

Lifting the Lid

On sexuality and ageing

*A research project into
the needs, wants, fears and aspirations of older
lesbians and gay men*

*'In addition to the concerns of all people as they grow older –
declining health, strength, independence – there is an increased
risk of social and emotional isolation by belonging to a minority
group in society'*



Executive Summary

This report presents the findings of a three-year action research project, funded by the Big Lottery Fund, which explored the needs, experiences and aspirations of older lesbians and gay men in Bournemouth, Poole and Dorset between June 2003 and September 2006. This Participatory Action Research Project (PAR) was undertaken by a group of older volunteers, with the support of a project worker, employed by Help and Care, and by a senior lecturer at Bournemouth University.

The project has established many links regionally and nationally with a wide range of agencies, organisations and individuals. The group of volunteers from the older lesbian and gay community, with the guidance of Help and Care and Bournemouth University, have raised awareness of the needs, issues and concerns that they face as non-heterosexuals. Members of the group have actively participated in both academic and social care conferences as well as attending meetings with various agencies. This has raised the profile of the group substantially and given a voice to older lesbians and gay men that was previously silent.

The project's remit is broad, encompassing as it does both research and outreach work and it is to the credit of the Gay and Grey volunteers that they have stuck to the original remit.

A total of 300 self-completion questionnaires were distributed using existing lesbian and gay male groups and networks. A response rate of 30% (90) was achieved with an age range of 50 – 90 years. 34% (31) of respondents were subsequently interviewed. The volunteers undertook the statistical analysis of the data from the questionnaires and the thematic analysis of open-ended questions. They also carried out the interviews and analysed the information gathered.

The gender mix of respondents was almost equal; we were unsuccessful in reaching other than white ethnic cultures. 44% of respondents were professional; more than 50% had access to the Internet. (4.1 page 11; 4.2.1 page 40)

Key themes

Sexuality and coming out (4.1.2 page 14; 4.2.3 page 55):

Each person's experience of being gay is very different. Almost half those questioned felt really positive about being gay; they had been able to come out to family and friends who were supportive and accepting. Others have had devastating exposure to cruel and thoughtless discrimination.

It seems that it is easier for most to be honest and come out to those closest to them, but many have been rejected by those very people to whom they should be able to look for support.

- Individuals experience sexuality very differently
- There is a reluctance to tell people about their sexuality unless it is essential
- Concerns relating to historical illegality and experience of homophobia affect the decision to come out
- Many have feelings of isolation, loneliness and fear while others feel it is important to come out to enable progress to be made in combating prejudice
- It is important that professionals involved in supporting older gays and lesbians are aware of the potential damage some may have experienced in their early years
- Almost half felt that their sexuality had a positive impact on their lives

Relationships and social networks (4.1.3 page 21; 4.2.1 page 40):

It appears that existing gay social groups and personal support structures are not fulfilling a need for the majority and that there is a need to look into other ways of developing social networks. The lack of social outlets where people can totally relax and be themselves without fear of censure or abuse creates a sense of loneliness and makes it difficult to develop friendships.

Where people have not felt safe at being open about their sexuality their lives have been far more constrained and difficult. Neighbours can cause problems or be very friendly and supportive. The same is true of family, friends and work colleagues.

- Around 60% reported some degree of isolation
- 32% felt they had an active social life
- Almost 10% felt they had no social life
- 25% felt they did not have adequate support
- The majority wanted to meet others socially
- Some expressed a need to develop other ways of making social networks

Community and Housing (4.1.4 page 24):

Transport for those in rural areas continues to be a problem and some respondents talked of needing social support services like advocacy, buddying schemes and practical support in their homes and gardens.

As with any relationship, problems with housing can arise from break-ups. This can lead to real hardship and, possibly, the need to live in circumstances not conducive to openness about one's sexuality. This may be particularly difficult where council/housing association accommodation or a care home may be the only option (ie 'congregate living').

Whilst virtually all respondents want a gay friendly society and a significant percentage would like to see dedicated gay or lesbian support services, many felt they would prefer not to be 'ghettoised' but to be integrated with mainstream services.

- There is a need for gay friendly social support services like advocacy, buddying schemes, and physical support at home
- Easier access to support and information could be through the internet, local media, gay magazines, mainstream publications and social groups
- Over 85% had access to their own transport
- Over 83% had access to public transport, but both this and the above point reflect the fact that the majority of respondents live in urban areas with access to good links
- Over 50% live alone
- Over 82% own their own home
- 79% know where to access information on gay issues

Social care and health (4.1.5 page 27; 4.2.4 page 62):

Most gay people want their sexuality to be taken into consideration by those providing services and they want to be treated with respect and equality. The majority thought that educational and awareness training for all staff was imperative. It is also felt that strong anti-discriminatory policies allowing for diversity and equality need to be enshrined in codes of conduct.

- The most abiding need is for gay friendly services
- Most want their sexuality to be considered and to be treated with respect and equality
- Education and awareness training in sexuality for all staff involved in the care of older people to address homophobic prejudice and the assumption of heterosexuality
- Anti-discriminatory policies embracing diversity and equality need to be enshrined in the codes of conduct for all professionals involved in the care of older people

Getting older (4.1.6 page 33; 4.2.4 page 62):

Many felt there were both positive and negative aspects to getting older. The positives surrounded an increased confidence to share their sexuality with others and of having many good friends around them. The negatives showed a continuing fear of homophobic discrimination and a worry about being isolated in an alien world. Contrary to the perceived ideas about older people and their sexual lives, the majority said they still have sexual needs.

- There was some ambivalence about getting older as a gay person
- Increased confidence in coming out and having many good friends were given as positive aspects

- A continuing fear of homophobia and isolation in an alien world underpin the negative aspects
- Just over 75% have active sex lives
- An overwhelming need for acceptance, understanding, equality and diversity

Aspirations (4.2.4 page 62):

It is clear that to be a lesbian or gay man in our society today is still not easy. Our ideal world of total integration and acceptance, with our sexuality being regarded as valid anyone else's, is a long way off and there is much work to be done in education and awareness of our particular needs as we grow older.

Acceptance (4.2.2 page 44):

It is necessary to remember that the current generation of older gay men were in a different position from lesbians as they grew up with homosexuality being illegal. If two women chose to share a home, they were more likely to be accepted than two men in the same situation.

Priorities for the future

The findings/analysis can be distilled into four key areas for future attention:

- There is a significant and invisible gay population
- Personal identity and acceptance are key
- Isolation and exclusion are common experiences
- Responsive and accessible public services can reduce isolation and exclusion

The following actions would start the movement towards achieving real change:

- The development of:
 - Awareness training programmes to counteract homophobic prejudice and the assumption of heterosexuality
 - Meaningful anti-discriminatory policy statements in all workplaces and leisure centres
 - Anti-discriminatory policies allowing for diversity and equality enshrined in codes of practice for everyone who works with older people
 - Lesbian and gay friendly services (including bereavement counselling, buddying schemes, gay friendly advocacy and home support)
- Development of and support for social outlets for older lesbians and gay men.
- Promotion of the greater use of the Internet both for communication and in assisting with any future research.

- The placement of gay specific information in public areas such as libraries shops, etc, where other information is available.
- Attention to how advocacy services and bereavement counselling can be developed and tailored to meet the specific needs of older lesbians and gay men.

- Commissioning and/or supporting continued research into:
 - Internalised homophobia and homophobic discrimination
 - Why some people find it easier to come out than others
 - Gender differences

- Ensuring that the report findings are disseminated as widely as possible and are used to inform commissioning and delivery plans for local public services. In particular, the needs and gaps highlighted in this report have a resonance with the requirements of Local Area Agreements to demonstrate how local agencies and partners respond to the needs of their diverse communities.

Table of Contents

Acknowledgments	x
Chapter 1: Setting the Scene	1
1.1 Background to the research	1
1.2 A pilot study	1
1.3 Aims of the research	2
Chapter 2: Policy and Literature Review	3
2.1 The policy context	3
2.2 Issues arising from the literature	4
Chapter 3: Methodology	8
3.1 Participative Action Research	8
3.2 Sampling Strategy	9
3.3 Data collection for the research	10
Chapter 4: Research Findings	11
4.1 Questionnaires	11
4.1.1 General information	11
4.1.2 Sexuality	14
4.1.3 Relationships and social networks	21
4.1.4 Community and Housing	24
4.1.5 Social Care and Health	27
4.1.6 Getting older	33
4.1.7 Concluding Remarks	38
4.2 Interviews	39
4.2.1 Current Lifestyle	40
4.2.2 Acceptance	44
4.2.3 Coming Out	55
4.2.4 Needs and aspirations	62
4.2.5 Conclusion	69
Chapter 5: Promotion and Networking	70
5.1 Profile and Awareness	70
5.2 Promotion	70
5.3 Networking	72
5.4 Men's social group	74
5.5 Testing the findings with local stakeholders	74
Chapter 6: Understanding the Process	75
6.1 Interviews with key informants	75
6.2 Message from the project team	78
Chapter 7: Conclusions and priorities for the future	80
7.1 Conclusions	80
7.2 Priorities for the future	83
References	86
Appendix 1: Members of the Gay and Grey Group	90
Appendix 2: Questionnaire	92
Appendix 3: Female/male comparison data	100
Glossary of terms	108

List of Tables

Table 1:	Age and gender	12
Table 2:	Areas covered by returned questionnaire.....	12
Table 3:	Current Occupation.....	13
Table 4:	Questionnaire Source	14
Table 5:	Sexuality of Respondents.....	14
Table 6:	Importance that people do not know sexuality	18
Table 7:	Current relationship status.....	21
Table 8:	Feeling of isolation	22
Table 9:	Membership of a group.....	22
Table 10:	Social Needs.....	23
Table 11:	Active social life	23
Table 12:	Who would you most like to meet?.....	23
Table 13:	Preferred activities	24
Table 14:	Access to own transport.....	25
Table 15:	Access to public transport.....	25
Table 16:	Importance of caring professionals knowing sexuality	31
Table 17:	Importance of caring professionals not knowing sexuality	32
Table 18:	Importance of caring professionals being aware of needs	32
Table 19:	Importance of gay specific health information	32
Table 20:	Availability of health information	32
Table 21:	Are you a carer?	33
Table 22:	Who do you care for?.....	33
Table 23:	Concerns about getting older.....	33
Table 24:	Differences to heterosexual community.....	36
Table 25:	Attitude of gay community to older people.....	36
Table 26:	Meeting of sexual needs.....	37
Table 27:	Gross Annual Income	100
Table 28:	How would you describe what you did/do in your working life?.....	100
Table 29:	What is your current occupation?	100
Table 30:	Do you have Internet access?	100
Table 31:	How did you find out about the questionnaire?	101
Table 32:	Family, Children, Friends, Neighbours	101
Table 33:	Employer, Colleagues, Health/Care workers, Religious Community	101
Table 34:	Is it important that people know about your sexuality?.....	101
Table 35:	Do you feel you have been treated differently because of your sexuality?	102
Table 36:	Current relationship situation	102
Table 37:	Who do you turn to if you need help?.....	102
Table 38:	Do you feel you have adequate support?.....	102
Table 39:	On a scale of 1-5 do you feel isolated?	102
Table 40:	If you do not belong to a lesbian/gay group, why?	103
Table 41:	If you belong to a lesbian/gay group, on a scale of 1-5, does it fulfil your social needs?	103
Table 42:	On a scale of 1-5 do you feel you have an active social life?.....	103
Table 43:	Would you like more opportunities to meet people?.....	103
Table 44:	What sort of activities would you like to be involved with?	103
Table 45:	Current living arrangements.....	104
Table 46:	Current accommodation arrangements	104
Table 47:	Examples of sources of information or advice on local gay events.....	104
Table 48:	How could it be easier to access support or information?	104
Table 49:	What sort of services or events would you like to see?.....	104
Table 50:	How would you describe your current health?.....	105
Table 51:	Is it important to plan for the future?	105
Table 52:	Have you made a will?.....	105
Table 53:	Have you had any negative experiences with public services?.....	105
Table 54:	On a scale of 1-5 How comfortable would/do you feel about telling professionals about your sexuality?	105

Table 55:	On a scale of 1-5 How important is it for caring professionals to be aware of your sexuality?	105
Table 56:	On a scale of 1-5 How important is it for caring professionals not to be aware of your sexuality?	106
Table 57:	On a scale of 1-5 How important do you think it is for caring professionals to be aware of the needs of gay people?	106
Table 58:	On a scale of 1-5 How important is it to have health information specific to gay people?	106
Table 59:	If you have any concerns about getting older, what are they?	106
Table 60:	Sexual needs	106

List of Figures

Figure 1:	Gender	12
Figure 2:	Ethnic origin	12
Figure 3:	Gross annual income	13
Figure 4:	Working life	13
Figure 5:	Family knowledge of sexuality	15
Figure 6:	Children's knowledge of sexuality	15
Figure 7:	Friends' knowledge of sexuality	15
Figure 8:	Neighbours' knowledge of sexuality	16
Figure 9:	Employer's knowledge of sexuality	16
Figure 10:	Colleagues' knowledge of sexuality	16
Figure 11:	Health/care workers' knowledge of sexuality	17
Figure 12:	Religious community's knowledge of sexuality	17
Figure 13:	Importance of people's knowledge of sexuality	18
Figure 14:	Positive/negative impact of sexuality on life	20
Figure 15:	Sources of help and support	21
Figure 16:	Adequacy of support	21
Figure 17:	Living arrangements	25
Figure 18:	Rent or own home	25
Figure 19:	Availability of information	26
Figure 20:	Making access to information easier	26
Figure 21:	Current health	28
Figure 22:	Home care preference	29
Figure 23:	Residential care preference	29
Figure 24:	Sheltered housing preference	30
Figure 25:	Concerns about getting older	34
Figure 26:	Differences to heterosexual community	35
Figure 27:	Attitude of gay community to older people	36
Figure 28:	Sexual needs?	37
Figure 29:	Most pressing need	38

Acknowledgments

First and foremost thanks must go out to both Help and Care and Bournemouth University for initiating the project. Lee-Ann Fenge from the Institute of Health and Community Studies and Louise Ellis from Help and Care spent three years applying for funding and exploring the feasibility of the plan. We also acknowledge that without the funding from the Big Lottery Fund we probably would not have been able to go ahead.

Thanks are also due to Nichola Lavin, our first coordinator, for working tirelessly to get the project off the ground; the success is due not a little to her insights and initiatives from the onset. We were pleased also that Kevin Hall, who took over the difficult job in the middle of the project, was equally as dedicated to enable us to move forward.

We must extend our appreciation to Stewart Harrison, David Steel and all those volunteers, too numerous to name, who offered to help in various ways throughout the three years. To those who filled out the questionnaires and to those who gave us their time to have more in-depth interviews with us, we are deeply grateful.

We extend our thanks to Lindsay River of Polari for her help and support. To Helen Bowers from the Older People's Programme at Help and Care we offer our appreciation for her ongoing interest and encouragement - in particular for her contribution to editing the report. The research team would like to thank Lee-Ann Fenge particularly for her continuous support and guidance throughout the time of writing the report; her input was invaluable.

There have been many people involved with the project, people who have listened, encouraged and who have offered help and advice; to all those unnamed people we extend our heartfelt thanks.

Chapter 1: Setting the Scene

1.1 Background to the research

This research project came about through a joint initiative between the Institute of Health and Community Studies at Bournemouth University and Help and Care, a registered charity working primarily across Bournemouth, Dorset and Poole, providing a range of support services and undertaking research on the needs, experiences and aspirations of older people and carers of all ages.

From previous work together, these two organisations agreed that a research project exploring the needs of minority groups of older people in the local community would be beneficial - both to those communities and to local organisations and public agencies serving them.

For older people, ageism is a key feature of the marginalisation and inequality they may experience. Older people as a group tend to be discriminated against on the basis of their chronological age (Butler, 1989). However, within this group, some individuals may face further discrimination and oppression on the basis of their gender, ethnicity, sexuality or disability. Based on local demographics with a high proportion of older people in general and the Bournemouth/Poole conurbation having the fifth largest lesbian and gay male population in UK towns, it was decided to focus the study on the needs of older lesbians and gay men.

This was an opportune time to develop this research project as Age Concern England had raised the profile of the needs of older lesbians and gay men through its publication 'Opening Doors' (2001). There had been no UK research at this time based on sizeable samples of older lesbians and gay men; and most of the research at that stage had been undertaken in the USA (Beeler, 1999, Jacobs et al, 1999).

1.2 A pilot study

A small exploratory pilot project was undertaken in Dorset, between March to October 2001. This took the form of small informal meetings with older members of the lesbian and gay community in Dorset. These initial contacts were undertaken by a staff member from Help and Care and a staff member from Bournemouth University. They met with members of several established older gay social groups in the area, as well as individual members of the older lesbian and gay community. These initial contacts were positive and encouraging, both in terms of the need for further work highlighted from these discussions and the commitment from the local lesbian and gay community to support such a project. This type of approach which involves engaging with older people through a variety of routes has been promoted in recent reports (Older people – Independence and Wellbeing, 2004). This Audit Commission report suggests that working with older people as equal partners should be

central to any approach. This became a central plank of the project which adopted a Participatory Action Research methodology.

A number of themes emerged from these preliminary inquiries, including:

- Concerns about care in later life, both residential and community-based. For older lesbians the importance of access to same sex carers was an issue raised
- The experience of discrimination at the hands of health and social care agencies
- Isolation for older lesbians and gay men in rural areas and the difficulties of accessing services available to those living in urban areas

The themes raised in the exploratory study and literature review suggested services may have been developed for a heterosexual ageing population (Langley, 1997, Jacobs et al, 1999), ignoring the diversity of experience and needs within the older gay community.

To develop these initial findings further, a full scale research bid was completed in 2001 and submitted to the Big Lottery fund. It was confirmed in April 2003 that funding was granted for a three year action research project. A full time project worker was appointed in June 2003 and a steering group of older lesbians and gay men was recruited through contacts established during the pilot phase of the project. Volunteers for the project were recruited through advertisements in local lesbian and gay organisations, local press, and leaflets distributed through GP surgeries, libraries etc.

1.3 Aims of the research

The purpose of the research project was to broadly examine the experiences and 'needs' of older lesbians and gay men in the Bournemouth, Poole and Dorset area.

Participatory Action Research (PAR) was used as a method of encouraging older people from minority groups to have a 'voice' in defining their needs and experiences and in leading the fieldwork elements of the research.

The initial aims were identified as follows:

- To identify older lesbians' and gay men's aspirations, expectations and concerns related to their old age
- To identify the factors and issues that contribute to older lesbians' and gay men's exclusion from the wider community of older people, the gay community itself and from the support, services and activities available for older people
- To identify how these issues could be addressed and consequently promote greater social inclusion
- To identify steps/actions to take forward the identified solutions
- To actively involve older lesbians and gay men from across Dorset – enabling a contrast to be made between an urban area with a sizeable gay community and a predominantly rural area with harder to reach lesbians and gay men

Chapter 2: Policy and Literature Review

The purpose of the literature review was to establish what previous research had been undertaken with older lesbians and gay men. It was conducted by means of an extensive search of relevant databases such as Age Info, ASSIA, the British Nursing Index, Psych-info and Web of Knowledge. The search encompassed both British and international work and concentrated mainly on the past ten years. It was necessary to utilise international sources due to the limited scope of British research and to ensure a more complete understanding of the subject matter. The focus on the review was largely concentrated on work specific to older people. Search terms used included combinations of old, older, ageing, elder, gay, lesbian, homosexual, sexuality and participatory action research (PAR).

This literature review was undertaken at the beginning of the project so as to inform the project in the early stages, particularly in terms of the focus of the field work which included both questionnaire and in-depth interviews in its design. It has subsequently been updated as the project has progressed.

2.1 The policy context

Recent government policy and rhetoric has raised the profile of older people and placed it centre stage. This has concentrated on notions of promoting choice and flexible person-centred care (*A Quality Strategy for Social Care*, 2000; *Our Health, Our Care, Our Say*, 2006), social inclusion and participation (*Older People, Independence and Wellbeing*, 2004), and the recognition of diversity in later life (*A Sure Start to Later Life*, 2006). Current practice promotes a 'whole person approach' (*Older People - Independence and Wellbeing* 2004, p.17) and this fits well with the recognition of diversity and the needs of older lesbians and gay men.

The National Service Framework for Older People (2001) suggested that ageist practice should be targeted and that older people should be treated individually and with respect and dignity. More recently this has been developed further by *A New Ambition for Old Age* (2006) which stresses an ongoing commitment to respect dignity and human rights and a need to challenge deep seated negative cultural attitudes towards older people. The need to challenge outdated stereotypes and recognise diversity is promoted by *Opportunity Age* (2005) and the theme of diversity is also mirrored by *A Sure Start to Later Life* (2006). This highlights discrimination on the basis of sexuality and the rights of all people to participate in society. It suggests that 'the needs of these groups should be built into the way that mainstream services operate and cultural attitudes need to be challenged at every level' (p.101).

Older People - Independence and Well-Being (2004) emphasised that the route to independence and control in later life is linked to participation in social activities and social networks (p.7). This is an important theme for this

research project, for it not only supports older people to engage with and participate in project research activities, but the findings also highlight the experience of isolation and limited social networks for many gay men in particular.

This policy also promotes the involvement of older people as central partners and contributors, particularly the voices of those seldom heard (p.10). This research project has adopted an inclusive approach, which has supported the participation of older people throughout the process from initial beginnings to final dissemination. Training and support has been offered to enable individuals to undertake the research themselves, and again this fits into *Audit Commission Recommendations* (2004) concerning supporting participation of older people. This project was led by older lesbians and gay men and it explored the often 'hidden' needs of these groups using a participatory action research model which has been described as a more inclusive approach to knowledge and theory production (Beresford, 2000).

2.2 Issues arising from the literature

The needs of older lesbians and gay men were highlighted by Age Concern England in their report *Opening Doors* (2001). Previously the needs of older lesbians and gay men had been largely unexplored at either a national or local level by British research, possibly because of the impact of ageism in our society which leads us to be youth oriented and expect older people to be asexual (Deacon et al 1995). As a society we tend to define lesbians and gay men purely in terms of their sexuality, so if we view older people as being asexual, it follows that we won't recognise the existence of older lesbians and gay men (Fullmer, Shenk and Eastland 1999).

For the first time in history two distinct groups of older lesbians and gay men are co-existing in society. The first group are older lesbians and gay men, who, as a result of growing up in an extremely homophobic period during which homosexuality was viewed as criminal, sinful and sick (Cook-Daniels 1997), are a hidden population. Many have lived with the realistic fear that exposure would devastate their lives and as there was no community to share experiences, many have felt isolated and ashamed of their feelings (Bohan 1996). As male homosexuality was illegal in Britain until 1963 and a mental disorder until 1973, many will have endured medical interventions (D'Augelli et al 2001a) or been prosecuted. This is likely to have resulted in feelings of stigma and shame which, once embedded, shapes lives (Brotman, Ryan and Cormier, 2003). In order to live in safety many gay men acquired a wife and had discreet sexual relations with men. For women, society deemed living with female roommates as acceptable and thus they often passed as this and nothing more (Quam 1993).

The second group is emerging, not because of an increase in the number of lesbians and gay men, but because (according to Beeler et al 1999) for the first time in history a generation will retire who have lived most of their lives as *out* lesbians or gay men. Coming out can be seen as a process of developing

awareness and acknowledgement of homosexual thoughts and feelings (Davies 1996) and results in public awareness of one's identity.

This upcoming generation of older people came of age during the gay liberation movement of the 60's and 70's, which enabled them to come out. As a result, this generation of older (and more visible) lesbians and gay men are far more likely to demand services that meet their needs. It is primarily because of this group that health and social care services will no longer be able to ignore the needs of this population.

Although we do not yet have a comprehensive understanding of these groups, early research has shown that negative images portraying older lesbians and gay men as lonely and desperate are not wholly accurate. No significant psychological differences have been identified between heterosexual and homosexual older people and many older lesbians and gay men actually adjust better to old age (Bohan 1996). Studies suggest this may be because older lesbians and gay men have acquired a 'mastery of stigma' (Berger and Kelly 2001) as because they have already coped with a lifetime of discrimination they can easily cope with ageism. The development of less rigid gender roles in their relationships also means that individuals are more likely to acquire a range of skills that enable them to remain independent (Bohan 1996). Furthermore, because many have lacked contact with their biological family, other support networks have been developed which will sustain them in old age (Bohan 1996).

Most research has concentrated on the issues that specifically affect older lesbians and gay men, centering largely on legal and financial issues, social support, and the use of health and social care services. One of the issues consistently noted is the profound effect the lack of legal recognition for same sex partners can have on individual lives. The Civil Partnership Act (2004) will lessen the impact of inequality previously experienced by same sex partners and ensure employment and benefit rights.

For many, the lack of partnership rights before The Civil Partnership Act has caused economic insecurity, a difficulty that may already be pertinent for older lesbians who are among the poorest group in Britain (single women 65+). This is partly due to traditional low paid part-time employment (Wilton 1997). However, even full time female workers have been disadvantaged due to unequal pay and pensions (Bayliss 2000). Lesbians (and gay men) to date have been unlikely to benefit from a partner's pension and as women generally live longer, individual pensions are markedly lower than they are for men. Heaphy et al (2003) also reported that as mothers and carers many older lesbians have had less chance of accumulating financial security. However as there is no expectation that a male partner will provide, many have secured their financial independence.

It is important to recognise this diversity of experience between older lesbians and gay men – their experiences are not the same and they are more different from one another than they are similar due to gender inequalities (Peplau, 1981).

For older people, social support is vitally important. For older lesbians and gay men this support is more often derived from friends or partners than biological families (Langley 1997, Beeler 1999). Support is obviously beneficial as it has a positive influence on both physical and mental health and may help combat the effects of years of stigmatisation (Grossman et al 2000), as well as insulate against the losses of old age (Quam 1993). For these reasons it is vital that older lesbians and gay men continue to have opportunities to meet and socialise. However it is no surprise that their exclusion from both the wider community and the gay community is consistently raised as an issue within research.

Men in particular seem to feel excluded, believing that extreme historical differences mean they have nothing in common with younger gay men (Bohan 1996) and don't belong in today's liberated gay community (Hays et al 1997). The gay scene excludes older people by catering almost exclusively to the younger generation (Murray and Adams 2001) and through its magnified focus on beauty and youth (Bohan 1996), which leads to individuals being labelled as old much earlier than in mainstream society (Heath 1994). As individuals get older pubs and clubs become less appropriate and in the absence of other organised social networks (Langley 1997), many lose the opportunity to socialise and as a result become increasingly isolated. Beeler (1999) reported loneliness as a major concern and cited the need for increased social interaction and for additional opportunities to meet other gay people. Older lesbians and gay men currently lack a valued role within the gay community and many have reported being actively rejected (Bohan 1996).

Health and social care services, or the reluctance to use them, is also an issue that dominates research in this area. This reluctance is based on a number of factors, including the belief that organisations assume all their clients are heterosexual and have a lack of awareness about lesbian and gay issues, leading to inaccurate assessments and inappropriate provision (Jacobs et al 1999). This is in part supported by research, which has reported instances of overt discrimination, disclosure, neglect and policy insensitivity (Bohan 1996, Moore 2000, Cook-Daniels 1997).

Studies have shown that it is the fear of a homophobic reaction (Brogan 1997), exposure or discrimination that prevents many lesbians and gay men from seeking or accepting services (Moore 2000). To some extent this fear has a rational basis, as it has been reported that many health professionals continue to see being gay as a mental disorder (Brotman et al 2003). As a result individuals may choose not to report problems related to their sexuality and forego treatment (Bohan 1996). They may also avoid using services because of their own internalised homophobia (Jacobs et al 1999), that is, they feel they deserve ill health, loneliness and poor living conditions.

As individuals get older the likelihood of contact with health and care services increases, which will in turn make it increasingly difficult to conceal domestic arrangements and personal circumstances (Manthorpe 2003). This may be particularly so if home care or residential care is needed, as living

arrangements will be scrutinised by staff (Heath 2002). Many fear they will encounter discrimination, prejudice or violence because of their sexuality and expect ignorance and non-acceptance from heterosexual carers and to be restricted by a totally heterosexual environment in residential care (Langley 1997). For those in partnerships, residential care offers unequal cohabitation and visiting privileges, as homophobic and heterosexist assumptions ensure that lesbian and gay partners are not given the same opportunities as married couples (Bohan 1996). It is perhaps because of this that many older lesbians and gay men have expressed a desire for gay specific, or at the very least lesbian and gay friendly housing. Heaphy et al (2003) found that 77% wanted provision that was lesbian and gay friendly, whilst a third thought care should be offered by gay providers.

Chapter 3: Methodology

3.1 Participative Action Research

This research project adopted a participatory approach, reflecting the ethos of Help and Care as an organisation, and the notions of empowering practice.

Participative Action Research (PAR) is concerned with issues of power and powerlessness (Reason, 1994). The knowledge and experience of oppressed groups is valued and honoured by enabling individuals to voice their own ideas and beliefs (Troyna & Carrington 1989). It is a methodology that promotes an alternate system of knowledge, based on people's roles in setting the research agenda. Thus professionals do not define the focus of research or the knowledge gained (Beresford, 2000).

Importantly, PAR requires that research participants must be active from the beginning to the end of the research process. This includes initial exploration of the research questions, the development and design of the methodology, collecting, organising and analysing data, and in the dissemination process (Alvarez and Gutierrez, 2001). This approach 'sees human beings co-creating their reality through their experience, their imagination and intuition, their thinking and their action' (Heron, 1996).

However, there is a paradox here. Although a radical egalitarian stance is central to PAR, at the same time PAR does call upon the power of researchers 'to initiate projects and promote participant involvement' (Healy, 2001). Indeed, this project would not have come about without the initial interest and commitment from Help and Care and Bournemouth University. Unless researchers initiate this type of project with often 'invisible' minority groups, it is likely that the issues they experience will remain 'hidden'.

The use of PAR as a research methodology can be considered as part of a cycle of research. Dickson and Greene (2001 p.245) describe a cycle of research starting with the process of negotiation, team building, joint research and action and finally dissemination. Engagement in this cycle of research may mean that participants develop skills in research methods including sampling and data analysis, as well as being central to the compiling and returning of data to the community and wider dissemination. To undertake these roles in this PAR project, research support and training was offered to the research group (all of whom were volunteers) by Bournemouth University.

The use of a Participatory Action Research methodology also means that those involved acknowledge that:

- Participatory Action Research is research 'with' people rather than 'on' people (Reason, 1994)

- PAR is a ground up approach, with the focus coming from the group itself. The process is as important as the outcome and 'the question of control and ownership is fundamental' (Whitmore, 1994 p.97)
- The process and outcomes are 'owned' by the group. Meanings and the context for the research should come from within the group rather than being imposed by the researcher. Therefore the research 'is undertaken as if from inside the culture, from the premises of the people and their situation' (Swantz, 1996 p.124)

At the start of the research project the plan had been to work with established lesbian and gay reference groups (at least one reference group for each). However as the project developed the group became one, although volunteers decided to adopt different roles within the one group. This resulted in a research group which took on the responsibility of developing and piloting a questionnaire, undertaking interviews and analysing data, and a project group who took on the responsibility of marketing, liaison and activity development.

An Action Research feed-back loop system was adopted whereby an overall representative Steering Group, made up of members from the research and activity groups, synchronised the programme. The Steering Group, research group and activity group were facilitated by the project worker from Help and Care and the University researcher.

The Steering Group drew up the ground rules based on feedback from volunteers. From the outset, the research and activities groups worked to develop methods, themes and approach for the project, and fed back their recommendations to the Steering Group. These groups met on a monthly basis for three years.

Interview schedules and questionnaires were developed by the research group in consultation with the activity groups and the project worker and University researcher. These were used to target both urban and rural populations. At the time it was noted that there are problems inherent in the term 'rural'. There are many different definitions of rural available. Williams and Cutchin (2002) suggest that a holistic approach to understanding the complexities of rurality is required when exploring the needs of people living in rural areas. This is informed by Halfacree's (1993) three definitional types – those that are descriptive in nature, those related to socio-cultural characteristics and those that are locality based. This holistic approach informed our understanding of 'rural' for the purposes of the study.

It is also important to explore 'rural' in terms of whether people are ageing in a place they have lived for many years, or whether they have retired to a rural area (Wenger, 2001).

3.2 Sampling Strategy

Volunteers to participate in and lead different aspects of the project were made up of self-identified lesbians and gay men over the age of fifty-five from

Dorset. Contacts made during the exploratory pilot phase with local groups and through local lesbian and gay networks/magazines, were built upon and the first task when the project worker was appointed in June 2003 was to publicise the project widely and recruit volunteers to it. Individuals came forward from this process to express an interest in undertaking the research elements of the project.

Due to the hidden population involved with this study it was important early on to acknowledge issues with 'sampling'. Sampling 'invisible' populations was identified as a particular issue. Triple discrimination has been identified in both lesbian and gay experience (Kehoe 1986). Individuals may therefore not identify themselves due to concerns of being discriminated against further and there may always be a silent minority. Older lesbians and gay men may well be 'hidden' both inside and outside the gay community (Fullmer et al., 1999, Martin & Knox, 2000) and there may consequently be problems associated in sampling these hidden groups.

Therefore two approaches to sampling were used in establishing this work and the research elements in particular:

- Via established lesbian and gay reference groups
- Snowball sampling (Morrison, 1988)

3.3 Data collection for the research

Data collection involved both quantitative data collected through a postal questionnaire, and qualitative information from face to face interviews.

The intention of using questionnaires in the initial phases of the research was to establish and explore the views and experiences of a representative group of the older population of lesbians and gay men in Dorset.

Basic training on research methods, questionnaire design and data analysis was provided for the "research group" volunteers by Bournemouth University and data collection and analysis was then carried out by this group.

A total of 91 questionnaires were completed and returned out of a sample of 300 distributed through established local lesbian and gay male social and reference groups and by snowballing. Statistical analysis of biographical data from questionnaires and thematic analysis of open-ended questions and data was undertaken by the research group volunteers.

This analysis was used to inform the design of a series of in depth qualitative interviews which took place with 30 older people, split almost equally between older lesbians and gay men. Thematic analysis of interview data was undertaken by the research group volunteers with the support of the University researcher.

Chapter 4: Research Findings

4.1 Questionnaires

A total of 300 questionnaires were distributed through established lesbian and gay social and reference groups and by snowballing. A total of 91 were completed and returned, a response rate of just over 30%.

A sample questionnaire is provided in Appendix 2 (page 92).

The questionnaire covered six key sections, each posing a series of questions providing tick box answers, grading, or allowing for free-text responses:

- General Information
- Sexuality
- Relationships and Social Networks
- Community and Housing
- Social Care and Health
- Getting Older

The questionnaire was designed to enable the differences between female and male to be analysed. When examined, however, the differences between the genders were not significant. Where it was felt that the differences were noteworthy the figures have been included here. The majority of the tables showing the female, male breakdown are in Appendix 3 (page 100).

The findings prompted a number of meetings, presentations and other actions (5.2 page 70; 5.3 page 72; 5.4 page 74; 5.5 page 74).

4.1.1 General information

Section one of the questionnaire was about the respondents. It was stressed that although it would be helpful to have this information, people were free not to answer the questions; most people felt able to reply, although not everyone chose to indicate their gender.

Key features to note from the results include:

- Just over half respondents were female and just under half male (although note the above)
- A large percentage were professional people (44%)
- Respondents were either white British or 'other white'
- Most live in urban areas (71%)

Age and Gender

50.5% of respondents were female, 41.8% male and 7.7% did not answer.

Figure 1: Gender

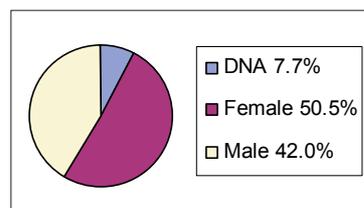


Table 1: Age and gender

	<50	50-54	55-59	60-64	65-69	70-74	75-79	80-84	90>
% Female	2.2	7.7	13.2	13.2	6.6	4.4	2.2	0	0
% Male	2.2	5.5	6.6	8.8	9.9	3.3	3.3	1.1	1.1

Table does not include respondents who did not indicate their gender and/or age

Rural or urban

The aim was to try to reach as many rural residents as possible. However, of those who responded, 71.4% indicated they lived in an urban area with 23.1% indicating a rural area. This underlines the difficulties in reaching people outside the main centres of population.

Table 2: Areas covered by returned questionnaire

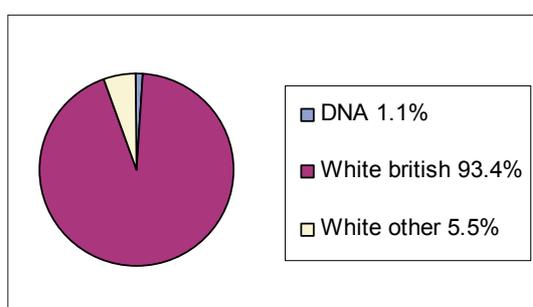
Area	Bournemouth	Hants	Devon	Somerset	Other Dorset	Other
%	57.1	16.5	2.2	1.1	16.5	2.2

Ethnicity

93.4% of the respondents identified as White British and 5.5% as White Other, one respondent did not answer.

Apart from the fact that our catchment area is predominantly white, it is not known why this should be. This is an area that could be the subject of a separate study.

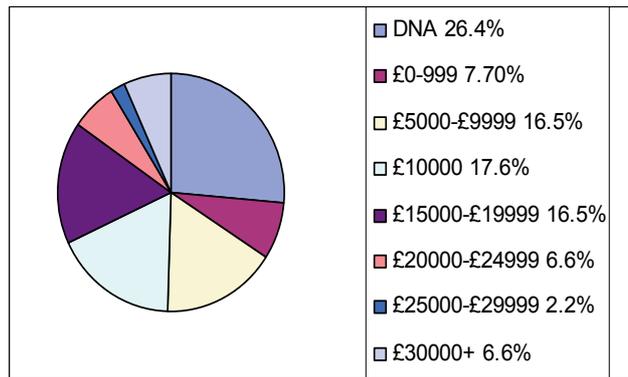
Figure 2: Ethnic origin



Gross annual income

As can be seen in Figure 3, only 6.6% of respondents who chose to answer this question have an annual gross income in excess of £30,000, with just over a third (34.1%) receiving £10,000 or less per annum.

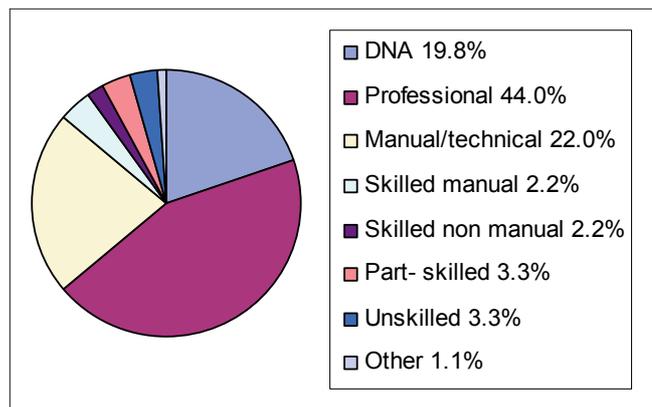
Figure 3: Gross annual income



How would you describe what you did/do in your working life?

Figure 4 shows that the greatest number of respondents identified themselves as professional.

Figure 4: Working life



What is your current occupation?

Just under half the respondents were retired (44.7%) but a significant number were still working, with a total of 23.4% respondents working either full or part-time.

Table 3: Current Occupation

Current occupation	Retired	Working full time	Working part time	Voluntary work	Registered disabled	Other work
%	44.7	11.7	11.7	6.8	6.5	4.9

Do you have access to the Internet?

Over half of the respondents (52.7%) reported they did have access, with 31.9% having no access; 15.4% did not answer this question.

How did you find out about the Questionnaire?

The majority of those who answered this question heard about the research through word of mouth – either local groups or via Gay and Grey specifically.

Table 4: Questionnaire Source

Source	Local Groups	Gay & Grey	Friends	Leaflet	Magazine	Helpline
%	30.8	18.7	17.6	6.6	4.4	3.3

Conclusion

Given the fact that gay people are largely invisible in our society we managed to get a fairly representative sample of the gay 'community' in this area, although a large percentage were professional people (44%).

We were unsuccessful in reaching people from minority ethnic cultures other than white British/other white, or in reaching those who are truly isolated, deeply closeted or isolated in rural areas.

The level of access to the Internet might indicate that it could be a positive way of trying to reach some of those people who are difficult to contact in other ways.

4.1.2 Sexuality

In this section we were exploring how people have experienced their sexuality. There were six questions, three with just tick boxes; other questions gave the option to expand on their answers.

Which of the following most closely relates to how you describe your sexuality?

Table 5: Sexuality of Respondents

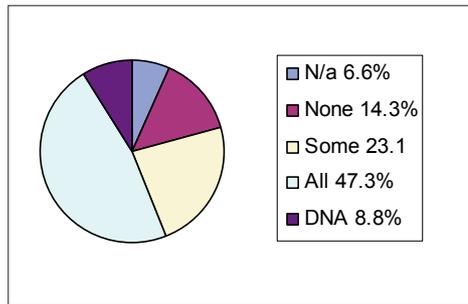
Sexuality	Lesbian	Gay Man	Bi-sexual	Transgender	Other
%	46.2	41.8	4.4	1.1	1.1

Who knows about your sexuality?

This question was asked as a series of tick boxes and the overall results are shown in the following 8 charts.

It is notable that relatives and friends are more aware of the sexuality of respondents than neighbours and those less close. This may indicate a real fear of discrimination or a discomfort at 'coming out' to acquaintances and work colleagues.

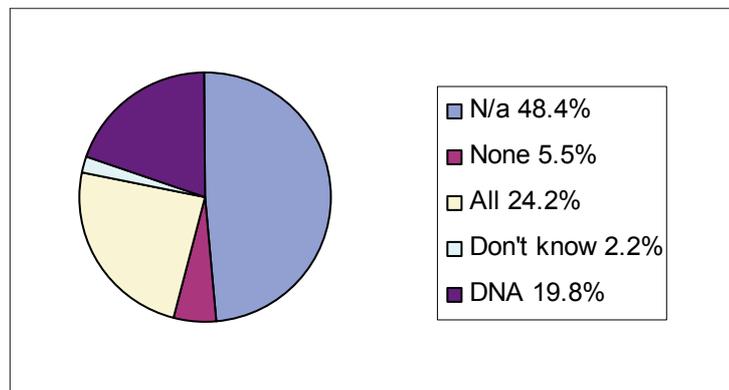
Figure 5: Family knowledge of sexuality



It is of interest that the greatest number of respondents who answered the question (47.3%) are 'out' to their family.

A high proportion of those to whom the question was relevant indicated that their children are aware of their sexuality.

Figure 6: Children's knowledge of sexuality



The responses to the part of the question relating to friends and neighbours tie in with later questions where people indicate that it is not always felt appropriate to let others know their sexuality.

Figure 7: Friends' knowledge of sexuality

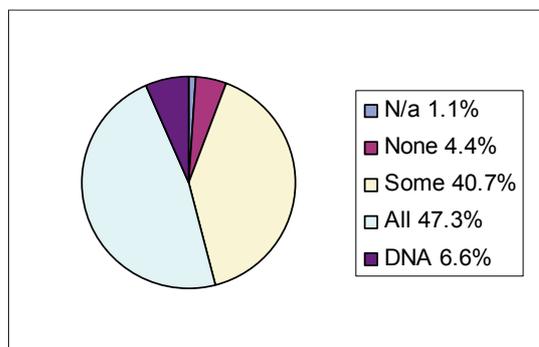


Figure 8: Neighbours' knowledge of sexuality

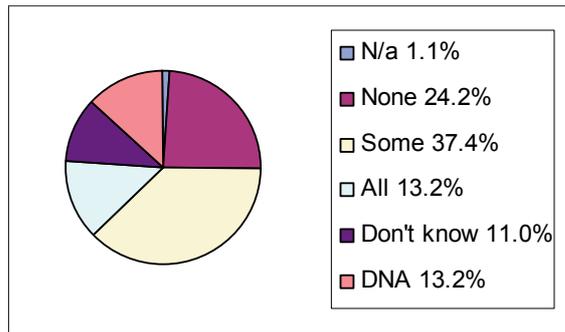


Figure 9: Employer's knowledge of sexuality

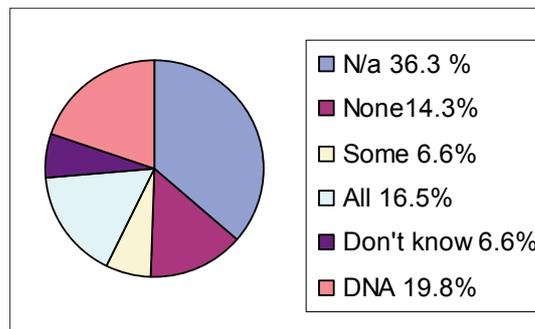
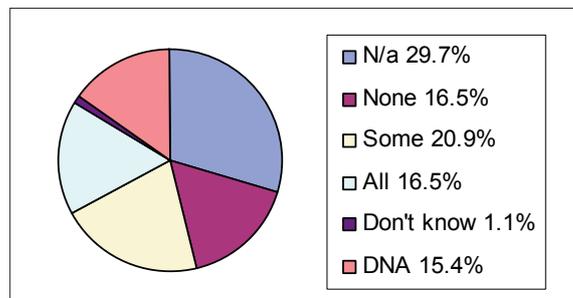


Figure 10: Colleagues' knowledge of sexuality



It is of concern that only 14.3% of respondents to whom the question relating to health and care workers was relevant are 'out' to those providing such personal services. See Figure 11 below.

This ties in with the responses about the fear of being treated differently if your sexuality is known. It also highlights the constant dilemma of who to tell and when, referred to in other parts of this report.

Figure 11: Health/care workers' knowledge of sexuality

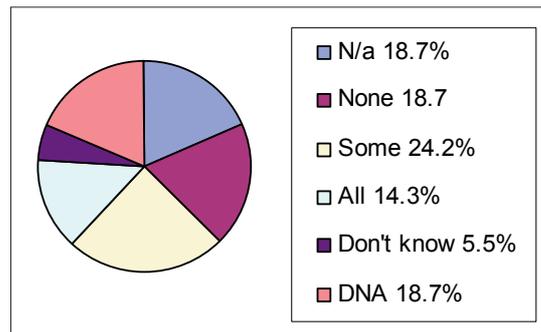
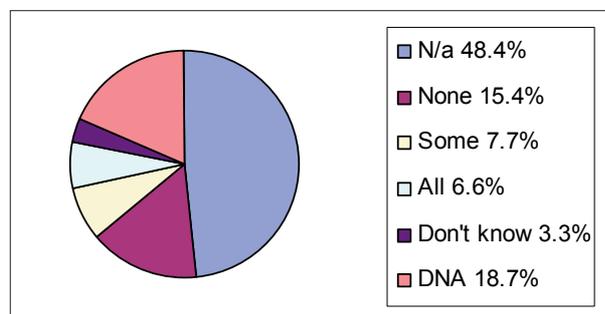


Figure 12: Religious community's knowledge of sexuality



Relating to the question about who knows of your sexuality, we also asked:

How do you decide whether or not to tell someone about your sexuality?

The main reasons given were:

- a) If there was a need to know
- b) If they were asked
- c) If it would enhance a relationship.

It had clearly been difficult or impossible for some respondents to tell everyone:

'Family and friends all need to know or it's not an honest relationship. Neighbours we don't actually tell but let them know by our actions. Doctors need to know to provide proper health care.'

'I don't think I could ever tell my family.'

Is it important that people know about your sexuality?

'It depends on the social context.'

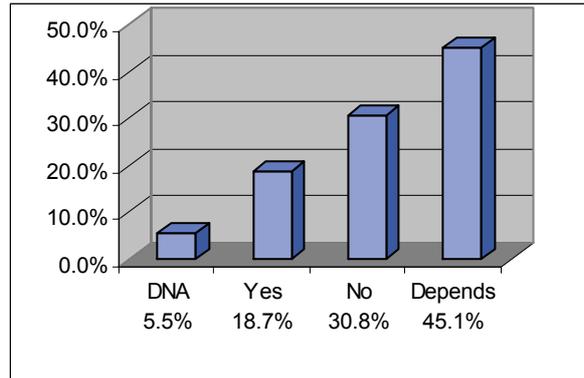
'There are instances where it is helpful for people to know.'

'I think the only permanent way for progress is for more and more people to be out.'

'Homo-hatred is a very dangerous prejudice.'

'Your sexuality is at the very heart of yourself, it is terribly dangerous to live a lie.'

Figure 13: Importance of people's knowledge of sexuality



Is it important for people not to know about your sexuality?

Table 6: Importance that people do not know sexuality

	Important	Not important	Depends
%	7.7	36.3	45.1

As in previous questions the majority of those who responded indicated that the importance of keeping their sexuality unknown depends on the circumstances. This is shown in the following quotes:

'For the first 30 years (of my adult life) it was illegal/ unacceptable,' said one man, *'this obviously has coloured my attitude.'*

'If lads ask me in a straight club - I would be stupid to admit (it), especially when those lads are tanked up.'

In general do you feel you have been treated differently because of your sexuality:

a) By your family and friends?

Although 53% of people said they were not treated differently by their family, 22% said they were. Others said it depended on the circumstances. Further to this, 12.1% said they had been treated differently by their friends whilst the majority, 59.3%, said they had not. 21% indicated that it depended on the circumstances.

It is not clear what people mean by different treatment depending on the circumstances. It might be an area where further work could provide greater insight into the impact people consider their sexuality has had on their lives.

Although the majority of respondents indicated that their sexuality had not led to them being treated differently, those who chose to comment had mainly had bad experiences. This highlights the impact sexuality can have:

'My brother has not spoken to me since I met my partner.'

'My family regard me either as a pet to be tolerated or an oddity to be smiled at.'

'... some members of my family ... regarded my sexuality as an illness, or due to childhood damage.'

'I think some of my friends do not know how to handle my sexuality, but do not say anything to me.'

'I feel closer to my family and friends - able to be myself - not pretend.'

b) At work?

One fifth (20%) of respondents reported they had been discriminated against, 57.1% said they had not, and 11% said that it depended on the circumstances.

As with the previous part of this question, those who chose to comment had mainly negative experiences:

'While in a senior management post I came out and failed to get further promotion. Someone at county level told my ex-partner that I had wrecked my career by coming out.'

'Male work mates have positively discriminated against me.'

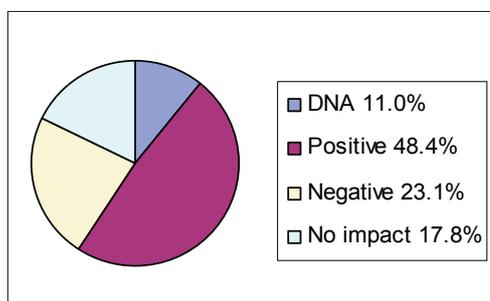
'Redundancy – although other reasons were given, it was generally accepted that there was a strong element of homophobia.'

'Many years ago I believe that I was refused promotion at a crucial stage in my career because of my sexuality.'

'In my career my management went out of their way to help me integrate my sexuality with the norms of the company.'

Do you feel that your sexuality has had a mainly positive or negative impact on your life?

Figure 14: Positive/negative impact of sexuality on life



- *'Discovering I was gay felt liberating.'*
- *'It made me a stronger person, more independent.'*
- *'I feel happier and fulfilled living my life as a lesbian.'*
- *'There is a sense in which I always feel an outsider.'*
- *'A fear of not belonging in a 'normal' conventional society.'*

It was reassuring to note that despite some problems being highlighted, the greatest number of respondents found that their sexuality had been a mainly positive aspect of their lives.

Conclusion

Each person's experience of being gay is very different. And this section on sexuality highlights the disparity very clearly. Almost half those questioned felt really positive about being gay – they had been able to come out to family and friends who were supportive and accepting. Others have had devastating exposure to cruel and thoughtless discrimination.

It seems that it is easier for most to be honest and come out to those closest to them, but a significant proportion have been rejected by those very people to whom they should be able to look for support.

It is clearly more difficult to come out within or to larger institutions. Whilst acknowledging that 48% of respondents did not belong to a religious community, it is noted that only 6.6% of them felt able to come out to all in that community. Only 16.6% were out at work and 14.3% out to their health and care workers.

There is a reluctance then, to tell people unless essential. There are concerns about coming out based on historical legality and experiences of homophobia.

Many people have feelings of isolation, loneliness and fear whilst others feel that it is important to come out to enable progress to be made to combat prejudice. One person summed it up by saying:

'Although I think it is important to be open about my sexuality I still find it difficult. I do not like to have to make a public statement about an aspect of myself which is intensely personal.'

4.1.3 Relationships and social networks

This section looked at respondents' sources of support and their close relationships. There were seven questions, three with tick boxes, the others giving options to expand on answers and grade responses.

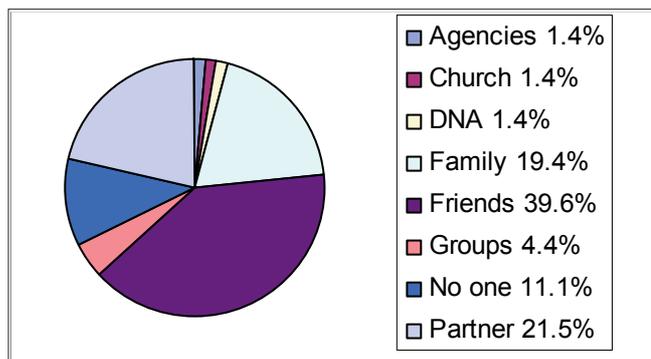
Current relationship status

Table 7: Current relationship status

	Single	In Relation-ship	Dating	Divorced	Separated	Married	Widow-ed	Other
%	43.7	32.0	3.9	6.8	1.9	5.8	1.9	3.9

Who do you turn to if you need help (emotional/social support, physical or financial help)?

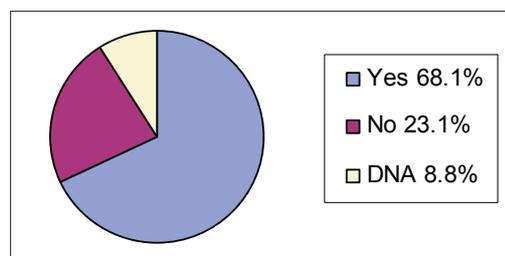
Figure 15: Sources of help and support



This highlights the importance of friendship and the need for greater awareness within agencies.

Do you feel you have adequate support?

Figure 16: Adequacy of support



It is of concern that 23.1% of respondents indicated that they felt they did not have adequate support.

In general as an older gay person, do you feel isolated?

(On a scale of 1 – 5 where 1 is totally isolated and 5 is not at all isolated)

Table 8: Feeling of isolation

	Totally 1	2	3	4	Not at all 5
%	8.8	8.8	19.8	20.9	39.6

'...still some areas where I am not out, this causes some degree of isolation.'

'I am rejected wherever I go.'

'... (I have a) good social network ...'

'... openly accepted ...'

'... self inflicted as I chose to stay with my wife.'

It is reassuring that overall 39.6% respondents did not feel isolated at all. However, 8.8% feel totally isolated and the same number feel some degree of isolation.

Do you belong to a lesbian/gay group?

Over two thirds (68.1%) reported that they did belong to a lesbian/gay group, and just under a third (30.8%) that they did not; 1.1% did not answer.

Table 9: Membership of a group

	% Female	% Male
Yes	78.3	57.9
No	21.7	42.1

Table does not include respondents who did not indicate their gender

This shows that far more women belong to a lesbian group than men who belong to a gay male group, which may help to explain why there has been such a marked response to the development of social groups for men as part of this project, see page 74.

If you do not belong to a group could you tell us why not?

Just over 10% reported they were not aware that any groups existed, 8.5% said they were not interested in their activities, 4.3% said they would feel uncomfortable, one person said s/he preferred small groups, another person said 'fear', and another said 'for health reasons'. 3.2% said they were too busy.

If you do belong to one of these groups – does it fulfil your social needs? (On a scale of 1-5, 1 being totally fulfilled and 5 being not at all fulfilled)

The greatest number of respondents indicated that their social needs were being fulfilled by their membership of a social group. This highlights the need to support the continuing existence of such groups. Again, this supports the previous findings in relation to social groups, see above and page 74.

Table 10: Social Needs

	Totally 1	2	3	4	Not at all 5
%	7.7	16.5	27.5	11.0	3.3

Do you feel you have an active social life?

This question was also on a scale of 1-5 with 1 being very active and 5 being not at all active.

Table 11: Active social life

	Very 1	2	3	4	Not at all 5
%	15.4	16.5	28.6	28.6	9.9

The indication from the results relating to social groups and activities is that even though a high proportion of female respondents belong to a group there is still a perception that social activity is low. See also Table 42 in Appendix 3.

Would you like more opportunities to meet people?

74% of respondents said yes, 22% said no and 3.3% did not answer.

Which groups of people would you like to meet?

This question was divided into three parts.

Table 12: Who would you most like to meet?

	Gay people	Heterosexuals	Mixed
%	22.6	5.6	10.3
	Single sex female	Single sex male	Mixed male/female
%	12.8	9.2	7.2
	Older people	Mixed ages	
%	11.8	20.5	

It is perhaps indicative of the problems of ‘coming out’ that the greatest response shows a need for more contact with other lesbians and gay men and that age is less important.

What kind of activities would you like to be involved in?

Table 13: Preferred activities

	%
Physical activities	25.0
Social activities	43.8
Gardening	3.1
Arts	6.3
Travel	10.4
Theatre	10.4
Support groups	3.1

A high proportion of respondents (almost half) indicate they would like to be involved in social activities. This continues the theme seen above relating to the availability of social groups.

Conclusion

A significant number (just over half) of our sample reported feeling isolated to some degree and only 15.4% felt they had a fully active social life. The majority of people want to meet others socially, with the majority of people wanting to meet other gay people.

Approximately a quarter of respondents felt they did not have adequate support. It appears that the existing gay social groups and personal support structures are not fulfilling a need for the majority and perhaps there is a need to look into other ways of developing social networks.

The results show a significant need for more social groups and this section highlights that clearly.

4.1.4 Community and Housing

In this section there were eight questions, the first six being tick boxes for factual information. The questions all relate to living in the community.

Do you have access to your own transport?

Overall, of those who answered the question, 85.7% had access to their own transport and 13.2% did not.

When looking at the breakdown between female and male it is of note that 21.1% of men stated they did not have access to their own transport. See Table 14 (page 25).

Also, 7.9% of men indicated they had no access to public transport. See Table 15 below. This is particularly striking when considered alongside other project findings (p.75 para 5.4). However, everyone who answered both questions indicated that they did have access to one or the other.

Table 14: Access to own transport

	% Female	% Male
Yes	93.5	78.9
No	4.3	21.1

Table does not include respondents who did not indicate their gender

Do you have access to public transport?

Overall 83.5% had access to public transport and 11% did not.

Table 15: Access to public transport

	% Female	% Male
Yes	80.4	92.1
No	10.9	7.9

Table does not include respondents who did not indicate their gender

Any difficulty in accessing appropriate transport would increase the level of isolation particularly for those who live in rural areas.

Living Arrangements

Just over half of respondents (50.5%) live alone.

Figure 17: Living arrangements

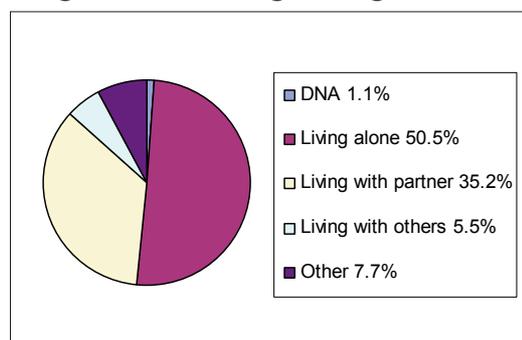
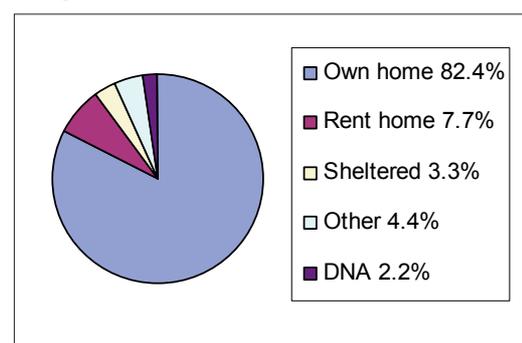


Figure 18: Rent or own home



Overall 82% of people who answered these two questions own their own homes, and 85.7% have their own transport.

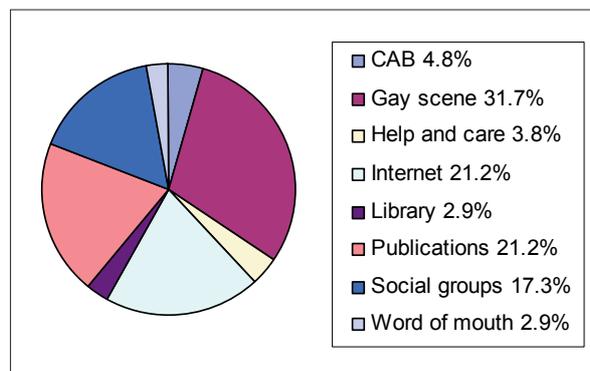
Are you able to keep a pet if you want to?

The rationale for this question came from the knowledge that many older people get great comfort from their pets and some sheltered housing units and flats prohibit animals. However, 83.5% of respondents said they could keep pets, 14.3% said they could not and 2.2% did not answer.

Do you know where to get information or advice relating to local gay events, groups or services?

79.1% of people answering this question knew where to obtain information; 16.5% did not and 4.4% did not answer.

Figure 19: Availability of information

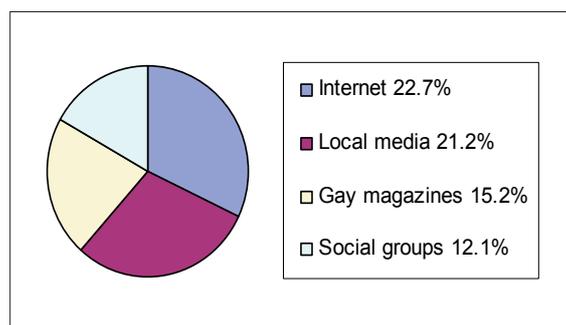


The majority of those who responded to our questionnaire seemed relatively knowledgeable about where to go for information. A high percentage obtained their information from the gay scene, social groups or gay publications. This indicates that many of our respondents already have contact with these sources.

Ease of access to support and information

There were a number of suggestions as to how it could be made easier for gay people to access support and information.

Figure 20: Making access to information easier



'Booklets to pick up in anonymous places'

'More info' and publicity in local papers'

'More public awareness'

'A single directory listing gay relevant information'

'Ease of access and the use of the web'

What sort of services or events would you like to see in the gay community?

45.2% of respondents wanted more gay social groups. 19% talked about gay coffee bars, wanting quieter places to meet for a chat and support.

Gay community centres and wine bars for the over sixties were suggested by 2.4% of respondents.

9.5% wanted gay residential homes.

23.8% wanted gay home support services like buddying schemes and multitask teams to help with shopping and gardening.

Comments included:

'Advocacy services for older people who do not have younger trusted advocates to help with their personal, practical and financial affairs as they lose their capacity through ageing.'

'More support for the older disabled. An older lesbian and gay network which could offer bereavement and help in the event of emergencies.'

Conclusion

It seems that a high percentage of respondents were relatively knowledgeable about how to access gay related information, however a significant percentage were not. More general and public ways of publicising information were felt to be a high priority.

Older people are more inclined to want to have a quiet social scene and would like to see more gay coffee bars and community centres which might be venues more suited for older gay people.

Transport for those in the rural areas continues to be a problem and some also talked of needing social support services like advocacy, buddying schemes and physical support in their homes and gardens.

Just over half those people completing the questionnaire lived alone and thus potentially would need help should they become more frail.

4.1.5 Social Care and Health

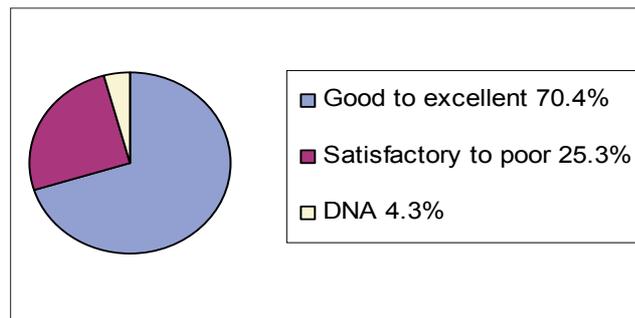
In this section we explored how people felt about social and medical care should they need help in the future. We also included questions on their

present health and experiences of medical care to date. We asked twenty questions. Some of these questions required tick boxes only, for others we invited comments.

How would you describe your current health?

The questionnaire asked people to say how they described their present health and to say whether they had a long term illness. It was notable that although 95.7% indicated satisfactory to excellent health, 47.3% said they had a long term illness.

Figure 21: Current health



If your long term illness limits you, please say how

When answering this question only 34.1% people responded, referring to lack of mobility and energy, arthritis and depression, with some individuals citing some sensory difficulties like hearing and sight loss.

Is it important to plan for the future and have you made plans?

Interestingly although 92.3% of people said it was important to make plans for the future, only 58.2% said they had.

A significantly high number of respondents, 83.2%, stated they had made a will, which may reflect the fragile legal position of gay couples when it comes to inheritance.

The need for care

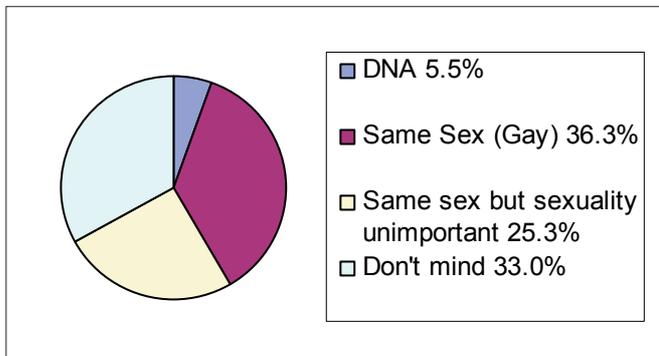
There were three questions about what type of carer respondents would prefer if they had to receive care at home, residential care or sheltered housing.

Care at home

Comments showed that people felt strongly about being accepted by gay or gay friendly carers in their own homes.

One person pointed out that it is very important to have *'cultural visibility - photos, books and art'* for instance, which are *'crucial to identity, and therefore self esteem.'* Another said, *'My main concern would be that my carer would understand and respect my sexuality.'*

Figure 22: Home care preference



'This was difficult to decide on because the most important thing is that they should be good carers'

'Gay friendly personal care is the only acceptable form.'

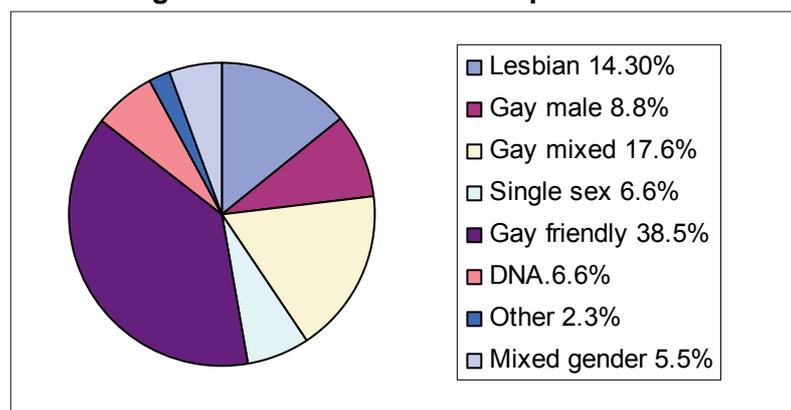
'She must know that I am a lesbian and accept that, otherwise I would want a lesbian carer.'

'I would need to feel comfortable in their company'

Residential Care

When thinking about residential and nursing care, the greatest number, 38.5%, wanted gay friendly homes and over three quarters wanted their sexuality to be taken into account. Some were concerned that gay exclusivity would be counter-productive.

Figure 23: Residential care preference



'Although exclusively gay care sounds appealing, it is not a good thing in that it isolates older gay people from the community rather than integrating them into a society where homophobia is not tolerated.'

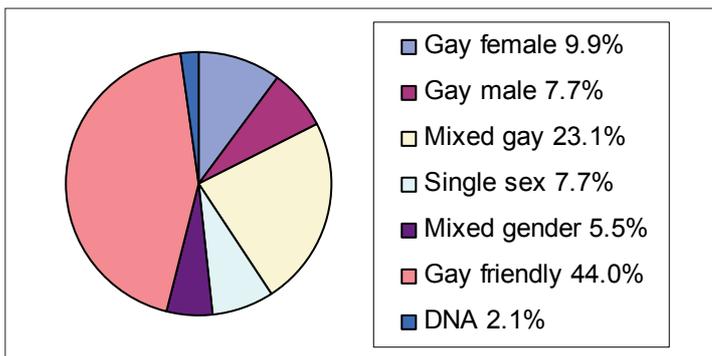
'By being segregated we could become very vulnerable to abuse and taunts - people can be very cruel.'

'Having known people in homes, it does rather give me the horrors, but the idea of having to face homophobia as well would compound any problems.'

Sheltered Housing

As with residential care, the majority (almost 85%) want their sexuality to be taken into account when thinking about sheltered housing. 3 out of 4 people want gay friendly housing.

Figure 24: Sheltered housing preference



'I do worry about homophobia in the wider community.'

'It would be nice to be in a mixed gay community after living among heterosexuals all my life.'

'It is important to be in an environment where my cultural identity is understood.'

Do you feel comfortable telling professionals you are gay?

On a scale of 1 – 5, (1 being most comfortable, 5 least comfortable), 70.4 % respondents felt comfortable to totally comfortable. 27.5% were not comfortable. 2.1% did not answer.

'I would tell them but I would not find it easy. I am not comfortable declaring my sexuality.'

'There is still much prejudice and an astonishing reaction at times.'

'I can only say that it is because I am comfortable with myself I do not fear discrimination from them ... my experiences have all been positive.'

Have you had any negative experiences with public services or voluntary organisations?

As can be seen in other sections of this report, a constant concern for people is the question of whether or not to reveal their sexuality. When the decision to 'come out' is made experiences can be considerably less than positive. Also, there is the continuing experience of people who work in the services invariably assuming that everyone is heterosexual. Nevertheless, responses

to this question were heartening with 79.1% answering no and only 16.5% saying yes, with 4.4% not answering.

Inevitably the comments cite negative experiences:

‘One or two people failed to understand that my position as partner had the same significance as spouse.’

‘... police assuming I was heterosexual ...’

‘An anaesthetist wouldn’t examine me in presence of my partner.’

‘...local blind society ignored my existence as much as they could...’

How can services ensure that they are inclusive?

53.9% of respondents came up with ideas, the most common being staff committed to diversity and equality, with 13.2% indicating that staff education is of paramount importance. Others felt that it was important to have non-discriminatory policies set in place.

‘Make sure they have a policy in place which aims to a) discover a client’s sexuality and b) ensure they are treated equally and respected equally.’

‘Education, education, education.’

‘By not assuming that everyone is heterosexual. Perhaps forms should ask people’s identity, both their gender and their sexuality as a matter of course.’

How important do you feel it is for caring professionals to be aware of your sexuality?

The majority of respondents consider that it is more important for caring professionals to know their sexuality and to be aware of the needs of gay people than for them not to be aware of their sexuality. See Tables 16, 17 and 18.

Table 16: Importance of caring professionals knowing sexuality

	Very important 1	2	3	4	Not at all important 5
%	26.4	14.3	28.6	8.8	17.6

How important do you feel it is for caring professionals not to be aware of your sexuality?

Table 17: Importance of caring professionals not knowing sexuality

	Very important 1	2	3	4	Not at all important 5
%	7.7	6.6	25.3	13.2	39.6

How important do you think it is for professionals to be aware of the needs of gay people?

Table 18: Importance of caring professionals being aware of needs

	Very important 1	2	3	4	Not at all important 5
%	54.9	20.9	11.0	3.3	7.7

How important is it to have health information specific to gay people?

A significant number of respondents consider it is important to have health information that is specific to gay people.

Table 19: Importance of gay specific health information

	Very important 1	2	3	4	Not at all important 5
%	52.7	19.8	16.5	1.1	6.6

Is gay specific health information currently available?

Overall, 52.7 % of respondents did not know. 24.2% said yes. 18.7% said no. 4.4% did not answer. This means that well over half the people who responded were not aware of any gay specific health advice.

It is noted that a considerably higher number of men seem to be more aware of the availability of appropriate information.

Table 20: Availability of health information

	% Female	% Male
Yes	8.7	42.1
No	23.9	15.8
Don't know	60.9	39.5

Table does not include respondents who did not indicate their gender

Are you a carer?

24 respondents answered both this and the following related question.

Table 21: Are you a carer?

	% Female	% Male
Yes	26.1	28.9
No	71.7	68.4

Table does not include respondents who did not indicate their gender

Table 22: Who do you care for?

	% Female	% Male
Partner	15.2	10.5
Relation	8.7	2.6
Friend	2.2	10.5
Other	2.2	5.3

Table does not include respondents who did not indicate their gender

Conclusion

The results of this section show that although there are varied individual opinions on needs and wants, the most abiding need for most people is gay friendly services. Most gay people want their sexuality to be taken into consideration and they want to be treated with respect and equality.

The question on how we ensure inclusivity in both the statutory and independent bodies providing services threw up many ideas but the majority thought that educational and awareness training for all staff was imperative. It is also felt that strong anti-discriminatory policies allowing for diversity and equality need to be enshrined in codes of conduct.

4.1.6 Getting older

This section invited people to make comment as well as completing tick boxes.

Do you have any concerns about getting older?

Considerably more women than men indicated they had some concerns about getting older.

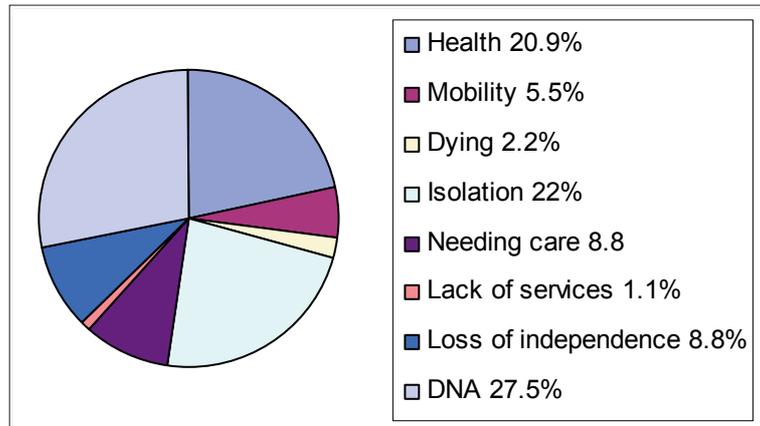
Table 23: Concerns about getting older

	% Female	% Male
Yes	40	27
No	6	9

Table does not include respondents who did not indicate their gender

A variety of reasons were given for the concerns.

Figure 25: Concerns about getting older



Most people's concerns surrounded health, isolation and loss of independence. A small minority mentioned worries about the lack of sex drive, concerns over housing, post death arrangements and the age difference of their partner. 27.5% did not answer this particular question. Summing up, one person said, in relation to being gay and older,

'In addition to the concerns of all people as they grow older - declining health, strength, independence - there is an increased risk of social and emotional isolation by belonging to a minority group in society.'

This is in marked contrast to the quote below which cites the 'chosen family' as having a very positive impact on older life.

Positive things about getting older as a gay person

When asked about the positive aspects of getting older and being gay, 56.1% were clear that there were many things that were really positive. Some pointed to being more financially secure due to not having families to support. Others to an increase in self-confidence about their sexuality and thus not minding what people think. Others talked about developing wisdom in old age and to the fact of having more time to relax and socialise with other gay and lesbian friends. 44% did not answer, possibly because it was a free text question.

One woman commented,

'Living within a chosen family means that we are together out of choice and so stick together for reasons other than biological family duty. I am convinced that I am less likely to be lonely or abandoned as I grow older, than the heterosexual who relies on the biological family.'

And another example,

'As an older lesbian I am more invisible, less of a threat, therefore more easily accepted in my local community.'

Another said simply,

'Freedom'

Negative things about getting older as a gay person

This was a free text question and fears of potential or actual isolation came up, of ill health, lack of family and the possibility of needing care, loss of dignity and self-direction.

Comments included:

'The lack of all inclusive services and the concern that I might end up in a home where my sexuality is a problem and is not understood.'

'Losing your health and not having children to look out for me'

'No family/children to care or give company ...'

'As you get older you like to talk of the past. In a heterosexual world this is a challenge and you find you constantly have to explain yourself. Older people become invisible per se.'

'Being constrained regarding expressing myself if I lived in such as residential or sheltered accommodation.'

'Lack of mobility, can see many lesbian/gay people going back into the closet – isolation, families disregarding friendship and relationships when making choices for gay person and their care.'

'Lack of awareness/resources/understanding about my needs.'

Differences to heterosexual community

When asked whether the needs of older gay people were any different to heterosexuals, over half, 58.2% stated they were not, 36.3% said they were and 5.5% did not answer.

Figure 26: Differences to heterosexual community

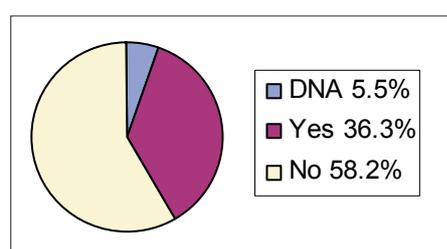


Table 24: Differences to heterosexual community

	% Female	% Male
Yes	41.3	28.9
No	52.2	68.4

Table does not include respondents who did not indicate their gender

Many respondents talked of the need for inclusive services, possible issues around the lack of family support and the fear of continuously having to come out. As one man put it:

'For closeted gays the problems around getting older are worse. Even if I didn't feel discriminated against I would feel the need to come out to every service provider ... This requires emotional energy that I may not have if I become more frail.'

How would you describe the attitude of the gay community towards older gay people?

As can be seen from Figure 27, more respondents considered the attitude was negative.

Figure 27: Attitude of gay community to older people

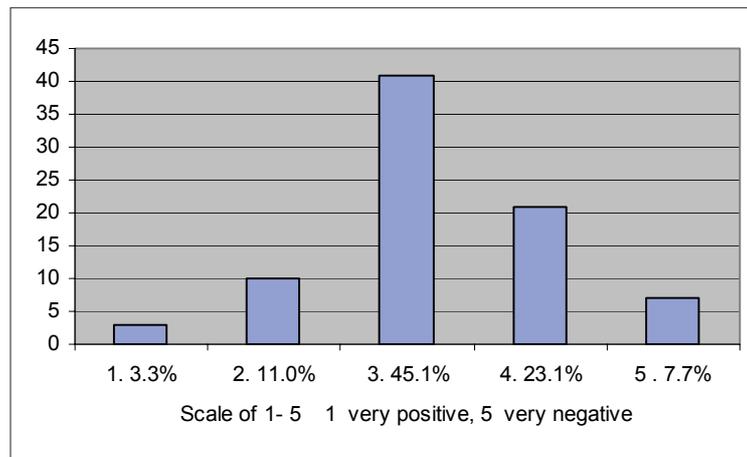


Table 25 demonstrates that more men than women amongst our respondents feel that younger gays are less tolerant towards their older counterparts.

Table 25: Attitude of gay community to older people

	Extremely positive 1	2	3	4	Extremely negative 5
% Female	4.3	19.6	52.2	10.9	2.2
% Male	0	2.6	36.8	39.5	10.5

Table does not include respondents who did not indicate their gender

Comments included:

'Many young gays look on old age with nothing but sympathy'

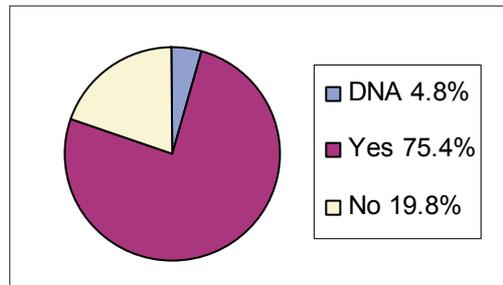
'Older gay men are seen negatively.'

'Positive attitudes and support are fostered by organisations such as the older lesbian network...'

Do you think of yourself as having sexual needs?

Very often older people are deemed to be asexual, i.e. that after a certain age sex becomes less important. Whilst 19.8% of people questioned said they did not have sexual needs 75.8% said they did. Also 58.2% said an active sex life was important to them and 42.9% said that their sexual needs were being met.

Figure 28: Sexual needs?



One woman had hopes that in old age:

'... none of my identity, none of who I am is amputated and that includes my sexuality and my sexual needs – from playful flirting, to making love with women.'

Are your sexual needs being met?

Table 26: Meeting of sexual needs

	% Female	% Male
Yes	34.8	50.0
No	45.7	39.5

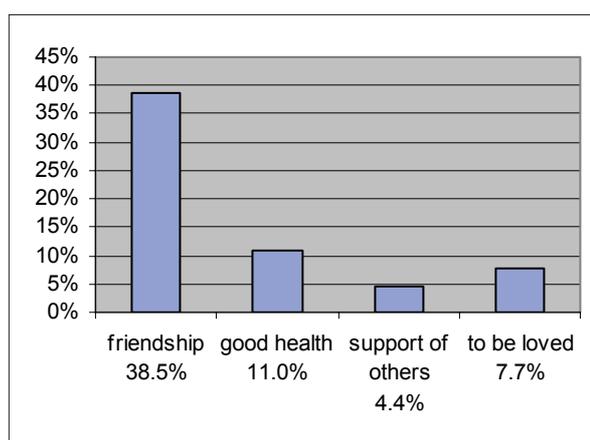
Table does not include respondents who did not indicate their gender

Half the men who answered this question consider their sexual needs are being met whilst almost the same number of women consider the opposite.

What do you feel is your most pressing need as an older person

The majority of respondents, 38.5%, considered that their most pressing need was for friendship.

Figure 29: Most pressing need



Comments included:

'Equality in all aspects of my life ... goods and services, civil partnership rights, freedom not to watch what I say.'

'Friendship, security, respect and good health.'

'A longer life with more wonderful food, music and conversation.'

This highlights the fact that in the main the needs of older lesbians and gay men are little different from other older people.

Conclusion

The majority of respondents felt fairly ambivalent about getting older as a gay person. Many felt there were both positive and negative aspects. The positives surrounded an increased confidence to share their sexuality with others and of having many good friends around them. The negatives showed a continuing fear of homophobic discrimination and a worry about being isolated in an alien world.

Contrary to the perceived ideas about older people and their sexual lives, the majority said they still have sexual needs. Just over three-quarters of our respondents have active sexual lives. As with the other sections of our questionnaire there is an overwhelming need for acceptance, understanding, equality and diversity in society.

Whilst their needs are not seen as being significantly different from other older people, some of the fears are.

4.1.7 Concluding Remarks

It has become evident throughout our research that everyone experiences their sexuality in very different ways. However there are some strong themes to draw on whilst highlighting a need for radical change in our society if

lesbian and gay people are to feel totally at ease with themselves as homosexuals.

The main theme running through the analysis of questionnaire responses is for a need to have homosexual identities validated and accepted by society.

Coming out is for lesbian and gay people a continuing procedure throughout their lives. Very few people feel at ease to tell everyone about their sexuality for fear of isolation and/or hostility from others. For some older people this process is particularly difficult as homosexuality was illegal when they were growing up and secrecy became part of their way of life. Many live with a constant fear of disclosure.

However, for those who do feel able to come out to others it has been a positive, life enhancing and empowering experience. It is felt by the research team that it would be valuable to do more investigation into why some people find it easier to come out than others.

Whilst virtually all people who responded to our questionnaire want a gay friendly society and a significant percentage would like to see dedicated gay or lesbian support services, many felt they would prefer not to be 'ghettoised' but to be integrated with mainstream services.

Many people commented about the need for education and awareness training. And they felt that meaningful equality statements should be enshrined in all work place policies (and adhered to).

As has been commented elsewhere in this report, our sample for research was limited in that we were unable to reach the truly isolated or encourage people from a variety of ethnic backgrounds to come forward. Our sample came from a relatively high percentage of professional and confident people who had some degree of knowledge of how to access gay and lesbian support services and social groups.

The results which have been revealed then are particularly telling, as it has to be supposed that for those who are particularly closeted with little or no knowledge about lesbian and gay culture, life may be even more difficult.

4.2 Interviews

Methods

The questionnaire included a section inviting people to put their names forward for a face-to-face interview as the next phase of the research project. The interviewees were thus self-selected, comprising 15 men and 16 women.

The purpose of the interviews was to explore issues that had been identified from the questionnaires in more depth and flesh out the quantitative information derived from them. It was hoped that they would thus provide in-

depth feedback giving the subject the opportunity to say more about their personal experience and provide illustrations of real life, as anonymous quotes are often very powerful and interesting to read. It was also anticipated that direct interviews would provide emotional responses; this proved to be the case as there were several occasions when both interviewer and interviewee were moved to tears.

The research group received two days training in interviewing techniques, which included a seminar on personal safety awareness and risk assessment as the interviews were to be carried out in people's homes. This included procedures for opening and closing the interview and phoning the Help and Care coordinator to confirm that the interview had been concluded and the premises left safely.

Each interview lasted between 1-2 hours. The interview was tape-recorded with the written consent of the interviewee.

The interviews were semi-structured with four main areas identified for discussion:

- Sexuality/coming out stories of the interviewees
- Social situations
- Experiences of service provision
- Ideas and suggestions about how services could be improved

On completion of the interviews, the tapes were transcribed in full and then analysed by the research group. Four main themes emerged from the analysis and these are the topics discussed in the following sections:

- Current Lifestyle
- Acceptance
- Coming Out
- Aspirations

4.2.1 Current Lifestyle

It would seem that people's situations are very much influenced by whether or not they can be open and honest about their sexuality, most issues relating back to 'coming out'. This is covered in detail later in section 4.2.3 'Coming Out' (page 55).

The interviews showed a wide variety of current home situations, ranging from being happily settled (with or without a partner) and enjoying good social contacts, to lonely and fairly isolated.

A number of interviewees were still in employment and concerns were raised about the ease with which they are able to be honest about their sexuality and the effect that has on their relationships with colleagues.

Participants emphasised the need to develop and maintain a circle of friends

whilst in a close relationship. If one partner is left alone through bereavement or because the relationship ends they can feel more alone without friends. This can be exacerbated if there is a need to hide their sexuality.

However in some cases, being able to retire has enabled some individuals to be more open about their sexuality:

'... since retirement, and I'm helping in various gay organisations, it's helped me to come out a little bit, but I'm still not totally relaxed ... I could (not) come out to my neighbours ...'

Within our sample of respondents men seemed to have more difficulty than women over their sexuality and are, in the main, more likely to be subject to abuse; further research may reveal reasons for this.

Having considered all the interview transcripts in detail it was felt that three major topics emerged: home life, social life and working life. It has not been that easy to identify clear distinctions between the three. In many cases they are so interrelated that the interviews moved back and forth between them quite freely.

Home Life

It would seem that a long term loving relationship can be very liberating for many, both emotionally and financially. As one woman said:

'I've been in a relationship ... for 15 years ... I feel reasonably privileged ... I don't have any problems financially ... I don't have any issues about being out ...'

Two men talked similarly about their long-term partnerships:

'I live with a partner who's been with me now for 32 years ... we have our own home ... good friendly terms with neighbours ...'

'I've been very lucky in having a partner, now of 29 years, he's an angel and ... we're still very close...'

However if relationships come to an end, lifestyles can change dramatically. Where there is shared home ownership there can be financial as well as emotional cost. This can result in a poorer standard of living and a lack of physical security.

One man talked about the change in his lifestyle:

'... I'm in the naff little flat ... I've had to adjust to a different sort of life ...'

Whilst a woman explained:

'... I was in it for the rest of my days... I'd just got to get out and establish my own home and start all over again ... I still had a lot of

emotional needs ...'

Another man said:

'I don't have relationships; if I need sex I go out and get it ... I don't want a relationship...'

Social Life

The lack of social venues and opportunities to meet other gay people was highlighted.

Several women identified particular problems and concerns:

'... for younger women and men ... unless you're into clubbing and alcohol, most things seem to be alcohol focused ...'

'I do feel quite isolated ... the thing I find about groups is everybody knows everyone else; I wouldn't go to a social on my own ...'

'... then you have the difficulty of making friends and your sexuality ... either you're looking for a friend, or you're looking for someone to have a relationship with, it's a bit difficult when they're lying ...'

'... I feel a bit socially and intellectually starved ...'

Similar concerns were identified by several men:

'... it'd be nice to have a club, which had a quiet section or a lounge with chairs ...'

'... I would hate to move in a circle with just all old people, my age group ... it is nice to have younger people around...'

Both men and women highlighted the problems caused by increasing age:

'Particularly with our age groups ... If they've grown up closeted, then the chance of becoming isolated is even greater... and (where) it's quite rural ... the isolation's going to be there ...'

'... one does lose friends because they die, they move away, and it's the regeneration of a friendly situation which is more difficult as you get older ...'

Two women identified particular problems with accessing services:

'... you need transport, if you're a woman without transport, you are stuck ...'

'... one of the things that's made my life awkward has been disability,

*because I've been disabled since I was a child and groups like *** are not good on accessibility.'*

Others reported no such problems with access and transport, as the following examples illustrate.

'... we've got loads of friends and relatives who are both homosexual and heterosexual, and all of them meet and socialise with us, all just completely equally ...'

'... I'm very lucky, I have church, I have all the support I want from the church, I have support from friends, I have support from family, I'm a lucky person I know that, because I have gay friends of my age ...'

Many women who responded to the questionnaire and interviews belonged to two local groups and appeared to have better networks which contributed to their social lives:

'...we belong to two gay women's groups, which provide a lot of our social activity ... we're very lucky because through the groups we've met a lot of friends who are gay.'

'... we've always been very active really with the lesbian community, one way or another, we probably do a bit less now than we have done in the past.'

'I socialise with a lot of women up and down the coast, some of which I don't like, but you have to socialise in a small community, I think we're very lucky along the coast here ... I can go ... to a lot of events, I think in that sense we're very well off.'

Working Life

As might be expected, given the age range, a number of interviewees were retired and their past experiences may not be representative of current employment practice.

The type of work people did obviously influenced their decision whether or not to be out at work. The following women discussed their working lives:

'... it would have been very much frowned upon in the work setting, and certainly from a nursing point of view, which by far at that time was, you could be sacked ...'

'... then I came out at work to most people I worked with, um, and so it was alright, I didn't have major problems, I was always a bit wary because of the sort of job I did ...'

However other people had a more positive view of their workplace. One man said:

'... if ... I was getting a little bit of abuse, they'd probably ... fire the people ... on the spot ... if everybody ran their companies like (them) there wouldn't be a problem in the workplace ...'

Whilst another man and his partner have their own business:

'... we just meet everybody on the basis of who we are, we are a couple, that we say in so many words to people ...'

Another man had no problems with his employers:

'... the company I worked for, was extremely open to people being gay, any diversity in fact, very positive support...'

In common with many older people's experience, retirement is not always a happy experience. The following example illustrates this:

'I wanted to leave work ... but it leaves a big gap ... I didn't realise how much I was going to miss the colleagues, the companionship ...'

Conclusions

Where people have not felt safe being open about their sexuality their lives have been far more constrained and difficult. Neighbours can cause problems or be very friendly and supportive. The same is true of family, friends and work colleagues.

As with any relationship, problems with housing can arise from break-ups. This can lead to real hardship and, possibly, the need to live in circumstances not conducive to openness about one's sexuality.

The lack of social outlets where people can totally relax and be themselves without fear of censure or abuse creates a sense of loneliness and makes it difficult to develop friendships. This seems to be more so with men as locally there are more social groups for women.

A gay exclusive drop-in where people can sit with a coffee and read the paper or a book or meet friends was cited as being desirable at the same time recognising the difficulties of providing such a place.

4.2.2 Acceptance

Acceptance is a feature that is reflected in most parts of both the questionnaire and the interviews. However it is such an important part of being gay that we felt the topic deserved a section of its own.

It operates at several different levels. We will consider self-acceptance, acceptance by others, the homophobic discrimination experienced by some people and finally, the emotional cost of experiencing non-acceptance or

outright homophobia.

Self-Acceptance

Self-acceptance is not necessarily the same as the realisation that one is gay and is frequently linked to the experience of coming out.

For many of the older generation a homosexual lifestyle was not considered an option in their early years. As we have seen in the literary review earlier, male homosexuality was illegal until 1967 and was presumed to be a medical disorder until 1973. However it appeared from interviews with the respondents that it was gay men who recognised and accepted their sexuality at an earlier age than lesbians. It would be advantageous to conduct further research as to why.

The following quotes are from women:

'I realised my sexuality before I married - it was a bit of a nightmare and my parents at that time threatened to make me a ward of court and, you know, it was just hell ... I did meet somebody at 15 and it was just a nightmare and I think at that stage in your life when you're very young - and all those years ago - you thought oh to hell with it, I'll try convention ... I met somebody much older than myself ... and I married him.'

'I've always known I was gay, since I was a child ... I pretended I was not gay, so spent years and years hiding it.'

(The impact of realising she was a lesbian was) *'huge, fear, in the first instance, and I think that's why I left it quite a long time before I did anything. I think I felt relieved that I actually understood something about myself ... And it also helped me in terms of (friend's) death many years earlier, in that in a sense I could now grieve for that, which I hadn't been able to before because we were just friends.'*

For many men, self-acceptance came early on in life:

'I don't think I ever really had a hang up about the law, because I wasn't doing anything that would have been particularly against the law then. Falling in love with a boy that was 14 years old at school but not actually doing very much about it, except becoming very, very close friends, loving friends.'

'I suppose when I got to about 18 the crowd was a bit more sexual so you started making choices ... And in the end I thought, well it's my life, if they don't like it they can lump it ... and I just said well I prefer boys and that's it.'

'I'm a normal person ... I just don't like sex with women, y'know, no disrespect to women, but women are great, but as far as me, the way I am now, I've got no interest in women.'

Many of the women came to accept their sexuality later in life, frequently following marriage and children, and the overwhelming surprise and relief they felt is reflected in the following interviews:

'I knew my sexuality ... There is no way I am bisexual ... Yes, I married and had a daughter, but at the end of the day I am truly gay and happy to be gay.'

'Oh, it had a terrific impact at the time. In an emotional context, it was like nothing that I'd ever experienced before. I thought I'd been in love (laughs), realised that I hadn't, I mean it was overwhelming, it was wonderful and scary all at once. It was very, very intense emotions and it just completely took over my life really.'

The following man was 24 before he realised that other gay people did exist:

'Well I couldn't eat for nearly a month, it was incredible, it just affected me, I just couldn't believe what, this world that was opening up, this very secret world of course ...'

Acceptance by others

The analysis of the questionnaire showed that more than half of the respondents did not think it particularly important whether or not other people knew that they were gay. However, acceptance by others is possibly the main aspiration of most gay people, whether in their own homes or residential/nursing homes, by their immediate family or out in the general community. The term 'others' ranges from one's family and friends, to work colleagues, professionals, religious organisations, etc.

Our interviews revealed that some people had no problem in being accepted by their families. One man said,

'I think most of my siblings prefer that I am, because it brings another dimension to the family ... I just always thank God I'm gay and my mother does, she says oh thank God you're gay, what a life you can have, and so it's never, never been an issue with my family, with my grandparents, with aunts and uncles, not an issue at all ... In fact I never thought of the word, I never thought gay really, because all my family are quite, well very outgoing and it was never, ever for me, never an issue.'

Some people did believe that one's own behaviour was reflected in acceptance or non-acceptance by others: As one man said,

'I've never been in the closet, neither have I had to come out. And people have accepted me, my mother and my father were a bit shocked, because I did have to come out to them about 1970, again I was living my life, I was living with another male and they accepted him as being part of the family, but we never talked about sexuality ... Mum said, well

we had perhaps wondered. Father said it doesn't matter, uh, I guess I was lucky to have tolerant parents, and so that was that, we never discussed it after that.'

The following man described the total acceptance of his family when he and his partner were involved in his sister's wedding:

'When my sister got married, I had to give her away because my father had already died and she made quite sure that E, my lover, would be a participant in the ceremony. So they asked him to be an usher and I shall never forget after the church ceremony, when one goes to the vestry to sign the register, he came up to the front of the church to congratulate my sister (he'd got our cat with him, because we had a black cat, so black cats and weddings ... and the cat wore a little bow, the same colour as my sister's dress). And E said to my sister, OK I'll wait for you outside, and so she said, well we're going to sign the register. But that's just family he said, and she said you are family. So he signed the register, that was just an example of how close, so he and I are joint godfathers to my sister's first son.'

It was not uncommon to find that people had plucked up the courage to come out to family, only to find it was accepted very much as a matter of fact. As the two following woman said:

'When I told my daughter she said, Well you're still my mum and that was that ... then my son came down and I said, I'm gay, and he said, Oh are you?'

Sometimes it is the family who prompt the gay person to tell them:

'(His boyfriend) went up to the bar and my brother turned to me and he said, can I ask you something g... are you gay? he said, and I just looked at him and I didn't know what to say ... and I just said well yes, I am, is it a problem? And my brother said no, not at all, it's not a problem ... He said, is that your boyfriend then? And I said well yes, at the moment it is, and he said well that's fine not a problem with that, I just need to know.'

Many people found that homosexuality is more widely accepted by the younger generation. For one woman, the opportunity to acknowledge her sexuality came whilst away from home on a residential course. As she said,

'I thought well I'm just wasting my money if I don't (come out), if I'm not honest here, and I came out in a group which I'd never done before, and the young people were absolutely marvelous. The older people - they were okay - but the younger people just wouldn't leave me alone, they were grabbing me, putting their arms around me and they had a party that night and they were all looking after me, because they knew what it had taken out of me to do it.'

Another woman said:

'And I realised then well, y'know young people are far more tolerant, really ... the gross homophobic attitudes I think are much stronger, in my experience, in older people, the previous generations ... I think younger people coming up now don't have so much prejudice ... and as I was saying earlier the racial discrimination, sexual discrimination, a lot of legislation, theoretically totally banned in the workplace now, perhaps it just isn't so important to people, the younger people now.'

To many people, acceptance means being treated exactly the same as everyone else:

'In an ideal world ... I'd just like to be recognised, I'd like to be able to go down the town and not to think what I say to people ... I would like just to be able to do my own thing.'

'It could be made easier in all areas if it was recognised that lesbianism and homosexuality were just part and parcel of the dear old bell curve and it was as normal to be gay as it is to be exclusively straight, with most people falling somewhere in the middle.'

'A mixture of people in society and I think that's really what we should be aiming for ... Just to be the same as everybody else ... integration and acceptance. That would be my preference.'

'So people either know or they don't, but to some extent I'm not sure that it's anybody's business anyway. Y'know I lead an ordinary life, everybody in work knows, always have done, because it's just easier to be open. As all of my family now know, my sister, they all realised and let me know in various ways that they did realise.'

This man stressed the ordinariness of being gay:

'Normal gay people are just normal people, we're all just ordinary human beings. The only time you are gay or straight is at the moment of having sex. The rest of the time we're just normal human beings, having a cup of tea or reading the Guardian. We're all just the same as anybody else ...'

One woman commented on the change in attitudes towards gay people and contrasted town living with rural Dorset:

'About 10 years ago this was a more conservative area but I'm just amazed at the change in 10 years. I mean, when I came down I was out to the job I went to, and I think I was a little bit ahead of the time in that respect because people were surprised but, y'know I didn't get any aggro and I've been out to everyone since with the exception of one or two people, but I think the change has been absolutely amazing here - although it wouldn't be as open as this in a really small village somewhere.'

However, one man who appears now to have an excellent relationship with friends, family, work colleagues, did make the point:

'Well it is (wonderful), it is, and yes I entirely agree, it's wonderful, but I won't sit here and say I'm grateful for it, or thank you ... I won't say that, because it's nobody's earthly business to decide whether they're going to accept me, any more than it is me to accept them, so I'm never going to say thank you and that is kind, because it isn't ...'

One area where many people feel it is advisable to come out is with professionals, particularly doctors. As one man said,

'I don't think it's important from your health point of view, but I do feel that sometimes, I think we tend to treat a doctor as a confidante sometimes and I think, therefore, it's only fair that they should know what the situation is, and I'm quite prepared to accept that, somewhere in my notes, there is a little note that says, this man is homosexual.'

In the main, this confidence appears to be respected and accepted. The same man talked about his doctor's reaction when his partner died:

'I also had wonderful support from my doctor. Our doctor is a lady doctor and ... she was always very nice and understanding and uh, I can always remember the day when (partner) died, early on a Saturday morning. And on the Monday I telephoned the surgery to ask them to cancel the repeat prescription I'd put in on the Friday ... I put the phone down and about two minutes, phone rings, and it's my doctor and she says, I'm so sorry, you must be feeling dreadful, is there anything I can do? I don't mean medically, she said, anything.'

Certain career areas may be more accepting than others. The following woman works in mental health:

'I first came out to my colleagues when we were sitting discussing a case. There were five of us and it was (concerning) a lesbian and I felt I cannot put into this conversation unless they know where I'm coming from, so I actually said look, before we start this conversation I need to say this, and they all said, oh yeah, fine, sort of thing and we carried on. And I went out to my car and one of them followed me out and said, we're just a bit worried that before we knew that, I hope we've never made any comments that you thought, that you found difficult, and we just wanted to say if we have, we apologise, which really was quite nice.'

Sadly, acceptance by the church is not always forthcoming. One man having been brought up as a Christian wanted to be ordained into the church.

'I got talking to the local vicar and he said, well of course we can't accept (gay) people in the church.'

He now attends the MCC church and

'I found it very good that I could just be myself, I could do what I wanted to do, come to church, enjoy church and could do what I wanted to do, and I could be openly gay amongst people here, even straight people who are coming to church just accepting me and I thought, wow this is good.'

A woman talking about the church stated:

'I do avoid situations where religion can be involved, because people can get very heated about that and tell you that you're going to hell. And I say probably, but maybe not for my sexuality, which they still don't like.'

Homophobic discrimination

Homophobia can operate on many different levels.

Problems may arise from internalised homophobia, in this case from the lesbian sister of our interview subject:

'Actually the family was very good, my mother did come round and my sisters were absolutely wonderful, but my lesbian sister was extremely threatened by it, (she and her partner) didn't want to be outed, and in a way she was the worst, she gave me the worst reception because she didn't really want to get into that, they pretended they slept in separate beds ... they'd come to an arrangement with the world and they lived in a different time. They were 15 years older than me and they had to do that, I think.'

A gay person may have come out to his/her family without any apparent problems, only to discover that attitudes change once they are in a relationship and want to introduce the new partner to the family. Although he now has an excellent relationship with his family, one man recounted at the age of 36 bringing his first serious boyfriend home to meet his brother:

'... although my brother had said at the beginning it wouldn't make the slightest difference and everything, he was not able to confront the other guy, and he said to me we really couldn't meet ... the two of us couldn't go to their house, to my brother and his wife and all that, it just couldn't be, so there you've got even more upset ...'

Unfortunately parents do not always come to accept their children's homosexuality as was the case with this woman:

'My mum and dad were far away and they were horrified and making it quite plain that they were and at one point I didn't see them for six months, which was my choice. And then they sort of made a choice for me to go back but they would never, they wouldn't allow my partner in

the house and they would never discuss what was really going on - they would be talking about the children or talking about television, but it would never be sort of discussing my relationships at all.'

Another woman said:

'Well my mother said I was worse than a death in the family, my sister said she'd never known me, my brother sort of cut off from me, although he's coming back now.'

She went on to relate problems outside the family:

'I think there's a perennial difficulty about coming out all the time. For example I used to go to this art class and I was up at Hobbycraft with my partner and we linked arms - I've got a bad leg, it was partly for support - and one of the women from the art class saw me and when I went back to the art class next week, it so happened that we were both, we both went to the loo at the same time. I went in there, she took one look at me and ran out and you just think, y'know, what do people think we are like?'

Sometimes of course, it is the child of a gay person who does not accept their parent's sexuality. This woman said:

'It wasn't received very well by my oldest son at all, in fact he didn't speak to me for 2 years, and when we started talking he was quite happy as long as I socialised a long way away from home ...'

Memories and emotional wounds often go far back though they may well be counterbalanced with support received at the same time. One man, thinking back to his childhood, said:

'I think the PE teacher thought he could intimidate me, although I was best at gymnastics so he couldn't go too far, but said, get your hair cut - people will think you are a nancy boy ... Two of my pals stood up and said, well, what if he is ...'

A woman recalled an early job:

'I used to pull pints down at the pub and work on the petrol pumps, but in the pub there some male species that had said to the landlord, y'know what she is don't you? And he'd say, yeah, I know what she is, have you a problem with that? She can pull a pint as well as anyone else... It was a challenge to win them over and say, learn about me as a person.'

Homophobia is not necessarily overt. Simply treating gay people differently may well be interpreted as homophobic:

'I have an NHS dentist and, because I am HIV positive, I do have to go to an end of session appointment, be in lunch time or afternoon, which I

find ...a bit off putting, not for myself, but I'm thinking to myself, OK, well I'm HIV positive and yes, I could be a half risk to other patients, but surely those instruments he's using on me are going to be sterilised, hopefully after every patient. ... so that other patients are gonna be more of a risk to me than I am to them ... so that is my big bug bear.'

It was reassuring to find that not all people had just sat back and accepted homophobia. This woman discussed how she reacts:

'I am fairly outspoken, certainly in the context of my working life, for homophobia, but it's not made me the most popular person ... It is difficult and again I've had to learn ways of how to challenge, because as a younger woman while I was still coming to terms with my own sexuality, challenging was not a good idea because I didn't know how to do it ... I would say if there's never a right time to challenge, there are certainly wrong times.'

Sometimes however, people find there is no way of confronting particular incidents. Despite what he estimates as 99% acceptance, this man and his partner were being forced to move because of the neighbours:

'We are not able to live in peace, next to somebody who calls us queer boys to our face, someone who has actually been round onto our property and said to our faces, queer boys, I'll burn your house down. I've been to the police about him, I've been to the Citizens' Advice Bureau about him, I've put a record in the (town) police station, I consulted my solicitor about him ... but he's heterosexual, he's fine, he can do whatever he likes, he's absolutely scot-free and again happy as a sand boy, hasn't got a care in the world. He can come and say it again tomorrow quite happily.'

How can homophobia be resolved? One woman suggested:

'I think if everybody in public life who was gay or lesbian came out that would help. I think laws that are enforced against discrimination in housing, work etc would help, but it's the climate of opinion that needs changing - that's tricky.'

One man praised the attitude of his employers:

'They're very strict ... there's a gay lad ... and everybody knew he was gay, and someone said something to him one day, and that bloke got disciplined straight away, and he didn't go for a telling off and a written warning, he went straight to the written and a verbal, and the next time you do it you're out ...'

Another man said:

'I think the homophobia will never go away, because the world is too big, but it's just about us absorbing ourselves into society, not making a big

fuss, just get on with your life. You don't need to go out there and shout I'm gay, just get out there and just be a normal human being.'

Emotional cost

The emotional cost of non-acceptance or homophobia is enormous. It damages the individual, it damages relationships. Sometimes it can lead to suicide. So many sad stories were revealed in the interviews:

'(Non-acceptance by his parents) was a separation between me and my parents, a basic fundamental thing that was very important to me, and that they completely denied.'

All the following quotes came from one man - who, surprisingly, is now happy, reconciled with his family and in a long-term (nineteen years) relationship, but has been through years of rejection and, as will be seen, still has problems with one neighbour:

'... It's absolutely appalling, it is just soul destroying ... To spend years and years and years, constantly denying your natural nature, the way that you naturally are, to just constantly deny that and pretend otherwise and never let your guard down. I mean, put it in its simplest terms, I wouldn't think it's very good for your blood pressure, would you? And one of the strongest things that just must come out of this, must change, we cannot carry on in schools and in educational establishments generally, working on the assumption that everyone is heterosexual ... Cannot carry on with it, it is absolutely dreadful, and young people are committing suicide...

(Following rejection by his brother) '... you've had 36 years of all this torment, now you've got even more upset. And not only is it so painful, but the reaction is telling you I better not come out to anybody else ... And it also is damaging the relationship with the other young man and it's saying to you, y'know, back off, keep away, don't go down this path and making that relationship more difficult or more unlikely.

'I mean you've got the pain of those relationships starting and ending and all that, and to cope with it entirely privately and secretly ... And nobody knows that you're going through that.

'... and I will always be left with this terrible, terrible, anger that is inside me (homophobic neighbours) ... So what can we do? I wouldn't say we're hiding, no we're not hiding, but all we can do, we can, we go away, we run away, and try and find a house where there's decent people living next door. Either do that, or pretend.'

The following woman talked in depth about the emotional cost of non-acceptance, including lack of self-acceptance by a previous partner and the isolation caused by that:

'There was times when I used to say, y'know I think it's time we started telling people, but she was insistent that we didn't, so that sort of, that was a real tension for me. I mean it was compounded, my own internalised stuff anyway, and sort of y'know reinforced that, but then there was another side that was pulling at me. I mean I wasn't part of any community, I didn't know anybody else that was gay or lesbian, so it was very isolating in that sense.

'I think probably I've, to some extent I've probably absorbed a lot of that prejudice and possibly repressed that to some extent, because I think every so often, like I said if I hear a joke and I think God, yes, that's actually really gone quite deeply, I think that gives me some recognition, that well actually that stuff is around still inside somewhere, and yeah it's like a knock on effect isn't it, because there's things you just let go of in your head because you just couldn't, you couldn't have that sort of level of energy to keep confronting it anyway, and it's not the way to win friends is it ...

'I have learned to tackle things differently, and be a bit more low key and a bit more gentle in the way that I do it, and do it in a productive way, rather than a destructive way. But I mean it's because I can stand back from stuff now, and if I do feel the emotions swelling up, that is my trigger not to do anything. I stop myself in those situations, sometimes that can be productive but very often it can be quite destructive, because I'm so emotionally there ... I sort myself out and stand back and then go back to the issue when I don't feel so, y'know, hooked in with it.'

The next woman also discussed the lack of self-acceptance by an ex-partner:

'... Fear of being on your own ... I think a lot of people stay together for that reason ... but I haven't been happy very much actually, emotionally ... Because I was made to feel it was dirty and wrong ... I think my mother would've been very down, she wanted to challenge me and, to my great shame I denied it, and my father was more tolerant, but the significant relationships I've had and my mother's attitude have all added up to making me feel in those days that this was something shameful, something wrong ... My ex-partner ... she's totally convinced that what we did was wrong and the whole thing was completely wrong, it's unnatural, it's against nature and, y'know, just doesn't agree with it and I just look back on it really as having been the blight of my life really. I don't know whether I've got the energy for it, whether it's worth all the pain, don't think I can go through this again, do I want it, but, yes, I mean if I were ever fortunate enough to meet someone again, I'd be very wary, especially after this last experience.'

A man talked about his change of personality at the age of nine or ten, brought about by his father deciding he needed a more masculine upbringing:

'There are photographs of me when I was about nine ... I was a little nine year old boy, with a sparkle in his eyes and a nice round face and

tight curly hair, and my father said, I don't like the way you're bringing him up (to my mother), I'm gonna take over his upbringing. And then the photographs after that was somebody with a stern tense face, a scowl and a severe suit on and I've never been the same since. You see he upset me in puberty and really I went through a terrible time ... I think he thought that she was bringing me up to be homosexual, when actually I could see that my personality was developing and he destroyed my personality, he absolutely destroyed me when I was about nine or ten, and it's taken all this time, and I still don't really know myself.'

Conclusion

This section on self-acceptance and acceptance by the wider community is particularly poignant and revealing. Older lesbians and gay men lived their younger lives in a hostile world where male homosexuality was illegal and lesbianism deemed not to exist. This had a profound effect on their liberty to be themselves and many were forced into living secret lives at great cost to their emotional well-being. It is interesting that a larger proportion of men in our sample seemed to recognise and accept themselves as gay from a much earlier age than lesbians. However it is not clear whether men or women feel easier about actually coming out to others. This appears to be universally difficult in some way.

It is also evident from the interviews that internalised homophobia and a fear of hostility - maybe stemming from actual experiences or hearsay - can play a big part in preventing people from coming out. However many of the lesbians and gay men we interviewed who had come out had really positive experiences; others clearly had not.

It seems that self-acceptance and acceptance from the wider community is intrinsically and circularly linked. If people are treated equally in the wider society more people will feel at ease in coming out and the more people are able to come out, the more the wider community will recognise that heterosexuality is not necessarily the norm.

It is particularly important that professionals be aware of the potential damage experienced by some gay people in their early years. It was interesting that many lesbians and gay men felt that their doctor was one of the few people it was important to come out to.

It is clear that gay people are just like everyone else in wanting to be liked and accepted for who they are and for the partner they have chosen to be accepted into their families.

4.2.3 Coming Out

Coming out stories were discussed in some depth in all the interviews. However much seems to relate to acceptance of sexuality and has therefore been covered in more detail in that section.

Analysis of the interviews suggested four broad areas to be considered; self-realisation, coming out to others, reasons for not coming out and the problems encountered by the need for continual disclosure to different individuals or groups.

Self realisation

Some interviewees were very young when they experienced feelings for someone of the same sex, even as young as five:

Two men recalled their early years:

'In my early years I knew I was different from everybody else, from a very early age.'

'I can remember at 5 playing with another boy y'know ... and so on through the different stages of school. When I got to grammar school there was a boy in the year ahead who used to get me into the toilets at break time. I've always been gay, never had any interest in anything else but men'.

Two women also understood their sexuality at a very early age:

'I've always known I was gay since I was a child, so from a very early age.'

'I can remember even in primary school having crushes and that was regarded as fairly normal ... very, very intense feelings, even at the age of 9 or 10.'

For other people it came a little later in their lives:

'I would say, mid-teens, the sort of real distress begins ... other people all talking about girlfriends and going out with girls ... the sociability was all to do with ... that you were to have a girlfriend, and that's when the real distress began ... when you reach puberty yourself and yet you're gonna know full well that you're not going to join in with this um, general jamboree ...'

And a woman said:

'I was sixteen and it suddenly clicked that I was like Oscar Wilde, 'cos why not (laughs) aim high?'

There was one interviewee who had her first experience of self-realisation when she was 60:

'I was stood at the sink and I thought my God, I'm gay, just like that, and then I thought back and I thought, well, I've always liked women, although I was married for nearly 40 years ... I can't explain the shock of the thing ... I mean, I have accepted it - actually I was very relieved when I realised what was wrong.'

Some women and a few men were married with children when they suddenly

realised they were gay.

The following woman spoke in depth:

'When I fell in love with a woman ... I was 29 ... I think I was frenetically heterosexual, because, I suppose in retrospect at that time I really wasn't aware of my sexuality ... I suppose being born in the 1940's is ... it's probably a fairly typical story really in terms of not having access to literature and ... any educational input that was ... actually saying well there is something that's different. I grew up assuming that heterosexuality was the norm really but I always knew in my heart that there was something not quite right but I hadn't got the language or understanding. But then I met this woman and fell absolutely and utterly and madly in love with her and it all started to make sense, it was like well yeah so this is what it's all been about.'

There was naturally a great variety in people's environments at the time of realisation. Some were young and therefore still living with their parents and at school. A few were university or college students and others were adult. Some were married and others single. One or two interviewees knew they were gay but got married anyway. As one man said:

'So I got married, had 2 children, I was lucky in the jobs I had during the marriage in that I worked away from home quite a bit so I could play away as it were.'

And a woman recalled:

'I was married with three children ... My husband was in the army ... so the kids were at boarding school, so, then I wanted to go to university myself and whilst there I fell in love with a woman ...'

There seems to be no difference in pattern between men and women. Some environments were supportive towards self realisation and others were not.

These quotations from two women highlight the contrast:

'I knew from when I was very small that my mother had said, if I ever find out that one of my daughters was lesbian ... they wouldn't be my daughter any longer.'

'Everything seemed perfectly all right and natural and comfortable, during those early years.'

Reading through the comments of interviewees, there appears to be a balance of both supportive and unsupportive surroundings when the interviewees came to self-realisation of their orientation. For some it was natural or positive whereas for others it was distressing and/or shocking.

Reasons for coming out to others

Although the majority of those interviewed realised they were gay when they were either very young or in their teens, in many cases it was something they felt unable to disclose to others until later in life. The reasons they finally came out varied. For some, coming out to one person seemed to be the trigger.

For this woman:

'... that was the impetus to come out, to be honest with my daughter, so I thought, well, if I'm gonna come out and be gay, and open about it, I may as well live a gay life ... I went through my address book and I told all my friends and everybody in my address book.' However this did not include her parents or one of her brothers.

In other situations, people described how earlier restrictions to coming out were lifted later in life:

'Once the parents die, it seems to be the restriction or whatever is gone, and then even older women, who now find it very easy, do actually do something about it.'

Others came out because they fell in love with someone of the same sex and they wished to acknowledge it. The following comments were made by two gay men:

'I met this chap who I invited to come to live with me, and that's when I told my mother that I was gay.'

'It was soon apparent that it was sort of going to be the one ... he was going to move in with me and all that, and we would just be a couple, there's no way you could carry on any further pretending.'

There was one interviewee who had boarded in a convent as a child and then became part of a strong evangelical Christian group as a young adult. Both institutions were antagonistic towards gay people. Having suffered for years within that environment she finally decided to come out at the age of 46:

'I sensed that if one is supposed to be having a relationship with a God of truth and love ... the sort of Christian doctrine that I was being fed ... just didn't fit ... I was actually being encouraged to become something I wasn't ... I was actually becoming quite ill with the strain of having to pretend I was heterosexual, when in fact deep down I knew that wasn't my true nature ... hence my late coming out.'

It was however a church minister who actually helped one interviewee to acknowledge herself as a lesbian and come out. He had recognised her interest in women when she had gone to him for counselling about her mother's death and the death of her teenage lover years before:

'I said, I'm really struggling with the whole thing over my mother ... and so I

saw him (the minister) and we sat and talked about this and he sort of said do you want to see me again and I said yeah fine and he said ... I think next time perhaps we ought to talk about your relationships with women ... Well, I was a little stunned and I sort of went away and thought about it ... and I just accepted the fact, that was where my real feelings lay.'

One male interviewee had to go to court to prove he owned half of the property he shared with his recently deceased partner. The interviewee's mother was called as a witness:

'So, of course, I had to tell her what the score was and ... my father was present at the time, it was terrible, I did find it difficult to say, do you know I am gay, sort of thing.'

It appears that gay people in partnerships find it easier to be open as a couple. The following example certainly supports that possibility and there were some others:

'... we just meet everybody on the basis of who we are, we are a couple, that we actually say in so many words to people, we've been together for 18 years and we just make everything absolutely, blatantly clear, uh, to absolutely everybody ... and that's how we are ... this is who we are.'

Reasons for not coming out

For some, the reasons for not coming out were because they felt there was no reason to make an issue of something so personal.

As this man said:

'I don't agree with coming out, even now, it is the thing they all seem to do but it's a thing I don't personally recommend. It's nobody's business, you just lead your life as you feel fit. My generation, of course, has respect for other people so you don't flaunt it.'

Another man expressed his concern that:

'I don't think you've actually got to shout about it because I think that frightens people.'

Some did not wish to distress close family:

'I didn't bother telling Mum and Dad. I couldn't because I didn't want to upset them.'

Another man feared losing a much needed job:

'My job was important to me, I had no support at the time ... because I'd lost both my parents before I was out of my teens ... I had no brothers or sisters, so I was really on my own ... so I couldn't afford to risk losing a job so life was very secretive and very lonely for a long time.'

Some feared they would lose the right to have children. As this woman related:

'Both of us knew we wanted children and sort of 40 odd years ago there was no way you had children without being married. She (a college lover) died actually a fortnight before I got married so my wedding day wasn't one of the happiest days of my life.'

One interviewee was afraid her child might be removed from her if she came out:

'I had a child, I was 18, and it was very much in the 60's when there was a stigma to illegitimacy ... so I had some fear ... I'm gonna have Social Services on my doorstep if things aren't quite right and get my child taken away from me ... so I was closeted.'

Yet others felt shame in being gay. As this man said:

'I'm not out ... and I wonder if that's me, being ashamed of being gay, and sort of my defence, self defence, not wanting people to know ... I don't want them to think I'm a mess ... don't really want them to know I'm gay.'

For others, attempts were made to come out but appeared to fail:

'I came to the stage where I'd tried twice, three times probably, to come out in various ways to my parents but they didn't want to talk about it.'

Yet others did not think it was necessary to come out in certain situations. The following is an example of a male couple who, though they may well be out in some situations, did not feel it necessary to come out amongst their local community:

'I've never really had to say to anybody around here that I'm gay or that we're gay, people just accept us for who we are, no-one's ever asked the question, so we've never had to give them an answer.'

Continuous disclosure

One of the problems that the interviews highlighted is the need for continuous disclosure. For some people it is a problem but others cope readily with it.

An example of this is related by a female interviewee who lost her partner and described a process of bereavement counselling which consisted of the need to meet in different groups every week. This necessitated coming out again and again under what was already a stressful situation:

'... there I was and I was having to come out again, and I did, and I thought, I don't want this, this is not where I want to talk about (partner) and I came away.'

The question of whether or not to come out yet again is always there for some people:

'Every time you join a new group do you come out? Don't you come out? - Are you prepared for the flack basically.'

Others perhaps think it unwise to make an issue of it. This woman commented:

'In keeping on coming out to people, and uh, again, because of being a fairly private person, I'd always found it quite difficult. I've tried to do it incidentally rather than making a big issue of it.'

For many interviewees the continual disclosure was something that they were keenly aware of having to be prepared for. The following comments were made by two women:

'You have to be aware of the way other people might respond to you all the time, you don't just take things for granted really.'

'And later on I did have promotion within the school which did free me up enormously ... I felt much freer to be more public about my sexuality. Although, I still think it's sort of a fine balance isn't it between being honest with people about your sexuality and then thinking well, is it anything to do with you?'

Conclusion

Self-realisation was unclear for many interviewees when they were young but some still described themselves as feeling different. For those realising their orientation in their teens it appeared to be an instinctive response to an attraction to a member of the same sex which may or may not have been reciprocated.

In some ways, the interviewees' attitude to coming out appeared to reflect their attitude to people in general. The confident participants seemed to find it easier to come out and were less troubled about the process or they felt sufficiently confident in themselves to live their lifestyle uncompromisingly without feeling the need to discuss their orientation. Many live with a constant fear of disclosure. However for those who do feel able to come out to others it has been a positive, life enhancing and empowering experience. Indeed a few adopted a more gung ho approach:

This woman cheerfully said,

'Having done it (come out) at work it was like, wahey, this is fun, so I decided to come out to my mother.'

Those less confident interviewees would perhaps have been helped by more supportive information in their youth which was not available to our Gay and Grey cohort forty years ago.

One clear suggestion from the interviewees was that telling parents of one's sexuality was very difficult and many did not do so or even delayed coming out until after their parents' death.

Factors like the need to remain safe by staying closeted in some situations are offset by the need to be honest with friends and colleagues and the need to be seen as an individual who has a partner, rather than as an isolated individual who never managed to marry or cohabit, featured in many of the interviews.

To understand fully the above coming out section, it is helpful to remember that we make choices as to whether we acknowledge our own sexuality and we also make choices as to whether we acknowledge this in a social context.

4.2.4 Needs and aspirations

This section addresses how older lesbian and gay people feel about getting older in a largely heterosexual society. This includes an exploration of experience and discussion of some ideas for service development. There are six themes running through this section:

- Social outlets
- Care in the community
- Advocacy
- Bereavement
- Validation of lesbian and gay sexuality
- The fears of ageing

Social outlets

People, particularly men, spoke of feelings of isolation:

'I'm sure there's an awful lot of people like myself ... that feel quite isolated but they don't necessarily want to go to one of the commercial gay bars and clubs – I am sure there is an isolation factor and perhaps older people don't want ... pop and loud music ... they want somewhere fairly quiet where they can sit and socialise.'

Another man said:

'I don't go to the pubs now because I am too old for it, they are not what they used to be, or they probably are exactly what they used to be, but I'm not what I used to be.'

Ideas for alleviating this feeling of isolation and not belonging were many and varied. One wanted a drop-in centre specifically for older gay and lesbian people, somewhere where you could just pop in and have a quiet chat and a coffee. Another felt that you could have several local meeting places for lesbian and gays to go. He felt that the main problem would be letting people know what was on and where; he suggested a local gay newspaper to be posted in letter-boxes. Another suggested asking the Bournemouth Echo to have a regular column devoted to gay and lesbian issues. Others wanted gay walking groups, directories, bird-watching groups, groups for potential gay writers. The variety of suggestions were almost as many as we had people being interviewed.

Community Based Support

Most people we spoke to preferred to stay at home in their old age should they become frail. But as with residential care there was an anxiety about who would be coming into their homes. People spoke of the need for staff education, non-discriminatory practices and the need for gay carers. In fact some saw it as more important to have gay friendly carers – if not actual gays or lesbians – when coming into their own homes. The home environment is more intimate and personal, with evidence of gay or lesbian culture around; less easy to ‘be in the closet’ and potentially more embarrassing with hostile carers.

One man said:

‘Well very nice to stay in your own home ... but then you really do want some gay nurse or gay friendly nurse to come round. You wouldn’t want one that’s not friendly ... because when a care helper comes in ... you want a nice attitude and give you a nice day ... I think that’s it, (a separate care service with gay staff) in the advertisements for getting staff for social services they need to be more aware of employing gay people. ‘

There was a note of caution from another:

‘I think we’ve got to be careful certainly, if we ran a separate support scheme from the statutory bodies then we are again going back to the days when we’re segregating out, we have to be careful.’

It is clear however, that there is still much talk in lesbian and gay circles about the possibility of opening specific residential homes for lesbian and gay people.

One female ex nurse said:

‘ One of the things that (her partner) and I talked about was actually opening a nursing home and we were going to have it for lesbians only, with lesbian staff and we were going to have only lesbian patients, or at least single sex, but actually have it set up so that it was lesbian all the time. It is no longer a dream of mine, it’s too much of a headache sorting that sort of thing out ... but I wish to God we had done it, we’d have made a bloody fortune.’

Similarly an older gay man said:

‘Well I remember a few years ago, a friend of mine ... an older chap, talking about this very thing (gay residential homes) and saying that he could envisage, in years to come, that there would be care homes specifically aimed for gay people because as he said then, they have a slightly different take on their lives than straight counterparts, I hate using the word straight, but I will on this occasion ... I think there is a cause for targeting gay and lesbian people in a slightly different way...

and I think gay people would appreciate having services , not directly targeted at them, but to encompass them – by people that have experience with working with gay people – they’re perhaps on the same wave length.’

Advocacy

A gay and lesbian advocacy service was suggested by some respondents:

‘... I think it is really important, well to women generally, but especially lesbians and gays, that we have some kind of advocacy services ... we see people are living longer, and more and more we see people who have to have somebody to arrange their bills by direct debit, arrange their finances, take power of attorney or do something like that and I think we are gonna need some agencies, who are like best friend agencies for women on their own but I think even more so with lesbians because there are quite a number of lesbians who are isolated, they are not a part of an extended family and they are very vulnerable ...’

Another respondent said:

‘The other area where I feel I need help is advocacy, sometimes, not just the care aspect, it’s how to handle my money. Stuff like that. And who can you trust? So an advocacy service of some type, one that you could trust, I think that is something we don’t do enough, because it’s hard to do, whether someone can be trusted enough to manage your affairs, when you are no longer capable.’

Bereavement

As people get older there is necessarily more experience of death, particularly of partners. And this came up a lot in the interviews. Many people spoke of the anguish of losing a long-term partner in a predominantly heterosexual world. Any death of a partner is desperately difficult to come to terms with. But for those in lesbian or gay relationships it can be doubly hard; there seems to be a constant fight for the validation and recognition of the partnership.

One gay man commented:

‘I used to be quite socially active I suppose. I belonged to a couple of (gay) motor cycle clubs and so on, but it was all very, very shallow ... especially after my last partner died 8 years ago, and I got absolutely no response whatsoever, not one person from that club showed any sympathy ... and so since (his partner) died, I haven’t really gone out very much at all, in fact after he died, I hardly went outside the front door for a year, I went into a sort of a deep, deep depression ... I had bereavement counselling through my GP, (not gay specific - he did say later in the interview that it would have been very much easier had it been gay specific) it was helpful I suppose, it got me through ... that was

the hardest thing I think, it was people, didn't realise ... that bereavement in a gay relationship could be so brutal, y'know, and hard ... So that was probably the worst part of my time I can ever remember.'

Similarly a woman spoke of losing her partner after 30 years:

'The problems of losing a (lesbian) partner, after 30 years in my case, are that you have no time to grieve, not being married ... I had no rights ... you're not treated like a couple ... it was horrendous ... I mean 30 years and what had I got to show for it ... The love and the care and the loyalty and that we'd shared ... nobody knew about it, well they know about it but ...'

Another woman, whose partner had recently died, talked about the need for gay specific bereavement counselling. She was invited to a bereavement evening:

'... and what they do is they sub-divide you into smaller groups of four or five ... you just get an opportunity to tell your story ... and I mean there's no guarantee that people are going to be accepting ... they're caught up in their own stuff and probably not listening terribly well, I certainly wasn't listening to them ... but, it's hard, and what it does is it puts something else on the table, which actually isn't my agenda at the time ... it puts homosexuality on the table, when actually all that I care about is the fact that my partner's died and I'm hurting. So that was a bit uncomfortable and I just, I would have preferred to have been with other gay people. I didn't mind that it was mixed gender, but I would have preferred to have been with other gay people.'

When asked if gay bereavement counselling could have made a difference to her she said:

'I think so yes, I think that's true ... Somehow I would have liked there to have been some kind of acknowledgement of my relationship with (her partner) ... Yes I think more than anything else there is a need for gay bereavement counselling ... the only thing (like this) I have come across that is available for gay people is the gay bereavement project in London – you have to ring between 7pm and 10pm so there's not a huge lot! ... I don't really understand heterosexual relationships, so I don't for one minute imagine that heterosexuals are necessarily going to understand my lifestyle ...'

A plea for validation

Many people talked about an 'ideal world' - aspirations for the future - needs and wants for contentment. All of humanity has basic needs: health, happiness, enough to eat, warmth, decent housing, companionship and lack of poverty. Lesbians and gay men are no exception; they are at one with everyone else; they are no different. And many of them do not want to be different. People talked of a need for acceptance from the wider community.

Some talked of a 'magic wand'.

But of course there is no magic wand and sadly there still is homophobic prejudice in our society, and in the interviews we talked of ways in which equality and acceptance in our old age could be sought. There were lots of ideas – most people talked of wider education for service providers, more high profile campaigns and information; newsletters and gay specific directories.

One respondent commented:

'I think you would have to legislate on the basis of the racial legislation ... and would have to combine it with a thorough programme of education for the service providers, for the educators and then there are areas of government ... the newspapers and the media ... training is needed for people in the public services. ... on the basis of dealing with gay clients ... The biggest damage of all in society is done in schools ... I think it is irrefutable ... I don't know how it can be mended the damage that has been done ... young people have suffered from homophobic bullying ...'

Another man said:

'I'd like there to be gay people around – I'd like to know there were gay nurses, gay carers, whatever, accepted as part of the infrastructure of the organisations, I would feel more comfortable with some gay people about.'

To sum up, as one respondent said:

'We just want to be treated the same as everyone else.'

The fear of institutional living

The notion of having to go into residential care in old age is a frightening one for many older people. For older lesbians and gays, the idea of going into a predominantly heterosexual world where there is a possibility of having to live within a different culture, of losing one's identity and facing possible discrimination and prejudice is an added fear.

Many lesbian and gay people however recognise the danger of being ghettoised, and have no wish to live solely with other gay people. One woman summed it up well by saying:

'It's the kind of thing that we have to be careful about, we mustn't ghettoise ourselves, all we want is integration ... the ideal world isn't actually lesbian only homes – the ideal world is having a recognition that being lesbian or being gay is just part and parcel of the sexual continuum.'

Some of the comments made were probably universal to all older people – the need for good food, conversation and social amenities; the fear of being made

powerless and invisible.

'I want to eat (hot food) and I like a glass of wine with it and why should I be any different when I get older - so if we are having an ideal world - good quality wine, decent cooked evening meal and social amenities that you would've provided yourself, should continue into old age ...'

A respondent said:

'Everyone is made powerless by the ageing process ...'

But for lesbian and gay people the fears go deeper; fear of isolation in a home surrounded by heterosexual people who have no understanding of what it means to be gay. Fear of prejudice and of homophobic discrimination.

Another respondent commented:

'... a nursing home, you've got to be able to find one that's gay sympathetic, one where the staff are gay sympathetic ... You need to have sympathetic nursing homes ... otherwise you're gonna be very alone - because I'd never be able to get out of that situation, I'm free now to walk out of that door, but if in the future when I'm elderly and cannot, I'm going to be stuck in that nursing home with these people (with whom I have nothing in common) for the rest of my life and who may not like me ...'

This was mirrored by another respondent:

'I would like to see a gay one (residential home) ... I'd hate to think that I would be put into one with lots of old straight men and women ... I couldn't talk to them, it just wouldn't feel right and you'd feel very isolated ... The majority of gay men do not have children, a lot do, but not the majority...'

A further respondent commented:

'I think it would be very isolating (being in heterosexual residential care). It is bad enough going into a home these days where people are lumped together regardless of whether they have anything in common anyway, but what a lot of men and women do have in common is their heterosexual lives and their children. Not all lesbians have children, so I do think it would be important to have some other people who shared some of my experiences, cos you can't acknowledge it otherwise, you can acknowledge it from the outside but you're not acknowledged from inside, like knowing lesbian life experience from having lived it yourself. Staff assume that people have no sexuality which for a start is wrong ... I don't know if there's overt prejudice any more, but perhaps there's a kind of silencing, well undoubtedly a kind of silencing, from both staff and residents.'

Another respondent added:

'As a lesbian I don't want to be isolated because I still want to maintain the identity that I've got ... I don't want to be in a situation ... where it is a heterosexual environment where I am going to be cared for, because that's going to negate a whole part of me ... Not so much of whom I am, but who I've been and who I'm becoming ... the psychology of ageing process is so complex ... I think people underestimate it and people need an awful lot of support ... you should just be able to access stuff, there shouldn't be any of this crap going on, you should just be getting on and living your life and enjoying it.'

Throughout the one to one interviews many informants commented that it was imperative that homes should be lesbian and gay friendly:

'Oh they'd have to be gay friendly cos you can't run away can you ...'

However there were mixed feelings about whether homes should be specifically lesbian or gay or mixed:

'... residential home that's gay - but men and women? ... do you think that would work?' said one man. 'I'm looking at it from a gay perspective and no I don't think it would, because I think there are different priorities with women who live together and men that have lived together ... I think gay men want a gay home.'

Another respondent said:

'Gay and lesbian homes? Well I'm not sure how I feel about it really ... I don't think I'd want it to be in a gay and lesbian residential home, I think I'd want to be in a residential home that treats everyone the same, I think it's more important to be integrated, to be more just accepted as the norm. Gay and lesbian are just different persons, everyone is different and I don't think I'd want a specific residential home just for lesbians and gays. I expect some people would though.'

Another respondent was more direct:

'Personally the thought of being put in a home full of lesbians would freak me out ... but it would be nice, certainly, to be able to be put in the same room with your partner ... same as a husband and wife ...'

Several people talked about the very real possibility of having to 'go back into the closet', denying their sexuality and thus denying the core of who they are. Some see this as inevitable and a real danger when finding themselves in a predominantly heterosexual residential or nursing home.

One respondent commented:

'If I were no longer able to look after myself, I would far rather go into a nursing home that was for lesbians and gays and run by lesbians and

gays, otherwise you'd have to face coming out yet again to another strange group of people when you're not feeling at your strongest.'

Another respondent added:

'You've always got to watch what you say, so people that go into homes have to go into the closet and self-censoring themselves, you've got to ... y'know the very tiring mode of censoring yourself, keeping the conversation neutral ... no, I may be being pessimistic, but I think it is back to the closet.'

Another respondent emphasised this:

'I think older gay people do go back into the closet, I mean ... sometimes the sexual needs drain away (but) there is still a need to talk and reminisce isn't there, and when everyone else is talking and reminiscing about their times with their husbands or their wives, what can we say.'

4.2.5 Conclusion

From what people were saying during these interviews, it is clear that to be lesbian or gay in our society today is still not easy. Many people spoke of an improvement from several years ago when it was actually illegal to be a gay man. We have come a long way. We now have legislation to alleviate the most gross and overt homophobic discrimination and with the passing of the Civil Partnership Act there is a move towards an acceptance of same sex relationships. However it would appear that there is still a lot of misunderstanding and prejudice in many people's minds.

Our ideal world of total integration and acceptance, with our sexuality being regarded as valid as anyone else's, is a long way off and there is much work to be done in education and awareness of our particular needs as we grow older.

As with the questionnaire element of the research project, it was very clear during the interviews that being gay is different for everyone.

Whilst virtually all people who responded to our questionnaire want and need a gay friendly society, and a significant percentage would like to see dedicated gay or lesbian support services, many felt they would prefer not to be 'ghettoised' but to be integrated with mainstream services.

Many people commented about the need for education and awareness training. And they felt that meaningful equality statements should be enshrined in all work place policies (and adhered to).

Chapter 5: Promotion and Networking

5.1 Profile and Awareness

A key factor in the success and local recognition of the Gay and Grey project is that it is part of the Help and Care organisation and supported by Bournemouth University. Having been initially involved with the project, a Gay and Grey volunteer has now become a trustee of Help and Care.

The project has established many links regionally and nationally with a wide range of agencies, organisations and individuals. The group of volunteers from the older lesbian and gay community, with the guidance of Help and Care and Bournemouth University, have raised awareness of the needs, issues and concerns that they face as non-heterosexuals. Members of the group have actively participated in both academic and social care conferences as well as attending meetings with various agencies. This has raised the profile of the group substantially and given a voice to older lesbians and gay men that was previously silent.

Hearing the experiences of the group, coupled with the solid background of research undertaken, the Gay and Grey project has become a very powerful and well-respected resource. This has been recognised and utilised by various organisations that want to make positive changes and embrace inclusion as well as diversity. The project's remit is broad, encompassing as it does both research and outreach work and it is to the credit of the Gay and Grey volunteers that they have stuck to the original remit.

5.2 Promotion

- A clear identity was established with the Gay and Grey logo
- Gay and Grey newsletter produced quarterly by volunteers
- Gay and Grey leaflet
- Gay and Grey Directory
A very successful directory of organisations and information was compiled and published and is used by a variety of agencies including Social Services
- Article published in Community Care July 2004
- Paper presented at 33rd British Society of Gerontology Conference, London, September 2004 - 'Diversity in Ageing - The Experience of Older Lesbians and Gay Men'
- Paper presented at 5th Qualitative Research in Health and Social

Care Conference, Bournemouth, September 2004 - 'Diversity and Difference - Participative Research with Older Lesbian Women and Gay Men'

- Paper presented at 'Involve' conference (2004) with the participation of carers
- Paper presented at a Postgraduate Social Work Conference, Bournemouth, 2005 - 'Participative Action Research - The Gay and Grey Project'
- Gay & Grey and Polari Seminar - Bournemouth International Hotel (22 February 2005). Social Care, PALS, Sheltered Housing and others were amongst the 22 attendees on this day
- The Samaritans Bournemouth (24 February 2005)
- Age Concern (March 2005 and other occasions)
- Joint Help and Care/Older People's Strategy Group (OPSG) events at Bournemouth Pavilion (May 2005) and Poole Lighthouse (September 2005)
- The Castlemain House Residential Home in Blandford (5 May 2005) Some 18 people attended (mainly all of one shift of carers at the centre - there were 60 staff in total). When asked how many gay or lesbian people currently were in the home the answer from the floor was "none to my knowledge". They then reflected on and discussed the question amongst themselves and came to the conclusion that they just did not know if there were any gay or lesbian older people in the home. There was no apparent homophobic attitude, they were all very willing to encompass and support and care for gays and lesbians as for anyone else, but they had just not thought to allow or encourage discussion of the subject with residents. There is little doubt that there were current residents that were gay or lesbian who had not come out
- Bourne Free - major diversity and equality event in Bournemouth town centre (July 2005). Gay and Grey stand in prime position to distribute information helped establish strong links with the community and raise awareness

Volunteers from Gay and Grey attended and participated in a number of conferences and networking events across the country. They helped in understanding what has happened elsewhere and confirmed the lack of similar research generally. Useful contacts were made, some of which have been maintained.

Events attended included:

- 'Gay and Grey with Dignity' - Scarborough and Ryedale Gay Community Network Conference, April 2004
- National Gay and Grey Networking Day, Reading, early 2004
- Polari event, London, late 2004 - housing for older lesbians and gay men
- Polari Older Gay Independence and Care Seminar, Norbury, January 2005
- Polari event, London, early 2005 - hospital care for older lesbians and gay men
- 'Gay and Grey Looking Onwards with Hope' - Scarborough and Ryedale Gay Community Network Conference, April 2005
- Health Commission consultation at Help and Care on services for older people, March 2005
- Polari and BGOP event, October 2005
- Bournemouth Borough Council and PCT - AIDS/HIV conference 'Positive Voice', November 2005
- Dorset County Council - Weymouth, November 2005 - Domestic Violence

5.3 Networking

Presentations have been made and two-way relationships established with the following key organisations:

- Local Health Services:
 - Bournemouth Primary Care Trust: Patient and Public Involvement Development Department
 - Health Commission meeting 3 February 2005 - Kings College Consultation on Services for Older People
 - NHS organisations and Patient Advice & Liaison Service (PALS) 2004 - raised awareness with all PALS leads for Dorset
 - Carers' coordinators' outreach team
- Housing and Social Care Services
 - Bournemouth Council - Sheltered Housing Department and Diversity for Housing Department - January 2005: As a result of the meeting, Gay and Grey were invited to future Sheltered Housing Warden meetings with both Bournemouth Council and Dorset Council and specific events have taken place at which a majority of Housing Wardens were addressed by a Gay and Grey speaker
 - Social Care Services: East Dorset, North Dorset, Weymouth and Portland
 - Polari - have been running a comparable project in three boroughs in London and ongoing links have developed between the two project groups
 - Citizens' Advice Bureau, Bournemouth

- Bournemouth Libraries:
 - Initial contacts were made with Bournemouth Libraries when their representatives attended the first Gay and Grey Conference in February 2005. The following positive outcomes have been achieved:
 - A review of Bournemouth's library stock with a view to meeting the needs of gay and lesbian readers more fully. Gay and Grey members followed this up by providing further suggestions and book lists
 - Availability of library premises to lesbian and gay reading groups. This facility has since been widely publicised by Bournemouth Libraries
 - Participation with Gay and Grey on a shared stand in Bournemouth's 'Bourne Free' festival in July 2005
 - Agreement to stage a Gay and Lesbian Book Week in Bournemouth in the near future
 - Support for the National Big Gay Read
 - Gay and Grey's contact with the library service over the past year has done much to raise the profile of Bournemouth libraries' gay and lesbian readership and has helped to establish links between the library service and the gay and lesbian community

- Working partnership with the Police:
 - Lesbian and Gay Liaison Officers (LAGLO)
 - Partnership and diversity development team
 - Gay and Grey asked to be involved with training police cadets

- Poole without Prejudice (PWP):
 - Consultation on new racist and homophobic reporting form

- Working partnership with the Commission for Social Care Inspection (CSCI):
 - Ongoing work with CSCI to raise awareness nationally about the lack of inclusion of sexuality within the national minimum standards determined by the government

- Working relationship established with Age Concern, Bournemouth:
 - Ran a well-attended and successful free IT course for ten men which helped reduce isolation for some men

- Working relationship with Bournemouth Teaching Primary Care Trust (BTPCT) – Equality and Steering Group:
 - Gay and Grey are active members and as such are able to influence delivery of training to health care professionals

- Intercom Trust – lesbian, gay, bisexual and trans community support in the South West:
 - A 2-day conference, September 2005 in Exeter

- Better Government for Older People (BGOP):
 - Gay and Grey article published in BGOP Stratagem magazine

5.4 Men's social group

Early on in the project it became clear that there was a need for older gay men's social groups, particularly in rural areas. And in December 2004 a group was set up in Dorchester by some of the Gay and Grey volunteers with the support of the project co-ordinator. The group has gone from strength to strength, initially meeting once a month but recently gathering together more frequently with wider social networks having been established. Since these early days the group has expanded and adapted to the needs of its members, particularly for those who can be increasingly isolated due to ill health, mobility or sensory difficulties.

The need for gay men's social groups generally was confirmed later by the results of the questionnaire. 78.3% of lesbian respondents belonged to a social group with a significantly smaller percentage of gay men (57.9%) having existing networks and groups to go to. The development of older gay men's clubs has been identified as a need, particularly in rural areas where a sense of isolation appears to be the greatest.

5.5 Testing the findings with local stakeholders

On April 12th 2006 the group held an 'executive forum' discussion at a Bournemouth hotel. The aim was to raise awareness of the project and to gain some idea of how it might be received and acted upon by the very people who have the power to implement new initiatives.

The presentations prior to the discussions were under the following headings:

- Why - is research and outreach work necessary?
- How - by participatory action research
- Aims - to promote greater social inclusion by increasing knowledge and understanding
- By whom - older lesbians and gay men in Dorset
- Themes - identity, social care, health, housing, and social networks
- Positive outcomes - increased awareness that there is a problem for the "gay and grey" in our community which needs to be addressed
- Agreed actions - the project group will aim to work in partnership with the stakeholders who can initiate change in their area of care

The ensuing discussions between members of the Gay and Grey project and the service providers proved stimulating and rewarding. The project group participants felt that their message was being heard and that there would be positive outcomes in the field of provision of services.

Indeed the Boroughs of Poole and Bournemouth have, as a direct result of the executive forum, begun discussions around incorporating the stated needs of older lesbian and gay members of the community into any future policy. Dorset County Council is also actively looking into ways of incorporating the results.

Chapter 6: Understanding the Process

6.1 Interviews with key informants

The decision that the investigation into older lesbian and gay people's experiences, needs and aspirations should be a participatory action research project, fitted in well with Help and Care's ethos of empowering older people. And it made perfect sense, as Nichola Lavin (the original co-ordinator) put it, to ask older lesbian and gay people themselves to conduct the research as they know what it is like to be an older gay person better than anyone else.

'Also,' she said, 'It was thought to be more powerful if it was older lesbian and gay people out there talking about the issues, rather than just a researcher banging on about it.'

Nichola's first endeavour was to find volunteers. She assumed that a lot of older lesbian and gay people would be 'hidden' and difficult to find, so was keen to advertise both within the gay community and in the mainstream to get as much coverage as possible. Leaflets were distributed far and wide to bodies like Age Concern, Citizens Advice, Libraries and GP surgeries. She sent out press releases to the local papers, community magazines and the national gay press. Information was posted on various web sites and many voluntary organisations contacted.

The results exceeded expectations. About 20 volunteers initially joined the group. As the project was in its infancy and the brief fairly fluid (apart from the base – which was research) volunteers came with varied expectations. Some felt they wanted a social group and others wanted more action based activities and 'to do something useful'. At the beginning this proved problematic. As Nichola said,

'I tried throughout the project to ensure that each volunteer had a role within the group, but it was difficult to balance their needs with the main focus of the project which was actual research. This was a shame as it meant we lost some good volunteers because the project didn't move forward quickly enough for them.'

The project brief, initially, was flexible and indeed broadened out into other activities fairly quickly, as and when a need was identified. This meant that alongside the academic process of questionnaires and face to face interviews, volunteers who wanted more action based pursuits were able to get involved with things like public awareness meetings, compiling a gay directory, endeavouring to develop social groups and running an IT course for gay men.

After eighteen months – half way through the project – Nichola, for personal reasons, had to leave and return to her native town Birmingham; it was at the time a big blow for the group.

When asked recently to reflect on those early days she said,

'The positives for me were absolutely about bringing together the group; meeting really wonderful individuals who've inspired me and helped me to be proud of who I am and - I am not saying it's perfect - but I do feel that participatory action research is a great way to undertake research – it felt really powerful and special ... working under the umbrella of Help and Care was a really positive thing – it gave credence to the project and provided important support for me ...'

She went on to say that as the co-ordinator there was an ongoing issue of trying to make sure the balance of control was right between what she did and what the group did.

'... I tried to make sure the group was in control as much as possible, but I also felt that the group sometimes tried to push it back to me ... It was something that I continually thought about throughout.'

When asked about any difficulties in general she said that:

'Negatives were a small part of the experience – losing volunteers, differences in opinions about what needed to be done, personality differences within the group – all part of the process I guess.' But, she went on, *'I think the stuff we achieved aside from the research ... was good nevertheless. People also felt they could ring up and speak about their problems ... People were very open and honest and I admire and respect each of them.'*

Kevin Hall took over as co-ordinator in May 2005. He had a fortnight with Nichola for a general briefing and to try to get to grips with a project that was a) in the process of ongoing change; and b) had volunteers who were still endeavouring to get to grips with Participatory Action Research.

Initially there had been two groups, with the men meeting separately from the women. These two groups rapidly decided that they should work together and generally it worked well. However, when it came to planning how to go forward most effectively it was decided that there should again be two groups – one focussing on research per se and the other on developing social groups, doing awareness and networking activities as and when a need was identified. It turned out that women seemed to be more interested in research and men interested in the social and networking side. So the two groups were again mostly (though not entirely) gender specific. By the time Kevin arrived the project was fluid and feeling its way, with two groups working separately, but the whole working party coming together monthly to report on their work and to discuss ideas for development.

When being interviewed recently Kevin talked of those early days of taking over and pointed to some of the difficulties of taking over a project that was established, but going through a dynamic of its own.

'The main issue for me was generating trust within the group. I think it was particularly difficult at that time because lots of people were away and it coincided with an on-going problem with emails, making communication more difficult. For me I was learning the job and getting to know all the various areas of it, trying to generate trust within the group whilst many were on holiday, plus learning the politics of the group ... it highlighted the fact that a three year project is actually a very very long time for one group of people to be doing this kind of research ... If the one person who is responsible (as co-ordinator) leaves, it does have some kind of effect; luckily I think we have all overcome it and moved on. The project's there and it's going ahead.

'The project's really ambitious, a bit too ambitious because I think it is a just too much for a group of volunteers to be doing substantial research, taking action on it and organising social groups. I think what it does highlight is that there is a need for a development officer. The type of methodology that's been used has led to a certain amount of confusion. However the way that the Gay and Grey project evolved does allow for a lot of organic kind of process, where people inform what happens.'

When talking about the development of the two separate groups he said,

'I think, from what I can tell, some of the politics within the group, stemmed from that. People feeling that they weren't informed about what other people were doing, or there was some kind of secret society going on where they wouldn't let the others know what was happening and, as it happens, of course, what seems quite apparent is that the research group have been very steady, I guess because of the nature of the work or because of the nature of the people who were working in it, it has been very steady and continual, whereas the other stuff has fallen apart. I guess the focus with the research is that it will be producing something at the end, where with the other actions - they've kind of fallen apart, been reformed again and people have tried to make more effort, but not having the time to commit to them. So they're much looser and a bit messier.'

Kevin continued to talk about the frustrations of not being able to move quickly enough in developing social groups for those who obviously need them.

'The social groups and the people who come along to them are a rich source of information - they're not the kind of people who would answer questionnaires or be interviewed but the things they're telling us that they want and need, in some ways have to be recognised as part of the research.

'It does seem that the project, in a way, has been two very different things. Community development really needs working on, and the research that we've got backs this up. Maybe when the Gay and Grey project comes to an end in November, we'll have that information

behind us and we can use it to demonstrate to people that there is a need for community development.'

Kevin ended the interview by saying,

'... I get so many people contacting me, who want to know what older lesbian and gay people think and feel, and what kind of housing they will be in, or what kind of health. It seems like everyone wants to know – everyone wants to be inclusive, which is fantastic. The Gay and Grey project is a fantastic resource for those people. We have a focus, we've got a centre and it's getting bigger and bigger. It is about inclusion, it is about helping people's mental well-being as well as their physical well-being – it is about making them included and making sure they're heard and giving them options.'

6.2 Message from the project team

Participatory action research is a challenging and dynamic form of investigation and has both positive and negative aspects.

Positives:

- Because the project is about our present and our future the team had a vested interest in the research being thorough, the data analysis accurate and the presentation of the project (i.e. the conference and the written report) being convincing to those with the power to implement the suggestions made
- Useful cross fertilisation of ideas and sharing of existing skills.
- The successful welding together of a team of very different but strong-minded people
- Allows for 'horses for courses' i.e. people could work to their strengths. Some were accomplished at data analysis, some able to interview sympathetically, some were practised net-workers who could meet service providers to raise awareness while others excelled at promotion and organising social outlets for the isolated
- Meetings were stimulating discussions on priority areas for research and/or action
- Learning to listen and respect colleagues' views and sometimes reach consensus through compromise and patience
- Discovering previously hidden talents because of the broad basis of the project
- Undertaking training to learn new techniques and to gain expertise in investigative work

Negatives:

- PAR methodology could have been defined more clearly at the beginning of the project. Considerable time was spent discussing the way forward and volunteers were lost through misunderstanding of the project

- It was time consuming in that everything had to be discussed fully, sometimes requiring the examination of each word in the interest of plain English
- The three-year time span of the project was too long. It was sometimes difficult to maintain motivation and people were lost to the project due to changes in their personal circumstances
- Meetings were often difficult to arrange as the older gay people all led extremely busy lives
- PAR requires that the researchers own and control the project. Given that the fund holders have control of the finances it is important that there is an ongoing dialogue between them and the researchers to ensure that the project can continue within the approved budget
- As with most committees some points of policy were won by the loudest or most vociferous voice. It seemed inappropriate to have a vote on every point of dissonance

Despite changes in society and the legal standing of lesbians and gay men over the past three years (the Civil Partnership Act and equality in provision of goods and services), much work remains to be done to combat the prejudice which does still exist in some parts of society.

Chapter 7: Conclusions and priorities for the future

7.1 Conclusions

It has become evident throughout our research that everyone experiences their sexuality in very different ways. However there are some strong themes to draw on whilst highlighting a need for radical change in our society, if lesbians and gay men are to feel totally at ease with themselves. The main theme running through the whole research is for a need to have homosexual identities validated and accepted by society.

General Information

We were unsuccessful in reaching people from minority ethnic cultures other than white British/other white; or in reaching those who are truly isolated, those who are deeply closeted or isolated in rural areas. Our sample came from a relatively high percentage of professional (44%) and confident people who had some degree of knowledge of how to access gay and lesbian support services and social groups.

The results that have been revealed are particularly telling, as it has to be supposed that for those who are particularly closeted with little or no knowledge about lesbian and gay culture, life must be even more difficult. The reported level of access to the Internet could provide an avenue for the dissemination of information to people who are difficult to reach in other ways.

Sexuality and Coming Out

Each person's experience of being gay is very different. Almost half those questioned felt really positive about being gay; they had been able to come out to family and friends who were supportive and accepting. Others have had devastating exposure to cruel and thoughtless discrimination. It seems that it is easier for most to be honest and come out to those closest to them, but many have been rejected by those very people to whom they should be able to look for support.

Whilst it is obviously more difficult to come out to larger institutions, it was clear that telling parents of one's sexuality was very difficult and many did not do so or even delayed coming out until after their parents' deaths. In acknowledging that 48% of respondents did not belong to a religious community, it is noted that only 6.6% of them felt able to come out to all in that community. Only 16.6% were out at work and 14.3% were out to health and care workers.

Self-realisation was unclear for many when they were young but some still described themselves as feeling different. For those recognising their orientation in their teens it appeared to be an instinctive response to an attraction to a member of the same sex which may or may not have been reciprocated.

The confident participants seemed to find it easier to come out and were less troubled about the process or they felt sufficiently confident in themselves to live their lifestyle uncompromisingly without feeling the need to discuss their orientation.

Coming out is for lesbian and gay people a continuing procedure throughout their lives. Very few people feel at ease to tell everyone about their sexuality for fear of isolation and/or hostility from others. For some older people this process is particularly difficult as homosexuality was illegal when they were growing up and secrecy became part of their way of life. Many live with a constant fear of disclosure. However for those who do feel able to come out to others it has been a positive, life enhancing and empowering experience.

The research team considers that it would be valuable to do more investigation into why some people find it easier to come out than others.

Relationships and Social Networks

Just over half of our sample felt isolated to some degree and only 15.4% felt they had a fully active social life. The majority of people want to meet others socially and approximately a quarter of respondents felt they did not have adequate support; the majority of people want to meet other gay people. It appears that the existing gay social groups and personal support structures are not fulfilling a need for the majority and perhaps there is a need to look into other ways of developing social networks.

The lack of social outlets where people can totally relax and be themselves without fear of censure or abuse creates a sense of loneliness and makes it difficult to develop friendships. In particular they would like places that are not noisy and where the emphasis is not on drinking or smoking. This seems to be more so with men as locally there are more social groups for women.

Where people have not felt safe at being open about their sexuality their lives have been far more constrained and difficult. Neighbours can cause problems or be very friendly and supportive. The same is true of family, friends and work colleagues.

Community and Housing

It seems that a high percentage of our sample were relatively knowledgeable about how to access gay related information; however a significant percentage were not. Older people are more inclined to want to have a quiet social scene and would like to see more gay coffee bars and community centres. Transport for those in the rural areas continues to be a problem and some also talked of needing social support services like advocacy, buddying schemes and physical support in their homes and gardens. Just over half the respondents lived alone and thus potentially would need help should they become more frail.

As with any relationship, problems with housing can arise from break-ups. This can lead to real hardship and, possibly, the need to live in circumstances not conducive to openness about one's sexuality. This may be particularly difficult where council/housing association accommodation or a nursing/rest home may be the only option.

Whilst virtually all respondents need a gay friendly society and a significant percentage would like to see dedicated gay or lesbian support services, many felt they would prefer not to be 'ghettoised' but to be integrated with mainstream services.

Social Care and Health

Most gay people want their sexuality to be taken into consideration and they want to be treated with respect and equality. The majority thought that educational and awareness training for all staff was imperative. It is also felt that strong anti-discriminatory policies allowing for diversity and equality need to be enshrined in codes of conduct.

Getting Older

The majority of respondents felt fairly ambivalent about getting older as a gay person. Many felt there were both positive and negative aspects. The positives surrounded an increased confidence to share their sexuality with others and of having many good friends around them. The negatives showed a continuing fear of homophobic discrimination and a worry about being isolated in an alien world.

Contrary to the perceived ideas about older people and their sexual lives, the majority said they still have sexual needs. Just over three quarters of our respondents have active lives. As with other areas of this research there is an overwhelming need for acceptance, understanding, equality and diversity in society.

Aspirations

It is clear that to be a lesbian or gay man in our society today is still not easy. Many people spoke of an improvement from several years ago and we have come a long way with legislation to alleviate the most gross and overt homophobic discrimination. Also with the passing of the Civil Partnership Act there is a move towards greater acceptance of lesbian and gay relationships. However there is still a lot of misunderstanding and prejudice in many people's minds.

Whilst this research did not identify a particular problem, the group has noted the report by the Gay Police Association (GPA) of a 74% increase in homophobic hate incidents recorded by them, where the sole or primary motivating factor was the religious belief of the perpetrator.

Acceptance

It is necessary to remember that this generation of gay men were in a different position from lesbians as they grew up with homosexuality being illegal. If two women chose to share a home, they were more likely to be accepted than two men in the same situation.

It is particularly important that professionals be aware of the potential damage experienced by some gay people in their early years. Many respondents felt that their doctor was one of the few people it was important to come out to.

7.2 Priorities for the future

It is clear that lesbians and gay men are just like everyone else in wanting to be liked and accepted for who they are and for the partner they have chosen to be accepted into their families. If we are to realise our ideal world of total integration and acceptance, with our sexuality being regarded as valid as anyone else's, there is much work to be done in education and awareness of our particular needs as we grow older.

The findings/analysis can be distilled into four key areas for future attention:

- There is a significant and invisible gay population
- Personal identity and acceptance are key
- Isolation and exclusion are common experiences
- Responsive and accessible public services can reduce isolation and exclusion

The following actions would start the movement towards achieving real change:

- The development of:
 - Awareness training programmes to counteract homophobic prejudice and the assumption of heterosexuality
 - Meaningful anti-discriminatory policy statements in all workplaces and leisure centres
 - Anti-discriminatory policies allowing for diversity and equality enshrined in codes of practice for everyone who works with older people
 - Lesbian and gay friendly services (including bereavement counselling, buddying schemes, gay friendly advocacy and home support)
- Development of and support for social outlets for older lesbians and gay men.
- Promotion of the greater use of the Internet both for communication and in assisting with any future research.
- The placement of gay specific information in public areas such as libraries shops, etc, where other information is available.

- Attention to how advocacy services and bereavement counselling can be developed and tailored to meet the specific needs of older lesbians and gay men.

- Commissioning and/or supporting continued research into:
 - Internalised homophobia and homophobic discrimination
 - Why some people find it easier to come out than others
 - Gender differences

- Ensuring that the report findings are disseminated as widely as possible and are used to inform commissioning and delivery plans for local public services. In particular, the needs and gaps highlighted in this report have a resonance with the requirements of Local Area Agreements to demonstrate how local agencies and partners respond to the needs of their diverse communities.

References

- Age Concern 2001 *Opening Doors*, Research and Development Unit: Age Concern England
- Alvarez, A. R., and Gutierrez, L. 2001 Choosing to Do Participatory Research: An Example and Issues of Fit to Consider, *Journal of Community Practice*, Vol.9
- Audit Commission 2004 *Older People – Independence and Wellbeing: The Challenge for Public Services*, Audit Commission Publications
- Bayliss, K., 2000 *Social Work values, anti-discriminatory practice and working with older lesbian service users*. *Social Work education*, 19 (1), 45-53.
- Beeler, J.A., Rawls, T.W., Herdt, G., and Cohler, B.J., 1999 The needs of older lesbians and gay men in Chicago. *Journal of gay and lesbian social services*, 9 (1), 31-49.
- Beresford, P. 2000 User's knowledge and social work theory, *British Journal of Social Work*, 30, pg. 489-503
- Berger, R.M., and Kelly J.J., 2001 What are older men like? An impossible question. *Journal of gay and lesbian social services*, 13 (4), 55-64.
- Bohan, J., 1996 *Psychology and sexual orientation: coming to terms*. New York; London: Routledge.
- Brogan, M., 1997 Healthcare for lesbians: attitudes and experiences. *Nursing Standards*, 11 (45), 39-42.
- Brotman, S., Ryan, B., and Cormier, R., 2003 *The Health and social service needs of Gay and Lesbian Elders and their families in Canada*. *The Gerontologist*, 43 (2), 192 – 202.
- Butler, R. N. 1989 Dispelling ageism: The cross-cutting intervention. *The Annals of the American Academy of Social Science*, 503, pg. 138-147
- Civil Partnerships Act* 2004, ISBN 0105433047, London, HMSO
- Cook-Daniels, L., 1997 Lesbian, Gay Male, Bi-sexual and Transgendered Elders: Elder Abuse and Neglect Issues. *Journal of Elder Abuse and Neglect*, 9 (2), 35-49.
- Davies, D. 1996 'Homophobia and heterosexism', in Davies, D. and Neal, C. (ed), *Pink Therapy: a guide for counsellors and therapists working with lesbian, gay and bisexual clients*, Buckingham: Open University Press

D'Augelli, A.R., Grossman, A.H., Hershberger, S., and O'Connell, T.S., 2001. Aspects of mental health among older lesbian, gay and bisexual adults. *Aging and Mental Health*, 5 (2), 149-158.

Deacon, S., Minichello, V., and Plummer, D., 1995 Sexuality and older people: Revisiting the assumptions. *Educational Gerontology*, 21, 497-513.

Department of Health 2000 *Quality Strategy for Social Care*, London, HMSO

Department of Health 2001 *National Service Framework for Older People*, London: HMSO.

Department of Health 2006 *Our Health, Our Care, Our Say*, Cm 6737, London, HMSO

Department of Health 2006 *A new ambition for old age: Next steps in implementing the National Service Framework for Older People*, London, HMSO

Department of Work and Pensions 2005 *Opportunity Age- Opportunity and Security Throughout Life*, London, HMSO

Dickson, G. and Greene, K. 2001 The External Researcher in Participatory Action Research, *Educational Action Research*, Vol.9, No.2, 243-260

Fullmer, E., Shenk, D., and Eastland, L., 1999 *Negating Identity: A feminist analysis of the social invisibility of older lesbians*. *Journal of Women and Aging*, 11 (2-3), 131-148.

Grossman, A., Augelli, A., and Hershberger, S., 2000. *Social support networks of lesbian, gay and bisexual adults 60 years of age or older*. *Journal of Gerontology: Psychological sciences*, 55B (3), 171-179.

Halfacree, K. 1993 Locality and social representation: space, discourse and alternative definitions of the rural. *Journal of Rural Studies*, 9 (10), pp.23-37

Hays, T., Fortunato, V., and Minichello, V., 1997 Insights into the lives of older gay men: A qualitative study with implications for practitioners. *Venereology*, 10(2), 115 -120

Healy, K. 2001 Participatory action research and social work: a critical appraisal, *International Social Work*, 44(1), 93-105

Heaphy, B., Yip, A., and Thompson, D., 2003 *Lesbian, Gay and Bisexual Lives over 50*. Nottingham Trent University. York House Publications.

Heath, H., 1994 Gay and lesbian older people. In *Nursing times Monographs*, 40, 3-4.

Heath, H., 2002 Out in the cold. *Nursing standard* 16 (48), 18 -19.

- Heron, J. 1996 *Co-operative inquiry: research into the human condition*, Sage
- Jacobs, R.J., Rasmussen, L.A., and Hohman, M., 1999 The social support needs of Older lesbians, Gay men and Bisexuals. *Journal of Gay and Lesbian Social Services*, 9(1), 1-30.
- Kehoe, M. 1986 Lesbians over 65: A triply invisible minority. *Journal of Homosexuality*, 12(3/4), pg.139-152
- Langley, J., 1997 *Meeting the needs of older lesbians and gay men*. University of Brighton, Health and Policy Research centre.
- Manthorpe, J., 2003 Out of the shadows. *Community Care*, April 3.
- Martin, J.I., and Knox, J., 2000 Methodological and ethical issues in research on lesbians and gay men. *Social work research*, 24 (1), 51-59.
- Moore, J., 2000 *Adult protective services and older lesbians and gay men*. *Clinical Gerontologists*, 21(2), 61 -64.
- Morrison, V.L. 1988 Observation and snowballing: Useful tools for research into illicit drug use? *Social Pharmacology* 2(3), pg. 247-271
- Murray, J., and Adams, B., 2001 *Aging, Sexuality, and HIV issues among older gay men*. *The Canadian Journal of Human Sexuality*, 10(3-4), 75-90.
- Office of the Deputy Prime Minister 2006 *A Sure Start to Later Life: Ending Inequalities for Older People: A Social Exclusion Unit Final Report*, London, HMSO
- Peplau, L.A. 1981 What homosexuals want, *Psychology Today*, March, pp.28-38
- Quam, J.K., 1993 *Gay and lesbian Aging*. *Children, Youth and family consortium SIECUS Report June/July*.
- Reason, P. 1994 *Participation in Human Inquiry*, London: Sage
- Swantz, M. 1996 A personal position paper on participatory research: personal quest for living knowledge, *Qualitative Inquiry*, March, 2(1), pp.120-137
- Troyna, B. and Carrington, B. 1989 'Whose side are we on?' Ethical Dilemmas in research on 'race' and 'education', in Burgess, R.G. (ed.), *The Ethics of Educational Research*, Lewes, Falmer Press
- Wenger, C. 2001 Myths and realities of ageing in rural Britain, *Ageing and Society*, 21pp.117-129

Williams, A. & Cutchin, M. 2002 The rural context of health care provision, *Journal of Interprofessional Care*, Vol.16, No.2, 107-115

Whitmore, E. 1994 To Tell the Truth: Working with Oppressed Groups in Participatory Approaches to Inquiry. In P. Reason (ed.) *Participation in Human Inquiry*, London: Sage

Wilton, T., 1997 Good for you: A handbook on lesbian health and wellbeing. London: Cassell.

Appendix 1: Members of the Gay and Grey Group

Over the three years of the Gay and Grey project, many people have been involved and played an important part. The following are a few of the many, but have been selected for inclusion at this time as they have been key to the conclusion of the project.

Andrew Armstrong has lived most of his adult life as an 'out' gay man. Whilst not militant, he has not denied his sexuality but has preferred to treat it as the norm. Andrew lived in London, Rome and San Francisco before retiring in Bournemouth. He has had a varied career and has, as a mature full-time student, spent several years studying Fine Arts. In business, he has always been a 'People' person and with the help of two other Gay and Grey group members, amongst others, has recently founded a charity, DAMSET, to raise HIV/Aids awareness in young people in Dorset through the creation of a major public art project in Bournemouth. Andrew hopes through Gay and Grey to help others who are fearful of 'coming out' not to be ashamed of who they are and to live a full and fruitful life.

Ann Fannin has three grown up children and two grandchildren all of whom she adores. She has been a life-long campaigner for peace, justice and equality and sees the Gay and Grey research project as an extension of her commitment to diversity and egalitarianism. Much of her working life was spent in Social Services with older people. She holds a degree in Peace Studies (Bradford University) and has had a variety of related jobs – both paid and unpaid - throughout her life. She lives with her partner Joyce in the heart of the New Forest, and has a passion for horses.

Lee-Ann Fenge, BA (Hons), MSc, CQSW Prior to joining Bournemouth University as a lecturer in 1995, she worked as a social worker in a number of settings in adult social services both in London and Dorset. Her particular interests are in practice with older people and community care, and she jointly developed and now teaches on the BA (Hons) Vulnerable Adults/Community care degree at Bournemouth University. Alongside this research project she also developed and taught a research programme for older people in Community Survey Research – funded by Older and Bolder, in September 2004. She is Head of Widening Participation activity within IHCS and is currently undertaking doctoral research into the experience of students and staff on Foundation degrees and their experience of work-based learning.

Kevin Hall joined the Gay and Grey project as co-ordinator in May 2005 replacing Nicola. The project is an ambitious and complicated process but Kevin has enjoyed the challenge and the lessons he has learnt both on a personal and professional level. He moved to Bournemouth in the early 1990s from his home town of Southampton and after a period of living and working in America. He worked at a local language school as a teacher and sports/social organiser until he moved to Scotland in 1999. While living in Scotland, Kevin attended St Andrews University graduating in 2003 with an MA in Social Anthropology. He has always had an interest in the voluntary and charity sector and was actively involved with the gay men's health project as a

volunteer. More recently he raised £4 000 for Oxfam by walking 63 miles non-stop.

Tina Hicks had a varied career including the armed forces (from which she was discharged for her sexuality) and the National Health Service, as well as being a qualified Funeral Director. She has considerable experience of carrying out both large and small health related surveys and writing the associated reports. Since retiring she has carried out assessments on voluntary groups applying for charitable funding, participated in the development of a social group for lesbians and continued her love of theatre in addition to numerous other community activities. She grew up in Poole where she now lives very happily with her partner.

Nichola Lavin was employed by Help and Care as the facilitator for Gay and Grey for the first 18 months of the project. She found this a challenging, enjoyable and very rewarding role. Prior to this she worked for Connexions, providing advice and guidance to young people across Dorset. She left the project in order to move nearer to her family in Birmingham, where she now works as a research assistant at a local higher education institution.

Jan Shimmin was born and educated in Poole. After qualifying as a teacher at London University she married and had 2 children. Once the offspring left for university she came out as lesbian which the family accepted wholeheartedly. At this time she was Deputy Head at a large Isle of Wight school so her sexuality had to remain hidden professionally. In her forties Jan studied for an MA(ed) degree and two of her fields of study i.e. Health Education and Research and Enquiry proved useful for this project. Jan feels that Gay and Grey has kept her brain active in retirement and has widened her social circle.

Mike Standerwick recently retired from the IBM company having worked in product and relationship management, marketing and sales. He was responsible for business improvement initiatives across a number of international clients and worked both in the UK and abroad. He supported IBM's pioneering work with Stonewall's Diversity Champions programme over a number of UK commercial and public organisations. He is a trustee of the Help and Care Charity which hosts the Gay and Grey project and of the British Tinnitus Association. He is also a member of the Bournemouth Police Independent Advisory Group. He lives with his partner Chris in Poole, Dorset; they have been together for 30 years and jointly support a number of gay activities and events in the area.

Val Taylor retired in 2000 from a career in Purchasing management with General Motors Europe. On moving to Poole with her partner of 20 years, she joined Women of Wessex, one of the local social groups for lesbians, where she heard about the Gay and Grey project. Having been 'out' to family, friends and work colleagues since her early twenties without experiencing homophobia, she hopes that the three years' work on the project will help improve the lives of lesbians and gay men who have not received the same support. Among her many interests are painting, gardening, music, photography and her cats.

Appendix 2: Questionnaire



A questionnaire looking at the experiences and needs of older lesbians and gay men in Dorset and surrounding counties.

- We have produced this questionnaire to give you an opportunity to have your say about the issues which affect you.
- Please complete this form as fully as possible and return in the envelope provided.
- Please remember that your answers are anonymous.
- We would be grateful if you could return this form as soon as possible.
- The closing date for returning questionnaires is December 31st 2004
- If you know anyone else who could fill in this questionnaire, please let them know about it.

We look forward to hearing your views.

Thank you for taking part



Registered charity No. 1055056

About you

It would be helpful to have all this information about you, but if you feel uncomfortable with any of the following questions, please feel free not to answer them. Please remember that your answers are anonymous.

Please tick (✓) the relevant box

1. Are you: Female Male
2. Which age group are you in: 50 – 54 55 – 59
 60 – 64 65 – 69
 70 – 74 75 – 79
 80 – 84 85 – 89
 90+

If you are under 50, please state your age here

3. It would be helpful to know whether you live in a town or in the countryside, so please tell us the first part of your postcode (e.g. DT4):
3. It would be helpful to know whether you live in a town or in the countryside, so please tell us the first part of your postcode (e.g. DT4):
4. Please tell us how you describe your ethnic background:

A White

- British
 Irish
 Other white background
.....

B Mixed

- White and Black Caribbean
 White and Black African
 White and Asian
 Other mixed background

C Asian or Asian British

- Pakistani
 Bangladeshi
 Indian
 Other Asian background

D Black or Black British

- Caribbean
 African
 Other Black background
.....

E Chinese or other ethnic group

- Chinese Any other

5. If you are willing, please tell us about your gross annual income:

- £0 – £4 999 £5 000 – £9 999 £10 000 – £14 999
 £15 000 – £19 999 £20 000 – £24 999 £25 000 – £29 999
 £30 000+

6. How would you describe what you did/do in your working life?

- Professional
- Managerial/technical
- Skilled manual
- Skilled non-manual
- Partly skilled
- Unskilled
- Armed forces/other

7. What is your current employment situation?

Please tick (✓) all the boxes that apply:

- | | |
|--|---|
| <input type="checkbox"/> Currently seeking work | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Employed full time | <input type="checkbox"/> Employed part time |
| <input type="checkbox"/> Self-employed full time | <input type="checkbox"/> Self-employed part time |
| <input type="checkbox"/> Registered disabled not working | <input type="checkbox"/> Registered disabled and employed |
| <input type="checkbox"/> Voluntary work | |
| <input type="checkbox"/> Other | |

8. Do you have access to the internet? Yes No

9. How did you hear about this questionnaire? (e.g. website, leaflet from library)

Sexuality

10. Which of the following most closely relates to how you describe your sexuality?

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Gay | <input type="checkbox"/> Bi-sexual |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Other (<i>please specify</i>)..... | |

11. Who knows about your sexuality?

	N/A	None	Some	All	Don't know
Your Children	<input type="checkbox"/>				
Your Family	<input type="checkbox"/>				
Friends	<input type="checkbox"/>				
Neighbours	<input type="checkbox"/>				
Employer	<input type="checkbox"/>				
Colleagues	<input type="checkbox"/>				
Health/Care workers	<input type="checkbox"/>				
Religious Community	<input type="checkbox"/>				

Please tell us how you decide whether or not to tell someone about your sexuality:

12. Is it important to you that people know about your sexuality?

- Yes It depends No

13. Is it important to you that people don't know about your sexuality?

- Yes It depends No

scale of 1 – 5, where 1 is very active and 5 is not at all active.

Totally 1 2 3 4 5 **Not at all**

22. Would you like more opportunities to meet people? Yes No
If **yes**, please indicate which of the following groups of people you would prefer to meet:

Please tick (✓) all that apply:

- a) Other gay people Heterosexuals Mixed
b) Single sex (female) Single sex (male) Mixed
c) Older people Mixed ages

What sort of activities would you like to be involved with?

Community and Housing

23. Do you have access to your own transport? Yes No
24. Do you have easy access to public transport? Yes No
25. Are you currently: Living alone Living with a partner
 Living with others Other (*please specify*)
26. Do you currently: Own your home
 Rent your home
 Own sheltered accommodation
 Rent sheltered accommodation
 Live in residential care
 Other (*please specify*)
27. Are you able to keep a pet if you want to? Yes No
28. Do you know where to get information or advice relating to local gay events, groups or services, individual rights or gay related legal matters? Yes No
Please give an example of where you might obtain this information:
29. How could it be easier for gay people to access support or information?
30. What sort of services or events would you like to see in the gay community?

Social Care and Health

31. How would you describe your current health?
 Excellent Very good Good Satisfactory Poor
32. Do you have a long-term illness or condition Yes No
If **yes**, and it limits you in any way, please say how:
33. Do you think it is important to plan for your future needs as you get older?
 Yes No

34. Have you made plans for your future needs? Yes No
35. Have you made a will? Yes No
36. If you were to receive care at home would you prefer?

Please only tick one answer

- A same sex gay carer
- A same sex carer (sexuality unimportant)
- A gay carer of the opposite sex
- A carer of the opposite sex (sexuality unimportant)
- Don't mind

Do you have any other comments about this?

37. If you needed residential care, which would you prefer the home to be?

Please only tick one answer

- | | |
|--|---|
| <input type="checkbox"/> Exclusively gay female | <input type="checkbox"/> Exclusively gay male |
| <input type="checkbox"/> Mixed gay male and female | <input type="checkbox"/> Single sex (sexuality unimportant) |
| <input type="checkbox"/> Mixed gender | <input type="checkbox"/> Gay friendly |
| <input type="checkbox"/> Other | |

Do you have any other comments about this?

38. If you needed sheltered housing, which would you prefer the housing to be?

Please only tick one answer

- | | |
|--|---|
| <input type="checkbox"/> Exclusively gay female | <input type="checkbox"/> Exclusively gay male |
| <input type="checkbox"/> Mixed gay male and female | <input type="checkbox"/> Single sex (sexuality unimportant) |
| <input type="checkbox"/> Mixed gender | <input type="checkbox"/> Gay friendly |
| <input type="checkbox"/> Other option | |

Do you have any other comments about this?

39. Have you had any negative experiences with public services or voluntary organizations (e.g. social services, the health service, police etc) relating to your sexuality?

- Yes No

If **yes**, with which organization?

Why was it a negative experience?

40. How comfortable would/do you feel about telling professionals (e.g. social worker, nurse, doctor etc) about your sexuality? Please circle your answer on a scale of 1 – 5, where 1 is totally comfortable and 5 is not at all.

Totally comfortable 1 2 3 4 5 **Not at all comfortable**

Please explain your reasons for your answer.....

Appendix 3: Female/male comparison data

The female/ male comparisons only include those respondents who indicated their gender and answered the question.

Table 27: Gross Annual Income

Annual Income	% Female	% Male
0 - £4,999	2.2	5.5
£5,000 - £9,999	8.8	6.6
£10,000 - £14,999	8.8	7.7
£15,000 - £19,999	11.0	4.4
£20,000 - £24,999	2.2	4.4
£25,000 - £29,999	2.2	0
£30,000 +	2.2	3.3

Table 28: How would you describe what you did/do in your working life?

	% Female	% Male
Professional	28.6	13.2
Manual/Technical	5.5	15.4
Skilled Manual	2.2	2.2
Skilled non-manual	0	2.2
Part time skilled	1.1	1.1
Unskilled	2.2	1.1
Other	1.1	0

Table 29: What is your current occupation?

	% Female	% Male
Retired	40.4	50.0
Working full time	11.5	9.1
Working part time	11.5	2.3
Voluntary work	9.6	4.5
Registered disabled	3.8	11.4
Other work	3.8	6.8
Self-employed full time	1.9	0
Self-employed part time	1.9	4.5

Table 30: Do you have Internet access?

	% Female	% Male
Yes	27.5	22.0
No	15.4	14.3

Table 31: How did you find out about the questionnaire?

Source	% Female	% Male
Local groups	23.1	5.5
Gay and Grey	3.3	14.3
Friends	13.2	4.4
Leaflet	1.1	4.4
Magazine	1.1	3.3
Helpline	0	3.3

Who knows about your sexuality?

Table 32: Family, Children, Friends, Neighbours

	Not Applicable		None		Some		All		Don't know	
	%F	%M	%F	%M	%F	%M	%F	%M	%F	%M
Family	3.3	3.3	4.4	7.7	13.2	8.8	25.3	18.7	0	0
Children	19.8	24.2	1.1	3.3	0	0	19.8	4.4	1.1	1.1
Friends	0	0	0	3.3	19.8	17.6	26.4	18.7	0	0
Neighbours	1.1	0	14.3	7.7	14.3	20.9	4.4	6.6	8.8	2.2

Table 33: Employer, Colleagues, Health/Care workers, Religious Community

	Not Applicable		None		Some		All		Don't know	
	%F	%M	%F	%M	%F	%M	%F	%M	%F	%M
Employer	15.4	19.8	7.7	3.3	4.4	2.2	7.7	7.7	5.5	1.1
Colleagues	15.4	14.3	8.8	4.4	13.2	7.7	5.5	8.8	1.1	0
Health/Care Workers	9.9	7.7	11	5.5	16.5	6.6	2.2	12.1	4.4	1.1
Religious Community	29.7	16.5	7.7	5.5	1.1	5.5	1.1	5.5	1.1	2.2

Table 34: Is it important that people know about your sexuality?

	% Female	% Male
Important	2.2	4.4
Not important	17.6	16.5
Depends	25.3	18.7

Table 35: Do you feel you have been treated differently because of your sexuality?

	Yes		No		Depends		Not Applicable	
	%F	%M	%F	%M	%F	%M	%F	%M
Family	9.9	11	26.4	24.2	9.9	4.4	1.1	1.1
Friends	6.6	4.4	26.4	29.7	15.4	4.4	0	0
Career	12.1	7.7	25.3	29.7	7.7	2.2	0	0

Table 36: Current relationship situation

	% Female	% Male
Single	39.6	46.5
In Relationship	35.8	27.9
Dating	1.9	7.0
Divorced	9.4	4.7
Married	7.6	4.6
Separated	1.9	2.3
Widowed	1.9	0
Other	1.9	7.0

Table 37: Who do you turn to if you need help?

	% Female	% Male
Friends	37.7	38.6
Family	19.5	21.1
Partner	27.3	14.0
Group	2.6	7.0
No-one	10.4	14.0
Agencies	1.3	1.8
Church	0	3.5

Table 38: Do you feel you have adequate support?

	% Female	% Male
Yes	35.2	29.7
No	12.1	9.9

Table 39: On a scale of 1-5 do you feel isolated?

	Totally 1	2	3	4	Not at all 5
% Female	6.5	8.7	21.7	19.6	39.1
% Male	10.5	10.5	18.4	26.3	34.2

Table 40: If you do not belong to a lesbian/gay group, why?

	% Female	% Male
Not applicable	42.9	36.1
Not aware of group	6.0	6.6
Not interested in activities	3.6	6.6
Fear	1.2	0
Prefer small groups	1.2	0
Find uncomfortable	1.2	4.9
Youth oriented	1.2	0
Belong to lesbian/gay group	42.9	36.1
Health reasons	0	1.6
Too busy	0	4.9

Table 41: If you belong to a lesbian/gay group, on a scale of 1-5, does it fulfil your social needs?

	Totally 1	2	3	4	Not at all 5	Not applicable
% Female	10.9	19.6	23.9	15.2	6.5	21.7
% Male	2.6	15.8	31.6	5.3	0	42.1

Table 42: On a scale of 1-5 do you feel you have an active social life?

	Very active 1	2	3	4	Not at all 5
% Female	19.6	13.0	30.4	28.3	8.7
% Male	13.2	23.7	23.7	26.3	13.2

Table 43: Would you like more opportunities to meet people?

	% Female	% Male
Yes	67.4	84.2
No	30.4	13.2

Table 44: What sort of activities would you like to be involved with?

	% Female	% Male
Physical activities	26.2	22.0
Social	47.6	40.0
Gardening	4.8	2.0
Arts	7.1	6.0
Travel	2.4	14.0
Theatre	9.5	12.0
Support groups	2.4	4.0

Table 45: Current living arrangements

	% Female	% Male
Living alone	45.7	52.6
Living with partner	43.5	31.6
Living with others	2.2	7.9
Other	6.5	7.9

Table 46: Current accommodation arrangements

	% Female	% Male
Own home	87.0	78.9
Rent home	2.2	10.5
Rent sheltered housing	0	7.9
Other	6.5	2.6

Table 47: Examples of sources of information or advice on local gay events

	% Female	% Male
Internet	18.0	10.3
Gay scene	24.6	41.0
Social group	23.0	7.7
CAB	4.9	5.1
Library	1.6	5.1
Help and Care	3.3	5.1
Publications	23.0	20.5
Word of mouth	1.6	5.1

Table 48: How could it be easier to access support or information?

	% Female	% Male
Social groups	13.9	7.7
Internet	13.9	30.8
Gay magazines	13.9	15.4
Mainstream organisations	33.3	26.9
Local media	25.0	19.2

Table 49: What sort of services or events would you like to see?

	% Female	% Male
Gay coffee bar	21.7	11.8
Gay support services	21.7	23.5
Social groups	39.1	58.8
Gay residential care	17.4	0
Web courses	0	5.9

Table 50: How would you describe your current health?

	% Female	% Male
Excellent	8.7	10.5
Very Good	30.4	26.3
Good	37.0	21.1
Satisfactory	13.0	31.6
Poor	6.5	5.3

Table 51: Is it important to plan for the future?

	% Female	% Male
Yes	91.3	97.4
No	6.5	2.6

Table 52: Have you made a will?

	% Female	% Male
Yes	84.8	81.6
No	13.0	18.4

Table 53: Have you had any negative experiences with public services?

	% Female	% Male
Yes	17.4	18.4
No	76.1	78.9

Table 54: On a scale of 1-5 How comfortable would/do you feel about telling professionals about your sexuality?

	Totally 1	2	3	4	Not at all 5
% Female	26.1	17.4	26.1	13.0	15.2
% Male	50.0	10.5	13.2	15.8	10.5

Table 55: On a scale of 1-5 How important is it for caring professionals to be aware of your sexuality?

	Very 1	2	3	4	Not at all 5
% Female	28.3	17.4	17.4	4.3	28.3
% Male	21.1	13.2	44.7	15.8	0

Table 56: On a scale of 1-5 How important is it for caring professionals not to be aware of your sexuality?

	Very 1	2	3	4	Not at all 5
% Female	8.7	8.7	21.7	10.9	41.3
% Male	2.6	5.3	31.6	18.4	36.8

Table 57: On a scale of 1-5 How important do you think it is for caring professionals to be aware of the needs of gay people?

	Very 1	2	3	4	Not at all 5
% Female	54.3	15.2	13.0	4.3	10.9
% Male	52.6	31.6	7.9	2.6	2.6

Table 58: On a scale of 1-5 How important is it to have health information specific to gay people?

	Very 1	2	3	4	Not at all 5
% Female	45.7	21.7	21.7	0	8.7
% Male	63.2	21.1	7.9	2.6	0

Table 59: If you have any concerns about getting older, what are they?

	% Female	% Male
Health	14.3	5.5
Mobility	2.2	3.3
Dying	1.1	1.1
Isolation	11.0	9.9
Needing care	4.4	4.4
Age difference	1.1	0
Loss of independence	5.5	3.3
Housing	1.1	0
Post death arrangements	0	1.1

Table 60: Sexual needs

	% Female	% Male
Yes	78.3	76.3
No	17.4	21.1

Glossary of terms

Ageism	Prejudice or discrimination on grounds of age
Bisexual	Sexually attracted by persons of both sexes
Coming out	Declaring one's sexuality to self, to friends or to the world at large.
Continuous disclosure	Having to declare continually one's sexuality throughout life
Gay	General name for homosexual men – now gradually becoming a favoured term to embrace homosexual women (by some lesbians)
Gay Scene	Specific lesbian and gay culture involving commercially run pubs and clubs
Heterosexism	Discrimination or prejudice by heterosexuals against or towards homosexuals
Homophobia	A dislike, a fear or a prejudice against homosexuals.
Homosexual	Feeling sexual attraction for persons of the same sex.
Internalised homophobia	An unconscious assimilation of established homophobia
Lesbian	Homosexual woman
Lesbian and Gay friendly	Total acceptance of lesbian and gay men's sexuality, lifestyles and culture
Marginalise	Treat as insignificant and exclude from mainstream of society
PAR	Participatory Action Research.

Participatory Action Research	A research methodology which is undertaken 'with' people rather than 'on' people (Reasons 1994)
Sampling	Taking a selection of individuals from distinct groups of the population for investigation
Self Realisation	A development and acceptance of one's sexuality
Snowball sampling	A convenient way of collecting samples by word of mouth – person to person
Transgender	The physical characteristics of one sex and the supposed psychological characteristics of another

©Help and Care Development Ltd 2006

Published by Help and Care Development Ltd

September 2006

ISBN: 0-9549553-2-3

ISBN 0-9549553-2-3



9 780954 955328

Help and Care Development Ltd is a wholly owned subsidiary of
Help and Care. Help and Care is a company limited by guarantee
Registered in England and Wales

Registered Company

No. 3187574

Registered Charity

No. 1055056

For further information

Help and Care
896 Christchurch Road
Bournemouth
Dorset
BH7 6DL

0845 4500418

The Gay & Grey project was funded by The Big Lottery Fund

