State of Ageing Spotlight

Older LGBTQ+ people

August 2026

ageing-better.org.uk

Centre for Ageing Better

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About the Centre for Ageing Better

The Centre for Ageing Better is an independent centre of excellence on ageing and demographic change. We work with national and local government, industries, businesses, and community organisations to improve how people experience ageing. Our work focuses on creating better workplaces, homes and communities, while tackling ageism and addressing inequality in later life.

Learn more at **ageing-better.org.uk**

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Preface

I welcome this very timely report spotlighting the experiences of older LGBTQ+ people.

The fear as we age – and contemplate greater care and different living arrangements – that we may need to go back into the closet after a lifetime of being out and open about our sexuality and gender identity is a very real one.

Too often older LGBTQ+ people are regarded as simply 'old' and as a problem that needs dealing with. This ignores the rich, varied, amazing and remarkable lives many of us have lived, and the achievements of surviving in a world that does not always recognise or acknowledge us, and can be increasingly hostile.

As I live in Manchester, with its large active and engaged diverse LGBTQ+ population, I am aware that I have a degree of protection not available to those who live in more rural and isolated communities. Pride in Ageing, run by the LGBT Foundation, the majority LGBTQ+ occupied extra care housing scheme currently being built in south Manchester, and the volunteer-led Out in the City group which addresses social isolation are examples of best practice in this field.

I hope that this report will serve to inform policy-makers of the particular lived experiences and needs of the older LGBTQ+ community in the provision of services, and much more besides.

Lizzie Gent (right), network member, Ageing Better Voices

Note on terminology and trans inclusion

We use LGBTQ+ as an inclusive term for people with minoritised sexual orientation and gender identities. For more information see our style guide[1].

We follow the terminology that specific data sources use, for example, the Census data uses LGB+, while the Annual Population Survey uses LGB.

The glossary at the end of this report explains other terms we use.

We recognise that much of the quantitative data in this report relates to older LGB+ people, and that a lack of data contributes to older trans (including non-binary) people being less visible in discussions about LGBTQ+ ageing at a time when trans people feel under particular threat. In the absence of quantitative data on trans people's lives, we have tried to refer to other sources of data to avoid reinforcing this invisibility.

Lizzie Gent, network member, Ageing Better Voices

Executive summary

Key points

- The number and percentage of older LGB people in England has increased significantly over the last ten years, and numbers of older LGBTQ+ people are set to increase further. However, quantitative data on older LGBTQ+ people's lives is lacking.
- The data that is available shows that LGBTQ+ people face disadvantage as they age in terms of housing, social connection, employment, financial security, health, care and support, and access to appropriate services. Data is very limited for older trans people.
- Many of the specific challenges older LGBTQ+ people face result from the discrimination and stigma that they have experienced throughout their lives, and continue to face today, although the nature of these experiences through older people's life courses varies considerably within LGBTQ+ communities.
- Older LGBTQ+ people have legitimate concerns about heteronormativity, homophobia and transphobia in service provision, which can result in people delaying or avoiding access to services they need.
- Many older LGBTQ+ people prefer to access LGBTQ+-led services, but these tend to be only available in places where there are larger LGBTQ+ populations, and many voluntary organisations that provide some of these services are insecurely funded.
- For over 60 years, older LGBTQ+ people have driven progress in social justice for LGBTQ+ people and built community support organisations, yet they may feel increasingly excluded from LGBTQ+ communities as they age.

Summary of recommendations

- **The national government** should consider the distinct needs of older LGBTQ+ people as a rapidly growing group within our ageing population. This should include amending the Equality Act (2010) to provide better protections for all older people, including those who identify as LGBTQ+.
- **Organisations that collect data**, such as the ONS and service providers, should collect data on sexual orientation and gender identity with a sample size that enables disaggregation by age – but a lack of data shouldn't be a barrier to government and service providers taking action now.
- **Policymakers, service providers and employers** should make use of existing and guidance and standards; for example, the Pride in Practice and Pride in Care programmes for health and care services; the LGBT Foundation's If we're not counted we don't count guide for data collection; and Centre for Ageing Better's Age-friendly Employer Pledge.
- **LGBTQ+ organisations and spaces** should work with older LGBTQ+ people to co-design improvements, remove barriers to participation and promote intergenerational activity. Likewise, **older people's groups** should consider how to actively include people who identify as LGBTQ+.

Full policy recommendations can be found at the end of the report

Introduction

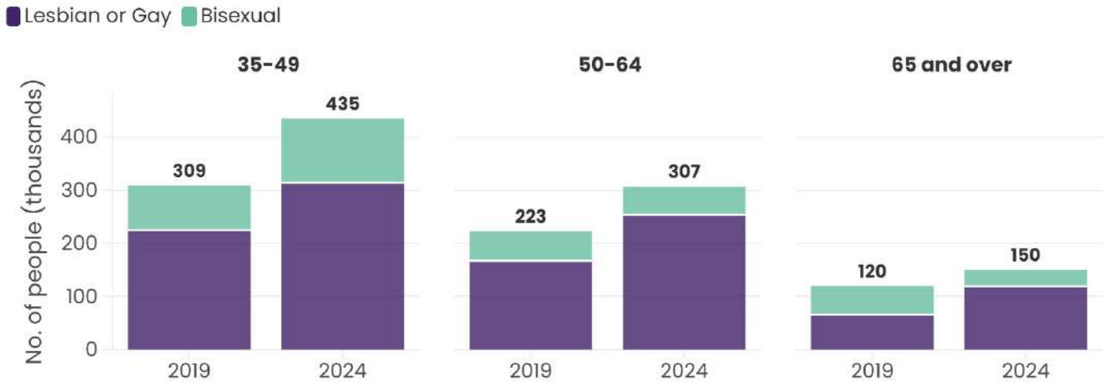
Our State of Ageing report[2] uses national data to shine a light on the growing diversity of our older population. But not all people's lives and experiences are as visible in the national data. This spotlight aims to address the invisibility of older LGBTQ+ people in our data and in discussions about our ageing population.

Older LGBTQ+ people have lived through, and been instrumental in progressing, extraordinary social and legal changes (see Figure 3 overleaf).

Now in their later lives, they face the overlapping challenges of ageism and the ongoing effects of a lifetime of homophobia and transphobia, which can significantly affect their wellbeing and quality of life.

There are currently almost half a million LGB people aged 50 and over in the UK (Figure 1), and numbers have grown rapidly in the last decade. The 2021 Census estimates that there are almost 50,000 trans people aged 55 and over in England, although uncertainty about the accuracy of the gender identity measure[3] limits further analysis.

Between 2019 and 2024 the number of LGB people aged 50 and over in the UK increased by a third: from 343,000 to 457,000



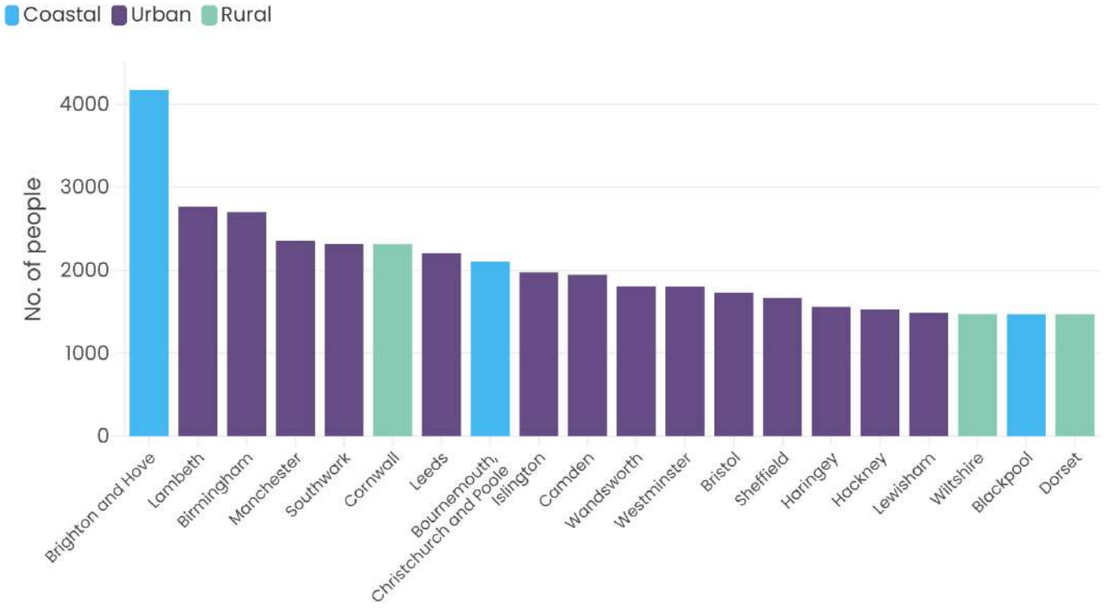
Source: ONS Annual Population Survey: https://bit.ly/3Ui8OGf

Figure 1

Older LGB+ people are more likely to live in cities, and in some coastal areas, than in rural areas. In fact, one in five (20%) LGB+ people aged 55 and over live in London, even though it is home to only 12% of people of this age group in England[4]. Many LGBTQ+ people choose to move to cities and remain there as they age because these places are viewed as more tolerant and because they can be part of LGBT+ communities there[5].

Less is known about the experiences of older LGBTQ+ people living in rural and coastal areas[6] – where they may have more limited access to LGBTQ+ affirmative support, both informally and through organisations.

LGB+ people aged 55 and over are most likely to live in London, Brighton, and some larger cities.



Source: ONS Census 2021: https://bit.ly/4i7E6cQ • Data on sexual orientation and gender identity in the 2021 Census cannot be combined to produce data for the LGBT+ community as a whole.

Figure 2

A history of LGBTQ+ rights in England

1967
The Sexual Offences Act decriminalises sex in private between men over the age of 21
17 1

1968
Homosexuality is classified as a mental disorder by the World Health Organization (WHO)
18 2

1972
First UK Gay Pride rally in London
22 6

1973
Hundreds of LGBTQ+ people have NHS 'electric shock aversion therapy' between 1965 and 1973
23 9

1981
First recorded cases of HIV/AIDS
31 15

1988
Section 28 of the Local Government Act prohibits 'promotion of homosexuality'
38 22

1989
Stonewall UK set up in response to Section 28
39 23

1992
WHO no longer defines same-sex desire as a mental illness
42 26

2000
The Sexual Offences Amendment Act lowers the age of sexual consent to 16 for everyone
50 34

2003
Section 28 of Local Government Act repealed
53 37

2004
Civil Partnerships introduced for same-sex couples
54 38

The Gender Recognition Act allows trans people to change their legal gender with a new birth certificate
54 38

2010
The Equality Act 2010 consolidates previous laws making gender reassignment and sexual orientation legally protected characteristics
60 44

2014
Same-sex marriage legalised
64 44

2018
Government commits to ban "conversion therapy" for LGBTQ+ people (still not enacted in England)
68 52

2025
Supreme Court ruling defines 'sex' for the purposes of the Equality Act 2010 as biological sex assigned at birth
75 59

Age if born in 1950

Age if born in 1966

Figure 3[7,8,9]

As relatively larger younger generations of LGBTQ+ people age, the older LGBTQ+ population is projected to increase at a faster rate than the wider older population. This underscores the urgency of recognising the needs of older LGBTQ+ people in policy-making and service delivery.

However, a long-standing lack of quantitative data on LGBTQ+ lives has contributed to the invisibility of older LGBTQ+ people in policy-making and service design. Monitoring of sexual orientation and gender identity by services remains limited due to both institutional reluctance and older LGBTQ+ people's understandable reticence to disclose identities in light of past discrimination[10]. Yet such monitoring is essential for delivering inclusive, appropriate services and can itself help validate lived experiences.

At the same time, national datasets rarely report findings by sexual orientation or gender identity. Even when data is collected, small sample sizes can limit reporting – especially when combining these variables with age, and especially for older people[11].

The inclusion of voluntary sexual orientation and gender identity questions in the 2021 England and Wales Census was therefore a positive step. Its full population coverage helps overcome sample-size issues, although significant limitations to its usefulness remain[12]. The Centre for Ageing Better's request for additional analysis of sexual orientation Census data by the Office for National Statistics[13] has helped inform this spotlight report.

It is important that this lack of data does not prevent groups and individuals – including researchers, policy-makers, statutory providers, community organisations and LGBTQ+ community members – working together now to improve the lives of older LGBTQ+ people. There are evidence-based guides and accreditation schemes that can support this work (see box), and the Consortium of LGBT voluntary and community organisations lists over 700 local LGBTQ+ voluntary and community groups, networks, organisations and projects in the UK (www.consortium.lgbt/member-directory).

In addition to highlighting the need for better evidence, we hope that this spotlight report inspires people to take action.

Guides and accreditation schemes for LGBTQ+ inclusive services

LGBTQ+ Housing Pledge: www.houseproud-lgbt.com/pledge

Skills for Care LGBTQ+ learning framework: https://bit.ly/4wFqPMh

Pride in Practice (for primary health care) and Care Award: https://lgbt.foundation/help/pride-in-practice

HIV confident: www.hivconfident.org.uk

Stonewall's Proud Employers programme: www.stonewall.org.uk/inclusive-workplaces/proud-employers

Note: Organisations that can provide support to individuals are listed at the end of this report.

"When I hear that the numbers of older people identifying as LGBTQ+ are increasing, it's exciting to think that we'll be more commonplace in the future!"

Mindy, Ageing Better Experts by Experience Network

Diversity within older LGBTQ+ communities

Older people under the LGBTQ+ umbrella have different histories, experiences and needs[14]. Depending on when – or if – older LGBTQ+ people came out, they may have had very different experiences of discrimination. Those who were aware of their identities in decades when minority identities were more heavily pathologised and stigmatised may have hidden their identities for years, making them more reluctant to access services and leaving them with fewer social connections[15].

Sexual orientation and gender identity intersect with other characteristics to create different experiences of ageing. For example, older LGBTQ+ individuals from racially minoritised backgrounds may experience intersecting forms of discrimination alongside stigma within both their racially minoritised communities and the LGBTQ+ community, creating complex challenges in later life[16].

Overall, trans people tend to report the worst experiences of discrimination, including in the workplace, healthcare, and public services[17]. Older gay and bisexual men are more likely to prefer LGBTQ+ specific services, while older lesbians and bisexual women tend to prefer women-only services[18]. Co-production of policy and services with diverse members of older LGBTQ+ communities is therefore vital to ensure a full range of needs are considered.

Homes and communities

Our homes are central to our health and wellbeing, especially as we age. Non-decent homes – those that are damp, cold and hazardous – can cause asthma, strokes, heart attacks and falls.

The risk of non-decency is highest in the private rented sector: our 2025 State of Ageing report finds that while 15% of owner-occupied homes headed by someone aged 75 or over are non-decent this rises to 27% of privately rented homes.

"I get London and London gets me, so I want to be here – even though the cost of living in London is actually crazy at the moment."

Gay man, sixties, London (Precarious Lives)

Older LGB+ people are more likely to rent privately and less likely to own their homes than heterosexual peers, even accounting for the high number of older LGBTQ+ people living in London[19] where private renting is more common (Figure 4). In addition to health implications, this matters because private renting in later life can be financially challenging. In 2022/23, 35% of privately renting pensioners were in relative poverty, compared with 12% of homeowners. For LGBTQ+ people, this is often compounded by living in high-cost areas like London and Brighton (see Figure 2), where rents are particularly high[20].

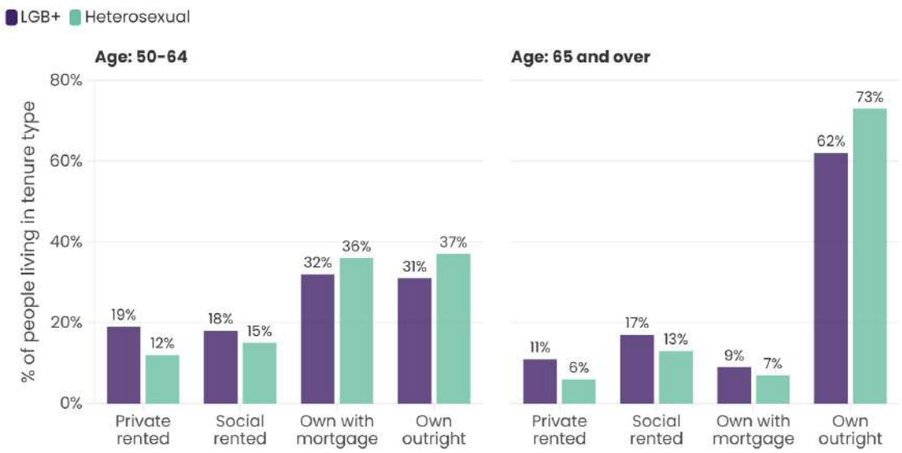
Lower home ownership among older LGBTQ+ people partly reflects difficulties in accessing mortgages. Discrimination against single applicants disproportionately affected LGBTQ+ people historically, as same-sex partnerships were not legally recognised until civil partnerships were introduced in 2004. Direct discrimination also played a role, particularly in the 1990s when gay men faced barriers to accessing financial products due to HIV/AIDS stigma[21]. Furthermore, prior to the introduction of more effective HIV medication later in the 1990s, many gay men did not make long-term housing and financial plans because they did not anticipate living into older age.

A higher likelihood of living alone puts older LGBTQ+ people at increased risk of social isolation. More than half of gay and bisexual men aged 65 and over live alone, compared to less than a quarter of heterosexual men (Figure 5).

"To be quite blunt, I think I have zero support. I don't have family support, I'm estranged from my family, I don't have a partner, I live on my own, so yes, I am completely isolated."

Gay man, sixties, London (Precarious Lives)

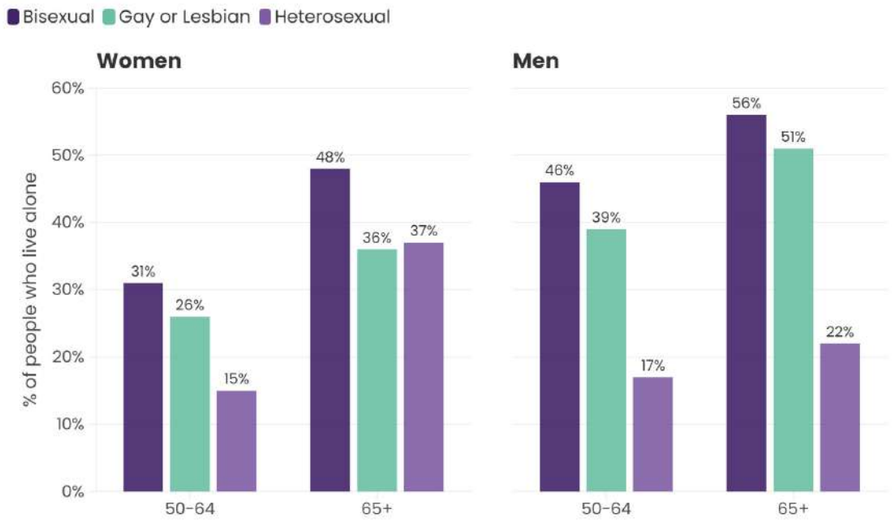
LGB+ people aged 50 and over are less likely than heterosexual people to own their home outright and more likely to be living in private or social rented housing



Source: ONS Census 2021: https://bit.ly/44WWzRO • Percentages do not add up to 100% as "rent free" and shared ownership not shown.

Figure 4

Apart from lesbians aged 65 and over, LGB+ men and women aged 50 and over are more likely than heterosexual peers to live alone



Source: ONS Census 2021: https://bit.ly/44WWzRO

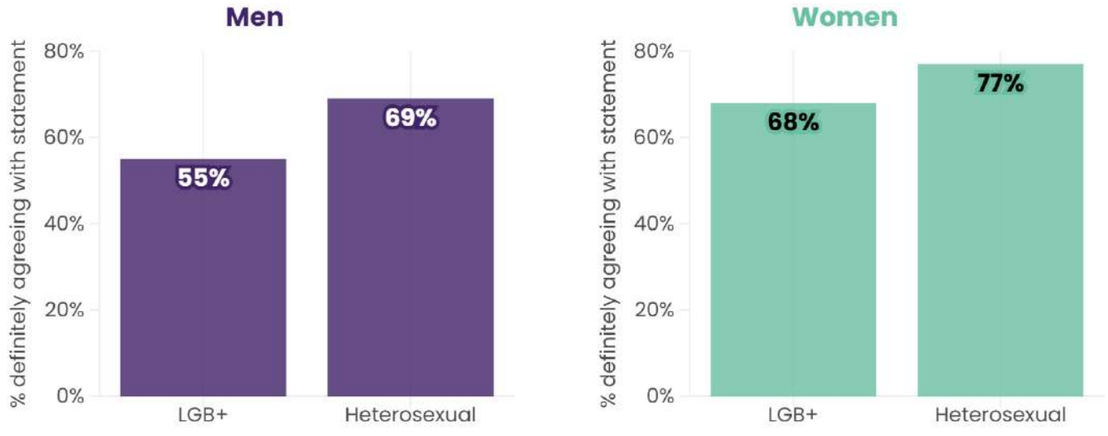
Figure 5

In addition to living alone, other factors contributing to social isolation risk include estrangement from families of origin and a lower likelihood of having children – and risk is further heightened for those who are single or live in a rural area[22].

These factors lead to older LGBTQ+ people having less access to support than their heterosexual peers. Just over half of gay and bisexual men definitely agree that there would be someone to help them if needed, 14 percentage points fewer than for heterosexual men and 13 percentage points fewer than lesbian and bisexual women of the same age (Figure 6).

And although older LGBTQ+ people tend to be active in local groups, they are less likely to feel a sense of belonging within their neighbourhoods[23]. Some older LGBTQ+ people feel forced to hide their identities or generally made to feel unwelcome where they live[24]. A sense of safety in communities is vital – yet reports of transgender hate crime (all ages) increased by 52% between 2020/21 and 2024/25 while reported hate crimes based on sexual orientation increased overall by 19%[25].

LGB+ people aged 50 and over are less likely than their heterosexual peers to definitely agree that if they needed help there would be someone there for them.



Source: Ageing Better analysis of data from Community Life Survey 2023/24: https://bit.ly/4hzxP9H

Figure 6

At the same time, older LGBTQ+ people have been active in building support networks for themselves and others for many decades[26]. Many have built identity-affirming social connections beyond their immediate localities, enabled in part by LGBTQ+ spaces including bars and clubs[27]. However, the experience for many is that ageism in LGBTQ+ social spaces excludes people as they age, not only increasing isolation but disconnecting them from younger LGBTQ+ generations[28].

As a result of these factors, many older LGBTQ+ people express interest in LGBTQ+ affirmative, sexual orientation specific[29] or (particularly for women) gender specific housing or retirement communities where they can feel supported in their identities[30] – but current provision is very limited[31]. And while age-friendly initiatives can help foster inclusion locally, it is also important to support wider dedicated LGBTQ+ networks for older people. However, many LGBTQ+ voluntary sector organisations that could provide vital support for older people are seeing funding decline in response to increasing rhetoric that is critical of equality, diversity and inclusion initiatives[32].

Work and finances

There is a popular myth that LGBTQ+ people are more affluent and financially secure – but research indicates otherwise. The changing legal and social contexts that older LGBTQ+ have lived through have shaped their working lives and financial security[33].

Discrimination has constrained many older LGBTQ+ people's ability to earn and save[34], yet evidence on work histories and economic circumstances is limited and rarely accounts for age or other diversity[35].

"Coming from the LGBTQI+ perspective, a lot of us had career knockbacks because of our sexuality, and that has an impact on your earning, and that has an impact therefore on your housing. Because if you're having to take a job at a lesser pay grade because of homophobia, then you haven't got as much resource."

Mindy, network member, Ageing Better Voices

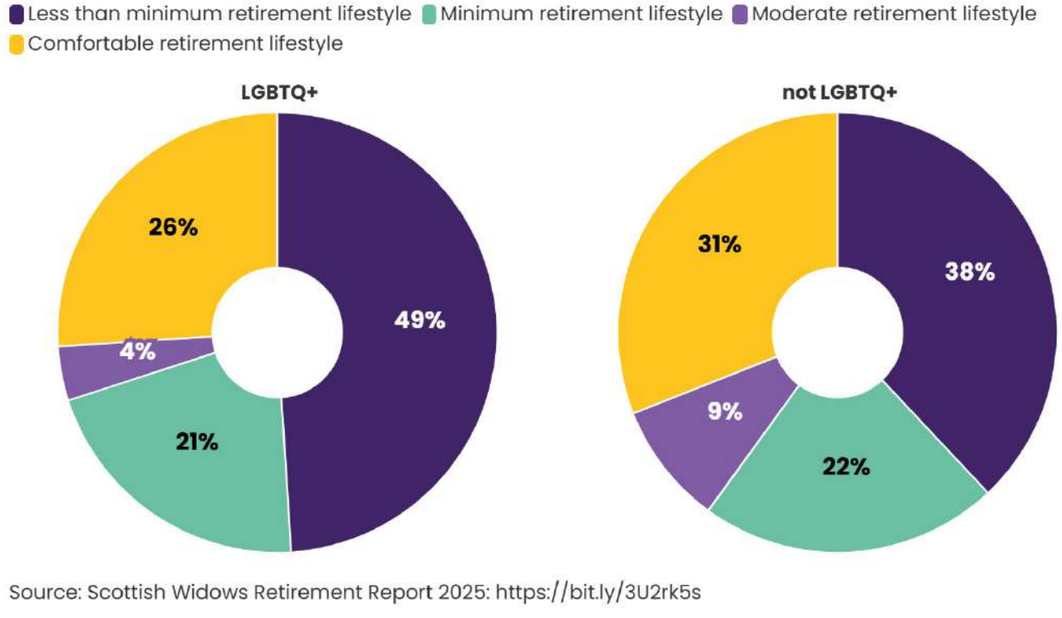
LGBTQ+ people face discrimination throughout their working lives, from recruitment[36] to promotion opportunities, with bullying and unequal treatment contributing to lower job satisfaction[37]. Older LGBTQ+ workers, who have spent much of their working lives with fewer legal protections, experience higher rates of job instability and unemployment[38]. Many have faced difficult choices between the stress of concealing their identities or being open and risking harassment or discrimination, which may contribute to earlier retirement. Inclusive workplace cultures with supportive managers and colleagues help LGBTQ+ employees feel comfortable being out at work and improve wellbeing.

Evidence also shows earnings penalties for gay men, bisexual people and trans women after transitioning[39]. Older LGBTQ+ people are also more likely than their peers to pay rent in retirement, live in expensive rental areas such as London and Brighton[40] and live alone – all of which increase the risk of financial precarity[41].

There is some evidence that older gay men may be at highest risk of material deprivation[42], and in London that older trans people and older LGBTQ+ people from racially minoritised backgrounds or who are disabled may be especially economically disadvantaged[43].

Taking all these factors into account, it is hardly surprising that the percentage of LGBTQ+ people on course to cover their financial needs in retirement is more than ten percentage points lower than for others[44].

Almost half of LGBTQ+ people aged 18 and over in the UK are at risk of not being able to cover their needs in retirement, compared to 38% of others.



Source: Scottish Widows Retirement Report 2025: https://bit.ly/3U2rk5s

Figure 7

Note: This may be partly skewed by the younger age profile – but remains a higher figure than for any single age group[45].

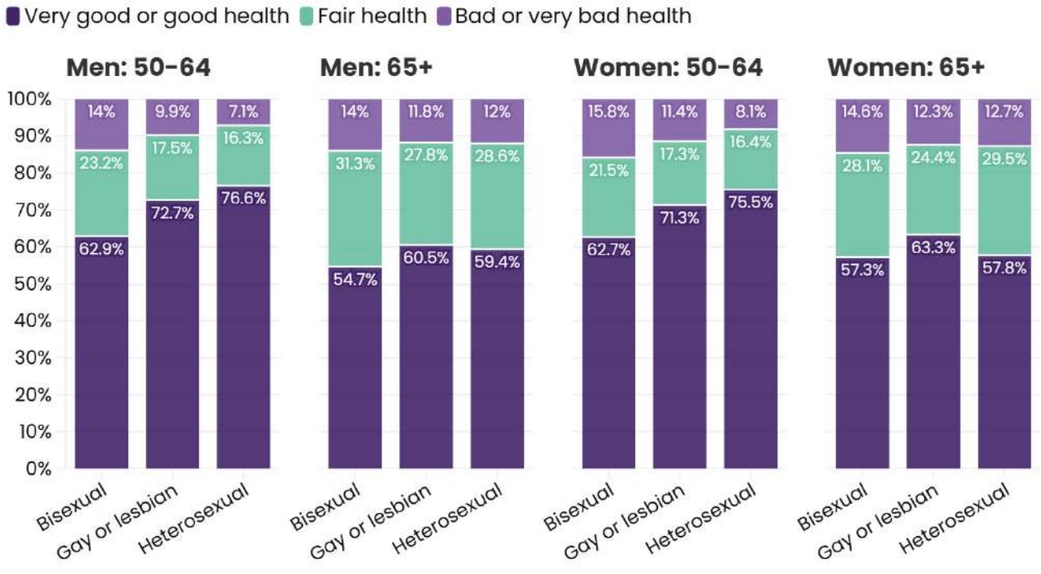
Health and care

Differences in health outcomes between older LGBTQ+ people and their heterosexual peers not only reflect experiences of discrimination but also factors such as living situations, financial circumstances and a sense of belonging in their communities.

The poorer mental and physical health that many older LGBTQ+ people experience can be partly attributed to 'minority stress' – the effect of lifelong exposure to stigma and discrimination[46], which has physiological effects on the body – through the immune and cardiovascular systems, for example[47].

This may be exacerbated by heightened vigilance[48], plus the health risks of social isolation and coping behaviours such as substance misuse[49]. At the same time, adverse past experiences may lead to developing greater resilience, through for example, developing good connections to allies and chosen families or involvement in LGBTQ+ activism[50]. This may help individuals cope with future stresses.

From age 50 to 64 heterosexual people are more likely to report good health than LGB+ people, but gaps in health reduce or disappear between people aged 65 and over



Source: ONS Census 2021: https://bit.ly/44WWzRO

Figure 8

Census data for England shows that up to age 64, heterosexual people are most likely to report good or very good health, while bisexual people are least likely. In the 50 to 64 age group, bisexual men and women are about twice as likely as heterosexual peers to report bad or very bad health. Among people aged 65 and over, however, differences in poor health between groups largely disappear, and lesbians in particular are more likely than heterosexual women to report good health. Whilst surprising given the lifelong health inequities faced by older LGBTQ+ people, this may reflect differences in sexual orientation disclosure among older generations, resilience that supports more positive self-rating, or reduced exposure to minority stress after retirement, rather than the disappearance of health disparities.

Census data also finds that transgender people (of all ages) are more likely than others to report that their health is not good and that daily activities are limited by illness or disability[51] And differences in health among LGBTQ+ people and others vary considerably geographically, showing that health inequalities are also place-based[52].

Different experiences within LGBTQ+ communities shape later-life health in other ways. For example, the HIV/AIDS pandemic continues to have a lasting impact on older gay and bisexual men due to stressors caused by stigma, uncertainty around the effects of long-term use of anti-retroviral treatments into older age[53] and the effects of accumulated losses of friends earlier in life[54]. And for older trans people there is uncertainty around long-term hormone treatment, and concern about future misgendering and care needs[55], which produce stress that has long-term effects on health and wellbeing.

LGBTQ+ people also generally report poorer experiences of diagnosis and treatment by health services – including for cancer, dementia[56], mental health and end-of-life care – due to discrimination and limited provider understanding, and the anticipation of this can lead to delaying or avoiding treatment[57].

Concerns about inclusive care

Older LGBTQ+ people have legitimate concerns about the lack of appropriate care and support services. This has resulted in more research in this area than for other topics.

As older LGBTQ+ people's care needs increase, they may increasingly rely on chosen families and informal support networks, drawing on their history of community organising[58]. However, these do not fully replace kinship ties, meaning those without partners may become more dependent on formal care as their needs increase[59]. At the same time, fears about homophobia, transphobia and loss of identity– shaped by past experiences of discrimination – can create anxiety about engaging with care services, sometimes leading to delays in exploring appropriate housing, care and support[60].

This includes fears that people will need to hide their identities (going back into the closet) to access care safely[61]. In addition to direct discrimination within care settings – including at home, in extra care housing[62] and in nursing and care homes – heteronormative and cisnormative assumptions leave some feeling marginalised and their relationships unrecognised.

Some older people express a preference for LGBTQ+ focused care settings, while others would prefer respectful care in mixed environments[63] or single-gender settings. This highlights the importance of more inclusive, intersectional and person-centred approaches to care[64]. This also extends to better services for LGBTQ+ carers, many of whom feel undervalued with their relationships misunderstood and specific needs unrecognised[65].

Conclusion

It is evident that both the number and proportion of older people in England identifying as LGBTQ+ have grown and will continue to grow, though data on trans populations remains limited. However, evidence on key aspects of older LGBTQ+ lives is often incomplete, overlooking differences in sexual orientation, gender identity and intersections such as with ethnicity or disability. As social attitudes and laws have shifted over the past 60 years, experiences of discrimination will also vary depending on when, or if, individuals came out.

Despite these data gaps, growing evidence shows many LGBTQ+ people face more challenging later lives than their peers in relation to housing, work, finances, health, community connections and care. These issues are linked by changing legal and social contexts; structural and institutional discrimination resulting in mistrust of services; and exclusion from communities resulting in greater isolation, alongside LGBTQ+ community resilience and self-organised support.

The Public Sector Equality Duty under the Equality Act 2010 currently requires public sector providers to promote equality by ensuring mainstream services are inclusive and, where needed, developing specialist provision. Co-production with a diverse range of older LGBTQ+ people is essential to make sure needs are met.

At a time when social contexts are increasingly hostile, particularly for trans people, LGBTQ+ rights are in danger of being rolled back[66] and, internationally, research programmes into LGBTQ+ ageing are being cancelled[67], it is vital that we maintain our focus on, and support for, diverse ageing experiences.

"While older LGBTQ+ people lived through and campaigned against decades of criminalisation and partial criminalisation, the HIV/AIDS crisis, and Section 28, anxiety remains about aging in systems that lack cultural competency and adequate funding."

Older Queer Voices Roundtable Report[68]

Recommendations

For the national government:

Plan for the current and future needs of older people with LGBTQ+ identities.

England's population is ageing and the number of older LGBTQ+ people is increasing. As part of wider reforms to support people to age well – such as better housing and care – the Government should recognise the distinct needs of older LGBTQ+ people.

Establish a Commissioner for Older People and Ageing.

This Commissioner should work across government and national agencies to support older people and plan for an ageing population. They should engage with LGBTQ+ groups and consider the needs of older LGBTQ+ people, for example by working with the National Adviser for LGBT+ Health and the Office for Equalities and Opportunity.

Amend the Equality Act (2010) to strengthen protections for older people and better address intersectional inequality.

The Women and Equalities Committee's The rights of older people report[69] found that equality law does not adequately protect older people's rights and fails to reflect the intersectional nature of discrimination, particularly for older people.

To support older people, including older LGBTQ+ people, the Government should follow the Women and Equalities Committee's recommendation of improving the protections in the Equality Act and Public Sector Equality Duty (PSED) by:

1. Reviewing 'the extent to which the Public Sector Equality Duty in England effectively promotes progress on older people rights in areas including access to healthcare, housing, transport, and digital inclusion, and the case for more specific positive duties to drive progress'.
2. Reviewing options to amend the Equality Act to reflect the intersectional nature of age discrimination more effectively, including but not limited to commencement of section 14 on dual characteristics (Recommendation, Paragraph 95).

For strategic authorities, local authorities and integrated care boards:

Involve older LGBTQ+ people in the design of services.

Service commissioners, designers and providers should work with LGBTQ+ groups to co-design mainstream services or provide specific services (particularly in areas of high demand), learning from inclusive service provision in places such as Brighton, Manchester and London.

When commissioning or directly providing services, ensure these services are inclusive, culturally competent, and anti-discriminatory.

This could include staff training and accreditation, co-designing with older LGBTQ+ people and funding age-inclusive and age-specific LGBTQ+-led services. Examples of inclusive standards and guidance include the Pride in Practice[70], Pride in Practice – Care Award[71] and HIV Confident[72] programmes and the Care Quality Commission's Relationships and sexuality in adult social care services[73].

For organisations that collect and use data:

Enable disaggregation of survey data on sexual orientation and gender identity by age for official statistics.

Organisations that administer surveys, such as the ONS and government departments, should ensure sample sizes are large enough to do this.

Ensure administrative data collection is accurate, robust and compliant with existing standards and legislation.

For example, GP surgeries should meet the data collection objectives outlined in the GP Contract[74], and health and care providers should follow guidelines such as NHS England's Sexual Orientation Monitoring Information Standard (SCCI2094)[75] and the LGBT Foundation's If we're not counted we don't count guide[76].

Researchers should undertake more mixed-methods and quantitative research focusing on older LGBTQ+ people.

This includes longitudinal studies, research using modelling methods that overcome sample size limitations and research that recognises intersectionality based on gender, ethnicity and other characteristics.

For employers:

Employers should consider how to support the growing number of older LGBTQ+ people in the workplace.

Employers can build on schemes such as Stonewall's Proud Employers[77] programme and Centre for Ageing Better's Age-friendly Employer Pledge[78], while ensuring they address the specific needs of older LGBTQ+ employees.

For community organisations:

LGBTQ+ organisations should identify and address barriers that may prevent older people's access to services and LGBTQ+ spaces and events

Older LGBTQ+ people should be involved in designing improvements to support inclusivity and promote intergenerational activity.

Likewise, **older people's groups** should actively consider how to include people who identify as LGBTQ+.

Support services for older LGBTQ+ people:

National:

Consortium directory of national and local groups (providing for people aged 50 and over): www.consortium.lgbt/member-directory/?_sft_provides servicesfor=people_over_50

Hate crime reporting: www.stophateuk.org/about-hate-crime/sexual-orientation-and-transgender-identity

Rainbow call companions telephone befriending: https://reengage.org.uk/join-a-group/get-a-rainbow-call-companion

Stonewall Housing advice: https://stonewallhousing.org/gethelp

Switchboard LGBTQIA+ support line: https://switchboard.lgbt
Phone: 0800 0119100

Local:

AgeUK LGBT+ groups www.ageuk.org.uk/information-advice/health-wellbeing/relationships-family/lgbt/lgbt-groups

Pride in Ageing (Greater Manchester and Merseyside) https://lgbt.foundation/pride-in-ageing-programme

Glossary

Anti-discriminatory services
Services that actively work to challenge inequalities and promote equal access, participation, and outcomes for all individuals regardless of characteristics – such as sexual orientation and gender identity – through addressing barriers that may disadvantage particular groups.

Anti-retroviral treatment (ART)
Medication used to treat HIV by reducing the amount of virus in the body, improving health and preventing transmission.

Aversion therapy
A harmful and ineffective practice that attempts to change a person's sexual orientation or gender identity through negative stimuli, punishment, or psychological techniques.

Cisnormativity
The assumption that being cisgender (where a person's gender identity matches their sex assigned at birth) is the norm or default, leading to the marginalisation of transgender and non-binary people.

Culturally competent / appropriate care
Health and other care services that recognise, respect, and respond to the cultural, and identity-based needs of individuals and communities.

Earnings penalties
Reductions in earnings, experienced by individuals or groups due to factors including discrimination.

Gender identity
A person's internal sense of their own gender, such as being a man, woman, both, neither, or another gender. This may or may not correspond with their sex assigned at birth.

Gender reassignment
The process through which a person transitions to live in a gender different from the sex they were assigned at birth. This may involve social, legal, or medical changes and is a protected characteristic under the UK Equality Act 2010.

Heteronormativity
The assumption that heterosexuality is the normal, preferred, or default sexual orientation, which can exclude or marginalise LGB+ people.

Homophobia
Negative attitudes, prejudice, discrimination, or hostility directed towards people who are lesbian, gay, bisexual, or perceived to be so.

Inclusive care
Health and other care services that are accessible, respectful, and responsive to the diverse needs, identities, and experiences of all individuals.

LGBTQ+
An umbrella term for people who are Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, with the "+" recognising additional sexual orientations, gender identities, and expressions.

LGBTQ+ affirmative
An approach to care, practice, or support that actively validates, respects, and affirms LGBTQ+ identities and experiences while addressing barriers and discrimination.

Misgendering
Referring to someone using incorrect pronouns, titles, names, or gendered language that does not align with their gender identity.

Queer
An umbrella term used by some people to describe diverse sexual orientations, gender identities, and gender expressions that differ from heterosexual and/or cisgender norms. Reclaimed from a historical derogatory term, some older individuals in particular may still find the term offensive.

Section 28 of the Local Government Act
A provision introduced in the UK in 1988 that prohibited local authorities from "promoting" homosexuality or teaching "the acceptability of homosexuality as a pretended family relationship." It was repealed in Scotland in 2000 and in England and Wales in 2003.

Sex assigned at birth
The classification of a person as male, female, or, in some cases, intersex at birth, typically based on physical characteristics.

Sexual orientation
A person's emotional, romantic, and/or sexual attraction to others, such as heterosexual, gay, lesbian, bisexual, or asexual orientations.

Structural discrimination
Systemic policies, practices, or social structures that create or maintain unequal outcomes for certain groups.

Trans
An umbrella term describing people whose gender identity differs from the sex they were assigned at birth. It includes transgender men, transgender women, and some non-binary people.

Transphobia
Negative attitudes, prejudice, discrimination, or hostility, directed towards transgender people or those perceived to be transgender.

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