart of activities and initiatives developed for them. While the roundtable was welcomed, there was a strong view that more and on-going work was needed to ensure that older LGBT people had voice and influence in the city. The developing health and local governance reforms were thought to place a responsibility on the local NHS and Council to facilitate and resource this.

The need to think of imaginative ways to involve men in services and interventions for older people was raised, as it was felt that this was often noticeably lacking. There were thought to be particular implications for the mental health and wellbeing of older men as a result of this in terms of increased risk of isolation.

Media

Participants spoke of important media work they were developing particularly around trans awareness. However, issues of stereotyping and invisibility in cultural and media contexts were raised. While it was perceived that some groupings within the LGBT umbrella had relatively greater public visibility (e.g. younger gay men), there was a distinct lack of cultural representations and opportunities for older LGBT people to be publicly visible.

Knowledge Gaps

It was noted that a lack of up-to-date local data about the size, composition and needs of the LGBT population, including older people, was a hindrance to advocating for more resources and service development.

Lack of Resources

It was also perceived that the local LGBT third-sector was particularly under-resourced, which was reflected in the lack of an LGBT physical space in Brighton and Hove (e.g. LGBT centre or café). This was regarded as a hindrance in developing initiatives for older LGBT people.

What Next?

Having explored the issues, the group was asked to consider a number of key questions to identify its recommendations.

Is a group needed?

There was unanimous support for a group or forum for older LGBT people in the city. It was argued that the distinctive needs and issues for older LGBT people were such, that it was necessary to bring older LGBT people and stakeholders together to progress an agenda for inclusion and service development. Indeed, it was suggested that it was surprising that Brighton and Hove lacked one, given its large and diverse LGBT community, and that this was a testament to the marginalisation of older LGBT people locally.

What should it be like?

A range of ideas were generated as to what the group or forum should do: befriending and social support, advocacy, activism and engagement, awareness-raising, education, strategic development and troubleshooting to alert health and social care providers to issues and

problems were all thought to be important functions. However, it was noted that more input and consultation was needed to inform the precise specification of a group or forum, and it was proposed that funding be sought for a development worker to carry out a timely and focussed scoping exercise.

It was also felt critically important that any new group or forum should avoid duplicating the important and successful work of organisations already working with older LGBT people locally (e.g. GEMS, MindOut), but should seek to build upon and develop this. It was suggested that a 'hub and spoke' model would be a useful approach, i.e. that a new group could act as an organising forum for those already working in this area and those who wanted to. This suggestion warrants further examination.

Who should run it?

There was a great deal of support and enthusiasm among the group to be involved in further development. A clear and overriding message was that this needed to be an intervention both for and of the LGBT community. While LGBT HIP had initiated the roundtable, it was noted that its scope and capacity limited it from playing a coordinating role. However, several participants expressed an interest in continuing discussions and LGBT HIP agreed to facilitate putting these organisations in contact.

Where will the funding come from?

It was proposed that a funding application be developed by interested organisations for submission to BHCC, NHS Sussex and or/charitable organisations to enable a worker to be employed to scope the development of a group or forum for older LGBT people in the city.

Recommendations

This consultation has identified the need for development of a local forum or group for older LGBT people in Brighton and Hove. It is hoped that the following recommendations might act as a guide for action.

1. LGBT HIP will facilitate further contact between attending stakeholders who wished to explore opportunities for further dialogue and development.
2. It is proposed that they develop a funding application to employ a worker (or commission an external body) to scope of the precise specification of such a forum or group and sources of funding for this initiative. This should include on-going involvement of potential service users.
3. Commissioners at BHCC and NHS Sussex should be requested to identify potential sources of funding for the group/forum when the scope is developed and ready for submission.

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Key Contacts

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Appendix 1: Organisations Represented

- BBC Radio Sussex
- Brighton & Hove City Council Library Service
- Brighton & Hove LGBT Switchboard
- Carers Centre for Brighton and Hove
- Freedom Powerchairs
- GEMS (Gay Men's Elderly Society)
- LGBT Forum of the Interfaith Foundation
- Lifelines
- LLB OPC
- MindOut
- Pensioner Action
- Silver Sounds
- Somerset Day Centre
- UK Advisory Forum on Aging

Appendix 2 – Outline of the Roundtable Session

LGBT OLDER PEOPLE’S ROUNDTABLE
DATE: 23.11.12, 14.00 – 16.00
LOCATION: CONFERENCE ROOM, 5TH FLOOR, 113 QUEENS ROAD, BRIGHTON BN1 3XG
Activity
<p><i>Arrivals</i></p> <ul style="list-style-type: none"> • Introductions & housekeeping • Introduction to the day • Group working agreement
<p><i>Presentation 1: Issues for older LGB people</i></p> <ul style="list-style-type: none"> • Data from the Stonewall Report • Trans data?
<p><i>Exercise 1: What are the issues for local older LGBT people?</i></p> <ul style="list-style-type: none"> • Are the issues the same as Stonewall survey suggests? • Are there any issues missing? • Are there specific local concerns? <p>[Small groups/pairs]</p>
<p><i>Exercise 2: Identifying difference</i></p> <p>Having identified the key issues, are there different concerns for different groups:</p> <ul style="list-style-type: none"> • Different age groups (50-65, 65 – 80, 80+) • Common/distinctive issues for LGB&T • For people who are working/not working. • For people who are disabled or in poor health/in good health • For people from BME backgrounds • Other? <p>[Brainstorm]</p>
<p><i>Presentation 2: Learning from L’Chayim Older Jewish People’s Group</i></p> <ul style="list-style-type: none"> • Scoping what was already available • Undertaking needs assessment • Seeking funding • Developing the service • On-going activity and review.
<p><i>Presentation 3: Other examples of good practice</i></p> <ul style="list-style-type: none"> • How did the group come about? • What does it do? • Is there anything you have learned about set-up and implementation that could help here?
<p><i>Exercise 4: Do the L’Chayim, Gems, MindOut models offer a useful template?</i></p> <ul style="list-style-type: none"> • Are there aspects that can be adapted/borrowed? • What would work less well? • What is missing that would need to be added • Who would need to be involved in the development process? <p>[Small groups/pairs]</p>
<p><i>Exercise 5: What recommendations can we make to the local Council/NHS about the development of a group or forum for older LGBT people?</i></p> <ul style="list-style-type: none"> • Is a group needed? • What should it be like? • Who should run it? • Where will the funding come from? <p>[Whole group exercise]</p>
<p><i>Closure of session</i></p> <ul style="list-style-type: none"> • Reminder of group working agreement • How will we feed back • Evaluation forms