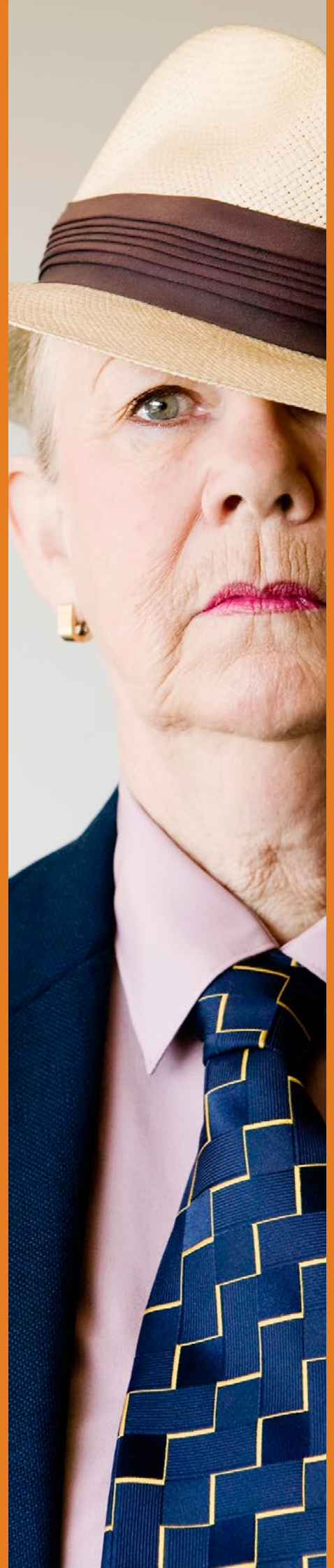


The State of the City for Manchester's Older Lesbian, Gay and Bisexual Communities

LGBT
foundation



MANCHESTER
CITY COUNCIL



This report has been produced by LGBT Foundation with the support of Manchester City Council's Equalities Team. LGBT Foundation has been grant funded by the Equalities Funding Programme to deliver a three year programme of work which supports the Council to achieve its equality objectives in relation to sexual orientation:

- To strengthen our knowledge, understanding and evidence base about communities so that we can increase community cohesion and design services that meet everyone's needs
- To tackle discrimination and narrow the gap between disadvantaged groups to the wider community and between Manchester and the rest of the country
- To celebrate the diversity of Manchester and increase awareness of the positive contribution that our diverse communities make to the city

This is the second of three annual reports exploring the state of the city for lesbian, gay and bisexual people in Manchester. This year's report focuses on Manchester's older LGB population.

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Forewords

The Lord Mayor, Councillor Susan Cooley

Addressing the age-friendliness of our city is the reason I became Lord Mayor, and I was pleased to dedicate the theme for my year as Lord Mayor as Age Friendly Manchester. I welcome this report exploring the state of the city for Manchester's older lesbian, gay and bisexual communities as a significant contribution to the Age Friendly initiative and our work on a strategy for older residents that is based on equality and inclusion.

Age Friendly Manchester highlights and celebrates the contribution that older residents make to the city by working closely with communities, organisations and individuals. Lesbian, gay and bisexual residents are an integral part of our wider community, and their contributions and specific needs should be recognised.

In December 2014 I launched my Lord Mayor's challenge, asking everyone living and working in Manchester, "what can you do to make Manchester more age-friendly?" The information presented in this report clearly shows what can be done to make Manchester more LGB-friendly, and it is my hope that services across the city take up the report's recommendations in order to create real, positive change.



Paul Martin OBE, Chief Executive of LGBT Foundation

There are at least 7,650 older lesbian, gay and bisexual people living in Manchester today. Over the next 20 years, Manchester will see the number of over 65s increase by 45%. The challenges facing us of an ageing population include the health inequalities and barriers to access experienced by older LGB people. These challenges must be positively addressed and robustly responded to by the city's health and care providers.

This report clearly articulates the needs of older LGB people in Manchester, and it seeks to make an important contribution to the work on ageing that the City Council has been embarked upon. Age and sexual orientation are rarely discussed together, due perhaps to a mistaken assumption that older people do not have a sexuality.

Many LGB people have grown up in a world hostile to their identities and their health related quality of life needs to be understood within the social context of their lives. Sadly, half of all LGB people over 55 felt that their sexual orientation has or will have a negative impact on getting older. Many older LGB people will have come of age before the decriminalisation of homosexuality in 1967, and have lived in fear of discovery and may have experienced significant discrimination and prejudice because of who they love.

Manchester is leading the way around creating an age-positive city. LGB older people are included within the Manchester Ageing Strategy and there appears to be a genuine desire to better meet their needs. Many older LGB people enjoy the protective factors of strong social bonds within their communities and often form families of choice. These can comprise a network of friends and partners and often former partners who support each other in a similar way to biological families and can often include taking on the role of carers.

There is lots going on in Manchester to improve the lives of older LGB people, but you only have to look at the very low response rate to our survey of existing funded providers to see that much more needs to be done. Equalities should be front and centre of this work and meeting the needs of LGB people must be made a much clearer priority.

The specific needs of LGB people should be recognised and addressed in the design and delivery of all services for older people in this city. Commissioners should continue to support existing specialist services for older LGB people which reduce social isolation, and look to invest in new and innovative solutions to meeting specific needs of LGB communities. The LGBT voluntary and community sector should continue to develop new opportunities and share valuable evidence of need. Finally, mainstream providers need to also be responsible for including meeting the needs of older LGB people themselves, and not just rely on the LGBT voluntary and community sector to pick up equality issues.



Executive Summary

Alongside the rest of the UK, Manchester is faced with the challenges of an ageing population, as nationally we expect to see a 45% increase in the number of over-65s in the next two decades.¹ Manchester is leading the way in an ongoing wider debate about creating a more age-positive society; it was the first UK city to be accepted as a member of the World Health Organisation's global network of age-friendly cities, aiming to improve the quality of life of older people particularly in disadvantaged areas. The Age Friendly Manchester development plan sets out how the city will develop its expertise, infrastructure and capacity to create a city that better supports its older population.

Approximately 7,650 people aged over 50 living in Manchester identify as lesbian, gay or bisexual (LGB),


and these communities experience specific health inequalities and care needs.² Older LGB people have grown up in a world hostile to their identities, and the impact of discrimination, homophobia and biphobia is felt as they age, experiencing an increased reliance on services, isolation from family and community, and a need to renegotiate their identities within the wider LGBT community.

This report focuses on the needs of older LGB people in Manchester, discussing the available evidence on inequalities related to health and the wider determinants of health; setting out Manchester's policy context in relation to older people; exploring the inclusion of older LGB people's needs in service provision across Manchester; and recommending how this can be improved. 'Older' is a nebulous term defined variously by researchers, services and older people themselves. This report takes 'older' to mean individuals aged over 50 years, while recognising that it should not be used as an encompassing term; the needs of a 55 year old will be very different to those of an 85 year old, and this should be considered when implementing the report's recommendations. Sexual orientation and age are not often discussed together, due perhaps to a mistaken assumption that older people do not have a sexuality. This report aims to challenge such assumptions by locating sexual orientation as an important characteristic that is part of an individual's identity throughout their life, and highlighting the ways in which sexual identity can impact upon their life chances.



¹ Gates Cambridge Scholars. 'The Health Impact of Social Isolation'. Impatient Optimists (online). 7 Oct 2013 (accessed 11 Feb 15). Available from: <http://www.impatientoptimists.org/Posts/2013/10/The-Health-Impact-of-Social-Isolation>

² Based on an estimated LGB population of 5-7% Department of Trade and Industry. 'Final Regulatory Impact Assessment: Civil Partnership Act', 2004 and Office for National Statistics, '2011 Census - Population and Household Estimates for England and Wales, March 2011'. London: ONS, 2012.

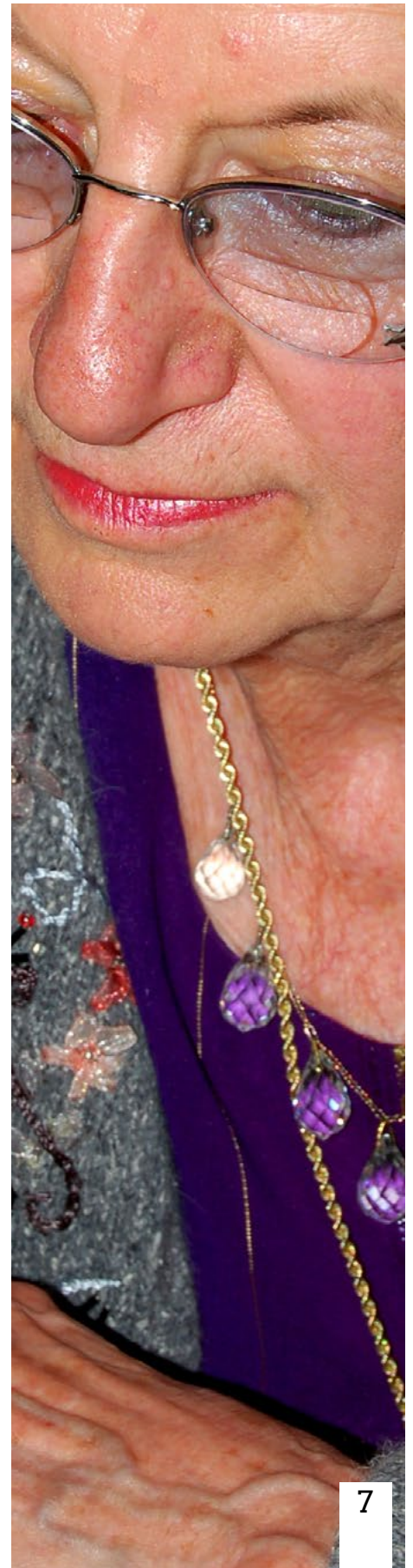


There is clear evidence on the disadvantage faced by older LGB people, yet many enjoy the protective factors of strong social bonds within their communities, and are able to access LGBT specific services, support and social groups as well as contribute to the development of these assets.

The importance of these community based assets should not be underestimated, and strategic investment in wraparound services for LGBT people will protect and develop community resilience while also addressing and reducing health inequalities.

This report focusses on sexual orientation and the needs of LGB people. Further evidence of trans* people's needs can be found in publications from LGBT Foundation's Building Health Partnerships project (lgbt.foundation/bhp) and our Evidence Exchange of LGBT statistics (lgbt.foundation/evidence). The report refers to the lesbian, gay, bisexual and trans (LGBT) voluntary and community sector, recognising that these communities often come together to address areas of shared need. We continue to work with partners including trans organisations and Manchester City Council to identify and prioritise issues for the trans community in Manchester.

Trans is an umbrella and inclusive term used to describe the whole range of people whose own gender identity and/or gender expression differs in some way from the gender assumptions made about them at birth and from the consequent biological sex assigned to them. This applies not only to those who identify as transgender or intersex but to anyone who feels that the gender assigned to them at birth incompletely or does not at all describe their own innate gender identity. (Trans includes but is not limited to: Transgender, transsexual, genderqueer, non-binary, gender-fluid, gender nonconforming, intersex, third gender, twin spirited, transvestite, cross-dresser, bi-gender, trans man, trans women, agender, gender independent, and non-gender, as well as other non-binary identities).



Setting the scene: Manchester's older LGB population

It is estimated that between 5-7% of the UK's population identifies as lesbian, gay or bisexual (LGB), and as LGB people are more likely to move to cities, it is reasonable to assume that 7% of Manchester's population is LGB. Based on 2011 Census data, there are approximately 7,650 people aged over 50 living in Manchester who identify as LGB.³

Alongside the rest of the UK, Manchester is faced with the challenges of an ageing population, as nationally we expect to see a 45% increase in the number of over-65s in the next two decades.⁴ Given the relatively smaller overall population growth in the North West, the growth of older age groups is the defining feature of projected demographic change in the region; this will be particularly notable in Greater Manchester where 15% of its relatively young population is over-65.⁵

A wealth of evidence shows that LGB people as a population experience disproportionate health inequalities compared to heterosexuals across a range of topics including mental health, self-harm and suicide, physical health, sexual health, drug and alcohol use, hate crime, the workplace and access to services.⁶

Research into the particular experiences of trans people indicates inequalities across similar areas. This report focusses on the needs of older LGB people, and further evidence of trans people's needs can be found in publications from LGBT Foundation's Building Health Partnerships project: lgbt.foundation/bhp and our Evidence Exchange of LGBT statistics (lgbt.foundation/evidence).

Older LGB people have grown up in a world hostile to their identities and their health related quality of life needs to be understood within the social context of their lives. Research conducted by Stonewall found that half of all LGB people over 55 felt that their sexual orientation has, or will have, a negative impact on getting older.⁷ Many LGB older people will have come of age before the decriminalisation of homosexuality in 1967, and have lived in fear of the discovery of their sexual orientation. The implications of expressing one's sexual orientation included: imprisonment; experimental treatments, including electric shock therapy and hormone injections; losing homes and jobs; and losing relationships with friends and family. The AIDS epidemic starting in the 1980s had a devastating impact on gay and bisexual men, and the LGBT community in general. There are also shared experiences of resistance and rebellion with the birth of the gay liberation movement and gay pride marches. This history should be acknowledged by services working with older LGB people, and opportunities to share and express it encouraged.

³ Department of Trade and Industry. 'Final Regulatory Impact Assessment: Civil Partnership Act', 2004. Office for National Statistics, '2011 Census - Population and Household Estimates for England and Wales, March 2011'. London: ONS, 2012.

⁴ Gates Cambridge Scholars. 'The Health Impact of Social Isolation'. Impatient Optimists (online). 7 Oct 2013 (accessed 11 Feb 15). Available from: <http://www.impatientoptimists.org/Posts/2013/10/The-Health-Impact-of-Social-Isolation>

⁵ Cox, Ed, Graeme Henderson and Richard Baker. 'Silver cities: Realising the potential of our growing older population'. Manchester: IPPR North, 2014.

⁶ LGBT Foundation. 'Greater Manchester Building Health Partnerships: Summary Report'. Manchester: LGBT Foundation, 2014. lgbt.foundation/bhp

⁷ Guasp, April. 'Lesbian, Gay & Bisexual People in Later Life'. Stonewall, 2011.



What do we know about older LGB people?

There is a significant and increasing evidence base about the needs of older LGB people in relation to health, access to services and the wider determinants of health. While much of this is national data, it is applicable to the older LGB communities living in Manchester. Increased sexual orientation monitoring in services locally and prioritisation of LGB needs in the Joint Strategic Needs Assessment will help to develop a local evidence base for the future.

Health inequalities

The Public Health Outcomes Framework LGBT Companion Document highlights health inequalities experienced by LGBT people across the life course, including cancer risk factors such as smoking, alcohol use and obesity.⁸ Due to a lack of sexual orientation and gender identity monitoring across the healthcare system it is not known how many LGBT people are diagnosed with cancer or what their outcomes are, but indicative research suggests that this population is at increased risk of cancer and several studies have shown that they have poor experiences of cancer care.⁹ Sexual health and HIV has been a key issue for the gay and bisexual men's community since the AIDS epidemic of the 1980s, and recent figures show that in 2012, 28% of all men who have sex with men living with a diagnosed HIV infection in the UK were aged over 50 years. This partly reflects improved survival rates following advances in antiretroviral therapy, but also continuing transmission among those aged 50 years and over: approximately half of people living with diagnosed HIV infection aged over 50 acquired their infection while aged 50 years and over.¹⁰

Mental health and wellbeing

Prolonged exposure to stigma and discrimination is recognised as having a detrimental impact upon physical and mental health outcomes.¹¹ Just 12% of the respondents aged over 50 to our 2011 *I Exist* survey of LGB people in Greater Manchester said that they had *never* experienced a mental health issue. Over half had experienced depression or low self-esteem, and 48% had experienced feelings of isolation.¹² Focus groups held with older LGB people in Manchester in 2014 found that many respondents were experiencing daily struggles with isolation and loneliness and complex health problems. Some felt that as they grew older they became invisible on the gay scene, and felt less connected to a wider LGBT community. Others spoke of how groups they attended for older LGBT people helped to alleviate these issues and restore a sense of belonging to a community.

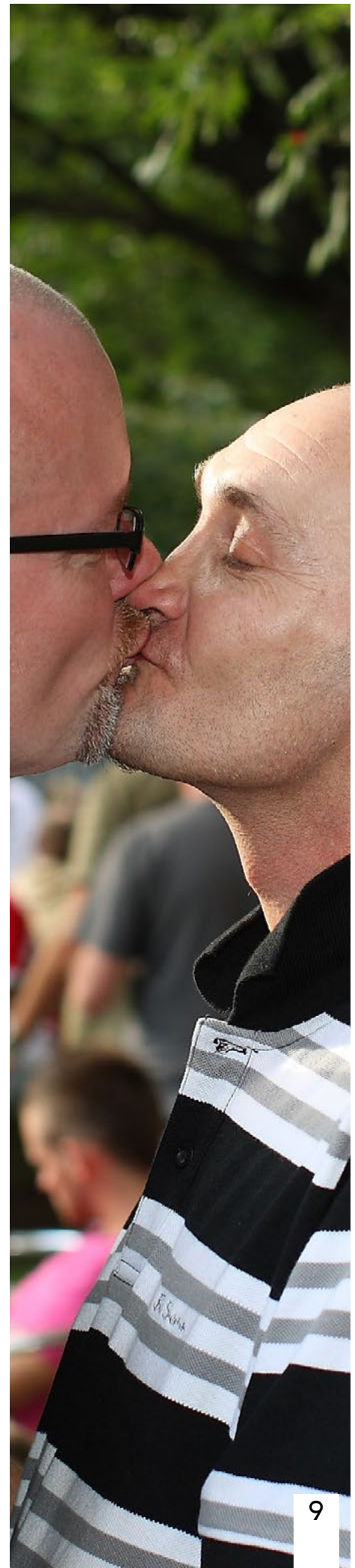
8 Williams, H. et al. 'The LGBT Public Health Outcomes Framework Companion Document'. Manchester: LGBT Foundation, 2013. lgbt.foundation/phof

9 Fish, J. 'Coming out about breast cancer in lesbian and bisexual women'. Leicester: De Montfort University, 2010.

10 Public Health England. 'Strategic framework to promote the health and wellbeing of gay, bisexual and other men who have sex with men' Public Health England (online). 2014 (accessed 11 Feb 15). Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/313692/Strategic_Framework_to_promote_the_health_and_wellbeing_of_MSM_FINAL_DRAFT_For_comment.pdf

11 Keogh, P., D. Reid and P. Weatherburn. 'Lambeth LGBT Matters: The needs and experiences of Lesbians, Gay men, Bisexual and Trans men and women in Lambeth'. London: Lambeth Council, 2006 and Wintrip, S. 'Not Safe For Us Yet: The experiences and views of older lesbians, gay men and bisexuals using mental health services in London'. London: Polari, 2009.

12 LGBT Foundation. Unpublished data from 'I Exist' survey of LGB people in Greater Manchester, 2011.



Isolation

National research has shown older LGB people are more likely than both their heterosexual peers and younger generations of LGB people to be single and live alone, and are less likely to have children.¹³ They are also less likely to see their family regularly (less than a quarter of LGB people see their biological family members at least once a week compared to more than half of heterosexual people).¹⁴ Additionally,

1 in 5 older LGBT people have no one to contact in times of crisis

which is as much as ten times the number in the general population.¹⁵ In Manchester, half of respondents aged over 50 to our *I Exist* survey said that they live alone, and 40% were single. 12% said that they had no-one they could turn to if they needed support. This picture is concerning, not least because isolation is known to have significant health impacts; lacking social connections is as damaging to health as smoking 15 cigarettes a day.¹⁶ Increased isolation is also likely to mean that older LGB people have a greater need of formal care and support, increasing reliance on public services and ultimately costing the state.

Community

Many older LGB people enjoy the protective factors of strong social bonds within their communities, and often form families of choice. These comprise a network of friends and partners or former partners who support each other in a similar way to biological families and may include taking on the role of carers.¹⁷ The gay scene is traditionally youth-oriented, but this is changing and Manchester has a strong presence of peer-led social and support groups for older LGBT people including Older & Bolder and Bloomers, facilitated by LGBT Foundation, and Out in the City, facilitated by Age UK. Led by the Village Business Association, the gay Village is developing its daytime offer to cater for those who may prefer to avoid travelling and socialising at night, but still want to feel part of the LGBT community.

However, there will be older LGB people living in Manchester who feel disconnected from a wider community, whether for reasons related to poor health, ability and independence, or lack of finances and access to public transport. Without strong family networks, older LGB people are more likely to rely on public services, including care and support.¹⁸ Research into LGB people's experiences of social care show that many do not feel able to be out about their sexual orientation to care providers, meaning they are unlikely to be supported to maintain links with the LGBT community.¹⁹

13 Musingarimi, P. 'Social Care Issues Affecting Older Gay, Lesbian and Bisexual People in the UK: A Policy Brief'. London: International Longevity Centre, 2008.

14 Guasp, April. 'Lesbian, Gay & Bisexual People in Later Life'. Stonewall, 2011.

15 Smith, A. 'Opening the doors to the needs of older lesbians, gay men and bisexuals: Report of the one-day conference held in London in April 2002'. London: Age Concern, 2002.

16 Holt-Lunstad J., TB Smith, JB Layton. 'Social relationships and mortality risk: a meta-analytic review'. PLOS Medicine 7(7), 2010.

17 Rosenfeld, D. 'Lesbian, gay, bisexual, and transgender ageing: Shattering myths, capturing lives'. Pp. 226-238 in Dannefer and Phillipson (Eds.), The Sage Handbook of Social Gerontology. Sage Publications, 2010.

18 Guasp, April. 'Lesbian, Gay & Bisexual People in Later Life'. Stonewall, 2011.

19 Ward, R., S. Pugh and E. Price. 'Don't look back? Improving health and social care service delivery for older LGB users'. London: Equality & Human Rights Commission, 2010 and Guasp, April. 'Lesbian, Gay & Bisexual People in Later Life'. Stonewall, 2011.



Housing

Access to affordable, accessible housing where they can be open about their identity is a key issue for older LGB people. Several studies have shown that many LGB people identify living in LGB specific accommodation as a desirable option for later life.²⁰

Anecdotal evidence suggests that LGB people in general may be more likely to rent rather than buy property, due to a combination of factors: they may be likely to earn lower salaries compared to heterosexual peers and the impact of HIV diagnosis for some gay men may have led to reluctance to plan for later life.²¹

Recent research using longitudinal data suggests that gay and bisexual men and bisexual women are at higher risk of being in poverty compared to heterosexual peers.

Gay and bisexual men are also more likely to receive benefits including income support and housing benefit, and bisexual men and women are more likely to be behind in household bill payments. Additionally, lesbians and bisexual women experience material disadvantage related to gender.²² Further research is needed into the impact of this higher likelihood of poverty on the wider determinants of health among LGB people, including incidence of homelessness. The intersection of sexual orientation with poverty and social exclusion is rarely recognised in the public policy debate, but this initial evidence suggests it should begin to take a higher priority.

Access to services

Successive studies have shown that LGB people often have poor experiences of health care, for example, discrimination and heteronormativity (the assumption that all people are heterosexual); a lack of LGB-friendly environments for care delivery; discomfort disclosing sexual orientation to healthcare providers; and actual experience of discrimination and abuse, as well as fears of such treatment (e.g. because of past negative experiences). These can all be major barriers for LGB people maintaining contact with health care providers and seeking the health care they need in a timely manner.²³ Stonewall research found that three in five older LGB people were not confident that social care and support services, like paid carers or housing services, would be able to understand and meet their needs. More than two in five



20 Creegan, C. and S. Lee. 'Sexuality – the new agenda. A guide for local authorities on engaging with lesbian, gay and bisexual communities'. London: Local Government Association, 2007 and Guasp, April. 'Lesbian, Gay & Bisexual People in Later Life'. Stonewall, 2011.

21 Balakrishnan, A. and E. Bauer 'Gay men earn less and are more likely to be jobless, survey shows'. *The Guardian* (online) 28 July 2006 (accessed 11 Dec. 13). Available from: <http://www.theguardian.com/business/2006/jul/28/gayrights.money>. Uhrig, Noah. 'Sexual orientation and poverty'. *ISER Podcast Series 2013-10*. (Podcast) 27 December 2013 (Accessed 06 Jan 2014). Available from: <https://www.iser.essex.ac.uk/podcasts/iser/2013/10>

22 Uhrig, Noah. 'Sexual orientation and poverty'. *ISER Podcast Series 2013-10*. (Podcast) 27 December 2013 (Accessed 06 Jan 2014). Available from: <https://www.iser.essex.ac.uk/podcasts/iser/2013/10>

23 Cartwright, C. M. Hughes and T. Lienert. 'End-of-life care for gay, lesbian, bisexual and transgender people'. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 14:5, 2012.

had the same concerns about mental health services, and one in six about their GP and other health services.²⁴

Past experiences of discrimination in health and social care services had led many older LGB people to doubt that services would be able to meet their specific needs, and added to this, many feared experiencing discrimination still, despite legal protections.²⁵

The combined result of these barriers risks escalating the individual's care needs so that they are more complex or severe when they do finally access care. Indeed, in the Stonewall sample, around one in six LGB older people had neglected to access health care services they felt they needed in the last year.²⁶

Diversity

The increasing recognition of older LGB people's needs in research and policy over the last few years is to be welcomed.

However, it is important that this includes recognition of the diversity which makes up older LGB populations,

not just in terms of sexual orientation, age and gender, but gender identity, ethnicity, religion and disability also. There is evidence to suggest that non-heterosexual people from black and ethnic minority backgrounds are likely to have worse outcomes even than LGB peers, which highlights the importance of considering the interaction of the various characteristics impacting on people's lives.²⁷

24 Guasp, April. 'Lesbian, Gay & Bisexual People in Later Life'. Stonewall, 2011.

25 Guasp, April. 'Lesbian, Gay & Bisexual People in Later Life'. Stonewall, 2011.

26 Guasp, April. 'Lesbian, Gay & Bisexual People in Later Life'. Stonewall, 2011.

27 Elliot, M. N. et al. 'Sexual Minorities in England Have Poorer Health and Worse Health Care Experiences: A National Survey'. Journal of General Internal Medicine, Sept. 2014.

What is Manchester doing for older LGB people?

Manchester is leading the way in an ongoing wider debate about creating a more age-positive society, and was the first UK city to be accepted as a member of the World Health Organisation's global network of age-friendly cities. This aims to improve the quality of life of older people, particularly those in disadvantaged areas. Director of the Department of Ageing and Life Course at the World Health Organisation, John Beard, has stated that, "Manchester has established itself at an international level as a leading authority in developing one of the most comprehensive strategic programmes on ageing."²⁸

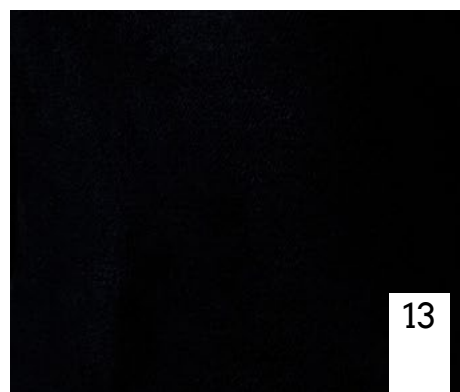
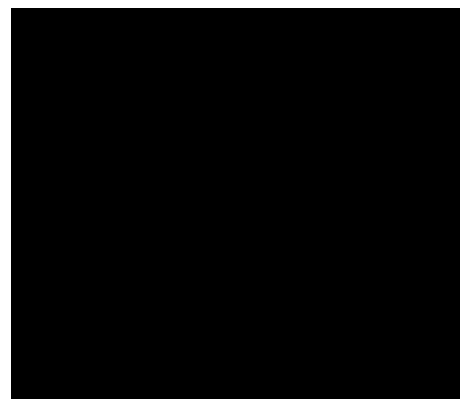
In 2010, Manchester City Council launched its ten-year Manchester Ageing Strategy which presents a vision of Manchester as a place where older people are more empowered, healthy and happy. Its three cross-cutting themes are promoting equality, improving relationships and improving engagement.

Meeting the needs of older LGB people is an element of the equality work, yet in order to achieve its vision, the strategy must be inclusive of all equality strands across all themes, ensuring that Manchester is an age-friendly city for all of its diverse communities.

Age-Friendly Manchester (AFM) was launched in 2012 following the WHO definition that "an age-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities." AFM is focussing on neighbourhoods, services, communications and involvement and knowledge and innovation. Original outputs included billboards around the city promoting positive images of ageing and an annual festival of ageing, which were reflective of the diversity of Manchester's older population. Current work includes supporting the research conducted by the University of Manchester's Institute for Collaborative Research on Ageing (MICRA), which included a conference to consider the future research priorities in relation to ageing LGBT individuals held in Oct 2014. AFM's Board is made up of older people from Manchester's diverse communities and representatives from agencies providing services to older people.

The Board is currently developing a charter for older people outlining positive messages about what older people can contribute to Manchester and what they can expect from services in return.

The charter will aim to challenge stereotypes about older people and reiterate the diversity of Manchester's older population. It is due to launch in October 2015, to mark International Older People's Day.



²⁸ Cox, Ed, Graeme Henderson and Richard Baker. 'Silver cities: Realising the potential of our growing older population'. Manchester: IPPR North, 2014.

The Manchester-wide Living Longer, Living Better programme was launched in 2013 and involves organisations representing service commissioning and provision in the city. The programme aims to deliver integrated care programmes that facilitate the shift of care provision from the hospital into the community, and one of the five priority groups identified is frail older people and adults with dementia. The programme includes housing for an age-friendly Manchester, a strategy developed by the Strategic Housing Partnership.



LGBT Foundation is working with the partnership to ensure that equalities are embedded across the various programme work streams, and that older LGB people's needs are considered and responded to.

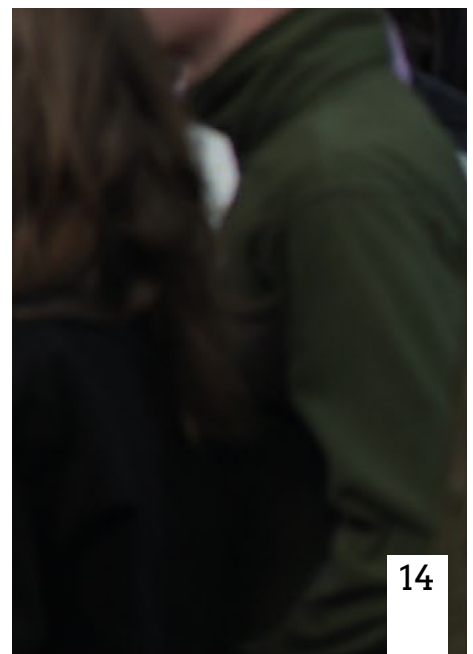
One element of this programme is to develop the potential of a Naturally Occurring Retirement Community (NORC) in part of the Old Moat ward in South Manchester, involving local people and agencies. This pilot could provide a blueprint for development of other NORCs across the city, including potential for an LGBT NORC.



Ambition for Ageing is a five-year, £10 million Big Lottery-funded cross-sector partnership, aimed at developing creative approaches to reducing social isolation for older people in Greater Manchester, targeting 8 authorities including Manchester itself. The programme aims to use community assets to develop systemic change. Community Connectors will work with older people in the targeted wards (in Manchester these are Hulme and Moss Side, Burnage and Moston) to identify local assets and decide where investments should be made. LGBT Foundation is represented on the programme steering group and is supporting the development of an equalities board to ensure that that older LGBT people's needs are considered and responded to within the programme.

Underlying all this is the Equality Act 2010 and the public sector equality duty, which requires all public sector bodies to pay due regard to the needs of LGBT people in designing and delivering services.

The following sections of this report will explore the inclusion of older LGB people's needs in service provision across Manchester, and how this can be improved.



Inclusion of older LGB people in services across Manchester

In Autumn 2014, LGBT Foundation conducted research to explore how older people's services in Manchester meet the needs of older LGB people in the city. As the needs of this community can often be hidden, we were keen to understand what was available to LGB people accessing mainstream services. A survey was designed for any organisation that provides a service to older people in Manchester, whether a public sector agency or a voluntary and community organisation, providing an informal service (such as a social club) or more formalised (such as an advice and information service).



The survey asked about inclusion of older LGB people in the service, and organisations were also invited to feature as a case study to promote inclusion of older LGBT people.

The survey was sent to all organisations commissioned by Manchester City Council to provide older people's services (58 organisations) and included in the Age-Friendly Manchester monthly e-bulletin (1,600 direct recipients). It was also sent to the Reducing Social Isolation and Loneliness Funding programme board, who felt that it wasn't appropriate to forward to organisations in receipt of grants as their projects were new that year. In total, six organisations responded to the survey. One of those did monitor the sexual orientation of members or service users and the remaining five did not. The organisation that did monitor had not performed analysis of the data collected or made use of it in any way, and did not make the data publicly available. Respondents were asked if they celebrate dates in the LGBT calendar with their members or service users, for example, LGBT History Month, International Day Against Homophobia, Biphobia and Transphobia, Coming Out Day or Pride. None of the respondents celebrated these dates. Respondents were also asked what they do to ensure that older LGB people are included in their service and that their needs are met. One respondent said that they worked with LGB people and were aware of relevant issues for their service area. The majority of respondents who answered the question indicated that their service was open to all, but did not do any specific work with LGB communities.



Five out of the six respondents said that they would be interested in attending future learning events and/or training sessions on understanding and meeting the needs of older LGBT people, and several indicated that they would consider implementing sexual orientation monitoring in future.

It is vital that mainstream services understand and are able to meet the needs of the diverse communities which make up Manchester's population, and who are likely to be accessing services in the city. LGBT Foundation will continue to work with Manchester City Council



to ensure commissioners and service providers are aware of and able to meet the needs of older LGB people, including through the provision of training and consultancy around implementing sexual orientation monitoring.

The needs of older LGB communities can often be hidden, especially given that service provider staff often fall into unconscious exclusions with service users, such as assuming that LGB people have to look a certain way, or assuming that older people either do not have a sexual orientation or will automatically identify as heterosexual.

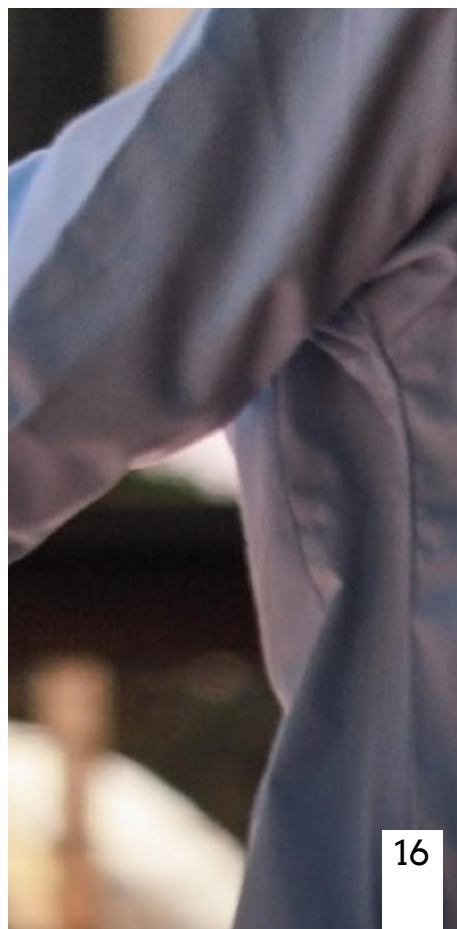
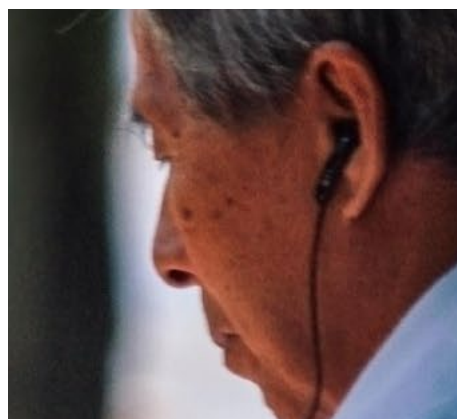
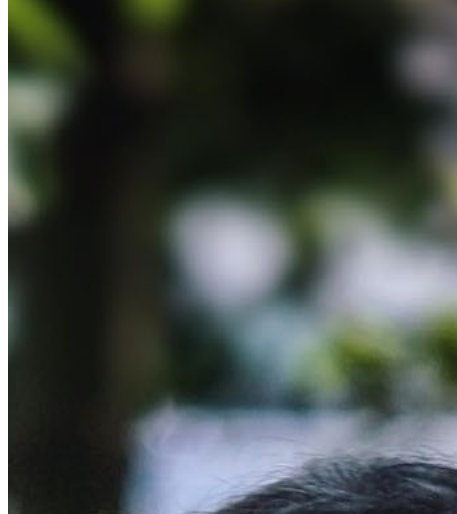
Service providers are legally required to pay due regard to the needs of LGB people when designing and delivering services, and sexual orientation monitoring is a proven way to ensure compliance.

Although some service provider staff can be reluctant to implement monitoring because of discomfort with the topic or even embarrassment, asking someone their sexual orientation should be similar to asking someone if they are married or their age – it's a part of their identity that affects their life but doesn't define them, and is certainly not asking about their sex life.

LGBT Foundation has conducted surveys with LGB and heterosexual people to understand attitudes to sexual orientation monitoring. Our findings indicate that

90-95% of people, LGB and heterosexual, would be comfortable disclosing their sexual orientation as part of demographic monitoring, if they understood why it was being collected.²⁹

There are particular sensitivities around sexual orientation monitoring and older LGB people, as many will have experienced institutional homophobia and biphobia from the police, GPs and others, and may be reluctant to have their sexual orientation recorded. However, the opportunity to disclose their sexual orientation in a supportive environment will likely be welcomed. As noted in an exploration of older LGB people's experiences of general practice, "a lead needs to be taken from the patient in the ways sexual orientation is discussed, recorded and disclosed to other health professionals."³⁰



²⁹ LGBT Foundation. 'Lesbian, gay and bisexual patients' experiences of their GP: Greater Manchester findings'. LGBT Foundation: 2014 and LGBT Foundation, unpublished research with GP practice, 2014.

³⁰ River, L. 'Appropriate Treatment - Older lesbian, gay and bisexual people's experience of general practice', Age of Diversity and Polari, 2011.

Specialist LGB service provision

Manchester has a strong presence of peer-led social and support groups for older LGBT people including Older & Bolder and Bloomers facilitated by LGBT Foundation and Out in the City, facilitated by Age UK. Manchester City Council, along with the three Manchester Clinical Commissioning Groups, support LGBT Foundation's Wellbeing programme, which includes services specifically targeted at older LGBT people.



LGBT Foundation provides a wide range of support services to LGBT people from our community centre in Manchester, including: peer support groups; face-to-face counselling; helpline, email and pop-in service; befriending scheme; sexual health programme; advice surgeries and a range of guides and resources.

We monitor service user demographics as part of service evaluation and are able to use this data to better target our service delivery. Our group-work programme has the highest proportion of access by older people, with 30% of users aged over 50 in 2013/14. Recognising the particular prevalence of isolation among older communities, we facilitate two groups specifically for older LGB men and women, Older & Bolder and Bloomers.

Our Befriending service, launched in 2010, provides regular one to one contact with a supportive befriender for those who are struggling with confidence, self-esteem and motivation, supporting them to build their social networks. In 2014 we launched an extension of the service, Telephone Befriending, in order to reduce feelings of isolation and loneliness of older (aged over 50) LGBT people living in Manchester. It aims to improve quality of life and wellbeing through telephone support, and complements the existing services.



Befriending Case Study: Gladys, aged 55 from Manchester

"Before accessing the LGBT Foundation's Befriending service I had been in therapy for a few months and that had improved my mental health, but I still felt like I had no confidence or social life. I needed to find out new places to go and start going out again.

I'd seen the Befriending service on the LGBT Foundation website, and before applying to this I hadn't even gone to a group as I was too nervous. Now I attend both Carousel and Stepping Stones women's groups. The service was really easy to apply for, and I downloaded the application form from the website quite simply. It was important for me to access an LGB specific service because I wanted to meet like-minded people, and this has made a huge positive impact to my life.

Through the help of a befriender, I was able to turn my life around and put one foot in front of the other. It boosted my confidence and got me back on my feet.

I would recommend the Befriending service to others without a doubt, it supports people with all their needs and it's just nice to know somebody is there. It has provided me with knowledge of the LGB groups out there, and benefited my wellbeing."

Names have been changed

Services such as these delivered by the local voluntary and community sector (VCS) can add significant value by providing better access to population groups often seen as 'hard to reach'. The VCS has a strong connection with communities, and the ability to reach people who may be less likely to access mainstream services. They are often able to work across geographic boundaries, which is particularly important when addressing the needs of communities of identity, who live, work, socialise and access services across postcodes. Communities of identity also often indicate a preference of choice to access specialist services, with a higher level of trust, engagement and access. For example, LGBT people know that LGBT Foundation provides a space free from judgement, where they won't be pathologised. VCS organisations have been shown to provide value for money through their service delivery models, including partnership working; provision of wraparound services; and the sharing of resources.³¹ As such, specialist services for LGBT people can and should be offered where required, with many accessing services in a way that confounds the universal model.



³¹ Cox, Julian and D. Morris. 'LGF Cost Benefit Analysis findings'. Manchester: New Economy and LGBT Foundation, 2014.

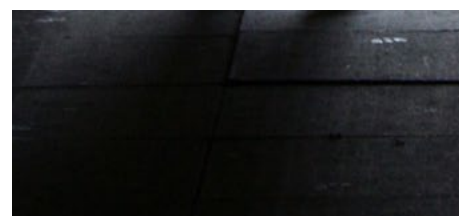
Improving Manchester's offer for older LGB people

In Autumn 2014, LGBT Foundation conducted focus groups with older LGB people living and/or accessing services in Manchester. Participants attended social and peer support groups for older LGBT people, and identified across a range of backgrounds. We asked participants to identify areas of the city that held emotional resonance for them, whether positive feelings such as happiness and calm, or negative feelings such as uncertainty, fear and anger. Unsurprisingly, the gay Village was frequently mentioned although there was difference in how it is perceived. Some respondents felt it was a safe space, somewhere that people could be themselves and where the mixed gender dynamic was more relaxed than in more 'straight' areas. It was referred to as a "haven", especially by those who lived outside of the city or in towns that lacked a visible LGBT community. Others however avoided the Village as somewhere that is "not for older people", and where they felt they stood out because of their age. Some referred to homophobia, biphobia and transphobia they had experienced in the Village (which seemed to be perpetrated by heterosexual people), while others referenced a general unease: "despite being gay I feel apprehensive in Canal Street".



Piccadilly Gardens was referenced repeatedly as somewhere people had either experienced homophobic, biphobic and transphobic hate crime, or anticipated doing so.

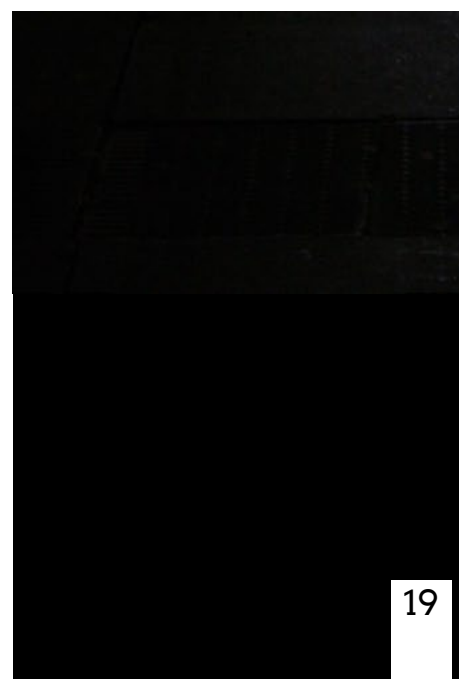
The Printworks area was avoided for similar reasons, and many said that an increased police presence in the city centres at evenings would make them feel safer. Several respondents sought out arts and cultural venues in the city, such as Cornerhouse, where they felt crowds were likely to be more accepting of difference.



Physical spaces run by LGBT and HIV-focussed voluntary and community sector organisations, such as LGBT Foundation and George House Trust, were mentioned as safe environments.

Social and peer support groups held at these venues played an important part in people's lives, as a source of social interaction and connection to the community. As one participant said, it allowed him to "feel part of something."

Participants were also asked to describe their ideal day, and discuss how this differed from their usual day. Many were experiencing daily struggles with isolation, loneliness and complex health problems, as well as caring responsibilities. Some noted how the internet provided a lifeline, giving them access to social networks, news and information. Others spoke of how groups they attended for older LGBT people helped to alleviate isolation and restore a sense of belonging to a community. For one participant, his ideal



day was summed up in a desire “to be accepted for who I am and what I have.”

These findings help to illuminate the evidence set out earlier in this report in relation to health inequalities and particularly isolation; behind the statistics are real lives with their share of struggle and hope. The findings also underscore the need for not just public services but for the city itself to be more inclusive of older LGB people’s needs, as somewhere these communities feel safe, accepted and able to live their lives.

Running through the focus group discussions was a strong sense of participants’ LGB identity, and how important it was for them to express this through involvement in a wider community.

Many participants were supporting friends and partners within the community through caring roles and others were involved in their communities as volunteers. Although often not considered as such in policy making or by individuals themselves, these community assets hold potential for responding to the challenges of an ageing population with diverse needs.

A recent report published by IPPR concerning the economic potential of our ageing population argues for an assets-based approach, urging policy makers to consider the potential of older people as producers, consumers and investors. Older LGB people can certainly contribute to Manchester’s economy as consumers on the gay scene and in arts and cultural venues, but there is further potential to be tapped in terms of their contribution as employees, as volunteers, and as providers of care. The IPPR report notes that the employment rate of workers aged 55-64 and aged over 65 has increased significantly in the UK, the latter having grown faster than that of any other age group over the last decade. Furthermore, over half of people in their 60s and 28% of those in their 70s volunteered or provided unpaid care in the last month.³²

While a lack of sexual orientation monitoring means we don’t know the proportion of LGB people making up these older workers, we do know that the majority of respondents to our *I Exist* survey had been involved in their local community in the last 12 months, and 1 in 10 identified themselves as carers, consistent with the general population.³³ Recognising the vast potential of older LGB communities to support each other, and working with the LGBT VCS to co-produce specialised services which respond to need, is a clear way forward for commissioners and service providers to respond to the challenges presented by significant health inequalities and reduced public sector budgets.



³² Cox, Ed, Graeme Henderson and Richard Baker. ‘Silver cities: Realising the potential of our growing older population’. Manchester: IPPR North, 2014.

³³ LGBT Foundation. ‘Findings from the “I Exist” survey of lesbian, gay and bisexual people in Greater Manchester’. Manchester: LGBT Foundation, 2012.

Recommendations

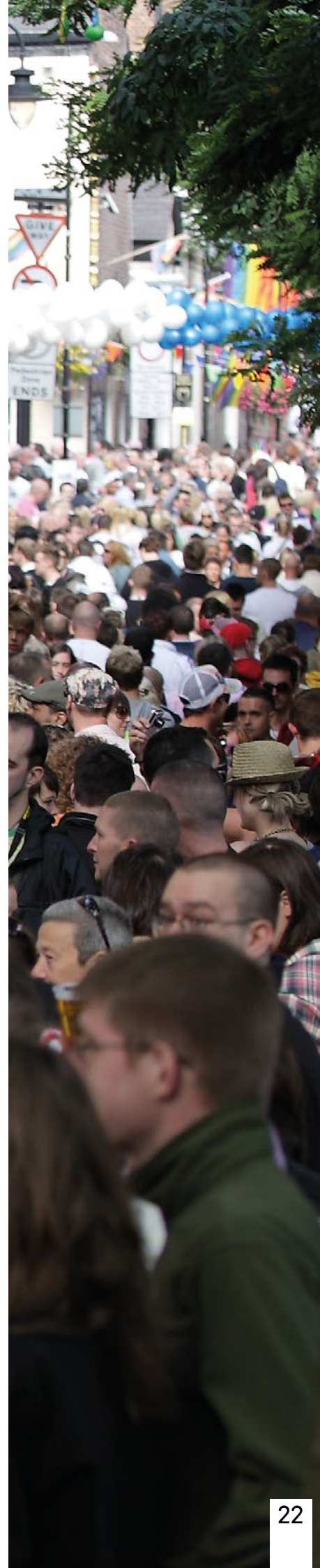
- ▶ All providers of public services across Manchester should monitor the sexual orientation of service users, to better understand access, experiences and outcomes for LGB people, and to improve services accordingly. Services should avoid assuming that sexuality is not relevant to older people, while retaining awareness of the particular sensitivities of recording sexual orientation for some older LGB service users.
- ▶ The specific needs of older LGB people should be recognised and addressed in the design and delivery of services across Manchester, including services which address the wider determinants that affect health such as housing, advice, support and care services. This should be supported by key strategy documents such as the Joint Strategic Needs Assessment and the Health & Wellbeing Strategy.
- ▶ Commissioners should continue to support existing specialist services for older LGB people which reduce social isolation, and look to invest in new and innovative solutions to meeting the specific needs of these communities. The LGBT voluntary and community sector can share valuable evidence of need. These organisations, along with the communities they serve, can co-produce innovative solutions for their communities that are cost-effective and potentially attract other sources of investment.
- ▶ Greater Manchester's Police and Crime Commissioner, Greater Manchester Police and other agencies with a stake in community safety including housing, advice, support and care services, should ensure that the needs and experiences of older LGB people are adequately considered. This includes fear of being a victim of hate crime in the city and the commercial offer for older people in the Village and beyond.
- ▶ The LGBT voluntary and community sector should continue to work with partners and communities to develop and celebrate community assets, including exploring opportunities for intergenerational learning, and sharing achievements to recognise Manchester and the North West as a beacon of good practice nationally and internationally.

Further information

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For free access to LGBT statistics on a range of topics,
visit LGBT Foundation's Evidence Exchange:
lgbt.foundation/evidence



We believe in a
fair and equal
society where all
lesbian, gay,
bisexual and trans
people can achieve
their full potential.

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