

RESEARCH DECEMBER 2021

# THE HEALTH AND WELLBEING OF LGBTQ+ PEOPLE OVER 50

Results of the 2021 Opening Doors survey



OPENING  
DOORS

## ABOUT THE RESEARCH

Older LGBTQ+ people like everyone in society should have the opportunity to make healthy choices and live healthy lives. But older LGBTQ+ people have consistently disproportional poorer health outcomes and experiences of health services. Older LGBTQ+ people continue to face discrimination and stigma, feel their needs are not understood and met and often have concerns about accessing and engaging with health and care services.

Most of us think of good health as the absence of illness, but being healthy is broader than this and is shaped by amongst other things social, cultural, political, environmental and economic factors. The health of older LGBTQ+ people goes beyond the health and social care system. Health is determined by a wide range of organisations that impact on the daily lives of people, including voluntary sector organisations. That is why at Opening Doors we want to find out what we can do to improve our members' health and wellbeing and have an impact more widely on the health of other older LGBTQ+ people.

Befriending, social activities, developing positive friendships, and feeling part of the LGBTQ+ community protects older LGBTQ+ people from the damaging health effects of loneliness and social isolation and provides them with opportunities to develop healthy routines. On the other hand, as our previous research has shown, the impact of the pandemic increased social isolation and raised feelings of loneliness and had the opposite effect, reducing the amount of exercise people did and increasing their alcohol intake.<sup>1</sup> Engaging in community life, social activities and friendships, such as those provided by Opening Doors and similar organisations, can be rewarding and creates a sense of purpose, while also protecting health and wellbeing.

## BACKGROUND

There is a growing body of research that demonstrates that inequalities exist across the physical and mental health of older LGBTQ+ people. Previous and continued experiences of stigma and discrimination based on their sexuality/gender identity often make the experience of growing older different to the general population and can prevent them from accessing health or social care services that they need. Research has consistently shown high levels of dissatisfaction with health services among LGBTQ+ people. These result from discrimination and lack of knowledge by health care staff on LGBTQ+ health needs. Often there is a lack of recognition of same-sex relationships (or families of choice) by health staff, and partners are often ignored and excluded from consultation or decision-making.<sup>2,3</sup>

There has been some progress and many services are seeking to be more LGBTQ+ inclusive and affirming. Some staff have undergone awareness training and the need for sexual orientation and gender identity monitoring has been identified. The LGBT Foundation's 'Pride in Practice' programme works with GP practices, dental surgeries, pharmacies and optometrists to ensure that all LGBTQ+ people have access to inclusive healthcare that understands and meets their needs.

Opening Doors 'Pride in Care' Programme works with care homes, housing providers, hospitals and local authorities to ensure older LGBTQ+ people have inclusive health, social care and housing, that understands and meets their needs.

As individuals grow older, they are increasingly dependent on intergenerational support networks (eg: their partners, adult children, friends, neighbours and others in their social network)

to provide them with various kinds of support. This support can range from help with self-care such as washing and dressing, doing someone's shopping, to having someone who can take them for a check-up with the GP or hospital appointment.

Our study last year of the housing and social needs of older LGBTQ+ people living in London showed that many are more likely to live alone, and the majority do not have children.<sup>4</sup> While many LGBTQ+ people have 'families of choice' and social networks, many studies, including our survey looking at the impact of COVID-19 and lockdown show that the older LGBTQ+ population is at high risk of loneliness and social isolation. Our research showed that many service users don't have anyone close enough to provide the name of a nominated person.

Many older LGBTQ+ people including those who live alone have physical impairment and long-lasting illnesses or health conditions and therefore may be in greater need of using statutory health and social care services.

While LGBTQ+ people over 50 years of age may not identify as 'older', this term is used throughout the report for the ease of reporting.



## RESEARCH OBJECTIVES

1. To examine the health and wellbeing of LGBTQ+ people aged 50 and over living in the UK in order to make policy and practice recommendations that address positive healthy ageing amongst older LGBTQ+ people
2. To develop a deeper understanding of older LGBTQ+ people's attitudes and behaviour to stay healthy and prevent ill-health. This will help Opening Doors and similar organisations to address explicitly the health and wellbeing of older LGBTQ+ people
3. To detail older LGBTQ+ people's use, experiences and concerns with accessing healthcare services, disclosing their LGBTQ+ identity to health staff, preferences for care and their suggestions for improvement and inclusivity in health services.

## KEY FINDINGS

56%

Over half (56%) of LGBTQ+ people over 50 reported that their **health** generally was **good** or **very good**.

48%

Nearly half (48%) stated that they had **long-term conditions** or illnesses that substantially interfered with their day-to-day activities.

49%

Nearly half (49%) of respondents described their general **mental health** and emotional wellbeing as **good** or **very good**.

85%

The **majority** (85%) of respondents reported **consulting their GP** during the past 12 months and **a quarter** of these had made **over five visits**.

46%

Nearly half (46%) the respondents had used an **accident and emergency** department in the last twelve months.

43%

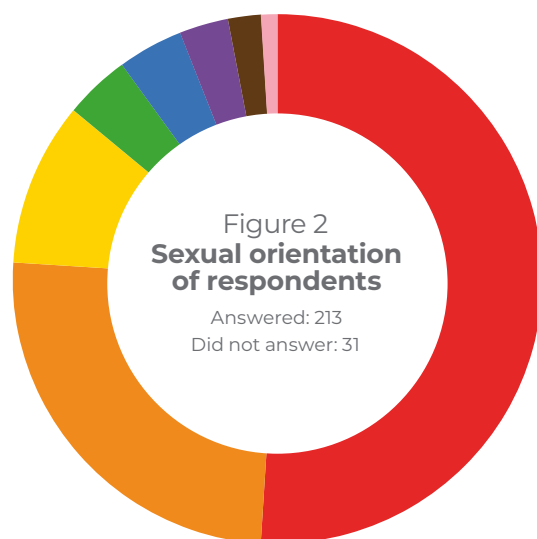
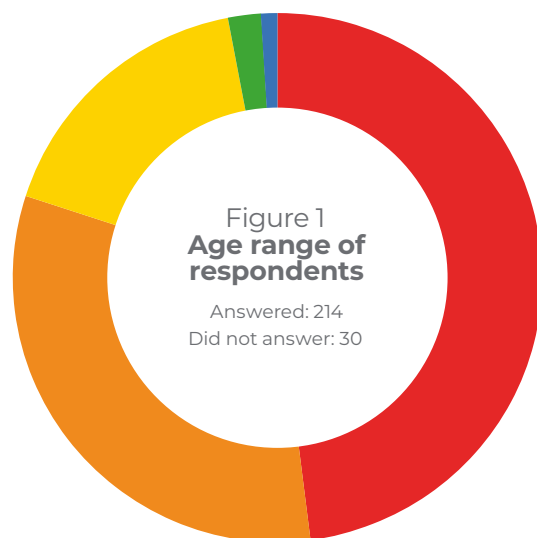
**43%** respondents found the health service they used was **inclusive** of LGBTQ+ people.

85%

**85%** reported that they undertook **regular exercise** as the main way to **stay healthy** or improve their health.

**244 older LGBTQ+ people responded to the survey.** This year, in addition to alerting our members to the survey, we also informed other LGBTQ+ networks and invited them to participate and promoted the research online. Participants were provided with the options of completing the survey online, receiving a hard copy or having a telephone interview.

Our survey respondents identified themselves as:



## 1 / HEALTH AND WELLBEING IN GENERAL

Despite 56% (n=137) reporting that their health was good, 48% (n=116) of respondents stated that they had long-term conditions or illness that substantially interfered with their day-to-day activities. Arthritis was the most reported long-term condition, reported by 22% (n=53) of people followed by hypertension reported by 21% (n=50) of respondents and 18% (n=44) reported having high cholesterol.

Nevertheless, most respondents were able to perform several daily activities without assistance. These activities included self-care, shopping for groceries, preparing meals, managing their own finance and travelling on public transport. 8% (n=20) needed some assistance with self-care and 5% (n=11) were totally dependent on someone. 72% (n=174) of people described being able to do their own housework, such as cleaning and laundry, 20% (n=48) needed help with housework and 8% (n=20) were totally dependent on someone else to do their housework.

Previous research indicates that LGBTQ+ people experience a greater incidence of mental health problems, notably depression and anxiety. Although the majority of respondents 39% (n=94) described their mental health and general mental wellbeing as good, 19% (n=46) described their mental health and general mental wellbeing as poor or very poor.

**“Suicidal at times.”**

Cisgender gay man, 60s

**“A very long wait to get GIC appointment after almost 3 years of trying to get my GP practice to refer me I finally got referral.”**

Woman asexual, 50s

**“MH issues predate Covid, I suffer bouts of depression due to being gay and would like a gay psychotherapist.”**

Cisgender gay man, 70s

## 2 / ENGAGING WITH HEALTH SERVICES

85% (n=188) of participants had seen a General Practitioner (GP) in the previous 12 months. A quarter of the respondents 25% (n=56) reported that they had visited their GP over 5 times during this period. Over half of the respondents 59% (n=132) stated they had visited their GP in the last twelve months but had made less than five visits. 14% (n=32) of respondents reported that they had not made any visits to their GP during the last twelve months.

Since the start of the COVID-19 pandemic many GP consultations have moved to online or via the telephone. Dissatisfaction with this system was highlighted by many respondents who found the service inaccessible and had often faced long telephone queues.

**“With some difficulty: phone consultations with often strange GPs I have never interacted with before – one deeply unpleasant and quite frightening.”**

Cisgender gay man, 50s

**“GP almost inaccessible due to COVID and telephone consultations not helpful as I cannot manage the phone well. Disabled people like me have been very hard hit.”**

Cisgender woman, queer, 60s

**“I miss face-to-face appointments with the GP.”**

Cisgender gay man, 50s

Over half the respondents 58% (n=124) reported seeing a medical specialist or consultant during the previous 12 months. This figure is hardly surprising as just under a half (48%) had reported having long-term medical conditions and illnesses. Over half 59% (n=125) reported seeing a practice nurse. Again, this high number is not surprising since many of the long-term conditions reported would require regular monitoring such as providing blood samples and having their blood pressure monitored, the second main reason was either to have a flu jab or COVID immunisation. Over a half 56% (n=116) had seen an optician and 65% (n=131) of people stated they had visited a dentist.

Nearly half 46% (n=112) the respondents had used an Accident and Emergency Department in the last twelve months. Over a quarter 27% (n=65) had been treated on a surgical ward and 24% (n=58) on a specialist ward such as oncology. 12% (n=29) had been on a general medical ward and 10% (n=24) had used mental health services. 40% (n=98) of respondents had spent a number of days on inpatient wards with an average stay of 6 days.

### 3 / PROVIDING INCLUSIVE SERVICES AND CARE FOR LGBTQ+ PEOPLE

Health inequalities experienced by older LGBTQ+ people are often exacerbated by health services that are unsupportive, seen as non-inclusive and fail to recognise LGBTQ+ identities. The National LGBT Survey (2018) showed that some parts of the health service are not catering effectively to LGBTQ+ people.<sup>5</sup> 12% (n=27) of survey respondents found that in their experience health services were not inclusive of LGBTQ+ people. On the other hand, 43% (n=95) respondents found the health service they used was inclusive of LGBTQ+ people in terms of being respectful, understanding, friendly and non-judgemental. This is encouraging and could be interpreted as some health services are taking positive action to be more LGBTQ+ inclusive through involving their staff in LGBTQ+ awareness training, LGBTQ+ quality standards and the NHS rainbow badges scheme.

**“My partner was asked if I was her mother, whilst I was being treated. She is only 3 years younger than me.”**

Cisgender woman, queer, 60s

**“Staff shouldn't ask if I have a husband. Should say husband, wife or partner.”**

Cisgender woman, pansexual, 70s

**“Multiple marginalisation's make dealing with health professionals very difficult. Being Black and bisexual and nonbinary seems too much for most of them. I'm rarely believed when I disclose my sexual orientation and gender. Racism and homophobia/biphobia/transphobia is very common and very overt in medical dealings.”**

Non-binary, bisexual, 50s

Research suggests that many older LGBTQ+ people do not feel comfortable in disclosing their sexual orientation in health care settings (Brooks 2018).<sup>6</sup> 19% (n=42) of respondents agreed and did not feel comfortable disclosing their sexual orientation. However, nearly half the respondents 49% (n= 109) agreed that they did feel comfortable disclosing their sexual orientation to health care staff.

**“I am very open about my sexuality, and I make sure doctors take it into account, if it is relevant- e.g. menopausal lesbian when having a smear test.”**

Cisgender woman, lesbian/gay woman, 50s

**“I openly discuss changing my name following a same sex marriage.”**

Cisgender gay man, 60s

**“I am open with regard to myself and same sex partner. I often receive apologies if my partner is assumed to be a man. I immediately correct the assumption which is never a problem. I have found staff to be pleasant and not fazed by my sexuality.”**

Cisgender woman, lesbian /gay woman, 70s

That some older LGBTQ+ people are comfortable disclosing their sexual orientation is reassuring in terms of implementation of the Sexual Orientation Monitoring Information Standard published in October 2017 by NHS Digital and NHS England.<sup>7</sup> The standard provides a consistent system for recording the sexual orientation of all patients aged 16 years or over across all health services in England. For further information about the importance of sexual orientation and trans status please see the LGBT Foundation's *If We're Not Counted, We Don't Count* guide.<sup>8</sup>

Many older LGBTQ+ people have past negative experiences of healthcare providers, including prejudice, hostility and discrimination which can still impact on their perceptions of current health services. Fear of discrimination and lack of confidence in mainstream health services may delay older LGBTQ+ people from seeking appropriate care and treatment. 10% (n=23) respondents agreed that they have avoided engaging with health services and/or screening programmes during the past two years due to fear of stigma, discrimination and/or being treated unfairly. However over half 59% (n=127) of the respondents stated the opposite and have not avoided health services for fear of discrimination or being treated unfairly.

Recent years have seen an increase in the inclusion of health and social care policies for improving service delivery of older LGBTQ+ people. There has also been an increase in guidance that focuses on the improvement and inclusion of older LGBTQ+ and development of training courses and resources for health care staff.<sup>9,10,11</sup> Respondents were asked to describe a positive experience they had of health services that they thought was good practice and could be shared more widely. Ninety-two respondents replied. From their responses three themes were identified:

## POSITIVE ATTITUDE AND BEHAVIOUR OF STAFF

These examples included staff being accepting and attentive, demonstrating warmth and empathy. Respondents appreciated staff who were respectful and supportive. Language was especially important including the correct use of pronouns and how same-sex partners are acknowledged and addressed.

## TRUST, THE NEED TO FEEL SAFE AND SECURE

These examples included staff not being intrusive or overly curious, not using inappropriate and intrusive questioning, and not having to continually come out and repeat essential information to staff.

## VISIBLE REASSURANCE OF LGBTQ+ INCLUSION

Increasing visible inclusion, such as signage and posters that demonstrated LGBTQ+ inclusiveness including displaying standard accreditation, and staff wearing LGBTQ+ flag lanyards and badges.

**“ My HIV clinic is very good. My consultant treats me with dignity and respect. Explains things clearly, involving me in decisions.”**

Cisgender gay man, 60s

**“ Didn't ask a load of unnecessary details when I mentioned my bisexuality.”**

Cisgender woman, bisexual, 60s

**“ All staff at ER were wearing rainbow lanyards. A small thing but it makes a difference. My trans partner was treated extremely sensitively by the GP who checked that he was comfortable talking about periods.”**

Cisgender woman, lesbian/gay woman, 70s

## 4 / STAYING HEALTHY AND PREVENTING ILL-HEALTH

Data analysis of older LGBTQ+ people published in 2019 found that they are more likely to engage in harmful behaviours such as drug use, frequent alcohol consumption and smoking.<sup>12</sup> The analysis also found that there are some positive behaviours that older LGBTQ+ people are more likely to engage in, such as regular exercise. Three-fifths of the respondents stated that they lived a healthy lifestyle while 26% (n=58) stated that the way they live their life these days is not so healthy.

The majority of our survey respondents 85% (n=187) reported that they undertook regular exercise as the main way to stay healthy or improve their health. In addition, they would also take part in other activities such as swimming, dancing or going to the gym, along with healthy eating, 80% (n=176) stated they had a balanced diet, 86% (n=176) said they stayed away from cigarettes or other tobacco products. 56% (n=119) respondents agreed that they never felt regret about the amount of alcohol they drank.

13% (n=28) respondents said they do not do anything to keep healthy or improve their health. These included respondents who were totally dependent on others for self-care, shopping, preparing meals and housework and 12% who were unable to walk up to half a mile.

**“I look after myself much better now than when I was young. No fags, drugs and moderate drinking. I eat better and exercise regularly, though I did exercise when I was younger, that’s one thing I always did.”**

Cisgender woman, lesbian/gay woman, 50s

**“Take anti-depressants; train five times a week in the gym – mixture of resistance and cardio exercise; do 1 day of gardening – weather permitting; eat healthily; don’t drink or smoke.”**

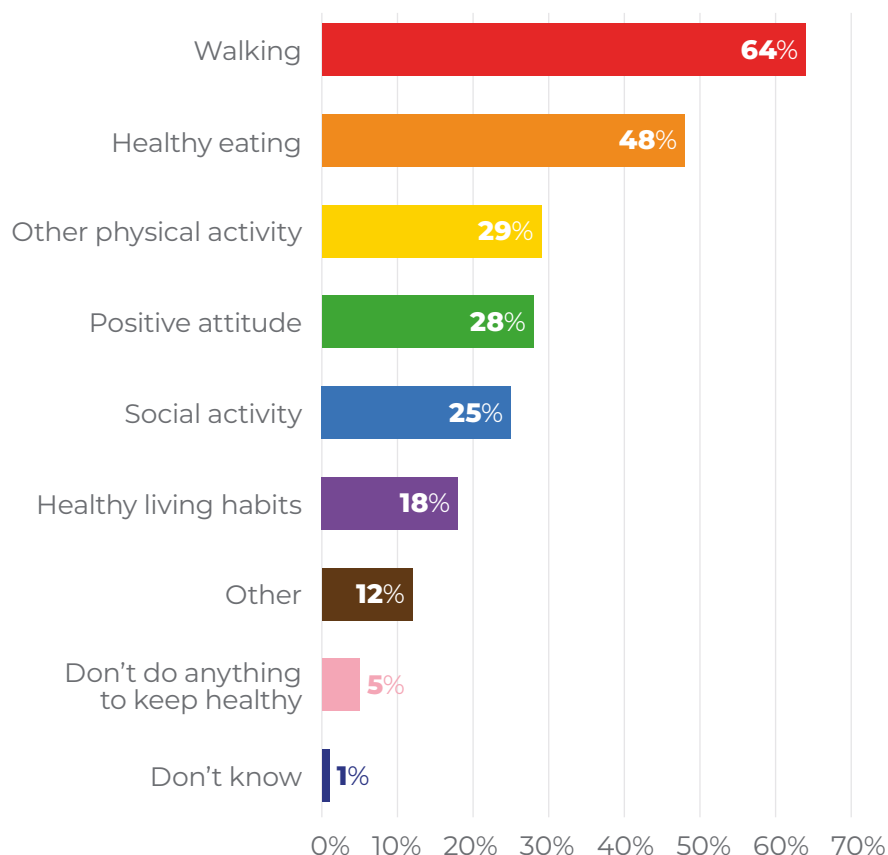
Non-binary, pansexual, 50s

**“I try to eat healthily, keep my mind occupied, dance along to music as well/long as I can depending on how I feel on the day.”**

Trans-masculine, heterosexual, 70s

Figure 3  
**Most important things respondents do to keep themselves healthy or to improve their health**

Answered: 220 Did not answer: 24



## CONCLUSION

Previous research has highlighted the poorer health outcomes of older LGBTQ+ people compared to the general population. A lifetime of stigma and discrimination based on their sexuality often make the experience of growing older for LGBTQ+ people different to the general population, including preventing them from accessing health or social care services that they need. Barriers to inclusive health care have consistently been shown by high levels of dissatisfaction with health services due to discriminatory attitudes and lack of knowledge by health care staff on LGBTQ+ health needs.

It is encouraging to see the progress that has been evidenced by the results of the survey, since the Government's 2018 National LGBT action plan and the appointment of the National Advisor for LGBT Health. This survey has shown that there are now more health services committed to LGBTQ+ inclusion demonstrated through staff being trained in LGBTQ+ awareness and implementation of health and care LGBTQ+ quality standards.

Having acknowledged these improvements there are still many areas we need to work on. Opening Doors, like other LGBTQ+ organisations, has developed services and support to address some of the inequalities that exist and will continue to do all we can to ensure that all health and social care services are inclusive and accessible for older LGBTQ+ people.

## POLICY AND PRACTICE IMPLICATIONS

### FOR HEALTH SERVICE PROVIDERS

Health services need to continue to acknowledge and respond appropriately to the diverse needs of the older LGBTQ+ population, monitor LGBTQ+ demographics, raise staff awareness through training and explore more innovative approaches to demonstrate the inclusivity of mainstream services.

### FOR GREATER LONDON AUTHORITY, LONDON AND OTHER COUNCILS

Greater London Health Authority, London and other councils need to identify the older LGBTQ+ population in their boroughs, research their high level of needs and ensure these are addressed in local planning of Health and Wellbeing Boards that takes into account health promotion and early intervention strategies.

### FOR POLICYMAKERS AND COMMISSIONERS OF VOLUNTARY SECTOR SERVICES

The vital services LGBTQ+ charities provide in supporting LGBTQ+ people to keep healthy and providing knowledge, skills and lived experience of LGBTQ+ health and social care to community consultations need to be recognised, prioritised and funded.

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**Opening Doors (OD) is a national charity providing information and support services specifically for lesbian, gay, bisexual, trans and queer (LGBTQ+) people over 50 in the UK.**

We are a membership organisation providing regular social opportunities across London to help develop networks and communities for LGBTQ+ people, aged over 50.

We also offer specialist training and the Pride in Care quality standard for statutory and voluntary organisations, such as care homes, housing associations and hospitals, to help them better understand the needs of older LGBTQ+ people.

**Find out more about our services for older LGBTQ+ people**

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