

Shaping Futures:

LGBT people growing older



Report from a seminar of 11th May 2004

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I was delighted to be asked to come along and say something to this seminar about LGBT people growing older, and equally pleased to have an opportunity to say something at the start of this report. The nature of families and relationships is in a state of change in Scotland today, and we need to face up to that change in developing and planning for the future. For lesbians, gay men, bisexual and transgender people issues of growing older are complex. Whilst we have been 'out' in much larger numbers than ever before, we have not fully explored what happens to us as we get older. There is very little research, but we can be sure that the issues of discrimination, inequality and prejudice will confront us. We need to develop a range of services which allow LGBT people to have choices about where they age, that recognise their families and relationships, and that confront homophobia.

These are not easy tasks, but we can be sure that developing better services for older LGBT people will have a positive effect for other people with their own issues around ageing, relationships and family.

The Scottish Executive has been working to improve the rights of LGBT people and these will have a positive impact on issues around ageing. Civil partnerships, pension rights and gender recognition are all steps towards ensuring people can have their relationships recognised which will be important for older people. But we have a lot more to do, and I am sure that the action points arising from the seminar will be a useful starting point for those of us in government, but also for the many services who need to consider how they recognise and support older LGBT people.

Margaret J Smith

Introduction

In Scotland, it can be estimated that between 53,000 and 100,000 people aged 60 and over are lesbian, gay, bisexual or transgender (5-10% total population over 60), and that numbers will increase as the older population grows in the next decades. In addition to the many issues associated with discrimination and social exclusion faced by wider LGBT communities, older LGBT people also face special age related issues. A major challenge in understanding and meeting the needs of this group is the limited research on older people who are gay or lesbian, with even less on the experiences of bisexual and transgender people. Information that does exist suggests the concerns they express about ageing are often the same as other older people report, but areas such as family and social support, health, housing and financial security can have particular significance for older LGBT people because of the multiple levels of marginalisation and disadvantage they experience.

This publication reports on the 'Shaping Futures – LGBT People Growing Older' forum that brought together service planners and managers, academics and LGBT organisations in the fields of ageing, health and social care to identify LGBT ageing issues and to initiate responses to inform a respectful and caring future for LGBT older adults. Building on the work of the Age Concern LGBT Older People Discussion group, the focus was on initiating a research and service development agenda in relation to LGBT older people and ageing, particularly the need for and use of research, collaboration with mainstream providers of ageing and health care services, and working in partnership with LGBT communities themselves.

Non-heterosexual Ageing: social and policy implications

Brian Heaphy, Andrew K. T. Yip and Debbie Thompson

This brief report presents selective findings from a project that explored the issue of ageing in a non-heterosexual context, and the implications for social policy. We studied the life circumstances of lesbians, gay men and bisexuals aged between the fifties and eighties, asking about what they thought about how they would age or what had happened as they aged. People attached different and varied meanings to the idea of 'old age'. While a high proportion of the sample lived alone, many were in couple relationships. Relationships with families of origin, partners, and especially friendships, were considered important. Very few participants had made plans for old age or health crises, and only a small proportion believed that health professionals to be positive towards their sexuality.

Methods

The fieldwork for the study was undertaken in 2001 and 2002. This included a survey of 266 (102 women and 164 men) self-identified non-heterosexuals (e.g., lesbians, gay men, bisexuals, homosexuals), who completed postal questionnaires. 8 focus groups were held with a total of 16 women and 14 men, some of who also completed the questionnaires and semi-structured interviews with a group of 10 women and 10 men. The sample, from across mainland Britain, were aged between the fifties and the eighties (see Heaphy et al., 2003 for a more detailed account).

Experiencing and negotiating ageing

Diverse possibilities exist for how non-heterosexuals experience and negotiate ageing. As one participant succinctly pointed out:

Everybody's exploring it and finding their own way to deal with it' (RF8, aged 66).

There are several points that can be made about these 'explorations':

- The meaning attached to ageing and 'old age' by non-heterosexuals is as fluid and context-dependent as it is in the broader culture (Featherstone & Wernick, 1995; Blaikie, 1999). Some existing studies imply that non-heterosexuals aged 50 and above are inclined to view themselves as 'old' (see Cahill et al., 2000). However, the quantitative data show a different picture. Around 45% of our sample (50 women and 68 men) defined 'old age' as being 70s and above, while 24% (16 women and 46 men) defined it as 60s and above. Nevertheless, non-heterosexuals in the 50s and above are likely to describe themselves as 'older' when referring to their sexual identities and lifestyles. This reflects the significance of age in shaping how one sees oneself, and is seen by others, and lives as a lesbian, gay man or bisexual.

- Being non-heterosexual can sometimes mean that individuals are less aware of the ageing process. Female participants often commented that the privileging of youth was less of a concern in lesbian communities than it was for women in mainstream cultures:

'I think in the lesbian community...things like age and various things like this matter far less than they do in the heterosexual world' (RF7, aged 68).

- However, many men (and notably fewer women) indicated that being gay had made them more conscious of the ageing process (see also Kimmel & Sang, 1995; Berger, 1996; Pugh, 2002). In doing so, they were mostly referring to the consequences of excessively youth-orientated gay male cultures.
- Ageing can have a significant impact on how individuals see themselves, and live their lives, as non-heterosexuals. In the survey, 42% of women and 44% of men indicated that age made a difference to how they saw themselves as lesbians, gay men or bisexuals; and 39% of women and 52% said this was the case for how they lived as lesbians, gay men or bisexuals. While many women and men indicated that they were inclined to choose to be less involved in organised activities and commercial lesbian and gay scenes as they aged, a significant number of men indicated that they felt excluded from these scenes because of their age.
- The degree to which participants were confident and open about their sexuality is striking. The participants were usually partially or totally 'out' (open about their sexuality) to friends. Further, 69% were out to at least some family members (more often siblings than parents) and 51% were out to some neighbours.
- That not all participants are ageing with a confident and open sexual identity is significant. For example, 37% of men (particularly older ones), and 23% of women had hidden their sexuality throughout their life, indicating the resilience of internalised sanctions against homosexuality, and the risks (often of violence and harassment) that being open about their sexuality is perceived to entail. Concern with these risks can be accentuated with age.

Life circumstances

Financial security

The research studied a range of experience in terms of financial security, a primary determinant of the choices that participants have in how they live - now or in the future. Not surprisingly, those who had the lowest incomes rated finances as their most significant concern about ageing.

- As in the broader society, gender is an important factor in influencing material security in old age. While 110 men (67%) felt they were currently financially secure, only 51 women (50%) felt this was the case. As mothers (42%) and carers, many lesbians have had diminished chances of accumulating financial security through an adequate pension and savings (cf. Ginn & Arber, 1995). Despite this, some women (mostly never married) believed that their lesbianism facilitated greater financial security and independence – as there was no expectation that a male partner would provide for them.
- Some participants indicated that their financial security had been hampered by prejudice against their sexuality in the workplace. About 47% of women and 33% of men believed that their sexuality had influenced their working lives. Some of them had had negative experiences such as discrimination resulting in a lack career progression or even losing a job.
- In terms of financial security in old age, over half (56%) of male participants, and roughly a third (37%) of women, believed they had made satisfactory plans for this. Qualitative data indicate two competing beliefs about planning for old age: that being non-heterosexual encourages pre-planning, as an insurance against a reliance on heterosexist services/support in old age; being lesbian or gay and childless can result in a diminished sense of the importance for financial planning for old age until it is too late.
- Relationships older non-heterosexuals have with their families of origin are more important than is suggested in the existing literature. The majority (63%) felt that their relationships with at least some family members were important.
- Relationships with children were also significant to many participants - 42% of women and 24% of men have children. However, qualitative data indicate that the valuing of relationships with adult children (as with of family of origin generally) and the degree to which regular contact is maintained, depend on the quality of the relationship (cf. Finch & Mason, 1993).
- The value placed on friendships is striking: 96% of women and 93% of men considered friendships 'important' or 'very important'. Further, 75% of women and 67% of men lived close to friends, compared to the one third of women and men who lived close to family members.
- The study found the kinds of chosen families described by Weeks, Heaphy and Donovan (2001) to be crucially important for participants, with 53% of women and 49% of men agreeing with the statement that 'my friends are my family'. As one female participant put it, 'So my family in the classic gay phrase are my friends... a network which I rely on'.

Domestic circumstances

As in the broader society, the majority of participants own (or co-own with a partner) their homes: 81% of women and 76% of men. Two other points are worth noting:

- While solo living is on the increase generally (Ginn & Arber, 1998), a particularly high proportion of participants lived alone: 41% of women and 65% of men. The likelihood of this increases with age. Solo living raises important questions about support networks and social care when it is required (Harper, 2000).
- Only a minority (29%) of the sample had specific plans for living arrangements old age, mostly living at home or with a partner. Four women and one man had plans to live with friends, and three women and six men had plans for sheltered housing.

Relationships

Various types of relationships are of importance to the participants. Some main findings in this respect include:

- Almost 60% of women in the sample were in couple relationships (all same-sex) compared to approximately 40% of men (9 of 61 were cross-sex relationships). In general, the younger the participant, the more likely she/he was in a relationship. Women were more likely to live with a partner than were men.

Care and support

The study documented how solo living and the negotiated nature of support relationships can have implications for day-to-day support and care in times of crises.

- Friends are on a par with partners and family in terms of material supports in times of need. In financial crises, partners (32%), friends (31%) and family (25%) were identified as the first port of call. Friends come into their own when emotional support is required: 59% of the sample identified friends as the first port of call, and only 9% identified family of origin.
- There is overwhelming emphasis on partners (where they exist) as the most likely providers of care in times of chronic illness, and partners (38%) and health professionals (49%) in the case of care if required in old age. Few expect family members to assume this responsibility. Qualitative data reveals that friendships can be an unexpected source of care in this context.
- Few participants have actually made plans for care in health crises or old age. Only 20 women (20%) and 18 men (11.0%) have planned for care in the case of serious illness; and only 9 women (9%) and 14 men (9%) have made planned for care in old age. The general tendency appears to be to delay planning, often due to the anxiety such planning generates.

Community belongings and supports

The study found local community relationships to be

important to non-heterosexuals aged 50 and above, with 65 percent of women and 55 percent of men feeling some sense of belonging to a local community. Two other significant pieces of findings in this respect are:

- Despite commitment to local communities, evident in voluntary and community work, participants had very limited expectations of community support in a context of recognition and respect for who they are:
[I] certainly don't stand there saying, "I'm gay and we can call me Ms" (RF8, aged 66).
- Lesbian and gay community supports are highly valued. However, groups and organisations that facilitate these are unevenly distributed in geographical terms. Also, the research documented that age itself can be the basis of exclusion from groups not specifically targeted older lesbians, gay men and bisexuals. On the whole, 34% of women and 54% of men (spread evenly across the age ranges) indicated that they feel less welcome in lesbian, gay and bisexual places and spaces as they get older.

Policy and practice

Health and social care provision

- Only 35% of participants believed health professionals to be positive towards non-heterosexual clients. A notably smaller percentage (16%) trusted health professionals to be generally knowledgeable about non-heterosexual lifestyles. Participants often recounted experiences of hostility, differential treatment and a generalised lack of understanding by health professionals. Hence, only half of survey participants (53%) were 'out' in this context.
- Participants generally believed that health and care service providers (a) operated according to a heterosexual assumption, and (b) failed to address their specific needs. There was wide support for specifically targeted health services and /or sources of information – notably more from women (62%, compared to 45% of men).
- Considerable concerns were expressed about care provision and special housing: 76% of women and 63% of men see care/residential homes as an undesirable option. There was notable distrust about respect for their sexual identities and relationships in such contexts. However, only 30% of women and 24% thought that care should be provided by non-heterosexual providers only. A large majority (77%) wanted provision that was non-heterosexual friendly - not many, however, are convinced that this would be the case.

Social policy and citizenship

- Participants broadly shared the view that non-heterosexuals are discriminated in society (71%). Age often accentuates 'that you haven't got the same right[s]' (RF6, aged 54). Many participants

recounted their own 'exclusion' from what they believed should be automatic rights (regarding tenancies; pensions and survivor entitlements; next of kin issues; inheritance). As such, policies often reinforced a feeling of 'second class' citizenship, even if 61% did feel that society was becoming more equal in terms of sexual difference. Importantly, only 19% believed there was an increasing equality where age was concerned – implying a belief that one's citizenship is significantly compromised by age.

- Participants often expressed their frustration about having to make 'special provisions' for protecting their relational rights (e.g. living will, power of attorney). As one participant put it:
'Our relationships should be accepted as they are ...[w]ithout having to make special arrangements... we should have those equal rights' (RF6, aged 54).
The majority supported registered (or civil) partnerships as a means of validating and protecting their relationships - 65%, compared to 15% who were in favour of marriage.
- As with the contemporary discourses of 'social exclusion', traditional discourses of citizenship cannot fully comprehend the kinds of 'rights' that our participants are arguing for. Discussions of 'sexual citizenship' (cf. Donovan et al., 1999; Plummer, 1995; Weeks, 1995) are beginning to clarify some of the issues at stake - particularly as they raise new questions about the relationship between the public and the private. However, viewed from the perspective of our participants, it is not only validation as sexual citizens that is at stake, but also how life choices, identities and ways of living can be invalidated with age – and particularly old age. Our participants are therefore highlighting the complexity of social inclusion and citizenship in contemporary social contexts – and raising questions about the ways in policy can act to limit or facilitate these.

Notes

'The sample' and all percentages in this paper refer to the 266 participants who completed the postal questionnaires. All quantitative data are drawn from this dataset. All percentages are presented to the nearest whole number. Some of the focus group data were generated collaboratively with Liz Bassett of the University of Brighton.

Acknowledgements

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References

References for this article can be found at www.crrf.ac.uk

Older Lesbians, Gay Men and Bisexuals Opening Doors to Health

Lessons from research for service providers and voluntary organisations

Liz Barker, Age Concern England

Age Concern Opening Doors

The Age Concern Opening Doors service has been developing since 1994 and in 1999 produced the Opening Doors Resource pack. Several other pieces of work have followed including a wide-reaching OLGB literature review in 2001 and a major conference in 2002. We launched an information sheet 'Preparing for life as an older Lesbian, Gay man, Bisexual or Transgender person' in 2003.

Research Evidence

There is very little research evidence on older people's issues in the UK for the LGBT community. There are resources such as the good websites of gay men's health based in Scotland and the Lesbian Information Service (www.lesbianhealth.org.uk). There is more research evidence from the US e.g. LGAIN, SAGE and the most comprehensive research report and bibliography is from the state of Victoria, Australia (What's the Difference July 2002 www.health.vic.gov.au/macglh/difference.htm). Although all this information is useful it is important to take into account of cultural differences when putting into practice.

Are there distinct L&G Health Issues?

Although it can be argued that there are not really distinct health issues for older LGBT people, a result of their experiences of discrimination can be seen from a set of health problems common to LGBT people. The LGBT shared experience of homophobia, isolation and invisibility lead to common primary health problems and shared patterns of illness such as:

- Higher rates of cervical, breast, prostate and anal cancer
- Higher rates of eating disorders
- Smoking and alcohol related conditions

HIV/AIDS

In 1993 Age Concern London hosted/produced - Crisis of Silence. However, in current policy older people are not mentioned, yet 11% of people with HIV+ are 55 and over. There is no preventative work targeted at older people and little research on the management of HIV with other chronic conditions e.g. drug-drug interaction.

Coming Out for Health

The importance of 'Coming Out' and how it happens, or doesn't happen, is a key issue for health. In accessing services and ensuring good health promotion and treatment the place of 'coming out' highlights the influence of the expectations of older people especially around staff attitudes. Where individuals have negative

expectations then there will be negative effects, for example reduced health awareness, low uptake of screening. Being 'out' can improve health by ensuring good information, access and support.

Screening

Screening can be a controversial issue especially when one considers the question 'screening for what?' The introduction of screening can often be based on flawed assumptions around health behaviour and needs and tends to be too narrowly focused on sexual health. Better health outcomes tend to follow wider and more inclusive screening practices.

Mental Health

Counselling can play a major role in supporting good mental health. However, several studies by clinical psychologists have found no difference between lesbian and gay and straight people in terms of psychiatric status. Where the differences do occur is when people experience discrimination producing a damaging effect. This should be understood in the wider context of a correlation between social integration and mental health.

What's Age Got To Do With It?

In focusing on age it is apparent that life changes are important factors which determine health. Older people may face difficult decisions when they go through processes of coming out to themselves; redefining personal relationships and making significant changes to living arrangements. Having support when making decisions is a key factor to ensuring a positive health outcome.

Elder Abuse

Elder abuse happens in all populations, the LGBT population is no different. Some causal factors include:

- Isolation from supportive networks
- Different degrees of comfort about sexuality within a relationship
- Disparity about degrees of openness with family and colleagues

It is essential to access support and some sources of help include:

- Action on Elder Abuse
- Hold Tight: Tight Hold

Key Points

- Main differences in OLGB health are in prevention and primary care
- Discrimination, or expectation of discrimination, is

a barrier to:

effective communication of health promotion; effective screening; early presentation and diagnosis; and recognition of prevalence of some conditions within the community

- Current audit of NHS employment in Scotland may well help
- Staff training, use of language, images make a huge difference
- Need for further research, in UK, in different communities e.g. rural, BME

- Need further research into incidence of conditions
- OLGBT community is small. Tactically need to form alliances to bring about change
- For this community co-ordination between health and social care is vital.

More details can be found through the Age Concern OLGB website which has an e-mail network and can give support to local projects:

www.ageconcern.org.uk/ageconcern/about_4436.htm

Creating Collaboration, Visibility and Integration

James Valentine

Integration

Integration or social inclusion is a concern of many LGBT people:

- positively in terms of access to services, and those services not being constructed in such a way as to be exclusive
- negatively if it means you have to deny diversity – deny your difference in order to be integrated

In other words integration has to be on terms which recognise the value of diversity, which recognise your life, your loves and your sense of self.

LGBT people have all too much experience of the negative kind of integration:

- the kind that either presumes heterosexuality (what the literature rather nicely refers to as ‘compulsory heterosexuality’)
 - examples: booking travel or accommodation or insurance, any kind of shopping that refers to domestic arrangements
- or that makes stereotypical assumptions about LGBT people, such as...
 - that LGBT people will be single and are childless
 - that your sexuality defines your identity or is irrelevant to your identity
 - that gender difference defines your identity or is irrelevant to your identity: some have found that inability or unwillingness to conform to strict gender roles has been a defining feature of marking them out; while for others conforming to gender roles has been unproblematic
 - that LGBT people all want to be out, all the time
 - that the LGBT community is a homogeneous community and ‘they’ are all the same: there are significant differences within and between LGBT people

Hence the importance of diversity being recognised – visibility.

Visibility

- representations
 - not relying on a narrow range of media representations
 - importance of hearing people’s voices, hearing their stories, making diversity visible
 - importance of positive images being available

- importance for your view of yourself that your community and its history are celebrated: support is not just from social interaction, but from representations through which you can recognise yourself and feel a sense of self worth (cf ‘composure’)

This does not imply that people should be expected to be visible in all contexts:

- not out all the time, and not out once and for all
 - anecdotal evidence on rural-urban-rural migration through the life course
 - more research needed on small-town and rural Scotland
 - coming out and having to go back in
- significance of support when vulnerable on several counts: LGBT, older, in need of care
 - feeling obliged to keep identity and significant relationships hidden at a time when most vulnerable, through age or ill health
 - taken away from a potentially supportive network
 - research shows that the identity of the carer may remain unsupported
 - lack of visibility of LGBT people and issues in policy papers and guidance for service providers and professional care workers: a need to be sensitised to these issues
- examples of relevant research
 - sexual expression in institutional care settings for older people: sexuality recognised by the residents, but less so by the staff – if true for heterosexuals, even more so for people whose sexuality has always gone unrecognised; potential contradiction between sexualised identity (pressures to come out) and desexualised older age [Hubbard et al]
 - well-run care home – pressures for conformity from other residents [Cook]
 - pilot study of older lesbians in Scotland: concern about care and support in later life [Archibald]

This last study shows the value of collaborative research with older LGBT people.

Collaboration

- action research: with and for groups
 - voice being heard
 - voice being listened to (policy implications)
 - voice being recorded/preserved

LGBT People Growing Older report from workshop sessions

Issues for LGBT people growing older:

Who are LGBT people?

LGBT are not a homogenous group, even within the lesbian, gay, bisexual and transgender groups there will be differences. When thinking about LGBT people we also need to take account of other divisions like gender, or ethnicity? Or was this not mentioned? and socio-economic status which make a difference to people's experiences.

Action: Ensure all voices are reflected in research and service development

Action: Ensure needs assessments which reflect different cultural and other issues

Confronting the issues

There may be reluctance amongst LGBT communities to confront the issues of ageing, especially in communities where youthfulness is seen as part of gay identity.

Heterosexist assumptions

In many care settings, including residential care and bereavement services it is assumed that everyone is heterosexual. This may even result in older LGBT people feeling they are back in the closet. How can we start to ensure that we recognise differences in sexuality across the board? How can we make sure we recognise the person who is considered to be someone's next of kin?

Action: Introduce civil partnerships to improve the rights of LGBT couples

Attitudes

Along with heterosexist assumptions are attitudes of homophobia and an unwillingness to recognise and acknowledge difference. Homophobia may be compounded with ageism. How can these attitudes be challenged, particularly in settings where staff are often low paid and have little training? How can we ensure that churches, insurers, banks etc recognise and respond sensitively to difference?

Action: Equalities training for staff and other residents in care settings

Action: Policy guidance for NHS staff should be developed

Urban and rural issues

Experiences, needs and services may be very different in urban and rural areas. A different agenda may be needed in to reflect different places.

Action: more research is needed to find out about rural and urban differences

Mainstream or specialist services?

Older LGBT people may want specialist services, or at least the opportunity to meet with other people from the community. Choice remains important within any framework of mainstream and specialist services.

LGBT kitemark

How can you show that a service is LGBT friendly? Should there be some kind of kitemark or standard which can be displayed publicly?

Pensions

Pensions remain a difficult issue for LGBT couples as they age, with rights to recognition as a partner very variable.

Involving children and grandchildren

Assumptions that LGBT people don't have children need to be challenged, and children and grandchildren need to be involved in the process of developing services.

Information provision

Need for specific information on health which recognises issues for LGBT people. There may be specific health issues in relation to transgender people, or people with HIV for example.

Developing an agenda

1. Ensuring services are appropriate

Addressing discrimination and including service users views are key issues here. It might be appropriate to identify sexual orientation of all service users in some way. Alternatives to domiciliary care should be included in any training and development to meet LGBT needs. We need to explore the specialist versus mainstream issue and its relevance in different settings.

Key stakeholder: Care Commission

The Care Commission needs to take a lead in tackling ways in which a diversity of lifestyles might be catered for within care services.

Action: LGBT stakeholders should raise the agenda around issues of ageing.

User perspectives should be better researched

Specific training should be developed

Registration should include consideration of LGBT issues

2. Sexuality and relationship issues for older people

There are sexuality issues for older people in general, with particular issues for LGBT people including

Expressions of intimacy and affection;

Monogamy issues

Experience of services, e.g. couple counselling, Sexual health sessions.

Sources of information;

Issues with younger family members and forming new relationships;

Action: research to find out more about older people and sexuality

Key Stakeholders:

Centre for Research on Families and Relationships (CRFR)

Social Care Professionals

Existing organisations e.g. Age Concern

Older people

LGBT organisations

Living Well project

Funding: Scottish Executive/Health Scotland

3. Linking LGBT ageing issues into existing structures and agendas

We need to develop evidence to target policy makers and grass roots communities. The focus should be on ensuring that existing services are accessible to all. Some positive role models in the media would be helpful, as would being able to show the economic benefits of an inclusive approach.

Action: Develop people within existing organisations to become 'champions' for older LGBT issues.

Develop good practice guidance and support (LGBT HLC??)

Use existing equality impact assessment tools in settings for older people

Key Stakeholders:

Scottish Executive Equalities and Older People's Units

LGBT groups and agencies

Community planning

4. How do we reach hard to reach people?

Services are available but there are problems of homophobia and lack of knowledge. Training for a range of professionals who come into contact with older people is essential. The perspectives of service providers and users may be very different with mistrust and assumptions on both sides. There should be a pragmatic approach to changing attitudes, understanding legislation and practice.

Action: More research is needed, and it should be disseminated widely, including top level policy makers. The research should be strategically aligned to policy.

Information should be collected more systematically on sexual orientation by a range of service providers which could then be used to get basic statistics on older LGBT people with consultation to insure that this is done in a way not open to misuse.

LGBT issues need to be integrated into existing strategies for older people.

Key Stakeholders:

Service providers, Research Councils, Policy Makers

5. Other questions raised for further consideration:

What is the impact on children and grandchildren of LGBT people ageing?

How can consultations be made topical and interesting?

How can we include all older people, not just LGBT?

Age Concern Scotland

Causewayside House, 160 Causewayside, Edinburgh EH9 1PR • Tel: 0845 833 0200 • Fax: 0845 833 0759

Age Concern Scotland is a national voluntary organisation working across Scotland to ensure that all older people have their needs met, their rights upheld, their voices heard, and have choice and control over all aspects of their lives. We are a national membership organisation, with nearly 1,000 group, individual and organisational members. The core of our membership is a network of around 250 local older people's and Age Concern groups, providing local services in response to local need.

Centre for Research on Families and Relationships

The University of Edinburgh, 23 Buccleuch Place, Edinburgh EH8 9LN • Tel: 0131 651 1832 • www.crfr.ac.uk

CRFR produces and stimulates high quality research and commentary on families and relationships and disseminates such work widely.

Equality Network

18 Forth St., Edinburgh EH1 3LH • Tel: 07020 933 952 • Email: en@equality-network.org • www.equality-network.org

Since 2002, the Equality Network and Age Concern Scotland have facilitated the work of the Older LGBT People's Issues Forum, which is an open forum of older LGBT people and others with an interest in the issues. The Forum looks at policy and legislative issues for older LGBT people in Scotland, and has, amongst other things, been involved in commissioning research on the housing needs of older LGBT people.

LGBT Centre for Health & Wellbeing • Promoting lesbian, gay, bisexual and transgender health in South East Scotland

Tel: 0131 523 1100 • Email: admin@lgbthealth.org.uk • www.lgbthealth.org.uk

The LGBT Centre for Health & Wellbeing is a unique initiative, funded by the Big Lottery Fund and local NHS organisations, to promote healthy lifestyles and improve the accessibility of mainstream health services for Lesbian, Gay, Bisexual & Transgender communities in Edinburgh & the Lothians / south-east Scotland. We are currently in our third year of a five-year funding period from BLF. We have also recently been successful in attracting funding from the Volunteering Scotland Grants Scheme to fund a volunteering project, once again specifically targetting socially excluded members of the community.

The Centre provides a range of services including;

- health promotion workshops and events which focus on the health improvement target areas for the NHS, but aimed specifically at our client group, presented and designed in a targetted way which is more accessible to LGBT people. (this includes work on Smoking Cessation, Mental health, CHD, Diabetes, domestic violence, Lesbian & Bisexual Women's sexual health, etc.)
 - a full programme of short courses promoting physical & social activities, particularly targetting more socially excluded LGBT people and aimed at encouraging sustained access to mainstream sports and leisure activities
 - health information, advice and sign-posting to both LGBT specific and mainstream organisations and services
 - training and consultancy to mainstream NHS organisations and health providers, specifically around LGBT awareness and the health inequalities experienced by LGBT people
-

Lothian Gay & Lesbian Switchboard

PO Box 169, Edinburgh • Tel/fax : 0131 556 8997 (admin) • Email: switchboard@rapidial.co.uk • www.lgls.co.uk

Lothian Gay & Lesbian Switchboard provides emotional support, information and promotion of sexual health and personal safety to gay men and lesbians and to all who question their sexuality. Our four core services are the main telephone helpline (7 evenings per week) ; Lesbian Line (staffed by women for women, two evenings a week) ; Icebreakers social group (twice a month) and community events such as the twice yearly ceilidh/balls. Older LGBT people access us through each of these services, which are age-inclusive.

OurStory Scotland • Archives and Special Collections

The Mitchell, North Street, Glasgow G3 7DN • Email: info@ourstoryscotland.org.uk • www.ourstoryscotland.org.uk

OurStory Scotland is a recognised Scottish Charity. We collect, archive and present the life stories and experiences of the LGBT (lesbian, gay, bisexual and transgender) community in Scotland. This involves oral history work with all ages, including the older generation, whose stories reveal the tremendous changes that have occurred in the situation of LGBT people during their lifetime. This work is supported by a grant from the Scottish Executive, administered by Communities Scotland. We have agreement from the National Museums of Scotland to take our recordings and other material to form a National Archive of LGBT Lives as part of the Scottish Life Archive. The Mitchell in Glasgow, where we are based, will also archive our oral history recordings and documentary materials. In addition to collecting stories, images and materials from LGBT lives, we present our history through the arts, in exhibitions, storytelling and drama. Our latest enterprise 'Queer Story Scotland', supported by the Scottish Arts Council Lottery Fund, is a major storytelling project, celebrating the personal and local histories of the LGBT community through written and spoken stories based on genuine experience.

The Remember When Project • Project Coordinators: Ellen Galford and Brian Thompson

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The Remember When Project is an oral and community history project, currently funded for 18 months, supported by the Heritage Lottery Fund, the City of Edinburgh Council and the Living Memory Association. The purpose of our project is to record and celebrate the histories of Edinburgh's LGBT communities, by collecting oral history interviews, documents and memorabilia from individuals and groups with experience of LGBT life in the capital. We are particularly interested in working with older LGBT people, and breaking down the barriers between generations and communities by sharing our stories. The material we gather will be used in exhibitions, as the inspiration for various cultural events, and as the basis for a permanent LGBT archive to be held within the city's Social History collections.

We have 3 members of staff, as well as volunteers - and welcome new volunteers to help on all aspects of this landmark project.

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