AGEING ON OUR OWN TERMS

A resource for commissioners, providers and regulators of health and social care

The Furzedown Project

This booklet is designed to assist commissioners, providers and regulators of health and social care in Wandsworth and beyond to provide better support for older lesbians, gay men and those within the broader LGBT+ communities.

It was developed by, and draws on the experience of, the Furzedown Project LGBT+ Group funded by a grant from Wandsworth Borough Council.

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AGEING ON OUR OWN TERMS

The Furzedown Project provides opportunities for older people to connect, contribute and be active.

We are a user-led, community-based charity with over 400 members offering activities that matter to, and are mostly run by, our members. Activities range from Zumba and a strolling group to singing, film clubs, IT sessions, a radio group, Diwali celebrations and a 'come and meet each other' (CAMEO) session where people share the stories of their lives. They take place 6 days a week. We offer transport and home visiting to ensure inclusion of people with mobility challenges and aim to tackle social isolation and improve well-being for all. We are based in Tooting, Furzedown and have members from across Wandsworth.

Eight years ago an older LGBT+ coffee morning was set up at the Furzedown Project through a partnership between Wandsworth LGBT Forum (now Queer Wandsworth) and the Furzedown Project. The group has grown and thrived and now comprises 45 members.

As well as a weekly coffee morning, the group has been on trips, for instance becoming part of the Historic Palaces Community Access Scheme, learning about the LGBT history of the Tower of London, a tour of gay Soho, a visit to Bletchley Park, the Diva exhibition at the V&A - and much more. Speakers have included Jill Naider (who was the inspiration for a leading character in the TV series 'It's a Sin'), Topsie and Tom Robinson (who serenaded the group with 'Glad to be Gay') – as well as a variety of authors and historians speaking on LGBT+ themes.

Importantly, many members have formed friendships and engage in social activities outside the group. Members also provide each other with mutual support, including visiting when they are in hospital or recently discharged, offering lifts to medical appointments and ensuring members get prescriptions and aids and adaptations when needed.

In the course of discussions, group members often expressed concern about what would happen as we get older and less able to do the things we value unaided.

Concerns were expressed about potential homophobia/heterosexism in services, reinforced when Ted Brown came to speak about the abuse his partner experienced in a Lambeth Care Home and his subsequent campaign, 'Pride in Care' with Lambeth Links, to improve care. *(see Channel 4, 2023 documentary 'Ted and Noel')*.

We decided we would like to explore together what we wanted as we get older, how we might support each other and inform local services about our needs and aspirations. Thus was born this **'Ageing on Our Own Terms'** project.

We are very grateful to have received a small grant from Wandsworth Borough Council to enable us to do this. In the course of this project we have learned from others engaged in work in this area, most especially Clare Summerskill who came and spoke with us about her 'At the Rainbow's End' play and research.

CONTENT

Section 1

Understanding the issue: the current state of health and social care for older lesbians, gay men and the broader LGBT+ communities

Research literature clearly shows that health and social services have not always served LGBT+ people well – that is Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex and Asexual/Aromantic people - (see, for example, Social Care Institute for Excellence, 2024[1]; Centre for Ageing Better, 2023[2]; King et al, 2019[3] and Kneale et al, 2020[4]).

Too often, we have found health and social services:

- fail to affirm our identity – assume that everyone is heterosexual
- do not accept difference or understand our lives and experience
- continue to show overt prejudice and discrimination, including, on occasions, physical abuse (see Channel 4, 2023 documentary 'Ted and Noel'[5]), and
- exclude partners and close friends from discussions and decisions about support and treatment - when heterosexual partners and families are included: *"despite legal recognition of relationships, there is extensive evidence of LGBTQ+ people's partners, carers and 'families of choice' not being valued or recognised in some care settings."* (Skills for Care, 2022[6])

As a consequence of the experience of services and spaces that fail to meet our needs, LGBT+ communities have begun to establish a number of initiatives of our own.

For example, in Manchester, the LGBT Foundation organises a range of events and activities that reflect the diversity of our communities[7] and in Bristol, there is the LGBT+ FAB Cafe[8]. In London, TONIC has established an innovative LGBT+ retirement community[9]; Care4Pride[10] provides LGBT+ affirming, individually tailored, support in people's own homes – from hourly care visits to live in care.

There are also a number of groups for older LGBT+ people including our own 'Furzedown Project LGBT+ Coffee Morning' that has met weekly for 8 years, providing a space for mutual support and overcoming isolation as well as a programme of celebrations and events ranging from tours of LGBT+ history in the British Museum or Hampton Court to talks by various authors and film makers.

Recognising that most older LGBT+ people need to access mainstream services, there have also been initiatives to provide training and support to such services to ensure that they become genuinely inclusive.

For example:

- **Opening Doors in London** provided training for residential and nursing homes[11].
- **Ageing Better** have developed a 'cultural competency' package so that existing activities in the voluntary and statutory sectors are more accessible to LGBT+ people over 50 and have developed a network of 'Community Speakers' who connect with organisations to share their experiences and increase awareness[12].
- **The London Hospices LGBT Network**[13] has been founded to improve end of life care for LGBT people and better support LGBT hospice staff and volunteers.
- Based at Applied Research Collaboration Kent, **Surrey and Sussex 'Circle' project** (2024)[14] has developed a guide for *'Creating Inclusive Residential Care for LGBTQ+ Elders'* and have supported residential care providers with LGBT+ inclusion.
- **'Skills for Care England'** have also produced *'A learning framework for knowledge, skills and values for working affirmatively with LGBTQ+ people in later life'*[15].

However, for the most part, it remains the case that older LGBT+ people *"…are less likely to access social care services, and less likely to have their needs addressed, than older people more generally"* (Jeyasingham et al, 2024[16]), and are at *"an increased risk of reporting long-term illness and health-related limitations"* (Kneale et, 2020[17]).

Many feel unable to be open about their sexuality for fear of how they might be treated, and unable to acknowledge partners in a care context – as Jen, from Opening Doors London[18], said *"we've got a lot of scared older people who go back in the closet"*. A further consequence is that services do not 'see' the lesbian, gay and transgender people among the people they serve so not infrequently say things like *"We don't have any gay people here!"* sometimes adding *"We treat everyone equally so they should be fine here"* and *"Surely all the issues are the same; we don't need to know about people's sex life do we?"* (Sally Knocker, Opening Doors London, 2017[19]).

But treating people 'equally' is not good enough.

Research evidence demonstrates *"a 'one size fits all' approach in some areas of care and the assumption that all older people are heterosexual … makes it difficult for people to talk openly about their lives and loved ones and express their needs."* A greater awareness of our "*life experiences, life priorities, interests and needs"* (Skills for Care 2022[20]) is necessary.

It is widely recognised in relation to race and ethnicity (though not always realised in practice) that health and social care services need to understand a person's culture, history and community if they are to provide effective, accessible, acceptable care and treatment. The same applies to lesbians, gay men and the broader LGBT+ communities.

Support needs to respect the full experience and identities of the people served and for many LGBT+ people that includes their religious affiliations, cultural backgrounds and histories, and experiences of exclusion and discrimination because of disability, mental health challenges, race or age - which intersect with their experiences as LGBT+ people.

Wandsworth Borough's 'Guide to Adult Social Care and Support' says the purpose of social care is as follows:
*"Our vision is to deliver the best for residents who use our services and support to be as independent and as well as possible. **We want to support people to live the best life they can …"***. In relation to health services, Atul Gawande, in his Reith Lectures on 'The Future of Medicine' says that we should have a similar ambition for health services[21] *"to enable well-being - and well-being is ultimately about **sustaining the reasons one wishes to be alive…protecting,***

insofar as possible, people's abilities to pursue their highest priorities in life."

In enabling older LGBT+ people to 'live the best life we can', 'sustain our reasons for being alive' and protect our abilities to 'pursue our highest priorities in life' a knowledge and understanding of our history, communities and culture is essential to providing sensitive and effective support[22] … and in doing this *"proactively engaging, listening to and learning from people and communities who are often marginalised"* is critical[23].

This booklet reflects the voice and experience of lesbians and gay men who are part of the Furzedown Project Older LGBT+ Group. We are grateful to Wandsworth Borough Council for providing the funding that has enabled us to do this. These views were collected in a series of 5 seminars to which most of the group's 45 members contributed.

Members discussed a range of topics including:

- what living well means to us as we get older - what is important to us in life;
- our fears for the future - what we don't want to happen;
- what support we would like – and how this might best be provided;
- what we want from social care and health services; and
- planning ahead - lasting powers of attorney, advance statements, decisions and funeral planning.

Members of the group were also invited to submit written accounts of their views if they wished to do so. It was clear that these topics resonated with members of the group: people participated enthusiastically in discussions, and via their written accounts, clearly keen to share their experiences, fears and wishes for the future.

It is well understood in health and social services that people's histories – of neglect or abuse, of migration, of institutionalisation and more – need to be understood if a personalised service is to be achieved. For older LGBT+ people, those histories are often not known at all, or their impact not fully understood. Members of the Furzedown Project LGBT+ group have shared experiences including being ignominiously discharged from the navy for being a lesbian, having multiple bereavements in the 1980s HIV pandemic, being criminalised for consenting sexual activity – and more.

The next chapter summarises some of the histories that have shaped our experience.

Section2
Understanding our history and the times in which we have lived

For everyone, our history is important. We can only understand the experience, outlook, hopes, fears and concerns of lesbians and gay men, and the broader LGBT+ community, by understanding our history.

Throughout our lives, older lesbians and gay men have experienced a great deal of prejudice, discrimination and exclusion. We have grown up and lived our lives in a world of medical, legal and religious prohibition within which homosexuality has variously been deemed sick, sinful and illegal[24].

For a large part of our lives 'homosexuality' was a formal psychiatric diagnosis within the International Classification of Diseases of the World Health Organisation – the diagnostic system used in the UK. It has been variously considered as a form of 'arrested development' or 'phobic avoidance of heterosexuality' caused by inadequate early parenting! It was not removed as a 'disorder' until 1992[25]and 'conversion therapy' was practiced in an attempt to change people's sexual orientation.

This has included psychological therapy, 'aversion therapy' using electric shocks to link sexual desire to frightening experience and, at its most extreme, brain surgery (in 1940s and 1950s USA) and 'chemical castration' in the UK, like that endured by Alan Turing, as an alternative to prison.

There is no evidence that such therapy can change sexual orientation, but it can cause depression, substance abuse and increased risk of suicide[26] (as in the case of Turing, who was thought to take his own life in 1954). While such treatments are now considered unethical and potentially harmful by the Royal College of Psychiatrists[27], NHS England, the British Psychological Society, the Psychological Professions Network and most other therapy organisations[28] they have left a lasting legacy of suspicion and mistrust. Members of our group have known people who were subjected to aversion therapy in London hospitals.

Older lesbians and gay men have experienced anti-homosexual attitudes from most major religions and in some cases 'conversion practices' (like prayer, scripture readings and exorcism, used to convert people to heterosexuality). There is evidence that anti-gay religious beliefs and anti-gay communities are correlated with increased incidence of emotional distress and suicidality and have been a primary motivation for lesbians and gay men seeking 'conversion therapy'.

Of the 11,000 care homes in the UK, 2000 are run by religious organisations. Research suggests that highly religious health and social care staff are more likely to hold more negative attitudes to lesbians and gay men than non-religious staff (see Westwood, 2020[29]).

Instances have been reported where health and social care staff have prayed for the 'sins' of their homosexual clients/patients (as one member of the Furzedown Project older LGBT+ group said: *"'Praying for us' is as bad as 'preying on' us"*), or deemed that their problems, or demise, are a judgement on their 'sins' (as was so prevalent in the AIDS epidemic of the 1980s – see below).

However, faith and spirituality are important to some older lesbians and gay men and some Furzedown Project older LGBT+ members spoke of their deepening faith as they grow older and the desire to be part of an LGBT+ Church. Some faith groups, like the Metropolitan Community Church[30] and Beit Klal Yisrael[31] specifically reach out to LGBT+ communities.

Older gay men have all grown up in an era when sexual acts between men were illegal. Some have come to the UK from countries where this is still the case. In the UK it was not until the 1967 Sexual Offences Act that things began to change in England and Wales

(it was not extended to Scotland until 1980 and Northern Ireland in 1982).

However, this Act only legalised sex between two men over 21 years of age (as compared with 16 years for heterosexual sex) and in private *"which meant in a person's own home, behind locked doors and windows, with the curtains drawn and with no other person present in any part of the house."* (Tatchell, 2017[32]). It - perhaps paradoxically - increased the penalties for street offences.

However:

- **The 1967 Act did not apply to the armed forces or merchant navy.** Gay military personnel and merchant seaman could still be jailed for private behaviour that was no longer a crime for gay civilians.
  This only changed with the Criminal Justice and Public Order Act of 1994 – but even after that homosexuality remained an offence in the armed forces. People could be thrown out of the military, losing their career, medals and pension entitlements until 2000.

- **Even after the 1967 Act, centuries old laws against 'unnatural offences' such as 'gross indecency' continued** (including any sexual contact between men in 'public' like simply touching and kissing) and 'soliciting or importuning' which criminalised men chatting up men or 'loitering' in public places.
  Following the 1967 Act, remaining laws were policed more aggressively: in 1966, 420 men were convicted of 'gross indecency' – by 1974 this had risen to 1,711[33]. As Peter Tatchell (2017) said *"There were police stake-outs in parks and toilets, sometimes using 'pretty police' as bait to lure gay men to commit sex offences. Gay saunas were raided. 'Disorderly house' charges were pressed against gay clubs that allowed gay men to dance cheek to cheek. Gay and bisexual men, and some lesbians, continued to be arrested until the 1990s for public displays of affection, such as kissing and cuddling, under public order and breach of the peace laws."*
  Full reform did not take place in England and Wales until the 2003 Sexual Offences Act – 2009 in Northern Ireland and 2013 in Scotland (when the law against sodomy was finally repealed). Homosexuality remains illegal in some parts of the world and the death penalty can be imposed for homosexual behaviour in some countries.

- **In 1988, Section 28 of the Local Government Act was introduced** which prohibited Local Authorities from 'promoting homosexuality' which included, for example, teaching about homosexuality in schools, publishing materials that 'promoted' homosexuality and promoting the idea of homosexuality as a 'pretended family relationship'.
  This law was repealed in 2003 in England and Wales and in 2001 in Scotland.

- **Discrimination against lesbians and gay men in relation to employment was completely legal until the 2003** 'Employment Equality (Sexual Orientation) Regulations' prohibited discrimination on grounds of sexual orientation in the workplace: people could be sacked or denied jobs simply because of their sexual orientation. However, these 2003 regulations did not prevent people being denied accommodation or evicted or turned away from pubs and restaurants. Many lesbian mothers and gay fathers lost custody in divorce proceedings. It was not until the 2010 Equality Act that discrimination in relation to all services became illegal.

- **It was not until 2005 that lesbian and gay relationships were recognised in law when Civil Partnerships were introduced.** Even if you had been with your partner for decades, they were not considered your 'next of kin' and it was not uncommon for them to be excluded or overruled from, for example, seeing you in hospital or having a say about what treatment and support you received. It was not until 2014 that same-sex marriage was introduced in England, Wales and Scotland (2020 in Northern Ireland).

- Older lesbians have also grown up in an era before the Equal Pay Act of 1970 and the

Sex Discrimination Act of 1975 and have experienced discrimination and both **sexist and heterosexist harassment and abuse** in many areas of life.
Older Black and Asian lesbians and gay men have typically also experienced racist and heterosexist abuse, discrimination and exclusion. Others have faced prejudice and discrimination on grounds including faith, disability and socio-economic disadvantage.

- It was not until the **Gender Recognition Act 2004** that transgender people were able to receive a Gender Recognition Certificate (GRC).

The HIV/AIDS crisis of the 1980s had a devastating impact on our communities. Many, if not most of us, lost lovers and friends. Regardless of their HIV status, nearly all older gay men alive today have been impacted in some way by AIDS.

Until the 1980s tolerance of homosexuality had been gradually increasing – the HIV/AIDS crisis rapidly reversed this. Popular media were replete with warnings about the 'gay plague'. While haemophiliacs were considered 'innocent victims', gay men were typically thought to have 'brought it on themselves'. Fear and hysteria about catching the disease was rife: many were shunned by heterosexual families, friends and neighbours, many lost homes, jobs, were refused insurance … and sometimes denied life-saving resuscitation. It also had the effect of bringing gay communities together in organising resources and services.

Religious, medical and legal prohibition, and the devastating impact of the HIV/AIDS crisis have been the backdrop to the lives of older lesbians and gay men. We each have our own differing histories within this. For example, some of us grew up in the club scene while others grew up and 'came out' through the feminism and 'consciousness raising' of the 1970s. Yet others, especially those working in roles/living in communities where traditional gender stereotypes were particularly strong, have remained 'hidden' for much of our lives. Some of us have been married, some have had children – but this does not make us 'bisexual' unless we so identify: pressure to conform to 'heterosexual norms' can be very powerful.

Given this history of overt discrimination and criminalisation it is no surprise that we have been left with a legacy of fear: fear to be 'out' since this could be so dangerous in our younger years (you could lose your job even if you didn't go to jail), fear of services that might reject or pathologise us.

Thanks to all the pioneering people who have campaigned, been out and proud, got laws and practices changed, many of us have come out of the closet, perhaps married our same sex partners or entered civil partnerships, and begun to taste greater equality. But the legacy of fear and pain remain.

We have all lived through times when we have *"been labelled as either 'mad', 'bad' or 'sad' and some have been criminalised, beaten up or lost their job, or their children"*[34]. Many of us have been rejected by heterosexual families and communities, and the lesbian and gay communities that have sustained us sometimes appear to be geared around the desires and needs of younger people.

While cross generational relationships can be very successful, some of us can recount instances where we have been exploited by younger people. We are more likely to be living alone without the support of biological families. We are likely to have experienced abuse and violence as a consequence of being lesbian or gay or transgender … and this continues to this day. Almost all of us will have experienced being ostracised, excluded, treated badly because we are lesbian or gay and will have been 'closeted' – kept very quiet about being lesbian or gay – at some time on our lives, and in some facets of our lives.

Many of us fear that, as we get older, we will be forced to 'return to the closet' in order to access and use services that do not accept, understand or validate our LGBT+ identities[35].

If we are to live the lives we want to lead, confidently, as we age, feeling free to be who we are, and if services, supports and treatment are to assist us in doing this, it is important to understand:

- the historical context that has shaped our lives.
- what is important to us in our lives and what 'living well' means to us as we get older.
- our hopes for the future as we age and maybe as our health deteriorates and we become less able to do things for ourselves.
- our fears (what we don't want to happen) and how these fears might be allayed and what we need from services.

In this booklet, the Furzedown older LGBT+ Group aims to furnish such an understanding.

The Furzedown Project supports LGBT+ people and this booklet draws on literature covering LGBT+ experience. The existing literature that we have cited above largely relates to the LGBT+ communities.

Older people came of age at a time when people were more likely to identify as lesbian or gay than, for instance, queer (although of course there is variation); and the people who elected to get involved in this project and contribute their experience and ideas to this booklet identified as lesbians and gay men.

The group involves 45 people, 35 of whom were involved in the facilitated sessions to develop the proposals in this booklet. Amongst the 35, our ages range from late 50s to 80s, we have diverse national and social backgrounds, we are roughly evenly balanced between lesbians and gay men and we experience a wide range of impairments and mental/physical health conditions.

While many of the issues raised may be equally applicable to people across a range of lesbian, gay, bisexual, transgender, queer/questioning, intersex and asexual/aromantic identities, we cannot fully speak for them all here.

We encourage health and social care organisations to engage widely as they develop strategies to enable all older people to thrive.


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Section 3

Understanding our hopes for the future
What is important in our lives as we get older. What 'living well' means to us as we get older.

As part of this project, members of the Furzedown Project older LGBT+ Group were asked what was important to us as we get older and what 'living well' means to us. These views are summarised in Table 1.

At the outset it is important to emphasise

- **That each of us may understand our identities in different ways.**
  This is often reflected in the language we use. Some of us may describe ourselves as 'lesbian' or 'gay', others may use terms like 'queer' or 'dyke' or 'lesbian feminist'. Some of us identify with broader LGBT+ communities, others do not. It is important that services and resources are sensitive to these differences and use the language and perspective with which each of us is comfortable.
- **That being lesbian, gay etc is only a part of our identity.**
  Each of us has our own lifestyle, interests, beliefs, preferences and identities that are also important to us. Our Furzedown Project older LGBT+ group comprises people with a wide range of backgrounds, former employment histories, likes and dislikes. Some of us are passionate fans of opera or musical theatre, horses, scrabble, art, and long-distance walking … for some of us, our religious faith and/or spiritual life is important, others of us have no faith.

Table 1 shows that older lesbians and gay men in the group have some aspirations that are similar to many older people: being treated as a valued person, having control over your own life, having a home, being able to access the wider world, good health and good healthcare, having a sense of purpose and continuing to make a contribution.

However, in most instances, people also called for recognition of our lesbian and gay identity. So, for example, **being treated as a valued person included freedom from homophobic abuse and heterosexist**

assumptions. While many people wanted to stay in their own home, **living in a non-judgemental gay or gay friendly environment** was important. **Retaining a sense of purpose** and making a contribution included **making a contribution to lesbian and gay or LGBT+ communities.**

Many of the things that older lesbians and gay men in the group thought to be important were more specific to our lesbian and gay identity.

Everyone in the group said that **remaining part of a lesbian and gay/LGBT+ community** was important to them (and some of the lesbians also wanted **access to women only spaces**).

Even if we are not able to remain in our own homes and require some form of residential or nursing care, retaining contact with our communities is vital, as is **recognition and involvement of our 'chosen families': for many of us our real families are often our partners, friends, lovers and ex-lovers.**

It is vital that all services explicitly recognise the importance of our same sex partners and 'chosen families' - what gay author Armistead Maupin termed our 'logical', as opposed to 'biological, families.

TABLE 1: OUR HOPES FOR THE FUTURE
What is important to us as we get older – what 'living well' means to us

Views expressed by the Furzedown Project LGBT+ Group, 2024

Category	Examples of what people said
Being seen and treated as a valued person with control over our lives … and freedom from homophobic abuse and heterosexist assumptions	*"Being seen as an individual, including my sexuality."* *"To be listened to … and heard."* ***"Being free from homophobic abuse and heterosexual assumptions."*** *"Having my needs and wishes taken into account."* *"Independence." "Dignity." "Respect."* *"Control over my life." "Control over my finances."*
A home … and a lesbian and gay friendly place to live if we can't manage at home	*"Staying in my own home."* *"Being in a non-judgemental, accepting environment."* ***"A gay or gay friendly place to live if I can't cope at home** … with gay performers coming in, LGBT books, papers, activities … maybe an LGBT youth group coming in."*
Good health and getting the healthcare we need – no age discrimination	*"Getting treatment from the right NHS Departments."* *"No age discrimination in treatment by the health service."* *"Social contact is as important as medical health for well-being."*
Being part of a lesbian and gay/LGBT+ community	*"I want to stay connected with other older LGBT people."* ***"Gay culture to be part of my life."*** *"Meeting LGBT people." "Socialising with gay people." "Friends and connections – especially after losing friends."* *"Having friendship networks." "Having constant social contacts in life."* *"Finding like-minded friends to share holidays with"* *"**A place to belong** (like the Furzedown Project older LGBT group)." "Furzedown type projects are very important." "Being part of a group of LGBT people."* *"Deepening my faith – an LGBT church."* *"Women only spaces."*
Family among lesbian and gay friends	*"Recognition of my friends as my family."* **"I don't have any living relatives, so my gay community are the nearest thing to family."** *"I have Parkinson's which is gradually getting worse. I know I will have to rely on outside help at some point. My friend has made sure my flat is a safe haven with all the aids I need."*
A sense of purpose – continuing to make a contribution, especially within lesbian and gay/ LGBT+ communities	*"Having something to contribute e.g. mentoring younger people, being a role model because of my age."* *"Multi-generational (LGBT) spaces where we can contribute."* ***"Peer support – everyone has something to contribute."*** *"A sense of purpose."* *"Volunteering – it's important to know you're contributing*
Being able to access the wider world	*To be active." "Being able to access the wider world."* *"Maintaining my own hobbies, interests, things I enjoy doing."* *"Finding friends who share my interests." "Finding fellow Scrabble lovers'"* *"**Doing the things that matter to me** like getting out in nature, theatre etc." "Visiting exhibitions, museums, theatre."* *"Nearby facilities – café, gym, pool, shops etc – both to socialise and access daily life."* *"Being given time by services/personnel (like banks, utility providers, care givers) to ensure that I understand and am satisfied with the service."*

Section 4

Understanding our fears about the future
What we don't want to happen and what might allay these fears.

The fears expressed by members of the Furzedown Project older LGBT+ Group – what we do not want to happen as we get older – are summarised in Table 2.

Table 2 shows, that, once again, some of the fears expressed were common to many older people, for example, losing our home, being unable to do the things you value if support is not available, the challenges around health and physical impairments, losing control over our lives – the fear of not being listened to or taken seriously. However, many of these fears may be exacerbated by the situation facing older lesbians and gay men.

For example:

- Although loneliness and isolation may be experienced by other older people, **research shows that older LGBT+ people are more likely to be lonely and socially isolated**[36]
  There may be a number of reasons for this. For example, we are less likely to have children, more likely to be disconnected from family networks because of their disapproval and lack of understanding of our sexuality and lives. In addition, because of the discrimination, exclusion and abuse that lesbians and gay men have experienced during their lives, there remain older lesbians and gay men who are not 'out': living 'hidden' lives, sometimes with a long-term partner. As such, they are not in contact with the lesbian and gay communities that sustain many of us, and if one partner dies, they are left totally alone.
  Because we are more likely to be socially isolated, many of us have big worries about **who will advocate for us, be our Lasting Power of Attorney and the executor of our wills.** Who can we trust to support us with such important decisions?
- Many older people are **fearful that help and support will not be available when they need it**, especially in these straightened economic times. However, these **fears are often greater for lesbians and gay men because we are more likely to be socially isolated and living alone** and therefore at greater risk of losing our homes and being unable to do the things we value.
- While other older people may fear exploitation and abuse (within and outside care systems), many lesbians and gay men have experienced abuse because of our sexuality at different times in our lives and **fear that such abuse might be replicated in care services**.
  As one person in the group said ***"There is only one time I have been called a 'poof' and that was by a care worker."*** Another had recently worked as a care worker. **After visiting a gay couple, one of whom was dying of cancer, his colleague said "they deserve it".** He told her that was unacceptable - that no-one 'deserved' to get cancer - but felt unable to come out as gay himself.

Some also feared **abuse from younger people within their own communities.** Several people recounted stories of people who they knew who had experienced such abuse.

For example, a lesbian whose much younger partner said that she had dementia (which she did not have) and encouraged her to transfer her home and possessions to the partner. Again, increased likelihood of social isolation may increase the likelihood of our experiencing exploitation and abuse.

"There is only one time I have been called a 'poof' and that was by a care worker."

On the other hand, there were many fears that the older people in the group talked about that were specific to our lesbian and gay identity. Many were fearful of

- **Being cut off from lesbian and gay/ LGBT+ communities and social networks** – disconnection from our culture, sources of friendship and sense of belonging. Sometimes our communities are geared around the wishes and needs of younger people, hence the importance of groups and activities for older lesbians, gay men and wider LGBT+ communities.
- **Assumptions of heterosexuality within health and care systems** – being assumed to be 'straight' and having their identity as lesbians and gay men erased.
- Services that **don't pay attention to our lesbian and gay interests** (like books, music and entertainment).
- **Heterosexism and homophobia within care and health services** – having people coming into their home, or staff in care homes, who **had no respect for you and hold negative views of lesbian and gay people - leading to some people wondering if they need to 'degay' their home, and no longer feeling safe and comfortable in their own home.**
- **Being different from and ostracised by** others using care homes and other generic groups, services and activities for older people.

Members of the Furzedown older LGBT+ group were also asked for their ideas about what might allay their fears for the future. These included:

- **Access to lesbian and gay social spaces.**

In particular, people talked about the importance of ***"groups like the Furzedown Project Group for support and to reduce isolation."***

Such groups can foster friendship and provide mutual support that extends outside the group itself. For example, in the course of this project one person said that they really wanted to find people to play Scrabble with – now three members of the group play Scrabble outside the group on a monthly basis. People also go out to shows and films together, organise trips together and go out walking. Similarly, members of the group provide support to each other outside the group, for example, providing lifts – without which some members could not attend the group, help to attend GP and hospital appointments, support when people are discharged from hospital so they are not alone, support by collecting medication from the pharmacy, assisting someone to get the services they need – and more. The power of mutual support can help people keep well, reduce anxiety about coping alone, provide companionship and support people's well-being. Members also attend an LGBT+ group run for residents in a local residential/ nursing home, bringing companionship to residents as well as supporting the home in being LGBT+ friendly.

- **Creating services within our own communities and looking after each other.**

"Tapping into each other's resources", "Creating our own family.".

A number of suggestions were made about how this might be achieved based on extending the activities of the Furzedown older LGBT+ group, including setting up a buddy system, a home visiting scheme, an advocacy scheme, and maybe intergenerational schemes with younger LGBT+ allies. Some of these will be explored in the next section of this booklet: *'Understanding the support we need to be available if we are to live well in later life and how it might be provided'*.

- **Access to good support and services that are lesbian and gay friendly.**

"Services and spaces that are mindful of our culture and its nuances. As Lily Savage said, ***'If I hear 'White Cliffs of Dover' again, I'll launch you off them'.!"***

Things that people said were important included having someone you can trust, access to advocacy and non-judgemental support, and not being controlled – being able to choose when and what you do – and

feeling able to ask for help (not feeling as if you are being a burden on overstretched health and care systems).

Accessible information about facilities, transport and aids and adaptations.

"Travelling to meet friends can be difficult with busy, inaccessible transport."

Accessing information about what services are available – from banking, through housing, to social activities – was also considered important. Several people also said that they wanted to know about *"all the gadgets available."*

Information ahead of time about what is available.

Many people in the Furzedown LGBT+ Group said that knowing what was available in advance of needing it was important in allaying fears.
For example,

- Which nursing and residential homes are LGBT+ friendly. Members from the Furzedown LGBT+ Group have been visiting some local facilities and reporting back.
- Welfare benefits entitlements, like Attendance Allowance and Pension Credits: money and resources are important to living well as we get older.
- Information about what is, and is not, available from social services, other support agencies, and mainstream community services like banks.
- Information about mobility scooters and other aids and adaptations that are available … and trying these out in advance. One person suggested *"Use mobility scooters before you need them. Visit annual fairs showcasing aids, technologies, scooters etc. e.g. NAIDEX."*[37]

The importance of planning ahead.

"Be prepared. Do your Power of Attorney early." but with ***"no family or partner or any obvious person for Power of Attorney… If I become incapacitated, I will have no-one to take care of my wishes or finances."***

Several people talked about the difficulty they faced, as lesbians and gay men, of having no 'family' who can act as their 'Attorney' – perhaps facilitating the making of arrangements within lesbian and gay/ LGBT+ networks may be important in providing 'Attorneys' for those who do not have available partners, friends or relatives of their own?

Information about local LGBT+ solicitors, charities and other organisations who may be in a position to act as attorney or support someone without family is therefore important.

Planning ahead may also include writing a Will, funeral planning, 'Advance Statement'/'Advance Care Planning' and 'Advance Decisions' (advance decisions to refuse treatment). These are explored more fully in the final section of this booklet: *'Understanding the importance of planning for later life and the information and support we need to do this'.*

TABLE 2: OUR FEARS ABOUT THE FUTURE
What we don't want to happen as we get older
Views expressed by the Furzedown Project LGBT+ Group, 2024

Category	Examples of what people said
Losing our identity – becoming 'invisible' and assumptions of heterosexuality	*"Strangers making assumptions when they meet us."* ***"Assumptions that you are straight** – e.g. from carers."* *"My identity/personality being erased."* ***"Losing my identity."*** *"End of validation of important parts of ourselves from others."* *"Being perceived as 'a little old dear'."* *"Being ignored because I am old."* *"Not being heard or taken seriously because I am old because of age discrimination. People just making assumptions about what is 'best' for me without listening to my views."*
Lack of availability of support, including: • lack of family support • being unwilling to ask for or accept support • looking after partners and loved ones	*"That extra care won't be available if I need extra help."* ***"If I become incapacitated, I will have no-one to take care of my wishes or finances."*** *"Becoming reliant on others. Fearful that, if I become single, I'll have to tackle things on my own."* ***… lack of family support*** ***"Heterosexual couples often have children to look after them. Gay couples of our age often don't."*** *"Having no family to provide support. Where do I find support?"* ***"Having no-one to advocate on my behalf."*** *"Who to be an executor on our wills, or attorneys on Enduring Powers of Attorney."* *"Lack of support in ill-health/hospital/care home as no family or partner or any obvious person for Power of Attorney."* ***… looking after our partner and loved ones*** *"Want would happen to me/my partner if I took ill"* *"I care for my partner, who is looking after me?"* ***… being unwilling to ask for/accept support*** *"I don't want to be afraid to ask for help."* *"Being afraid to ask for support. I don't want to reject support."*
Homophobia and heterosexism in support provided … support that doesn't pay attention to my needs and wishes as a lesbian or gay man	***"Carer with no respect/care for our lives."*** *"Someone coming into your home with no respect for you."* *"Getting LGBT friendly help with things like cleaning and house upkeep."* *"Being looked after by people who do not have positive LGBT views."* *"Care systems which don't pay attention to my specific interests in LGBT music, books, travel etc."* *"Being judged because I am a lesbian."* *"Being assumed to be straight."* ***"Save me from the assumptions that people make that I was married to a man, that I have grandchildren etc."*** ***"Will I feel I need to go back in the closet with any carers in my home or residential care?"*** *"I am concerned I might face homophobia in care homes."* *"Assumptions being made about being gay/lesbian in a care home."* ***… being different from other residents*** ***"I won't like/be liked by the other residents in the care home."*** ***… lack of access to women/womyn only spaces*** ***"I'm concerned I won't be able to access women-only spaces e.g. in hospital wards."*** *"Not having access to womyn-only spaces in hospitals and other areas (care homes etc.)"* *"The politics of trans and how they might affect women's services."*

"Assumptions that you are straight."

"I am afraid of being afraid as I get older."

"Will we be listened to?"

TABLE 2: OUR FEARS ABOUT THE FUTURE (CONTINUED)
What we don't want to happen as we get older
Views expressed by the Furzedown Project LGBT+ Group, 2024

Category	Examples of what people said
Isolation, loneliness and being cut off from lesbian and gay friends and social networks	***"Being on my own. Loneliness."*** *"Being isolated." "Boredom."* *"Being isolated within my Housing Association flat block through being gay."* ***"Lack of an LGBT support network for friendship."*** *"Friends dying or being too frail to travel."* *"Isolation and disconnection from sources of friendship, new friendship, new learning, stimulation, culture."* ***"Inability to access LGBT groups."***
Exploitation and abuse … within and outside care services	***"Fear of exploitation*** *e.g. by younger people/gay men."* *"How to be safe from exploitation, muggings."* *"Worry about abuse from paid care workers. Stealing thigs from my home."* *"Will I be able to stay in my own home?"* *"Inability to remain in my own home."* *"Having accessible accommodation, good heating, help when things go wrong."* *"Being able to stay in my own home."* *"Losing my home."*
Losing my home	***"Will I be able to stay in my own home?"*** *"Inability to remain in my own home."* *"Having accessible accommodation, good heating, help when things go wrong."* *"Being able to stay in my own home."* *"Losing my home."*
Not being able to do the things I value	***"What do I do with my time when I can't do the things that I love?"*** *"Being unable to access the theatre etc. if support is not available to do it."* *"Losing my pets when moving into a care home."* *"Financial worries - having to spend more to do the things you want to do as you get older."* *"Declining sexual opportunities." "End of romance."*
Fear and emotional and psychological challenges … including fear around health, physical impairments and mobility	***"I am afraid of being afraid as I get older."*** *"Becoming increasingly afraid as I get older."* *"Fear of being angry and unhappy about my life, body etc."* *"Multiple bereavements … how hard it is going to so many funerals of friends and acquaintances, maybe even several in a month, and the challenge of finding a frame of mind where it is possible to say goodbye to all these friends without becoming overburdened and depressed and losing my own zest for life."* ***… fear around health and physical impairments*** *"Not being able to walk - mobility issues."* *"Not being able to use public transport."* *"Getting frail - being housebound."* *"Becoming incapacitated and unable to move."* *"Fear of dying"* *"Fear of dementia."* *"Falls"* *"Losing my sight. Not being able to read."*
Loss of control	*"Loss of control."* *"Lack of control over my body, my finances."* *"Someone having control over our life 100%."* *"Not being in control over one's life - being reliant on other people."* *"Losing independence."* ***"Will we be listened to?"***

Section 5

Understanding the support we need to be available if we are to live well in later life and how it might be provided

Like any other older person who comes to the point where they need support, the older lesbians and gay men in the Furzedown Older LGBT+ Group talked about needing, or needing in the future, help in many areas: from support with the 'basics' (eating, washing, dressing, cleaning and upkeep of accommodation, remembering to take medication and administration), through help with correspondence and administration, accessing healthcare, practical help with gardening, plumbing etc to transport to get out and do things and social/ leisure opportunities.

Like anyone else we want help from someone we can trust, who is empathic, and who provides support that is tailored to our individual needs and preferences.

However, everyone said that they wanted ***"support that does not make heterosexual assumptions."***

"I want an empathic carer who respects my identity, my preferences, my choice of clothes, etc."

"Health and care services should tailor services to lesbians and gay men on a par with race and faith."

Some of us may require help that can only be provided by a home care service or in a supported living, residential or nursing setting. While many would prefer this to be a designated LGBT+ or women only facility or home care service, this is unlikely to be possible for all but a very few. **Therefore there is a need to make sure that generic home care, supported, residential and nursing facilities do not make people feel that they have to go 'back into the closet' and hide this important part of their identity, or feel ostracised and different, and maybe subject to abuse, because of their sexuality.**

"I want to be clear that I don't wear make-up, I don't want to be glammed up with make-up and permed hair in a care home, as happened to my mother"

For example, it is important that such facilities and services:

- Recognise that some of their residents may be lesbian or gay or transgender or bisexual- do not assume that everyone is heterosexual (e.g. by assuming that partners are of the opposite sex) and use lesbian and gay inclusive language.
- Specifically select staff who have non-judgemental attitudes and are positive and respectful of LGBT+ lives, and actively monitor and address any homophobic/ heterosexist attitudes and behaviour.
- Have statements of values that explicitly include being inclusive and respectful of LGBT+ service users and staff and ensure that these are actively promoted to staff at all levels.
- Ensure that whistle-blowing and complaints processes genuinely encourage people to raise concerns, recognising that LGBT+ people may be reluctant to complain for fear that it may affect the care they receive or the way they are treated by their colleagues.
- Provide training for staff at all levels and ongoing support in practice to ensure that they become genuinely inclusive of LGBT+ residents/clients.
- Recognise that some lesbians and gay men may prefer a carer of their own sex, while others are less concerned about this.
- Are welcoming, respectful and inclusive of same sex partners and people's 'chosen family' among friends, lovers and ex-lovers.

- Provide an environment, activities and materials (e.g. films, books, magazines, pictures, and maybe 'drag bingo') that reflect lesbian and gay culture and lives. We know of one nursing home that brought in and displayed lesbian books because a resident had been involved in publishing them
- Enable the people they serve to access lesbian and gay communities and activities of their choice by involving and working with local older LGBT+ organisations.
- Celebrate LGBT+ history month in February and organise events in June for Pride Month.

"Carers who are not preachy and not homophobic – understanding of Lesbian and gay culture."

To assist in the creation of services and facilities that are inclusive of LGBT+ older people, the University of Kent's CIRCLE project (2024) provides a 'handy guide' for services[38] and Skills for Care (2022) provide *'A learning framework for knowledge, skills, values for working affirmatively with LGBTQ+ people in later life'*[39].

Inspectorate bodies (like the Care Quality Commission) do expect inspectors to ask care providers how they meet their equality duties, including in relation to sexual orientation and gender identity. They need to ensure that this is consistently given the priority it deserves. They should actively explore how all services for older people are providing a service tailored to the needs of LGBT+ people.

Commissioners, in awarding funding, should ensure and require evidence that the services they commission are actively inclusive of LGBT+ people – both as staff and as users of services. Contract monitoring should require evidence of training that percolates to all levels and of LGBT+ respectful practice.

However, commissioned home care and residential services, especially in challenging economic times, cannot provide all the personal, practical, social and emotional support that older lesbians and gay men need if they are to live well as we get older.

Within LGBT+ communities, a number of successful initiatives have been developed that provide opportunities and support for older people[40], including our own Furzedown Older LGBT+ Group. **Such groups already provide a great deal for older LGBT+ people, and, with modest investment could provide a great deal more.**

Supporting and extending the role of such groups, and the wealth of resources that exist within them, could both:

- **offer a great deal to enabling us to live well, continue to do the things we value,**

and

- **decrease our reliance of statutory health and social care services by increasing mutual aid within our communities.**

In effect this would expand the support available.

The World Health Organisation has declared social isolation a major global health challenge.

Not only do groups like the Furzedown Project provide a place where LGBT+ people can meet with other like-minded people, they also provide emotional support and a sense of belonging, as well as a range of excursions and activities. Members with similar interests meet up and engage in activities outside the remit of the group and the friendships formed also provide support in other areas like providing transport, collecting medication, keeping in touch while someone is in hospital and when they leave, and helping to arrange supports and services that others need.

As one member said, *"I've been helping xxx but I'm not a volunteer, I'm his friend."*

"This is a good support group: start from here."

Already, groups like the Furzedown Older LGBT+ Group offer friendship, social networks and support, and research has shown that such social networks are critical in maintaining our health and well-being[41].

"Physicians, health professionals, educators, and the public media take risk factors such as smoking, diet, and exercise seriously; the data presented here make a compelling case for social relationship factors to be added to that list. … Social relationships and social integration are as (if not more) important as smoking, drinking, exercise and obesity in determining health and wellbeing. …" Holt-Lunstad J, Smith TB, Layton JB (2010)

However, there is more that such groups can do.

Groups such as the Furzedown Older LGBT+ Group encompass among their members a wide range of talents, expertise and commitment to our communities and, with support, many members would be prepared to volunteer a few hours of their time to supporting each other in our community

"Look at the resources (people) in our own group - our peer group - we could do an audit of members' background, experience and skills - and maybe co-ordinate with other local groups."

Members of our group suggested that this rich resource could be tapped to provide mutual aid in, for example:

- A telephone tree so that we could check in with each other to check that we are OK – one of the fears that several people expressed was of something happening, like them becoming ill, and no-one knowing.
- Befriending and visiting people who find it difficult to get out and maybe visiting people in hospital or residential/nursing homes.
- Helping people to get out of their home and do things in their local community.
- Supporting people when they leave hospital (which may enable someone to leave hospital: often after a medical procedure individuals are kept in hospital if there is no one to be with them when they first get home).
- Providing respite support for LGBT+ people whose partners are living with dementia.
- Advocacy and support at health appointments and getting support and help from other agencies.
- Providing help with different tasks, like doing the garden, using computers, changing a light bulb or completing a Lasting Power of Attorney.
- Providing information about resources, aids and supports that are available in the local area and help to access these.
- Helping community organisations to become more inclusive of LGBT+ older people, including those living with dementia.

While some of these already happen within groups like ours in an informal way, **if they are to be reliable, sustained and available to all members modest investment would be required,** for example to organise volunteers, collate resources, ensure any necessary DBS checks are performed.

Section 6
Understanding the importance of planning for later life and the information and support we need to do this

Throughout the discussions that formed the basis of this booklet, many of the lesbians and gay men involved expressed fears about what would happen in the future if we become less able to do things for ourselves, and stressed the importance of planning ahead for later life and the information and support we need to do this.

Members specifically asked for a session in which they could discuss these things in more details. This is particularly important as many of our members live alone and may be estranged from biological families. Planning can provide reassurance that our wishes, values and identity will be respected, but it can also guide our 'chosen families' about what we want to happen.

This might include:

Writing a Lasting Powers of Attorney
(LPA) to nominate our chosen attorney(s) to act on our behalf.
Engaging a solicitor to help with these things can be beyond the financial resources of many people, but they can be done and registered on-line at a more modest cost (currently £82.00 each)[42].

- A Health and Welfare LPA that gives our nominated attorney (s) the power to make decisions on our behalf if we become unable to make such decisions ourselves: decisions relating to, for example, medical care and life-sustaining medical treatment, moving into a care home, and daily routine (washing, dressing, eating etc.).
- A Property and Financial Affairs LPA giving your attorney (s) the power to make decisions about your money and property (including bank accounts, paying bills, collecting benefits and pension, selling your home (if necessary) etc.).

Writing a will.
"A will is even more important, as many of us have chosen families which are not legally recognised under the law"[43] especially if you are estranged from a biological family, who might automatically as your 'next of kin' inherit your property and effects rather than your chosen family. Some LGBT+ organisations have produced guidelines and advice for doing this[44]

Funeral planning.
Again, this can be important. Unless you identify your own executors, biological family – rather than our 'chosen family' – will take over arrangements. Many LGBT+ people are worried that, if this happens, our funeral will not reflect our life, identity and relationships … many of us have experienced instances where we have been excluded from funeral arrangements of our friends and loved ones and even excluded from the funeral itself by families who do not accept their family member's sexual identity. The group was keen to identify LGBT+ and LGBT+ friendly celebrants

Advance statements
(sometimes known as Advance Care Planning) about our preferences, wishes, beliefs and values in relation to our future care.
These are not legally binding, but if we become unable to make or communicate our wishes ourselves, anyone who may have to make decisions in our 'best interests' must take them into account.
Advance Statements can help to ensure that our identity is recognised and respected and might include such things as our religious and spiritual beliefs and affiliations, where we would like to receive support (our own home,

a residential/nursing home, hospice etc.), the things we like to do, how we like to dress and practical issues like who will look after our pets if we become ill.

Advance Decisions

(sometimes known as an 'advance decision to refuse treatment') allow us to make decisions about what treatments we would like and what treatment we would want to refuse if we become seriously ill and unable express our wishes.
We may want to accept treatment in some instances and not in others, and these wishes can be detailed in our advance decision which needs to be signed, witnessed and lodged with our GP … and made while we have 'capacity'.
'Compassion in Dying' have produced forms that may be useful in doing this[45].

Organising these things can appear a daunting and complex task and many of us may require help and advice to do them. **Again, with appropriate resourcing, providing information and support about planning ahead in these ways can be provided via groups such as the Furzedown Older LGBT+ Group and others.**

As part of this project, a member of our Furzedown Older LGBT+ Group organised a seminar that was very well received and members identified a number of local LGBT+ friendly funeral directors[46].

At the seminar, it transpired that most of those present did not have Lasting Powers of Attorney – but were keen to put them in place. The barrier was knowing who to trust. "The next generation – nephews and nieces – are a possibility, but do I trust them? Do they really know me and what I would want? Or there's my close friends now – but they are my age and could die or become incapacitated as well. Who can I trust?"

People thought there might be merit in naming more than one attorney amongst close friends, to mitigate the risk of them being unable to fulfil the role, through their own incapacity or death.

There were anxieties about funeral planning as well – the worry that biological family members might take over and not honour our own wishes. Some had specified what they want, from songs to be played to more specific plans: *"I've specified I want to be driven by a bicycle, not a hearse"*, *"I've written my own eulogy - my relatives wouldn't know what to say"*. Wishes varied from no funeral at all to informally organised events with pictures from babyhood to later life, so people could pay respects. One member had experience of 2 people in his family being buried in their gardens, one with a huge celebration of life.

Members said they found these discussions particularly helpful. As one said *"What is personally important to me is that it's given me a big reminder to get all my affairs into order … my partner has also recently revised his will … I need a copy and his pension details … I'm going to get onto it tomorrow."* Some members started to discuss whether they could be attorneys for each other.

Conclusion and Summary of Recommendations

We know that, at present, older lesbians, gay men and the broader LGBT+ communities, are not always well served by services, whether statutory or non-statutory. Many have had bad experiences within them and those of us who have not yet needed to rely on them are fearful of doing so.

We fear having to go back to the days of our youth, when being open about your sexuality was dangerous and could lead to rejection, discrimination and even abuse.

If this situation is to change, we need to increase the capacity of all existing home care, residential and community opportunities for older people to provide respectful and inclusive support and treatment. Equally importantly, providers and commissioners need to recognise and make use of the resources that exist within our communities, like the Furzedown older LGBT+ Group and others: exploring what such groups are currently doing and how they might extend their activities.

Older LGBT+ people are at particularly high risk of isolation and loneliness – but also have the potential through mutual support to improve well-being, reduce isolation and provide practical and advocacy support that can reduce our need for formal care services. This is in line with best practice in community focused approaches in public health and social care, which show that it is possible to expand the care available with modest investment, even in financially challenged times, rather than ration the type of services already in existence[47].

With minimal additional funding the resources within our communities could do much to improve the lives of older LGBT+ people and provide resources and training to assist other providers. Such an approach could enable more of us to live the lives we wish to lead as we get older, receive the support we need to do this and reduce our reliance on statutory services.

This booklet makes proposals for improvement rooted in lived experience and research. These can be found throughout the text, especially in Section 5 (pages 18-21). We also signpost to more detailed implementation resources developed by organisations such as Skills for Care and University of Kent.

OUR CORE PROPOSALS ARE:

Providers of Home Care, Residential and Nursing Care should:

- Ensure that statements of values, explicitly including respect for LGBT+ people, are followed through into recruiting staff with positive values, monitoring and acting robustly in relation to any homophobic attitudes or behaviour and ensuring training and practice learning reach all levels
- Recognise that some service users may be LGBT+ and therefore avoid the assumption that everyone is heterosexual, respect the status of same sex partners and 'chosen families', provide activities and materials that reflect LGBT+ cultures and enable people to access LGBT+ communities
- Appreciate people's, often multiple, identities and the language they choose to describe themselves, and understand the context and impact of histories of discrimination

Regulators should:

- Ensure consistent attention in all regulatory activities to equalities, explicitly including LGBT+ access, experience and outcomes.
- Actively explore how all services are providing tailored support the range of LGBT+ people.

Commissioners should:

- In awarding funding, ensure and require evidence that the services they commission are actively inclusive of LGBT+ people - both as staff and as users of services.
- In contract monitoring, require evidence of training that percolates to all levels and of LGBT+ respectful practice.
- Maximise use of the resources and expertise available in LGBT+ communities and community organisations by making modest investment in community-led mutual support that can overcome isolation, offer substantial practical and emotional support, increase well-being and reduce reliance on formal services.

This booklet was pulled together by Rachel Perkins, based on the group's discussions and relevant literature.

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