



Bridging the gap

Exploring the potential for bringing
older and younger LGBT people together

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Executive Summary

Stonewall estimates that between 5-7% of the UK population identifies as lesbian, gay or bisexual. Figures for transgender individuals are harder to find. It is likely that many of the recent estimates of the LGBT population are likely to represent underestimates through either having a focus on identity, as opposed to behaviour, or through a failure to account for the diverse range of gender identities and sexual orientations.

Recent figures from the Office for National Statistics, which focus on identity as opposed to behaviour, indicated that the LGB community (figures were not available for transgender individuals) appears to have a younger age profile than the non-LGB community suggesting that older people are less likely than younger individuals to report an LGB identity. It is probable that this trend reflects significant changes in social attitudes. Male homosexuality was effectively illegal in the UK when people who are today aged over 65 were born, and it has taken decades of activism to achieve changes in legislation and culture to the point where it is, at least in some areas, acceptable to identify as LGB. Older people's willingness to identify as LGB will have been shaped by the prevailing attitudes of their peers and the society in which they lived, regardless of their sexual behaviour.

This paper is particularly interested in the interaction between age and sexual or gender identity and how these characteristics shape individuals' experiences, behaviours and attitudes. Specifically it is concerned with the issues facing older (65+) and younger (under 25) LGBT individuals, the divisions and commonalities between them and whether there is potential to bring the two groups together for mutual benefit.

The evidence suggests that younger LGBT individuals can face a range of challenges relating to their age and sexuality or gender identity. Social exclusion and discrimination in school and among their peers is all too common. Younger LGBT individuals are also at higher risk than their peers of more pernicious forms of exclusion such as bullying and verbal or physical harassment with potentially detrimental effects on their educational outcomes. Evidence suggests an elevated risk of mental ill-health among younger LGBT individuals than their non-LGBT peers, while there is some indication that, whether as a result of their social marginalisation or otherwise, this group is more likely to engage in behaviours which could threaten their long-term physical health such as smoking, drinking, substance abuse and risky sexual behaviour. The response from institutions such as schools and families has been shown to be severely lacking in places, highlighting the potential need for new forms of social support.

Older LGBT individuals also face numerous difficulties. In common with many older people, social isolation is a real risk. However older LGBT individuals tend to have fewer resources on which they can draw for informal support since they are less likely to have had children. Lack of children in turn can lead older LGBT individuals to feel remote from their non-LGBT peers for whom families represent a major interest. Mental ill-health appears to be a risk for older LGBT individuals as it is for younger groups. Physically, older gay men are more likely than their peers to be living with HIV while older lesbians appear less likely than their peers to seek preventive healthcare such as breast screening, putting them at risk of failing to detect certain diseases. Older transgender individuals are likely to be taking multiple medications which need to be monitored closely. Overall, older LGBT

individuals are as or more likely than their peers to need support from health or social care services, yet they can be reluctant to seek assistance fearing insensitivity or even discriminatory attitudes from service providers based on previous negative experiences.

Despite being at different ends of the age spectrum, many older and younger LGBT people will therefore share experiences of marginalisation within society and discrimination by support services. They may also be dealing with some specific mental and physical health concerns, the risks of which may be heightened by their sexual or gender orientation. Traditional mainstream interventions do not appear to offer adequate support to these two groups. Intergenerational approaches could offer an innovative alternative.

Although there is little international evidence on intergenerational LGBT work and, to the knowledge of those involved in this project, no existing UK experience, extrapolating from the literature on general intergenerational approaches, it is possible to see the potential for the LGBT community. Reported outcomes of intergenerational work include challenging stereotypes of older and younger people, addressing social isolation and developing new skills and confidence among participants, all of which have relevance to the needs and concerns facing older and younger LGBT individuals. While it is true that full-scale quantitative evaluations of intergenerational work have not taken place, leaving some question marks over relative merits and cost-effectiveness in comparison to other approaches, the literature does suggest positive outcomes both at individual and community levels.

Intergenerational work is not straight-forward and a number of lessons have been learned which should be instructive for LGBT specific projects. Projects must be tailored to the interests shared by participants – having an LGBT identity in common will rarely be enough to sustain engagement. Differences in physical and cognitive ability will present challenges and project managers will have to find innovative ways of being as inclusive as possible. Reaching out to the most vulnerable and isolated will always be difficult – these are the people that could most benefit most yet are likely to be the hardest to engage. However where they are well-designed, it appears that intergenerational projects could theoretically play a valuable role within the LGBT community in addressing some of the needs and concerns of marginalised individuals. The potential to bridge a gap, transform attitudes and support vulnerable individuals is significant.

Introduction

There appears to be very little organised activity between younger and older lesbian, gay, bisexual and transgender (LGBT) individuals in the UK which may be limiting both groups. With this in mind, Age UK and ILC-UK have recently embarked on a programme of work to explore the potential of intergenerational work within the LGBT community. Since this programme is, to the knowledge of all participants, the first of its kind in the UK, it has the potential to pave the way for profound social change within LGBT communities in the country.

A series of pilot intergenerational projects have been developed working with LGBT communities in three areas of England – Leicestershire, central London and Stockport. Designed in a participative way, each of the three projects reflects issues and concerns relevant in their respective local areas. In practical terms this has resulted in significant differences between approaches adopted by the projects and the themes they intend to address:

- The Leicester LGBT Centre worked with local older and younger LGB people to find common ground by identifying, understanding, looking after and celebrating their heritage.
- Age Concern Camden (London), in partnership with Gendered Intelligence, worked with younger (under 25) and older (over 50) LGBT people on a series of art workshops to challenge stereotypes.
- Age Concern in Stockport worked with LGBT older people's and 'the Base', an LGBT youth group, in partnership with local academic institutions to seek to communicate the LGBT community's social support needs to the region's service providers.

Despite the differences, the projects share a common aim of fostering improved relations between the generations and challenging stereotypes. This literature review provides evidence as to how intergenerational work could benefit both younger and older members of the LGBT community. Here, we aim to situate the three projects within a wider context of the international evidence supporting intergenerational LGBT work. We review relevant peer-reviewed and grey literature exploring the needs and concerns of older and younger LGBT individuals as well as evidence relating to the impact of intergenerational work. For clarity, we refer to older people as those aged over 50 years and to younger people as those under 25 years.

Methodology

In attempting to maintain focus, we began our search of the literature looking for papers that specifically referred to both LGBT people and to intergenerational relations. Using the main peer-reviewed databases we initially searched for literature using 'transgender' 'homosexual', 'lesbian', 'gay' or 'bisexual' in combination with 'intergenerational'. This only produced 13 results, three of which were suitable for inclusion. Use of the term 'intergenerational' in particular exposed a dearth of literature in the field. The search was subsequently broadened and the term 'intergenerational' replaced with a number of synonyms referring to 'older' or 'younger' people. This produced 4,550 results. Papers were then selected for review if the title or abstract indicated that the paper examined a specific need of the older or younger LGBT populations. The majority of this work was

carried out in February 2011, although we include some notable studies that were published after this date.

A search of the grey literature was carried out to follow up references found in academic papers and to complement some of the early findings. Specifically it was recognised that the search terms 'older' and 'younger' would not fully reflect the range of ages which were intended to be included in the review. In addition, issues such as educational outcomes, bullying and harassment and much of the background on intergenerational projects were explored further in the grey literature. This included use of appropriate search terms in internet search engines (Google), searching additional databases (Academic Search Complete) and following recommendations from individuals working in the field.

The findings of the review are structured in the following way:

- Overview of the LGBT community in the UK, including definitions of key ideas such as sexual and gender identity and discussion of factors which may influence attitudes towards different sexual and gender identities and a discussion of ageing within the LGBT community
- Examination of some specific issues and concerns facing younger LGBT people
- Examination of some specific issues and concerns facing older LGBT people
- Review of the literature concerning intergenerational work including barriers and successes
- Exploration of the feasibility of an intergenerational approach in the LGBT community
- Recommendations for making a policy case for LGBT intergenerational work

Terminology

This review refers to LGBT as a collective term for individuals who do not identify as heterosexual including Lesbian, Gay, Bisexual and Transgender, (LGBT) and others who prefer other terms including 'Questioning' and 'Queer'. The term LGBT is used to signify a diversity of sexuality and gender identity-based cultures throughout the paper. Exceptions to the use of this term occur when this paper cites evidence which refers specifically to a sub-group of this collective. Examples include referring to LGB, where a study has not included transgender individuals, or studies which focus on lesbians only.

Overview of the LGBT community in the UK

Recent Office for National Statistics (ONS) figures collected as part of the first large-scale government survey to explore the question of sexual identity suggest that 2% of the population are gay, lesbian, bisexual or 'other' (defined as those who did not identify as straight, gay, lesbian, bisexual)ⁱ. This is certainly an underestimate due to the focus on identity, the question wording and the methodology, and is lower than the previously circulated figure of 6%, based on Treasury estimatesⁱⁱ. A broadly accepted figure on the number of LGB people comes from Stonewall, which estimates that around 5-7% of the population are Lesbian, Gay or Bisexualⁱⁱⁱ. Figures on the number of transgender people in the UK are more elusive. The Office of National Statistics does not collect data on transgender people in their social surveys, although the "other" category in the ONS report "Measuring Sexual Identity" could include transgender individuals. The NHS estimates that 1 in 4,000 people receive medical help for gender dysphoria, although clearly there are many people who do not need help^{iv}.

Such figures are helpful to reflect on the size of the LGBT community, however they are not unproblematic. It is clear that Office for National Statistics figures for LGB individuals only represent those who were willing to identify as such. Yet *"sexual attraction, sexual behaviour, and sexual identity are not equivalent"*^v and there are a range of factors which can influence an individual's propensity to identify as LGBT.

Sexual identity versus sexual behaviour

The interaction between sexual identity and sexual behaviour is not straightforward. Although an individual may not identify as lesbian, gay or bisexual, they may feel attracted to and have had sexual experiences with someone of the same sex.

Studies suggest many more people are either attracted to, or have had sex with a member of the same sex, than identify as LGBT. For example, a UK study found that while the proportion of women who reported they only ever felt sexually attracted to women was very small (0.2%), approximately 1 in 10 women reported instances of sexual attraction to women and 9.7% reported same-sex sexual experiences^{vi}. This is clearly much higher than the national estimate of 2% of people who identify as lesbian, gay or bisexual.

Although it may be assumed that for the purposes of intergenerational work with lesbian, gay or bisexual individuals we are interested in those people who are "out" and therefore identify as part of the LGBT community, when it comes to looking at the needs and concerns of individuals in relation to their sexuality, some issues such as health-related risk factors, are more associated with sexual behaviour rather than identity.

Sexual identity and influencing factors

There appears to be a complex interplay of factors which influence the likelihood of an individual reporting an LGB identity. Research in Australia suggested links between LGBT identity, attraction and experience and higher levels of education, living in an urban area, higher occupation status and being of an English-speaking background in both men and women^{vii}. Similar trends were found in

the recent ONS study^{viii}. The associations appeared to be much more marked in relation to identity than in relation to attraction or experience.

The research does not explain causality in the relationships, but does suggest that it is unlikely that being LGBT leads an individual to achieve higher levels of education, but rather being better educated or having greater monetary security would encourage an individual to feel more comfortable being openly LGBT^{ix}.

Race has also been highlighted as a factor influencing when and if an individual “comes out”. A study in America showed significant differences between White, Latina and African-American lesbians in the ages at which they reported sexual identity development milestones (questioning, deciding and telling others about their sexuality), the elapsed time between milestones, and the levels of sexual identity disclosure^x.

All of this serves to demonstrate how socio-economic or demographic factors may play a significant part in shaping an individual’s likelihood to report sexual identity. It also suggests the potential for fluidity of sexual identity; that is a change in circumstances for an individual may influence the likelihood of them “coming out”.

Transgender identity

Gender dysphoria is a recognised condition in which there is a mismatch between an individual’s gender identity (whether they feel they are a man or a woman) and their sex (defined by appearance and reproductive organs). The term transgender encompasses the variety of manners in which individuals express their gender variance. It includes cross-dressing, living permanently in a gender a role that is opposite to their sex but without seeking medical treatment, through to transitioning permanently with the aid of medical intervention to the opposite gender.

It is important to recognise that the term transgender does not include sexual orientation. For many transgender people the gender to which they were initially attracted does not change after transitioning to their desired gender^{xi}. We can therefore discern how gender and sexual identities are distinct from each other although much of the literature tends to discuss them together and innumerable civil society organisations have emerged dealing with LGBT issues collectively. This is not necessarily unhelpful, given shared experiences of discrimination and marginalisation. However it is useful to remember that transgender individuals may also experience distinct health challenges related to their gender identity which LGB people will not encounter, and particular forms of discrimination.

Gender and sexual identity in a historical context

The environment in which LGBT people live in the UK has changed dramatically over the past half a century. The history of the LGBT community’s struggle for recognition and rights has been peppered with conflict but has made significant moves towards greater equality, passing a number of key milestones.

In 1989 69% of adults participating in the British Social Attitudes Survey reported that sexual relations between two adults of the same sex are always/mostly wrong. By 2007 this was down to 37%^{xii}. While these results suggest that there is still hostility based on differences in sexual and

gender orientation they nevertheless show that fear of and aggression towards anyone who does not conform to a heterosexual stereotype is no longer the overt norm. Individuals questioning their sexual or gender identity in the twenty first century do so in a vastly different cultural context to those in the middle to later parts of the twentieth century.

A cohort effect can therefore be assumed to exist. Different generations of LGBT people will have been shaped – or socialised – by the prevailing social attitudes and norms of the time.

Criminalisation and repression of different sexual and gender identities, followed by activism in the later sixties and seventies will have shaped many older LGBT individuals values and attitudes about being lesbian, gay, bisexual or transgender. A characterisation often used in the literature is reference to the pre- and post-Stonewall generations. The pre-Stonewall cohort is often characterized by being closeted, viewing activism and research with suspicion in comparison to the post-Stonewall cohort which is often viewed as being more open about their sexual identity^{xiii}.

However given that the Stonewall riots occurred in 1969, over 40 years ago, the generation under-25 will have different values and attitudes again. Younger LGBT individuals are less likely to live with the same universal condemnation of their lifestyle although they are still likely to face subtler forms of discrimination and bullying at school or among friends. A thriving LGBT culture has developed in many towns and cities, paralleled with a boom in access to LGBT-friendly media through the internet. Undoubtedly many younger people still struggle to express their sexual or gender identity but the pressures and opportunities are very different to those experienced forty or sixty years ago.

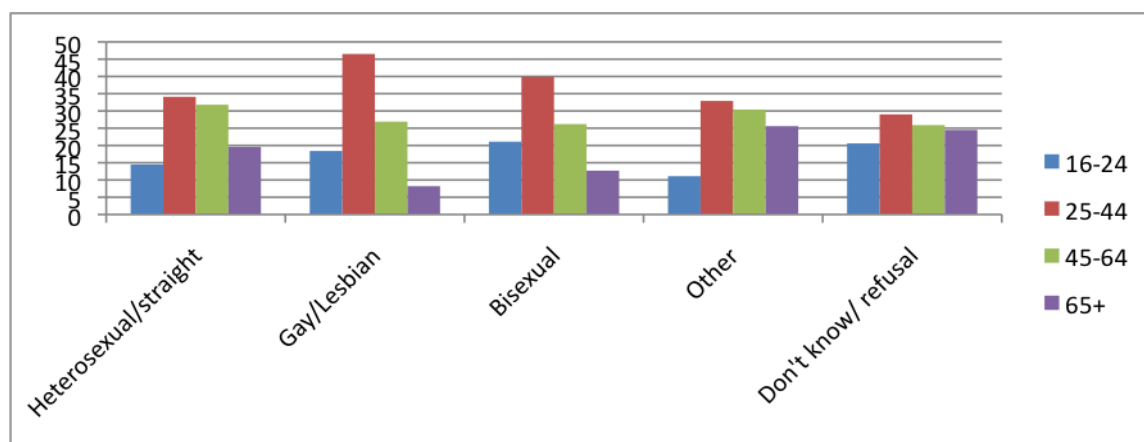
Lloyd highlights research which suggests how differences between generations can create ambivalence, or even conflict^{xiv}. The LGBT community is no different. Accusations of ageism are common – older men in particular often report feeling alienated from a younger group whom they perceive to focus too much on appearance (body fascism)^{xvxi}. In addition, some consider the younger generation naive in their activism^{xvii}. Meanwhile younger LGBT people have reported feeling the older generation is out of touch and fighting old battles. In addition some suggest they are wary that older LGBT people only see them through a sexual lens^{xviii}.

It is clear that different generations do have different outlooks shaped by the environments in which they grew up. Efforts to try and bridge such differences in attitude and to challenge stereotypes could generate more cohesion and greater availability of support within the LGBT community for those who suffer from some of the ill-effects of being part of a sexual or gender minority.

Age and sexual identity: cohort and life-course effects

An interesting product of the cohort effect appears to be the age profile of the LGB community (statistics for transgender individuals could not be found).

Figure 1 - Sexual identity by age group in the UK, April 2009 to March 2010^{xx}



The Measuring Sexual Identity survey (2010) shows that people (aged 16 and over) who identified as LGB had a younger age distribution than heterosexuals. The survey report states that 65% of LGB respondents were aged under 45 compared with 49% of people who identify as heterosexual. Only 8% of people identifying as LGB were over 65 while 20% of heterosexual respondents were in this age bracket^{xx}. In addition, a number of studies and surveys have emerged to suggest that the age at which LGB individuals reach psychological, social, and sexual behaviour developmental milestones at different ages^{xxi xxii}. Although methodological difficulties in measuring differences between age cohorts in age at which people come out have been detailed^{xxiii}, it does appear that there is an increased likelihood that a younger individual will identify as LGB than an older one (65+). Given the historical context and changes in society's attitudes towards non-heterosexual lifestyles, perhaps it is not surprising that we see differences between younger and older age cohorts' willingness to report an LGB identity.

Of course age itself will act independently of sexuality to determine an individual's outlook on life. Where someone is in relation to their life-course has dramatic implications for numerous aspects of their life, from high level concerns through to the details of daily routine. Both the 16-24 age group and the over 65s will face challenges uniquely associated with their age and where this situates them within the life-course. For young people, this may be related to education, relationships with parents and decisions about their career. For over 65s difficulties are more likely to concern retirement, health concerns and loss of independence.

The saying may be that age is just a number, but in reality younger and older LGBT people are divided by much more than their chronological age difference. It is precisely this division which intergenerational work seeks to minimise.

Ageing among the LGBT community

Towards the end of this review, we highlight the scarcity of intergenerational work involving younger and older members of the LGBT spectrum. In addition to facing a specific set of barriers and issues that heteronormative counterparts are unlikely to face (also reviewed later), one of the obstacles preventing more widespread intergenerational work could be the dualism between youth and ageing, particularly among LGBT communities. While other parts of this review focus on specific

barriers and forms of discrimination facing older and younger LGBT respectively, in this section we briefly examine identity and age(ing) among the LGBT communities¹.

While issues facing older people have arguably received less attention than issues facing younger people, this is particularly true for older LGBT people (for example Harrison 2005, Lee 2008, Sandberg 2008); gerontology and ageing is often studied independently of sexuality and gender (Boxer 1997), meaning that older LGBT have been largely neglected in academic literature. Although scarce, the extant research suggests that the invisibility of older LGBT people in the literature also extends to invisibility in the wider LGBT community, and the provision of services specifically for older LGBT people. Some argue that distinctions exist within the LGBT spectrum, and that older gay men in particular are invisible compared to their younger peers (Hockley 2001, Drummond 2006, Boxer 1997). Part of the reason for this invisibility may lie in the historical (and likely continuing) discrimination against LGBT people, and particularly the criminalisation of gay men specifically in the recent past, while part may lie in LGBT culture itself. Regardless, this invisibility means that age as a concept is largely absent from LGBT literature.

Some literature has asserted that gay men's culture is heavily orientated around aesthetics, and have explored the impact of this perception. A gay man's look including his physique, clothing and hair is an important to attracting partners (Drummond 2006), with youthfulness, and muscularity or slimness, particularly desired qualities (Drummond 2005). While these are qualities that probably determine success in finding a partner and sexual attractiveness among both heterosexual and non-heterosexual men, for gay men these qualities are of added significance as they partially determine participation in mainstream LGBT culture and 'the scene' (Drummond 2006); it is probable that the same emphasis on youth also serves to socially structure the participation in LGBT culture of other groups on the LGBT spectrum. Boxer (1997, p190) describes the eagerness of older gay men and women to participate in a culture that was 'intrinsically ageist'. Older LGBT people described their desperation to participate in a culture that largely revolved around bars and clubs where their presence was unwelcome. While some would venture to these venues attempting to 'hit on' younger men and women, most would go in an attempt to participate in LGBT culture, where they would almost certainly face rejection (Boxer, 1997).

While age is likely to be one of the strongest social organisers among people of all gender identities and sexual orientations (Boxer, 1997), its role in determining societal participation has led some to describe the different 'ageing' processes among LGBT people compared to their heteronormative counterparts (for example Harrison 2005). There are several accounts of gay men as 'ageing' prematurely; for example, Jones and Pugh (2005) describe a South Australian study which invited self-identified older gay men to participate in research. Of those men who participated, 90 per cent were under 65 years with the youngest aged only 32 years. Other studies have described similar effects; Boxer (1997) notes how in some studies, gay men have described a feeling of living on 'borrowed time', due in part to the devastating effects of the AIDS epidemic. While this feeling may have attenuated somewhat with the advent of new combination therapies and the success of safe sex campaigns, nevertheless, a theme of an 'accelerated lifecourse' for gay men pervades throughout the literature. More widely, an 'alternative' or 'accelerated' transition to adulthood and

¹ It should be noted that it is not our intention here to provide a comprehensive overview of identity and ageing among LGBTQ people, but more to provide some possible explanations as to why intergenerational is so rare among LGBTQ.

beyond may be prevalent among the whole LGBT spectrum. Some transitions such as parenthood and even marriage or cohabitation, which are widely regarded as heterosexual markers of a transition to adulthood, may be more restricted for LGBT people, particularly among older cohorts. Given that some transition markers may be perceived as unattainable (either by young people themselves or by societal norms), the transition to adulthood may occur at a different pace for LGBT youth. More generally, the ageing process is theorised to take place at a different pace among LGBT people compared to their non-LGBT peers, with a different sense of temporality (Halberstram 2009). In light of the staggering amount of materials pertaining to gender roles throughout the lifecourse, it is unsurprising that the lifecourse of LGBT people likely follows a different trajectory in the majority of cases, and passes through differing markers of transition to successive lifecourse stages (Matza 2009), although the nature of these markers is largely absent from the literature.

As discussed above, the LGBT literature on 'age' consistently notes the desirability of youth and the different conceptions of 'young' and 'old' among LGBT compared to non-LGBT people. For some authors, the ageing process is actually a process of 'degendering', where the lines between the behaviour and function of men and women begin to blur (Sandberg 2008, Sliver 2003). However, from the small volume of LGBT literature examining 'age' and older people here, 'degendering' seems unlikely. In fact, popular imagery of older gay men, for example, has often involved a predatory caricature. In contrast, virility has been a characteristic of 'successful ageing' for heterosexual older men (for example Calasanti and King, 2005), although this has not been the case for men who do not conform to non-LGBT roles. This imagery has been particularly prevalent when discussions on legislative changes in the age of consent for LGBT were aired in the media in the recent past (Jones and Pugh 2005). In more recent times, homosexuality has now broken through taboos and is portrayed in Hollywood, albeit generally by younger, heterosexual actors (Boxer, 1997); media imagery of ageing among LGBT has largely been absent or portrayals have swung only between the comic and the manic.

We find that age is a powerful social organiser among LGBT communities, much as it is among non-LGBT groups. However, we also see that youth and youthfulness is often seen as a precondition to participation in some parts of LGBT culture (the scene), which is not necessarily the case elsewhere². Ostensibly, this is an issue mainly for gay men, although the scant literature on the perceptions of age among lesbians, bisexual men and women, and among transgender people means that it would be unwise to assume that this is not the case elsewhere among these groups. Certainly, there is anecdotal evidence of some ageist practices in the case of lesbians (Boxer 1997). While ageism among LGBT people is not only discriminatory, it could also enhance the stereotypes associated with older LGBT people. Based on the evidence presented briefly in this section, not only could intergenerational help to remove some of these stereotypes, it is also likely to allow access to and participation in LGBT culture for older people. We now move to examine the health, social and economic conditions facing older and younger LGBT men and women respectively, and consider how these differ from the conditions experienced by non-LGBT peers, before examining more indepth how working intergenerationally can be beneficial to both older younger LGBT people.

² Although the interaction between age and gender for older women is a particular barrier to accessing workplace equality, it is not a barrier to accessing heteronormative 'culture' *per se*.

The experiences of younger LGBT people

Being under 25 and identifying as LGBT can present significant challenges to a young person who is at a formative stage of their life. Up to the ages of 18 or 21 individuals may be in education, although some will have dropped out due to pressures which may be associated with their gender or sexual identity. This is a time when individuals are trying to establish themselves academically or, later on, in the labour market. Yet personal and professional development, including relationships with family, friends and colleagues can be severely threatened as individuals go through the process of realising their sexual or gender identity. In this section we review some of the challenges of being younger and LGBT.

Social exclusion and discrimination

Younger LGBT people may experience social exclusion and discrimination in all aspects of everyday life – that is in the *“family, school, peer group and media”*^{xxiv}. In a survey of 754 young LGBT individuals across 37 European nations, 51% of respondents reported experiences of prejudice and/or discrimination in their family^{xxv}.

“Disbelief, denial and demands for “changing back to normal” were described as typical family reactions to revealing one’s LGBT identity to close family or to “coming out”.

Transgender younger people highlighted the burden associated with experiencing a double coming-out – that is initially identifying as lesbian or gay before realising their transgender identity creating a second wave of rejection and confrontation^{xxvi}. Family rejection and/or confusion can be traumatic for the individual, in the worst extremes leading to psychological problems or even homelessness. Interviews with and surveys of LGBT homeless younger people in Brighton revealed that their sexual or transgender identity was the key driver for them either leaving or being forcibly evicted from their home^{xxvii}.

Higher rates of bullying and victimisation in school are further manifestations of a culture which discriminates against LGBT people. Large-scale surveys around the world suggest victimisation rates vary between 9 and 32% across the general population of school pupils, and bullying rates vary between 3 and 27% (variations may be partly attributed to differences in methodology)^{xxviii}. Although not directly comparable, the rates reported by LGBT students in surveys are much higher. The European survey showed that 61% of respondents referred to negative personal experiences at school related to their LGBT status while 53% of the respondents reported bullying^{xxix}. Stonewall reports that almost two thirds (65 per cent) of young LGB pupils have experienced direct bullying, a figure which increases to 75% of those young gay people attending faith schools^{xxx}. Language is an important symbol of exclusion or inclusion and Stonewall found that 97% of pupils hear insulting homophobic remarks, such as “poof”, “dyke”, “rug-muncher”, “queer” and “bender” with over seven in ten gay pupils hearing those phrases used often or frequently. Social exclusion in school is not limited to direct bullying however. 43% of students in the European survey found prejudice or discriminatory elements in the school curriculum^{xxxi}.

Exclusion and outcomes

There mixed evidence in terms of an association between identifying as LGBT and educational outcomes. Some studies have found a relationship between higher levels of education and the likelihood of reporting an LGBT identity^{xxxii xxxiii}. However, as previously indicated it is unlikely that being LGBT leads to higher educational outcomes, more that those who are materially and educationally secure are more likely than those who are not to feel comfortable reporting an LGBT identity. Identifying as LGBT at school, on the other hand, can result in bullying and harassment for some young people, and this experience has been associated with lower educational attainment and even potentially lifelong dissatisfaction with an LGB identity^{xxxiv}.

Stonewall reports that seven out of ten gay pupils who experience homophobic bullying stated that this has had an impact on their school work while half of those who have experienced homophobic bullying have skipped school at some point because of it, and one in five has skipped school more than six times^{xxxv}. Students surveyed in America reported that higher frequencies of harassment due to sexual orientation or gender expression were associated with plans not to continue education^{xxxvi}. In 2007, the UK Education and Skills Select Committee reported research which suggested young lesbian, gay, bisexual or transgender children disproportionately truanted to avoid being bullied in school and were therefore less likely than other young people to continue in education post-16^{xxxvii}.

Overall, the pattern is not absolutely clear, partly because of poor data (Governments rarely collect statistics on educational attainment according to sexual orientation, and in the UK this has never happened due to sensitivities in collecting data on sexuality from young people) and partly because there can be numerous factors mitigating the effects of bullying at school, both for heterosexual and LGBT pupils. Some people are bullied and recover quickly^{xxxviii}; others are bullied at key moments (such as near exams) or do not have support elsewhere and therefore are less likely to do well in school^{xxxix}. LGBT pupils are much more likely to experience bullying and harassment at school, and those who do, may be at greater risk of poorer educational attainment. The Equality and Human Rights Commission summarised this as follows:

“For lesbian, gay and bisexual (LGB) and transgender young people, attainment trends are harder to measure, but there are signs that they are being penalised by unfair treatment and bullying in the education system, at school and beyond.”^{xl}

Mental ill-health

The relationship between identifying as LGBT and mental ill-health is not an easy one. It was not until 1973 that homosexuality was declassified as a mental disorder by the American Psychiatric Association and not until 1992 that the World Health Organisation followed suit. Following this, gay-affirmative researchers (those who support attempts to encourage LGB individuals to accept their sexual orientation, rather than suggesting attempting to change it) were initially cautious about making too many associations between mental ill-health and homosexuality^{xli}.

However more recently the discourse has shifted. The scientific community is increasingly showing that LGBT people are at higher risk of mental ill-health, evidence which has been picked up by social movements and the popular media^{xlii xliii}. It has been reported that thoughts of suicide and

attempted suicide are higher among lesbian, gay, bisexual and transgender younger people than heterosexual younger people^{xlivxlv}. Elevated levels of substance abuse, eating disorders and depression have also been recorded among lesbian, gay, bisexual and transgender people compared with their heterosexual peers^{xlvixlvii}.

Although the evidence is not clear-cut, due to methodological issues^{xlviii}, an overall trend towards higher mental health problems does appear to exist. Meyer finds five studies that indicate that gay and lesbian people are around 2.5 times more likely than heterosexual people to have had a mental disorder over their lifetime and a higher rate of suicide ideation, starting at least as early as high school^{xlix}. Research carried out for MIND found that gay men and lesbians reported more psychological distress than heterosexuals, despite similar levels of social support and quality of physical health as heterosexual men and women^l.

Researchers have developed theories for higher rates of mental ill-health within the LGBT community including the minority stress model; this suggests that individuals from stigmatised social categories are exposed to excess stresses as a result of their social, often minority, position and this has a detrimental effect on their mental health. These stress factors can include discriminatory or violent events, silent rejection from peers, a cognitive burden associated with concealing one's sexual orientation or gender status, or even internalising the homophobia which prevails within the surrounding society^{li}.

Perhaps the most pervasive and destructive minority stressor frequently experienced by LGBT students in schools is peer harassment, bullying, and violence. Although some research of lesbian, gay and bisexual people's recollections of bullying and harassment at school showed that the negative effects can be overcome^{lii}, there is evidence to suggest such victimisation can be linked with mental ill-health such as depression, loneliness and social withdrawal and behaviour, such as increased alcohol, cigarette and drug consumption^{liiiiv}.

Physical health

Identifying as LGBT does not inherently increase the risk of poorer physical health among younger people. However, some of the behaviours adopted by lesbian, gay, bisexual and transgender individuals, possibly as coping strategies, can present health risks. Higher than average levels of obesity and being overweight^{lv}, higher rates of smoking and alcohol consumption, along with substance abuse and taking sexual risks^{lvi}, are the obvious mechanisms by which younger lesbian, gay, bisexual and transgender people may damage their health. This places them at increased risk of chronic illnesses such as heart disease and cancer in addition to the more regularly discussed threat of sexually transmitted illnesses.

The threat of sexually transmitted illness and HIV and AIDS is real. Men who have sex with men are considered to be the group at greatest risk of acquiring HIV infection in the UK. Of all new UK HIV diagnoses in 2007, 41% were among men who have sex with men (MSM), and 82% of these infections were probably acquired in the UK^{lvii}. Equally, given that evidence suggests most women who have sex with women are also likely to have had sex with men at some point, with some studies suggesting they actually have more male partners than women who exclusively have sex with men, they run the risk of contracting an STI^{lviii}.

However, younger LGBT people report being discouraged by the reductionist approach to health messaging for the LGBT community, which tends to focus exclusively on HIV and AIDS when it is clear that their needs, both mental and physical can extend beyond the risk of HIV and AIDS. More broadly they are tired of the stereotypical misconception that homosexuality inevitably leads to infection with HIV and AIDS. Participants from numerous countries in a European survey of LGBT youth voiced this opinion. One person was quoted:

“When I was 20 my mother found a letter from the Lithuanian Gay League which was addressed to me, read it and said that she wanted me to move out of the house because if I was gay, I could infect the whole family with AIDS.” (Lithuania M34)^{lix}

If sexual health messages are not developed carefully, they will both reinforce stereotypes among young people and will be ignored by the target younger LGBT audience, a failure on two counts.

Service responses

The challenges facing young LGBT individuals outlined in this paper demand responses from a number of services, including the areas of mental health, housing and public health. Clearly, schools and the education sector are on the front line of a battle to combat bullying and harassment of any form. Evidence suggests that schools which challenge homophobic bullying and create a positive climate for LGB pupils have been shown to improve outcomes for LGB pupils^{lx}. However when it comes to homophobic bullying, it seems few schools are tackling the problem head-on. Less than a quarter (23 per cent) of young gay people reported that teachers had told them that homophobic bullying is wrong in their school, despite the fact that anti-bullying messaging has been shown to have an impact on the likelihood of being bullied^{lxi}.

The need for safe and supportive school environments for young transgender or transsexual people has been especially highlighted. Concerns include bathroom and healthcare access, and the proper gender designation on school records^{lxii}.

It is possible that strong support from family, peers, or other adults (including teachers and other school staff) may buffer some of the effects of exclusion and harassment. Younger participants in European focus groups examining the potential for LGBT intergenerational work identified a lack of positive role models along with general lack of resources or support as a problem^{lxiii}. Research elsewhere has highlighted that perceived social support significantly predicted psychological well-being among LGBT young people^{lxiv}.

Yet focus group participants expressed distrust of older LGBT people who were often perceived to only be interested in them sexually, doing little to appease any sense of isolation that they may feel. The default economic and emotional dependence on their parents, who may not always support their sexual orientation, can be problematic. Individuals can be experiencing significant confusion and anxiety, exacerbated by the fact that they feel absolutely alone^{lxv}.

There is therefore clearly a need for additional support which may lie outside any formal institutions and which intergenerational work may be well-placed to address. Bridging the gap between older and younger LGBT individuals may offer innovative kinds of supportive relationship which could assist vulnerable younger LGBT individuals in coping with the pressures resulting from their sexual or gender identity. The first step for many, however, will be to challenge some of the negative

stereotypes of older, 'predatory' lesbian, gay, bisexual or transgender individuals. An intergenerational approach could be a useful tool in breaking down such images from within the LGBT community.

The experiences of older LGBT people

The experience of ageing affects older LGBT people in many of the same ways as it does older heterosexual individuals. Although research has shown that the majority of older people in general have a positive outlook on ageing, issues of deteriorating health and perceived lack of respect for older people in society are among their common concerns^{lxvi}. Along with the wider older population, older LGBT people report loss of independence and the financial implications of care as issues that concern them^{lxvii}. Meanwhile, some studies report that older gay and lesbian people have greater life satisfaction, lower levels of self-criticism and fewer psychosomatic problems^{lxviii}.

However, much in the same way as for younger age groups, the reality of being older and a member of a sexual minority can interact to make older lesbian, gay, bisexual and transgender people especially vulnerable in a few specific ways.

Social isolation and loneliness

The risk of being lonely undoubtedly increases as people age. The findings from ELSA wave 4 suggested that loneliness increases with age, and that women aged 75 and older have particularly poor well-being, with high rates of depressive symptoms, low life satisfaction, poor quality of life and high levels of loneliness^{lxix}. However, over and above age, loneliness is associated with a range of social and demographic characteristics including marital status and quality of social networks. Being LGBT could have a significant bearing on some of these characteristics.

Research from the Netherlands has indicated that older LGB people are overall more likely to feel moderately or extremely lonely than their heterosexual peers and that there is a strong relationship between “social embeddedness” (meaning quantity of social and family relationships) and loneliness^{lxx}. For example, contact with children is an important predictor of loneliness, however older LGBT people and gay men in particular, are much less likely to have children^{lxxi}. UK studies also show that older LGBT people as a whole are also much less likely to receive support from other ‘conventional’ family members^{lxxii}. The Dutch research also showed that having children but not feeling close to any of them is associated with higher rates of loneliness than being childless. Within the current generation of older LGBT people, for whom homosexuality was illegal for much of their early adult life, there will be many who belatedly came out to their families with a potentially destructive impact on their relationships with their children^{lxxiii lxxiv}.

It is true that LGBT people often compensate for lack of close family, with so-called “families of choice” in the form of a wide networks of friends and acquaintances^{lxxv}. However, as people get older it can be hard to maintain such networks. Lack of a steady partner (which can have an integrating effect) and feeling uncomfortable with heterosexual contemporaries who tend to focus on children and grandchildren as their main topics of conversation are cited as reasons for participating less actively in social events^{lxxvi}. In addition, ageism among LGB people has been highlighted as a key concern^{lxxvii}. The youth orientated nature of the gay scene in particular has come in for some criticism by older gay men as causing them to feel alienated^{lxxviii lxxix}. The perceived focus on appearance within the scene has been reported as making older men feel unwelcome^{lxxx}.

Whether or not older LGBT people are well-connected socially the Dutch research found that “social embeddedness” could only partly explain the finding that LGBT older people experience higher rates of loneliness overall, and the researchers speculated that factors such as minority stress and the quality of older LGB people’s relationships also played a significant role. Attempts to reduce feelings of alienation between younger and older LGBT individuals within the LGBT community, therefore, may have a welcome effect on older LGBT people’s feelings of loneliness and isolation.

Mental ill-health

We have already concluded that there is a higher prevalence of mental ill-health among younger LGBT individuals than their heterosexual peers. This is potentially also true for older LGBT people although there is some conflicting evidence. A literature review focusing on the health, housing and care needs of older LGBT people found numerous studies to suggest a higher prevalence of mental ill-health among older LGB men and women than among their heterosexual peers. These included depression, negative feelings about being gay, panic attacks and thoughts of suicide^{lxxxii}. However the same review highlighted evidence cited above which suggested older gay and lesbian people have greater life satisfaction, lower levels of self-criticism and fewer psychosomatic problems^{lxxxii}.

Much in the same way as for younger LGBT people, much of the mental ill-health among older LGBT people may be considered to relate to societal pressures and the years of discrimination and criminalisation that older LGBT people have faced; there is no evidence that being LGBT per se is responsible for elevated rates of mental ill-health. However, there are also likely to be generational factors which influence the mental health of older LGBT people.

Older LGBT individuals have lived a lifetime in a “heteronormative” society, that is a society in which there is perceived to be an alignment between biological sex, gender identity and gender roles (a man is expected to behave in a male heterosexual way). In addition, they are a member of a cohort that grew up during a time in which homosexuality was illegal in the UK. Many older LGBT individuals therefore have accumulated experiences of homophobia and marginalisation to the extent that some will have internalised society’s homophobia and will reject anything other than a heterosexual identity^{lxxxiii}. The impact of “minority stress” may therefore be more acutely felt at older ages for LGBT individuals. In addition, increased levels of social isolation and loneliness play their part in explaining some of the mental health issues faced by older people and is a concern among older LGBT people themselves^{lxxxiv}.

Physical health

It has been reported that there is evidence that lesbians do not use gynaecological services to the same degree as heterosexual women possibly due to a systemic and popular misconception that lesbian women are not at risk^{lxxxv}^{lxxxvi}. Although the incidence and prevalence of bacterial sexually transmitted infections are lower in women who have sex with women than heterosexual women^{lxxxvii}, they do remain at risk of sexually transmitted illnesses and some cancers and not attending regular screenings reduce the likelihood of detecting illnesses until it is too late.

It is worth noting that one study in the USA found that lifetime mammography and 3-year cervical cancer screening in the USA did not vary by sexual orientation identity. However separate research in the USA found that women who had sex with women were less likely to have had a smear test in

the past 3 years or a mammogram in the past 2 years than other women^{lxxxviii}. It would be worth exploring such conflict in the evidence base further.

Increasing numbers of gay men over 50 are living with HIV and AIDS. Thanks to improvements in treatment, the over-50s are the fastest growing group of people with HIV in the UK^{lxxxix}. This group reports high levels of other chronic illness which demand treatment but also report frequent experiences of discrimination, ignorance and poor clinical treatment in generalist healthcare, especially primary care^{xc}.

This paper has already touched on how younger LGBT individuals appear to adopt behaviours that could pose long-term risks to their health. This trend appears to continue throughout life, with evidence to suggest that LGB men and women report a higher prevalence of chronic disease risk factors, including smoking, alcohol intake and drug use than their heterosexual counterparts^{xcixxcii,xciii}. It would therefore be expected that older LGB individuals report higher prevalence of certain chronic diseases such as cancer or heart disease. However there does not appear to be good evidence to support this hypothesis. One study of over 67,000 individuals aged 18-64 in the USA found no difference in lifetime diagnoses of heart disease between LGB individuals and heterosexual adults. However it is unclear whether the researchers compared prevalence of chronic illnesses between older LGB and heterosexual adults, an important comparison since it is later life when chronic illness is most likely to develop^{xciv}. The evidence on risk of chronic illness is therefore not straightforward.

Transgender older people may face particular issues in relation to the drugs they take to maintain hormone levels. Most transgender people have hormone replacement therapy (HRT) to maintain hormone levels of their chosen gender. It has been reported that gender reassignment operations could lead to increased risk of osteoporosis, both from the removal of ovaries and testes^{xcv}. In addition, individuals who undergo male-to-female sex reassignment surgery have been reported as being at risk of rectovaginal fistulas and urinary tract infections while male-to-female transgendered individuals who take female hormones, either alone or to augment surgical treatment, are at a greater risk for breast cancer, deep vein thrombosis, pulmonary embolism and osteoporosis^{xcvi}.

Service responses

Since sexual and gender identity appears to be associated with differences in risk profiles between older LGBT people and older heterosexual people, this is likely to have a bearing on demand for services.

Older LGBT people will be at least as likely to need to access healthcare, whether it is treatment for chronic illnesses or for a sexually transmitted infection, such as HIV. In addition, their social or family circumstances may mean they are less able to avail themselves of informal support and therefore may be more in need of formal social care services as they become frailer and lose independence^{xcvii}. However, services are not well designed to meet the needs of older LGBT people and individuals often fear or face either unsympathetic treatment or even discrimination.

A Commission for Social Care Inspectorate survey found that 45 per cent of lesbian, gay or bisexual people (of all ages) using social services claimed they had faced discrimination^{xcviii}. Transgender

people in particular may face considerable prejudice when dealing with needs related to their personal care, such as for example, the need to shave or catheterise.

Among older people, the prospect of entering residential care appeals to few, however older lesbian, gay, bisexual or transgender people may be particularly concerned about how their sexual or gender identity may affect them if they have to move out of their homes into a new community. Particular fears expressed include having to hide their sexuality, or concerns over the reactions of staff^{xcix}. It has been reported that signs of affection between lesbian and gay people in residential care are often not accepted and one survey suggested that 74% of people across all ages believed that discrimination exists in retirement facilities^c. One individual reported the tiresome need to continually explain his relationship with his partner, who suffered from Alzheimer's and for whom he was helping to care. *"All the time people wanted to know why I was looking after David and who I was, so there was always the issue of needing to come out ... The whole caring system for older people assumes heterosexuality ... which was something I found difficult to deal with."*^{ci}

Older transgender people who need care are more likely to have complex social or bodily needs relating to their gender reassignment treatments. Polypharmacy is likely to be a consideration, since older transgender individuals may have strict drug regimes associated with maintaining transgender identity, in addition to medications they may be taking for chronic illnesses associated with later life^{cii}. However, it has been reported that older transgendered individuals are often reluctant to seek health care following earlier negative experiences^{ciii}. The NHS recommends that social or health care professionals may need support from other specialist colleagues. However, they should not do so without first obtaining permission to share relevant information from the recipient of care^{civcv}.

Despite the higher prevalence of mental ill-health, many older LGBT people have not been well-served by mental health services. The MIND survey found that one fifth of adult gay and lesbian women and men and one third of bisexual men recounted experiences of mental health professionals making causal links between sexuality and mental health problems. Negative events ranged from overt homophobia to failure to recognise an individual may not be heterosexual^{cvi}.

Overall, it is likely that many older LGBT people who do have support needs are 'hidden' from service providers and policy-makers since their fears and lifelong experiences of discrimination can act as a barrier to seeking help. Recent UK research highlighted that 40% of older LGBT were not confident that mental health services could meet their needs, and 60% of older LGBT people were not confident that providers of social care or housing would be able to meet their needs^{cvi}. The current generation of older LGBT people may have experienced incarceration and 'corrective' treatments from service providers in the past. It is therefore especially important that service providers do not assume heterosexuality. While not advocating that professionals interrogate all recipients of care about their sexuality, where the question is relevant to a treatment or care package, the issue should be addressed in a sensitive manner.

Intergenerational practice: benefits and barriers to success

Evidence suggests that older and younger LGBT people face numerous risks, concerns and challenges associated with their sexual or gender orientation. Despite differences in age and outlook, many older and younger LGBT people will share experiences of exclusion from society and discrimination by support services, in addition to some specific mental and physical health concerns that may follow. However it is also clear that there are differences between younger and older LGBT individuals given their respective experiences and situations in life which may act as barriers to them coming together naturally and which may reinforce some of the isolating effects of their respective situations.

This paper turns to examine the evidence in relation to intergenerational work and to explore the potential of the approach to address some of the challenges experienced by younger and older members of the LGBT community.

Definition of intergenerational work

Intergenerational practice has been described as something which:

“aims to bring people together in purposeful, mutually beneficial activities which promote greater understanding and respect between generations and contributes to building more cohesive communities. Intergenerational practice is inclusive, building on the positive resources that the young and old have to offer each other and those around them.” ^{cvi}

The term “intergenerational practice” is used to represent a range of approaches and methodologies which often have diverse objectives, ranging from achieving educational outcomes to reducing social isolation. However the common thread is the desire to bring members of different generations together, as an end in itself, because ordinarily they do not get sufficient opportunity to engage in meaningful exchange.

Some distinction has been made in the literature between multigenerational and intergenerational practices, where the latter defines younger people as those under 25 and older as being over 50 and where multigenerational practice would involve the generation between these two age groups ^{cix}. Additional questions have been raised over whether a project which brings members of the same family together counts as intergenerational work or not.

Fundamentally, it has to be asked whether a definition of intergenerational work which includes rigid age parameters and characteristics of participants is strictly necessary or whether it is better to think of intergenerational practice in terms of the social problems and the field of activities this umbrella concept can address. However in this paper we concentrate on practice which seeks to bring under-25s and over-50s together.

Why intergenerational practice?

As an approach, intergenerational work in the UK has attracted recent attention. In 2009, the Government announced a 2-year £5.5m programme to invest in intergenerational work to:

- Generate wider interest in and thinking about intergenerational work
- Increase the number of volunteers working on intergenerational activity by 20,000 by the end of the programme
- Encourage a more strategic and sustainable approach
- Provide robust evidence of the effectiveness of intergenerational initiatives and, in particular, develop evidence about which models are most effective in delivering which outcomes for which groups of people in which situations^{cx}.

Twelve local authorities have been funded to participate in this work. In addition, a number of voluntary organisations have developed either specialist expertise in intergenerational work or have run intergenerational programmes as part of their profile of activities^{cxⁱ}.

There is increasing evidence of deterioration in the state of intergenerational relations. Some commentators have highlighted a threat to the intergenerational compact, in which members of the working age population begin to resent contributing to the welfare of the retired or older population^{cx^{ix}cx^{xiii}}. However more apparent than open conflict is the ignorance about and feeling of alienation from members of different generations that individuals can feel. Polling carried out by the ILC-UK in 2008 and reported in the paper, *The State of Intergenerational Relations Today: A Research and Discussion Paper*, revealed most people agreed that outside of their families, a natural part of the ageing process is for older people to become disengaged from younger people (with people in the 16 – 24 age bracket most likely to strongly agree). Additionally, 55% of respondents agreed that outside of families, people of different generations generally find it difficult to communicate^{cx^{xiv}}. It has already been highlighted in this paper that most older people report having a positive experience of ageing, however a majority still agree that older people do not get respect in society (65.4%) and a substantial minority think that old age is a time of loneliness (31.6%). Meanwhile many younger people perceive the older generation as distant and a group with whom it is hard to relate to^{cx^v}.

Lack of mutual understanding can breed suspicion and mistrust. As the numbers of older people grow, it is important both for individual wellbeing and for the purposes of community cohesion to try to stem generational separation. Since the two groups live side by side in communities, programmes designed to address negative perceptions and stereotypes have an inherent rationale. This may be particularly true in the current context of severe public sector budget cuts and the Localism Bill, in which communities are expected to support each other as the state withdraws. It is beyond the scope of this review to discuss the relative merits of such an approach, but it is certainly true that such thinking has to be premised on an assumption that communities sympathise with and will act in support of each other.

Tackling culture and attitudinal change is a notoriously difficult thing to do effectively as attitudes are influenced by a complex cycle of interactions, including prevailing norms, the values and aspirations of family and friends, and the information received from different sources^{cx^{vi}}.

Thus, well-designed intergenerational projects are increasingly being recognised as a valuable part of the toolbox to change societal attitudes and norms.

A value beyond respect and understanding

Undoubtedly what distinguishes intergenerational practice from any other community project is the emphasis on promoting understanding and respect between people of different age groups. However this can rarely be achieved simply through gathering two sets of people in the same room. Rather, there needs to be some form of meaningful interaction based on the capital which can otherwise go unrecognised between people of different generations, whether it is skills, knowledge, experience or simply social capital. A range of supplementary beneficial outcomes can be achieved from well-planned intergenerational exchanges.

A body of literature is emerging in the UK which describes the positive outcomes associated with intergenerational practice. Lloyd (2008) argues that social contact, human capital transfers (i.e. the exchange of marketable and economically useful knowledge and skills), life skills (quite simply the ability to effectively go about your life, interacting with public bodies where necessary, having a successful family or home life), and the creation of culture and exchange of history are among the many outcomes linked to intergenerational practice^{cxvii}. Additional research has highlighted evidence for a number of outcomes shared across both generations^{cxviii}:

- Increased understanding
- Friendship
- Enjoyment
- Confidence

A review of five intergenerational projects found that younger people reported gaining specific skills and increased self esteem while older people reported improved health and wellbeing, reduced isolation and a renewed sense of worth as outcomes^{cxix}. Projects carried out around the country tend to report similar findings; we present one such case study below.

Sense of Occasion

Intergenerational project with care home residents and junior school pupils

Pupils from a primary school in Tower Hamlets visited residents of a nearby care home where they jointly participated in workshops using puppetry, music and visual art to celebrate special occasions and events in one another's lives. Pupils were chosen by the school as those needing more help in developing social skills. Many of the care home residents were suffering from dementia, and most were highly immobile.

Reported outcomes included:

- Perceived difference in the children's ability to respect and think of others by their school teacher. Specific reference made to a child being ostracised who appeared to gain confidence and improved ability to communicate with adults and peers through the project.
- Enjoyment on the part of severely disabled older participants, some of whom were nearing the end of their lives
- Reduced social isolation of one resident who spoke Urdu and very little English was able to communicate with the children who knew some of his language.

Magic Me? (2009) *Our Generations: Report on a three year programme of intergenerational arts projects in Tower Hamlets, East London April 2006 – June 2009*

There remain a number of gaps in the knowledge. The current evidence base remains reliant on qualitative research and there are virtually no studies which compare different methodologies of fostering intergenerational relations. Lloyd (2008) highlights a number of additional questions which remain for intergenerational practice including whether projects can be copied or reproduced and whether intergenerational practice is cost-effective or not. However, the extant literature is suggestive that intergenerational practice can have a positive impact on individuals and communities.

Barriers to success

While the benefits are promising, there are undoubtedly a number of pitfalls associated with intergenerational work. The risk that intergenerational work could actually reinforce negative stereotypes if not well executed has already been highlighted. For example, in one project reviewed by the Local Government Association, an older person who had been involved in an activity alongside a large group of young people reported that they had been *“completely out of control”*^{CXX}. Although this did not negatively affect her perceptions of young people overall, there was the potential for this to happen. Equally, younger people in a different project reported older people as boring, too dominant, and reluctant to listen to them^{CXXi}. In addition to differences in current lifecourse activities and stages, other barriers to younger and older people engaging effectively with each other include: differences in physical functioning, in particular older people’s frailty and disability impeding them from getting around on a daily basis or leaving their homes, and; differences in cognitive functioning, as older people experience a decline in memory and attention^{CXXii}. A quote from one older participant in an intergenerational project implies some of the difficulties associated with cognitive decline: *“As you get older you can lose your confidence and, because of that, you don’t always listen properly [...]. A lot of young people speak really fast and you don’t always understand.”*^{CXXiii}

Strategies need to be in place to mitigate some of these differences. Some practical considerations have been reported as including^{CXXiv}:

- Thinking about how the weather or timing of a project may affect recruitment. For example if it is the summer holidays or if it is especially cold or icy outside, participants from respective generations could be put-off getting involved.
- The need to allay participants’ fears of the unknown or unfamiliar.
- Reaching out to the most isolated and therefore least likely to spontaneously get involved but conversely most likely to benefit from additional interaction.
- Safeguarding vulnerable adults and protecting children at all times.
- Getting the ratio of younger to older people right, aiming for equal balance between the two groups where possible.
- Ensuring a consistent group of people so that relationships and confidence can build up over time.

It would seem that some of the more practical barriers, such as physical disabilities or lack of confidence of individuals can and should be overcome to ensure projects are as inclusive as

possible. However success or failure will rest for a large part on the extent to which older and younger participants view themselves as equals to one another. Two people who share an interest in the dramatic arts for example are much more likely to want to engage with each other than a football and an opera fan, irrespective of age. Even where the relationship is between teacher and student (and this may be the younger individual teaching the older participant a new skills such as IT), it is important that a mutual interest in the subject is assured and furthermore that the teacher does not exploit a dominant position by being patronising. Therefore perhaps the most pressing consideration for projects should be trying, wherever possible, to ensure an equal match of either interest or power between groups^{cxxv}.

The potential for intergenerational work within the LGBT community

Despite gaps in the evidence base, the value of intergenerational work has been documented. Unfortunately, information on the value of interventions targeting the LGBT community is less readily available. There is a small amount of documented experience of intergenerational LGBT work in Europe - the Age Project, run by ILGA-Europe / IGLYO aimed to give voice and visibility to younger and older LGBT individuals, explore the commonalities and differences between the two groups and assess the potential for intergenerational dialogue^{cxxvi}. However the proposed Age UK/ILC-UK projects appear to be groundbreaking within the UK context. It is necessary therefore to draw on evidence regarding the nature of the LGBT community and its younger and older constituents together with some of the lessons learned from general intergenerational interventions to explore the feasibility of LGBT specific intergenerational projects.

The limitations of identity in defining the LGBT community

The rationale for developing LGBT intergenerational projects relates to the evidence that both older and younger groups experience pressures and have concerns that are a function of their sexual or gender orientation and that bringing the two groups together both offers an innovative pillar of support to individuals while having the potential to change attitudes within the LGBT community. The case for intervention therefore rests to a large extent on being able to define a community of individuals unified around sexual or gender identity. However to what extent is possible?

Undoubtedly being a member of a sexual or gender minority does result in common experiences between individuals, especially in relation to discrimination and marginalisation. This paper has documented many of those experiences. However, many of the needs and concerns of LGBT individuals will also be shaped by factors outside of their sexual or gender identity. Crenshaw (1991) uses the term intersectionality of identity to describe the ways in which different identities overlap and interact to shape the experience of an individual, and how mainstream discourses of discrimination which focus on single identities do not necessarily do justice to the reality (referencing how the lives of black women are influenced by both racism and sexism yet neither discourse adequately captures their experiences)^{cxxvii}.

A recent critique of existing approaches to equality and diversity in the UK echoed this conclusion. Referring to the “strand” approach to equality and diversity, (with the term referring to the six strands

of equality as defined by the legal framework, most recently articulated in the Equality Act, 2010: gender; race; disability; sexuality; faith and belief and age) the paper suggested that group identity defined by one characteristic is an increasingly obsolescent concept, as individuals express their identity in multiple ways. According to the authors, social movements which operate within the “strand” discourse are guilty of “flag-waving” in search of “greater attention to their own issue”, with special interest groups pitting themselves against one another in contrast to the lived-experience of the individuals whom they claim to represent^{cxxviii}.

Individuals’ outlooks are undoubtedly shaped by numerous factors simultaneously. A study in the USA indicated that attitudes and behaviours of men having sex with men (MSM) may be mediated by their race. Twice as many black MSM reported that being LGBT is “always wrong” compared with white MSM (57.1% versus 26.8%). This finding echoed racial differences in wider societal attitudes where the vast majority of the black community (72.3% in 2008) reported that being LGBT is “always wrong” compared to 51.6% in the white community^{cxxix}. One could conclude that for the individuals in this study, there were significant tensions between their racial and sexual identity.

It is clear that one homogenous LGBT community in which all members share the same concerns does not exist. However, simply because individuals claim multiple identities does not exclude the possibility that some experiences of marginalisation based on aspects of their sexual or gender identities overlap. Adding complexity to the understanding of identity should not logically lead to dismissing an LGBT identity outright as a concept around which interventions may be designed. Rather it should lead to a more nuanced approach to policy and project development, which takes into account the needs of individuals while designing interventions which address the issues associated with being a member of a sexual or gender minority.

Overcoming differences between older and younger LGBT individuals

One clear learning point from existing intergenerational work is the need to ensure overlapping interests or concerns between participants and to be aware of the dangers of ignoring differences between older and younger generations. Having examined some of the experiences particular to younger and older LGBT people in the previous sections, we can begin to tease out some of the differences and consider how to work around these by focusing on shared interests and concerns.

This paper has explored how a number of factors including cohort experiences, physical and cognitive abilities, and being at different life-stages, can represent some barriers to success in intergenerational work. Turning to the LGBT community, some specific challenges include:

- Prejudice and stereotypes of respective generations. Perceived ageism within the LGBT community has been highlighted along with stereotypes of older people being out of touch and sexually predatory. Such feelings were clearly expressed in the European focus groups^{cxxx}. Projects will have to overcome initial suspicion between the generations in order to recruit participants.

- Invisibility of the community. The fact that some individuals may repress their sexuality or identify as heterosexual despite being attracted to and having sexual relations with members of the same sex makes it hard to reach out to some of those individuals who may be in most need of support. This could be particularly true among older LGBT people for whom their experience of the criminalisation of homosexuality may have had long-lasting effects on their confidence in coming out. Projects will need to find innovative ways of reaching out to recruit some of the most vulnerable participants. Within the research, techniques such as snowball sampling, where existing study subjects recruit future subjects from among their acquaintances, have been employed to extend participation. Projects may wish to consider adopting similar approaches.
- Lack of common ground. Given how dramatically the environment has changed for LGBT individuals, both with regard to their sexual or gender orientation and more broadly, things which one group may take for granted can appear entirely alien to the other. For example, communication methods have changed beyond recognition in the last half a century. Younger LGBT individuals will be entirely at home with digital technology and mobile phones while members of the older generation may not be so comfortable with modern language and communication tools. Only 36% of people aged 65 and over have ever used the internet^{cxxxi}. Projects will need to continually ensure a level playing field between older and younger LGBT individuals, or address imbalances in skill and confidence levels between participants in order that neither group feels unduly exposed or alienated.

The potential of intergenerational LGBT work

Undoubtedly there are numerous challenges associated with designing and implementing successful intergenerational LGBT work. However, it would appear that the potential of intergenerational LGBT work is significant.

This paper has suggested a number of concerns and experiences shared between younger and older LGBT groups:

- Higher risk of mental ill-health, including loneliness, depression and substance abuse.
- Greater likelihood of having a lifestyle which poses risks to health, including engaging in risky sexual behaviour, in addition to elevated cigarette and alcohol consumption.
- Experiences of marginalisation within families and communities and in the worst cases bullying and harassment.
- Lack of independence, having to rely either on families and teachers for younger people or on carers for older individuals who may not be sympathetic to their sexual or gender orientation.
- Poor responses from service providers, such as health, care and educational institutions, whether it is in the form of overt discrimination or unsympathetic treatment.

Intergenerational work cannot be assumed to be a panacea for all problems facing older and younger members of the LGBT community. However given that effective support seems to be so elusive for older and younger LGBT individuals, building bridges between the generations as a mechanism for developing new forms of support and solidarity appears to have an inherent rationale. In addition, since certain detrimental prejudices are firmly embedded within the

community, the value of intergenerational work in breaking down stereotypes is hard to ignore. There appears to be significant potential for the intergenerational approach to be beneficial for older and younger LGBT individuals.

It is clear that there is no magic bullet to designing and delivering intergenerational LGBT work. Evidence on what works is largely drawn from the wider field of intergenerational practice rather than LGBT specific projects and even accounting for this, empirical evidence on the impact and cost-benefit of intergenerational approaches is limited and UK LGBT intergenerational projects are largely experimental at this stage. However by synthesising the learning which has been documented on intergenerational work with evidence reflecting needs and concerns of older and younger LGBT individuals, it would seem that well designed intergenerational LGBT projects could make an important contribution to efforts to support vulnerable older and younger individuals within the LGBT community.

Conclusions and making a policy case for LGBT intergenerational work

This paper has presented a review of the evidence in relation to:

- The experiences of older and younger LGBT groups
- The value of intergenerational work

While there is certainly a case to be made for engaging in intergenerational LGBT work, the gaps in the evidence base have been highlighted. Any case for further investment or for policy development therefore has to be based on extrapolations from limited overseas experiences, from existing non-LGBT intergenerational projects, and from assumptions based on the evidence of needs and experiences of older and younger LGBT people in the UK. Given these limitations, it appears possible to draw a number of conclusions from the analysis in this paper:

1. Poorer outcomes in terms of health, wellbeing, education and career are not a given for LGBT individuals. Many individuals enjoy significant success in their lives and report higher life satisfaction than heterosexual peers.
2. However identifying as lesbian, gay, bisexual or transgender does increase the likelihood of experiencing certain negative or discriminatory events which can have an impact on long term quality of life. In addition, both LGBT identity and sexual interaction with members of the same sex are associated with certain mental and physical health risks.
3. Although support does exist in the form of legislation and social movements in the UK, there remain significant gaps in relation to overall needs (in the form of poor responses within public services and ongoing societal stigma) and older and younger age groups are especially vulnerable.
4. Intergenerational projects could represent a useful tool in filling these gaps and addressing some of the particular concerns of older and younger LGBT people.

Policy in this area is necessarily under-developed, and with limited evidence base on the specific issue of intergenerational LGBT work, there are challenges to making the case for more projects of this nature. However, there are a number of policy hooks on which actors in this area should seek to capitalise and as the ILC/Age UK projects evolve, individuals involved may seek to tie their work in with these opportunities.

Building the Big Society

Following the change in Government in 2010, there has been much discussion concerning the Government's desire to develop a "Big Society" which has been translated to mean an ambition to put more power and opportunity into people's hands –

"We want to give citizens, communities and local government the power and information they need to come together, solve the problems they face and build the Britain they want. We want society – the families, networks, neighbourhoods and communities that form the fabric of so much of our

everyday lives – to be bigger and stronger than ever before. Only when people and communities are given more power and take more responsibility can we achieve fairness and opportunity for all.”

Although specific policy in this area is yet to be determined, a number of key ideas have been proposed:

- Give communities more powers
- Encourage people to take an active role in their communities
- Transfer power from central to local government
- Support co-ops, mutuals, charities and social enterprises
- Publish government data^{cxxxii}

In aiming to develop stronger relationships between otherwise distinct groups of people, through often voluntary arrangements, intergenerational LGBT work could be seen to meet this agenda. In addition, assuming intergenerational LGBT projects are developed in an inclusive manner, where much of the ownership of the projects lies within the LGBT community, there is a strong alignment with the rhetoric of communities taking control and “doing it for themselves”.

Meeting equalities obligations

The Equalities Act came into effect in spring 2010 and included provisions to protect against age discrimination. Aiming to strengthen and simplify a complex framework of anti-discrimination laws, the legislation included strong provisions to protect groups including LGBT and older people from discrimination in employment, when engaging with businesses and when using services, including schools. There is also an equality duty which from 2011 means public bodies will need to take a more proactive approach to ensuring equality.

Given that discrimination on the basis of sexual orientation has been highlighted as a key issue for older and younger LGBT people and that strong cases for the existence of age discrimination have been made elsewhere^{cxxxiii}, the fact that there is robust legislation in this area represents a significant step forward. As a means of meeting their obligations under the act, public bodies could consider commissioning intergenerational LGBT projects to tackle discrimination where specific needs have been identified within communities. These could include poorer educational attainment levels among younger LGBT people as a result of lack of support in schools or failure to access formal services among older LGBT people because they are too isolated.

Addressing health and wellbeing needs

Within public service discourse, there is an increasing emphasis on needing to engage more in preventive work. This approach suggests low-level support should be available to individuals at risk before their needs become acute and require undesirable and expensive interventions.

It has been highlighted how both older and younger LGBT people are more likely than heterosexual individuals to lead lifestyles which could be detrimental to their long-term health and wellbeing. Risk factors include higher levels of smoking and alcohol and substance use, elevated levels of social isolation and loneliness and risky sexual behaviour.

Where formal services are failing to address these risk factors, either because they are overly focused on commissioning acute services or because they are not reaching out to hidden populations such as older or younger LGBT people, public bodies may want to consider changing their approach and commissioning intergenerational LGBT projects to promote health and wellbeing within specific communities of need as a form of prevention.

A final word

While it is true that many of the assessments of intergenerational practice have been qualitative, the evidence base does suggest that with a participative project development process and careful planning, intergenerational practice can lead to some tangible gains at individual and community levels.

The current budgetary constraints within the public sector clearly present challenges to accessing funding to scale up LGBT intergenerational projects. Competition for declining pots will increase. However, this should not deter attempts to trial new approaches. If the current portfolio of intergenerational LGBT projects can contribute to the evidence base, bearing in mind some of the opportunities outlined above, there is reason to believe that the approach could be accepted as a useful contribution to dealing with some of society's pressing concerns in addition to bringing about long-term change in how older and younger LGBT people are viewed and view themselves.

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