

LGBT people in later life: Why housing and care matters.

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*"If I'm having problems at work, I can get another job. If it's on the street, I can take an alternative route home. But it's a bigger issue if it's happening at my home because it's where I'm supposed to feel safe..."*¹

¹ Focus group participant *quoted in* Stonewall Scotland (2007) Safe and Secure: LGBT Experiences of Social Housing in Scotland, p.2 [Retrieved online <http://www.stonewallscotland.org.uk/documents/safeandsecure.pdf>]

The business case

Reliable population based data is invaluable in informing housing and social care policies and planning services – so what do we know about the size of the Lesbian, Gay and Bisexual and Transgender Populations in the UK?

According to the Integrated Household Survey, published by Office for National Statistics (ONS) in 2010, 1.5% of members of the British public identify themselves as LGB (with no information on transgender populations). The survey derives information from 238,206 people across people, and ONS confirms that the extrapolation of data at the national scale would yield reliable estimates- which would mean a substantial 726,000 LGB people, who are potentially users of public services, including housing and care.

Nonetheless, these figures are not without contention. Firstly, 4% of individuals answering the survey have refused to answer the question – suggesting discussing sexuality as part of a national survey remains to be seen as a highly personal issue. Secondly, as the Table-1 demonstrates the distribution of sexual identification is uneven across age groups: People aged 65 or more are significantly less likely to define themselves as LGB than the rest of the age groups.

	Heterosexual	LGB
Totals, %	94.8	1.5
% of group who are aged 16-24	14.5	18.4
% of group who are aged 25-44	34.1	46.5
% of group who are aged 45-64	31.8	26.9
% of group who are aged 65+	19.6	8.2

Table-1: Age distribution, ONS 2010

Could the data have bias, given the recent history of decriminalisation of same-sex sexual activity? Consider for instance, how comfortable would individuals feel ‘ticking a box’ in a government survey if they were young adults in England and Wales before The Sexual Offences Act came into effect in 1967, or in Scotland before the Criminal Justice Act 1981, or in Northern Ireland before the Homosexual Offences Bill 1982.

Thirdly, individuals who have identified themselves as LGB in the Integrated Household Survey are more likely to have degree level education (33.3% compared to 21.9%) or higher and work in managerial or professional occupations (49% compared with 30%) - and better educated, with 38% holding a degree. Are individuals identifying themselves as LGB more likely to succeed academically and professionally, or do those individuals who have had successful careers feel more able (or less threatened) to speak out?

These figures have also been contested elsewhere. In fact, at the time of analysing the financial implications of the new Civil Partnerships Act, the Treasury estimated LGBT people should consist 6% of general population (4 times as much as the ONS figures) and Stonewall supported the view that 5-7% should be of ‘reasonable estimate’, equating nearly 3.5 million people. At the other end of spectrum, the Gallup poll conducted in 2011 surveying over 1000 adults in the US, estimated that 1 in 4 people identify themselves as LGBT (with a margin error of $\pm 4\%$).

So, where does this broad range of statistical estimates about the size of LGBT population in the UK leave us in informing public policy?

First, if we were to take the Treasury's conservative estimate of 6%, there is a pragmatic argument for housing and care providers to consider that LGBT people make a £40bn contribution to the cost of public services through their taxes (Stonewall, 2011 quoted in the National Care Forum's report on The Dementia Challenge for LGBT Communities) and therefore at the very least, services have the financial responsibility to account for their contribution, and represent their interest.

Second and to reiterate the point of representation, the prevalence of LGBT communities in social housing and care services should –at the very least- mimic those in the general population. The Equalities Act (2010) bestows duty to providers of housing and care have the not to discriminate or treat anyone unfavorably on the grounds of sexual orientation. That would mean providers of housing and care have the legal duty to provide adequate and appropriate services (or amend them when necessary) to suit the expectation of LGBT individuals and communities. Unfortunately, majority of housing and care providers do not monitor LGBT employees, tenants or applicants. In the absence of such data, it is difficult for providers to identify areas of service provision where action is needed to ensure inclusion and equality among individuals. Where their presence is monitored, providers have commented that they were better able to understand the needs of LGBT tenants and clients (Trident, 2014, Genesis, 2014)

Third, where the research was undertaken (such as Stonewall 2013 and Porchlight, 2014), LGBT communities were identified to be more likely to have housing related support needs compared to general population. This is because in addition to the general needs around maintaining tenancies and financial problems, the majority of LGBT people experience housing need, due to problems caused by negative behaviours and attitudes of others towards LGBT people. For instance, Porchlight (2014) research demonstrates that young LGBT people become homeless as a direct result of being rejected by the family, being forced to leave home or being harassed at their schools and neighbourhoods. Likewise, Oxford Housing Options' report (2014) on their Housing First activities highlight another case study of a gay man who have been housed under Housing First after several years rough-sleeping due to harassment and bullying he had experienced in traditional hostel arrangements. Extrapolating these findings might mean housing and care providers need to fill in a significantly bigger gap in service provision to meet the demands from LGBT communities.

Whilst it is difficult to enumerate the older LGB population, a necessarily crude estimate would suggest the numbers of older lesbian and gay men in the UK may be up to 1.2 million people. If not for the ethos of equality and diversity, housing and care providers have at least the *business case* for making sure that services are tailored and personalised to meet this potential gap in provision. The first step in meeting this gap would be collecting basic information on the sexual orientation or gender identity of their applicants, tenants, clients and staff coming into contact with housing and care services, as this would act as an indicator for the capacity of housing and care to deliver non-discriminatory services. Housing and care providers also need to be aware of the discrepancies in existing data demonstrating that older LGBT people might be more reluctant to disclose their sexual orientation (Fish, 2009) and therefore might need to plan knowingly that the data gathered might still under-represent the proportions of older LGBT tenants and clients.

Older LGBT people's experiences of housing and care

If the absence of a reliable population based data on the presence of LGBT people across housing and care sectors are symptomatic of the lack of a strategy to identify the needs and expectations of older LGBT people (and communities), then what could the research tell us about the practice at the service and more importantly, at the individual 'lived experience level'?

There is a limited, but growing body of evidence into the lived experience of LGBT people in housing and care provision. Majority of the studies are based on qualitative investigation based on small samples, reflecting the challenges in identification and recruitment. The sampling concerns also include limited inclusion of people over 75+, people from ethnic minority groups as well as bisexual men and women. Policy and practice focus of these research activities also mean that focus is usually in identifying needs either at the organisational or local authority level. Nonetheless, findings across these reports point out to consistent trends that older LGBT people experience:

- Evidenced risks of being victims of hate crimes, including ongoing harassment, criminal damage, intimidations and attacks on personal property (Count me in Too, 2009)
- Increased risk of homelessness and mental health problems due to long exposure to stigma and discrimination (Count me in Too, 2009; Brighton and Hove City Council, 2008)
- Discrimination in accessing and using services, to a significant level of 45% LGBT people according to CSCI (2008)
- Invisibility of their gender identity in referral, assessment, service allocation and recruitment (Charley and Langley 2007)
- Lack of any specific work around sexual orientation and assessment or care planning in 93% of domiciliary care providers (CSCI 2008) and therefore an assumption of heterosexuality in service design and delivery
- Significantly bad perception of services resulting in LGBT people delaying seeking support when they need it or finding care and services inaccessible, particularly if they are older or have mental health problems (Carr 2010; Ward et al 2010)
- Social exclusion within the housing and care provision due to lack of networking opportunities, with Count me in Too (2009) showing that 12% of those in social housing, 13% of those in privately rented accommodation and 17% of all others felt that no one supports them on a regular basis. Those in social housing are also less likely to be supported regularly by their family of origin (35%) than homeowners (48%) and those who rent privately (54%).

These experiences culminate in grave concern regarding older people's housing and the prospects of growing old without suitable accommodation that is LGBT friendly. The options for LGBT people are limited and the absence of LGBT care, alongside a general assumption that care for older people does not need to include considerations around sexual orientation and gender identity is a genuine and deep seated fear. There is also a further risk as highlighted by Age Concern Cymru (2009) that older LGBT people are more likely to be living alone and less likely to have family support, and therefore the lack of visible LGBT friendly older people services will result in delaying (or refusing) access to formal support can leave them in increased risk of poorer physical and mental health.

The importance of LGBT friendly services and communities poses is particularly pertinent for older LGBT individuals with early onset of dementia in general or supported housing. The report produced as a result of roundtable discussions in LGBT Dementia Challenge (2014), specify that

'Past experiences of prejudice affect their perception of support. "The generation of older people that we're seeing come into the care sector have lived through massive changes in attitudes ...this is very significant if they develop dementia," said one commentator. Another added: "People in their 80s and 90s really struggled [because of their sexual orientation]... People had electric shock treatment... they were threatened with their families or their bosses finding out"'

And they add:

'Reduced inhibition sometimes caused by dementia was a concern, "a fear of losing control over what people say and do", one commentator said. Another described the mental anguish suffered by transgender people with dementia who "have forgotten they transitioned..or forgotten they've not transitioned, or they 'cross-dress' and staff just think they're confused - but that's just what they do to be themselves".'

It appears, improving the quality of support and care for people with dementia alone is proven hard enough without recognising the need to address services according to individuals' experiences, expectations and demands from not only services, but from life. In the case of supporting older LGBT people with dementia requires even more carefully crafted, tailored, personalised response – recognising individuals' life stories, including past trauma and future expectations is key in achieving this. Current treatment of LGBT communities as invisible (both in research and practice) is inhibiting dignity and inclusion of individuals in their homes.

Overall, the research into lived experience of older LGBT people in accessing housing and care services demonstrated the urgent need to plan and implement LGBT friendly communities that tackle isolation, discrimination and lack of dignity in a significant proportion of current provision. This will not only meet the legal duty to provide inclusive services for all, but will yield to greater satisfaction of staff and tenants, and as a result improve the health and wellbeing of, what we estimated to be 1.2 million people. As the research into lived experience have powerfully demonstrated, the change can only be brought forward by enquiring people what they expect and want from *their* housing, support and care services. Centralising evidence base on lived experience of older LGBT individuals in informing policy and practice decisions is the first key step.

It is also important to note that consulting a small sample of older LGBT people in your organisation or local authority is not likely to yield to a representative consensus. Small samples, often gathered through recruiting visible individuals, and snowballing through them does not give access to views of more excluded populations: Under-represented groups include transgender individuals, ethnic minorities, people aged 75 and over.

Finally and most importantly, there needs to be a recognition that of no such thing as homogeneity across LGBT communities exists – sharing a gender identity is not prescriptive in identifying what *individuals* want and expect from services. In fact, assuming that all 'lesbians' or 'gays' or 'bisexuals' or 'transsexuals' want the same outcome, and pulling them under one category is as uninformed and

dangerous as treating them as ‘invisible’ members of the community. Even at the basic level of ‘what kind of accommodation’ research demonstrates a clear divide in some older people preferring specialist LGBT accommodation (JRF, 2013) and others a LGBT-friendly generalist accommodation (Housing Lin, 2014). This is why personalized support planning that considers personal preferences, including and going beyond sexual orientation and gender identity is so critical in addressing the needs of older LGBT people.

What does good practice in housing and care for older LGBT people look like?

There are a number of free guides available that can help housing and care providers develop their organisational culture to create a more inclusive working place (EHRC, 2010; Stonewall 2015, CIH 2011). The guides highlight seven key practices:

Developing an inclusive organisational culture

Developing an LGBT inclusive culture includes a joined approach across the organisation, devising a strategy and practice that spans the Board members, management, front-line staff, to existing and potential tenants/clients. Any information provided digitally, in-print or in the housing and care setting includes a recognition of LGBT people and their appointed representatives within the organisation, remembering that the invisibility can signify a presumed hetero-normative culture, which as research has shown adversely affect the quality of services. Ensuring that the service reaches out to LGBT people is equally important, so monitoring of presence of LGBT staff at all levels and potential and existing tenants and clients is invaluable to observe the inclusivity of services.

Diversity leadership

Leadership is critical in cascading an LGBT affirmative culture throughout the housing and care organisation and ensuring that the staff, tenants and clients recognise that diversity and inclusion is one of the core values of the community they work and live in. It is also important to see the diversity leadership to translate into a clear public commitment to LGBT equality. For example, Albert Kennedy Trust (AKT) provides housing-specific training in the form of the Quality Mark which helps providers achieve consistent practice in their work with LGBT clients. Likewise, roundtable discussions on Dementia Challenge for LGBT Communities highlight the need for introducing quality standards through Care and Quality Commission both as a safeguarding and a quality matter.

Networking opportunities for LGBT staff and tenants

Networking opportunities for LGBT staff and tenants are crucial in addressing social exclusion, as it will give opportunity for people to get together and provide informal peer-led support or raise issues formally more effectively. These groups will also develop the capacity to address any specific issues pertaining to quality of life and care within the organisation, acting as a soundboard that influences development and instilling of relevant corporate policies, strategies or changing practice. In organisations, where the number of staff and tenants are limited, there might be opportunities organised by Stonewall or TPAS that can help bring together individuals across services (or locality).

Consulting LGBT staff and clients

While the networking groups might be one of the resources to consult organisational policy and practice relating to inclusion of LGBT people, organisations should continue to reach out to individuals who may choose not to involve in such activities. This may be due to poor physical or mental health, language barriers, other forms of discrimination, or simply not enjoying the company of those in the group. It is important that housing and care organisations aspire to capturing all opinion and valuing them equally. Anonymous surveys, independent conversations, and taking into account the concerns and opinions of their immediate network will help to improve the evidence base for good practice in supporting older LGBT people.

Workforce development

As the discussions from Dementia Challenge for LGBT Communities highlight, a clear understanding of LGBT issues is critical in developing inclusive practice within housing and care sectors. It is worthwhile to note Almack (2014) research which found early three quarters of those responding health and social care staff considered they had reasonable knowledge of LGBT issues and yet nearly half of all staff did not possess the skills to carry out conversations in a 'right language'. Communication between staff and clients is critical in developing an inclusive culture. Indeed, when prompted, nearly four fifths of staff indicated they had never been provided with any LGBT –specific training in their current workplaces. Despite the good will of staff, the lack of strategic approach and appropriate training can leave older LGBT clients in inadequate support and care.

Policies and procedures

Reviewing policies and procedures in accordance that has the equal direction of diversity leadership and lived-experience of LGBT staff and tenants is crucial in embedding an inclusive organisational culture.

Zero tolerance to bullying and harassment

According to research carried out by Stonewall (2009) LGBT individuals are at increased risk of being victims of hate crimes: 1 in 5 experiencing ongoing harassment, criminal damage and intimidations and attacks on personal property (Count me in Too, 2009) at some point in their lives. It was also shown that these incidences result in increased level of homelessness and mental health problems. Implementing a zero tolerance policy against bullying and harassment is important in ensuring safety of LGBT individuals.

Good practice examples

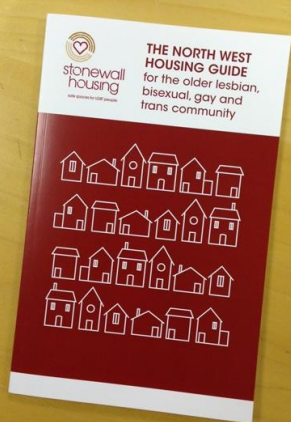
	The LGBT Residence Forum Its purpose is to influence improvements in services, with a main focus in matters that are specific to LGBT residents. The forum examined tenancy and lettings; tackling anti-social behaviour; property sales; tenancy support services and growing older. The forum acts as a formal focus group for the internal change strategy, and enjoys speaker meetings and social events as well; all with sandwiches and a bun. The forum joins with staff network group for events like Gay Pride, and LGBT History Month, and recently went on a guided tour of Historic Gay Soho. The group sets its own programme of events twice a year, and Genesis facilitates the meetings, which enables the forum to access and engage senior managers and feedback to them.
	Coproduced training Guinness South commissioned Stonewall Housing to carry out focus groups with staff and clients and feedback from this training def into a board report advising how the organisations could improve its work with LGBT people. As a result, all staff, board members, volunteers, resident representatives and contractors should undergo training about LGBT issues. This training could be part of a wider company awareness campaign that includes engagement with LGBT staff and clients, and a full review of organisational policies.
	Older LGBT Residents Group The group has been advising Anchor on policies or helping to write staff guidance notes, responding to issues in the wider LGBT community, and often feature guest speakers. Recent speakers have covered topics including; Living in care as an older LGBT person, Cultural and religious beliefs, and Living with HIV. Members of the LBGT group work closely with a number of other housing organisations including Stonewall Housing, Tenant Participation Advisory Service and the Chartered Institute of Housing, to help share best practice and have been involved in establishing a national practice network for LGBT issues in housing. In 2013 the group helped Stonewall Housing to produce The North West Housing Guide for the older LGBT community which aims to support the Greater Manchester LGBT community when considering their housing options.



Nationwide LGBT Network

HouseProud is a new nationwide LGBT network for individuals working in the housing sector.

Their aim is to develop and facilitate best practice on LGBT issues within housing, provide networking opportunities, social events, fundraising and campaigning for/on LGBT and housing related issues.



Housing Guide for LGBT community in Manchester

The Stonewall Housing and Manchester Older LGBT Housing Group produced a housing guide for the older LGBT community. The guide provides ample support in identifying individuals' housing options. A copy of the guide free of charge can be downloaded here: [download PDF](#)



Community Development for LGBT People

Opening Doors- Camden is a Big Lottery funded project that aims to improve the social wellbeing and mental health of older LGBT people and provide increased support for individuals from LGBT communities to remain independent and live at home for longer, while reducing the needs for statutory services.

Project aims to achieve this through regular social and other activities, including monthly men's, women's and mixed social events, by providing a telephone advice and signposting service and by providing community safety surgeries and advice.

More information can be found [here](#)



TONIC
A Fresh Approach to
LGBT Older Living

A new hub for older LGBT people

Tonic Housing are looking to provide a supportive environment that will foster best practice in meeting housing and care needs of older LGBT community by building affordable housing that meets the need and offers an excellent quality of life to its residents. They have been carrying out research and consultation since January 2015. They envisage the service to go beyond traditional residential care home, and aim to build a hub providing businesses and services that are relevant to both the residents and the surrounding community, whether LGBT or otherwise would wish to use. For more information visit their [website](#)