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# **Older LGBT+ adults: Health inequalities, good practice guidance and strategies for improving health outcomes**

# Structure

1. Older LGBT+ people: profiles
2. Older LGBT+ people: health inequalities
3. Older LGBT+ people: good practice guidance
4. Older LGBT+ people: strategies to improve health outcomes (outline only)



# Older LGBT+ People: Profiles

# The Acronym



1. L – lesbian: woman attracted to other women
2. G – gay: gay man attracted to other men; gay women attracted to other women
3. B – bisexual: people attracted to women and men
4. T+ - transgender and gender non-conforming individuals (gender fluid; gender non-binary; gender queer; agender).  
Transgender = people who do not identify with the gender they were assigned at birth. Trans woman (a person born male who now identifies as female). Trans man (a person born female who now identifies as male).

[Queer: gender/sexuality non-conforming]

# Snapshot: LGB older adults



- How many? Estimated 5% - 7% of people identify as LGB (Stonewall, 2020a) although some suggest that it might be as much as 10% of the population (Spiegelhalter, 2015).
- Span multiple generations and social histories:
  - Those now in 60s were young adults in 1970s
  - Those now in 70s were young adults in 1960s
  - Those now in 80s were young adults in 1950s
  - Those now in 90s were young adults in 1940s
- Lives very different from today's young LGB adults
- Some 'out' all their lives; many more 'in the closet'; some 'always knew'; some tried not to know; some 'found out'.

# Stonewall survey of LGB people over 55



- Gay and bisexual men are almost three times more likely to be single than heterosexual men
- 41% live alone compared to 28% of heterosexual people.
- Just over a quarter of gay and bisexual men and half of lesbian and bisexual women have children compared to almost nine in ten heterosexual men and women.
- Less than a quarter of lesbian, gay and bisexual people see their biological family members at least once a week compared to more than half of heterosexual people.
- [However, they are more likely to have ‘families of friends’, often same-generational]

# Snapshot: trans+ older adults



- How many? In terms of trans people, Estimated 200,000-500,000 people but this figure 'isn't based on any robust data' (Stonewall, 2010b).
- Some trans women and trans men have transitioned when younger, and so are ageing in the gender with which they identify.
- Some trans women and trans men (many more women than men) transition in later life, i.e. as an older person.
  - Can be a time of liberation and opportunity
  - Can also be a time of loss as transitioning very often associated with family rejection & this can be especially challenging in older age.

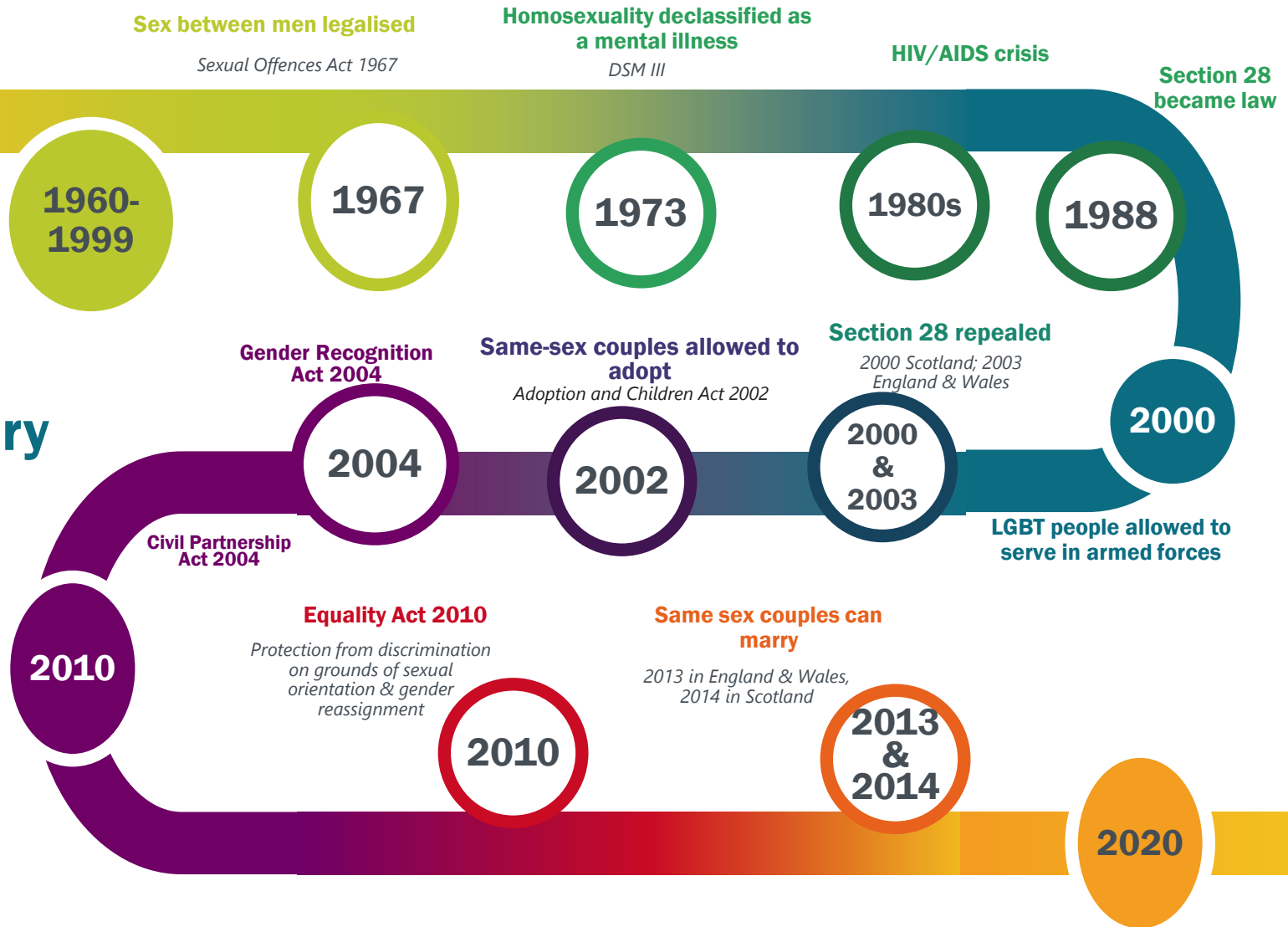


# Older LGBT+ Histories



# LGBTQ UK History

1960-2020





I stood at Pride last week. I was very moved, as I always am. I watched the armed forces go by and thought about all the women ... who had been terribly oppressed in the armed forces, because they were suspected of being lesbians, or were sacked, or whatever. And I saw the teachers go by under their union banners, and I just wondered, and thought how impossible I would have been when I was a young teacher. And then I actually got very angry because, instead of thinking, oh how wonderful it is that it is different now, I thought why did we have to put up with that crap? If it can be like this now, why did it ever have to be not liked this? Because it damaged us. It limited our lives.

*Audrey, aged 67, lesbian*



# Key concepts: homophobia and transphobia

***Homophobia:*** Negative attitudes, prejudice and discrimination towards gay men and women and lesbians.

***Transphobia:*** Negative attitudes, prejudice and discrimination towards trans+ people.



# Health inequalities

# Poorer health



Older LGBT+ people report poorer health than the general population and worse experiences of healthcare particularly cancer, palliative/end-of-life, dementia and mental health provision.

This is attributable to:

- (a) social inequalities, including ‘minority stress’;
- (b) associated health-risk behaviours (eg, smoking, excessive drug/alcohol use, obesity);
- (c) loneliness and isolation, affecting physical/mental health and mortality;
- (d) Anticipated healthcare discrimination & avoidance

# Key concept: Minority Stress

The effects of stigma, social exclusion and marginalisation on mental and physical health.

Increased risk of anxiety depression and physiological stress responses.

Cumulative impact across life course.

# Stonewall survey of LGB people over 55



- 45 per cent drink alcohol at least ‘three or four days’ a week compared to just 31 per cent of heterosexual people.
- 1 in 11 have taken drugs within the last year compared to 1 in 50 heterosexual people.
- 40% of lesbian and bisexual women have been diagnosed with depression, compared with 33% of heterosexual women
- 34% of gay men have been diagnosed with depression, compared with 17% of heterosexual men.
- 49 % worry about their mental health compared to 37 % of heterosexual people.

# Stonewall survey of LGB people over 55



‘With diminished support networks in comparison to their heterosexual peers, more lesbian, gay and bisexual people expect they will need to rely on formal support services as they get older. Lesbian, gay and bisexual people are nearly twice as likely as their heterosexual peers to expect to rely on a range of external services, including GPs, health and social care services and paid help’

(Guasp, 2011, 3)



# Access to services



- Older LGBT+ people are fearful of encountering services which are, at best, not geared up to meet their needs and, at worst, sites of prejudice and discrimination.
- They tend to avoid/delay assessment, resulting in delayed diagnosis and treatment and poorer health outcomes.
- While there are some excellent services, there are also concerning accounts of healthcare providers who do not recognise and/or understand LGBT+ people's needs.

## **Key concept: Heteronormative care**

Care which assumes everyone is heterosexual and expects everyone to have lives which are the same as heterosexuals.

Care which treats heterosexual people as 'normal' and lesbian, gay and bisexual people as 'not normal'.

# Stonewall survey of LGB people over 55



- Older LGB people ‘feel that providers of services won’t be able to understand and meet their needs’
- Three in five are not confident that social care and support services, would be able to understand and meet their needs.
- More than two in five are not confident that mental health services would be able to understand and meet their needs.
- One in six are not confident that their GP and other health services would be able to understand and meet their needs.
- ‘Significant numbers’ of disabled LGB people do not access much-needed health, mental health and social care services.



*An older gay man with dementia decided to stop receiving services because of the homophobic reaction of care staff. This had led to him having to move into residential care earlier than necessary as his elderly partner had struggled to cope alone with caring responsibilities.*

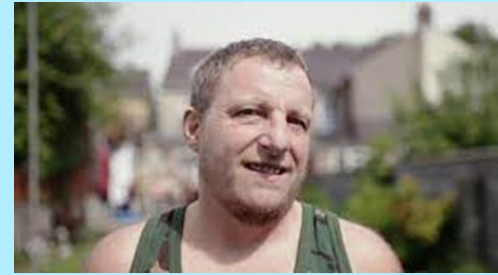
‘Closer to Home’, Equality & Human Rights Commission (2015)  
[https://www.equalityhumanrights.com/sites/default/files/close\\_to\\_home.pdf](https://www.equalityhumanrights.com/sites/default/files/close_to_home.pdf)

# Trans+ issues (1)



- US studies suggest ‘older TGNC adults were at higher risk of poor physical health, disability, depressive symptomatology and perceived stress compared with cis peers’
- ‘A repeatedly reported concern for TGNC adults centres around access to inclusive health care, and anxieties about mistreatment in these institutional settings. A small number of studies have identified multiple barriers to accessing general health care based on gender normative provision, such as being located in inappropriate wards, not having adequate bathroom access and improper pronoun use by staff’

# Trans+ issues (2)



- ‘TGNC adults’ fears about dementia in later life encompass not only the loss of self, but the loss of one’s gendered self that individuals have fought for recognition across their lifetime, and increasing reliance on care workers to provide intimate, physical care’
- ‘Gender identification and expression may shift continually for TGNC adults; from a trans-affirmative fluid approach, care and support staff need to be attuned to and affirming of this’
- ‘The views and demands of biological family members may also conflict with how a TGNC person with dementia wishes to present and express their gender identity’

## **Key concept: cissexist/cisnormative care**

Care which assumes everyone identifies with one gender, and that is the gender they were assigned at birth (cisgender or 'cis').

Care which treats cis people as 'normal' and trans+ people as 'not normal'.

Care which expects a person to stay in one gender and/or for their bodies to gender-conform.



*One older transgender woman described being stared at like a 'freak' by her home care workers and sometimes sitting crying after they had left.*

*'Closer to Home', Equality & Human Rights Commission (2015)*  
[https://www.equalityhumanrights.com/sites/default/files/close\\_to\\_home.pdf](https://www.equalityhumanrights.com/sites/default/files/close_to_home.pdf)  
[m](#)





# Good Practice Guidance



### **Toni, a lesbian:**

I guess I would like respect. In fact, I think I would expect respect!

### **Sam, a gay men:**

I would not want to go through that level of distress [in a care home] where I would be in a minority (a) because I'm male and (b) because I identify as being gay. And the care staff make assumptions and say 'Sit next to Gladys, because she hasn't got anybody'. And I'm thinking 'I don't want to sit next to Gladys, I'd rather sit next to Bob'.

[www.diversitytrust.org.uk/careunderrainbow/](http://www.diversitytrust.org.uk/careunderrainbow/); Westwood, 2015



**Jenny-Anne, a trans woman:**

‘The first thing is for them to be open to difference... All that everybody is looking for is acceptance.’

**Chris, identifies as Queer:**

‘The way I’d like to be treated is, obviously, kindly... I would just want them to treat me as me, as a person, and look past barriers and titles but also accept the fact that my life might be a bit different from theirs.’

<https://www.diversitytrust.org.uk/careunderrainbow>

# General guidance



- **Inclusive consultation in service design and delivery**
- **Appropriate equality and diversity and LGBT-specific policies**
- **Creating a safe working and living environment for staff and service users**
- **Robust staff training strategy**
- **Appropriate language and cultural representation**
- **Person-centred assessment and care planning**
- **Setting and auditing standards.**

*'They don't ask you about your sexuality, they ask about your heterosexuality: 'Do you have children?' ... which is not an offence. It's a simple question. But it creates that tiny little bit of distance... which is saying, I'm heterosexual and I wonder what your experience of heterosexuality is...And it's perfectly fair, it doesn't offend me or anything like that. But it says I'm different. Basically it's ...speaking in ways that assume that you already share that sexuality, rather than coming at the topic with an open mind that you might be gay.'*

Andrew, 67, gay man living with lung cancer



*I think there needs to be more of a realisation that people are gay because there is an assumption that everyone is straight. You know, I'm forever being called Mrs somebody or other. Just to think about it before they assume. And my partner would not be amused by me saying this but she's older than me; I think a lot of people do assume she's my mother, actually.*

Lynda, lesbian, 64



# Language & assumptions



- **Avoid assumptions!**
- **Don't call a woman 'Mrs'; don't ask a woman if she has a husband; don't ask a man if he has a wife**
- **Make sure you use the correct pronoun (he/she). If you are not sure, avoid pronouns (e.g. 'the patient with the 2.00 appointment is here')**
- **Do bear in mind that not everyone is heterosexual and that a woman with a woman partner could be lesbian or bisexual, and a man with a man partner could be gay or bisexual**

## The trouble with 'we treat everyone the same'



I've got dementia so I shouldn't be ashamed of being gay and coming out and talking to somebody about it... a lot of people would say... 'but we deal with everyone the same' ... but actually we don't want to be treated the same because you're saying the same is assuming that we're heterosexual. And... so actually I do want to be treated differently.

June

(Peel & McDaid, 2015, 14)



# The environment



- **Can LGBT+ people see themselves?**
  - In the way(s) your service delivery spaces are decorated?
  - In the images used to represent your service users?
  - In the written information you provide?
  - In the everyday materials lying around?
- **Are you a Stonewall champion? Do you display this and pro-LGBT+ signs accordingly?**

# Accreditation



- **Stonewall's Diversity Champions Programme:** <https://www.stonewall.org.uk/diversity-champions-programme>
  - *The Newcastle Hospitals Trust has been listed in the Top 100 Employers by Stonewall*
- **NHS Rainbow Badges:** <https://www.stonewall.org.uk/about-us/news/nhs-rainbow-badges-%E2%80%93-play-your-part-promoting-lgbt-inclusion-healthcare>

# Toolkits



- Look at other organisation's toolkits, e.g.
  - Devon County Council:  
<https://www.devon.gov.uk/equality/lgbttoolkit>
- And then develop your own!

# Training



E.g. ‘A Week of Rainbows: Celebrating the diversity of the LGBT+ community’:

- <https://www.newcastle-hospitals.nhs.uk/events/a-week-of-rainbows-celebrating-the-diversity-of-the-lgbt-community/>



# Trans+ -inclusive guidelines for health professionals

## THE TRANS AGEING AND CARE (TrAC) PROJECT

*I've been in resus where I didn't know if I was going to survive the event or not... where it has ten bays with ten patients, just with curtains. And you can hear every conversation... Some doctors have said to me, 'How long have you been transgendered for?' and everybody has heard.*

Louise, 51, trans woman living with COPD



# Individuals: Guidelines (1)



- **Access continuous professional development & take professional responsibility for staying up to date on trans issues – ‘it is not the responsibility of trans individuals to educate healthcare professionals’.**
- **Stay informed about local trans groups and services and about gender affirming treatments and services available through the NHS.**
- **‘Remember that not all individuals are seeking to transition or to access gender affirming treatments’**

## Individuals: Guidelines (2)



- **‘Speak out when you hear comments from other colleagues and professionals that misgender trans individuals (i.e. do not use a person’s correct name or gender pronoun), that dismiss their views and experiences, or that suggest trans patients are not deserving of NHS or local authority support – these negative comments are discriminatory, unethical and not in keeping with the Equality Act 2010’**
- **‘Do not assume that being trans is relevant to every healthcare problem.’**
- **‘Think beyond diagnoses of gender dysphoria’ – this diagnosis ‘is not relevant to all trans individuals & for some individuals it can carry a stigma or a negative connotation.’**



# Services: Guidelines(1)



- Organise trans+ - inclusive training & professional development sessions for team members.
- ‘Speak to local trans+ groups and networks about involving trans individuals in the delivery of training – be prepared to offer full remuneration for community members’ time and involvement in training. This should not be assumed to be free or voluntary.’
- ‘Take a zero-tolerance stance on expressions of transphobia or misgendering by staff and people accessing your service. Make this clear to all (staff and patients) in agency policies on equal treatment and diversity.’

# Services: Guidelines (2)



- **‘Take the time to assess how inclusive your service is to trans individuals. This starts with friendly and welcoming attitudes from front-of-house and duty staff, provision of information on local trans support and services in reception and waiting areas, and the provision of gender-neutral bathrooms and signage for all staff and patients. Consider asking team members to wear name badges indicating their preferred gender pronoun.’ [She/He/They]**



# Improving health outcomes (Outline only)

# Improving health outcomes



- **LGBT-inclusive health promotion**
- **LGBT+ specific health promotion**
- **LGBT+ inclusive assessment and treatment services**
- **Making LGBT+ inclusion explicit (to reassure)**
- **Aims:**
  - **Get people to take better care, get better community support and prevent/mitigate health problems;**
  - **Get people to be screened/assessed;**
  - **Get people to access services in a timely fashion**
  - **Get those people to have good experiences and spread the word that it's safe to access services.**

# Benefits for all



The potential exists for the provision of care and support to older LGB[T] people to become a ‘litmus test’ – an indicator for how well health and social care agencies engage with minority groups and deliver a non-discriminatory service. By encouraging and requiring these agencies and their workers to respond to older LGB[T] people in a manner that is both person-centred and sensitive to the broader challenges of LGB[T] ageing, this may become the portent for changes in how all older people are treated in their engagement with health and social care services.

Ward, Pugh and Price (2010, 26)



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**Thank you for your attention 😊**

**Sue Westwood**

**[Older LGBT+ & COVID-19 project -  
<https://covid19olderlgbt.wordpress.com/>]**



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