

August 2013

Glad to be grey

A Health & Social Care Needs Assessment of
Older Lesbian, Gay & Bisexual People
in Bradford District



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Supported by Rebecca Hewitt and Jakeb Braden from Equity Partnership who devised and disseminated the survey, and encouraged older LGB people to participate in the study.

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This is one of two reports commissioned – the other focussing on younger LGB people ('It's Not Just About Sex'.) Copies of both reports are available on request or can be obtained as a PDF document from the above website.

NHS Bradford and Airedale commissioned this Health and Social Care Needs Assessment.

August 2013

Thank you to all the LGB people who took the time to complete the survey and participate in individual interviews.



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> GLOSSARY OF TERMS

EP	Equity Partnership
IDAHO	International Day Against Homophobia (May 17th)
LGB	Lesbian, Gay, Bisexual
LGBTQI	Lesbian, Gay, Bisexual, Trans, Queer, Intersex
LGBT History Month	(February)

Bisexual

A man or woman who has a preference both sexually and emotionally for people of both the same and opposite sex.

Civil Partnership

A civil partnership enables same sex couples to obtain legal recognition of their relationship. A civil partnership means that the civil partners are legally entitled to receive the same treatment and benefits as heterosexual married couples.

Coming Out/Out

The process of acknowledging to yourself and others that you are gay is referred to as 'coming out' or 'out'. It is a complex process and LGB people may have to 'come out' many times during their lives and often several times within a day. Some LGB people are 'out' to everyone, whereas others may not be 'out' all of the time or 'out' at all.

Gay

A generic term applied to men or women who have a preference both emotionally and sexually for people of the same sex. It used to apply to men but more and more women are using it instead of the term lesbian.

Heterosexism

Describes the way in which everyone is assumed to be heterosexual - that heterosexuality is the only way to have a relationship. Heterosexism is a form of prejudice, which individuals as well as institutions can practice.

Heterosexual

A person who has a preference both emotionally and sexually to people of the opposite sex to themselves.

HNA

Health Needs Assessment.

H & SCNA

Health and Social Care Needs Assessment.

Homophobia

Describes anti-gay feelings that take the form of fear and/or hatred. Some heterosexual people are homophobic but it can also be applied to some lesbian, gay, and bisexual people who repress their feelings of being lesbian, gay, or bisexual.

Homophobic, Transphobic, Biphobic Bullying

Unacceptable forms of behaviour through which an individual or group of individuals are, or feel, threatened, abused or undermined by another individual or group of individuals because they are, or are perceived to be lesbian, gay, bisexual or trans.

Homosexual

Describes the preference of both men and women for people of the same sex. It is usually used to describe gay men and exclude lesbians. It is not widely used within the lesbian, gay, and bisexual communities.

Intersex

Individuals who do not identify themselves as either exclusively male or female. Some individuals may have genetic, hormonal and physiological features of both male and female or have no clearly defined features. Some intersex people identify as LGB.

JSNA

The Joint Strategic Needs Assessment is an on-going process of evidence gathering at a local level which informs the design and delivery of health and social care services to the entire population. Quantitative and qualitative evidence is sought from research, service providers and from voluntary and community organisations.

Lesbian

A term used to describe a woman who has a preference for other women both sexually and emotionally.

LGB/Same Sex Domestic Abuse

Domestic abuse in a same sex relationship.

The Scene

Usually refers to the commercial LGBT pubs, clubs and other venues.

Trans (Transgender)

An umbrella term for people whose gender identity and/or expression does not fit into society's expectations of what it means to be a man/woman and often this identity is at odds with the sex they were assigned at birth. The term may include but is not limited to transsexuals, cross dressers and other gender variant people. Trans people may live their lives with or without the use of hormones and/or surgery. Trans is not a sexual orientation: some Trans people also identify as LGB.

FOREWORD

As an Equality & Diversity practitioner working in Bradford and District I have really appreciated the effective working relationship between the local NHS and the Equity Partnership and welcome the publication of this health and social care needs assessment.

The Equity Partnership, local NHS trusts and Bradford Metropolitan District Council have formed the Bradford and Airedale LGB & T Health and Wellbeing group. We have worked together to disseminate information about the health inequalities experienced by lesbian, gay and bisexual people and about the experiences of local LGB people when using NHS services. We have begun to make sure that local NHS staff understand that sexual orientation does have an impact on our health and wellbeing. Specifically we have:

- *Carried out a campaign to raise awareness amongst health professionals and amongst local lesbian and bisexual women that women who have sex with women do need to have cervical cancer screening.*
- *The chief executives of all the local NHS trusts signed a joint mental health statement making clear a commitment that we do not and will not offer reparative therapy.*
- *Equity Partnership provided training for many NHS staff in LGB equality.*
- *NHS trusts participated in the Stonewall Workplace Equality Index and the new Stonewall Health Champion initiatives.*
- *NHS trusts have supported LGB & T staff networks.*

Information gathered by Equity Partnership to produce the 2010 Health Needs Assessment, 'The Challenge for Change' has formed part of the district's Joint Strategic Needs Assessment.

The survey that informed 'The Challenge for Change' did not reach many young LGB people nor many older LGB people and this led us to commission two new assessments looking at the specific needs and experiences of local young and older LGB people.

The findings of this health and social care needs assessment will help us to ensure that we reduce the specific inequalities experienced by older LGB people and that the work to do this extends across both health and social care.

Lynne Carter

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> EXECUTIVE SUMMARY & KEY FINDINGS

The main aim of this older Lesbian, Gay and Bisexual (LGB) Needs Assessment is to establish a baseline picture of both health and social care experiences and requirements in Bradford and District in the 55 years and older age group. A complementary report exploring younger LGB health and social care needs is also available which focuses on the 16-25 years age group.

This Report Identifies the Need for:

1. Improving Services

Fly the flag - Show LGB people that they matter to you.

Create an LGB environment. Use neutral language.

Implement effective monitoring

Train and support your staff to do this and explain to all service users why you are doing this. Act on the information you gather.

2. Preventative Measures

Understand the fear and provide reassurance

Older LGB people could have many reasons to feel anxious about home visits and/or about using services/residential care.

3. Smarter Strategies

Develop your workforce - awareness at the heart of practice

Train your staff so that they understand LGB issues, that LGB people are diverse and learn how to create an LGB friendly environment.

Be ahead of the game - reduce isolation

Understand and address the impact of isolation, homophobia and heterosexist assumptions on older LGB mental health.

Work in partnership

Using co-ordinated approaches for the delivery of good health and social care for older LGB people. Remember the local voluntary and community sector too, in particular Equity Partnership who can provide support.

Key Findings - Who Took Part?

40 older LGB people participated in the assessment.

- From the 40 respondents the majority 67.5% (27) live in the Bradford district and the rest live in other parts of West Yorkshire notably Leeds, Huddersfield and Halifax.
- 35% (14) work in the district.
- 60% (24) socialise in the district.
- Just over half of respondents 55% (22) are currently in a same sex relationship.

- There is more than twice the number identifying as lesbian/gay woman than gay man. 2 identified as bisexual and are both female. From the 2 people identifying as queer, 1 is female and 1 is intersex. None of the respondents stated that they were either unsure or questioning.
- The majority of the respondents (32) are in the 55-65 age range.

Satisfaction with Services

- More than half of older LGB people (67%) feel that service providers are not aware of the needs of LGB people.

Bradford respondents cited several key reasons why they lack confidence in the capability of services, ranging from a sense of exclusion at initial assessment (assumptions made that everyone is heterosexual) through to poorly worded forms. One respondent stated:

"Because you are older it is assumed that you have a male partner and grandchildren and if you don't fit this they don't know how to deal with you."

- When asked to rate the levels of satisfaction with the different health, education and social care services that had been accessed during the last 5 years the respondents were more satisfied with the services provided by their GP than any other service.
- The services provided by the GP also received the lowest number of reports from respondents being very dissatisfied with the services.
- Schools received more reports of respondents being very dissatisfied than any other service and gained 0 ratings of respondents being very satisfied with the services.
- Care Homes and Day Care Centres followed schools with respondents being very dissatisfied and receiving no reports of respondents being very satisfied with the services.
- In terms of hospitals respondents are most satisfied with services at Bradford Royal Infirmary (BRI); the majority accessing it were positive about their experience. By contrast, half of those accessing Airedale Hospital and two thirds of those accessing Lynfield Mount Hospital were "very dissatisfied" with their experience.

Being 'Out'

"Personal support from friends is the most important thing."

When asked who they were 'out' to:

- 35% of respondents reported that they are not 'out' to all or some of their relatives.
- 48% are not 'out' to all or some of their neighbours; and

- 35% are not 'out' to some or all services.
- Conversely, friends and friendships are extremely important and this is reflected in the 73% who report being 'out' to all of their friends and no respondents having friends they are not 'out' to.

It is interesting to note that almost three quarters, 73.5% (25) of respondents would tell a service about their sexual orientation if they were asked and it felt safe for them to do so.

"Remember that we were young once and made choices some of which meant we didn't fit the norm eg. not having children."

Non-Prescribed Drugs Use

The majority of respondents have never used non-prescribed drugs such as Poppers, GHB, Amphetamines, and Crack Cocaine.

Main Issues Facing Older LGB People

From the one-to-one interviews the main issues/concerns facing them as ageing LGB people showed similarities to any person ageing such as general health, ageism, loneliness, and others were very specific to being LGB such as:


- Lack of inclusive attitudes of health care workers re being gay.
- Hard to talk because of my sexuality.
- Having to hide who I am - hide being gay.
- Future health and social care and their attitudes towards being LGB.
- Having to 'de-gay' me and my home.

> 1. WHY CARRY OUT A H & SCNA?

The Equity Partnership is a Lesbian, Gay, Bi-sexual & Trans (LGB & T) community based and LGBT run organisation committed to meeting the needs of LGBT people living, working and socialising in the Bradford and District area. The Equity Partnership is committed to grassroots engagement with LGBT people to identify the issues and experiences that concern them, in order to inform its work.

The Equity Partnership developed the LGB Health Needs Assessment (HNA) as a tool to gather reliable information from the LGB communities in the Bradford and District area. The assessment was first conducted in 2007 and Equity Partnership decided to repeat the study in 2009. NHS Bradford & Airedale felt that the work was of unique value and relevance to the design of their services and so commissioned this 2012/13 Health & Social Care Needs Assessment (H & SCNA).

The commissioners were very clear that this assessment would build upon the previous 2 HNA's so that comparisons could be made. With the national structural and strategy changes in the health and social care fields, it was felt appropriate to expand the remit of the HNA to combine health and social care ie. not treat them separately, in order to reflect the new policy and delivery environment.



Trans health and social care needs were deliberately not addressed within this H & SCNA, except where a Trans person (respondent) also identified as being L,G or B. Trans health and social care needs and experiences may be very different from LGB experiences. EP has not been commissioned to carry out any Trans focussed HNA so far, and therefore does not have baseline data for comparison. It would not be appropriate to combine Trans and LGB experiences within the same assessment, but it is hoped that a separate Trans H & SCNA for Bradford and District, will be commissioned in the near future.

From previous HNA it was noted that the older and younger age ranges were unrepresented. It was therefore decided that this H & SCNA would only focus on young people (aged 16-25) and older people (aged 55 plus).

The initial Health Needs Assessment was deliberately designed around the priorities identified by the key health strategy White Paper, 'Choosing Health (2004)'. This document recognised that health is linked to how people live their lives and aimed to tackle the causes of ill health and reduce inequality. Since 2004 a number of government strategies have sought to recognise and address the health and social care needs of disadvantaged and marginalised communities, culminating in the passing of the Equality Act (2010) and The Health and Social Care Act (2012). These advances in legislation have led to a number of new health and social care initiatives and national service frameworks which seek to address issues of inequality and quality. These include Health and Wellbeing Boards and Clinical Commissioning Groups (CCGs) who are now chiefly responsible for ensuring appropriate local services are put in place.

The CCGs responsibilities include: planning services based on assessing the needs of local populations, securing services to meet those needs, and monitoring the quality of care.

(See www.england.nhs.uk/wp-content/uploads/2012/09/fs-ccg-respon.pdf)

The NHS Equality Delivery System (EDS) is a framework to assess how well NHS organisations are improving equality for people with "Equality Act protected characteristics" of which sexual orientation is one. Across Bradford and District the large local NHS organisations are working in partnership with voluntary and community sector representatives to use the EDS to identify equality priorities. The Trusts have also established the 'Bradford and Airedale Lesbian, Gay, Bisexual and Trans Health and Wellbeing Group. Part of the remit of this group is to ensure the implementation of the recommendations from the 2009 HNA and they were consulted regarding the 2012 H & SCNA. This joint working between Equity Partnership and local NHS services was recognised at a national level by the Department of Health as an example of good practice and has served to inspire other Bradford based Voluntary and Community organisations (such as those working with Gypsy, Traveller and Roma communities) to produce similar assessments.

This H & SCNA will also inform LGB health and social care priorities locally via the Equality Delivery System and the Joint Strategic Needs Assessment (JSNA) for Bradford and District. The HNA of 2009 has played a crucial role in informing

Bradford's JSNA and is the only comprehensive evidence source on the needs and experiences of LGB people in the district.

> 2. CONTEXT: WHAT WE KNOW

For most communities in society there is usually an established research baseline but for LGB communities there is still no reliable base line data. We must therefore rely on localised research and extrapolate this in order to estimate national figures relating to LGB communities. Evidence of this can be found when searching the Office for National Statistics (ONS) website, where it is not possible to find any specific data sets regarding LGB. Indeed the ONS site does not recognise the term 'lesbian' (when searching data sets) and instead asks whether "Serbian" was the intended search term.

This Health and Social Care Needs Assessment is part of Equity Partnership's ongoing effort to create reliable local baseline data on LGB health and social care.

It is hoped this report will serve as a practical tool to support good service design and delivery in health and social care in Bradford, with an emphasis on that design being based on community feedback. Therefore, the background research is not a literature review in its traditional sense; it was felt that an in depth analysis of academic literature would not be appropriate. Instead, findings from other research directly based upon community feedback have been used. In many cases the national findings echo what has been found in Bradford and reinforce some of the key messages of this Bradford and Airedale based research.

National

In the following section we will briefly explore recent evidence produced from around the UK in order to paint a background picture of some of the key issues regarding older lesbian, gay and bisexual (LGB) people. Much of the research draws on the personal experiences of these communities as opposed to that of service providers.

You will undoubtedly note the multiple references to Stonewall's work in this section and this is because Stonewall continues to produce the most comprehensive research on LGB life in the UK, research which often manages to involve many thousands of respondents. This reliance on a few key organisations is a reflection of the lack of baseline data produced by government.

Based on Office of National Statistics population projections for the number of older people in the UK it is estimated that by 2031, there could be 1 to 1.4 million LGB people aged 60 and over. (Assuming the UK Government current estimate of between 5-7% of the population identifying as LGB).

*(Office of National Statistics (2008). Focus on Older People: www.statistics.gov.uk/focuson/olderpeople/)
NB: ONS will be publishing up-to-date projections in October 2013*

Many of the issues that affect older LGB people are the same as those encountered by their heterosexual counterparts. These include:

- Loneliness and isolation.
- Experiencing age discrimination.

- Finding affordable and suitable accommodation.
- Accessing appropriate health and social care services.
- Having enough money.
- Fear of being hospitalised or having to live in a care home.

However older LGB people may also face a number of other issues relating to being LGB which can make growing older more complicated. These include:

Living Alone

- 41% of LGB people over the age of 55 live alone. By comparison just 28% of heterosexual people over 55 live alone. Looking at men in particular the figure is even more dramatic with:
 - 40% of gay and bisexual men over 55 live alone compared to 15% of heterosexual men of the same age group.
 - 40% of gay and bisexual men are single, without a life partner or significant other, compared with 15% of heterosexual men of the same age.
- 30% of lesbian and bisexual women are single, without a life partner or significant other, compared with 26% of heterosexual women.
- Far fewer LGB older people have children: 28% of gay and bisexual men and 49% of lesbian and bisexual women compared with 88% of heterosexual men and 87% of heterosexual women.
- Far more LGB people are estranged from their biological family than their heterosexual counterparts.
- 7% of older LGB people live with their children or other family members compared with 16% of heterosexual people.

'Lesbian, Gay & Bisexual People in Later Life' (Stonewall, 2011)

These figures mean that lack of support networks, feelings of isolation and other issues associated with living alone are likely to have a larger impact upon LGB populations; and health and social care services need to be aware of these factors when delivering and recommending care plans.

Housing and Homelessness

In a research summary published by the Joseph Rowntree Foundation (JRF) in 2013 they highlight the main concerns and perceptions which older LGB people have about housing and care appropriate to their needs. Crucially, older LGB people consistently report fears that services will not understand their needs, social networks and lifestyles; they need to feel safe in sharing their life stories and identity when care is being planned, especially in relation to dementia support (Carr, S 2013, p2). Opportunities to tailor services to individual need do exist within emerging service design, particularly around the “personalisation” agenda and these opportunities should be exploited wherever possible.

One of the authors of the above review, herself lesbian, makes a powerful case for the need to understand older LGB people’s life stories and experiences in service

design; feeling 'safe' and able to be and express one's whole self is vital in planning care around the person:

"Having lived through fear and isolation in childhood and early adulthood, it is unthinkable to return there in my final years. What is most important to me is that no one else is in a position to restrict who I am and what I should do, particularly after a life of overcoming isolation, social discrimination and marginalisation."

(Carr, S 2013, p5)

The JRF summary also identifies several local authorities who have taken needs assessments of local communities and incorporated the findings into their housing strategies; local authorities such as Brighton, Sheffield, Leicester and Cumbria. The inclusion of LGB older people's needs is achieved through Joint Strategic Needs Assessments.

Of course, without rigorous and comprehensive monitoring of service users it is impossible to understand how well services are meeting the needs of specific groups. For LGB older people who are homeless, a lack of monitoring can mean that a service fails to understand the possible isolation, abuse and social exclusion a client may have faced. Assumptions can also often be made about older people's life stories and sexual orientation which can lead to inappropriate support and cause a further sense of isolation and discrimination within an older LGB person (Homeless Link Website, 2013).

Mental Health

Research consistently demonstrates that LGB people are more likely than the general population to be at risk of poor mental health, suicide and deliberate self-harm. Although definitions of 'sexual orientation', 'self-harm' and so on vary and can be problematic in comparing the evidence, the overall message seems incontrovertible. This was evidenced by a comprehensive review of the literature conducted by the National Institute for Mental Health in England in 2007 (NIMHE, 2007).

"It is likely that the social hostility, stigma and discrimination that most LGB people experience is likely to be at least part of the reason for the higher rates of psychological morbidity observed. Prejudice against homosexuality is unlike other intolerance in that it can reach into families; rejection by parents of their own children because of their sexual orientation is likely to have a severe emotional impact. This social exclusion of LGB people encourages social contacts in specific LGB venues such as pubs, clubs and bars."

(NIMHE (2007) p10)

In 2011, Stonewall commissioned YouGov to survey a sample of 1,050 heterosexual and 1,036 lesbian, gay and bisexual people over the age of 55 across Britain. The survey asked about their experiences of getting older and looked at personal support structures, family connections and other personal arrangements. It also asked about how they feel about getting older, the help they expected to need. Much of the evidence cited below comes from this survey and was published as a report called 'Lesbian, Gay & Bisexual People in Later Life'. (Stonewall, 2011)

When we consider the above statements coupled with only recent changes in the law concerning 'homosexuality', it is perhaps not surprising to learn that:

- Gay and bisexual men over 55 are twice as likely to have ever been diagnosed with depression and anxiety than heterosexual men;
- 40% of lesbians and bisexual women have been diagnosed with depression; and
- Around 30% of lesbians and bisexual women have been diagnosed with anxiety.

All of these are above average for the general population.

Despite higher levels of mental ill health amongst older LGB people, they are less likely than heterosexuals within the same age range to access services. This is particularly the case amongst disabled people and it is likely this is caused by a fear of being misunderstood, or that inappropriate assumptions and support will be offered. For example, 14% of older, disabled LGB people did not seek support from mental health services in the last year, compared to 4% of older, disabled heterosexual people. (Stonewall, 2011, p25)

Being Out

It remains relevant to mention here that many older LGB people will have lived through a time in the UK when having a relationship with other men was illegal. The laws upholding this position were only repealed in 1968 and, prior to this, Gay men could be imprisoned and/or forced to undergo medical interventions. Lesbians were not recognised under the law and remained invisible.

The health and social care system played a role in reinforcing this through the delivery of so called 'treatments' such as hormone therapy; Alan Turing the world renowned computer scientist was one such victim of this approach in the 1950's.


Despite the repeal of these laws in the late 1960's, many LGB people were still regarded as having an 'illness' and underwent various forms of psychological and other treatments (known as 'Reparative Therapy') in the misguided belief that their sexual orientation would change. Shockingly, it was only in 1992 that the World Health Organisation finally removed 'homosexuality' from its 'International Classification of Diseases' (ICD 10th rev).

This all means that many older LGB people will have grown up during a time where they were discouraged from being open about their sexual orientation and encouraged to believe they were 'sick'. Many will still have difficulty in accepting their own sexual orientation. A 2004 study of 29 individuals who had received this type of treatment demonstrates the adverse long term psychological impact. (Smith, G. et al, 2005)

Stonewall's guide for the NHS, which summarises the findings of a number of their reports, states that:

"One in six lesbian, gay and bisexual people over 55 are not confident that their GP and other health services would be able to understand and meet their needs."

(Stonewall, 2012)



Given that many LGB older people have living circumstances very different from their heterosexual counterparts, it is crucial that services make every effort to ensure they understand the sexual identity and orientation of their clients; anecdotal evidence further suggests that services often make assumptions that LGB people, and older groups in particular are heterosexual.

Despite the fact that LGB older people are more likely to suffer from a range of health conditions and less likely to have family and other informal support networks around them, significant numbers (around 17%) report that they have not accessed health and social care services within the last year although feeling that they were needed:

- A significant proportion of lesbian, gay and bisexual people say they wouldn't feel comfortable being out to a range of care workers.
- Almost half wouldn't feel comfortable being out to care home staff.
- One in three wouldn't be comfortable being out to hospital staff, a paid carer, social workers, or to their housing service provider.
- Approximately one in five wouldn't feel comfortable disclosing their sexual orientation to their GP. (Stonewall, 2011, p23)

Homophobia

Homophobia has a wide range of definitions either through direct forms of discrimination and abuse or more subtly when a person's sexual orientation is not taken into account, or is not acknowledged at all (this can take the form of Heterocentrism, when policy makers, service providers, colleagues and so on have a default view of the world as heterosexual and do not account for 'other' sexual orientations thereby creating bias in favour of heterosexual norms).

According to a report produced by the Equality and Human Rights Commission and Stonewall in 2009, older LGB people and lesbians are the least likely to fear hate crime and the most likely to report it (EHRC, 2009). That being said, the same report estimates that only 25% of crimes are reported and that 70% of victims report the crime to no one at all. Although older people are less likely than other LGB people to fall victim, the overall figures are very concerning. On a local level, this would mean that at least 160 homophobic hate crimes or incidents occurred in Bradford District during 2011/12 (only 40 were reported). (Source, Equity Partnership Bradford).

Equity Partnership conducted an online, anonymous survey in 2011 to explore how often local LGB people fall victim to hate crime and how likely they were to report it. 43 people identifying themselves as LGB took part. Responses indicated that 72% had experienced a form of hate crime at some point in their lives and 37% stated that it had happened within the past year.

Of the people above who experienced a hate crime, only around one third reported it to the police. Over 60% of those people were dissatisfied with the support they received. (Source, Equity Partnership Bradford).

Drug & Alcohol Use

Manchester's Lesbian and Gay Foundation (LGF) has embarked upon a 5 year project called 'Part of the Picture' which looks at drug and alcohol use amongst LGB people nationally (Buffin, J. et al, 2012). LGF have conducted a nationwide survey with over 4,000 respondents. What is clear from the interim results is that drug and alcohol use across LGB people of all ages is significantly higher than in the general population.

"Drug use by age does not, however, decrease in line with age for all age groups, notably 36 - 40. 15% of respondents aged 61+ reported taking at least one drug in the last month."

(Buffin, J. et al, 2012, p14)

The above figures are qualified however, because of the relatively small number of older respondents. Patterns of drug use noticeably vary by gender. Generally drug use is higher for males than females except cannabis where use amongst females and males was equal. Bisexual females are far more likely and bisexual males slightly more likely to have used a drug than lesbian/gay females and gay males. (Buffin, J. et al 2012, p18)

Higher levels of drug use within older LGB populations compared to the general population are also reported in Stonewall's 'Guide for the NHS'. For example:

- One in eleven lesbian, gay and bisexual people over 55 have taken drugs within the last year compared to 1 in 50 heterosexual people. (Stonewall, 2012, p8)

Rates of alcohol consumption amongst older LGB people are also higher than in the general population:

- Around 35% of gay and bisexual men drink alcohol at least 5 or 6 days per week, compared to one quarter of the general population.
- Roughly one fifth of lesbians and bisexual women compared to 15% of heterosexual women in the same age group drink this amount weekly. (Stonewall, 2011, p16).

Manchester's LGF research also shows higher rates of alcohol consumption amongst LGB people generally and highlighted:

- Binge drinking is high across all genders, sexual orientations and age groups, with 34% of males and 29% of females reporting binge drinking at least once or twice a week.
- Available comparable data suggests that binge drinking is around twice as common in gay and bisexual males, and almost twice as common in lesbian, gay and bisexual females, when compared to males and females in the wider population.

Positive Experiences

Stonewall's study of 2012 which looked at British attitudes towards LGB populations generally, demonstrated that attitudes were improving, both amongst the general population and in the media. For example:

More than four in five people (83 per cent) would be 'very comfortable', 'comfortable' or 'neutral' if the first child, and heir to the throne, of Prince William and the Duchess of Cambridge grew up to be lesbian, gay or bisexual.

(Stonewall, 2012, p7)

The study also demonstrated that the majority of the British public believe that equality for LGB people must be protected and promoted.

Stonewall's 'Guide for the NHS' (2012) explains that this is supported by work done more locally to Bradford at Leeds and York Partnership NHS Foundation Trust where a poster campaign was run across the organisation called 'Gay OK?'. The posters feature images of same-sex couples in front of well-known Leeds landmarks, and advertise the service as gay-friendly. Posters featuring older gay people are placed in older people's patient waiting areas. Feedback from both staff and service users at the Trust indicates that the posters, in conjunction with a media campaign have had a positive effect in raising awareness.

One of the key messages running through much of the research, and which needs to be understood by health and social care services, is never to make assumptions about an older person; their sexual orientation and lifestyle.

Local

Disappointingly, there continue to be no comprehensive official statistics on sexual orientation identity but the Government estimates that the lesbian, gay and bisexual (LGB) population is between 5 and 7 per cent of the total population (this is supported by Stonewall: see www.stonewall.org.uk). Based on 2011 Census, it can be assumed that there are between 26,100 and 36,500 people in Bradford District who identify as LGB.

The only detailed picture of health needs across the LGB populations of Bradford and District is in the form of Equity Partnership's 2 previous LGB Health Needs Assessments (2007 and 2009).

Equity Partnership has also explored LGB needs elsewhere in the region; for example, in 2012 Wakefield NHS commissioned Equity Partnership to carry out a 'Same Sex Relationships and Domestic Abuse Needs Assessment'. While the study focussed upon experiences of domestic abuse and related services, it showed that LGB people in the 56-65 age range were less likely to be 'out' than any other age range, to relatives, friends, children, colleagues, neighbours and professionals.

Some research has been carried out in Leeds with LGB disabled people reflecting a diverse range of both people and impairments looking at their experiences within 12 areas of service provision such as housing, health, advocacy, personal assistance, education and training. Generally the findings show that:

- Few services specifically cater for LGB disabled people.
- LGB disabled people sometimes have to deal with homophobia and disablism at the same time, making their experience twice as bad.
- LGB disabled people have their own culture.
- Many services remain inaccessible to LGB disabled people.
- There is little information to tell service users if an organisation is LGB friendly.
- Few organisations monitor sexual orientation (service provision or employment) and monitoring regarding disability is often not carried out well.

LGB Disabled People's Experiences of Service Provision in Leeds: Rainbow Ripples and Dr Ruth Butler November 2006 (ISBN: 1 903704332).

> 3. HOW THE SURVEY WAS CARRIED OUT

LGB Communities' Questionnaire

The questionnaire was designed using mainly closed questions with options to select and with some questions space was also provided for respondents to record their personal experience/views.

The questionnaire was developed as a web based version using Survey Monkey and a few identical hard copies were also produced. The link for the web based version was placed on Equity Partnership's website and included in the regular e-bulletin (reaching around 800 mostly LGB & T recipients).

Paper copies were taken to the specific older LGB groups in the district and the main 'scene' venues.

One to One Interviews

In order to gain further insight into older LGB people's experiences Equity Partnership decided to carry out a random sample of one to one phone interviews with older LGB people. A set of questions was drawn up and used with each participant.

> 4. DETAILED FINDINGS

a) The Questionnaire

The Respondents

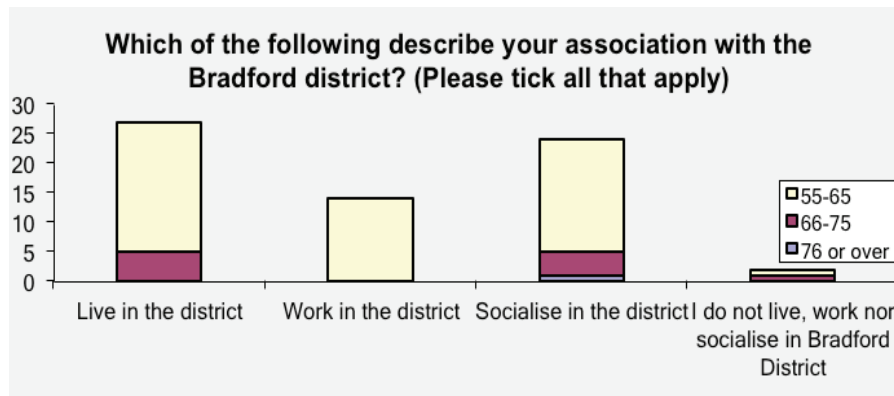
- There was a final sample of 40 individuals aged 55 and over completing the questionnaire. Given that no previous HNA has focussed on this age group, the hidden nature of LGB people generally and older LGB people specifically, this is a reasonable response rate.

Demographic Information

Geographical Area

- From the 40 respondents the majority 67.5% (27) live in the Bradford district and the rest live in other parts of West Yorkshire notably Leeds, Huddersfield and Halifax.

- 35% (14) work in the district.
- 60% (24) socialise in the district.



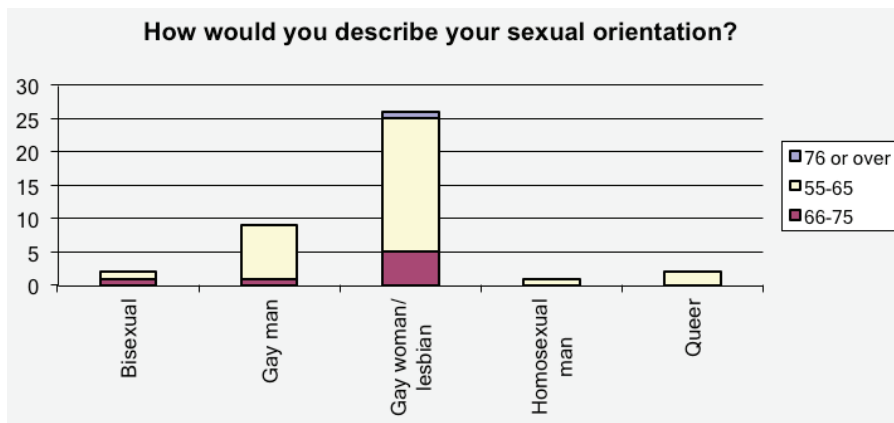
> Graph 1 :
Association with the Bradford district

Gender

- 70% (28) are female and 27.5% (11) are male. All these respondents stated that their gender identity matched the sex identity assigned to them at birth. 1 respondent identified as intersex and stated that this was the sex assigned to them at birth.

Sexual Orientation

- Just over half of respondents 55% (22) are currently in a same sex relationship.
- As can be seen from the graph below there are more than twice the number identifying as lesbian/gay woman than gay man. The 2 identifying as bisexual are both female. From the 2 people identifying as queer, 1 is female and 1 is intersex. None of the respondents stated that they were either unsure or questioning.



> Graph 2 :
Sexual orientation

Ethnicity

- 92.5% (37) of respondents are white British. 2 people identified as white mixed but didn't disclose any further details. 1 person identified as Italian. The white ethnic group of Bradford is 63.9% (Census 2011) and this sample is therefore considerably greater and reflects a much smaller ethnic minority population for the district.

There are several reasons why the ethnic minority sample may be smaller and these all contribute to making it more difficult to engage with LGB people from ethnic minority backgrounds:

- The hidden nature of being LGB from an ethnic minority background and the prejudice from these communities regarding being LGB;
- The struggle to reconcile being LGB with Cultural/Religious beliefs, traditions and identity;
- Racism and discrimination in the wider general population and the LGB communities; and
- Issues of personal safety if out or being found out.

Disability

- 45% (18) said they had a disability or an illness lasting more than 12 months and this is greater than the district and national average of 18.5% and 18% respectively. (www.bradfordassembly.org.uk/TheStateoftheDistrict.pdf - page 36).

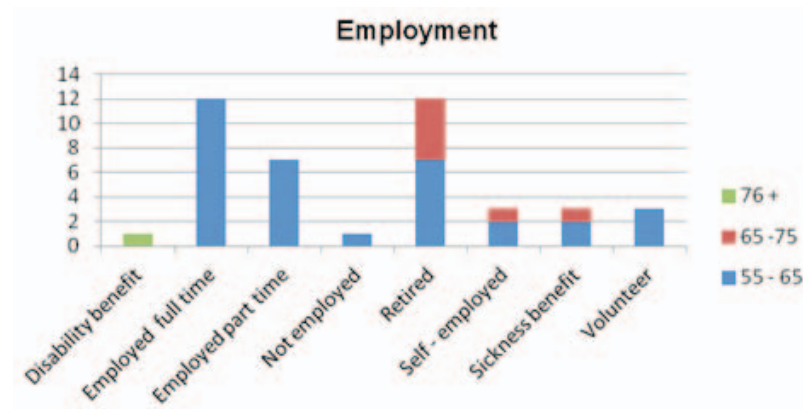
Age

The following table shows that the majority of respondents are in the 55 – 65 age range.

AGE	FEMALE	MALE	INTERSEX	TOTAL
55 - 65	22	9	1	32
66 -75	6	1	0	7
76 and over	0	1	0	1

Employment

As can be seen from the following graph just under half (19) respondents are in paid employment.



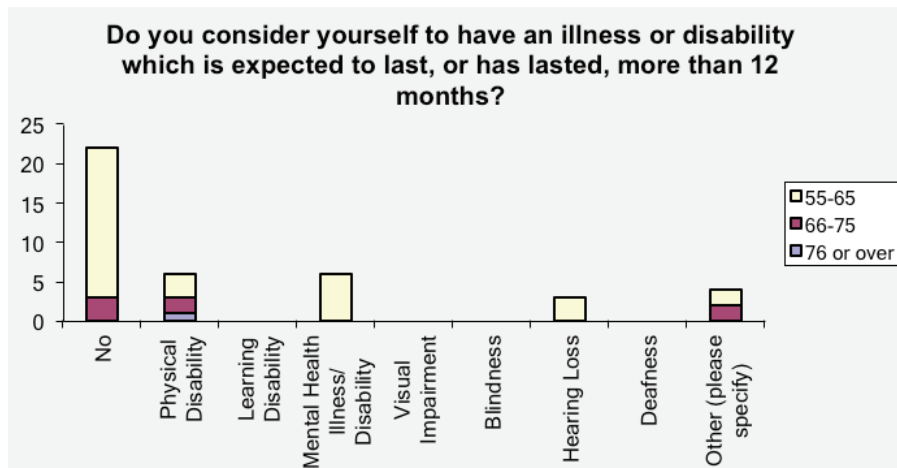
> Graph 3 :
Employment

- 3 people are self-employed. 1 person is not in paid employment. 3 are on sickness benefit and 1 person is in receipt of disability benefit.
- 30% (12) are retired and from these just over half (7) are in the 55-65 age range. The remaining 5 are in the 66-75 age range.
- 3 respondents are a volunteer.
- None of the respondents identified themselves as a carer.

Health

As can be seen from the graph below:

- Just over half of the respondents, 22 (55%) do not consider themselves to have a disability or a limiting illness lasting more than 12 months.
- From the 18 (45%) that do, 6 stated that they had a physical disability and a further 6 lived with mental ill health.
- 3 people have hearing loss, 2 people have heard disease and 1 person lives with age related arthritic pain.



> Graph 4 :
Duration of any illnesses & disabilities

Religious Belief

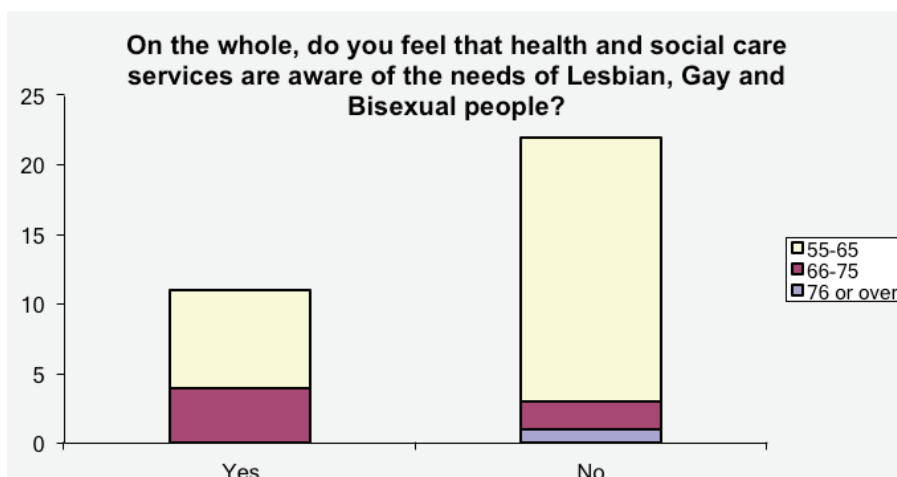
- Half of respondents (20) do not have a religious belief and from these responses 1 person identifies as atheist and another as Spiritual Humanist. All 20 respondents are aged 55-65. 16 respondents identify as Christian, 3 as Buddhist and 1 as Sikh.

Housing

- More than half of all respondents 77.5% (31) live in owner owned/occupied accommodation and 25 of these are aged between 55 and 65. 5 respondents live in council/social housing, 1 is in private rented, and another 1 in supported living, 1 is in temporary accommodation and another in housing association accommodation.

Health and Social Care Services

Awareness of LGB Needs



> Graph 5 :
Awareness of LGB needs

As can be seen from the previous graph and from the 33 people responding to this question more than half, 67% (22) felt that the providers are not aware of the needs of LGB people and 33% feel that they are aware of the needs. The following were provided as examples of lack of awareness:

- "No, only because they don't think of it or can't imagine what is different".
- "Continual heterosexism".
- "Need for the 'next of kin' on the forms to be replaced with 'person to contact in urgent/life threatening circumstances'".
- "I suspect there are many workers in local services who appear to be poorly aware of the real situation for many LGBT people in the local community - in contrast to the positive, liberal gay images which appear on the national media, recent changes in legislation etc. I am aware through the work I do in a mental health service for LGBT people that many have experienced homophobic incidents in their localities, obviously affecting their health/well-being, and that many are seriously afraid of being known in their communities to be LGB or T, fearing serious violence".
- "Encourage lesbian and gay issues and encourage participation from organisations such as equity with, for example, the PCT/district care trust".

Generally these comments show negative responses and allude to service providers' assumptions that everyone is heterosexual, the lack of positive LGB imagery in spaces and lack of an inclusive approach particularly during the initial assessment. There is a hint of disconnect between media imagery (generally improving) and real life for LGB people.

One comment was made that highlighted what can be an added issue for lesbians and bisexual women:

"After a certain age women are all invisible anyway."

Levels of Satisfaction with Services

"They just need to listen, and then ask questions to help create a full knowledge of my needs."

When asked to rate the levels of satisfaction with the different health, education and social care services that had been accessed during the last 5 years the respondents were more satisfied with the services provided by their GP than any other service.

The services provided by the GP also received the lowest number of reports from respondents being very dissatisfied with the services.

Schools received more reports of respondents being very dissatisfied than any other service and gained 0 ratings of respondents being very satisfied with the services.

Care Homes and Day Care Centres followed schools with respondents being very dissatisfied and receiving no reports of respondents being very satisfied with the services.

Comparing satisfaction rates across the 3 hospital services shows that respondents are most satisfied with services at Bradford Royal Infirmary (BRI); of the 16 people who had accessed services at BRI within the last 5 years the majority were positive about the experience. By contrast, half of the 8 respondents who had accessed services at Airedale Hospital and two thirds of those who had accessed Lynfield Mount Hospital were 'very dissatisfied' with their experience.

The table on the following page provides an overview of the satisfaction ratings for the different services accessed by respondents during the last 5 years.

SERVICE	0 VERY DISSATISFIED	1-2 LOW LEVEL OF SATISFACTION	3 FAIRLY SATISFIED	4-5 SATISFIED/VERY SATISFIED	TOTAL ACCESSING SERVICE
GP Surgery	1	3	3	22	29
Bradford Royal Infirmary	2	4	4	6	16
Drug Alcohol	4	1	1	1	7
Schools	5	0	1	0	6
Further & Higher Education	3	1	3	3	10
Sexual Health	4	1	2	3	10
Social Housing	3	0	2	5	10
Social Care	4	1	1	2	8
Care Homes	4	2	1	0	7
Domestic Violence Support	4	0	1	1	6
Day Care Centres	4	0	1	0	5
Airedale Hospital	4	2	1	1	8
Lynfield Mount Hospital	4	0	1	1	6

When those who had experienced the services were asked what the different services most needed to understand about them being LGB 10 people provided a response:

- "Tease out questions more in consultation about partners, relationships. This is an opportunity especially if there is a mental health issue."
- "That I am an individual and am very happy with my sexuality".
- "That I have a same sex partner".
- "I am no different to anyone else and should be treated as such".
- "That they should ask open, neutral questions and not assume that I have a husband/boyfriend. (I am female.)"

- "I need them to feel comfortable and to be able to ask me. My partner to be respected".
- "Being patient and understanding of there being more to me than my sexuality".
- "Recognition of lifestyle".
- "That I don't see/accept men as the source of authority/power in society. That I expect my questions to be answered in a respectful way. I expect to be treated as an equal, as an adult, and be kept informed and my choices respected".

From the comments made it can be seen that respondents do not ask for much from the different service providers. Respondents need to believe that they and their partners are respected by services and that services should ask questions using neutral language, eg. do you have a partner, and not use terms that only assume people are heterosexual.

Being 'Out'

Relatives

- 62% (21) are out to all their relatives and 35% (12) are out to some of their relatives. 1 person is not out to any.
- 45% (15) are out to all their partners' relatives and 21% (7) are out to some of them. 9% (3) are not out to any.

Friends

- 73% (24) are out to all of their friends and 27% (9) are out to some of them. 0 respondents are not out to any.
- 57.5% (19) are out to all their partners' friends and 12% (4) are out to some of them. 6% (2) are not out to any and 24% (8) felt the question was not applicable to them.

Children

- 52% (16) are out to all their children and 6% (2) are out to some of them. 6% (2) are not out to any of their children. 35% (11) felt that the question was not relevant to them.

Neighbours

- 48% (16) are out to all their neighbours and 27% (9) are out to some of them. 21% (7) are not out to any. 1 person felt the question was not relevant to them.

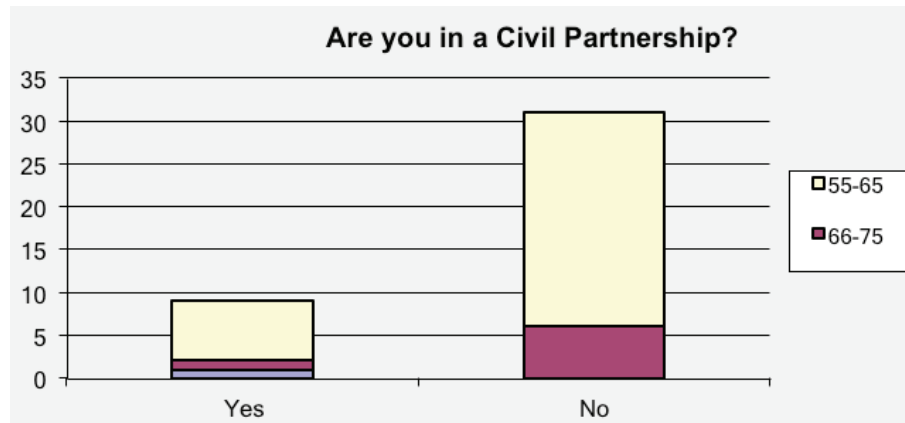
Professionals

- 56% (19) are out to all professionals and 23.5% (8) are out to some. 12% (4) are not out to any. 9% (3) felt that the question was not applicable to them.

Whilst these figures are not totally comparable with those in the 2009 HNA there is a strong indication suggesting that the number of LGB people being out in different circumstances has increased. Of significance is that there appears to have been a decrease in the number of LGB people not being out to professionals. Friends are still clearly important and none of the respondents hid their sexual orientation from their own friends but not all were out to their partners' friends.

“(When coming out) personal support from friends is the most important thing.”

Being in a Civil Partnership usually means that those in the Civil Partnership are ‘out’ to some degree or another. As can be seen from the graph the majority are not in a Civil Partnership. From the 22.5% (9) that are, 7 of these are in the 55 – 65 age range.



> Graph 6 :
Are you in a
civil partnership?

From the 22 respondents who are in paid employment (including self-employed) the majority, 21 are ‘out’ to some of their work colleagues.

Just over half, 12 of those in paid employment have, at some time experienced a negative response from an employer or work colleagues to ‘being out’.

From those experiencing a negative response 8 took some sort of action:

- "I left (two occasions)".
- "Discussed at work based LGB Support Group".
- "Reported it/talked to my line manager".
- "Reported verbal abuse to police".
- "Challenged them".
- "Challenged it on a 1:2:1 basis".
- "I complained to my line manager, personally supportive but nothing happened either to perpetrator or to colleagues who had failed to challenge. On one occasion I spoke directly to person and she apologised. On both occasions my sexuality/feelings were seen to be the issue".
- "There were other complicating factors eg. my Union involvement and then the illness and death of my partner".

From those not taking any action 1 person stated that:

- "I did not feel that I had adequate power to challenge a homophobic manager".

Being Out to GP/Health Centre/Surgery

From the 34 responses to this question:

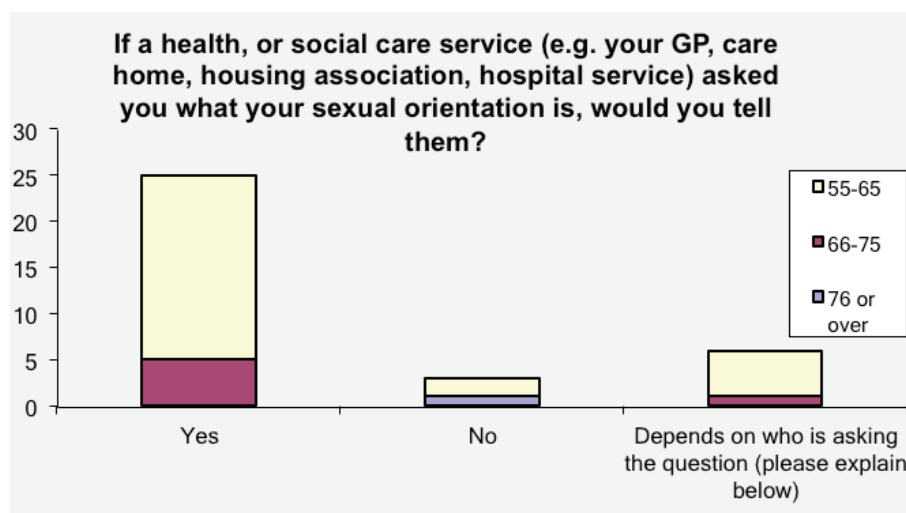
- 2 people had not accessed the service during the last 5 years.
- 20.5% (7) were not out and 6 of these were in the 55-65 age range.
- Just over half of all respondents (25) are out to their GP, which is similar to the number out in the 2009 HNA.
- From those who are out to their GP 47% (16) stated that all staff were accepting to respondents' sexual orientation. This is the same rate as the 2009 HNA but 10% less than it was in 2007.
- Only 1 person had experienced a negative response from staff and this is slightly less than the 2009 HNA.
- 26% (9) had experienced a mixed or neutral response from staff.

Being Out to Other Services

"Some people feel safer to tell than others."

- In almost all instances when accessing services during the last 5 years half/just over half of respondents were not out to the particular service. The exceptions to this were further/higher education, mental health, sexual health and social housing where less than half of respondents were out.
- From those who were out just under half reported all staff being accepting of the respondents' sexual orientation.
- The majority of services only had a few reports, no more than 2, of staff giving a negative response.
- Sexual health and further/higher education both had no reports of staff giving a negative response.

In all instances these responses are similar to those in the 2009 HNA.

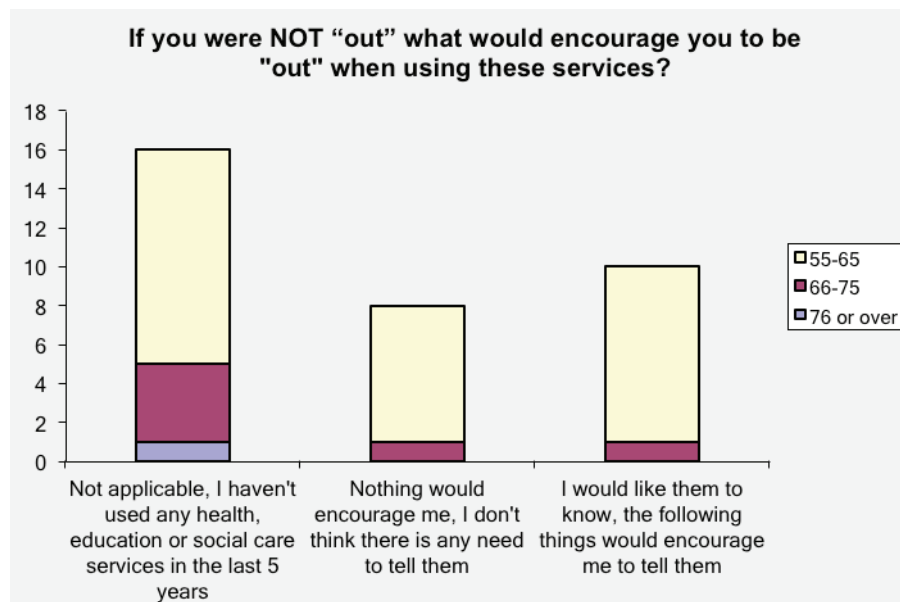


> Graph 7 :
Being out to your
health or social care
service

From the 34 people answering this question the graph on the previous page illustrates that almost three quarters, 73.5% (25) of respondents would tell a service about their sexual orientation if they were asked. From those stating that they wouldn't or it depended on who was asking the following comments were made:

- "I am increasingly nervous of being out to some people because of fear of homophobic consequences based on attitudes and beliefs of some others"
- "If I felt I would be treated sympathetically and not discriminated against I would".
- "If I felt it was relevant and if I felt that they had demonstrated that they were obviously ok with same sex issues".
- "Depends what the purpose is why they are asking?"
- "Why are they asking, if it is relevant I will answer yes".

When asked what would encourage respondents to be out when using services, the majority of the 34 people answering stated that it was not relevant as they had not used the services.



> Graph 8 : Encouragement to be 'out'

10 respondents felt that the following would encourage them to be out to service providers and comments made include:

- "Feeling safer, that I would not be subject to homophobic attitudes and beliefs".
- "A proper response to me, eg. ways of questioning me not just 'are you married or single?' but 'have you a partner?'"
- "Feeling safe".
- "Staff training".
- "Images of different families and LGB people".
- "Acceptance it should not be an issue".
- "I would want them to know where relevant eg. sexual or mental health, or in regards to relationships".

Generally the comments show a mixture of needing reassurance that it is 'safe' to be out and some lack of awareness of why it is necessary to be out. It is interesting to note that the majority of respondents would 'out' themselves to service providers if asked and even from those who stated they wouldn't the comments made indicate that most of them would if:

- "It felt safe to do so".
- "Respondents felt they would not be discriminated against/receive homophobic comments/behaviour".
- "Services asked more inclusive questions".
- "Services visibly showed that they were LGB friendly" or;
- "Respondents felt it was relevant to what they had gone to the service provider for.

Being out to a service is affected by how 'safe' it feels to come out. This can be shown in the ways staff ask monitoring questions and in how LGB friendly the space feels and looks. When specifically asked if they had taken any action when they had experienced a negative response from health and social care providers 6 people answered this question stating that they had taken no action. Reasons given for not doing so:

- "Felt as if I was making a fuss over 'nothing'. I know that sounds awful but it's true".
- "No, feared would get worse treatment next time we used the service".
- "Uncertainty about my response/ability to manage my reaction".
- "(It was) not intended".
- "No one asked for feedback".

When asked for examples of good or poor treatment received because of their sexual orientation those responding mainly highlighted good responses:

- "Social services completely accepting of my orientation".
- "Recently employed part time at Bradford University, staff and students alike are very receptive to gay people, feel very comfortable there".
- "Leeds Breast care and cancer services were excellent".

The 2 responses relating to poor treatment were both linked with previous hospital experiences of next of kin issues:

- "Hassle over being partners next of kin - not accepted in a previous hospital experience".
- "Airedale Hospital - more than 5 years ago, asked about relationship of next of kin. Member of staff laughed and apologised".

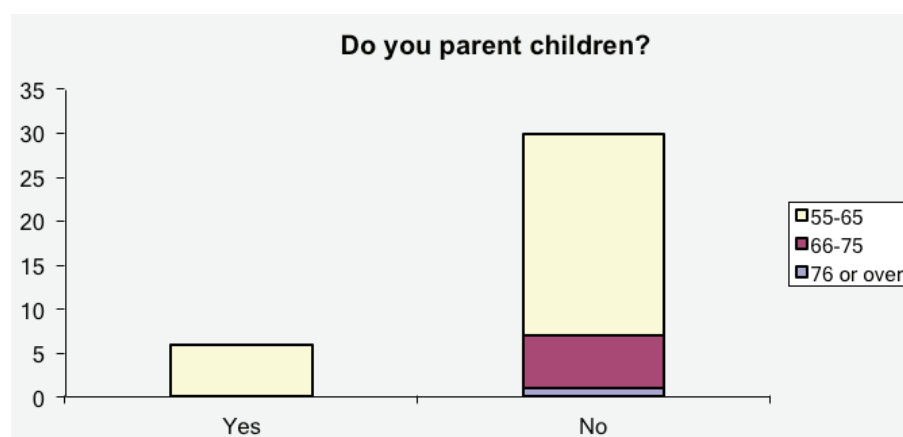
When asked what piece of advice supported them when they came out or would support them when they plan to come out many of the respondents suggest

meeting with other LGB people as being very helpful to improve own sense of self, see role models and learn that not all LGB people are the same and do not conform to stereotypes; even LGB people have misconceptions of LGB people. Comments include:

- "Be prepared for people not understanding, especially being bi-sexual, as you are open to negative and misguided assertions".
- "I got help (through LBG switchboard, then MESMAC)".
- "I went to a group for support".
- "Get support from gay people and gay-friendly workers/ teachers. Openly gay role models - teachers etc. would really help".
- "Talk with others that have gone through similar experiences. Try to have supportive people around you. Don't go underground. Find someone that reminds you you're ok".
- "Seeing others in the same position who are now out, the feeling of attending a gay pub for the first time was scary but wonderful - you are not alone!"
- "Lesbian / Lesbian friendly groups and support services can be very helpful".
- "That gay people are not all the same".
- "Believe in yourself".
- "Be Bold. Be Brave!"
- "There is never a "right" time, it is a risk, your parents/friends may not like it be prepared for this".
- "Jump... and the net will appear!"

Parenting Children

"Because you are older it is assumed that you have a male partner and grandchildren and if you don't fit this they don't know how to deal with you."



> Graph 9 :
Parenting children

As can be seen from the graph on the previous page 83% (30) of the 36 responses do not parent children, which reflect the national findings from Stonewall.

Having children is one of the traditional support networks which heterosexual older

people can have. However, older LGB people are much less likely to have this kind of support.

“Remember that we were young once and made choices some of which meant we didn’t fit the norm eg. not having children.”

Mental Ill Health

From the 33 people responding to the question about mental ill health at least 5.5% (2) and at most 86% (31) of respondents have experienced some form of mental ill health. As mentioned earlier in the background research it is crucial that services make every effort to understand the sexual identity and orientation of their clients. This is because LGB people are more likely to experience mental ill health due to a number of reasons. The greatest factor is the prevention of freedom to express one’s whole self, ie. to be able to openly acknowledge being LGB.

For some older LGB people the one place that they may feel safe and able to be their whole self is in their home. However, even this sense of safety can be jeopardised at the prospect of growing older and needing care in the home.

“I worry that if I had to have carers in my home I would no longer be able to be out and I would end up having to hide anything I have such as photos, lesbian magazines, books, music etc. and de-gay me and my home. Surely that’s not right.”

From those who had experienced mental ill health it was broken down further:

<i>MENTAL ILL HEALTH</i>	<i>NEVER</i>	<i>EXPERIENCED</i>
<i>Depression: SAD, PMS, Post natal depression</i>	<i>19% (7)</i>	<i>86% (31)</i>
<i>Anxiety including panic attacks</i>	<i>33% (12)</i>	<i>67% (24)</i>
<i>Suicidal thoughts</i>	<i>69% (25)</i>	<i>30.5% (11)</i>
<i>Self-harm</i>	<i>78% (28)</i>	<i>22% (8)</i>
<i>Eating disorder</i>	<i>69% (25)</i>	<i>30.5% (11)</i>
<i>Other issues including work stress, stress, post-traumatic stress, low feelings of self-worth & non acceptance, insomnia</i>	<i>28% (10)</i>	<i>72% (26)</i>
<i>Obsessive compulsive disorder</i>	<i>80.5% (29)</i>	<i>19% (7)</i>
<i>Manic depression, bipolar disorder</i>	<i>92% (33)</i>	<i>8% (3)</i>
<i>Personality disorder</i>	<i>94% (34)</i>	<i>6% (2)</i>
<i>Memory loss including Alzheimer's and dementia</i>	<i>80.5% (29)</i>	<i>16.5% (6)</i>

Alcohol

- When looking at drinking alcohol the vast majority 78% (28) do not drink more than the recommended levels of alcohol in any one session.
- 17% (6) people exceed the level once a week or less.
- 2 people exceed the level daily.



> Graph 10 :
Alcohol consumption

Drinking at Home

- When looking at drinking alcohol at home 72% (26) from the 36 responses drink once a week or less.
- 17% (6) never drink at home.
- 14% (5) drink more than 4 or 5 times a week.
- 8% (3) drink daily/almost daily.

Drinking when Socialising Away from Home:

- 78% (28) drink away from home once a week or less.
- 25% (9) never drink away from home.
- 1 person drinks more than 4 or 5 times a week.
- Another 1 drinks daily/almost daily when away from home.

Drinking at Work/School/College:

- As would be expected the majority of respondents 89% (32) never drink when at work/school/college.
- 2 people drink in this environment on a daily basis.
- A further 2 people drink in this environment once a week or less.

Drugs

- When looking at drug use the majority (29) of the 36 respondents have never used Cannabis.
- 2 people are using it daily.

- 1 person has used it once in the last month.
- 1 person uses it 2 or 3 times a month.

Use of other non-prescribed drugs such as Poppers, GHB, Amphetamines, Crack Cocaine etc was low. 31 of the 36 respondents have never used them. From the small percentage who do use drugs no more than 2 people use them on a daily basis and the other 3 people have used them once in the last month. This is similar to the findings of both the 2007 and 2009 HNA carried out by EP.

The findings indicate that drug use in this age range is less than that found in national research, which suggests that drug use is higher amongst LGB people than amongst heterosexual people. Equity Partnership does not know why this finding is different from the national picture but thinks it could be linked with the small size and type of the LGBT scene venues (compared to some other cities such as Manchester) and the migration of LGB people to these cities.

Drug use amongst the 61 plus age group is considerably less than the 15% who reported using at least one drug during the last month found in the national survey carried out by Manchester Lesbian and Gay Foundation.

Reflections of Being LGB

"Be comfortable and accepting of yourself."

When asked if they were able to go back in time and give their younger self advice about being LGB some predictable responses were given but there were also a number of issues highlighted. These include the suggestion that care should be taken in terms of who to come out to and this may suggest some bad experiences.

Overall, comments are supportive of coming out and encourage being oneself. Several suggest they should not have delayed coming out, join groups and find others who are like you.

- "I would do just what I did - be open to the people who mattered to me and non-committal to people who I didn't think were relevant in my life."
- "Be more careful, considered, selective about who to come out to and when - there are consequences, both negative and positive."
- "Be careful as to who you let know your sexuality, to protect yourself."
- "JOIN CLUBS."
- "Come out."
- "Find others like yourself soon."
- "Don't be conformist to lesbian stereotypes."
- "Be sensible."
- "Gay relationships are not necessarily going to be nicer than straight ones and they are just as important."

- "There are others."
- "Come out sooner."

b) The Interviews

A total of 7 interviews were completed with older LGB people. 6 identified as lesbian/gay women and 1 as a gay man. They all lived in Bradford District.

When asked what they felt the main issues/concerns are facing them as a LGB person and ageing a number of things were highlighted that were the same/similar to any person ageing and some were very specific to being LGB. Issues raised fall into the following groupings:

- General health.
- Loneliness.
- Ageism.
- Wondering what the future holds.
- Difficulty talking to the GP.
- Not having a partner.
- Lack of inclusive attitudes of health care workers re being gay.
- Hard to talk because of my sexuality.
- Having to hide who I am - hide being gay.
- Future health and social care and their attitudes towards being LGB.
- Having to 'de-gay' me and my home.

Comments included:

- "Future health and social care is a big concern particularly because of their attitudes towards LGB people."
- "As I get older and if I needed to go into care I question whether I would be able to be open as a gay man, I probably wouldn't act on it but it is important as my identity. If I had to go into a home now it would be a big concern."
- "Being LGB is ignored or seen as irrelevant and doctors now only see an old person so you get 'oh it's an old person, what do you expect at your age. This is unhelpful - getting repetitive diagnosis only based on age.'"

A number of specific things were suggested when asked if there were any services/facilities that do not exist or are not accessible which would be of interest and importance to them as an ageing LGB person:

- More acceptance and inclusivity in care homes so that it would be ok to be LGB.
- LGB home care service.
- Sexual health clinic specifically for lesbians and bisexual women.

- Something around social contact for older LGB.
- Housing it's a big one. I'm thinking what will happen if I have to go into a care home. Will I end up with a load of heterosexuals? I will feel very unsafe and vulnerable.
- Educate people about diversity. I have a partner but we chose not to live together and this is never catered for or seen as unusual/not normal.
- More for alcohol and drug stuff.

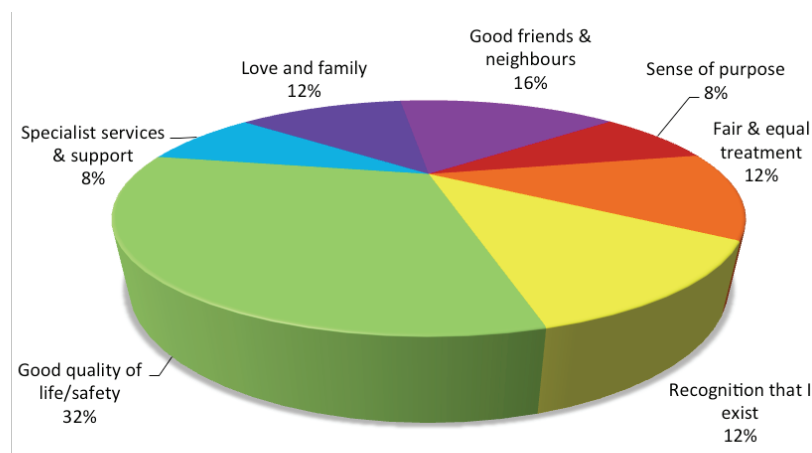
Experiences of using the health and social care services in Bradford, such as the NHS, GP, Social Services, Schools, Care etc. were in the main reasonable or quite good.

- "In the main services in Bradford are quite good. Most people are quite accepting."
- "My partner had a drink problem and provision round this was reasonable generally. She had one worker in a project who was excellent. However, when we needed it, it took ages to get residential care. She died tragically and the coroner and all the other staff at the mortuary were excellent."
- "When in hospital there was a lack of supportive attitudes from staff and attitudes about my visiting my partner varied enormously amongst staff and other patients."
- "Generally not bad. Had a nurse come to the 'Older and Wilder' group who advised me to go to a particular place for a smear and I then had a good experience with that GP."
- "When my partner died I was teaching full time and not out at work and needed some time off. My GP was really good and she actually asked me how I wanted the relationship with my partner wording. She was really supportive."
- "Not really had any experiences. I was looked at askance when I chose to go to the GP for a HIV test instead of the specialist services."
- "My partner was severely ill and she named me as next of kin but the hospital staff ignored this and took notice of her son, who lived in another country. He ended up knowing more about how she was doing than I did. They gave him more rights than me. We both found this hard. I've also had similar problems when other relatives have been ill and even though the patient has given consent that I should be informed the hospital staff still ignore it so the wishes of the patient are ignored."
- "Sort of ok but there doesn't seem to be any real caring or love anymore in the care services. We are still people, we just happen to be LGB."

Interviewees were asked to imagine that the things that make them feel happy and good (whatever that is for them), are the ingredients of a cake, in an ideal world, what ingredients would go into this happiness cake. Interviewees saw some things that would be important to heterosexual older people such as lack of poverty, to be looked after properly but also flagged up quite a number of LGB specific issues. Comments made included:

- "No homophobia - to be out and accepted."
- "To be seen as an individual - I'm me and I don't need a label of being lesbian to define me."
- "Acknowledgement of our LGB presence."
- "To be able to hold hands etc. out in public without judgement."
- "Equity Centre and the meeting space - they saved my life literally!"
- "LGB Housing and Social Care."
- "Feeling secure that there will be quality care when needed - looked after properly."

The following highlights what was seen to be important:



> Graph 11 :
Ideal cake

When asked how the different services relate to their partner/family of choice there was a mixed response. For some the situation had not arisen so they couldn't provide an answer. One person did not wish to respond because of personal circumstances. For those that had experienced it a couple said it was sort of ok, no real issues and one that it had been very good via the GP. Others stated that hospital experiences had not been very good saying that it was mainly the nurses and other patients where there were difficulties. Comments include:

- "My experience in hospital re my partner was not good. The nurses' attitudes about us being a couple were awful."
- "I am what I am and it's no-one else's business but when my partner was in hospital and nurses and patients made the assumption that "husband would be along soon". I wanted to say something but I didn't have the strength or energy. Do I have to be out all the time? Also it was important that I think about the safety of my partner whilst in hospital as well as not saying something that might have led to her having less or poorer quality of care or staff being awful, bullying etc. We have to do all this when ill and vulnerable!"
- "Not really come up but one thing that concerns me is that when I was seeing a psychiatric nurse for 18 months no-one mentioned EP, not even when I eventually told them that I was gay. Had they told me earlier then my life would have been much improved sooner."

When asked to think about themselves, their partner or others that they are close to and having ever experienced a situation where support wasn't gained or limited because of their sexual orientation the general sense was that in the past there were times when services were really homophobic.

The situations outlined highlighted how LGB people were treated before the more recent legislative changes and included:

- Having to undergo aversion therapy because of being a lesbian.
- Listening to the homophobic comments of my head teacher who was also anti-unions and having to put up with this homophobic atmosphere at work.
- Having to stay in the closet - too frightened to come out.
- Negative response from GP when thinking about becoming pregnant.
- Having identity as a lesbian treated as an illness.
- Work colleagues believing that because of my sexual orientation I fancied all the female staff.

A few indicated that the current situation is now very different and one person could not think of a recent time when services were withheld or limited because of their sexual orientation.

Specific comments made:

- "Major distressing abuse of psychiatric care, practice and principles. The mental health services were appalling and because I was a lesbian forced me to be an in-patient in the behavioural research unit and gave me aversion therapy."
- "In the past I felt it was impossible to be gay, was in the closet and on the fringes. Thank goodness for Leeds Gay Switchboard who gave me information and advice (years ago)."
- "Once I came out there's been one or two doctors who have not been ok with my sexual orientation but generally now it isn't an issue. I have had and still get lots of support from EP and Mesmac."
- "Not so overtly but when I wanted to become pregnant I got a real icy response from my GP because of my sexual orientation and also my age - said I was too old. She was very discouraging. She never actually said the words "two women in a relationship cannot /should never bring up children" but she said this in lots of other ways."
- "Was regularly told by my GP that I didn't need anything from them regarding sexual health since I was a lesbian. Lesbians didn't need to have smear tests or talk about their sexual needs."

In terms of what the different health and social care services most need to understand about the interviewees as an older LGB person a number of similar things to those identified nationally by Stonewall and others were emphasised.

- Understanding, responding and respecting LGB people and their identity.

- Look at providing some double rooms for partners in residential care homes.
- See me as an individual.
- I count, I matter.
- We are not stereotypes.
- Just because I don't have a partner does not mean I do not still identify as a lesbian - my identity is more than just about sex.
- We are also sexual beings.
- Stop being ageist.
- Training for staff regarding attitudes towards LGB older people.
- Look at oncology and other linked services and how these issues impact on sexual/intimate same sex relationships.
- Social isolation.
- I am more likely to need support because of not having children and being single.
- To positively take into account my partner if I have one.
- Be treated fairly - not to be made to feel uncomfortable.
- To be able to visit hospital or care home without judgements being made.
- To be accepted.
- To give us a community that's similar to ours. I feel safer and happier in an all woman environment, preferably all lesbian.

Interviewees were asked to think about the ingredients of their happy cake and to identify what ingredients are different or missing in their real life cake as an older LGB person.

Generally the response to this showed that LGB specific accommodation and care services were missing. Homophobia, judgemental attitudes, lack of appropriate representation, stereotyping, ageism and worries about future security all featured in their real life cake. Ingredients that are different or missing include:

- LGB specific accommodation and care services are missing.
- Homophobia.
- Ageism.
- Judgemental attitudes towards older LGB.
- Develop own mental well-being.
- Privacy.
- Don't know how different my needs will be as a gay man getting older from other older men - will there be gaps?
- I know from when I worked that some people have reported a lot of homophobia from their GP so this is a worry - it seems to change depending on where you live.

- I don't feel I have a local MP as the one that covers my area is so openly anti- gay - he makes his views about gay people very plain.
- Lack of money.
- Worry about future security.
- Would worry me if EP didn't get more funding to continue to help others as they have helped me - it's a critical place for LGB generally and for lesbian and bisexual women's health specifically. My real life cake will have funding for EP in as I think it is crucial that it continues to exist.
- Still being able to talk about my partner in an accepted way.
- I still have to choose if/when and who to be out to.
- Worry about who knows things as I am concerned about reprisals - we've had allotments for 20 years and they still talk negatively about us.
- Being different isn't liked.
- My cake will have time to just be.
- Alternative therapies - the medical route isn't the only way and isn't always the right way.

> 5. CONCLUSION

The Equity Partnership has worked for many years in different ways to help to improve the quality of life for LGB people. This third needs assessment with a focus on older LGB people is one of the ways in which EP is trying to increase the evidence base and therefore improve the engagement of policy and commissioners around the needs of older LGB people.

It is hoped this report will serve as a practical tool to support good service design and delivery in health and social care in Bradford, with an emphasis on that design being based on community feedback.

The findings from this needs assessment show:

- More than half of older LGB people (67%) feel that service providers are not aware of the needs of LGB people.
- More people were satisfied with the services provided by their GP than any other service.
- A high percentage of respondents would tell a service about their sexual orientation if they were asked.

It is important to note that this needs assessment did not gain information from very many older bisexual people.

The Health and Social Care Act 2012 has at its core an integrated care approach centred around the whole person. This must include providing for the specific needs of older LGB people and the broader challenges of LGB and ageing.

> 6. RECOMMENDATIONS

Improving Services

Fly the flag - show LGB people that you understand them and that they matter to you

An LGB friendly atmosphere can be easily created by the use of positive imagery such as posters, leaflets, rainbow flags (small), information about LGB social/support groups. Embed positive LGB imagery in all publicity, public facing materials. Additionally, use the media (social, press etc.) to proactively 'sell' your LGB friendly service. Attend key events in the LGB calendar such as Pride, IDAHO Day. Run events yourself - eg. during LGBT History Month.

Implement effective monitoring

In order to ensure that the needs of older LGB people are met it is imperative that services understand who uses them. Simply ticking boxes and asking 'the question' is not enough. Neither is the status quo. An appropriate environment in which service users trust that they are 'safe' to respond openly is essential.

Don't just do it, do it well. Training and support of staff to implement (quality)

Understand and act on feedback

Ensure that there is a clear complaints and compliments procedure which also collects information as to the make-up (characteristics) of those providing the feedback.

Do something constructive with the information, act upon feedback and share best practice.

Enhance your service

Use your voluntary and community sector! Direct your older LGB service users to additional appropriate information and support. Make sure your information is accurate.

Pay due regard to older LGB diversity

Older LGB people are as diverse as anyone else. It is important to see the whole person (not just their age). Acknowledge that older LGB people may have a sexual identity; avoid making assumptions.

In particular, efforts must be made to recognise older LGB disabled people. Older LGB disabled people can experience multiple levels of discrimination and are less likely to use services but more likely to need them.

Use the tools you already have

What a difference a story makes, but only if it's complete. Use Life Story work and other biographical approaches to promote individualised care and improve assessments for older LGB people. This work must include, address and respect the person's sexual orientation. (For further information on Life Story Work see: www.teccservices.co.uk/life-story and www.lifestorynetwork.org.uk.)

Preventative Measures

Support older LGB people to understand 'why?'

It's not always obvious why services need to know the sexual orientation of their service users. Accessible information must be available which explains why collecting information about sexual orientation is important and how it will be used.

Let your barriers down

Using neutral language during assessments and consultations can be hugely encouraging and can help to create an atmosphere of 'safety'. Not doing so can create barriers which prevent older LGB people from disclosing important facts about themselves and why they need help/support. For example, instead of asking "are you married?" - ask, "do you have a partner?"

Understand the fear, provide reassurance

For some older LGB people the one place that they may feel safe is in their home. However, even this sense of safety can be jeopardised at the prospect of letting strangers (eg. Care Workers) in, whose attitudes and beliefs are unknown, and may even be homophobic. This can cause fear and anxiety in older LGB people, resulting in them feeling the need to 'de-gay' their home and hide their true identity.

Understand that older LGB people could have many reasons to feel anxious about home visits. Provide effective training to your staff which helps them to recognise these issues and provide reassurance to service users. Devise accessible materials for ALL clients which provide further assurances.

Help to prevent hate crime, enough is enough

Homophobic hate crime is grossly underreported. Agencies have a responsibility to turn this around. In partnership with Voluntary and Community Sector agencies, build trust between you and LGB people. Develop campaigns aimed at reducing and preventing Homophobic hate crime. Redouble efforts to encourage LGB people to report hate crimes/incidents.

Smarter Strategies

Support LGB networks

Community groups for older LGB people play an important part in combating loneliness and isolation. It is not only the responsibility of the Voluntary and Community Sectors to ensure that social and support groups exist for older LGB people. Understanding and support at a strategic level is essential.

Develop your workforce - awareness at the heart of practice

Develop and implement core training standards for sexual orientation, directly linked to key health and social care competency frameworks, for example, the NHS Knowledge and Skills Framework.

Continue to support specialist LGB equalities training for health and social care staff. Ensure that senior managers are equipped to ensure its effective implementation.

Be ahead of the game

It is crucial that policy makers understand and recognise the impact of isolation, Homophobia and heterosexist assumptions on older LGB mental health. Mental health strategies must pay particular attention to these causal factors and shift the emphasis from treatment, to prevention.

Acknowledge and work with changing landscape

The changing health and social care landscape means more disparate delivery of services, by a wider range of organisations (ie. private, public and voluntary sectors). There is a danger that bodies responsible for planning and delivering services

(Clinical Commissioning Groups, Joint Strategic Needs Assessment, Health and Wellbeing Boards), will do so in isolation and best practice will not be effectively shared. To prevent this from happening, it is essential to develop and implement coordinated approaches for the delivery of good health and social care for older LGB people. To assist in this the role of the LGBT Health and Wellbeing Group must be maintained and strengthened.

Equity Partnership to act as the driving force

The Equity Partnership must ensure that the findings and recommendations of this needs assessment are widely shared and acted upon. This includes supporting the LGBT Health and Wellbeing Group to maintain its mandate to implement these recommendations and report to the Health and Wellbeing Board twice a year to link in with key strategic and planning cycles.

Keep evolving

Equity Partnership must maintain a current understanding of the challenges faced by lesbian, gay, bisexual AND Trans communities so that future assessments of health and social care are relevant, timely and meaningful.

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