

Older People

Summary Findings Report
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Count Me In Too

LGBT Research Information Desk

Research undertaken by Dr. Kath Browne
and facilitated by Arthur Law

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1. Introduction

1.1. Introduction

Lesbian, gay, bisexual and trans (LGBT)¹ individuals and communities have long been regarded as sexual and gender 'dissidents', resulting in their marginalisation and exclusion. This prejudice has led to legislation such as section 28, a dearth of appropriate services, along with more personal tragedies such as hate crimes and high suicide rates amongst this grouping. Count Me In Too is a groundbreaking research project that explores what it is like to be LGBT (lesbian, gay, bisexual and trans) and live, work or socialise in Brighton & Hove. Brighton & Hove has a reputation for being a city that offers a friendly environment and good services for LGBT people. However, the benefits of the 'gay capital' affect LGBT people unevenly, suggesting key areas of concern for LGBT people in the city as well as LGBT people more broadly.

The Count Me In Too project began from the premise that alongside welcome legislative and local changes, prejudice and discrimination are still significant aspects of LGBT lives in Brighton and Hove. However, this may not be solely attributable to sexualities, and there is a need to explore multiple and mutually informing forms of discrimination, prejudice and exclusion, such as age, race and disability. This research sought to explore diversity between LGBT people and multiple marginalisation, and the place of prejudice, discrimination and abuse in creating issues for LGBT health and wellbeing.

The Count Me In Too project is a community-university partnership where a community group, Spectrum² has contributed to facilitating collaboration between academics and LGBT people, community and voluntary groups and local statutory services, who have designed and carried out the data collection, and examined and interpreted the data, and suggested practical initiatives to address identified needs. The project was directed by a community-led approach using volunteers from LGBT communities, who made up a steering group working on project design, and an action group engaging in data analysis. Five stakeholder meetings were also held at which individuals, statutory services and community and voluntary sector groups were invited to identify priority issues and themes

¹ The term LGBT is used for ease and understandability. The author/s recognise the difficulties of categorising sexualities and gender identities in this way. The term includes those who are questioning, unsure and do not identify with particular sexual or gender identities.

² Spectrum is Brighton & Hove's Lesbian, Gay, Bisexual & Transgender Community Forum established in 2002 to provide infrastructure and community development support to LGBT communities and promote partnership work and community engagement in the planning of services and policy. www.spectrum-lgbt.org

for research, and to interpret findings and evolve responses. During the summer of 2006, Count Me In Too gathered information about the needs, views and experiences of lesbian, gay, bisexual and trans people (LGBT people) who live, work, socialise or use services in Brighton & Hove, through a questionnaire which used routed sections to collect in-depth information about specific groups (e.g. bi people) and experiences (e.g. homelessness), and through 20 focus groups, most of which brought together people with common backgrounds / experiences (e.g. Older LGBT people, BME people, LGBT parents, Hate Crime victims, Deaf LGBT people) (see also Appendices 1).

Count Me In Too's Initial Findings Reports (*[CMIT Action Group 2007]*, and *[Browne 2007a]*) published the key findings identified by community members and further detailed analyses, which bring together the statutory and community and voluntary sector to carry out more detailed analysis of data looking at specific themes, are published in Additional Findings Reports: *Domestic Violence and Abuse (Browne 2007b)*, *Community Safety (Browne & Lim 2008a)*, *Housing (Browne & Davis 2008)*, *Mental Health (Browne & Lim 2008b)*, *General Health (Browne & Lim 2008c)*, *Trans people (Browne & Lim 2008e)*, *Bi people (Browne & Lim 2008d)*, and *Drugs and Alcohol (Browne, Lim & McGlynn, forthcoming)*. Research reports are available online at www.countmeintoo.co.uk.

Appendix 2 offers a brief table outlining the key terms used in this research.

1.2. Introduction to this summary of findings

The purpose of this summary is to outline findings from the Count Me In Too study that focus on older people who live, work and socialise in the city of Brighton & Hove. In this report, 'older people' are defined as those aged over 55. Table 1.2a shows the numbers of people in each age category. 10% of respondents over 55 are classified together into the older age group category for this analysis.

Table 1.2a: Age range

Age	Frequency	Percent	Valid %
16 – 25	122	14.9	14.9
26 – 35	242	29.5	29.6
36 – 45	250	30.5	30.6
46 – 55	126	15.4	15.4
56 – 65	58	7.1	7.1
66 – 75	16	2.0	2.0
76 +	4	0.5	0.5
Total	818	99.9	100

This report offers a digest of in-depth analyses of findings regarding older people in relation to key themes explored in Count Me In Too research: Living in Brighton & Hove, Housing Community Safety, Domestic Violence and Abuse, Mental Health, General Health, Monitoring and Future Priorities for LGBT communities. The appendices give a short outline of the Count Me In Too research and explain some of the terms used. Further details about the project and in-depth findings reports are located at www.countmeintoo.co.uk.

Count Me In Too research was designed to explore specificities of experiences of identified marginalised groups: this report brings together data exploring older LGBT people's opinions and experiences into one document, comparing them with findings for others in the LGBT collective, and particularly other age groups. The data presented here has mostly previously been published in Count Me In Too reports.

In contrast to Count Me In Too's further themed analyses which included the formulation of recommended responses to identified issues, this summary offers opportunities for stakeholders to examine and interpret Count Me In Too's findings with regard to older people alongside other sources of information. In this way the project aims to assist stakeholders in responding to evidenced needs and in progressing positive social change for LGBT people.

The summary of findings throughout shows **the need for further research** into key issues for older LGBT people, including housing, fear of crime and avoidance behaviours, exclusion from LGBT venues and events, and suicidal thoughts.

2. Demographics

2.1. Sexual identity

16 (20%) of those who are over 55 defined as lesbian, 50 as gay (64%), 2 (3%) as bisexual and 10 (13%) as otherwise coded.

Table 2.1a shows the age distribution of respondents by sexual identity. Bisexual respondents in this research are significantly likely to be younger – aged under 35 – than those of other sexual identities ($p=.019$). 28% (n. 13) of bisexual respondents are aged under 26, compared to 14% (n. 40) of lesbians, 14% (n. 58) of gay respondents, and 18% (n. 11) of those who identify as other than lesbian, gay or bisexual. 38% (n. 18) of bisexual respondents are aged between 26 and 35, compared to 33% (n. 92) of lesbians, 27% (n. 116) of gay respondents, and 26% (n. 16) of those of an ‘other’ sexual identity than lesbian, gay or bisexual. By contrast, only 19% (n. 9) of bisexual respondents are aged between 35 and 45, compared to 31% (n. 86) of lesbians, 32% (n. 138) of gay respondents, and 28% (n. 17) of those of an ‘other’ sexual identity than lesbian, gay or bisexual.

Table 2.1a: Age by sexual identity (queer and other sexual identities combined)

		Lesbian	Gay	Bisexual	Otherwise coded	Total
Under 26	No.	40	58	13	11	122
	%	14.3	13.5	27.7	18	14.9
26-35	No.	92	116	18	16	242
	%	33	26.9	38.3	26.2	29.6
36-45	No.	86	138	9	17	250
	%	30.8	32	19.1	27.9	30.6
46-55	No.	45	69	5	7	126
	%	16.1	16	10.6	11.5	15.4
Over 55	No.	16	50	2	10	78
	%	5.7	11.6	4.3	16.4	9.5
Total	No.	279	431	47	61	818
	%	100	100	100	100	100

2.2. Trans identity

26% (n. 11) of trans people are aged over 55, compared to only 8% (n. 64) of non-trans people.

Compared to the non-trans segment of the sample, trans people are significantly more likely to be over 45 years of age and significantly less likely to be under 36 years of age ($p=.001$). 23% (n. 10) of trans respondents are aged between 46 and 55, compared to 15% (n. 111) of non-trans respondents. Conversely, 16% (n. 7) of trans respondents are aged 26 to 35 compared to 31% (n. 233) of non-trans respondents; and 9% (n. 4) of trans respondents are aged under 26, compared to 16% (n. 118) of non-trans respondents (table 2.2a).

Table 2.2a: Age by trans identity

	Trans identity		Not trans	Total
	No.			
Under 26	No.	4	118	122
	%	9.3	15.5	15.2
26-35	No.	7	233	240
	%	16.3	30.6	29.9
36-45	No.	11	235	246
	%	25.6	30.9	30.6
46-55	No.	10	111	121
	%	23.3	14.6	15
Over 55	No.	11	64	75
	%	25.6	8.4	9.3
Total	No.	43	761	804
	%	100	100	100

2.3. Income

32% of those over 55 earn less than £10,000.

Table 2.3a: Income by age

	Income by age				Total	
	No.	Under 10k	10k - 20k	20k -40k	Over 40k	
Under 26	No.	50	54	16	1	121
	%	41.3	44.6	13.2	0.8	100
26-35	No.	26	69	120	23	238
	%	10.9	29.0	50.4	9.7	100
36-45	No.	35	70	105	39	249
	%	14.1	28.1	42.2	15.7	100
46-55	No.	25	31	47	23	126
	%	19.8	24.6	37.3	18.3	100
Over 55	No.	24	24	21	7	76
	%	31.6	31.6	27.6	9.2	100
Total	No.	160	248	309	93	810
	%	19.8	30.6	38.1	11.5	100

Table 2.3a illustrates that younger and older people earn less than those aged between 26 and 55. Young people are the most likely to earn under £10,000, (41%). There is a significant statistical association between age and income ($p < 0.0005$).

2.4. Synopsis of demographic findings

LGBT people aged over 55 are most likely to be gay men (64%) or lesbians (20%), though a significant minority identify as other than gay, lesbian or bisexual (13%). Additionally, compared to non-trans respondents, those respondents who identified as trans are more likely to be aged over 55 (26%). Those aged over 55 earn less than those aged between 26 and 55, with almost a third (32%) of those over 55 earning less than £10,000 a year.

3. Living in Brighton & Hove

3.1. Overview of findings for the LGBT collective

Most people feel Brighton & Hove is a fabulous place to live as an LGBT person and better than other places they have lived. LGBT people who live elsewhere would like to live here and use the services that are available in Brighton & Hove.

16 % of older people said that it is difficult or very difficult to be an older LGBT person in Brighton & Hove (see table 3.1a). This compares to 5% of those under 26, who think it is difficult or very difficult to be younger in Brighton & Hove. 6% of the overall sample said on balance it was difficult/very difficult to live work or socialise in Brighton & Hove. 59% of those on a lower income said it was difficult or very difficult to live in Brighton & Hove as a person on a low income. 22% of bisexual people said that it was difficult or very difficult to be bisexual in Brighton & Hove, 24% of trans people said that it was difficult or very difficult to be trans in Brighton & Hove. 24% was also the figure for disabled or long term health impaired respondents.

Table 3.1a: How easy is it for you to be an older LGBT person in Brighton & Hove?

	Frequency	Percent	Valid %
Very easy	22	28.2	29.7
Easy	15	19.2	20.3
Neither easy nor difficult	25	32.1	33.8
Difficult	10	12.8	13.5
Very difficult	2	2.6	2.7
Total	74	94.9	100
Missing	4	5.1	
Total	78	100	

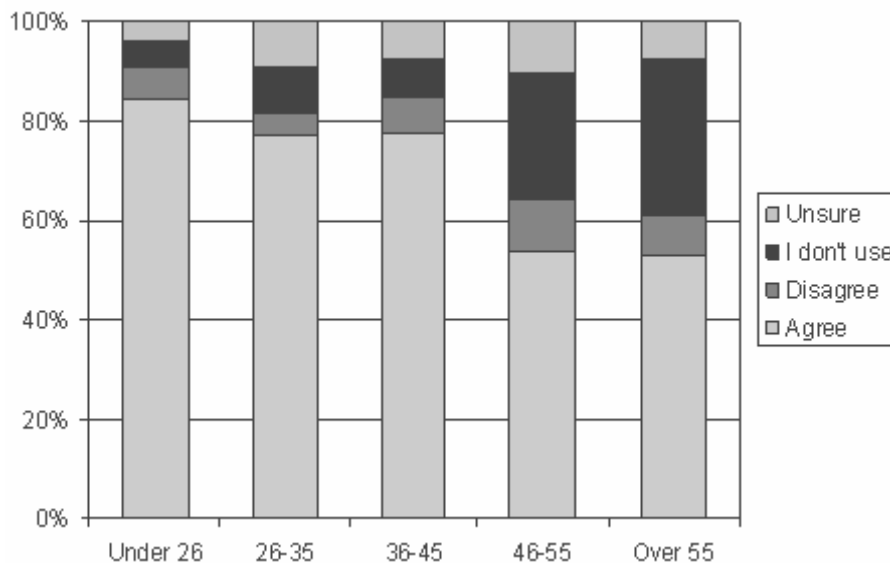
3.2. Pride

90% of respondents have attended Pride in Brighton & Hove. Those who are younger are the most likely ($p < 0.05$) to say they have not been to Pride yet (26%). No younger person (aged under 26) or person aged between 36-45 said they do not want to go to Pride, while **11% of older people say they do not want to go to Pride.**

3.3. Use of LGBT venues and events in Brighton & Hove

People over 55 are least likely (53%) to agree they enjoy LGBT venues and events, whilst those in the youngest age group (under 26) are most likely to agree (84%) (see figure 3.3a).

Figure 3.3a: I enjoy using LGBT venues and events by age



This was supported by focus group data: in the older people's focus group, there was some discussion of noise levels, age mixing, and ageism in LGBT venues.

Rex: There are very few places you can go to like to talk, that are comfortable to talk in except may be during the day. There is always this dance music and all the rest of it, clubbing atmosphere and it is only conducive to a meat market atmosphere which is what they are. You don't go there to have intellectual conversation do you or talk about the future of the gay community or Peter Tatchell or this one or that one or so on have an opinion, exchange of opinions. Certainly for our age group well there is no [place], everything is alien

Liam: You choose the place to go to, you find somewhere that's reasonably friendly except that they sort of crank up the music. So it can be quite a quiet place until you know post 9 o'clock and then the music starts up. That's a particular pub [a pub named earlier] that I know from my experience is very welcoming for everybody so you get a complete range of the people in there. But lots of pubs I just

wouldn't go into because as you say they are either really scene places

Researcher: Is that just about music or is there other ways that you are not feeling welcomed?

Liam: Well it's an ageist thing. I mean in a sense that's one of the things that slightly annoys me, the gay scene is very much divided up into sections, young, whatever if you are into bands. **In some pubs I've walked into and there's sort of my god what's this old geezer doing coming in here, it's got a feel about it.**

Researcher: How does that make you feel?

Liam: Uncomfortable and I don't go back, that's a simple answer, well I mark it down as another place not to go to.

Phillip: It just annoys me that you can't have pubs that are from the 18 year olds up to the 80 year olds. They just won't cover the spectrum as you were saying they just group you. Where I go in the [name of pub] they make anyone welcome there you know but the youngsters don't go in there unless they specifically want to chase the older guys you know. It's the same in the other pubs you all sort [of stick] to your own scene. That's why it is like that, but if the landlords for the sake of using the word like that did sort of make their views known that everyone was welcome, then they probably would get a more full age spectrum. **[But they] make it quite distinct that they only want youngsters so they can wind up the music you know and get as much money out of them as they can you know rather than, for our sort of generation the idea of going to the pub was a little social gathering wasn't it, it was a social club.**

(Older people's focus group)

This discussion illustrates **feelings of exclusion and marginalisation from LGBT places** on the part of older people. This is perceived to come from other people in the pubs and clubs, as well as the atmosphere that is created by landlords, managers and bar owners.

3.4. Synopsis of living in Brighton & Hove

16% of those aged over 55 say that it is difficult, or very difficult, to be an older LGBT person in Brighton & Hove. Only 6% of those aged under 26 say the same thing. While no respondents aged between 36 and 45 said that they did not want to attend Pride, 11% of respondents aged over 55 said this. Likewise, LGBT people aged over 55 are the least likely age group (53%) to say that they enjoy going to LGBT venues and events. Focus groups suggest that this can be due to feelings of exclusion and ageism.

4. Housing & Civil Partnerships

4.1. Overview of the research

One quarter of the sample had problems obtaining accommodation. This was worse for trans people, bi, queer and other sexualities, as well as those who identify as disabled and those with mental health difficulties. Housing can be procured in exchange for sex and 8% of LGBT people in this research have had sex or have made themselves available to have sex in order to have somewhere to stay. Some young LGBT people can use sex in order to have somewhere to stay, particularly where families of origin do not approve of their sexual/gender identities. 25% of people have been homeless at some point in their lives

4.2. Household composition

Those over 55 (49%) were more likely to live alone than those under 26 (8%). This supports the Whole of Me findings, which found suggest that LGBT older people are 2½ times as likely to live alone than other older people.

Those over 55 (26%) and those under 26 (25%) are **less likely to live with a same sex partner** than the 26-55 age group (44%). Only 5% of those aged over 55 lived in with lesbian and gay friends compared to 20% of those under 26. Those aged over 55 are less likely to live with straight/heterosexual people. Those who are under 26 (22%) were significantly ($p < .001$) more likely to live with straight / heterosexual friends than those over that age. The figure varies from 9% of those aged between 26-35 to 3% of those aged over 55.

Older (66%) and younger (74%) people are less likely to be satisfied with their household composition than those who are aged between 26-55. These ages may correspond to periods in the life-course where individuals have less choice over their household structures and this could point to an area of need. Table 4.2a illustrates the age differential in satisfaction with household composition.

Table 4.2a: "Are you happy where you live? Who you live with ..." by age

		< 26	26-35	36-45	46-55	55+	Total
Yes	No.	86	185	159	73	29	532
	%	73.5	88.5	86.4	85.9	65.9	83.3
No	No.	23	15	16	10	13	77
	%	19.7	7.2	8.7	11.8	29.5	12.1
Don't know	No.	8	9	9	2	2	30
	%	6.8	4.3	4.9	2.4	4.5	4.7
Total	No.	117	209	184	85	44	639
	%	18.3	32.7	28.8	13.3	6.9	100.0
	%	100.0	100.0	100.0	100.0	100.0	100.0

p = .001

4.3. Tenure

Those over 55 (15%) are more likely to be in social housing than those in the 26-35 age group (see Table 4.3a). 9% of young people live in social housing, one person lives with their parents (note, social housing also includes those who said that they are homeless).

67% of older people own their own homes. Similar to national figures which suggest that the age of acquiring a first mortgage has risen to 35, those under 35 are most likely to rent privately compared to other age categories (p. < .0001).

Table 4.3a: Age by social housing

		< 26	26-35	36-45	46-55	55+	Total
Social housing	No.	11	14	24	14	11	74
	%	9.1	5.8	9.7	11.1	14.5	9.1
Privately owned	No.	28	95	141	73	51	388
	%	23.1	39.6	56.9	57.9	67.1	47.8
Privately rented	No.	49	99	65	23	9	245
	%	40.5	41.3	26.2	18.3	11.8	30.2
All others	No.	33	32	18	16	5	104
	%	27.3	13.3	7.3	12.7	6.6	12.8
Total	No.	121	240	248	126	76	811
	%	100.0	100.0	100.0	100.0	100.0	100.0
	%	100.0	100.0	100.0	100.0	100.0	100.0

4.4. Homelessness

Older LGBT people are less likely to have experienced homelessness in the past five years when compared to other age groups.

Although there is no significant difference in experiences of homelessness throughout life spans, there are age differentials when exploring contemporary homelessness. 18% of LGBT

young people who moved to Brighton & Hove in the past 5 years have been homeless in Brighton & Hove in the past 5 years (n. 14), compared to 9% of those aged 26-35 (n. 14) and those over 55 (n.2). Another at risk category for contemporary homelessness is certain sections of the 36-45 year old age group: 19% of those in this age category who moved to Brighton & Hove in the past 5 years have been homeless (n. 27, 2 of these are trans and 4 have been married). This subverts assumptions regarding homelessness and the age specificity of this.

4.5. Specialist housing needs and housing for older people

Those who are over 46 are the most likely to have specialist housing needs (13% compared to 4-8% of those aged under 46, p. <.0001). Whilst this may not be distinct from the general population concerning the need for support and housing as one grows older, **there are specific issues pertaining to the provision of LGBT accommodation for older people.**

62% of older people would be interested in sheltered housing/extra care housing/residential care that is specifically for the LGBT community.

The 'Whole of Me' project suggests older LGB people have a significantly greater dependence on professional care services because they are twice as likely to be single, and 4½ times as likely to have no children to call upon in times of need (Knocker, 2006).

Only 18% of older people believe that there is enough housing support for older people. 39% believe that there is not enough housing support in Brighton & Hove for older people (see table 4.5a).

Table 4.5a: Is there enough housing support in Brighton & Hove for older LGBT people?

	Frequency	Percent	Valid %
Yes	14	17.9	31.8
No	30	38.5	68.2
Total	44	56.4	100
Missing	34	43.6	
Total	78	100	

Table 4.5b illustrates the complexity of the desirability of housing/residential care. Whilst overall 63% would be interested in sheltered housing/extra care housing/residential care specifically for the LGBT community, it can be seen that this is less desired by those aged over 65.

Table 4.5b: Would you be interested in sheltered housing/extra care housing/ residential care specifically for the LGBT community?

		55-65	66-75	76+	All older age groups
Yes	No.	33	5	1	39
	%	71.7	38.5	33.3	62.9
No	No.	13	8	2	23
	%	28.3	61.5	66.7	37.1

There are concerns regarding older people's housing and the prospects of growing old without suitable accommodation that is LGBT friendly.

It's a genuine fear that I have. I am fiercely independent. I am just over 40. If my health deteriorates a lot over the next 10 years I will be allowed to go into sheltered housing. My fear is that as I get older as my family of origin die, I will be alone and I do fear going into care. I am amazed even when I worked in health that there are no nursing/care homes specifically for the LGBT community because I know because of my lifestyle I couldn't ever if I had to go into a str8 [straight] care, nursing home as I got older

(Questionnaire 13)

For this respondent the fear of getting older (one that echoes for many LGBT people) is the associated with the prospect of going into straight care (mainstream care where an LGBT lifestyle is not perceived to be possible). The options for LGBT people are limited and the absence of a specific LGBT care, alongside a general assumption that care for older people is straight, is a genuine and deep seated fear. This desire for an LGBT specific residential accommodation for older people was echoed throughout the qualitative data:

retirement homes/villages for LGBT seniors

(Questionnaire 418)

Though I don't need it yet I feel specific old people's homes for gays and lesbians would meet a very real need

(Questionnaire 628)

However, in the older people's focus group there was some caution expressed about being 'hived off' into a 'gay ghetto'. This mirrors concerns expressed throughout the research regarding an LGBT healthy living centre:

Alf: It also occurs to me that you know at some stage in the future I'm, it might be better for me to live in some sort of sheltered accommodation or whatever but one of the things that I like about where I am is that I am actually in a mixed community, there are young people, there are older people, there are kids, you know what I mean, there is everybody around me. **I don't want to be hived off into a little ghetto of elderly gay people.**

Jude: Yeah, that's one of the things I was going to ask you about because Brighton Council has got policy, unofficial, putting the same sort of people together all over their town right, so if you are trouble makers you go to Moulescoomb or upper part of Whitehawk, if you've got mental health issues or learning difficulties you go [into] little ... enclaves more or less, they are situated in the town all over the place. Where they going to group people together if they go for housing and help?

Researcher: Would you want to be grouped together?

Jude: No. I want to mix with everybody

Alf: **I mean as long as I feel safe, I'd much rather that was the general situation**

Jude: Yeah exactly

Paul: Well I'm living in your worst nightmare [laughter]. Stuck out in the far end of Moulescoomb with everybody waiting to ... God's waiting room sort of thing. I'm the youngest one there.

(Older people's focus group)

This discussion illustrates similar concerns regarding an LGBT healthy living centre that if it were the only place LGBT people could go, it would restrict choice and prevents interactions with other people. Here Jude emphasises the importance of safety and the need for LGBT friendly and safe options for older LGBT people. This view is reiterated through the questionnaires- often in terms of a fear that choice will be restricted. **The perception of the housing policy that moves people into 'ghettos' is viewed negatively and the desire is to live in a mixed, safe community.** These perceptions of safety are related to specific areas of the city and Paul's comment replays the undertone of comments regarding both sheltered accommodation and the Moulsecoomb area. Both of which are perceived to be unsafe and undesirable for LGBT people. In order to create LGBT friendly accommodation, the fears regarding the safety and friendliness of supported accommodation needs to be addressed. These housing options should not solely be located within the social housing sector:

Housing options for older people not housed by the public sector/housing associations

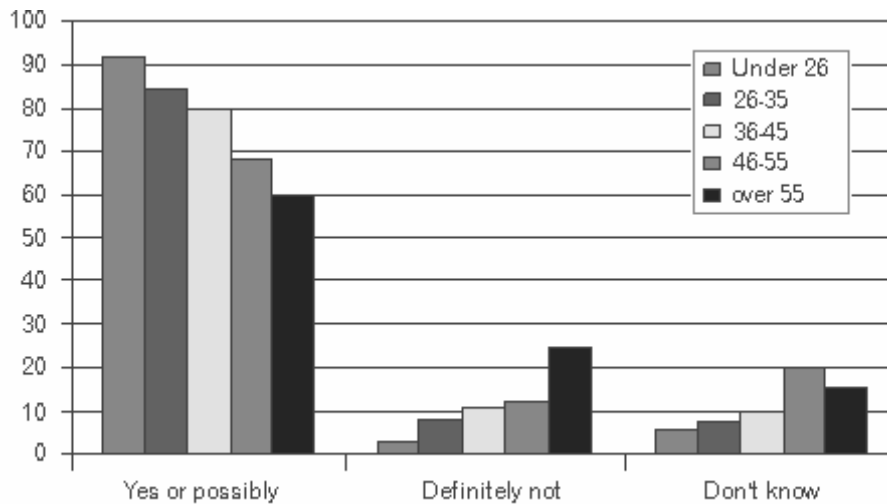
(Questionnaire 399)

There was desire to see other housing support services developed for LGBT older people including residential care services and a help services for older LGBT people. These should be in addition to creating LGBT-safe and -friendly accommodation.

4.6. Civil partnerships

60% of older people stated they have entered or would possibly enter a civil partnership compared to 90% of young people. 79% of people have already or would possibly enter a civil partnership (see figure 4.6a).

Figure 4.6a: Have you or would you ever enter into a civil partnership by age



4.7. Synopsis of housing and civil partnerships

Almost a half (49%) of LGBT people aged over 55 live alone, and almost a third (30%) are dissatisfied with their current living arrangements. Only 5% live with LGBT friends, and only 3% with straight people. While 67% of older LGBT people own their own homes, 15% live in social housing. Older people are the least likely age group to have been homeless in the past five years. 62% of older LGBT people are interested in LGBT-specific sheltered housing, extra care housing or residential care, and only 18% believe that there is enough housing support for older LGBT people in Brighton & Hove. However, there was some concern that older LGBT people might be forced into an older people's gay 'ghetto'. Older people are considerably less likely (50%) to say that they have entered, or would consider entering, a civil partnership than young people (90%).

5. Community Safety

5.1. Overview of the Research

This research shows that hate crime continues to be extensively perpetrated against LGBT people and can take insidious forms that are often ignored, 'tolerated' and remain unnamed. Only a minority of LGBT people who experience hate crime report these incidents. Trans people, bisexual and queer people, those who defined in a category other than lesbian, gay, bisexual or queer, young people (those under 26), and isolated individuals are more susceptible to hate crime. Hate crime can also both impact on, and result from, vulnerabilities around mental health and isolation. This can result from and result in further support needs and vulnerabilities.

There is a need for a broad definition of safety that is not simply about not experiencing hate crime, but includes raising awareness of acceptable behaviours, equalities initiatives and broader community engagements.

30% of Lesbian Gay Bisexual and Trans (LGBT) people experience abuse from a family member or someone close to them in their lifetimes; there is evidence of multiple perpetrators of domestic violence and abuse. There are differences between those within the LGBT grouping; bi and trans people are more likely to experience domestic violence and abuse than lesbians and gay men, as are those who are disabled and have poor mental health. 22% report the violence or abuse. Almost a third of those who have experienced domestic violence and abuse defined their latest relationship as poor/troubled and 39% do not know where to go for help around sex or relationships.

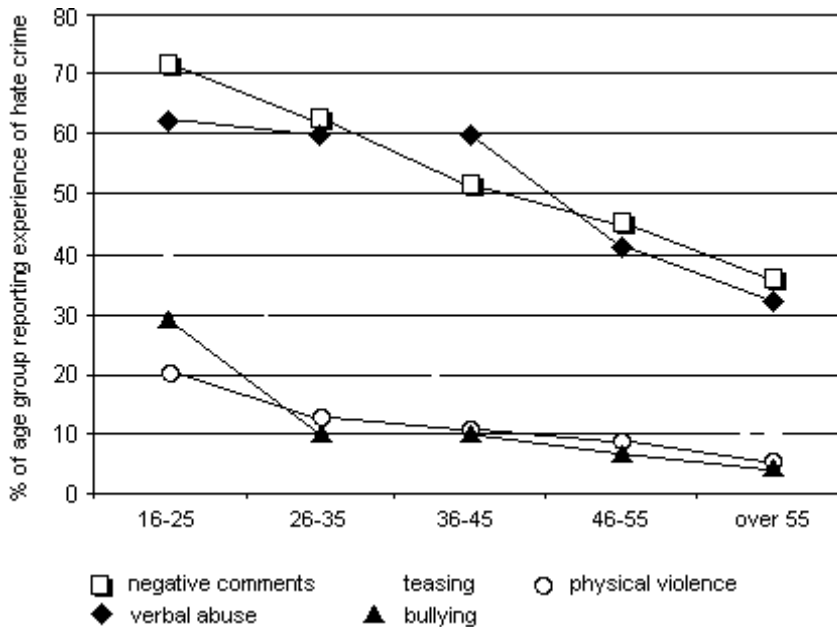
5.2. Experiences of hate crimes

Those over 55 are the least likely to experience hate crime. Young people (those under 26) are more likely to have experienced all forms of hate crime, except criminal damage, harassment and sexual assault (although 11 people out of the 29 that had experienced sexual assault were under 26), than those defined in this research as older people (over 55). These figures reduce relative to age (see figure 5.2a).

Those over 55 (53%, n. 41) are more likely to say that they have not experienced any form of hate crime in the past five years than young people (17% n. 21) and those aged between

26 and 55 (26-35 21%, 36-45 25%, 46-55 35%) ($p < .0001$). This finding is similar to the Crime and Justice survey (2003), which found that over 35% of young people aged 10 to 15 had experienced at least one personal crime in the previous 12 months. This was a similar level to those aged 16 to 25 (32%) and well above those aged 26 to 65 (14%) (Wood, 2005).

Figure 5.2a: Likelihood of suffering hate crime by age



It is clear that some older LGBT people still experience hate crime as Mark describes:

Mark: Well I told you about my house being hit, I got **quite a bit of harassment**, I also got the little buggers coming over and stealing things over the wall because I've got a corner house, so in the end I got so desperate about this and you never see a community policeman when you want one, and in fact you ever, rarely ever see one, and like I got a can of old paint and I poured it along the wall and I thought right get over there and mess your clothes up and then see what your parents say [laughter], it is the only thing I could think of, it did work but I got in a hell of a row from the Council because I still haven't cleaned it all off the wall. Council Inspector came round for something else, what's that, and I told him, you are not allowed to do that you know, I said well if I'd seen more community policemen or something you know I wouldn't have had to do it.

Researcher: **Do you think that was because of your gender identity or ...**

Mark: **Oh yeah, yeah.**

(Older focus group)

5.3. Feelings of safety

Those over 55 felt the least safe in Brighton at night and during the day.

Examining experiences of feeling safe outside in Brighton at night, those in the 26-35 age group felt the safest ($p < .0005$). Amongst those under 26, 13% (n. 16) felt very safe outside in Brighton at night, 40% (n. 49) felt safe, 12% (n. 15) felt unsafe, and less than one percent (n. 1) felt very unsafe. Compared to this, amongst those over 55, 9% (n. 7) felt very safe outside in Brighton at night, 18% (n. 14) felt safe, 24% (n. 18) felt unsafe, and 13% (n. 10) felt very unsafe.

Amongst those under 26, 91% (n. 111) felt safe or very safe outside in Brighton during the day, compared to 75% (n. 57) of those over 55. Less than one percent (n. 1) of those under 26 felt unsafe or very unsafe outside in Brighton during the day, compared to 9% (n. 7) of those over 55 ($p < .0005$).

Despite being more likely to experience hate crime, those under 26 years of age are significantly less likely than other age groups to feel unsafe in places, services or facilities in Brighton and Hove. Only 36% (n. 36) of this age group felt unsafe, compared to 53% (n. 100) of 26 to 35 year olds; 62% (n. 112) of 36 to 45 year olds; 59% (n. 47) of 46 to 55 year olds; and 65% (n. 24) of over 55s. Conversely, those over 55 years of age are least likely to find no places, services or facilities in Brighton and Hove in which they felt unsafe (16%, n. 6). This compares to 33% (n. 33) of those under 26, 29% (n. 54) of those aged 26 to 35, 21% (n. 38) of those aged 36 to 45, and 21% (n. 17) of those aged 46 to 55 ($p = .006$).

Fear of crime was not simply related to physical vulnerability- but the fear of something that means something to you being damaged because of your sexual/gender identities:

Jessica: **As I am getting on a little bit, now over 50 - got an allotment and you just realise quite how vulnerable you - not only you, but your little plants that you have nurtured for months and months and months and raised from little seeds and you do realise that 10 seconds with a weed-killer spray could put paid to an awful lot of something that you value. And also being on a large allotment site where there are over 400 plots, there are 400 people who do chat to each other, who you have no control over what**

information they get about you at all and that's the only place where... I don't [feel] vulnerable to physical attack or whatever, but I do feel that things that are precious to me might possibly be vulnerable to people I don't even know. Because as part of what I do I am sometimes in the paper, my photograph is sometimes in the paper about, you know, a gay exhibition or something. But that's the only area of my life, but that's because the rest of life I keep safe, by being within our communities all the time.

(Older women's focus group)

Not only does Jessica point to what she feels she is vulnerable to (attacks by strangers on her plants), but also her avoidance strategies. She says that she feels safe by being 'within our communities' in other areas of her life outside the allotment.

Liam: From my point of view, what does worry me and I know this has got nothing to do with me in one sense but I feel it as in another, and that's my granddaughter. I mean her experience at school of ... bullying, racism and homophobia and those are the three things that my granddaughter gets at school, very clearly and the homophobia really concerns me and she is very good about me being gay, I mean she's quite intrigued. But the schools are terrible

(Older People's focus group)

Liam points to the problems that loved ones can experience at school that has intergenerational implications, including in the form of concern and worry.

5.4. Avoidance behaviour

Those over 55 are the most likely to avoid going out at night. 69% of older people avoid going out at night. There is a significant relationship between age and the likelihood of avoiding going out at night ($p < .0001$). The likelihood of at least sometimes avoiding going out at night increases with age: 21% (n. 21) of under 26 year olds avoided going out at night at least times, compared to 23% of those between 26 and 35, 38% of those between 36 and 45, 42% of those between 46 and 55, and 69% of those over 55 years of age.

Jessica: I mean I make sure that I'm not discriminated against by...

Eileen: So do !!

Jessica: ... and I spend my entire life within the LGB community and, you know, it's entirely possible in Brighton to do that and I am sure lots of people do. Many, many, many, many more don't, they interact with the outside world, but it is a choice of mine to do that and I'm sure that is partly because I did have an unhappy, I mean it's partly because I'm the kind of organising, campaigning sort of person and I have a vision for what things could be like particularly regarding LGB history.... as an individual I'm not treated unfairly, I think because I don't give anybody the opportunity to do that. **I haven't had to come out to anybody for a very, very long time, because I spend all my time in the community** that already knows and if people come new into my life, they come as volunteers to <community group> so they're volunteering for a queer group. So it's like taken as read that I am.

Eileen: We do live in that community. We live in this all female lesbian community and that is our choice to do that, it's only ever what I ever wanted since I discovered what a lesbian was, that is what I wanted. It was an ambition, not a default. But with regards to that, **yes, we are reasonably safe here, but not safe from personal interactions from time to time, which can be good, can be bad, can be ordinary**

(Older women's focus group)

Jessica notes the interplay between gender and sexuality and the safety they feel in 'LGB' communities. This means that Jessica says they do not need to come out.,, Eileen, however, notes that living as much as possible in a lesbian community does not mean that one can avoid certain forms of 'personal interactions', with varying consequences and outcomes.

5.5. Perception of police and safety services

Older LGBT people are more likely to think the police service has improved.

As shown in table 5.5a, those over 55 and in the 46-55 age group (57% for both) are more likely to think the police service has improved in the past five years than those under 26 (35%, $p = .03$).

Table 5.5a: **Have the services the Police provide to LGBT people improved?
By age** (whole sample included as numbers are small)

	Age	Yes	No	Not sure	Total
	Under 26	No.	42	6	72
	%	35.0	5.0	60.0	100.0
26-35	No.	122	8	107	237
	%	51.5	3.4	45.1	100.0
36-45	No.	136	7	103	246
	%	55.3	2.8	41.9	100.0
46-55	No.	69	5	50	124
	%	55.6	4.0	40.3	100.0
Over 55	No.	44	3	30	77
	%	57.1	3.9	39.0	100.0
Total	No.	413	29	362	804
	%	51.4	3.6	45.0	100.0

Prejudice from the police. In contrast to what could be simplistic assertions of vulnerability based on age, the age breakdown of the question of prejudice from the police suggests a more complex picture.

Table 5.5b shows that those under 26 are the least likely to say that there is prejudice against LGBT people from the police force, and the second most likely to be unsure about this issue (47%). Those in the 36-45 age group are the most likely to believe that there is prejudice against LGBT people in the police service (32%), while half of those aged 46-55, are unsure about prejudice by/from the police service ($p = .03$).

Table 5.5b: **In your view is there prejudice against LGBT people by or from the police? By age**

		< 26	26-35	36-45	46-55	55+	Total
		Yes	No.	19	41	58	18
	%	18.8	21.7	31.7	22.5	30.6	25.0
No	No.	35	81	54	22	11	203
	%	34.7	42.9	29.5	27.5	30.6	34.5
Not sure	No.	47	67	71	40	14	239
	%	46.5	35.4	38.8	50.0	38.9	40.6
Total	No.	101	189	183	80	36	589
	%	100.0	100.0	100.0	100.0	100.0	100.0

The diversity of these figures can perhaps be attributed to the diverse impacts of positive police initiatives. In the older people' focus group the police were praised for their external signage and their presence in Pride, which would help older people in reporting:

Liam: **I mean I may be naïve but again it comes down to this sort of signing. You know an intention, I mean**

because I don't live ... passed police headquarters in John Street ... and **they've got a base board outside and it states quite specifically that homophobic crime is illegal you know and stuff like that and that at least indicates to me that they are not going to victimise me.** They are not going to victimise me, if I go in there I hope, that's why I say I hope I am not being naïve, if I go in there as a gay man and report some sort of crime, they are not going to victimise me, I hope, at least they say so on the outside.

Jessica: I was very, very surprised because it is one of the things, its like the Forces, they wouldn't dare admit it once upon a time, I'm gay, you'd get thrown out you know. **I was amazed that there were actual police there who would admit to being gay.**

Researcher: What difference did it make to your attitude to the police?

Researcher: Or maybe didn't?

Jessica: **I'd be more inclined to confide in them over an issue**

(Older people's focus group)

However, this focus group also identified a 'do it yourself' attitude when it came to the use of services, such as safety, which Liam and Phillip believed to be a generational issue, associated with specific experiences:

Liam: Well you've a hell of a lot of pride instilled there if you, if you've come up through the war you knew how to rough it and make do and that's just basic instinct of carrying those things through you know.

Phillip: Of course I suppose it is expectations as well, I mean if, I suppose as we have you know there were issues and whatever those issues were, whether they were to do with health or safety or whatever then we would keep it to ourselves, you had to keep it to yourself, you'd get advice from one another about you know what was the best course of action in this circumstance or that circumstance, you know if you were being blackmail, what should you do about it and so on and so forth

(Older People's Focus Group)

5.6. Domestic violence and abuse

10% of LGBT people aged 55+ have experienced domestic violence.

The age range of those who have experienced domestic violence and abuse reflected the age range of the sample for this research (table 5.6a). This is attributed to the question which addressed lifetime experiences rather than the previous five years. In other words, there is not a difference between age and likelihood of having experienced domestic violence and abuse. Table 5.6a shows that **survivors of domestic violence and abuse are not located solely in one age category and service provision should be addressed across age ranges.**

It's often assumed that domestic violence is mainly experienced by younger people, but **domestic violence against older people can be subsumed under the broader heading of "elder abuse"**, and so there is no firm data about the extent of domestic violence in this age group. A recent report released by the Department of Health and Comic Relief estimates that 227,000 older people were neglected or abused in their own homes in the past year – and domestic violence was clearly a significant part of this (Manthorpe et al., 2007). For LGBT people the fear of coming out in sheltered or residential care and the availability of LGBT friendly accommodation can result in unsafe partnered or family arrangements. Therefore, LGBT older people may be vulnerable in both the state system and 'at home', for reasons relating to the gender/sexual identities, including, and potentially in addition to, the violence addressed in this report.

Table 5.6a: **Age range of those who have experienced domestic violence and abuse**

Age	Frequency	Valid %
Under 26	34	13.9
26 – 35	64	26.2
36 – 45	79	32.4
46 – 55	43	17.6
55+	24	9.8
Total	244	100.0

5.7. Synopsis of safety findings

Older people are the age group most likely to say that they have not experienced any hate crime in the past five years. However, they are more likely to feel unsafe or very unsafe outside in Brighton & Hove, both during the day and the night, than any other age group. They are the most likely age group to avoid going out at night (69%). LGBT people aged 46-55 and over 55 are the most likely (57%) to say that police services have improved for LGBT people over the past five years, compared to only 35% of those aged under 26. 10% of older LGBT people have experienced domestic violence or abuse, but this can be subsumed under the broad category of 'elder abuse'.

6. Mental health

6.1. Overview of the research findings in this area

This research found that the majority of LGBT people who live, work or socialise in Brighton & Hove report having experienced some form of mental health difficulty in the past 5 years (see appendix 2 for definition of mental health difficulties used in this research). This research found that 23% of LGBT people have had suicidal thoughts with 7% attempting suicide in the past 5 years.

Yet, not all LGBT people experience mental health difficulties and some groups are more likely to experience these. Bisexual, queer and those who identified as 'other' in terms of sexualities, trans people, BME people, those with a low income, those who have experienced Domestic Violence and Abuse and those who feel isolated are more likely than other LGBT people to report having experienced difficulties with their mental health in the past five years. Risks of suicide and suicidal vulnerabilities vary within the LGBT collective. Bisexual people, queer people and those who identified as 'other' in terms of sexuality, trans people, young people, those who feel isolated, those on a low income and those who are disabled and/or long term health impaired are more likely to report having experienced suicidal thoughts and often also to have attempted suicide.

There was evidence to suggest that LGBT people who identify as experiencing mental health difficulties are also likely to experience multiple layers of prejudice and discrimination. These may relate to, result from or result in mental health difficulties. Those with mental health difficulties are also more likely to have problems getting accommodation, are more likely to be dissatisfied with their place of residence and are more likely to experience homelessness. Those with mental health difficulties may also experience increased levels of hate crime, and experience of hate crime correlates with increased suicidal risks and isolation. Some of this research supports the assertions that mental health difficulties can result from experiences of hate crime. Yet it should not be forgotten that mental health difficulties can result in individuals being targeted and increase vulnerabilities to abuse, violence and discrimination.

Services designed to cater for mental health difficulties may not be accessible to LGBT people. Those who have serious thoughts of suicide are more likely to have used NHS services over the past five years, but are somewhat more likely than those who have not had serious thoughts of suicide to rate NHS mental health services as poor or very poor. There

is a clear need for services to reach those who do not use mental health services, including those who may feel that they 'don't need them' because they find them unsafe.

6.2. Emotional and mental wellbeing

Older people's emotional and mental wellbeing in the past 12 months was poorer than the sample as a whole. More than a quarter of LGBT over-55s consider their mental health to be poor or very poor in the previous 12 months.

Just over half (52%) of those aged over 55 considered their mental health and wellbeing to be good or very good in the past 12 months, compared to 62% overall. Over a quarter (27%) of over-55's considered it to be poor or very poor, whereas for the whole sample the proportion was less than a fifth (19%). However, older age groups were not significantly more likely to say that they had experienced mental health difficulties in the past five years.

6.3. Prevalence of specific mental health difficulties

LGBT older people in this research were no more likely than other age groups to experience specific mental health difficulties in the past five years.

There is no significant relationship between age and the likelihood of experiencing difficulties with any of the following: significant emotional distress; depression; anxiety; isolation; anger management; insomnia; fears/phobias; panic attacks; or suicidal thoughts (see figure 6.3a). Those aged over 55 were the most likely (29%, n. 22) to have experienced none of the mental health difficulties questioned about ($p = .042$). This compares to 13% (n. 15) for those under 26 years of age; 16% (n. 39) for those between 26 and 35 years; 17% (n. 40) for those aged 36 to 45; and 20% (n. 24) for those aged 46 to 55.

Figure 6.3a: Likelihood of experiencing selected mental health difficulties by age group

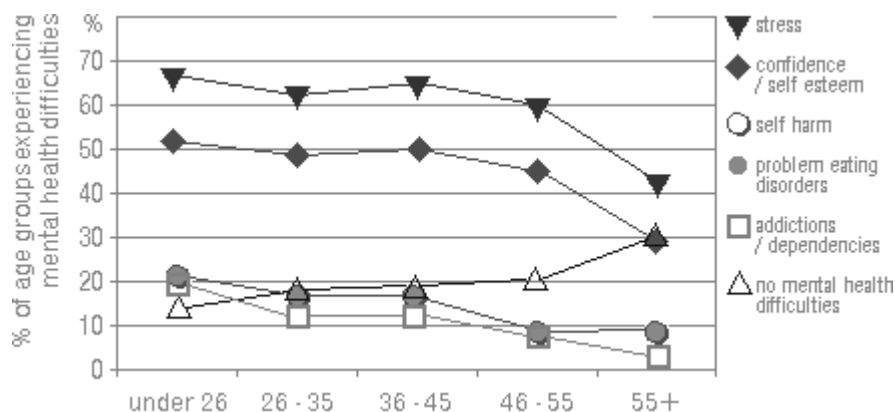


Figure 6.3a shows how the likelihood of experiencing a selection of mental health difficulties varies depending on the age group to which respondents belong. Note that the 'no mental health difficulties' category in figure x.x. refers to the category 'none of the above': positive responses to this question means that the respondents have not suffered during the past five years from any of the mental health difficulties asked about on the questionnaire. The data illustrated in figure 6.3a are further discussed below.

6.4. Suicidal risk

30% of LGBT over-55s have had serious thoughts of suicide in the past five years.

Older people (those over 55) make up the second most likely group to have serious thoughts of suicide, but they are the age group that is the least likely to attempt suicide. Young people are more likely to have serious thoughts of suicide, to have attempted suicide in the past five years, and in the past 12 months. Those aged between 36 and 45 are the most likely age group to have thought about and attempted suicide in the last 12 months.

6.4.1. Serious thoughts of suicide in the last 5 years

Older people at 30% were the second largest group to have serious thoughts of suicide (after young people). Those under the age of 26 are more likely (46%, n. 46) to have had serious thoughts of suicide in the last five years than those in other age groups ($p = .004$). The 36-45 year age group are the least likely to have had serious thoughts of suicide (25%, n. 49). See table 6.4a.

Table 6.4a: Serious thoughts of suicide in the last five years by age

		< 26	26-35	36-45	46-55	55+	Total
Yes	No.	46	56	49	26	15	192
	%	45.5	28.7	24.5	26.8	30	29.9
No	No.	55	139	151	71	35	451
	%	54.5	71.3	75.5	73.2	70	70.1
Total	No.	101	195	200	97	50	643
	%	100	100	100	100	100	100

6.4.2. Attempted suicide in the past five years

Older people are the group that are least likely to have attempted suicide in the past five years.

The least likely group to have attempted suicide are over 55s, of whom 4% (n. 2) have thought about and attempted suicide in the last five years. 26% (n. 13) of over 55s have thought about suicide in the last five years but not attempted it, making over 55s the second most likely age group (after those under 26) to have thought about but not attempted suicide. Conversely, while those aged 36-45 are the least likely age group to have thought about but not attempted suicide (15%, n. 30), they are the second most likely age group to have thought about and attempted suicide in the last five years (9%, n. 18). Table 6.4b shows that, amongst those who have experienced mental health difficulties, those under 26 years of age are the most likely age group (18%, n. 18) to have thought about and attempted suicide over the past five years ($p = .001$).

However, the focus group data pointed to suicidal thoughts and attempts outside of the past five years. It should of course be borne in mind that this data only accounts for those who have survived:

Mark: **I was working in an operating theatre, I'd better not say where, and I had a friendly doctor who gave me some female hormones. That's when I found out what I should be because afterwards and you know I felt ... I did go to see a Psychiatrist and all the rest of it. I was told to dress in the female fashion for two years. I was then sent to a clinic at Brighton General and I got the bums rush to be quite blunt from the then Medical Director of whatever he was of Brighton and I went away very suicidal.**

(Older people's Focus Group)

Table 6.4b: Attempted suicide in the last five years by age

		< 26	26-35	36-45	46-55	55+	Total
Thought about suicide in last 5 yrs, not attempted	No.	28	44	30	20	13	135
	%	27.7	22.6	15.0	20.8	26.0	21.0
Thought and attempted suicide in last 5 yrs	No.	18	12	18	5	2	55
	%	17.8	6.2	9.0	5.2	4.0	8.6
Never thought or attempted suicide	No.	55	139	152	71	35	452
	%	54.5	71.3	76.0	74.0	70.0	70.4
Total	No.	101	195	200	96	50	642
	%	100	100	100	100	100	100

When the entire sample is added to the analysis (table 6.4c), the patterns are similar, but the strength of the relationship increases ($p < .0001$). Again, those under 26 are most likely to have thought about and attempted suicide in the last five years (16%), followed by those between 36 and 45 (8%), with those over 55 being the least likely age group (3%).

Table 6.4c: Attempted suicide in the last five years by age, including respondents who have not experienced any mental health difficulties

		< 26	26-35	36-45	46-55	55+	Total
No mental health difficulties	No.	15	39	40	23	22	139
	%	13.3	16.8	17.1	19.7	31.0	18.1
Thought and attempted suicide in last 5 yrs	No.	18	12	18	5	2	55
	%	15.9	5.2	7.7	4.3	2.8	7.2
Thought about suicide in last 5 yrs, not attempted	No.	28	44	30	20	13	135
	%	24.8	19.0	12.8	17.1	18.3	17.6
Never thought or attempted suicide	No.	52	137	146	69	34	438
	%	46.0	59.1	62.4	59.0	47.9	57.1
Total	No.	113	232	234	117	71	767
	%	100	100	100	100	100	100

6.4.3. Attempted suicide within the last 12 months

No respondents over 55 years of age had attempted suicide in the last 12 months.

While those under 26 are the most likely age group to have thought about and attempted suicide in the last five years but not in the last 12 months (14%, n. 14), this age group is not the most likely to have thought about and attempted suicide in the last 12 months, 4% (n. 4) of this age group having made such attempts in the last 12 months (see table 6.4d). Rather, those aged between 36 and 45 are the most likely age group to have thought about and attempted suicide in the last 12 months (6%, n. 12) ($p < .0001$).

Table 6.4d: Attempted suicide in the last 12 months by age

		< 26	26-35	36-45	46-55	55+	Total
Thought and attempted suicide in the last 5 yrs, but not in last 12 months	No.	14	8	6	2	1	31
	%	13.9	4.1	3.0	2.1	2.0	4.8
Thought and attempted suicide in last 12 months	No.	4	4	12	3	0	23
	%	4.0	2.1	6.0	3.1	.0	3.6
Thought about suicide in last 5 yrs, not attempted	No.	28	44	30	20	13	135
	%	27.7	22.6	15.0	20.8	26.5	21.1
Never thought or attempted suicide	No.	55	139	152	71	35	452
	%	54.5	71.3	76.0	74.0	71.4	70.5
Total	No.	101	195	200	96	49	641
	%	15.8	30.4	31.2	15.0	7.6	100.0
	%	100.0	100.0	100.0	100.0	100.0	100.0

6.5. Summary of mental health findings

27% of LGBT people aged over 55 say that their mental health has been poor or very poor in the past 12 months. This is higher than the rest of the sample. However, those aged over 55 are the most likely (29%) to say they have not experienced difficulties with significant emotional distress; depression; anxiety; isolation; anger management; insomnia; fears/phobias; panic attacks; or suicidal thoughts. While respondents aged over 55 are the second most likely age group to have had serious suicidal thoughts within in the past 5 years (30%), they are the least likely age group to attempt suicide, and no respondents in this age group have attempted suicide in the past 12 months.

7. General health

7.1. Overview of the research

When examining general health, the research found that LGBT people were more likely to say their physical health was poor in the past 12 months than other LGBT people and reported rates for general population research. Health initiatives targeting LGBT people have focused on sex and sexual health, particularly gay and bisexual men, and men who have sex with men. Yet there is little support for others in the LGBT population, with few information sources and a lack of knowledge regarding sexual health, despite the fact that almost the entire sample- 94%, had sex in the past three years. The research found that a slim majority of LGBT people have disclosed their sexual/gender identity to their GP. It was clear that GP's were not considered 'safe' and that for some the necessity of disclosing sexual/gender identities to GPs was like playing 'Russian Roulette'.

7.2. Physical health

Older people in this research are the most likely to rate their physical health as poor or very poor, and the least likely to rate their physical health as good or very good. These rates are lower than reported rates for the general population.

As shown in table 7.2a, over 80% of those under 35 years of age consider their physical health to be good or very good. As age increases, so the percentage reporting good health drops, with only 58% of those aged over 55 reporting their physical health to be good or very good. **Nearly a quarter (23%, n. 18) of this oldest group consider their physical health to be poor or very poor**, compared to less than ten per cent of the entire sample ($p < .0005$). Although not directly comparable (as there was only one category 'poor'), only 7% (n.55) of those over 55 in the 2003 lifestyle survey said that their general health was poor.

Table 7.2a Physical health by age

		< 26	26-35	36-45	46-55	55+	Total
Good or very good	No.	99	203	180	86	45	613
	%	81.8	84.6	72.3	68.3	58.4	75.4
Neither good nor poor	No.	17	24	40	28	14	123
	%	14.0	10.0	16.1	22.2	18.2	15.1
Poor or very poor	No.	5	13	29	12	18	77
	%	4.1	5.4	11.6	9.5	23.4	9.5
Total	No.	121	240	249	126	77	813
	%	100	100	100	100	100	100

7.3. GPs and Healthy Living Centre

7.3.1. Disclosure of sexual/gender identity to GP

Older LGBT people are more likely to disclose their sexual/gender identity to a GP than younger LGBT people.

69% of older people have disclosed their sexual/gender identity to their GP. Young people are considerably less likely to disclose their sexual/gender identity to their GP, with less than two fifths (38%, n. 46) of under 26 year olds doing so, compared to three fifths overall. The likelihood rises with age, to 73% (n. 92) of 46 – 55 year olds doing so, and a slight drop in the over-55's, to 69% (n. 52) ($p = .0005$).

This is not to say that all GP surgeries are considered safe and lan in the older people's focus group spoke of his 'sixth' sense in detecting safe GP's:

Ian: I certainly seemed to develop a sort of sixth sense about who you are going to be a problem with and who you are not going to be up front with. And to be perfectly honest I have not been upfront with my surgery, you know my doctor. It has never been an issue yet, something in my health hasn't yet occurred where I need to say to them look you know I'm a gay man, whether that's relevant or not I don't know, I just don't know, I just feel slightly ...

Researcher: Do you know what you need for your sixth sense to kick in to say yes?

Jo: **What would make the difference would be, they've got posters about anything else down there, if they had some posters about we're a sort of gay friendly surgery, bring your gay health issues to us or whatever you know and it's not there.**

(Older persons focus group)

The desire for signage that indicates that gay/LGBT issues could be dealt with in surgeries is illustrated by Ian. To him, this would make the surgery more LGBT friendly and he would be more able to discuss issues that could relate to his sexuality. His 'sixth sense' can have practical clues and indications of inclusion.

7.4. Smoking

Older LGBT people are the least likely to smoke.

Only 17% (n. 13) of those aged over 55 smoke. As can be seen from table 7.4a, those aged between 26 and 35 years of age are the most likely age group to smoke (41%, n. 99). 35% (n. 42) of those aged under 26 and 36% (n. 88) of those aged between 36 and 45 smoke. By comparison, only 22% (n. 28) of those aged between 46 and 55 ($p = .0005$) smoke.

Table 7.4a: Rates of smoking by age

		< 26	26-35	36-45	46-55	55+	Total
Smoker	No.	42	99	88	28	13	270
	%	34.7	41.1	35.5	22.4	16.9	33.3
Non-smoker	No.	79	142	160	97	64	542
	%	65.3	58.9	64.5	77.6	83.1	66.7
Total	No.	121	241	248	125	77	812
	%	100	100	100	100	100	100

7.4.1. Reasons for smoking

As can be seen from table 7.4b, those aged over 55 (23%, n. 3) and those aged under 26 (29%, n. 12) are more likely than other age groups to say that they continue to smoke because 'it helps me think' ($p = .022$). 9% (n. 9) of those aged 26 to 35, 10% (n. 9) of those aged 36 to 45, and 11% (n. 3) of those aged 46 to 55 gave this reason.

Table 7.4b: Smoking because 'it helps me think' by age

		< 26	26-35	36-45	46-55	55+	Total
Not 'it helps me think'	No.	30	87	78	25	10	230
	%	71.4	90.6	89.7	89.3	76.9	86.5
'it helps me think'	No.	12	9	9	3	3	36
	%	28.6	9.4	10.3	10.7	23.1	13.5
Total	No.	42	96	87	28	13	266
	%	100	100	100	100	100	100

Table 7.4c shows that over half (52%, n. 22) of smokers aged under 26 say that a like of 'the smoking culture' is an important reason why they continue to smoke. This is significantly higher proportion than for any other age group ($p = .008$).

Table 7.4c: Smoking because 'I like the smoking culture' by age

		< 26	26-35	36-45	46-55	55+	Total
Not 'I like the smoking culture'	No.	20	72	63	23	10	188
	%	47.6	75	72.4	82.1	76.9	70.7
'I like the smoking culture'	No.	22	24	24	5	3	78
	%	52.4	25	27.6	17.9	23.1	29.3
Total	No.	42	96	87	28	13	266
	%	100	100	100	100	100	100

Table 7.4d shows that those aged under 35 are more likely than other age groups to say they continue smoking because 'it helps me feel in control' ($p < .05$). 12% (n. 5) of those under 26 and 10% (n. 10) of those aged 26 to 35 offered this reason, compared to 1% (n. 1) of those aged 26 to 45, 4% (n. 1) of those aged 46 to 55, and none of those over 55.

Table 7.4d: Smoking because 'it helps me feel in control' by age

		< 26	26-35	36-45	46-55	55+	Total
Not 'It helps me feel in control'	No.	37	86	86	27	13	249
	%	88.1	89.6	98.9	96.4	100	93.6
'It helps me feel in control'	No.	5	10	1	1	0	17
	%	11.9	10.4	1.1	3.6	0	6.4
Total	No.	42	96	87	28	13	266
	%	100	100	100	100	100	100

7.4.2. Awareness of Stop Smoking Service

Awareness of the Stop Smoking Service increases with age.

67% (n. 8) of smokers aged over 55 know of the Stop Smoking Service. Awareness of the Stop Smoking Service increases with age ($p = .045$). While only 31% (n. 13) of smokers aged under 26 are aware of the Stop Smoking Service, this proportion rises to 53% (n. 51) of those aged 26 to 35 and increases for each age group (see table 7.4e).

Table 7.4e: Awareness of Stop Smoking Service by age

		< 26	26-35	36-45	46-55	55+	Total
Yes	No.	13	51	48	16	8	136
	%	31	52.6	56.5	59.3	66.7	51.7
No	No.	29	46	37	11	4	127
	%	69	47.4	43.5	40.7	33.3	48.3
Total	No.	42	97	85	27	12	263
	%	100	100	100	100	100	100

7.4.3. Nothing would provide a motivation to stop smoking

More than half of smokers aged over 55 say nothing would motivate them to stop smoking.

56% (n. 5) for those aged over 55 say that nothing would provide them with the motivation to stop smoking. Table 7.4f shows that saying that nothing would provide a motivation for giving up smoking varies by age ($p = .016$). The least likely age group to say that nothing would motivate them to give up smoking are those aged 26 to 35 (13%, n. 12). 22% (n. 9) of smokers aged under 26 and 21% (n. 17) of smokers aged 36 to 45 said that nothing would motivate them to give up smoking. The figure rises to 32% (n. 9) for those aged 46 to 55.

Table 7.4f: Responding that nothing would provide a motivation to give up smoking by age

		< 26	26-35	36-45	46-55	55+	Total
Yes	No.	32	80	63	19	4	198
	%	78	87	78.8	67.9	44.4	79.2
No	No.	9	12	17	9	5	52
	%	22	13	21.3	32.1	55.6	20.8
Total	No.	41	92	80	28	9	250
	%	100	100	100	100	100	100

7.5. Physical activity

7.5.1. Men only spaces

11% of older men say that men only spaces would make them more physically active.

8% (n. 27) of male respondents to the question indicate that a need for men only spaces stops them being more physically active. Taking just these 27 men who indicate that there is a need for men only spaces, 41% of them (n. 11) are aged between 36 and 45. Table 7.5a shows that the other age groups compose smaller proportions of this group.

Table 7.5a: What is stopping you being more physically active? – need men only space

		< 26	26-35	36-45	46-55	55+	Total
Need men only space	No.	5	4	11	4	3	27
	%	18.5	14.8	40.7	14.8	11.1	100

7.5.2. Women only spaces

9% of older women said that female only space would make them more physically active.

Compared to less than 10% of men who wanted male only space, 22% (n. 58) of women, who would like to be more physically active, say that a lack of women only spaces stops them achieving this goal. Taking just these 58 women who indicate that there is a need for women only spaces, 38% of them (n. 22) are aged between 36 and 45. Table 7.5b shows that the other age groups compose smaller proportions of this group, with only 9% (n. 5) of these respondents aged over 55 and only 3% (n. 2) of them aged under 26.

Table 7.5b: **What is stopping you being more physically active? – need women only space**

		< 26	26-35	36-45	46-55	55+	Total
Need women only space	No.	2	16	22	14	5	58
	%	3.4	25.9	37.9	24.1	8.6	100

7.5.3. Disability

More than a fifth of older LGBT people say that disability stops them being more physically active.

Table 7.5c shows that the likelihood of disability stopping respondents being more physically active increases with age ($p = .0005$), so that while only 1% (n. 1) of those under 26 say that disabilities stop them being more physically active, this figure rises to 15% (n. 15) for those aged between 46 and 55, and to 22% (n. 11) for those aged over 55.

Table 7.5c: **What is stopping you being more physically active? – disabilities**

		< 26	26-35	36-45	46-55	55+	Total
Disabilities not given as a reason	No.	101	183	175	84	40	583
	%	99	95.3	86.2	84.8	78.4	90.1
Disabilities	No.	1	9	28	15	11	64
	%	1	4.7	13.8	15.2	21.6	9.9
Total	No.	102	192	203	99	51	647
	%	100	100	100	100	100	100

7.6. Sex

7.6.1. Sex in the last three years

Older LGBT people are the least likely to have had sex in the past three years.

As can be seen in table 7.6a, those who are aged between 26-35 are the most likely to have had sex in the past 3 years (99%). This is followed by those aged 36-45 (96%) and those under 26 (94%). **Those aged between 46-55 (87%) and over 55 (79%) are the least likely to have had sex in the past three years** ($p < .0001$).

Table 7.6a: Have you had sex with someone in the last three years? By age

		< 26	26-35	36-45	46-55	55+	Total
Yes	No.	113	238	240	108	60	759
	%	94.2	98.8	96.4	87.1	78.9	93.7
No	No.	7	3	9	16	16	51
	%	5.8	1.2	3.6	12.9	21.1	6.3
Total		120	241	249	124	76	810
% within Have you had sex with someone in last 3 yrs?		14.8	29.8	30.7	15.3	9.4	100.0
%		100.0	100.0	100.0	100.0	100.0	100.0
% of Total		14.8	29.8	30.7	15.3	9.4	100.0

7.7. Sexual health and knowledge

7.7.1. Sexual health check ups

Older LGBT people are more likely to say that they do not need sexual health check ups.

Those aged over 55 are more likely than other age groups to say that they do not need a sexual health check up – 16% (n. 12), compared to 7% (n. 8) of those aged under 26, 3% (n. 8) of those aged 26 to 35, 5% (n. 13) of those aged 36 to 45, and 11% (n. 13) of those aged 46 to 55. **Those aged under 26 are the most likely age group to never have had a sexual health check up: 42% (n. 51) of this group have never such a check up**, compared to 30% (n. 71) of those aged 26 to 35, 19% (n. 46 and n. 23, respectively) of both the 36-45 and 46-55 age groups, and 15% (n. 11) of those aged over 55 ($p = .0005$). Those aged under 26 are the least likely (15%, n. 18) group by age to have last had a sexual health check up within the last six months (see table 7.7a). However, they are the most likely group by age (16%, n. 19) to have last had a sexual health check up within the last 7-12 months. **Those aged between 46 and 55 are more likely than other age groups to have last had a sexual health check up more than five years ago – 20% (n. 25)**, compared to 16% (n. 12) of those over 55, 15% (n. 38) of those aged 36 to 45, 8% (n. 19) of those aged 26-35, and none of those aged under 26.

Table 7.7a: When did you last have a sexual health check up? – By age

		< 26	26-35	36-45	46-55	55+	Total
Within the last 6 months	No.	18	48	55	24	17	162
	%	14.9	19.9	22.2	19.4	22.4	20
Within the last 7 to 12 months	No.	19	29	37	12	9	106
	%	15.7	12	14.9	9.7	11.8	13.1
Between 1 and 5 years ago	No.	25	66	59	27	15	192
	%	20.7	27.4	23.8	21.8	19.7	23.7
More than 5 years ago	No.	0	19	38	25	12	94
	%	0	7.9	15.3	20.2	15.8	11.6
I don't need a sexual health check up	No.	8	8	13	13	12	54
	%	6.6	3.3	5.2	10.5	15.8	6.7
Never	No.	51	71	46	23	11	202
	%	42.1	29.5	18.5	18.5	14.5	24.9
Total	No.	121	241	248	124	76	810
	%	100	100	100	100	100	100

7.7.2. Sex and sexual health check ups

Among those who have had sex in the last three years, **those aged 46 to 55 are more likely than other age groups to say that they do not need a sexual health check – 9% (n. 10), compared to 3% (n. 7) of those aged 26 to 35 and 5% of those aged under 26 (n. 6), those aged 36 to 45 (n. 12) and those aged over 55 (n. 3) (p = .0005). However, this 46 to 55 year old age group are among the two least likely age groups to never have had a sexual health check up. 17% of both those aged 46 to 55 (n. 18) and those aged over 55 (n. 10) have never had a sexual health check up, compared to 19% (n. 45) of those aged 36 to 45, 30% (n. 70) of those aged 26 to 35, and 41% (n. 46) of those aged under 26.**

Table 7.7b: Sexual health check ups among those who have had sex in the last three years – by age

		< 26	26-35	36-45	46-55	55+	Total
Within the last 6 months	No.	18	47	53	21	15	154
	%	15.9	19.8	22.2	19.8	25.4	20.4
Within the last 7 to 12 months	No.	19	29	36	12	9	105
	%	16.8	12.2	15.1	11.3	15.3	13.9
Between 1 and 5 years ago	No.	24	66	59	24	13	186
	%	21.2	27.8	24.7	22.6	22	24.7
More than 5 years ago	No.	0	18	34	21	9	82
	%	0	7.6	14.2	19.8	15.3	10.9
I don't need a sexual health check up	No.	6	7	12	10	3	38
	%	5.3	3	5	9.4	5.1	5
Never	No.	46	70	45	18	10	189
	%	40.7	29.5	18.8	17	16.9	25.1
Total	No.	113	237	239	106	59	754
	%	100	100	100	100	100	100

Those aged 46 to 55 are the most likely age group (20%, n. 21) to have last had a sexual health check more than five years ago. This compares to 15% (n. 9) of those aged over 55, 14% (n. 34) of those aged 36 to 45, and 8% (n. 18) of those aged 26 to 35 (see table 7.7b). **Those aged over 55 are the most likely age group (25%, n. 15) to have last had a sexual health check up within the last six months.** Those aged under 26 are the least likely age group to have had a sexual health check up within the last six months (16%, n. 18).

7.7.3. HIV test results

10% of older people in this research are living with HIV.

Those who have tested positive for HIV are more likely (39%, n. 22) to be aged between 36 and 45 than those who have tested HIV negative (35%, n. 134) or those who have not had an HIV test result (26%, n. 93) ($p = .003$). They are also more likely to be aged 46 to 55 than those who have tested HIV negative (15%, n. 57) or those who have not received an HIV test result (14%, n. 52). Those who have tested HIV positive are less likely to be aged under 26 (4%, n. 2) or aged between 26 and 35 (23%, n. 13) than the other those who have tested HIV negative or those who have not had an HIV test result (see table 7.7c).

Table 7.7c: HIV test results by age

		Taken test, result positive	Taken test, result negative	Not received a result	Total
Under 26	No.	2	46	72	120
	%	3.6	11.9	19.9	14.9
26-35	No.	13	115	108	236
	%	23.2	29.8	29.8	29.4
36-45	No.	22	134	93	249
	%	39.3	34.7	25.7	31
46-55	No.	13	57	52	122
	%	23.2	14.8	14.4	15.2
Over 55	No.	6	34	37	77
	%	10.7	8.8	10.2	9.6
Total	No.	56	386	362	804
	%	19.8	30.6	38.1	100

7.8. Drugs

Use of illegal drugs, or using legal drugs without a prescription declines with age. Older people are the least likely to have used these types of drugs in the past five years.

As people age, their drug usage drops (see table 7.8a). About two thirds of those under 35 have taken drugs in the last five years, and only a quarter of those aged over 45.

Table 7.8a: **Have you taken illegal drugs or used legal drugs without a prescription in the past five years? - By age**

		< 26	26-35	36-45	46-55	55+	Total
Yes	No.	79	146	131	32	18	406
	%	65.8	61.3	53	25.4	24	50.4
No	No.	41	92	116	94	57	400
	%	34.2	38.7	47	74.6	76	49.6
Total	No.	120	238	247	126	75	806
	%	100	100	100	100	100	100

p=.0005 hence there is a significant relationship between age and use of drugs.

7.9. Alcohol

Alcohol consumption declines with age. Older people are the least likely to drink.

As people age, their alcohol consumption drops (see table 7.9a). Nearly all those aged less than 26 (94%) drink alcohol, and the consumption drops steadily to two thirds of those aged over 55.

Table 7.9a: **Do you drink alcohol by age**

		< 26	26-35	36-45	46-55	55+	Total
Yes	No.	108	205	215	90	50	668
	%	93.9	87.6	88.8	75	65.8	84.9
No	No.	7	29	27	30	26	119
	%	6.1	12.4	11.2	25	34.2	15.1
Total	No.	115	234	242	120	76	787
	%	100	100	100	100	100	100

p=.0005 hence there is a significant relationship between age and alcohol consumption.

7.10. Summary of general health findings

Older respondents are the most likely (23%) to rate their physical health as poor or very poor, and this age group is the least likely to rate their physical health as good or very good in the last 12 months. Older people in this sample are considerably more likely (69%) to have disclosed their LGBT identity to their GP than young LGBT people (38%). However, not all GPs are considered 'safe', and overt signage can give the impression that a GP is LGBT-friendly.

11% of older LGBT men say that a men-only space for exercise would make them more physically active, along with 9% of older LGBT women desiring a female-only space. More than a fifth (22%) of LGBT people aged over 55 say that a disability prevents them from being more physically active, making them the most likely group to give this response.

Older respondents are less likely than other respondents to have had sex within the past three years, with 87% of those aged 46-55 and 79% of those over 55 having done so. Those aged over 55 are the most likely (16%) age group to say they do not need a sexual health check up. Similarly, older LGBT people are least likely (17%) to never have had a sexual health check up, and those aged over 55 are the most likely (25%) to have had a sexual health check up in the past six months. 10% of older respondents are living with HIV.

The research shows that both illegal drug use and alcohol use declines with age, amongst LGBT people in the sample. Older LGBT people are the least likely (17%) age group to smoke. They are, however, also the most likely age group to say that nothing could motivate them to give up smoking (56%). Awareness of the Stop Smoking Service increases with age, so that 67% of over those aged over 55 are aware of it. Older LGBT people are the least likely of all the age groups to have used illegal drugs, or to have used legal drugs without a prescription, in the past five years. 25% of those aged 46-55 and 24% of those aged over 55 have done so. Older LGBT people are also the least likely to drink alcohol. 75% of those aged 46-55 and 66% of those aged over 55 do so.

8. Monitoring and Future Priorities

8.1. Overview of the research

The majority (85%) of LGBT people are happy to give information about their gender/sexual identities if they believe the service is LGBT friendly and the data is confidential and anonymous. 61% of respondents would like to see consultations by the police, Council and NHS undertaken by questionnaire, perhaps unsurprising as this was the tool used to collect this data. A smaller proportion would like to have open public meetings (47%), LGBT community forums (38%), community events (38%) and LGBT focus groups (36%). The citizen's panel was the least popular option (24%).

8.2. Future priorities for change

Although there is a desire for services to change and develop in inclusive and accepting ways, there is also a need for broader support networks to be facilitated and developed. **The emphasis on changes and future priorities is not just with mainstream services - there was also a desire to develop LGBT community networks and bonds:**

Ian: I was listening to a programme this morning, I think it was on Woman's Hour, I don't know what it was on but it was about the development of health visitors in Salford back in God knows when you know, 1920 or whenever it was, they decided that it would be absolutely impossible for lots of well meaning middle class women to go into working class homes and dispense advice and I can understand that and so what they did was to work out a system of employing, to start with anyway, employing working class women to become Advisors to their community and so they sort of built up a network and eventually that become almost like an unofficial network so

everybody could, was in touch with one another, giving advice about children, about health and so ...
and it seems to me that something like that for people of our age would be rather good but I mean that it was generated from us and that we have a network of people who at least kept in you know fortnightly

(Older focus group)

8.3. Consultation

Older people were more likely to want to be consulted through citizen panels compared to other LGBT people. However, as with the entire sample they most wanted to be consulted through questionnaires and open public meetings.

8.3.1. Community events

Those aged between 36 and 45 years of age are the most likely to want to be consulted through community events (48%, n. 88). 40% of both those aged under 26 (n. 38) and those aged between 26 and 35 (n. 70) said they would like to be consulted through community events. Older age groups were less likely to want to be consulted through community events. 30% (n. 23) of those aged between 46 and 55 years of age would like to be consulted through community events, and a similar proportion (29%, n. 10) of those over 55 gave the same answer ($p = .04$).

8.3.2. Citizens' panels

Those over 55 years of age are significantly more likely (50%, n. 17) to want to be consulted via citizens' panels than any other age group ($p = .02$). For every other age group, the proportion of respondents who would like to be consulted through citizens' panels was between 23% and 24%.

8.4. Summary

Most LGBT people are happy to give information about their gender/sexual identities if they believe the service is LGBT friendly and the data is confidential and anonymous. Along with the rest of the sample, older LGBT people are most likely to want to be consulted through questionnaires and open public meetings. They are more likely than other age groups to want to be consulted through citizens' panels. Aside from developing services, the research reveals that there is a desire to develop broader LGBT community networks.

9. Synopsis of key areas

9.1. Introduction

This chapter highlights the key points from each chapter. Its purpose is to offer a brief synopsis of the key areas in this summary report. It follows the general structure of this document.

9.2. Demographics Summary

LGBT people aged over 55 are most likely to be gay men (64%) or lesbians (20%), though a significant minority identify as other than gay, lesbian or bisexual (13%). Additionally, compared to non-trans respondents, those respondents who identified as trans are more likely to be aged over 55 (26%). Those aged over 55 earn less than those aged between 26 and 55, with almost a third (32%) of those over 55 earning less than £10,000 a year.

9.3. Living in Brighton & Hove Summary

16% of those aged over 55 say that it is difficult, or very difficult, to be an older LGBT person in Brighton & Hove. Only 6% of those aged under 26 say the same thing. While no respondents aged between 36 and 45 said that they did not want to attend Pride, 11% of respondents aged over 55 said this. Likewise, LGBT people aged over 55 are the least likely age group (53%) to say that they enjoy going to LGBT venues and events. Focus groups suggest that this can be due to feelings of exclusion and ageism.

9.4. Housing & Civil Partnerships Summary

Almost a half (49%) of LGBT people aged over 55 live alone, and almost a third (30%) are dissatisfied with their current living arrangements. Only 5% live with LGBT friends, and only 3% with straight people. While 67% of older LGBT people own their own homes, 15% live in social housing. Older people are the least likely age group to have been homeless in the past five years.

62% of older LGBT people are interested in LGBT-specific sheltered housing, extra care housing or residential care, and only 18% believe that there is enough housing support for older LGBT people in Brighton & Hove. However, there was some **concern** that older LGBT people might be forced into an **older people's gay 'ghetto'**.

Older people are considerably less likely (50%) to say that they have entered, or would consider entering, a civil partnership than young people (90%).

9.5. Community Safety Summary

Older people are the age group most likely to say that they have **not experienced any hate crime** in the past five years. However, they are **more likely to feel unsafe or very unsafe** outside in Brighton & Hove, both during the day and the night, than any other age group. They are the most likely age group to **avoid going out** at night (69%).

LGBT people aged 46-55 and over 55 are the most likely (57%) to say that **police services have improved** for LGBT people over the past five years, compared to only 35% of those aged under 26.

10% of older LGBT people have experienced **domestic violence or abuse**, but this can be subsumed under the broad category of 'elder abuse'.

9.6. Mental Health Summary

27% of LGBT people aged over 55 say that their **mental health has been poor or very poor** in the past **12 months**. This is higher than the rest of the sample. However, those aged over 55 are the most likely (29%) to say they have **not experienced difficulties** with significant emotional distress; depression; anxiety; isolation; anger management; insomnia; fears/phobias; panic attacks; or suicidal thoughts.

While respondents aged over 55 are the second most likely age group to have had serious **suicidal thoughts** within in the past 5 years (30%), they are **the least likely age group to attempt suicide**, and no respondents in this age group have attempted suicide in the past 12 months.

9.7. General Health Summary

Older respondents are the most likely (23%) to **rate their physical health as poor or very poor**, and this age group is the least likely to rate their physical health as good or very good in the last 12 months.

Older people in this sample are considerably more likely (69%) to have **disclosed their LGBT identity to their GP** than young LGBT people (38%). However, not all GPs are considered 'safe', and overt signage can give the impression that a GP is LGBT-friendly.

11% of older LGBT men say that a **men-only space for exercise** would make them more physically active, along with 9% of older LGBT women desiring a **female-only space**. More than a fifth (22%) of LGBT people aged over 55 say that a disability prevents them from being more physically active, making them the most likely group to give this response.

Older respondents are **less likely than other respondents to have had sex** within the past three years, with 87% of those aged 46-55 and 79% of those over 55 having done so. Those aged over 55 are the most likely (16%) age group to say they do not need a sexual health check up. Similarly, older LGBT people are least likely (17%) to never have had a sexual health check up, and those aged over 55 are the most likely (25%) to have had a sexual health check up in the past six months. 10% of older respondents are living with HIV.

The research shows that both **illegal drug use and alcohol use declines with age**, amongst LGBT people in the sample. Older LGBT people are **the least likely (17%) age group to smoke**. They are the most likely age group to say that nothing could motivate them to give up smoking (56%). However, awareness of the Stop Smoking Service increases with age, so that 67% of over those aged over 55 are aware of it. Older LGBT people are the least likely of all the age groups to have used illegal drugs, or to have used legal drugs without a prescription, in the past five years. 25% of those aged 46-55 and 24% of those aged over 55 have done so. Older LGBT people are also the least likely to drink alcohol. 75% of those aged 46-55 and 66% of those aged over 55 do so.

9.8. Monitoring and Future Priorities Summary

Most (85%) LGBT people are happy to give information about their gender/sexual identities if they believe the service is LGBT friendly and the data is confidential and anonymous. Along with the rest of the sample, older LGBT people are most likely to want to be consulted through questionnaires and open public meetings. They are more likely than other age groups to want to be consulted through citizens' panels (50%). Aside from developing services, the research reveals that there is a desire to develop broader LGBT community networks.

9.9. Overall Conclusions

Older people are a significant minority within the LGBT community, who have specific needs and desires that can differ from younger and more visible LGBT people. Older LGBT people can be **marginalised on multiple levels** - they can feel excluded from LGBT events and services due to their age, and from straight events and services due to their LGBT identity. Most LGBT older people want housing options that are safe for them. The findings

on community safety and general health indicate other areas of potential marginalisation and gaps in services, as well as pointing to certain successes. Older LGBT people can respond positively to, for example, explicit LGBT-friendly signage from mainstream services. They are also **similar to other LGBT people on other measures** and are less likely to experience hate crime, alcohol and drug use, and attempted suicide, and more likely to disclose their sexual and/or gender identities to their GP's. **Further research** needs to explore the similarities to, and differences between, this population group and other LGBT and non-LGBT older people.

Appendix 1:

Count Me In Too: background, research methods & analysis notes

In 2000, the award winning Count Me In survey was developed from the grassroots of the then predominantly lesbian and gay communities, with backing from the East Sussex Brighton and Hove Health Authority. This research was used to form the LGBT community strategy for Brighton & Hove 2000-2006. Count Me In Too was initiated in 2005 as a joint venture between Spectrum and the University of Brighton. It is a community-led action research project that seeks to advance progressive social change in the city. The research phase ran from January 2006 to October 2006. The research consisted of a large scale questionnaire with 819 respondents and 20 focus groups that had 69 participants. The questionnaire contained questions that now offer both qualitative and quantitative data. The questionnaire was routed, such that not all respondents answered every question. This is relevant for this report as respondents whose answers meant that, for the purposes of this study, they could be identified as 'older' were routed to specific questions about experiences that might relate to their lives as older people. The quantitative data has been analysed in SPSS software and we have used a significance level of $p < .05$.

This overall data was analysed in depth focusing on a range of issues with the help initially of an action group and then of a series of analysis groups. The latter consisted of representatives from a broad range of statutory services and voluntary groups, the former of LGBT people. During each analysis, the group advised on the information that would be most relevant to the analysis and that would progress positive social change for LGBT people. The action group produced an initial findings report and a community report- each of which detailed the main findings across a range of issues (see Browne, 2007a; CMIT Action Group, 2007). Additional findings reports were co-authored by Dr. Kath Browne and other authors who sent draft reports to the analysis group and received comments back from this group (Browne 2007b, Browne & Davis 2008, Browne & Lim 2008a, Browne & Lim 2008b, Browne & Lim 2008c, Browne & Lim 2008d, Browne & Lim 2008e, Browne & Lim 2009).

Count Me In Too allows us to understand the diversity and complexity of the LGBT communities in Brighton & Hove in greater depth and detail than ever before. Further details regarding the Count Me In Too research can be found in the initial findings reports located at www.countmeintoo.co.uk.

Appendix 2:

Explanation of terms used

There are other terms that are used in this analysis that are unique to the questionnaire or that require some understanding at the outset. Table 1.x outlines these terms.

Table A2a Categories and definitions

Category	Definition
Sexual identity	The question used as the basis of this category asked for the sexual identity with which the respondent most closely identified. Those who defined as gay and female were recoded into the lesbian / gay woman category.
Trans	These were respondents who identified as being trans. Two of those who answered yes to the question 'Do you identify yourself as being trans or have you ever questioned your gender identity?' were removed from this category as they argued in comments sections that they were not trans but had questioned their gender identity.
LGBT- Lesbian, Gay, Bisexual and Trans	The term LGBT is used for ease of understanding and to ensure that the diversity within these communities are at least partially acknowledged. The authors recognise the difficulties of categorising sexual and gender identities in this way. The term includes those who are questioning, unsure or do not identify with particular sexual or gender identities.
Ethnicity	The question used for this category asked for ethnicities with which respondents most closely identified. Respondents were given four choices: White, BME (Black and Minority Ethnic), gypsy traveller and other
Deaf, hard of hearing, deafened or deaf-blind	The question used as the basis of this category was 'Are you or do you identify yourself as being deaf, hard of hearing, deafened or deaf-blind?'
Disability	This category includes those who answered 'yes' to the question: 'are you or do you identify as having a long term health impairment or a physical disability?' This category is not limited to physical disability and cannot be disaggregated by physical, sensory or mental disabilities or long term health impairments.
Age	Respondents were given a choice of age-range intervals (16 - 25, 26 - 35 etc). Derived from these intervals, the following categories are used in the report: 'young people' were defined as those under 26 and 'older people' defined as those over 55.

Income	Income levels were measured in categories that asked for income before deductions.
Isolation	Isolation was measured by those who answered 'yes' or 'sometimes' to the question 'Do you feel isolated in Brighton & Hove?' The figure was broken down into Yes/sometimes and No (the small category unsure (1.9%) was removed to ensure statistical significance). This captured current perception and therefore was chosen over the question that asked about 'isolation' under mental health difficulties experienced in the past 5 years.
Mental Health	The 'mental health' category in this report refers only to those who ticked that they had difficulties with any of the following: depression, anxiety, significant emotional distress, suicidal thoughts, panic attacks, problem eating / distress, fears / phobias, addictions / dependencies, anger management and self harm. The question also asked about stress, insomnia, confidence / self esteem and isolation but these categories were excluded because they included large proportions of the sample. Moreover, comments were written in the questionnaires such as "sometimes not being able to sleep or getting stressed does not mean one has mental health difficulties" (questionnaire 74). These suggested that this question was read as 'have you ever experienced', rather than 'have you ever experienced difficulties'. These issues caused the action group to rethink the category of 'mental health difficulties' for the purposes of the initial findings report, and particularly in the cross tabulating with other identity categories. This category may be reconsidered in further analyses but a robust category was thought to be most appropriate for this report.
HIV positive	This category was comprised of those who answered that their most recent HIV test result had been positive.
Domestic violence and abuse	This is defined as those who have experienced harassment, violence and/or abuse from a family member or someone close to the person (see Browne, 2007a)
Neighbourhood area	17% of our sample lived in St. James Street and Kemptown. 26% lived in 'areas of potential deprivation'; these are: North Portslade, Hangleton & Knoll, Brunswick (East), Hollingbury, Hollingdean, Saunders Park, St Peters, Turner (South Hanover), Bristol Estate, Bevendean, Moulsecoomb, Whitehawk & Manor Farm, Queens Park & Craven Vale. 57% do not live in any of these areas and are categorised as living in 'none of the areas listed'.
Tenure	Those who lived in privately owned accommodation made up the largest single proportion of the sample (47%). Just under a third (30%) lived in rented accommodation, and 7% lived in Council housing. A small number (5 people) lived in sheltered and supported accommodation. In order to describe the sample and undertake statistical tests, the tenure categories have been grouped into those that are meaningful for the data and housing services. Throughout this report social housing (9% of the sample) will be used to describe everyone who lives in rented Council housing, rented association, sheltered and supported housing, temporary accommodation or who is homeless. This will be compared to those who privately rent, those who own their own homes and those who exist in another of these categories.

Appendix 3:

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Appendix 4:

References

Browne, K. (2007a)

'Count Me In Too. Initial Findings: Academic Report.'

University of Brighton and Spectrum

www.countmeintoo.co.uk/downloads/
accessed 4/02/09

Browne, K. (2007b)

'Count Me In Too. Additional Findings Report: Domestic Violence & Abuse.'

University of Brighton & Spectrum

www.countmeintoo.co.uk/downloads/
accessed 4/02/09

Browne, K. & Davis, P. (2008)

'Count Me In Too. Additional Findings Report: Housing.'

University of Brighton & Spectrum

www.countmeintoo.co.uk/downloads/
accessed 4/02/09

Browne, K. & Lim, J. (2008a)

'Count Me In Too. Additional Findings Report: Community Safety.'

University of Brighton & Spectrum

www.countmeintoo.co.uk/downloads/
accessed 4/02/09

Browne, K. & Lim, J. (2008b)

'Count Me In Too. Additional Findings Report: Mental Health.'

University of Brighton & Spectrum

www.countmeintoo.co.uk/downloads/
accessed 4/02/09

Browne, K. & Lim, J. (2008c)
'Count Me In Too. Additional Findings Report: General Health.'
University of Brighton & Spectrum
☞ www.countmeintoo.co.uk/downloads/
accessed 4/02/09

Browne, K. & Lim, J. (2008d)
'Count Me In Too. Additional Findings Report: Bi People.'
University of Brighton & Spectrum
☞ www.countmeintoo.co.uk/downloads/
accessed 4/02/09

Browne, K. & Lim, J. (2008e)
'Count Me In Too. Additional Findings Report: Trans People.'
University of Brighton & Spectrum
☞ www.countmeintoo.co.uk/downloads/
accessed 4/02/09

Browne, K. & Lim, J. (2009)
'Count Me In Too. Additional Findings Report: Drugs & Alcohol.'
University of Brighton & Spectrum, forthcoming at:
☞ www.countmeintoo.co.uk/downloads/

Count Me In Too Action Group (2007)
'Count Me In Too. Initial Findings: LGBT Community Report.'
University of Brighton and Spectrum
☞ www.countmeintoo.co.uk/downloads/
accessed 4/02/09

Knocker, S. (2006)
'The Whole of Me: Meeting the needs of older lesbians, gay men and bisexuals living in care home and extra care housing.' *Age Concern*

Manthorpe J, Biggs S, McCreadie C, Tinker A, Hills A, O'Keefe M, Doyle M, Constantine R, Scholes S, Erens B (2007)
The U.K. national study of abuse and neglect among older people.
Nursing Older People **19 (8)** pp. 24-26

Wood, M. (2005)
'The Victimization of Young People: Findings from the Crime and Justice Survey 2003'
☞ www.crimereduction.homeoffice.gov.uk/youth/youth62.htm
accessed 5/12/07

Your feedback

We welcome any comments and suggestions.

Please email your feedback to us at:

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Downloadable copies of this and other resources are available from the Count Me In Too website including a directory of local LGBT support organisations and groups.