Fit For Purpose

Inclusive Housing and Social Care for Older LGBT+ People

2023

Forward

In 2015, the UK topped the ILGA-Europe rankings for legal and policy human rights of LGBTI people in Europe. Just 13 short years later, we have been relegated to 17th place. Whilst other countries are making progress in realizing the rights of LGBTQ+ people, societal attitudes, policy and legal rights in the UK are regressing.

Scotland faces unique challenges in changing this trajectory. LGBTQ+ people in Scotland are subjects of a complicated political landscape in which devolved powers, or lack thereof, directly impact our rights, and social attitudes are often juxtaposed to those of Westminster voters. Additionally, Scotland has an ageing population and admirable, if ambitious, plans to ensure that Scotland's older population are supported via a National Care Service.

As our LGBTQ+ population here in Scotland ages, issues such as housing, health and social care, LGBT+ affirmative services and 'living a good life' are particularly pertinent to our community.

At present, there is very little evidence regarding the needs of LGBTQ+ older people in later life here in Scotland. We know anecdotally from our community that there are significant concerns around aging as an LGBTQ+ person, although there has been very little evidence regarding the specific needs of LGBTQ+ older people in later life within a Scottish context. That is until now.

This report, kindly produced by LGBT Health and Wellbeing's Age Action Group, offers the invaluable perspectives of LGBTQ+ individuals across Scotland on their housing and health and social care needs as they age. It is the most comprehensive piece of research on this issue to date. The Report in its entirety was produced by the Age Action Group, a collaboration of older LGBTQ+ people aiming to highlight key issues impacting their community, and enact change.

A first of its kind, 'Fit for Purpose: Inclusive Housing and Social Care for Older LGBT+ People' provides concrete evidence of the need for inclusive and affirmative health and social care services which understand the experiences of LGBTQ+ older people. The Report also reveals the necessity for spaces of sanctuary for LGBTQ+ older people: spaces where they can remain connected to their community, live without fear of discrimination, mistreatment or ignorance, and live proudly as their authentic selves.

I'd like to thank the authors for their stalwart approach to realising this report, and trust that readers will find it both enlightening, and helpful.

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Older LGBT+[1] people have many of the same needs as non-LGBT+ older people– ageing happens to us all if we live long enough. But across their lives older LGBT+ people have had unique experiences and circumstances that bring additional challenges to ageing[i]. These experiences and life circumstances lead to different financial, social, and health outcomes. These differences are most apparent in the health, social care, and housing needs of older LGBT+ people. The aim of this report, from the Age Action Group, is to identify these needs in a Scottish context and make key recommendations on how to provide this support.

The Age Action Group was established by LGBT Health and Wellbeing to address inequalities older LGBT+ people in Scotland face. The Age Action Group sits within the wider LGBT Age Project and stems from the belief that older LGBT+ people are best placed to speak and act of their own behalf in order to push for and create future change.

Older LGBT+ people have lived through periods when they were criminalised simply for being who they are. Homosexuality was decriminalised in England in 1967, but it was not decriminalised in Scotland until 1980. Many LGBT+ people experienced horrific discrimination, victimisation and abuse at the hands of family, employers, society, institutions and governments. It is no surprise then that older LGBT+ people also face challenges and inequalities in terms of housing, health and social care. LGBT+ people experience higher levels of depression and anxiety directly linked to exclusion and oppression, making the need for social housing with others like them and/or 'with them' imperative, especially in older age.

The Age Action Group was spurred on by a conversation with a Civil Servant who questioned if there was a tangible need for specialised housing or care services for older LGBT+ people. The Civil Servant innocently and in good faith asked us, “What is the evidence for this. What is your proof? Shouldn’t we all be able to go to the same services because discrimination is a thing of the past and we have equality laws”? Whilst it could appear to be the case to those who aren’t living this issue, to us older LGBT+ people the reality is a stark contrast, and we were keen to help build the evidence that policy makers need. This piece of research is the result of that discussion. We conducted a literature review and surveyed **183** LGBT+ people from across Scotland about their housing and social care needs as they age.

Key findings from our 2023 research in Scotland

- **91% of our respondents have not planned for where they will live when they get older and 34% of those aged 50+ know they live in housing that will not be suitable for them as they age.**
- **Older Scottish LGBT+ people worry about being forced back into the closet, their families of choice being excluded, their sexuality and/or gender being erased or ignored and being isolated from the larger community. These worries significantly increased for non-binary and trans respondents.**
- **A higher percentage of our respondents reported wishing to move into a predominantly LGBT+ assisted living community or care home than was found in the international literature. In fact, 66% of our respondents would prefer to live in a predominantly LGBT+ care home or assisted living facility if they needed that level of support in the future.**

[1] A glossary list of LGBT+ terms used throughout report can be found at the end of the report. For clarity, in the report we use LGBT+ as an inclusive term for LGBTQQIAP (lesbian, gay, bi+, trans, non-binary, queer, questioning, intersex, ace, pansexual)

- **Our respondents placed importance on acceptance, living in an LGBT+ safe space, being with other LGBT+ people, being out, being connected to the wider LGBT+ community, affordability, and making and keeping friends. Those who did not wish to live in a predominantly LGBT+ facility wanted to be in a mixed facility that was LGBT+ affirming.**

- **When it comes to requiring care-at-home services, our respondents placed great importance on acceptance, living in an LGBT+ safe space, being with other LGBT+ people, being out, being connected to the wider LGBT+ community, affordability, and making and keeping friends.**

- **Retaining their home as an LGBT+ safe place and the importance of acceptance was even greater for in-home services than within congregate living.**

- **Our Scottish respondents have the same fears, worries and experiences of mainstream housing and social care as was found in studies of LGBT+ people from the international research literature.**

Key findings from our literature review

Though ageing is a universal process, older LGBT+ people have had unique experiences and historic prejudice which bring additional challenges to ageing. For the purpose of this report we have defined older as 50 years+. Despite considerable change and advancement in the past 50 years, compared to cis-gendered heterosexual people, LGBT+ people experience structural health issues, social isolation and economic disparities. For example, LGBT+ people have poorer health outcomes, show a higher incidence of disability, experience higher levels of Post-Traumatic Stress Disorder (PTSD), minority stress, and are more likely to be diagnosed with neurodiversity. They also experience more financial instability, have higher levels of homelessness and smaller or no support networks throughout their lives which becomes more problematic as they get older.

Older LGBT+ people face significant difficulties in securing safe and affordable housing or care at home. Even if affordable services are found, they may not be safe due to homophobia, biphobia, transphobia, queerphobia, lesbophobia, non-binary phobia, intersex phobia, and other intersectional ‘isms’ and ‘phobias’.

Older LGBT+ people fear mainstream services because of a history of discrimination and poor service based on their sexual orientation or gender identity. They also fear being forced back into the closet or being forced to live in the gender they were assigned at birth. Most mainstream services are heteronormative and gender normative and therefore LGBT+ people are othered, made invisible, or isolated. A significant proportion of staff are not trained in how to discuss LGBT+ issues, how to be welcoming and knowledge of what may offend. Families of choice are often not recognised and excluded from the lives of older LGBT+ residents or clients. Mainstream services can also isolate LGBT+ people from the wider LGBT+ community.

Older LGBT+ people want to live in places that accept them and affirm their identity, where they are able to live their authentic lives without fear, prejudice or discrimination. They want to be with others like them and be connected with the wider LGBT+ community. They want to be cared for by staff who have the cultural competence to sensitively and appropriately deal with their ageing needs within the context of being an LGBT+ person. They also want the option of living in diverse settings, including affordable and subsidised places, and places that are not subsidised for people who can afford the care or housing accommodation. Most want to live at home, but when necessity arises they want to be in a safe environment that understands their lived experiences. For many older LGBT+ people, this can only be gained through environments that have higher numbers of LGBT+ people. A smaller percentage would prefer to live in LGBT+ affirming mainstream facilities.

The most important point to take home from this report is that LGBT+ people want housing and social care to meet their needs *as LGBT+* people. To be fit for purpose, housing and social care must be intentionally inclusive of LGBT+ people - moving beyond heteronormative, one size fits all approaches. Having personalised choice that incorporates LGBT+ identity is important to everyone.

LGBT Health and Wellbeing

Established in 2003, LGBT Health and Wellbeing aims to improve the physical, social, and mental health and wellbeing of LGBTQ+ adults in Scotland. The organisation does this by providing responsive support services, opportunities for our community to connect with each other, and supporting mainstream services to be more inclusive. The vision of LGBT Health and Wellbeing is of a Scotland where LGBTQ+ people thrive: an equal Scotland where who we are does not negatively impact on our health and wellbeing.

Age Action Group

The Age Action Group works to ensure older LGBT+ people in Scotland are seen, heard and represented. Formerly called Age Reference Group (ARG), the Age Action Group hosts LGBT+ people aged 50 and over, who come together to explore the issues affecting us as we age. It is a platform for the voices of older LGBT+ people whose voices are so often missing. For reasons touched-on in this report, they can be absent from general conversations about ageing, and they can be invisible in the wider LGBT+ community.

Currently we are working on influencing Housing and Social Care for older LGBT+ community members. Recently, we also inputted to an in-person consultation on The Scottish Government's Health and Social Care Policy for Older People.

The group decides how best to present the work we carry out and are assisted by staff from LGBT Health and Wellbeing. There are many methods available to present those views and suggestions so far this has included in-person representation and lobbying, producing information packs, the use of social media and making short films.

Now more than ever, older LGBT+ people need to make sure that our views are considered, listened to and acted upon.

A glossary of LGBT+ terms that were used in the text can be found at the end of this report. The glossary was adapted from The Equality Network's LGBTI+ glossary with additional terminology added that we used in the report.

Pictured above: Age Action Group with MSP Kevin Stewart

Fit for purpose

Inclusive housing and social care for older LGBT+ people

Older LGBT+ people have many of the same needs as non-LGBT+ older people – ageing happens to us all if we live long enough. But across their lives older LGBT+ people have had unique experiences and circumstances that bring additional challenges to ageing (i). These experiences and life circumstances lead to different financial, social, and health outcomes. As such, older LGBT+ people have additional and different needs from their heterosexual peers. These differences are most apparent in the health, social care and housing needs of older LGBT+ people.

This report will present the research the Age Action Group of LGBT Health and Wellbeing completed on the housing and social care needs of older LGBT+ people in Scotland, and then briefly summarise some of the international literature on the social care and housing needs of older LGBT+ people. Case studies gathered by Age Action members illustrate some of the findings. We will end with a discussion of the findings from our community survey and the international literature before providing a set of recommendations.

LGBT Health and Wellbeing Scottish Survey

LGBT Health's Age Action Group has been researching the need for specific LGBT+ housing provision for older people. Currently there is none in Scotland. We designed a survey to determine if there is a demand for such housing. We believed that there is but wanted to see if community members wanted LGBT+ specific housing and social care.

The survey was open for 6 weeks during March and April of 2023 and was distributed online through LGBT Health and Wellbeing's social media channels, and key contact lists. Many older people are not on-line and so paper copies were distributed through LGBT Age social meetups in Edinburgh and Glasgow, and via the Scotland-wide Telefriending service. We received 183 usable completed survey responses from most regions of Scotland.

See Appendix A for methodology and limitations.

Survey results

The overwhelming majority of respondents (89%) lived in their own home, while 9% lived in a co-housing situation, and a small number (2%) lived in sheltered housing. Over 50% of the sample live alone which raises questions about isolation as people age (see Figure 1).

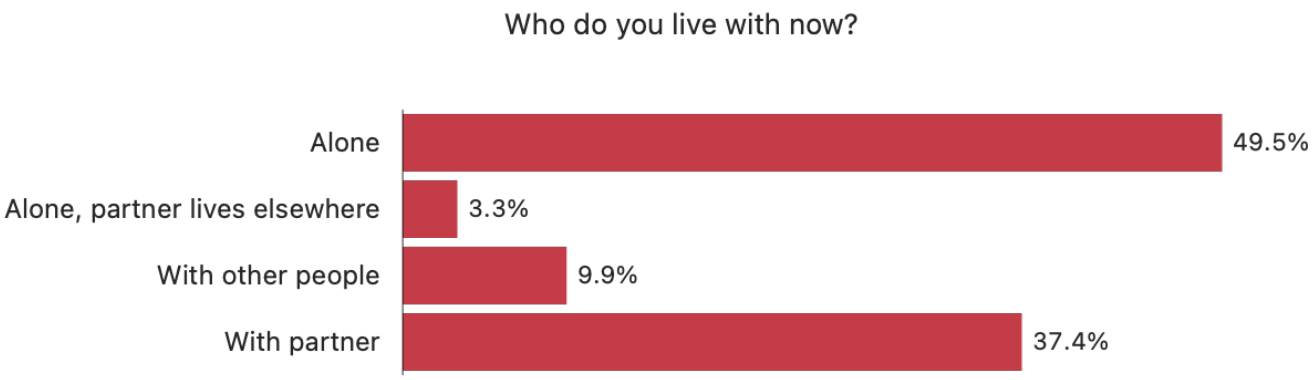

Figure 1: Who do you live with now?

Just under half of the people in the sample believe that their current home is suitable for their needs as they age, and 53% either believe the home is not suitable or they do not know if it is. This points to an area where planning and public service messaging may be required. Though not statistically significant[2] when looking at all the age categories, there were potential patterns in the data (see Figure 2). As such, age data were collapsed into two categories – over and under 50, to test for differences on home suitability and age. There is a statistically significant[3] difference between housing suitability and age when grouped this way. People under 50 are less likely to live in housing suitable for their needs as they age, and for those over 50, 34% are living in homes they believe are unsuitable for their needs while 14% don't know (see Figure 3). Either way you look at the data by age, a large percentage of LGBT+ people are living in accommodation that will not meet their needs as they age.

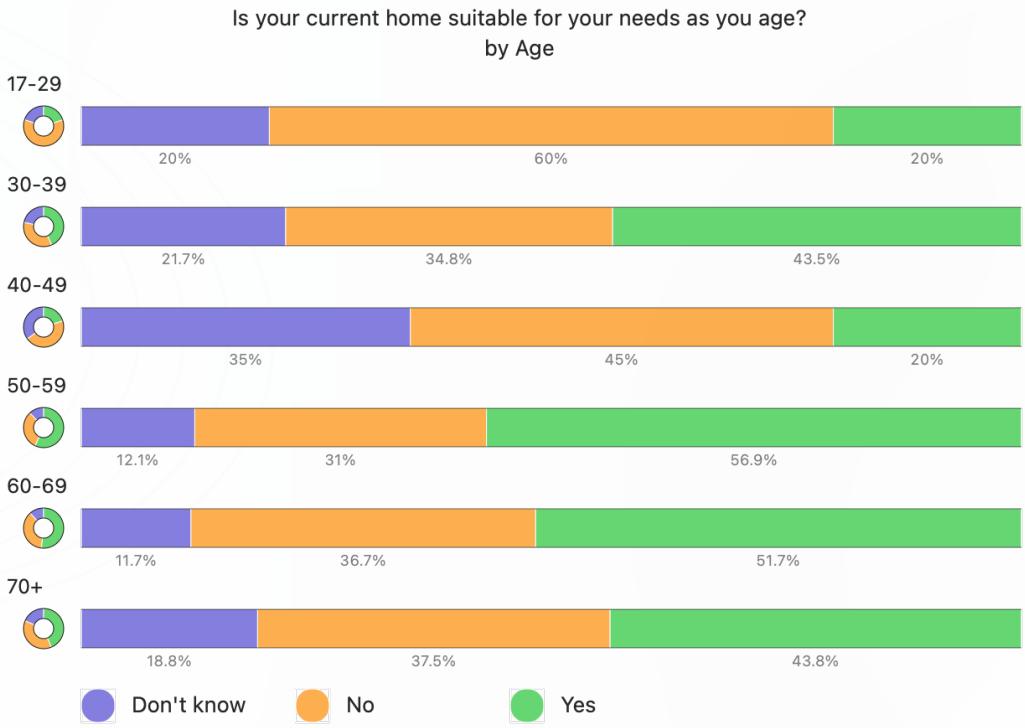

Figure 2: Is your current home suitable for your needs as you age by Age

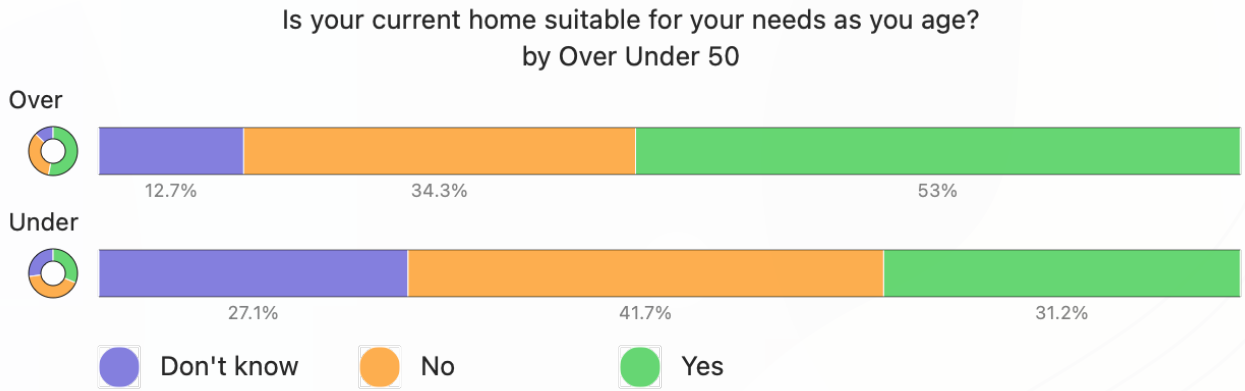

Figure 3: Is your current home suitable for your needs as you age by Over/Under 50?

[2] $x^2_{(10,\ N=183)} = 13.24$, $p > .05$
[3] $x^2_{(2,\ N=183))} = 8.50$, $p < .05$

Personal planning for housing and care needs

Though there is no statistical difference between all the age groups and how seriously people are thinking about where they will live as they get older, there are some interesting patterns in the data that probably reflect different age and stage of life concerns (see Figure 4). For example, all people under 30 thought A Lot or a Moderate Amount about where they will live as they get older. Given the difficulties younger people have getting on the housing ladder, this is not surprising. Between 30% and 46% of respondents across each of the other age groupings reported thinking of where they would live as they got older either A Great Deal or A Lot. Only a small percentage of people in their 30s and 60s reported not thinking about where they will live at all (18% and 10%). Thinking about where one will live in old age is clearly an area of concern for the LGBT+ people in our survey.

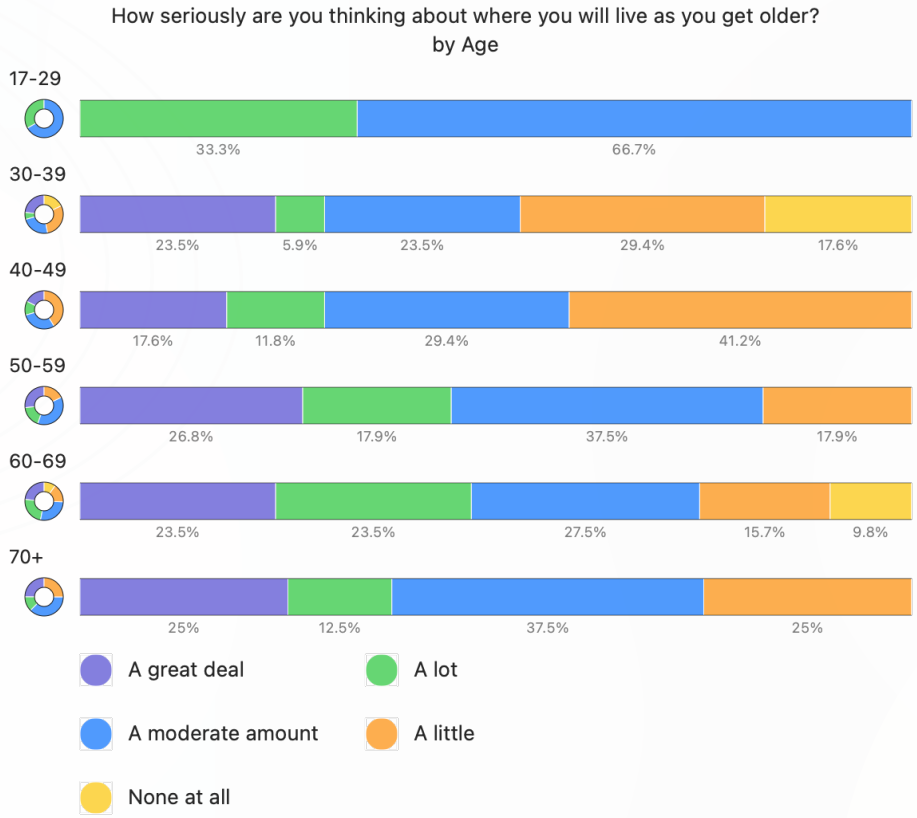

Figure 4: How seriously are you thinking about where you will live as you get older by Age

Only 9% of the respondents have made any plans for future living arrangements. Though there is some variation across age groups, there is no statistical difference (see Figure 5).

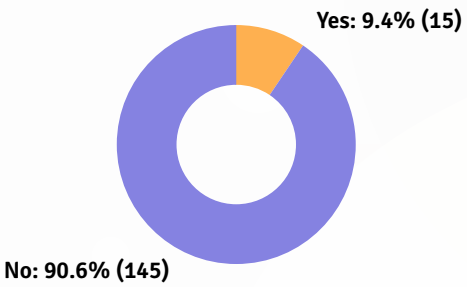

Figure 5: Distribution of 'Have you made any plans for your future living arrangements if you are no longer able to maintain your current level of independence?

Respondents had clear ideas about where they would want to live as they get older (see Figure 6). Their responses are similar to general populations regarding desire to stay in their own home.[ii]

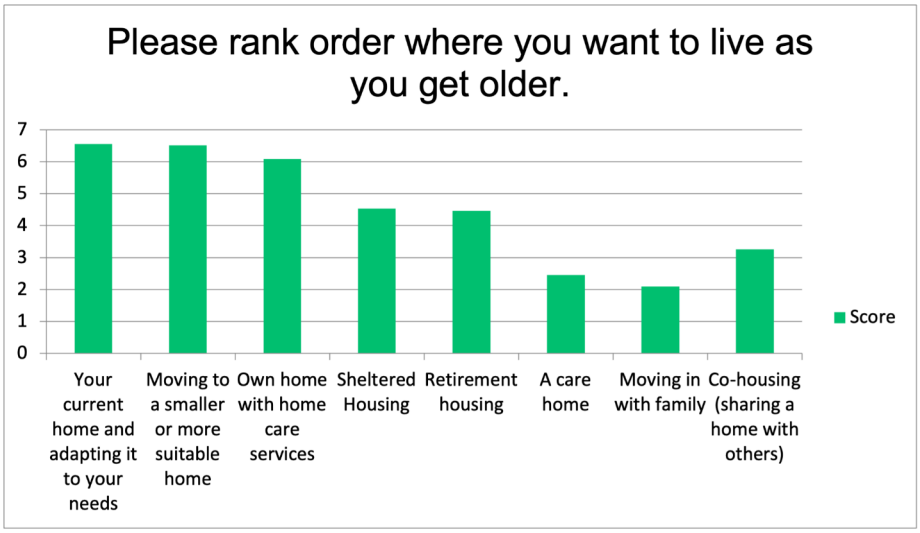

Figure 6: Please rank order where you want to live as you get older

LGBT+ housing and social care in the future

We asked respondents to think about a future in which they needed to move into sheltered housing or a care home. We then asked them to tell us how important it would be to them for the facility to have a range of LGBT+ inclusion characteristics as well as to rate any worries they might have. We asked the same questions in terms of needing social care or care at home services, rather than moving to a congregate living facility.

LGBT+ friendly staff

When asked about the importance of staff in a congregate living facility being LGBT+ friendly, 89% said that this was Extremely or Very Important (see Figure 7). There was no statistical difference across any of the demographic characteristics.

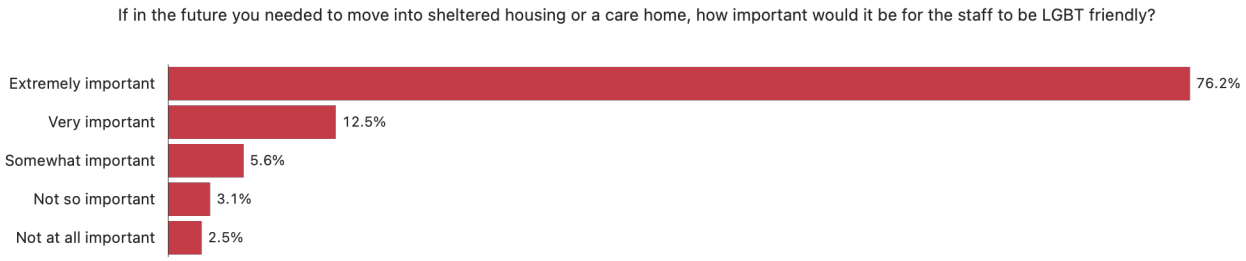

Figure 7: If in the future you needed to move into sheltered housing or a care home, how important would it be for the staff to be LGBT+ friendly?

Preference for LGBT+ accommodation or mainstream accommodation

When asked about their preference for living with predominantly LGBT+, Trans or Heterosexual people we saw two main groupings. Those who wished to live with predominantly LGBT+ people (62%) and those for whom it did not matter (33%) (see Figure 8). We did see some statistically significant differences between different groups within the survey.

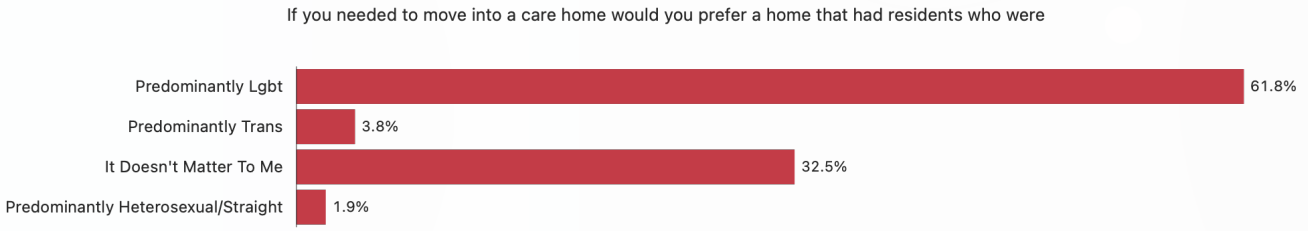

Figure 8: Preference for type of residents people wanted to live with in a care home

Those already over 50 were more likely to want to live in a home which was predominantly LGBT+ (62%) versus 51% for those under 50 years of age.[4] Those who identified as trans were more likely to want to live somewhere that was predominantly LGBT+ (54%)[5] or predominantly trans (21%) versus 65% of non-trans respondents wishing to live in predominantly LGBT+ environments. The sexual orientation of respondents also had a statistically significant impact on the preferred makeup of a future congregate living facility (see Figure 9).[6] Only 17% of heterosexual respondents preferred to go into a predominantly LGBT+ care facility. All other sexual orientation groups had a distinct preference for LGBT+ or trans specific living arrangements ranging from 64% to 100%. Only 2% of the sample wished to live somewhere that was predominantly heterosexual.

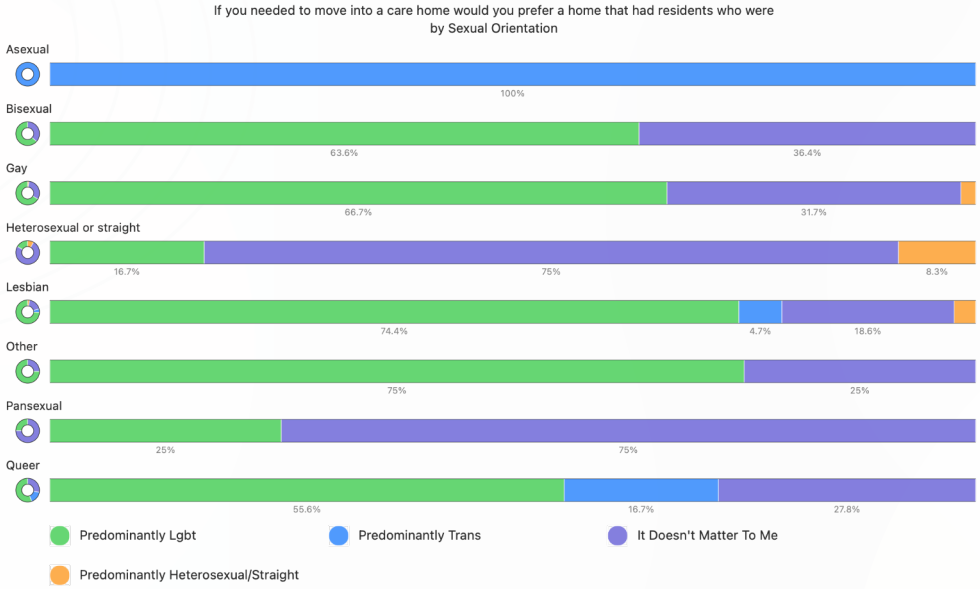

Figure 9: If you needed to move into a care home would you prefer a home that had residents who were by Sexual Orientation

Worries of LGBT+ discrimination in care home/sheltered housing

We asked respondents to tell us how worried they were about a range of variables if they had to go into a care home or sheltered housing. These are summarised in Table 1. Discrimination in care homes or sheltered housing was a worry for 90% of the respondents. Trans respondents were more concerned about discrimination than non-trans respondents. For example, 76% of the trans respondents reported being very worried about discrimination if they went into a care home or sheltered housing as opposed to 38% on non-trans people. In terms of partnered/married status, those currently in a partnership were more likely to report being Very Worried about (52%) LGBT+ discrimination as opposed to 37% of non-partnered respondents. Conversely 6% of non-partnered people said they were Not Worried at All, while 13% of Partnered people said they were Not Worried at All.

[4] $x^2_{(3,\ N=157)}$ =13.78, p<.05

[5] $x^2_{(3,\ N=157)}$ =28.79, p<.05

[6] $x^2_{(21,\ N=157)}$ =57.95, p<.05

If you had to move into a care home or sheltered housing, would you worry about:	Very Worried	Moderately Worried	A Little Worried	Not Worried at All
LGBT discrimination	45%	29%	17%	10%
Being forced back into the closet	39%	17%	21%	24%
Family of choice excluded from life and care	38%	19%	21%	22%
Sexuality/Gender Identity being erased, overlooked or ignored	49%	21%	15%	16%
Being isolated from the LGBT+ community	42%	24%	19%	15%

Table 1: Worries about living in care home/sheltered housing

Worries of being forced back in the closet in care home/sheltered housing

Over half of the respondents were Very or Moderately Worried (56%) about being forced back in the closet in a care home. We found statistically significant differences in worries of being forced back into the closet across age, gender, Trans status and sexual orientation. Those respondents in their 30s were most worried (81%). In terms of gender,[7] we found that 100% of the non-binary respondents expressed some level of worry about being forced back into the closet with 88% being Very or Moderately Worried. By comparison between 53% and 51% of those identifying as female or male reported being Very or Moderately Worried about being forced into the closet. Differences across sexual orientation were also found.[8] Trans respondents were much more worried than non-trans respondents.[9] For example 64% of trans respondents reported being very worried compared to only 33% of non-trans respondents. Respondents in Glasgow were more worried than those in Edinburgh.[10]

Family of choice being excluded from your life and care

Only 22% of the respondents were Not Worried at All about their family of choice being excluded from their life and care. The overwhelming majority had some worry about this and 38% were Very Worried about their family of choice being excluded. Only gender[11] and people in the central belt[12] were found to be statistically different variables. All non-binary respondents were either Very or Moderately Worried whereas approximately 50% of female and male respondents expressed such worries. 62% of those in the Central Belt reported being Very or Moderately Worried, compared to 33% of those from the rest of Scotland.

Sexuality or Gender Identity being erased, overlooked or ignored

While 70% of the sample was Very (49%) or Moderately (21%) Worried about their sexuality or gender being erased, overlooked or ignored, the worry was greater for non-binary respondents (88% Very Worried) and trans respondents (72% Very Worried). Interestingly, those identifying as female were less likely to be worried about their gender/sexuality being erased, overlooked or ignored. For example, 22% of female respondents were Not Worried at All compared to 13% for males or 0% for non-binary respondents[13].

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[7] $x^2_{(6,\ N=156)} = 16.83$, $p<.05$
[8] $x^2_{(21,\ N=158)} = 43.45$, $p<.05$
[9] $x^2_{(3,\ N=157)} = 9.77$, $p<.05$
[10] $x^2_{(3,\ N=157)} = 8.71$, $p<.05$
[11] $x^2_{(6,\ N=160)} = 16.83$, $p<.05$
[12] $x^2_{(3,\ N=157)} = 8.63$, $p<.05$
[13] $x^2_{(6,\ N=160)} = 15.83$, $p<.05$

Being isolated from the LGBT+ community

Nearly two-thirds of the respondents reported being Very or Moderately Worried about being isolated from the LGBT+ community if they had to move into a care home or sheltered housing facility. When comparing across our demographic variables, only gender[14] and sexual orientation[15] showed any statistically significant differences. In terms of gender, those who identified as non-binary were more worried about being isolated from the LGBT+ community as 82% reported being Very Worried and 18% were Moderately Worried. Only 35% of females and 40% of males reported being Very Worried about being isolated.

LGBT+ Positive Care Homes and Sheltered Housing

We asked respondents to tell us how important key features, which had been identified in the international literature, would be if they had to move into a care home or into sheltered housing. Their responses are summarised in Table 2. Similar to the international research literature, the items we asked about were all important at some level to all respondents. Only one item was deemed to be Not Important at All by more than 10% of the sample (Being cared for/supported by LGBT+ staff). Two features (acceptance and affordability) were found to be Extremely Important or Important by over 90% of the respondents. There were differences across respondent groups to many of these items (discussed below).

	Extremely Important	Important	Somewhat Important	Not so Important	Not Important at All
Acceptance	80.6%	11.6%	4.5%	1.9%	1.3%
LGBT+ safe space	70.4%	15.7%	8.2%	2.5%	3.1%
Being with other LGBT+ people	47.1%	21.0%	16.6%	10.8%	4.5%
Being out	66.9%	16.6%	9.6%	1.9%	5.1%
Being connected to the wider LGBT+ community	47.8%	24.2%	16.6%	6.4%	5.1%
Being cared for/ supported by LGBT+ staff	27.7%	26.4%	20.8%	15.1%	10.1%
Being cared for/ supported by staff who recognise and affirm my LGBT+ identity	65.2%	15.8%	6.3%	5.1%	7.6%
Affordability	73.6%	19.5%	6.3%	0.6%	0.0%
Making new LGBT+ friends	29.5%	28.2%	24.4%	14.1%	3.8%
Maintaining current LGBT+ friends	51.0%	31.2%	11.5%	1.9%	4.5%
Affirming my gender identity	47%	21.9%	9.7%	7.7%	14.2%

Table 2: If you had to move into a care home or sheltered housing, how important is each of the following

[14] $x^2_{(6,\ N=157)} = 19.26$, $p < .05$

[15] $x^2_{(18,\ N=157)} = 43.71$, $p < .05$

Acceptance

Just over 80% of the sample said that acceptance was Extremely Important, and another 12% said it was Important. Clearly being accepted as an LGBT+ person is important for the wellbeing of older LGBT+ people who may need to move into a care home or sheltered housing.

LGBT+ safe space

Like acceptance, an overwhelming majority of respondents reported that it was important for the home to be an LGBT+ safe space. 86% felt that this was either Very Important or Important.

Being with other LGBT+ people

Just over 68% of respondents felt it was Very Important or Important to be living with other LGBT+ people. There were significant differences along Gender[16] and Sexual Orientation[17]. Just over 88% of those who identified as non-binary reported that being with other LGBT+ people was Extremely Important, compared to only 42% of females and males reporting the same trend. In terms of sexual orientation, those who identified as queer had the highest percentage reporting being with other LGBT+ people as Extremely Important (66.7%). In addition, those that identified as heterosexual were more likely to report that being with other LGBT+ people was Not so Important (30%). Only 7% of lesbians and 2% of gay men said it was Not so Important to be with other LGBT+ people.

Being out

The vast majority of respondents felt that Being Out was Very Important or Important if they needed some kind of supported housing (83%). The only group difference found was around sexual orientation[18]. The main difference found here was in the respondents who identified as being heterosexual - 56% of straight respondents reported Being Out as Not Important at All. Only 5% of lesbians and 2% of gay respondents reported the same. 75% of all the other subgroups reported that being out was Very Important or Important. This was particularly strong in the sub-group identifying as queer (94%).

Being connected to wider LGBT+ community

Over 90% of respondents reported that being connected to the wider LGBT+ community was either Very Important or Important. This would suggest that even if living in an LGBT+ specific facility, our respondents would value being connected with the LGBT+ community. This is perhaps even more important to wellbeing if living in a heteronormative facility. Differences in the importance of connection to the wider LGBT+ community were found around gender[19], trans status[20] and sexual orientation[21]. While those identifying as male or female reported connection as Important in the mid-60% range, 100% of non-binary respondents reported this connection as Very Important or Important. In fact, 88% of the non-binary respondents thought connection was Very Important. Just over 76% of trans respondents reported connection to the wider community as Very Important as opposed to 42% of non-trans respondents. Finally, 40% of those identifying as heterosexual thought connection to the wider LGBT+ community was Not so Important as opposed to only 7% of lesbians and 2% of gay people. Queer people were more likely to rate being connected as Very Important (78%) than the other sub-groups. Another 25% thought it was Not so Important or Not Important at All.

Being cared for/supported by LGBT+ staff

The responses to the question about importance of being cared for/supported by LGBT+ staff had the most equivocal results of any question in this section of the survey. Just over a 27% of

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[16] $x^2_{(8,\ N=157)} = 16.94$, $p<.05$
[17] $x^2_{(24,\ N=157)} = 37.43$, $p<.05$
[18] $x^2_{(24,\ N=157)} = 62.22$, $p<.05$
[19] $x^2_{(8,\ N=157)} = 5.38$, $p<.05$
[20] $x^2_{(4,\ N=157)} = 11.27$, $p<.05$
[21] $x^2_{(24,\ N=157)} = 52.71$, $p<.05$

respondents thought it would be Very Important to be cared for by a member of the LGBT+ community and just over another 25% thought it would be Important. There were statistically significant differences in terms of sexual orientation[22]. Lesbians had the highest percentage of people thinking it was Very Important (43%). 66% of lesbians and those identifying as queer thought being cared for by LGBT+ staff was Very Important or Important. Similar to the pattern in other questions, those who identified as heterosexual or straight had a high percentage of responses indicating that being cared for by an LGBT+ staff member was Not Important at All (46%). 11% of lesbians and 9.2% of gay people felt the same.

Being cared for/supported by staff who recognise and affirm my LGBT+identity

While just over 27% of respondents thought it was Very Important to be cared for by an LGBT+ staff member, 65% felt it was Very Important to be cared for by someone who recognised and affirmed their LGBT+ identity. An additional 16% felt it was Important. This pattern was similar across all groupings, except for sexual orientation[23]. As in most of the other similar questions, those that were heterosexual differed from the other sexual orientations and 50% did not think it was Important at All. Those that identified as queer and lesbian were more likely to think this was Very Important. Interestingly, there was not a statistically significant difference between trans and non-trans respondents.

Affordability

It is not surprising to find that affordability was something very important to respondents. In total, 94% felt affordability was Extremely Important (74%) or Important (20%). There were no statistically significant differences across the different groups. This finding has implications for the LGBT+ 'market' as private LGBT+ housing providers in other parts of the UK are expensive (e.g. Tonic Housing in London).

Making new LGBT+ friends

Moving into a care home or sheltered housing can disrupt social networks and we know that older people's social networks can shrink as they age. And yet, making new LGBT+ friends was not as important as some other areas. However, 58% still reported that making new LGBT+ friends would be Extremely Important or Important and only 18% thought it was Not so Important or Not Important at All. There were differences across gender[24], sexual orientation[25] and current place of residence (central belt versus rest of Scotland)[26].

Males and females had similar response patterns and approximately 52% of both males and females reported making new LGBT+ friends would be Extremely Important or Important, whereas 100% of those identifying as non-binary reported that making new LGBT+ friends was Extremely Important or Important. The main difference in sexual orientation centres on how heterosexual respondents answered as 33% of them indicated making new LGBT+ friends was not important. Only 4.5% of lesbians and 1.5% of gay people said the same. 52% of the respondents from the Central Belt of Scotland said that making new LGBT+ friends was Extremely Important or Important compared to 38% from the rest of Scotland.

Maintaining current LGBT+ friends

Clearly being able to maintain current friends if one had to move into a care home or sheltered housing was important for respondents as 51% said it was Extremely Important and another 31% said it was Important. In fact, only 6.4% said it was Not so Important or Not Important at All. The only difference across demographic categories was sexual orientation where again the responses from heterosexual responders were very different from the other sexual orientations. Heterosexual respondents did not place as much importance on maintaining current LGBT+ friendships as people identifying as LGBT+. For example, 40% of heterosexual respondents said maintaining current LGBT+ relationships was Not Important at All and another 10% said Not so Important.

[22] $x^2_{(24,\ N=157)} = 44.99$, $p<.05$
[23] $x^2_{(24,\ N=158)} = 56.47$, $p<.05$
[24] $x^2_{(8,\ N=156)} = 19.46$, $p<.05$
[25] $x^2_{(24,\ N=156)} =$, $p<.05$
[26] $x^2_{(4,\ N=156)} = 10.68$, $p<.05$

Affirming my gender identity

69% of the respondents thought that having their gender identity affirmed was Very Important or Important. There were some differences found based on trans status[27] and gender[28]. Though not statistically different, those identifying as female were both more likely to say affirming their gender identity is Very Important (50%) and Not Important at All (19%) than those identifying as male (32% Very Important and 13% Not important at All). On the other hand, 100% of those identifying as non-binary thought having their gender identity affirmed as Very Important (88%) or Important (12%). A similar though starker difference is seen when looking at trans status and can be seen visually in Figure 10. Here 100% of trans respondents thought it was Very Important or Important and 27% of non-trans respondents thought it was Not Important at All or Not so Important.

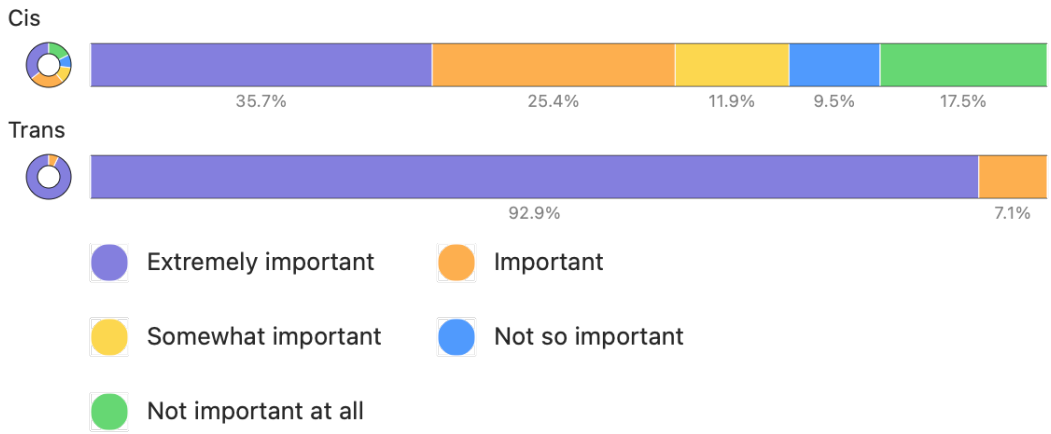

Figure 10: How important is affirming my gender identity in care home or sheltered housing by Do you or have you ever identified as transgender.

LGBT+ Positive Home Health or Personal Care

In addition to asking respondents about moving into some type of residential or congregate living facility, we also asked the same questions about receiving health or personal care in their own homes as they age. These results are summarised in Table 3.

Acceptance

The respondents felt that acceptance and safety in their own homes is important. Almost all respondents said that acceptance was either Extremely Important or Important. The percentage is higher than the previous question about acceptance in a congregate living facility. No differences were found across groups regarding acceptance.

LGBT+ safe space

Just over 92% of the respondents felt that it was Extremely Important or Important for their home to remain an LGBT+ safe space. This is 6 percentage points higher than the responses to the same question in a congregate living environment. There was a different response pattern based on sexual orientation[29] The responses by those who identified as heterosexual were considerably different than those who identified as a different sexual orientation. The pattern of heterosexual responses was bi-modal: 50% thought their home remaining an LGBT+ safe space was Extremely Important while 40% thought it was Not Important at All and the remaining 10% thought it was Not so Important.

[26] $x^2_{(4,\ N=156)} = 10.68$, $p<.05$
[27] $x^2_{(4,\ N=155)} = 30.57$, $p<.05$
[28] $x^2_{(8,\ N=155)} = 22.89$, $p<.05$
[29] $x^2_{(24,\ N=155)} = 42.45$, $p<.05$

	Extremely Important	Important	Somewhat Important	Not so Important	Not Important at All
Acceptance	82.8%	14%	1,4%	0.7%	2.1%
LGBT+ Safe Space	78.1%	14.2%	1.9%	1.3%	4.5%
Being out	67.3%	19.9%	6.4%	0.6%	5.8%
Being connected to wider LGBT+ community	46.8%	21.8%	17.9%	6.4%	7.1%
Being cared for/supported by LGBT+ staff	28.7%	24.8%	21.7%	14.6%	10.2%
Being cared for/supported by staff who recognise and affirm my LGBT+ identity	65.8%	15.5%	5.8%	3.2%	9.7%
Affordability	73.5%	21.1%	5.2%	-	-
Making new LGBT+ friends	26.9%	27.6%	26.3%	13.5%	5.8%
Maintaining current LGBT+ friends	54.8%	28%	11.5%	1.3%	4.5%
Affirming my gender identity	50.3%	18.1%	9%	6.5%	16.1%

Table 3: If you needed to have home health or personal care in your own home, how important is each of the following.

Being out

A similar pattern to the two previous variables was found when respondents were asked to say how important it was that they were able to Be Out in their own homes if they required home health or personal care. Nearly 90% thought this was Extremely Important or Important. In addition, a similar difference across sexual orientation groups was found. This time 50% of those identifying as heterosexual said Being Out was Not Important at All. In addition, fewer of them thought that Being Out was Extremely Important (20%).

Being connected to wider LGBT+ community

Remaining connected to the wider LGBT+ community while relying on home health or personal care remained important to the respondents, with 67% saying this was Extremely Important or Important. Like the same question in a residential care context, there were differences based on gender[30] and sexual orientation[31] This time, however, there was also a difference between those with a Glasgow or Edinburgh postcode[32]. Once again, there were no differences between male and female. In terms of gender, the difference was found in those identifying as non-binary, for whom over 80% said it was Extremely Important to be connected to the wider LGBT+ community - compared to low 40s for male and female. In terms of sexual orientation, the only difference was found in how heterosexual people responded where 60% thought that being connected was Not Important at All. 63% of the respondents from Glasgow reported being connected as Extremely Important as opposed to only 39% of the respondents from Edinburgh.

Being cared for/supported by LGBT+ staff

About 53% of the respondents thought that it was Extremely Important or Important to be cared for/supported by LGBT+ staff in their own homes. There were no statistically significant group differences, though there was a similar pattern in that heterosexual respondents were more likely to think this was Not Important at All (46%).

[30] $x^2_{(8, N=156)} = 16.58$, $p<.05$ [31] $x^2_{(24, N=156)} = 67.19$, $p<.05$ [32] $x^2_{(4, N=156)} = 9.58$, $p<.05$)

Being cared for/supported by staff who recognise and affirm my LGBT+ identity

Similar to the responses for institutional living, when thinking about having health or social care providers coming into their own homes to provide care, over 80% of the respondents thought it would be Very Important or Important to be cared for/supported by staff who would recognise and affirm their LGBT+ identity. Differences were found based on gender[33], sexual orientation[34] and place of residence[35]. The difference in gender was again found in the group identifying as non-binary as opposed to those identifying as male or female. Differences in sexual orientation responses was down to heterosexual responses where 60% reported that affirmation of one's identity by care staff was Not Important at All and 10% said it was Not so Important. Also contributing to the difference was the 14% of lesbian respondents who thought this was Not Important at All. A difference was found between those who live in the Central Belt versus those who live in the rest of Scotland. Though the overwhelming majority of respondents felt it was Extremely Important or Important for identity to be affirmed by care staff, there were 12% of Central Belt respondents who thought it was Not Important at All.

Affordability

Like the question about affordability of residential care, affordability of care at home was Extremely Important to respondents (74%) and when combined with those who said affordability was important (21%), we can see that 95% of our sample place great importance on affordability. All sub-groups in the sample responded similarly.

Making new LGBT+ friends

Making new LGBT+ friends was not as important as the other variables we looked at in this survey – though 56% of respondents did think it was either Extremely Important or Important. Those in rural areas of Scotland[36] were more likely to say this was Not so Important (30% to 10%). This picture is affirmed when looking at Central Belt versus rest of Scotland[37]. Again, those that live outwith the Central Belt were more likely to say making new LGBT+ friends was Not so Important (30% to 11%) and those in the Central Belt were more likely say it was Important (31% to 9%).

Maintaining current LGBT+ friends

Maintaining current LGBT+ friends was seen to be Very Important or Important by 83% of the respondents. Sexual orientation was the only variable with statistically significant differences. There is a similar pattern to other questions where sexual orientation is a significant variable. The difference is explained primarily by a big percentage of heterosexual respondents (40%) thinking that maintaining LGBT+ friends was Not Important at All. Small percentages of lesbians (5%) and gay people (2%) also thought this was Not Important. No other sexual orientation group had any responses in the Not Important at All category. It should be noted that 40% of the heterosexual respondents thought that this was Extremely Important and another 10% thought it was Important. So, 50% of the heterosexual respondents did recognise the importance of maintaining current LGBT+ friends if home care was required.

Affirming my gender identity

50% of the respondents reported that it was Extremely Important for their gender identity to be affirmed if home health and personal care workers were required. Conversely nearly 25%

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[33] $x^2_{(8, N=155)} = 16.45$, $p<.05$
[34] $x^2_{(24, N=155)} = 49.84$, $p<.05$
[35] $x^2_{(4, N=155)} = 19.55$, $p<.05$
[36] $x^2_{(4, N=156)} = 10.38$, $p<.05$
[37] $x^2_{(4, N=156)} = 11.64$, $p<.05$
[38] $x^2_{(8, N=155)} = 17{,}37$, $p<.05$
[39] $x^2_{(4, N=155)} = 24.05$, $p<.05$
[40] $x^2_{(24, N=155)} = 41.22$, $p<.05$

of the sample thought it was Not Important at All. Statistically significant differences were found across gender[38], trans status[39] and sexual orientation[40].
In terms of gender, the main difference was that all non-binary respondents said affirming their gender identity was Extremely Important or Important. Those identifying as female or male indicated Extremely Important 49% or 42% of the time. In addition, 23% of female respondents said this was Not Important All, and male selected this option 13% of the time. Similarly, 93% of trans respondents said affirming their gender identity was Extremely Important and 7% said it was Important. Only 41% of non-trans respondents said it was Extremely Important and 19% said it was Not Important at All. The difference in the responses across sexual orientations are explained by how people responded to the option of Not Important at All. Only three sub-groups indicated that affirming their identity was Not Important at All: 60% of the heterosexual respondents, 23% of lesbian respondents, and 12% of gay respondents.

Survey demographics

Gender and Trans status

Slightly more women than men completed the survey, although the difference is not considered significant. Nearly 10% of the sample identified as non-binary. In addition, 17.2% of the sample identified as Trans. People identifying as intersex or as having a variation in sex characteristics (I/VSC) made up 2% of the sample.

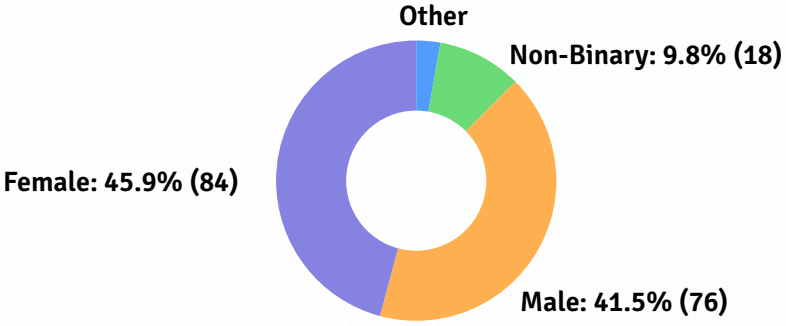

Figure 11: Distribution of Gender

Sexual orientation

Respondents who reported their sexual orientations (n=177) covered most of the constituent groups under the LGBT+ umbrella, though as can be seen in Figure 12 nearly 10% of the sample identified as straight or heterosexual. Some of these 18 people also identified as another category in the rainbow letters (e.g. trans, intersex/vsc) or identified in another way (e.g. 1 cross dresser). For others it was not clear how they fit into the target population, but the decision was made to keep them in the analysis as they may be affiliated in another way not captured by our predetermined categories (e.g. parent/grandparent of an LGBT+ person, man who sleeps with men, woman who sleeps with women).

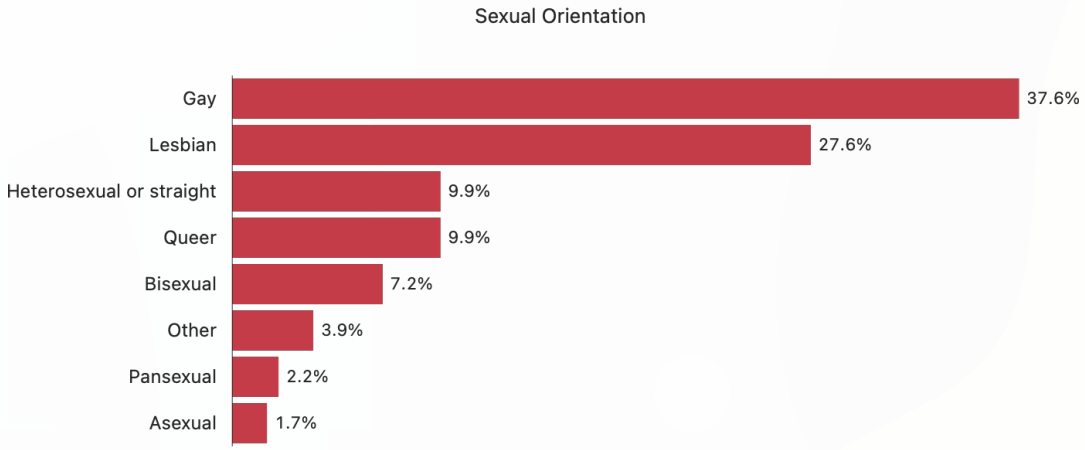

Figure 12: Sexual Orientation

Relationship status

Approximately 43% of the sample was currently married, in a civil partnership or cohabitating with a significant other, while 58% were single or widowed (see Figure 13). According to the 2011 Scotland Census, our sample has more single or widowed people than the general population[iii].

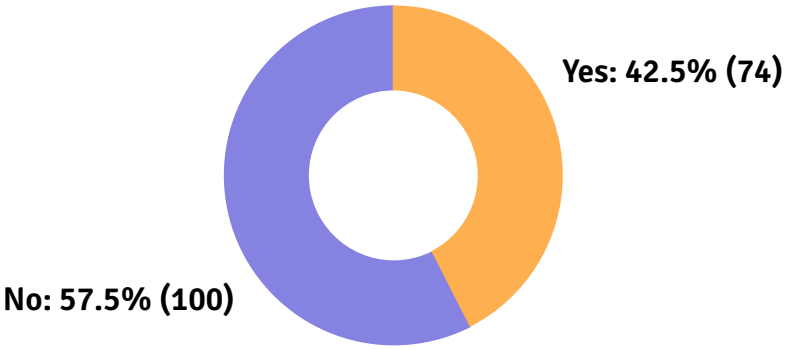

Figure 13: Distribution of Currently Partnered

Age

Our respondents were mostly aged over 50, though just over 25% were under 40 (Figure 14). Given the survey focused on housing and social care needs as LGBT+ people age, it is not surprising to see the profile of respondents being skewed towards the older age groups. However, we have enough people at various points across the life course to inform conclusions and recommendations.

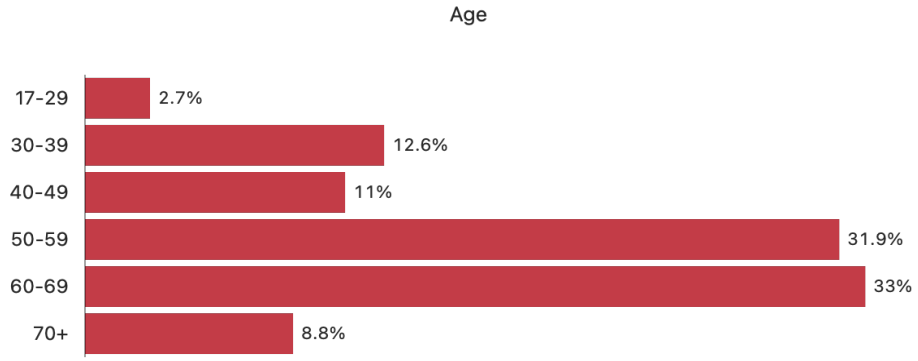

Figure 14: Age

Work/Retirement status

Given the age profile of the sample, the work/retirement status of the sample is not surprising. One-third of the sample is retired or partially retired and 56% are working full or part-time. Just over 10% are unable to work or unemployed.

Where people live

The sample mirrors the general population in terms of rural versus non-rural living. According to the Scottish Government[iv]17% of the total population of Scotland lived in rural areas, and just over 18% of our sample lived in rural areas. In total 85% of the sample lived in the Central Belt. There was some overlap between rurality and Central Belt as some respondents lived in remote but accessible communities within the Central Belt area.

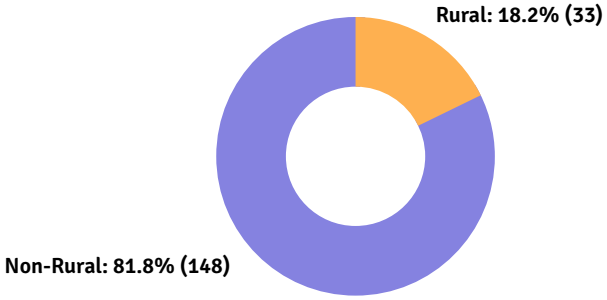

Figure 15: Rural Versus Non-Rural

The overwhelming number of respondents lived in their own home (either owned or rented) while 9% lived with others in co-housing arrangements and 2% lived in sheltered housing.

Personal stories

The results of the survey tell a compelling story. Hearing direct experiences of the discrimination, fears and concerns of older LGBT+ people face can help bring these results to life. As such, members of the Age Action Group carried out 2 further actions of:

1. Asking survey respondents to elaborate upon their responses via a Q&A. Two respondents were happy to share their actual experiences. This information was collected in person with an Age Action member asking the question and typing the person's answers.

2. Obtained accounts from people in their own networks to gather some real-life examples.

Pseudonyms have been used in the Q&A responses and Personal Accounts.

Q&A

Two respondents participated.

Andrew is aged 69 and identifies as a Transman

What worries you about getting older and housing?

I am extremely concerned about discrimination from fellow residents and care staff, especially being trans.

What do you see as the issues (housing in later life) that affect older LGBT+ community members in particular?

I see prejudice and discrimination from fellow residents and care staff as an issue.

If you had to go into a care home, why is it important for you to be with other LGBT+ community members?

It would be important to be able to connect with other residents who have had a similar lived experience.

Do you have experience of situations (perhaps involving friends who are in care homes, older people's housing or receiving care at home) that has left you more concerned about what might happen to you in similar situations?

I currently live in sheltered housing. When a fellow resident found out by chance that I was trans, they made a point of telling everyone in the building, in particular stating that I was a "weird freak".

What would your ideal living situation in older life be?

Ideally, I would live in an LGBT+ housing co-op, a safe place where I could live without fear of discrimination. I would also like to be cared for (if necessary) by LGBT+ staff.

Anything else you would like to say?

Although I consider myself a strong person, the experience of being "outed" and talked about where I live has been very hurtful and upsetting.

Louise is aged 75 and identifies as a lesbian

What worries you about getting older and housing?

As I live on the first floor, my main concern is having mobility issues and not being able to get up and down the stairs.

What do you see as the issues (housing in later life) that affect older LGBT+ community members in particular?

The main issue for me would be the extent to which I would have to compromise my sexual orientation in order to be accepted by other residents.

If you had to go into a care home, why is it important for you to be with other LGBT+ community members?

What would be important for me is that the other residents, as well as the care staff, were generally friendly.

Do you have experience of situations (perhaps involving friends who are in care homes, older people's housing or receiving care at home) that has left you more concerned about what might happen to you in similar situations?

I had an appalling experience many years ago when I was a hospital inpatient, and I was treated very badly by the nursing staff. They whispered and sniggered at me and my partner, and avoided dealing with me (e.g., deliberately leaving meals out of reach). Therefore, if I was presented with a living situation which was LGBT+ unfriendly as opposed to friendly/neutral, I would be very concerned.

What would your ideal living situation in older life be?

My ideal living situation would be to remain in my own home for as long as possible. Should I require care, my priority would be that the staff are kind, competent, and LGBT+ friendly.

Anything else you would like to say?

On the positive side, life for LGBT+ people has improved enormously in this country.

Personal accounts from the Age Action Group members

Story One

Charles described a visit from a care worker who he'd not seen before. She was pleasant at first, but as she realised she was looking at photographs of his gay wedding and drawings of him drawn by his partner in intimate settings, she felt unable to stay in the house and left.

Story Two

James, a retired schoolteacher, had been living as an openly gay man until he had to move into residential care. He said that he was no longer in contact with the LGBT+ community, and that now he ruefully describes himself, after the 'Last Innings' experience, as a 'retrosexual'.

Story Three

Brendan lives in residential social care in a large central belt city. He never socialises within his home because there are no activities that he can be comfortable with. He cannot feel anything but marginalised where children and grandchildren's photographs and visits are the very currency of usual interactions. He has a family, a 'family of choice'. These are his friendship group. Nearly all are in the same age cohort, usually people who are ageing along with him. As such they are less likely to be as able, as heterosexual families often are, to support him. Without support it is exceedingly difficult for LGBT+ care users to maintain contacts with the LGBT+ community, its organisations, friendship groups and even their own identity.

Story Four

John eventually realised that he needed more help and agreed to move into residential care. On the 'big day' of his move into the home he voiced his fears.:"How will they all treat me if they realise, I'm Trans? How about if I get dementia and regress to my childhood, when I thought that I was a girl?" John still worries about this.

Story Five

Janie is a lesbian and currently living with an ovarian cancer diagnosis. She said that many of the LGBT+ staff involved in her care are reluctant to come out and on reflection she was able to say why it matters to her. If LGBT+ staff are out then it shows a caring, accepting environment and it feels easier for her to interact with lesbian and gay staff.

Story Six

Andrew, who was living in a residential care home run by a charity in a large city, reported being subjected to anti-gay messages stuck to his door or put through his letterbox. He felt that his sense of wellbeing had taken a huge knock. As a long-term LGBT+ activist he hadn't wanted to hide, or indeed been able to hide his sexuality from others when living in the care home by going back into the closet. Andrew also told how he felt that the care he needed due to his HIV status was being made more difficult as he was sometimes treated by infectious disease doctors, and on other visits to the hospital by gerontologists.

Literature review

The results from the Scotland-wide survey and our brief case studies provide a good snapshot of the need for inclusive housing and social care for older LGBT+ people in Scotland. Scotland is not unique in the world when it comes to unmet needs of older LGBT+ people, and there is also much to learn from the international research literature. In this section of the report we will now review the key messages from this research to place our findings within an international context.

The 20th Century saw huge changes and progress in the human rights of LGBT+ people in many parts of the world. Though there is considerable pushback against LGBT+ rights in recent years, progress is continuing. However, the international literature is clear that the current cohort of older LGBT+ people have seen fewer positive changes due to a lifetime of discrimination and victimisation, have greater health and economic disparities compared to older heterosexual people, and are invisible to health, social care and housing providers [v] The disparities are even greater for people of colour and women[vi]. Despite the progress since the 1969 Stonewall Riots and the introduction of the 2010 UK Equality Act, the current cohorts of LGBT+ middle aged adults and young adults continue to face significant prejudice and discrimination, and they too are experiencing health and social inequalities compared to heterosexual counterparts[vii].

The cumulative effect of discrimination, ultimately leading to minority stress, will likely follow today's younger LGBT+ cohorts into their old age. The trans and non-binary communities are presently dealing with discrimination and prejudices on the scale previously put upon the gay community in the 1970s and 1980s.

As people age one of the areas where disparities manifest is in their home. For example, according to the Centre for Better Ageing [viii], 50% of the 4 million homes in England deemed to be failing to meet the Government's own decency criteria, are occupied by someone over the age of 60. A recent Age UK study reported by Age Scotland [xi] (2022) estimates that around 220,000 older households in Scotland will have insufficient income to cover their essentials (e.g. rent/mortgage, utilities, food). On the other hand, many older people are fairing better in terms of housing than younger groups as they face lower housing costs. It is important to note that the Fraser of Allander report acknowledged there is variability in the ageing population – and as the international literature shows, the LGBT+ population is a population where this housing variability (and disparities) exist. There are special inequalities centred on home for older LGBT+ people [xiii]. Home is a fundamental human need, and according to Maslow's hierarchy of need (see Figure 16), home would fall into the basic foundational level required for survival, development, flourishing, and wellbeing.

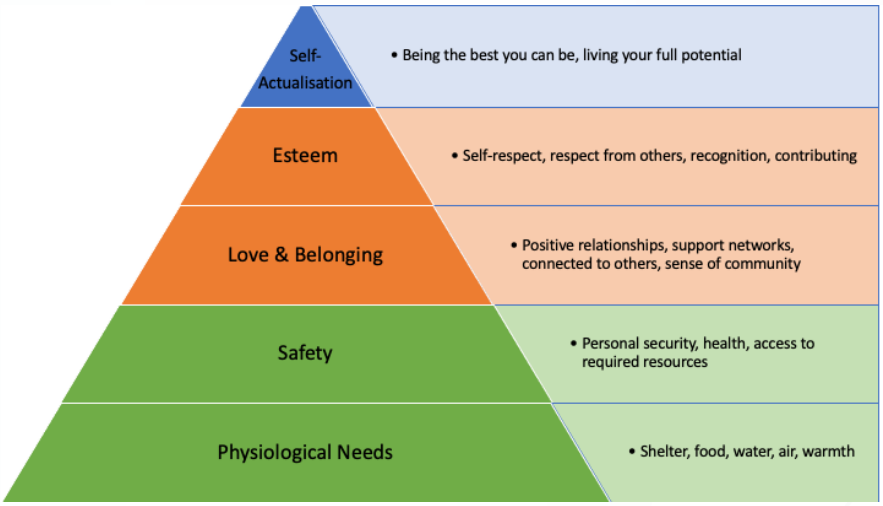

Figure 16: Maslow's Hierarchy of Need

The second level of foundational needs are safety needs (e.g. health, financial security, emotional security, personal security). These safety needs are often enacted within the home, and as Kilbourn [xiii] reminds us, housing and home is key to healthy ageing. Again, the international literature demonstrates that older LGBT+ people face significant difficulties in securing safe and affordable housing or care at home – which are foundational human needs [xiv]. Much of ageing discourse in the North American and European contexts is based on the assumption of ageing in place, being a good thing. Certainly, a great deal of policy dealing with health and social care of older people focuses on the notion of ageing in place. It is true that most people (even LGBT+ people) want to stay in their own homes as long as possible, but this is built on the premise that housing is affordable or that your own home and the community around is safe, supportive and fosters wellbeing[xv]. As we will see in the next section these two premises are unfounded for many older LGBT+ people. According to Kilbourn[xvi], people understand the need for housing, but very few people understand the lives of older people and the interplay between the two. The next section will explore some of the reasons why older LGBT+ people have less favourable housing outcomes than their heterosexual counterparts.

Why less favourable housing outcomes for older LGBT+ people?

A common myth about LGBT+ people is that they are financially well off as they have not had to raise children. Also, that they are more educated and so have good paying jobs, and live cultured lives. This sometimes gets expressed as the 'Pink Pound'. Though some LGBT+ people do have above average incomes, the myth of the Pink Pound hides the fact that on most health, economic and social indicators, LGBT+ people do less well than their straight (heterosexual) counterparts. This is particularly true for LGBT+ people of colour (PoC), trans people, and women. When LGBT+ people reach old age an additional 'ism' gets added to cumulative negative impacts that they have collected over their life course, and the divergence between heterosexual and LGBT+ life courses continues and increases. These increased negative impacts can be explained by the interaction of numerous factors.

Directly contradicting the myth of the Pink Pound, research shows that compared to older heterosexual people, LGBT+ older people are less financially well off, have had lower salaries and smaller pension funds, and do not have the same choices or protective factors that money affords [xvii]. The research is unequivocal, older LGBT+ people have difficulty securing affordable and safe[41] housing[xviii].

Added to the financial insecurity, more older LGBT+ people live alone than older straight people [xix] and their social support shrinks more. The shrinking social support and single living can be partially explained by lack of children and estranged relationships with blood relatives over the life course [xxi]. The LGBT+ community has long relied on families of choice or fictive kin for their sources of support, and these supportive relationships do not have the legal and social protections that blood relatives do and typically they cannot make decisions on behalf of LGBT+ older people [xxii]. Living alone and having a limited social support network impacts negatively on mental health, physical health and on housing security. With smaller support networks, older LGBT+ people have a greater need for formal services to support them in their own homes, yet they are also very reluctant to engage with formal services due to a lifetime of discrimination and poor treatment [xxiii]. This is particularly true for people of colour, transgender, intersex and gender non-conforming people [xxiv].

There is also significant research documenting the poorer health outcomes for older LGBT+ people, their increased rates of neurodiversity and their increased chances of acquiring a disability [xxv]. This is often understood to be related to the cumulative impact of minority stress across the life course [xxvi]. Discrimination, victimisation, othering, financial insecurity, poorer quality housing and other social determinants of health coalesce in old age to negatively impact on health of older LGBT+ people. Poor health and greater disability in turn influence the experience and suitability of home. For example:

[41] Our emphasis. Even if affordable housing is found, it might be in an area that is unsafe for LGBT+ people…especially for older LGBT Black and People of Colour or Trans older people.

A 2nd floor flat in an old tenement building with transient renters in the other flats might have been suitable for a 50-year-old LGBT+ person who was reasonably healthy. That same flat 20 years later when multiple health conditions and mobility problems may emerge to impact on the older person's abilities to manage activities of daily living may make it difficult to manage independent living. This will be particularly true if the finances are not available to make adjustments to the flat or to the stairwell to accommodate decreasing mobility. Now imagine the following: the older LGBT+ person does not have children or extended family to support them, their social support networks have reduced or depleted over the years, the transient neighbours are unconnected to them or worse yet homophobic/transphobic, and the LGBT+ older person is reluctant to engage with formal services due to a history (or even recent experience) of discrimination or poor services. In such a scenario it is easy to see how an older LGBT person would become increasingly isolated and experience a lack of fit between their needs and their home environment.

Fears and experiences of living in shared residential spaces

One solution to the scenario we just painted about the older LGBT+ person living in an unsuitable flat would be to move into some type of communal living environment. There are a range of common options, from retirement communities with minimal services, assisted living communities, care homes, to more medically orientated nursing homes.

Moving into any type of communal or supported housing is never the first choice for older people in general, as older people do, by and large, wish to remain in their own home, living independently [xxvii]. However, LGBT+ older people have reason to fear mainstream communal living institutions even more than their straight peers. Studies document LGBT+ older people's perceived fears as well as actual discriminatory experiences that feed these fears. These include direct discrimination by staff and/or other residents [xxviii]. Many LGBT+ people fear being forced back into the closet if they move into residential care, and this is a realistic fear as documented in a range of studies [xxix]. Transgender older people also fear being detransitioned[42] particularly if they develop dementia [xxx].

Some congregate living facilities might be perfectly safe for older LGBT+ people. However, after living through the historical time where homosexuality and gender non-conformity was criminalised or punished, many older LGBT+ people are wary of authority and institutional power. And as such, they will think that they must go back into the closet or choose to do so rather than being 'forced' to pass as heterosexual. Those who can 'pass[43]' might feel safer going back into the closet, but we know that not living authentically has profound psychological impacts on wellbeing and also leads to feelings of isolation [xxxi].

Another concern many LGBT+ people have about moving into a communal living environment is the heteronormativity and gender normativity in such settings [xxxii]. Heteronormativity is the belief that heterosexuality is the 'normal' way of being and the presumption that everyone is heterosexual [xxxiii]. Gender normativity is the belief that gender is binary and that gender expression should follow 'normal' gender i.e. stereotypical role expectations and enactment. The expectation in care settings is that people are heterosexual, have been married to someone of the opposite sex, have children and grandchildren, and have normative binary expressions of gender. Not fitting these heteronormative assumptions of sexuality or gender expression leads to othering and exclusion. Othering is communicated in explicit and implicit ways. For example:

Only having Mr, Mrs, Miss as possible titles rather than inclusive titles such as Mx, reminiscence activities only ever being about family life or cis-heterosexual life experiences, not using gender inclusive words, not understanding the unique medical needs of older trans residents, or refusing to celebrate or overlooking any of the numerous important days in the LGBT+ calendar

[42] Detransition is a contested word. It is sometimes used in transphobic narratives to convey having regret about one's transitioning process, a sense of going backwards, or as a justification for not providing appropriate trans health care. Some argue that the correct word to use is retransition as it can connote a positive moving forward or making a further transition for any of a whole host of reasons. We use detransition here to connote a ***forced*** going back to the gender assigned at birth, rather than a choice to make a further transition. It is the fear of being forced to live in the gender assigned at birth or not supported to remain in one's gender identity that older trans people reported in the international literature and our survey.

[43] To pass in an LGBT+ context is when an LGBT+ person is seen to be or accepted as a non-LGBT+ person, e.g. they pass as a strait or cis-gendered person. See glossary.

(e.g. Pride Month, LGBT History Month, Trans Remembrance Day, Holocaust Day incorporating LGBT awareness, International Day Against Homophobia, Intersex Awareness Day, Intersex Day Of Remembrance, Lesbian Visibility Day, National Coming Out Day, Non-Binary Awareness Week, Trans Awareness Month, Transgender Day Of Remembrance, Zero Discrimination Day). Most staff are not trained to discuss or deal with LGBT+ issues [xxxiv] and this is felt by LGBT+ people who are just forced back into the closet as they do not feel safe.

Another fear and experience of LGBT+ people in retirement communities and care homes is that family of choice may not be recognised [xxxv]. For example, some institutions will only list blood relatives as emergency contacts, even if there has been no contact with biological relatives for decades. Brennan-Ing and colleagues [xxxvi] documents difficulties for family of choice when biological family come in and want to take over or get involved in care. Family of choice may be excluded from events, visiting hours, and the importance of their place in the older person's life diminished. Assessment forms may only require the listing of spouse and though same sex marriage has been legal in Scotland since 15 December 2014 many older people will have "missed the boat" when it came to same sex marriage. Additionally, not all members of the LGBT+ community embraced marriage equality in the same way. Many will have had or still have significant others that do not fit into the categories of husband, wife, spouse, civil partner e.g. polyamorous relationships. Without the legal protection afforded by state sanctioned marriage or civil partnership, these significant others can be excluded from care decisions and access to older partners.

Another common fear found in the literature is being cut off from the LGBT+ community [xxxvii]. According to Bradford and colleagues [xxxviii] community is a "ubiquitous theme". Older LGBT+ people fear being isolated in a heteronormative world so they would prefer to stay connected to and live in their LGBT+ community [xxxix] or move to an affirming community [xl]. This suggests that communal living facilities need to engage with the wider LGBT+ community and LGBT+ organisations to support LGBT+ residents and future residents. This engagement must be part of the planning for residential care for LGBT+ older people.

Care in one's own home

The fears and concerns older LGBT+ people have about receiving care in their own home are similar to the fears they express about institutional care or communal living. There is, however, another layer of complexity. Home should be a safe space, where a person is free to be and express themselves as they wish. This may include dressing in a gender non-conforming way, having pictures on display that are obviously of current or past partners/ significant others, homoerotic art, or other LGBT+ cultural artefacts. As Westwood [xli] says, home is an important place to embody and enact one's identity. However, having care workers come into one's home who commit microaggressions through lack of education or who are homophobic, biphobic or transphobic can take away that safe space.

According to Sue and colleagues [xlii], microaggressions are the everyday verbal or non-verbal "slights, insults, putdowns, invalidations, and offensive behaviours" that marginalised people experience in their interactions with people from a dominant cultural group. Whether done intentionally or unintentionally, they communicate hostile, derogatory or negative messages to marginalised people. LGBT+ people are reluctant to use mainstream services that would support them to live in their own homes [xliii], and this reluctance can be, at least partially, explained by the fact that LGBT+ people worry about having non-LGBT people as care workers or phobic workers committing microaggressions, or even explicit phobias in their home [xliv]. Hoekstra-Pijpers [xlv] surveyed 115 older LGBT+ people in the Netherlands about their experiences with health and social care services, and one-third of the respondents reported experiencing discrimination in their own homes. Other researchers report similarly - that significant numbers of LGBT+ people experienced direct discrimination and poor treatment because of LGBT+ identity, and this is especially true for people of colour, trans and gender non-conforming people [xlvi]. The reluctance to engage with mainstream services creates delays in LGBT+ older people accessing needed health and social care services and is a contributing factor to the poorer health outcomes for LGBT+ people outlined earlier.

What older LGBT+ people want and require in housing

The literature has begun to clarify what older LGBT+ people want in terms of congregate or communal living facilities. Before going into specific configurations of different housing options we will present principles of LGBT+ affirming housing - whether it is LGBT+ specific or mainstream/mixed.

LGBT+ community and connection

First and foremost, older LGBT+ people report wanting LGBT+ community and LGBT+ connection [xlvii]. They want to be with others like them [xlviii] and be connected with the wider LGBT+ community outwith any residential setting they might be in. Community connection and being with others like themselves is crucial to older LGBT+ people's wish to continue to build social networks and social support systems [xlix]. This desire to expand social networks and support systems is an important difference between LGBT+ older people and heterosexual older people (who begin to narrow and focus their social networks with age). Remaining connected with families of choice is also paramount.[1]

Acceptance

The majority of older LGBT+ people say they want to live in a place where they are accepted [li] and they can be their authentic self [lii]. Acceptance means comfort and ease in one's living space, being out, being safe, and not experiencing any negativity because of their identity. Acceptance could be demonstrated through such things as being able to communicate easily with health, social care and housing workers about identity [liii], the consistent use of inclusive language [liv], not being separated from one's partner or significant other and non-judgemental services and wellness programmes [lv].

Cultural competency

Older LGBT+ people want staff to have cultural competency training [lvi]. But Westwood [lvii] points out that one off diversity training is only a small drop in a deep and expansive ocean in relation to attempting to eradicate institutional homophobia, biphobia, transphobia, racism, and sexism. Kite marks and glossy brochures touting diversity are shallow and older LGBT+ people recognise the difference between a fancy slogan and real inclusion.

Older LGBT+ people also reported that they wanted to live in a place with diversity. This was expressed in different ways but included sexual orientation, gender identity, income levels e.g. accessible to people on low income as well as those more well off [lviii].

Demographic makeup LGBT+ older people requiring housing

The literature on the exact demographic makeup of housing LGBT+ older people wanted and require was mixed. Some research suggested LGBT+ people preferred LGBT+ specific housing developments and some research suggested older LGBT+ people preferred living in mixed but LGBT+ affirming housing. All articles recommended that there be a choice as one size does not fit all [lix]. Additionally, most research appears to ask older LGBT+ people to choose between living in LGBT+ specific settings or mixed settings with heterosexuals. A small number of studies also asked about gender specific settings. Two studies found that lesbians would prefer to live with other lesbians, and if that was not possible, then they wanted to live in women only spaces, and their third choice was mixed LGBT+ facilities [lx]. Westwood also found that gay men preferred to be in a welcoming mixed mainstream facility, followed by a gay male only facility, followed by a mixed LGBT+ facility. Other studies found preferences for mixed LGBT+ facilities over mainstream facilities [lxi].

Much of the literature also acknowledges that some older LGBT+ people do not want to be in LGBT+ specific housing provision. The international literature suggests that when planning for the housing and care needs of older LGBT+ people, choice is needed. There will be a good percentage of people wishing to be in LGBT+ specific settings and some will not. Even within LGBT+ specific settings, some will wish to be in lesbian only, or gay male only settings. Regardless of the exact mix, it is clear that there is a demand for LGBT+ specific housing. For example, Kilbourn [lxii] reports that for every affordable housing place in older LGBT+ specific housing facilities, they receive 50 applications. Kilbourn is reporting from San Francisco, which historically was a gay hotspot, and few cities would expect the same level of demand as San Francisco. However, other metropolitan areas not as gay identified also have LGBT+ specific housing organisation including: Amsterdam, Berlin, Boone NC, Langueduc, London, Madrid, Manchester, Minneapolis, Philadelphia, Sante Fe, Stockholm, Vancouver, Victoria, and Wilton Manors FL. Each of these areas have large LGBT+ communities or are close to cities with large communities, and being close to LGBT+ communities is a draw for older LGBT+ people. The research suggests that older LGBT+ people do not necessarily want to age in place and are willing to move into other congregate living facilities or communities earlier than straight people if the community is right [lxiii]. Such facilities will draw from the local LGBT+ community but also older LGBT+ people from further afield who want to live with other LGBT+ people and be connected to a wider LGBT+ community.

Summary and key messages from the international literature search

Some of the key messages from the international literature are that older LGBT+ people experience a disparity in outcomes in health, housing and financial stability compared to heterosexual older people.

Older LGBT+ people report significant discrimination and poor service from health, social care and housing services. Because of their long history of negative experiences with mainstream services, they are reluctant to engage in heteronormative services and this exacerbates negative health and social outcomes.

There is a demand and want for older LGBT+ specific housing and LGBT+ affirming mainstream housing. There is also a demand for LGBT+ specific and LGBT+ affirming social care. Older LGBT+ people want to live authentically and whether in their own independent home or in some type of shared living environment, they want to be connected to the LGBT+ community and to live with other people like themselves.

Discussion

Compared to many other studies, we have a good gender representation with near equal numbers of male and female respondents, as well as a good percentage of non-binary people. Likewise, we have an over representation of trans people, which allows us to make conclusions and assumptions about trans people's ambitions for housing in older age.

Most international surveys only focused on people aged over 50s, but we included young adults and all other age cohorts up to and including the old-old (over 85). As we were interested in planning for housing in old age, it was important to get people from across the life course. What was clear from the survey is that very few people, at any age, are making plans for housing as they age. Most of our respondents wanted to age in the comfort of their own home, though 34% of those over 50 report living in homes that they believe are not suitable for them as they age. Only 9% of our sample have made plans for future living arrangements. This is an intergenerational issue and solutions may involve intergenerational solutions. A public information campaign may be necessary to help LGBT+ people begin to think about and plan for their living arrangements and care needs as they age. Planning, advocating, and building LGBT+ specific retirement communities, assisted living facilities or care homes would provide concrete options for the LGBT+ communities. As younger people are struggling to get on the housing ladder, intergenerational communities might also meet multiple needs within the LGBT+ community.

The results of our survey were by and large consistent with findings from the international literature. Scottish LGBT+ people have fears of discrimination based on LGBT+ identities that are in line with older LGBT+ people's fear from around the world. When asked to think about a time when they might need to move into sheltered housing or a care home, our respondents were fairly consistent with the results from the international literature. For example, older Scottish LGBT+ people worry about being forced back into closet, their families of choice being excluded, their sexuality and/or gender identity being erased or ignored, and being isolated from the larger community. These worries were greatest for non-binary and trans respondents. A higher percentage of our respondents reported wishing to move into a predominately LGBT+ assisted living community or care home than was found in the international literature.

Also like the international literature, our respondents thought a range of variables were Extremely Important or Important. These included acceptance, living in an LGBT+ safe space, being with other LGBT+ people, being out, being connected to the wider LGBT+ community, affordability, and making and keeping friends. There were some differences within the respondent groups, but the starkest and striking differences were for non-binary and trans respondents, as they tended to think these variables were even more important than the other respondents. This would be as expected with the so-called "woke culture wars" being fought across social media and national media aimed at the trans, intersex and non-binary communities. Trans Media Watch documented the adverse treatment in its submission to the Leveson Inquiry in 2011 [lxiv], and the Independent Press Standards Office reported that there was a 400% increase of articles on transgender issues between 2009-2019 [lxv]. A 2021 report from CNN [lxvi] makes the case that the British Press is "rife" with anti-trans sentiment. The UK's standing as a leader in LGBT+ rights has slipped drastically in recent years largely on the back on increased anti-trans sentiment and policies [lxvii].

The importance of acceptance was strong in both the international literature and our survey. We did not define acceptance in the survey so respondents may have different conceptualisations about what that means for them. Whether some respondents took it to mean a sense of being treated equally, being seen for who they are, being respected, getting a sense of approval or the act of being accepted, this reported importance of acceptance indicated that there is clearly a need for LGBT+ affirming housing, health care and social care.

Being cared for/supported by LGBT+ staff was highlighted in the literature as something that was important for LGBT+ people. Though our survey respondents thought this was important, it was the most equivocal question in the survey. There was a slight favourable skew in the responses, but being cared for/supported by staff who recognise and affirm their LGBT+ staff was much more important.

Like the international literature, there was not consensus about wanting to live in a primarily LGBT+ care home or assisted living facility place or mainstream place, but there was more positive leaning towards LGBT+ specific housing in our sample than in the other surveys. Nearly 66% of our sample would prefer to live in a predominantly LGBT+ care home or assisted living facility and other studies were 50% or less. The difference could be because we recruited primarily through an LGBT+ organisation, or it could be something to do with the Scottish culture. The preference for being in an LGBT+ specific facility was even more important for trans people. We did not find other research that specifically asked trans people their preferences for where to live as they aged. We did not find any differences between male and female respondents on preferences for LGBT+ or mainstream housing. However, unlike a very small number of other studies we did not give gender specific LGBT+ housing as an option. This could have led to some gender variation in responses. It would be the recommendation of this report in the future that similar survey's incorporate questions for gender specific LGBT+ housing. Giving older LGBT+ people a choice is key.

The questions about receiving health or personal care at home had very similar responses to the fears and variables of importance for moving into a congregate living facility. However, both having the home remain an LGBT+ safe space and the importance of acceptance was even greater for in-home services than within the context of congregate living. Having clear and strong Equality, Diversity and Inclusion policies and good training for home care staff is particularly important and chimes with respondents' and the literature's concern about good cultural competence training. There is awareness, born out of LGBT+ people's experiences of working in organisations where attempts to engage with 'Diversity and Inclusion' initiatives have not been followed through to embedded culture change. Token gestures, albeit in good faith, one-hour long training sessions, are wholly inadequate. Real inclusion requires statutory regulated mandatory continual career development training for all health, housing and social care staff.

Housing policy in the UK is about maximising choice and policy does discuss diversity, maximising choice, personal control and independence. But it does not take into account LGBT+ needs and issues. Westwood [lxviii] suggests that the personalisation agenda, whereby service users have more control and choice around their care including a budget, could be used to positive effect for older LGBT+ people, especially if older LGBT+ people and organisations pull together to purchase their own LGBT+ specific care as a group.

This survey clearly highlights how important having LGBT+ affirming care is for LGBT+ people. If policy makers do not understand the LGBT+ people's lived experience, their unique needs and life circumstances or engage with the LGBT+ community, charities and action groups, we are doomed to heteronormative approaches to supporting older LGBT+ people. Heteronormativity leads to the faulty assumption that we are all the same and have the same needs, and thus should be treated equally. Equality focuses on treating everyone the same, and can lead to exclusion, as the literature in this report demonstrates. Equity, which focusses on providing what is required to meet people's needs and circumstances to ensure equal outcomes for all, is what is required. The personalisation agenda recognises this. Policy makers need to drive for specific and different care options and champion change through engagement with the LGBT+ community. The LGBT+ community requires allyship, co—disruptors and champions within the community, academics, senior council and housing association figures to drive social care and housing improvement initiatives for older LGBT+ people.

Recommendations

Based on the findings from our Scotland-wide survey of LGBT+ people, our review of the international literature, our own lived experiences, and the lived experiences of our family and friends, we make the following recommendations:

1

There is a demand for LGBT+ specific care homes, assisted living facilities and retirement communities.

Work should begin to establish such facilities in the greater Edinburgh and/or Greater Glasgow and Clyde area as a first step.

These should:

- Be mixed LGBT+ facilities, but with provision for some single sex spaces within them.
- Be affordable. They should have provision for subsidised places as well as full-pay.
- Come with assured lifetime tenancy.
- Be connected to wider LGBT+ community and organisations.
- Designed to foster connection, build community and support maintaining old friendships.
- Be particularly attuned to the needs and fears of trans and non-binary older people and People of Colour.

2

There is a need for LGBT+ affirming care homes and assisted living facilities.

Mandatory training should be developed, and care inspection procedures should continually monitor for LGBT+ affirming care.

3

There is a need for LGBT+ specific and/or LGBT+ affirming health and personal care services in Scotland.

Work should begin to establish LGBT+ specific care services.

This could be accomplished by:

- Working with an existing care provider to create and market LGBT+ carers or carers who champion diversity and inclusion.
- Working with existing LGBT+ organisations to start LGBT+ health and personal care services.
- Mandatory training for in-home health and social care workers should be developed and care inspection procedures should regularly monitor for LGBT+ affirming care.
- Health, social care and housing organisations should have LGBT+ diversity champions within their organisations.
- Offer further education to policy makers at national and local levels about the unique housing, health and social care needs of older LGBT+ people.

4

A coalition should be built to work towards addressing the housing and social care needs of older LGBT+ people.

The coalition should be made up of:

- Representative bodies for providers of housing and social care (e.g. Scottish Federation of Housing Associations; Scottish Care; **Coalition of Care and Support Providers in Scotland Association of Local Authority Chief Housing Officers**), charities serving LGBT+ people in Scotland (e.g. LGBT Health and Wellbeing, Equality Network, Scottish Trans Alliance, Charities serving older people (e.g. Age Scotland).
- Relevant professional organisations (e.g. Community Learning and Development Council, Scottish Association of Social Work).
- Other marginalised communities so that we may work together and build intersectional bases of power and influence (e.g. refugees, BAME groups).

The coalition should work towards multiple solutions:

- LGBT+ specific housing (assisted living, care homes, retirement homes, co-housing).
- LGBT+ affirming housing.
- Educating mainstream providers.
- LGBT+ specific and LGBT+ affirming home care services.
- Women only spaces.

5

Public service announcements or other educational campaigns should target LGBT+ communities to help them begin planning for old age and their care needs.

6

Current campaigns (e.g. NHS Scotland's Anticipatory Care Planning) should be updated to be inclusive of LGBT+ people and other diverse groups.

Glossary

Definitions are from the Equality Network, except where noted with an asterisk (*). These* definitions are ours. Please note that language around LGBT+ issues change and evolve. When it comes to a person's identity it is best to ask them how they identify. Please see a more complete list on the Equality Network's website.

ACE/Asexual
Asexual people are not drawn to people sexually and don't desire to act sexually on attraction to others. Asexuality is a spectrum which includes many forms of attraction, e.g. sensual or aesthetic. Asexuality is often shortened to ace.

Bi / Bi+ / bisexual / biromantic
Terms describing people who are romantically and/or sexually attracted to people of more than one gender or regardless of gender. We use the umbrella term bi+ to include all of these identities as well as pan, queer and others.

Biphobia
Discriminatory or prejudiced actions or ideas related to someone's actual or perceived bi+ orientation or erasure of bi+ identities.

Cis / cisgender
A person who identifies with the sex they were assigned at birth. Cisgender is the word for anyone who is not transgender.

Come out
To tell others that you are LGBT+.

Cross-dressing
Wearing clothes, make-up, or other accessories associated with a gender that you do not identify as.

Gay
Refers to men with a romantic and/or sexual orientation towards other men. Some women and non-binary people also define themselves as gay rather than using another term.

Gender binary
The dominant idea in Western society that there are only two genders, that all people are one of these two genders, and that the two are opposite.

Gender expression
External characteristics and behaviours that are typically socially defined as masculine, feminine, or somewhere in between, such as clothing, hairstyle, make-up, mannerisms, speech patterns and social interactions.

Gender identity
Refers to our internal sense of who we are, and how we see ourselves in regards to being a man, a woman, or somewhere in between/beyond these identities.

Homophobia*
Discriminatory or prejudiced actions or ideas related to someone's actual or perceived same sex attraction.

Homosexual
This might be considered a more medical term used to describe someone who has a romantic and/or sexual orientation towards someone of the same gender. The term 'gay' is now more generally used.

Intersex / variations in sex characteristics (I/VSC)
An umbrella term used for people who are born with variations in biological sex characteristics — this may mean that they may have bodies which do not always fit society's perception of typically male or female bodies. This is sometimes referred to as DSD (Differences of Sex Development), but many dislike this term. I/VSC is not the same as gender identity (our sense of self) or sexual orientation (who we are attracted to) but is about the physical body we are born with.

Lesbian
Refers to a woman who is romantically and/or sexually attracted to other women. Some non-binary people also identify as lesbian.

Lesbophobia*
The fear or dislike of someone because they are or are perceived to be a lesbian.

LGBT / LGBT+ / LGBTI / LGBTIA
Acronym which includes Lesbian, Gay, Bisexual, Transgender, Intersex and Asexual. While the acronym can vary, the general aim is to inclusively group together marginalised groups of sexual and gender identities.

Non-binary
Identifying as either having a gender which is in-between or beyond the two categories 'man' and 'woman', as fluctuating between 'man' and 'woman', or as having no gender, either permanently or some of the time.

Othered or othering*
Othering is a phenomenon in which some individuals or groups are defined and labelled as not fitting in within the norms of a social group. It is an effect that influences how people perceive and treat those who are viewed as being part of the in-group versus those who are seen as being part of the out-group. Othering also involves attributing negative characteristics to people or groups that differentiate them from the perceived normative social group.

Pan / pansexual
Refers to a person whose romantic and/or sexual attraction towards others is not limited by gender.

Passing
If someone is regarded, at a glance, to be a cisgender man or cisgender woman. Cisgender refers to someone whose gender identity matches the sex they were 'assigned' at birth. This might include physical gender cues (hair or clothing) and/or behaviour which is historically or culturally associated with a particular gender.

Queer
A term used by those wanting to reject specific labels of romantic/sexual orientation and/or gender identity. Some LGBT+ people view the word as a slur, but others have reclaimed and are proud to use it.

Questioning
The process of exploring one's own gender or sexual orientation.

Retrosexual*
Humorously used to indicate a person who has not had sex in a very long time or who is no longer seen as a sexual being.

Sexual orientation
Refers to the gender(s) to which a person is sexually attracted or the absence of this attraction.

Sexuality
Refers to the sum of various aspects of attraction and behaviour that add up to how a person expresses themselves as a sexual being. This includes the type or types of partner a person is attracted to, the kinds of sexual activities they prefer and how they organise their relationships, for example: monogamy or polyamory.

Straight / heterosexual
A person who is romantically and/or sexually attracted to people of a different gender only.

Trans / transgender
Equivalent inclusive umbrella terms for anyone whose gender identity or gender expression does not fully correspond with the sex they were assigned at birth.

Transphobia
Discriminatory or prejudiced actions or ideas related to someone’s actual or perceived gender identity or gender expression or erasure of trans identities.

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Appendix A

Methodology

The survey was open for 6 weeks during March and April of 2023 and was distributed online through LGBT Health and Wellbeing social media channels, and key contact lists. Paper copies were distributed through the monthly Coffee Posse meetings and Telefriending contacts to ensure feedback from older people who are not online. In total 226 people responded to the survey. We excluded respondents with an English or missing postcode as we were only focusing on Scotland. We also excluded those who did not complete more than the initial screening questions. In the end we received 183 usable completed survey responses from most regions of Scotland. It is important to note that of the 226 started surveys, only 7 responses included comments that could be construed as transphobic.

The anonymous survey consisted of 21 questions including a range of demographic questions of interest. The demographic questions were followed by a series of questions about respondents' housing and care planning, their housing preferences if they could no longer manage to live independently, their fears if they needed to move into a care home or sheltered housing, what would be important to them if they needed to move into a care home or sheltered housing, their fears if they needed to use health or personal care in their own home , what would be important to them if they needed to use home health or personal care, and what would they think was needed for housing and social care to be safe and affirming for older LGBT+ people. Most questions were closed questions with categorical data and Likert scale questions, though several questions asked for qualitative responses. The categorical data were analysed using descriptive or non-parametric statistics (Chi-square) with the significance level set at $p < .05$.

The research was conducted with principles of ethical research firmly embedded in the research protocol. All participation was voluntary with clear informed consent. The survey was completed anonymously, and no personally identifiable information was collected. As we were asking questions about a future in which residents might need personal care or to move into a care home, there was a small potential for survey respondents to become distraught. Planning for ill health can be anxiety provoking for people. Resources and contact details were provided so that people could anonymously or confidentially speak with a qualified member of LGBT Health staff if the survey caused any distress. The results of the survey will be communicated via the same mechanisms we used to recruit participants so participants will have access to the results if they so wish.

Limitations

We did not ask any questions to determine the socioeconomic status (SES) of respondents beyond work/retirement status. Income and financial stability are key variables that influence housing choices. Our data would have been richer and more nuanced if we had a way to examine the data through a socioeconomic status (SES) lens. We also did not ask about gender segregated LGBT+ care homes or assisted living places. There were differences between gay men and lesbians reported in 2 other studies from the USA. It would be useful to know if the cultural context in Scotland would result in different responses here. Certainly, the sexism experienced by the current cohort of older lesbians from within the gay community in the USA will have influenced many lesbian's feelings about having to live with gay men today. Will the sexism within the gay community here in Scotland have been qualitatively different? Probably not, and if not, will this have influenced views of Scottish lesbians today? We do not know.

End notes

i Hoekstra-Pijpers (2022); Okpodi (2015); Westwood (2016
ii Centre for Ageing Better (2022)
iii Scottish Government (2021b)
iv Scottish Government (2021a)
v Bailey et al. (2022); Bradford et al. (2015); Brennan-ing et al. (2014); Espinoza (2016); Okpodi (2015); Ranahan (2017); Redden et al. (2021); Savage & Barringer (2021)
vi Kilbourn (2016)
vii Bachmann & Gooch (2018); Bradlow et al. (2020); McDermott, Nelson & Weeks, H. (2021); Kriss (2021)
viii Centre for Better Aging (2022)
ix Age Scotland (2022)
x Fraser of Allander Institute (2022)
xi Savage & Barringer (2021).
xii Westwood (2016).
xiii Kilbourn (2016)
xiv Brotman, et al. (2015); Espinoza (2016); Kia (2016); Kilbourn (2016); Redden (2021).
xv Gambold (2022)
xvi Kilbourn (2016)
xvii Bradford et al. (2015); Gambold (2022); Fredriksen-Goldsen et al. (2011); Redden et al. (2021); Savage & Barringer (2021); White & Gendron (2016)
xviii Savage & Barringer (2021)
xix Bailey et al. (2022; Bradford et al. (2015); Brennan-Ing (2014); Fredriksen-Goldsen et al. (2013b); White & Gendron (2016)
xx Okpodi (2015); Savage & Barringer (2021); White & Gendron (2016)
xxi Bradford et al. (2015);Brennan-ing et al. (2015)
xxii Bailey et al. (2022); Brennan-Ing (2014)
xxiii Bradford et al. (2015); Brennan-Ing (2014); Ranahan (2017)
xxiv Espinoza (2016); Hoekstra-Pijpers (2022); Savage & Barringer (2021)
xxv See for example Anderson, J. (2022(l Bailey et al. (2022); Bradford et al. (2015); Brennan-Ing et al. (2014); Choi, & Meyer(2016); Espinoza (2016); Fredriksen-Goldsen et al. (2013a & 2013b); Redcay et al. (2029); Savage & Barringer (2021); Warrier et al. (2020); Yang Chu & Salmon (2018)
xxvi Espinoza (2016); Hoy-Ellis (2023); Redden et al. (2021); Savage & Barringer)2021)
xxvii Centre for Ageing Better (2022)
xxviii Bailey et al. (2022); Brotman et al. (2015); Espinoza (2016); Hoekstra-Pijpers (2022); Kia (2016); Ranahan (2017); Redden et al. (2021); Sullivan (2014); Westwood (2016)
xxix Bailey et al. (2022); Savage & Barringer (2021); Sullivan (2014)
xxx Bailey et al. (2022; Fredriksen-Goldsen Emlet & Hoy-Ellis, 2011; Sullivan, 2014 Savage & Barringer, 2021).
xxxi Savage & Barringer (2021)
xxxii Bailey et al. (2022); Savage & Barringer (2021); Westwood (2016)
xxxiii Okpodi (2015)
xxxiv Bailey et al. (2022)
xxxv Bradford et al. (2015); Ranahan (2017); Sullivan)2014)
xxxvi Brennan-Ing et al. (2014)
xxxvii Savage & Barringer (2021): Westood (2016).
xxxviii Bradford et al. (2015)
xxxix Hoekstra-Pijpers (2022); Okpodi (2015)
xl Gambold (2022); Ranahan (2017)
xli Westwood (2016)
xlii Sue et al. (2019), p129
xliii Bradford et al. (2015); Brennan-Ing (2014); Ranahan (2017)
xliv Bradford et al. (2015); Hoekstra-Pijpers (2022); Westwood (2016)
xlv Hoekstra-Pijpers (2022)
xlvi Espinoza (2016); Savage & Barringer (2021)
xlvii Bradford et al. (2015); Fredriksen-Goldsen Emlet & Hoy-Ellis (2011); Hoekstra-Pijpers (2022; Okpodi (2015); Redden et al. (2021); Sullivan (2014)

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We welcome the entire diversity of the lesbian, gay, bisexual and transgender (LGBT) community, including non-binary, queer, intersex, asexual people and all identities under the LGBTQIA+ community. This includes those questioning their sexuality or gender identity.

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