

# Perspectives on ageing: lesbians, gay men and bisexuals

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Sylvia (left) and Maggie

*Just because I am growing older doesn't mean to say that I want to fade away. I have the same hopes, fears, passions and interests that I always had and I need help to facilitate them.*

**(Beth, older lesbian woman)**

This paper explores the views of a wide range of older lesbian, gay and bisexual people, their experiences of getting older and expectations of support services.

# Introduction

My task for this paper was to seek out and share the views of a wide range of older lesbian, gay and bisexual people on ageing. What is it like to grow old as a lesbian woman? What matters to an older gay man if he needs help and support? What are our fears and hopes about getting older?

This paper brings together a range of experiences and views, hopefully to enhance understanding and empathy for this often neglected group. These stories convey the joyful and celebratory aspects of people's lives as well as their struggles and fears.

## The older lesbian and gay population

It is difficult to be sure of the size of the older lesbian and gay population, as there are still no census figures regarding sexual orientation. Stonewall estimates that 5–7 per cent of the population is gay or lesbian, and this estimate is accepted by government agencies. The total population of people over the age of 55 living in the UK is 17,421,000 (based on 2009 mid-year statistics) and 5–7 per cent of this is between 871,045 and 1,219,470 people (roughly equivalent to the population of Birmingham). Older lesbian and gay people therefore make up a very sizeable minority community, yet their views are rarely sought as a distinct group.

## About the author

I am a 46-year-old lesbian woman who has experienced many of the challenges of being 'out' about my sexuality since my early twenties. But there have been great breakthroughs too. I recently celebrated a civil partnership with Jackie, my partner of 22 years, and we enjoy an almost total sense of acceptance in our local community, including at our daughter Meg's primary school.

Over the years, I have had opportunities which have brought me into contact with hundreds of older gay people, including facilitating workshops for individuals contemplating 'coming out', being the first lesbian Carers' Contact for the Alzheimer's Society, and working as a volunteer with London Lesbian and Gay Switchboard. I was already aware that the generation before me have had many painful experiences of rejection, discrimination and abuse. But what I heard in the course of preparing this paper was both inspiring and humbling.

## Participants

In early 2011, I spoke in depth to eight people: three gay men, one bisexual man and four lesbian women. They ranged in age from 64 to 81. Two are wheelchair users and currently use care services, and three live in sheltered housing. I asked about their lives, their views on getting older, and what issues they saw arising with respect to formal care services.

I also attended two older gay men's groups, one older lesbians' group and the Anchor Housing Lesbian Gay Bisexual and Transgender (LGBT) Tenants and Staff Forum, inviting group members to contribute their views on ageing. I sent out a short questionnaire nationally via Age UK's Lesbian Gay and Bisexual (LGB) e-network, to which 23 people responded.

During 2009–11, I evaluated the Age UK Opening Doors project in central London, a specialist

project for LGB older people. I conducted in-depth interviews with a sample of members and carried out a survey of 120 members. I have included some of this material here.

I have involved a range of older gay, lesbian and bisexual people: those living in rural and urban areas, those living alone and in couples, those with current high support needs and others with experience as carers for partners or friends, as well as many who are still active and independent.

Like older heterosexual people, LGB respondents repeatedly say that what matters in later years is an adequate income, good health and access to decent transport. However, my aim in this work was to seek out the things which might particularly concern gay and lesbian people because of their experiences as a minority group.

Below are short introductions to the eight people I spoke to at length. I have included quotes from them in this paper, as well as quotes from people I met in group settings. Some preferred to remain anonymous or use pseudonyms.

**Ruth** is an 81-year-old retired social worker who lived with her partner, Val, for 42 years before Val died of Parkinson's disease while living in a care home. Ruth has a son with whom she enjoys a good relationship. She and Val lived in the south-west of England, running a pottery shop and later owning a sheep farm. Ruth enjoys painting and attends a number of local women's and lesbian groups in Bristol, where she now lives. She is now also living with Parkinson's disease and finds life without Val difficult.

**Spike** is 73 years old and a retired information technology specialist. Spike was in the army and was shot in the leg when posted in Belize. He was originally from a Scottish Presbyterian family in the Isle of Skye and has travelled widely. Spike describes himself as not being that interested in

sex, his big passion being motorbikes and cars. Spike has motor neurone disease and uses a wheelchair. He lives on his own in a flat in London after his civil partner left him two years ago, leaving him socially isolated. He has had bad experiences of health and social services and is considering returning to Thailand, where he was very happy.

**Sylvia and Maggie** are civil partners living in Kent and have been together for over 30 years; Sylvia is 69 and Maggie is 72. Both came from Catholic families and have been married and had children, but discovered their lesbianism in the late 1970s and got together when they were 38 and 41. Sylvia is very musical and Maggie writes and paints. They attend various creative groups and remain active in their local community. Sylvia and Maggie had a difficult experience of trying to live in sheltered housing where they were badly bullied.

**John** is a bisexual 64-year-old man living in sheltered housing, originally from Yorkshire. John has worked in various areas of chaplaincy and as a Catholic priest following conversion to Catholicism. He has been married and is a father and grandfather. He has enjoyed a number of relationships with men and women, although he has found it harder to find a long-term relationship with a man. He has received support from Quest, the Catholic LGB organisation, but struggled to find a church where he can worship.

**Jo** is a 70-year-old lesbian woman who was born in Liverpool and had a difficult childhood with an abusive and ill mother. Jo ran away from home in her teens and went to London, where she lived on the streets for a few months. She came out as a lesbian, but her first lover was murdered in a street attack. Jo has had mental health problems and became a wheelchair user following an accident at work where she was a nurse. Jo is an animal lover with lots of cats and dogs to keep her company. She enjoys art and is involved in a drama group, doing interactive awareness-raising workshops on older people's

issues. Jo has recently had a diagnosis of breast cancer, but continues to be a fighter with great zest for life.

**Illtyd** turned 80 this year. He is from Wales but now lives in Brighton. He has been actively involved in politics all his life, including as Deputy Leader to Ken Livingstone at the Greater London Council. Illtyd describes London as the 'land of milk and honey' and he and his partner Chris, who was a theatre critic and dresser to some of Britain's leading stage actors, enjoyed a 50-year partnership. Sadly, Chris died before they were able to make it legal with a civil partnership.

**Roger**, who is 63, was a nurse in Community Mental Health. He lives in rural Suffolk and is an elder at his Quaker Meeting. He was married and has two children. Roger finds it hard to travel to gay groups because of financial constraints. He is part of the Edward Carpenter Community of Gay Men and meets with them for a residential week in far-flung places once or twice a year. He still hopes to meet a long-term partner, having lived with someone for 12 years who left him ten years ago. He enjoys using the Internet to connect with other gay men.

## Our memories of the past

We were either to be pitied and 'saved', treated and 'cured' or locked away.

*(Harry, older gay man)*

Why is it so important for policy-makers, care providers and the general public to know about the experiences of gay people growing up in the mid-twentieth century? For many people now – gay and straight – it is hard to imagine what it was like to live in constant terror of being discovered. Just 50 years ago, there was no protection in law from prejudice and discrimination, and it was unthinkable that gay relationships could be formally acknowledged through a civil partnership. The people I spoke to

were born at this time, and it profoundly shaped their sense of who they are.

### **Secrets and violence**

There is no doubt that the stakes were very high for LGB people in the mid-twentieth century. Many gay men faced imprisonment for consenting sexual relationships with other men if caught in a public place. LGB people were frequently labelled as mentally ill by psychiatric services. Some lost jobs, family members and their homes when their sexuality was discovered. Others were blackmailed or led double lives.

Patrick, a participant in one of the group meetings, grew up in rural Ireland. He knew that if he came out he would be 'destroyed':

You just tried to lead a normal life as a 'bachelor'. People used to say about me, "He's very shy!" I just closed off my sexual life. I would joke with other people and be a bit anti-gay myself, which I feel sad about now.

*(Patrick, older gay man)*

Patrick befriended a lesbian woman so they could 'cover for each other'. Other gay men describe how the only way to have sex with other men involved meeting in particular public toilets or known areas of public parks and commons. Police officers would pose as gay men and catch people 'cottaging'. Arrests involved terrible humiliation. For gay men who were married, fear of disclosure was particularly terrifying. Men who were prosecuted then had a criminal record which could affect their future career prospects.

Lesbian women did not face criminal sanctions but pressures to conform brought different stresses.

I got married at 23 because that was what you did in those days. I tried to convince myself this was it, but it was never really me. I tried to be conventional with a capital 'C', with my oldest son an altar boy, mass every Sunday and I was a leading light in the Parents and Teachers Association. The idea was to make myself the same as everyone else.

*(Sylvia, older lesbian woman)*

Women who were particularly identifiable as lesbian, who described themselves as 'butch' and wore men's clothing, were especially vulnerable to abuse. In one shocking example, Jo tells how she lost her girlfriend in a brutal street attack where they were both raped and her girlfriend was knifed and died on the way to the hospital. When the police spoke to Jo, they asked her what she had done, suggesting the attack was her fault for dressing in the way that she did.

Similarly, gay men who dressed or spoke in a particularly flamboyant or effeminate way often faced verbal and physical abuse. Sadly these assaults and murders are not just historical events, as more recent media stories testify.

HIV and the AIDS epidemic had a huge impact on the gay community. Gay men in particular faced many premature bereavements and experienced stigma related to ignorance and fear about the illness.

Damaging misconceptions about homosexuality were also evident among professionals. An Opening Doors member, Leslie, describes how he asked a psychiatrist for aversion therapy for help with feelings of self-hatred. He was told to confess all his gay fantasies to the doctor. These fantasies were then repeated back to him and he was given injections which made him repeatedly sick to try to stop his sexual feelings for other men. The ‘therapy’ did not work of course, but it was many years before Leslie was able to come to terms with his sexual orientation.

### **Pride and celebration**

As well as the painful stories, many older LGB people describe a wonderful sense of self-discovery. Following the Stonewall riots in America, widely credited as the birth of the modern gay liberation movement, there was an emergence of lesbian and gay groups, meeting places and political activism. This went alongside the growth of feminism, sexual liberation and greater tolerance of diversity associated with the 1960s.

The birth of a lesbian and gay community even resulted in a unique slang language or code called ‘Polari’ in the 1960s, by which gay people were able to communicate safely with each other. The sense of community with other gay and lesbian people is something that is valued, and some still describe this connection as being among ‘family’.

The AIDS epidemic was another example of a time of unity and strength when the gay community worked together with concerned health professionals to address the lack of awareness and support those affected.

### **Discussion**

Given this history, it is not surprising that issues of trust and safety are critical to older LGB people. Professionals need to demonstrate that they are not prejudiced, and to remember that the starting point for many older LGB people is an expectation of ignorance or discrimination.

An understanding of the history of LGB people living in the mid-twentieth century might be an important addition to staff training when looking at person-centred care and life story work. A young and well meaning 20- or 30-year-old care worker, for example, is unlikely to have considered some of the struggles this minority community has lived through.

### **Our views and experiences**

Just because I am growing older doesn't mean to say that I want to fade away. I have the same hopes, fears, passions and interests that I always had and I need help to facilitate them. I need to be in contact with the lesbian community.

*(Beth, older lesbian woman)*

In listening to the views of older LGB people, there are many similarities with heterosexual peers. A significant number describe a greater self-confidence and sense of release from earlier life challenges. Many mention income as an issue, hoping they will have ‘enough money not to worry’. Those with health problems and mobility difficulties speak of the importance of being able to enjoy life without pain. Participants also raised issues that had particular significance for LGB people, which are the main focus here.



## Interests

A striking number of participants were very active doing voluntary work or creative activities. Many find creative outlets therapeutic in helping them through traumatic experiences.

### Jo's experience as an 'out' lesbian: Sad and glad

Jo has had a number of mental breakdowns. She began doing pottery during one of her hospital admissions, and has found it a great source of renewed self-esteem. Unfortunately, she is finding it difficult to do now as she is becoming more arthritic. Jo calls her clay models her 'sad and glad' collection, as each one has a happy face and a sad face on the other side. There is an obvious resonance with her own life experience as an 'out' lesbian who has faced abuse as well as being proud of who she is. Jo has also enjoyed being photographed as part of Age UK's national publicity material and being filmed for a recent Opening Doors promotional film.

A number of men and women mentioned contact with the natural world, through walking and gardening for example, as critical to their wellbeing. Many talked about going to libraries, galleries, theatres and films. Others, particularly those living alone, mentioned the special place of pets in their lives.

When going to general older people's groups and classes, a main consideration for some LGB people is to feel comfortable meeting new people. One woman reports finding it difficult to be a part of a new group: 'I have been out all my life and so it is shocking to feel threatened again. The total assumption that you are heterosexual is quite overbearing'.

## Families and relationships

Some talk about increased loneliness as they age. One man commented, 'I could drop dead and no one would know for days'. This is a very real fear for gay and lesbian people, who are

more likely to age alone and without children to support them.

However, a significant number of those I spoke to have been married and have children, and a few describe relationships with biological family members as very important to them. Some describe difficult relationships with their children, who found it hard to accept their parent coming out as gay. Others have sons and daughters with whom they enjoy good relationships.

Gay or bisexual people who have been married inevitably become more invisible to care services in later life. If they have 'divorced' or 'widowed' in their biographical information and have children, staff assume they are heterosexual.

I was only married for five years, and with my male lover for over 30 years, but most of the staff asked me about my wife, not about Bill, as the heterosexual marriage was what makes sense to them. There wasn't a box on the form to include my relationship with Bill.

*(Older gay man)*

Interestingly, it can be difficult for gay or bisexual people who have been married to feel relaxed and open in gay groups. A man responding to the Opening Doors survey says:

A lot of people of my age were married for a while in our 20s and have children. In most gay circles this goes down quite badly ... At the groups, I have to keep the children and grandchildren secret.

*(Older gay man)*

Those who are in partnerships appreciate the intimacy and everyday companionship this brings:

...the ordinary everyday routine lived with real companionship. The sharing, laughing together, making a fuss of her, cooking for her, going for a walk with her... her music, her sense of humour and our joint searching for the meaning of life.

*(Maggie, older lesbian woman)*

### **Staying connected with other gay people**

Many individuals are keen to reinforce a distinct identity and maintain links with social networks specifically for older LGB people. Some feel that the groups they attend offer them something to look forward to, a sense of purpose and structure for their week.

Those living in rural communities report feelings of particular isolation:

I am in sheltered accommodation in a small village now having lived in a city in the north-east. It's very beautiful, but I have to travel six miles for a stamp and it is very 'primitive' in terms of access to any other gay contacts. Because I have to be very careful about money, it is not easy to travel to any of the cities where I might meet other gay men.

*(Roger, older gay man)*

Even those in cities can find themselves lonely. Spike has found himself increasingly isolated in his London flat since his younger civil partner left him. He is rarely able to get out, though he remains relatively independent with an electric wheelchair. He has had bad experiences of health and social services and relies almost entirely on the social support of an Age UK gay befriender and a couple of other local friends.

The Internet has proved an important source of communication for gay people and many regularly use video messaging and email. Those who are single are exploring the possibility of new relationships and friendships through social networking sites, but some are anxious about who they can trust and aware of the dangers of abuse or exploitation.

Some raised the importance of continuing to have sexual relationships. Those who are disabled report difficulties forming new relationships:

Ever since I've been in a wheelchair, it's harder to have a relationship. They think they are going to have responsibilities. But I am very independent. The sex side is limited now because I haven't got the physical strength. It's frustrating. I need to find someone not interested in sex who likes the companionship.

*(Older lesbian woman)*

### **Mental health and bereavement**

A high percentage of older LGB people have experiences of mental health problems, including an increased risk of suicide attempts and self-harm. A recent Opening Doors survey (Phillips and Knocker, 2011) found that one-fifth of respondents had experienced a mental health problem in the past five years. Years of feeling



confused and ashamed about being gay and experiencing rejection and hatred inevitably takes its toll on people's health.

Self-harming provided me with comfort. My whole life I was a reject from society. I didn't take it out on others. I took it out on myself.

*(Jo, older lesbian woman)*

Bereavement also has a significant impact. Arthur, a member of the Opening Doors project, speaking after the death of his partner of 57 years, shares the anguish which led him to contemplate suicide:

I was desperate ... the pain is so strong, I know it's because I'm now without Reggie and nobody would miss me if I died, it wouldn't really affect anybody.

*(Arthur, older gay man)*

Arthur lives in a village and says it has been life-saving to have the support of the Opening Doors project staff and to travel to the groups in central London. Now in his 80s, he worries what he will do if he becomes more frail and can no longer use public transport to get to meetings.

Long-term gay relationships do not always enjoy the status of a marriage, so sometimes bereavement is less recognised by neighbours and straight friends. However, Ruth, who was with her partner Val for over 40 years, had a more positive experience:

I am struck by the fact that in my heterosexual circle, there are two or three widowed women of different ages who talk to me as if I understand ... they say "you understand how this is", they know I have been through the same thing, the loss of a special relationship, a partner.

*(Ruth, older lesbian woman)*

### **Issues for bisexuals**

People who identify themselves as bisexual describe difficulties in being totally accepted by either gay or heterosexual people. They are assumed to be enjoying the advantages of 'staying on the fence'.

It is not a man or a woman who fools around a bit, perhaps as an experiment ... I like people and fancy people for who they are ... if I find a link ... a connection, a sexual chemistry ... that can happen with a man or a woman.

*(John, older bisexual man)*

### **Religion**

The research literature on older LGB people rarely mentions religion. This is surprising, as nearly all the people in this study did want to talk about religion. Some have had terrible experiences of the church, feeling rejected and judged by members of faith communities. Jeff, an American now living in south London, says that when his mother, a Jehovah's Witness, found out he was gay he was 'cut off and condemned'.

A number of people spoke about unwelcome interactions with doctors, nurses or care staff who were outwardly religious.

In one doctor's surgery, there were Jesus posters over the wall. I don't think it is appropriate to bring religion into the workplace, into a public workplace. I would like these kinds of public places to be neutral places. They can practice what they like at home, but I don't want to know.

*(Older lesbian woman)*

One older disabled lesbian woman describes being given leaflets by religious care workers suggesting that she could be 'saved'; an experience that has made her feel unsafe and alienated in her own home.

To send a religious fundamentalist care worker to visit a gay man is like sending a member of the BNP to a black person.

*(Spike, older gay man)*

Some people experience complex inner conflict about their own faith and sexual identity. John talks about having a 'split personality', where his sexual self is separate from his religious self. Patrick, who grew up in rural Ireland, still goes to mass three or four times a week and is very involved in a church community but he says, he is still 'just a bachelor there ... my sexuality is one thing, but my church thing is something else'.

Some speak about positive experiences. One Opening Doors group member said, 'The only people who really helped me when my lover was dying of AIDS were the nuns and priests in the Catholic church'.

Faith is a key part of identity for a significant number of LGB people, but this can get forgotten. John highlights the need for a more 'sympathetic, understanding and affirmative ministry'.

### **Discussion**

The high incidence of mental health needs among older LGB people clearly has implications for planners of health and social care services. Voluntary sector projects such as Opening Doors can provide a vital social network for isolated older gay, lesbian and bisexual people. They have a preventative role in supporting individuals to remain socially active and can also assist in navigating services. Regrettably there are many parts of the country, particularly rural areas, where there is still nowhere to turn for older lesbian, gay or bisexual people who remain very isolated.

No one particular faith or religion is associated with hatred and oppression of gay people; the concern here is fundamentalist elements of most of the main religions. Some religious individuals and organisations adopt inclusive and positive attitudes to homosexuality. But while conservative elements disseminate doctrines of judgement and hatred, they will continue to do enormous harm to both young and old LGB people. Little can be done to change entrenched attitudes, but training does need to reinforce the importance of staff behaviour; being respectful and professional at all times.

Sex is a quite taboo topic in British culture and there can be a tendency to focus on LGB people's sex lives; what we do rather than who we are. In reality what we 'do' in bed is only a small part of our identity. On the other hand, it can be difficult for gay or lesbian people, where any kind of sexual expression is censored or

judgements are made about those who are not in long-term relationships or have multiple sexual partners. This can be particularly stressful when the person finds themselves in a care environment where they will inevitably have less personal freedom. Where the person also has dementia, sexual disinhibition might lead to a person being more openly sexual and that behaviour might be more quickly labelled as 'challenging'.

## Our expectations about care services

I do my best to avoid public services as I fear a wall of hate.

*(Philip, older gay man)*

### Disclosure

For LGB people with high support needs, the question of being open or 'out' in later life takes on a particular significance – to disclose to formal services or not to disclose? Some lesbians and gay men are quite political about their identity and others prefer not to be, and this is a notable distinction.

Many of the people I spoke to felt that it is not necessarily important for their sexuality to be disclosed to formal services. Many feel that good care services needed 'kind professional people' and that as you get older and need more support, your sexuality might become less relevant in the context of care provision.

I don't want too much choice in healthcare etc. I just want good, clean, local efficient services where my sexuality isn't an issue ... being treated as a human being.

*(Taylor, older lesbian woman)*

However, interestingly in a survey of Opening Doors members (Phillips and Knocker, 2011) nearly four-fifths said that they would not mind being asked about their sexuality as part of an assessment for health and social care services. They did say that they would need some reassurance that the professional conducting that assessment was not prejudiced before they felt happy to come out.

Some people who currently receive support did think it helpful for staff to know their sexuality.

Just as it is important to have someone who speaks English or the same language as you, so you can communicate, I need someone who can 'speak lesbian'! Our culture is different and we have different ways of doing things. It is a bit indefinable, but it is really important.

*(Rowena, older lesbian woman)*

Illtyd highlights how important it is to be able to be yourself in your own home:

It's important that I'm free to leave a gay magazine on the side if I've brought it back from the pub and that be OK. If someone was caring for me, and they were offended by that, even though I wouldn't want to be shoving it in their face, they still need to know that this is *my* home.

*(Illtyd, older gay man)*

## Residential care

Most said that they dreaded ending up in a care home, which is probably a similar reaction to many older heterosexual older people. Many feel that they could retain more freedom and control over their lives by remaining in their own home.

People talked about the stricture of institutionalised routines and referred to common stereotypes of care homes – the smell of urine, little choice of clothes and wearing other people's clothes. One woman gives an example of a lesbian friend with dementia she knew who had always worn trousers being put in a crimplene dress and given a standard 'old woman's perm'. Many older heterosexual women may have similar fears!

More specific issues which concern LGB people relate to their sexuality and life history becoming invisible. Many people's main fear for the future – a future which could involve interaction with support services – was having to return to being 'in the closet' or being on the receiving end of intolerance or bigotry. One commented, 'If you come out ... in a home, other residents might avoid being your friend, because they wouldn't want to be associated with you'. Lack of privacy is a particular concern.

Ruth generally found care home staff were very respectful of her role in Val's life, as she visited every day. Ruth says, 'Our relationship was never questioned, but I always felt was totally understood'. At times she did raise concerns about the appropriateness of male care workers giving Val personal care. Ruth did not 'feel totally relaxed in terms of showing affection'. However, she felt that this was as much about them being used to being very discreet, private people.

Interestingly, not many people felt strongly about having exclusively gay or lesbian care homes, but the majority said that they would prefer there to be other gay residents.

## Confidentiality: a cautionary tale

Sylvia and Maggie moved to an idyllic rural location and settled into a sheltered housing flat. They made friends easily and quickly got involved in the community of the scheme. They did not tell anyone about their relationship nor make it obvious as they did not want to make an issue of their sexuality. It was, ironically, only when they completed a standard 'peace of mind' information form for the housing association and ticked the box for being 'civil partners' that Sylvia and Maggie's 'peace of mind' was suddenly destroyed.

Within days of the form being handed into the housing association, the tenant association chairman and his wife, who had previously been extremely friendly, started to avoid them. Other residents in the scheme also started to become hostile. References were made to them not being 'normal', hating men and not being 'nice'. Those who continued to be friendly were intimidated by others and had to talk in whispers.

Sylvia and Maggie took the matter up with the Housing Officer and later with the Director of the housing association. At every stage, they met with resistance and denial that there was any evidence of homophobia. Eventually, suffering from stress, they were forced to sell their flat and return to where they had lived previously.

Sylvia and Maggie cannot prove that there was a breach of confidentiality, but cannot help feeling that their civil partnership status, which was supposed to provide them protection from discrimination, probably made them more of a target. As Maggie says, 'Once you are civil partners, there's no hiding it. You have to be out'.

I want to be acknowledged as an older gay man and [people] to understand that this has presented particular difficulties throughout my life ... I would like to have choice about who would care for me and if a care home, for it to be 'gay friendly' and have at least some other gay men.

*(Lawrence, older gay man)*

### Discussion

Clearly a tick-box approach to the question of disclosure is unlikely to be sufficient. Some LGB people will always be very open about their sexual orientation, others are much more reticent. Those in contact with older LGB people need to create an atmosphere of trust in which a person can be open if they want to be, without creating pressure for someone to come out. This is a skilled balancing exercise and one that many care professionals struggle with.

When we cross the threshold of a care institution, we are not immediately recognisable as gay and can become invisible. Our life stories, and in particular our love stories, are not known, understood or acknowledged in the way they should be. Older people's sexuality generally is not often talked about and this is even truer of people who are gay, lesbian or bisexual. When investigating issues about gay and lesbian people, a common reply from care homes is, 'You won't find anyone gay here'.

Strikingly, none of the older people I spoke to had written Advance Decisions or organised Lasting Powers of Attorney arrangements. These would seem to be particularly important legal mechanisms for LGB people, especially where there may be conflicts with birth families, and should be more widely promoted.

### Our suggestions for positive practice

I don't want a different service. I want a good service. One that is acknowledging of me as an individual gay person, but not making a special case.

*(Man attending Opening Doors group)*

What will work to improve health and social care services for LGB people? Ruth believes that leadership from the manager is crucial in ensuring positive attitudes in staff:

If you have a proper, well balanced person in charge, she will not only do it in general training but will take opportunities to talk about things ... and help things along a bit.

*(Ruth, older lesbian woman)*

The people I spoke to had mixed views about whether it was possible to change prejudiced attitudes through training. However, many felt it was still important to give space for these feelings to be brought out into the open.

I think one of the big issues is to encourage and enable people who have anxieties and fears to come out with it and say what it is. What it is you are so afraid of, what terrifies you so much?

*(Maggie, older lesbian woman)*

We need to be doing more experiential training. They need to have a chance to place themselves in a different situation, get personally involved and challenge their way of thinking. I think people can shift attitudes if you approach it in the right way. You need to draw people out and hear their prejudices and they need to hear what you have to say.

*(Roger, older gay man)*

Illyd feels that many prejudices from staff arise from fears that somehow all gay people are going to be predatory: 'Care staff need to know that my sexuality is mine; yours is yours. I'm not going to pounce on you – I couldn't pounce on a cat!'

### **Quality kite marking services**

Every person I talked to thinks that a 'gay friendly kite marking' system would be helpful so that when looking for a doctor, home care agency or a care home, it would be clear which services had made efforts to ensure that they are inclusive and welcoming of gay and lesbian people. They are aware that this might be a difficult scheme to organise and monitor, but nonetheless feel it would be a good step forward in raising confidence levels for prospective users of those services or their partners and friends.

### **Discussion**

There has been some innovative work in recent years to ensure the voices of people who use care services and carers are included more in training courses. As a trainer, I know that involving older LGB speakers or 'ambassadors' has a positive impact on participants. It can open up difficult conversations and challenge prejudices more effectively than any theoretical training. Using dramatic scenarios can also be an effective way of provoking discussion. This has been done in schools but could be used more in care settings for older people.

## **Positive practice: gentle care, strong leadership**

Alice came into a care home following the admission to hospital of her long-term companion, another woman, who subsequently died. Alice was supported by the home to attend the funeral and the manager went up to her room afterwards to offer her a glass of wine and time to talk about her loss.

Alice has never explicitly said that this was a lesbian partnership and, because Alice is a very private person, the home manager did not want to probe too much. Alice and her friend both worked in the secret service so were used to being guarded. However, in respect for her story, the home has done a life

story book with Alice, which includes many pictures and memories of the woman she lived with.

The home manager says that Alice, who is now very frail, does not talk very much but still comes to life when the book is opened. The whole staff team are aware of Alice's precious relationship and the manager thinks that her colleagues have a generally positive attitude. She thinks this is partly because she has taken a lead in demonstrating the importance of this relationship in person-centred care for Alice.



A helpful starting point for providers working towards best practice in terms of LGB people is the checklist devised by Opening Doors, which looks at specific actions which can be achieved in staff development, organisational structures, assessments and care services. This resource is called *Supporting Older Lesbian, Gay, Bisexual and Transgender People: A checklist for social care providers*.

### A personal perspective

Based on my discussions for this paper, many older LGB people fear the prospect of needing health and social care services. Many believe that they will either become invisible in terms of their identity or that they will experience prejudice from care professionals or their own peers.

One day I may need the support of health and social care services too. When that time comes, will I feel acknowledged as a lesbian woman, life partner to Jackie, mother to Meg, a feminist, an activist, an outrageous flirt (with both genders!), a dementia specialist trainer and a writer? Which bits of my identity will be included in my life story folder and which parts might be overlooked? Dare I hope that in 2030 or 2040, there will be no need for research of this kind, as genuine equality and acceptance will have been achieved?

I am optimistic because I know that there are enough gay- or lesbian-friendly professionals out there to ensure that my sexuality will not be a problem. I am concerned, however, because of the increasing reliance on health and social care staff from some other parts of the world where conservative religious views prevail. I hope that these workers will learn to look beyond dogma and find a common humanity with LGB people.

Just by being open about my sexuality in my day-to-day life, at work, and with my own family, there are many people in my life who have shifted in their attitudes to gay people. They have come to know the whole person, not the label. This, ultimately, is what most gay and lesbian people of whatever age are asking for.



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### About this project

This paper forms part of a series of *Perspectives* commissioned to support the five-year research programme, A Better Life. This programme investigates what will improve quality of life for some of the most marginalised, and least heard, people in the UK – older people with high support needs.

A microsite based on these *Perspectives* will launch in January 2012. It will provide a unique digital platform to showcase the voices of older people with high support needs and features photos of people who contributed their perspectives and a poem by Sir Andrew Motion. To find out more visit [www.jrf.org.uk/work/workarea/better-life](http://www.jrf.org.uk/work/workarea/better-life)

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