

**Understanding and overcoming the barriers to social care services (in particular residential services) perceived by those who are older adult gay, lesbian, bisexual or transgender (LGBT)**

(One-to-one support project written for Essex)

**1 Introduction**

Much of the literature identified through this review was from 2001-2008. In the UK, there seems to be not enough research and written texts on the topic; including papers from the US and Australia.

The main barrier as perceived by older gay, lesbian and bisexual people to using social services comes up in every paper read as part of this literature review.

This is the **fear of discrimination**. Older people grew up in a time when sex between men was illegal, in a time when homosexuality was treated as a mental illness and people were generally less tolerant of people living lifestyles that vary from the norm. Although since then the world has become more tolerant, these people have often faced decades of discrimination as well as fear of discrimination and homophobia. As a result many people have either never come out or are selective about who they come out to. On the whole, older gay, lesbian and bisexual people are more cautious about being open about their sexuality than younger people.

Martin Green, chief executive of Counsel and Care, says the experiences of older lesbians and gay men can sometimes make them reluctant to reveal information about themselves. He says: "For the generation going into care now, homosexuality was a great taboo when they were younger." Sex between men was illegal until 1967 when the Sexual Offences Act decriminalised it between two consenting men aged 21 or over. Green suggests that older lesbians and gay men are more cautious about being open about their sexuality compared with their younger counterparts (Back in the Closet 2002). This comes to show that as in many other areas of care, generational issues play a big part in the cultural context.

We can therefore assume that, while someone may be comfortable to be open about their sexuality to social services staff (who are in general younger than them) they may be more fearful of coming out to other service users who are of their own generation and therefore more likely to be homophobic. The implications of this may include having to go 'back into

the closet' on entering residential services having lived openly or even lying about your relationship with your partner (and keeping track of the lie).

For services this presents a number of challenges including:

- LGBT people are often **invisible** within services because they choose not to come out making it extremely difficult to ensure that their needs are being met, that the service is addressing these issues and that the service is caring for the 'whole person'.
- Older people's services often **don't consider sexuality** an issue in older people's services at all and **assume heterosexuality** (Harrison 2005) which can make it more difficult for people to be open about their sexuality.

Other difficulties for older people who are LGBT when they enter social services are the services assumption that being gay, lesbian or bisexual is **only about sexual health** rather than identity, community and culture and as a result, the assumption that LGB people have the same needs as heterosexual people.

They are also subject the same forms of discrimination that heterosexual people are subject to in addition to their sexuality leading to **multiple discrimination** including ageism, sexism and racism.

The literature suggests that services should look to **how their LGB staff are treated** within the workplace to inform how to address these issues. If staff feel safe to be open about their sexuality at work and feel confident that any instances of homophobia are addressed then the culture within the service as a whole is likely to be more supportive of LGB service users who, as a result are more likely to feel comfortable to come out and live openly.

A recurring theme within the literature is that **Equality and Diversity training** for staff rarely explicitly mentions sexuality leading to staff not being comfortable discussing issues of sexuality, not being aware of the issues faced by people who are LGB and not being aware that homophobic behaviour is unacceptable within the service.

## **2 Review of key texts (practice, research and policy)**

A key article is Concannon's *Developing inclusive health and social care policies for older LGBT citizens* (Concannon 2008), which gives a good overview of the history and the context in which older LGBT people live in Britain, including political issues of empowering LGBT 'elders', the implication of the individual budgets<sup>1</sup>, the voluntary sector involvement and implications for social work practice. **Needs full reading** (and is attached here).

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<sup>1</sup> Further down the text I provide some points on that topic.

Here are the main points that the author makes:

- Managers, practitioners and educators need to learn about the **lives and concerns** that LGBT people have, and understand areas that may affect their practice. They should take responsibility to protect the interests of LGBT service users, and, in line with reflective practice, keep updated on changes to legislation, and the broader issues concerning LGBT seniors.
- **Training packages** must be available to social care staff, with topics relevant to the needs and choices of LGBT elders. The principles of respect, rights, fulfilment, independence, privacy and dignity are an essential requirement of this training.
- In the UK, **advocacy** is one of the most neglected areas of support for older LGBT service users. Funders must give greater consideration to supporting advocacy groups for lesbians, gay men, bisexual and transgendered elders.
- Limited social settings for LGBT elders exist, and statutory and voluntary sector day centres are seen as heterosexist. **The gay scene also does not cater to the social needs of older lesbians, gay men, bisexuals and transgendered individuals.** Commissioning managers, service planners, voluntary organizations and outreach workers, in partnership with leaders in the gay community, must encourage social groups to be established and support them financially.
- Mechanisms for **monitoring and evaluation**, seeking to ensure that the needs of older LGBT citizens are being met, should be set up in care homes and by community-based providers. Clear guidance for LGBT service users on complaints procedures should also be included.
- Equal opportunity policies must make **specific reference** to sexual orientation, and practitioners should ensure that this is carried out on behalf of their service users and implemented in both sheltered accommodation and residential care homes (Concannon 2008).

A Community Care article from 2002 (*Back in the Closet*) spells out Age Concern's observation<sup>2</sup> about the challenges that LGBT people experience when getting older and needing services:

Age Concern director general Gordon Lishman says many older lesbians and gay men are frightened about not being able to cope with going into care. "Many fear being with staff and other users who are homophobic, and it is an understandable fear," he says.

Another consequence of staff failing to accept or acknowledge an older person's lesbianism or homosexuality is that their partner becomes excluded from their care. "With gay relationships, the partner is not always assumed to be the first carer in line," Green says. Also a lesbian or gay partner who is not classified as the primary care giver will miss out on respite support (*Back in the Closet* 2002).

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<sup>2</sup> The full report of Age Concern is called *Issues facing older lesbians, gay men and bisexuals (2002)*, and is attached here.

The same article also tells the story of Roger Newman who founded the Lesbian and Gay Carers' Network<sup>3</sup> ([http://alzheimers.org.uk/site/scripts/home\\_info.php?homepageID=28](http://alzheimers.org.uk/site/scripts/home_info.php?homepageID=28)) within the Alzheimer's Society, after his partner David was diagnosed with dementia.

The metaphor of the closet comes apparently often when people refer to residential care of LGBT people. Mark Hughes from Australia explains this metaphor in his 2004 article *Privacy, sexual identity and aged care*, citing Chekola:

Gays and lesbians who do not make their sexual identity visible are said, particularly by those who affirm gay and lesbian identities, to be in the closet or to be passing as heterosexual. According to Chekola

'The closet' is an institution, a set of practices occurring within the context of a culturally or morally negative view about homosexuality, which has at least two functions. One is to provide a means of protection and survival; the other is to provide a means for hiding something about which one feels shame.

His article claims that

...aged care providers and workers need to construct relatively safe environments that enable older gays and lesbians to disclose and express their sexual identity. Failure to do so may mean that some gays and lesbians are forced back into the closet in their older age: a form of institutionalised homophobia (Hughes 2004)

Here is what Hughes in conclusion of his article

In the delivery of home-based care private spaces become public with movement of aged care workers in and out of people's lives. Privacy in these contexts is important and, as most acknowledge, one indicator of older people's quality of life. However, privacy strategies should not simply require the hiding of aspects of the self. They should also be about the construction of relatively safe environments that enable the open expression of an individual's identity, including their sexual identity. A failure to provide such environments in aged care means that individuals will be forced to keep important aspects of their identity secret and closeted. Similarly privacy strategies should provide opportunities for the appropriate disclosure of personal information. By not allowing for opportunities for individuals to disclose their identity, aged care workers are not receiving the appropriate information on which to intervene (Hughes 2004).

Also in Australia (who seem to be one of the leading countries in that area<sup>4</sup>), Dr Catherine Barrett – a researcher from the La Trobe University – went public in 2008 with a report on their qualitative study of the experiences of gay, lesbian, bi-sexual and transgender seniors receiving aged care services in Victoria.

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<sup>3</sup> A very useful resource and telephone support service for anyone who is LGBT and who is, or who has been, caring for someone with dementia!

<sup>4</sup> Another article from Australia – attached here – is Jo Harrison's *Pink, lavender and grey: gay, lesbian, bisexual, transgender and intersex ageing in Australian gerontology* (Harrison 2005)

It reveals the hidden terror confronting gay baby-boomers and other older seniors who are not sexually mainstream – the prospect of confinement to the darkest closet of their lives: old age in Australia in the 21st century.

Most said they could not be themselves, they were forced to hide their true sexual identities. Many recounted threats, harassment, ridicule and/or invasion of privacy, sometimes from staff or carers, sometimes from other residents. Most expressed some form of grief, loneliness or depression and a longing for intimacy, physical contact or sex.

Although some aged care providers do respect and protect GLBTI groups, the report says, most are unaware of them, or ignoring their emotional, physical and psychological needs, indirectly confining them to the closet (La Trobe 2008).

I attach the full report as a further reading with the current text but here are some powerful words from the story section of the report that I would like to quote:

I miss the intimacy of male company. I'm in a nursing home, it's not my real home, there's no privacy and there are rules. I'm not able to live a gay man's life in a nursing home. I would prefer to be living in my own home with carers and with the gay community at my fingertips. I see the gay magazines when I go out to pubs but I couldn't bring them back here (Tom, 64 years old, gay man).

How does a gay man in a nursing home like Tom who is still a sexual being express his sexuality? He can't. He can't talk to the nursing home staff about that because *he is fearful that he might receive lesser care*. A lot of people think that a man having anal sex with another man is quite disgusting. Because the staff can't talk about his sexuality openly and comfortably, they are not meeting Tom's needs and he is living a shadow of a life (Tom's community support officer).

If older lesbians do not have the support we had and if they are not going to speak up then they are going to lose a chance of having a wonderful life in their last years. If you don't talk up you die very lonely. If the forst comes to the worst, well you are not a murderer, you are not a thief, just a very great lesbian who loves women (Maureen, 74 years, lesbian).

People judge me because I've got a penis, I'm transgender. If I didn't have the penis, if I was a full female, then it would be a different story. They wouldn't know I was a transgender then. One bludger says he's going to flatten me. He says it's because of what I am, a transgender. He doesn't understand it. He puts his fists up like he's going to punch me. I don't get on with any of the buggers here. They're not my kind of people (Nancy, 79 years old, transgender) (Barrett 2008).

**NB I cannot recommend strongly enough that you read the whole story section of the report; it provides an insight about people's lives and also an insight for practice through three brilliantly described case stories.**

Back in the UK, Helen Brown makes an argument in that improving work with gay and lesbian service users should happen in the context of overall improvement of the social workers' approach to clients. She criticises the current state of the profession for failing to respond to people's wishes in general and to LGBT people in particular. For her the problem

lies deeper and any solution that would benefit LGBT people in particular would require wider changes in the social work profession in general.

In my experience capable social work practitioners work capably with all service users and carers and, similarly, incompetent ones work incompetently with all. This is not to say that we should therefore ignore issues of sexuality but rather to argue that social work needs to 'up its game' with some degree of urgency to better the quality of social work practice generally. This relates to two particular areas: social work practitioners' ability to understand and use effectively social work knowledge and, second, that they have the skills to engage with service users and carers effectively in such a way that they are able to effect change.

What lesbian and gay men as social workers and as social work educators as well as service users and carers have wanted from social work is that they are treated the same as all providers and receivers of social work services, at the same time as some of the very real differences being acknowledged. We need each lesbian and gay man to be seen as a unique individual within her/his own context and an understanding that this will include her/his social and political current and historical context. For example a lesbian foster carer needs the same support as all foster carers but she might also want to discuss the impact that a foster child's grandfather's homophobia is having on her own birth child. Or an 80-year-old gay man might be hesitant to reveal his sexual orientation to a carer because for most of his life not only was male homosexuality pathologised but in addition sexual acts between men until 1967, even in private, were illegal. Enabling him to be open about himself in his own home with his carer might take great sensitivity and time (Brown 2008).

Another word of caution by the same author concerns the pitfalls of what she describes as 'positive stereotyping'.

...where social work practice has been historically oppressive, as with lesbians and gay men, social work practice can and does provoke high levels of anxiety, as noted earlier. This anxiety can manifest itself in what has been described as 'positive stereotyping'. The Tyra Henry inquiry identified this tendency where social workers in their effort not to negatively stereotype an individual from an oppressed group by default positively stereotyped that person instead (London Borough of Lambeth 1987). This can have devastating consequences, as in the case of Tyra Henry, as well as the individual's uniqueness and humanity being lost in the process (Brown 2008).

My interpretation of this paragraph is that stereotyping is always stereotyping and it prevents the practitioner from seeing the 'the real person and individual' behind the even positive stereotype.

*In Scotland*, In June 2004, Organisational Development and Support (ODS), working in partnership with Stonewall Scotland, were commissioned to undertake research into the housing and support needs of older LGBT people, and to develop good practice guidance for the providers and users of housing and support services.

The main findings of the research were:

- The majority of people were **content** with their current housing circumstances.
- **Harassment** in the home and neighbourhood was a problem for a significant minority of people, with a number having had to move home to avoid harassment.

- Almost half of all participants felt they may experience **barriers in the future** in accessing quality services – particularly **residential care** – due to age, financial constraints, gender identity or sexual orientation.
- Sexual orientation and gender identity were generally seen as less of a barrier to accessing services than **age** – linked to a lack of respect – and financial considerations.
- Many did feel that sexual orientation or gender identity could be a barrier to quality service provision, due to the **assumptions of service providers** and a **lack of awareness and training**.
- There was a clear preference for support and care to be provided **at home** for as long as possible. While those with finance available were confident that they could purchase home care services which would meet their needs, those relying on local authority or voluntary services were less confident, believing that lack of money meant that choice was restricted.
- There was a clear feeling that most services for older LGBT people should be delivered through accessible **mainstream services**, rather than specialist provision.
- The one **exception** to this was residential care and sheltered accommodation, with many people – **particularly women** – desiring **either lesbian only or LGBT only** accommodation with support.
- The quality of service delivered was perceived to depend very much upon the staff and **individuals** delivering the service.
- In service delivery people believed that sexual orientation and gender identity issues were often **ignored** in policies and in equalities training which led to a lack of consistency.
- A number of people also highlighted that **they did not know what services were available** in their local area, and what to expect when they accessed these services (Housing and support needs of older LGBT people in Scotland 2004).

#### *Direct payments and LGBT people*

The introduction of direct payments introduced both new solutions and challenges for older LGBT people, as an article in Community Care by Anne Gulland from 2009 certifies.

According to the article, gay people in receive of direct payments experience the following difficulties:

- *Imprisoned with a care agency* – many older gay people seek to find gay care workers; "Can you help me find a gay care worker?" This is a question that Roger Newman, a volunteer on the Alzheimer's Society's lesbian and gay telephone helpline, is often asked. But Newman has to disappoint: "Sometimes as a gay person you feel happier and safer with other gay people around, especially when a carer helps with personal and intimate needs. But the answer is 'no'." (Gulland 2009)

- *Fear of homophobic carer workers* entering their private life
- *Lack of support* – scarcity of outreach gay workers
- *Mental health needs*; Gay people might talk of their "family of choice" - a network of friends - but these networks are less likely to provide care than partners or family. Older gay people are also more likely to be single than heterosexuals. Antony Smith, national development and policy officer for older gay men, lesbians and bisexuals at Age Concern, says these clients are more likely to have mental health problems, and to smoke and drink, so their care needs are greater (Gulland 2009)

This article is based on a CSCI inspection from 2007 and on a recent policy paper by the International Longevity Centre. The latter is titled *Older Gay, Lesbian and Bisexual People in the UK* and was written by Musingarimi (2008a) You can find information about the demography of older LGBT people in the UK. The author also analyses how the needs of older LGBT people differ from those of their heterosexual peers.

- Up to 75 percent of the older lesbian, gay, bisexual and transgender (LGBT) population lived alone. This was two and a half times more than their heterosexual counterparts were likely to.
- 90 percent of the LGBT people were childless. This made them four and a half times less likely to have children to call upon in time of need compared to heterosexual peers.
- 80 percent aged as single people, without a life partner or "significant other". This made LGBT individuals twice as likely to age as a single person compared to heterosexual peers.
- They live and grow older in a constant fear of discrimination and disclosure (Musingarimi 2008a).

ILC issued also a separate report on health issues affecting older LGBT people by the same author that is mainly focused on health services, HIV/AIDS, mental health issues, etc. The latter text is also attached here (Musingarimi 2008b)

A CSCI good practice bulletin related to the inspection mentioned above is called *Putting People First: Equality and Diversity Matters. Providing appropriate services for lesbian, gay and bisexual and transgender people* (attached).

There are service users' perspectives quoted in the bulletin, as well as useful points from the survey

- The majority of LGBT people did not seek potential assistance from specific LBT staff though a significant minority would have preferred this.
- Staff training can be important in dispelling myths around LGB people.
- Only 1% of providers mentioned any training for staff that specifically covered issues of sexual orientation.

- Individual staff have had objections to addressing issues of equality for lesbian, gay and bisexual people because of religious reasons. However, new legislation quoted in the document points out that staff should not therefore be able to 'opt out' of supporting people because they are lesbian, gay or bisexual.

**Again, it is worth reading the whole document (40 pages) because it provides a range of good practice examples as well as involving service users in the decision making.**

For further reading on general LGBT issues and ageing, please read the few articles from Issue 2(2) of *Gay and Lesbian Issues and Psychology Review*, attached here or accessible through [http://www.groups.psychology.org.au/Assets/Files/GLIP\\_Review\\_Vol2\\_No2\[1\].pdf](http://www.groups.psychology.org.au/Assets/Files/GLIP_Review_Vol2_No2[1].pdf)

A big resource on **LGBT people that are caregiving** is Kristina Hash's PhD thesis titled *Caregiving and Post-caregiving Experiences of Midlife and Older Gay Men and Lesbians* (2001). The whole thesis is available online on this web address (<http://kmhash.tripod.com/disspage.htm>).

### **3 Good Practice and knowledge from ripfa's network**

According to Andrew Reece, our link officer for Coventry, the two authorities that are ahead on this practice are the Royal Borough of Kensington and Chelsea, and Brighton and Hove. For further details, please contact these local authorities directly (neither of them is a **ripfa** partner as yet) or Andrew Reece.<sup>5</sup>

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Cumbria are in a process of carrying out an internet search looking at the best ways to address the question of recording sexuality on their client data. That hasn't started yet (as of January 2009) but they provided the electronic materials they had collected on the topic and I attach them with the current report, too. For further details, please contact

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<sup>5</sup> **ripfa's** link officers, from my experience, are always more than happy to share information and experience with colleagues; just say that you have been referred to them by **ripfa**.

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Deborah Towle, our link officer from Birmingham, shares her understanding of barriers to older LGBT people accessing services. She has formed this view from anecdotes people have shared during training sessions (audience participation during the Age Concern "All of Me" guidance launch) or at conferences (like the "Gay and Grey with dignity" conference in Scarborough), or drawn ideas from resources like the Age Concern "All of me" pack.

According to Deborah Towle, older LGBT people are:

- Less likely than heterosexual older people / couples **to have family** (both siblings and children as well as extended family) around them to support them, care for them, help them access services
- Less likely to be **open about their identity** (their sexual orientation) than heterosexual older people / couples
- Likely to **fear homophobic responses** from social care and health professionals and other service users
- Likely to experience **homophobic responses** from social care and health **professionals** and other **service users** (especially in residential care and housing related situations)
- Unlikely to receive **specialised** services targeted at their needs, or exclusively for LGBT older people (some LGB people prefer to access mainstream services, some would prefer specialist services, some would like a mixture of both)
- Less likely to experience **inclusive language** within assessment process, form filling, information booklets, residential care home environments. Language is not inclusive and supportive of their lifestyle and identity
- Often viewed as only having sexual **health needs**, if needs are recognised at all
- There also appears to be a lack of funding available for LGBT voluntary organisations to provide services specific to LGB older people's needs.

It is interesting that these points that Deborah makes reflect the findings from the literature referred to above.

Here is an overview of what Birmingham have done developing this theme:

- **Training** - specific training has previously been developed to address some issues of knowledge and good practice for staff and service users around general LGBT issues, for example, Personal relationships and sexual health policy and training, Social work training module on LGB service users. A programme of training on Equality and Diversity issues to include issues around sexual orientation is currently being developed for the whole directorate.

- Promotion to adopt **good practice guidance into working** - The Age Concern Policy and practice documents around "Opening Doors" and "All of me" were launched in the directorate and shared with relevant operational managers. The new information booklet "Later Life as an older, lesbian, gay or bisexual person" was broadcast to all staff. A resource bank of supporting information on LGBT older people was added to the resource library and promoted to all staff through broadcast.

- As part of the process of staff training around **Equality Impact Assessments**, Information on health and social care issues for LGBT people were presented to staff.

- The LGBT community has been consulted on a number of recent service developments. The Birmingham Older Lesbian Network and the Journey MCC older LGB Luncheon Club were represented on consultation into the re-provision of day services

- Research is currently being conducted into the social care and health needs of LGBT **carers** and carers of LGB people.

Additional resources of information on the topic, not reviewed above and shared by Deborah Towle, are the following:

- National Age Concern ("Opening Doors", "All of Me" campaigns, and "Later Life as an older, lesbian, gay or bisexual person", "Out and Healthy" and other information briefings and booklets, project work - Age Concern Westminster - developing services for older lesbian, gay, bisexual and transgendered people in Westminster - 020 7239 0409, August 2008)

- Polari Older LG support group [www.casweb.org/polari](http://www.casweb.org/polari)

- Nottingham Trent University Research into social and policy implications of non-heterosexual ageing, Brian Heaphy, Dept.of social Sciences 2003

- Scarborough and Ryedale Gay Community Network, "Gay and Grey with Dignity" report, 2004, Alan Colling [alancolling@gay-scarborough.org.uk](mailto:alancolling@gay-scarborough.org.uk)

- CSCI conference 2007 - Coming out with the goods : care services for LGBT people, information briefing "providing appropriate services for lesbian, gay, bisexual and transgendered people", checklist for working with lesbian, gay, bisexual users

- Help the Aged, Experts by experience panel recruitment - looking specifically to recruit from gay, lesbian, bisexual and tran communities to provide views on residential care provision, May 2008

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Additional documentation from Birmingham is attached with the current set of documents.

A couple of more good practice initiatives:

"Age Concern Nottingham and Nottinghamshire forged working links with a an organisation called OUTHOUSE in 1999. OUTHOUSE will become a community centre for older lesbians and gay men. It will include rooms that Age Concern can use to provide information and advice."

(Taken from Age Concern (2002) *Issues facing older lesbians, gay men and bisexuals*)

Polari (<http://www.casweb.org/polari/>) are a support group for older lesbian and gay people and are currently conducting an online survey of older and disabled LGBT people living in Kensington and Chelsea as part of their ongoing work to improve services for older LGBT people.

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In conclusion, I would like to quote once more a paragraph from Helen Brown's article, referred to earlier:

The demise of the emphasis placed on relationship-based work affects all service users and carers and will also affect lesbians and gay men. To reclaim relationship-based social work would also be reclaiming the 'radical', something that has got lost. To work effectively with lesbians and gay men requires this radical approach as it requires the ability to work with contradictions, to use the law as leverage to meet people's needs, to apply knowledge effectively and to utilise competently communication skills in relationship-based work (Brown, 2008).

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