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Developing Inclusive Health and Social Care Policies for Older LGBT Citizens

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Summary

Creating anti-oppressive practices in service provision that successfully remove barriers to the social inclusion of older lesbians, gay men, bisexuals and transgendered (LGBT) citizens has proven thus far tremendously difficult. The White Paper, *Better Care, Higher Standards: A Charter for Long Term Care*, (Department of Health, 1999) addresses the development of non-discriminatory services that treat users with dignity and respect, taking account of sexual orientation (Department of Health, 1999, p. 3). Such government social policy holds out the hope that services will be designed to support senior LGBT people. This paper examines the unique oppression and marginalization faced by older lesbian, gay men, bisexual and transgendered citizens in homophobic and ageist societies, which often fail to acknowledge their existence. The research findings highlight strategies being created through social policy that aim to successfully achieve the inclusion of this group in the planning and delivery of their services.

Keywords: LGBT elders, inclusive service planning, social work education

Introduction

It is nearly forty years since the rioting at the Stonewall Tavern in New York, and the founding of the gay liberation movement in Britain,

marked the beginning of the modern gay equality movement. This is the first time in history that a generation of lesbians, gay men, bisexuals and transgendered (LGBT) people who came out during that period are moving into old age and, as time passes, the numbers are set to rise. Individuals, who were in their twenties during the Stonewall era, are now approaching their mid-sixties. They came out because of strong political convictions and personal experiences which compelled them to challenge ignorance, prejudice and homophobia. These women and men have lived through some of the most significant years in terms of gay history and social change, including the declassification of homosexuality as a mental illness, the decriminalization of homosexuality and the appearance of AIDS. In significant ways, Britain has followed the lead set by the USA, placing the lesbian and gay agenda within the realms of human and civil rights (Manthorpe and Price, 2005). Nevertheless, difficulties remain because many older lesbians and gay men, who chose not to come out, continue to be invisible, making it a problem for an accurate assessment of their well-being (Jacobson, 1995; Wilton, 1995; Herdt and de Vries, 2004). The modern welfare state, in the UK, was developed around the heterosexual white British family (Williams, 1992) and it was this approach to health and social care that has ultimately led to the current inequalities and discrimination against LGBT service users. Yet, social policy and social work practice, based on a traditional family model, is no longer relevant for many in society today, regardless of their sexual identity. It is for this reason that this paper explores the health and social care needs of lesbian, gay men, bisexual and transgendered elders.

While a significant amount of literature exists on the health and social care needs of senior citizens, it comes as no surprise that little is to be found in conventional texts in terms of lesbians, gay men, bisexuals and transgendered people. This paper raises a number of fundamental yet important questions relevant to social policy and social work practice, and considers the implications of non-heterosexual ageing. In exploring this topic, the research method includes a literature search and review of government legislation, and also policy documents from organizations involved in the social care of older LGBT citizens, including Age Concern in Britain, and SAGE (Senior Action in a Gay Environment) in the USA. The key themes investigated throughout include: residential care; promoting the health and well-being of LGBT elders; the active participation of older LGBT service users; and social work education and training. The discussion takes account of previous research seeking to give 'voice' to LGBT services users and social care professionals, illustrating their experiences through their personal narratives. These narratives are of interest to us, because they reveal the complexities about the ways in which social policy acts to re-enforce and support social exclusion. They demonstrate how heteronormative assumptions have hitherto informed policy, resulting in a limited increase in effective policies for the

development of inclusive services to LGBT elders. In many cases, the participants who recount their *exclusion* from service provision or discriminatory treatment by colleagues highlight how policy reinforces strong feelings of isolation and powerlessness, and a sense of being a 'second class' citizen. Yet, these narratives also help to illuminate the positive ways in which they can be used to influence and transform policy, such as with the 2005 Civil Partnership Act. The discussion presents the opportunity to consider fresh ways for social care agencies and professionals to develop policies, practices and training that actively seek to support the consultation and participation of LGBT elders, and the research findings draw attention to evolving modules of good practice, offering them a greater degree of choice.

Empowering LGBT elders

Legislation introduced by New Labour has sought to bring about equality and establish anti-discriminatory practices in health and social care services. Nevertheless, the invisibility of older LGBT citizens within social policy research in the UK means that their specific well-being and care needs, and how they may differ from the wider older population, remain largely unknown (Pugh, 2005). This lack of involvement has consequences in terms of policy initiatives and progress; for example, the 2004 Carers (Equal Opportunities) Act does not specify that information will be tailored to help understand or meet the concerns of lesbians, gay men and their carers. However, in order to effectively empower senior LGBT service users, and for anti-oppressive practices to be effective in social work departments, the culture must be one that demonstrates a commitment to challenge homophobia, while also developing locally inclusive policies. A lack of participation previously has contributed to a lack of involvement in consultation forums and new initiatives designed to support them, ranging from person-centred care to the broader aims of strategic planning and commissioning. Thus, it remains the case that examples of poor practice can be found in the referral, assessment and review processes which continue to discriminate against LGBT individuals. This can be seen, for example, through the use of inappropriate language, such as questions concerning marital status. A residential home care manager highlights this problem, saying: 'By putting a tick in the "single" box under "marital status" on Bill's admission form, it was like I had dismissed his entire romantic and sexual history with one strike of my pen' (Knocker, 2006, p. 18).

At a national level, it is the government's responsibility, through legislation, to confront exclusion and oppression, while, at a local level, social services departments must aim, through participation and consultation, to find inclusive mechanisms that avoid alienating LGBT service users.

One way of achieving this is for organizations to have rigorous training programmes that inform their staff. These programmes should also seek to instil an understanding about how social policy and professional practices have reinforced isolation and the marginalization of senior LGBT citizens. Heaphy and Yip (2006) emphasize the significance of delivering care services by practitioners who are aware, knowledgeable and tolerant of the lifestyles of LGBT individuals. They explain: 'The development, enactment and practice of anti-discrimination policies are of paramount importance. An example of how this could be achieved is by the adoption of a kite-marking scheme, indicating staff are knowledgeable about the concerns of lesbian and gay clients' (Heaphy and Yip, 2006, p. 446).

Comprehensive training will also help to ensure that social workers successfully empower their service users by putting them at the centre of their care plan. Needs-led assessments should offer tailored packages of care reflecting individual needs and choices (Concannon, 2005). There is little point, for instance, in a social worker making a referral for a lesbian or gay man to attend a day centre, or residential respite unit, as a means of alleviating loneliness, when they cannot openly discuss their lives. Aspects of their life which are important to them will differ vastly from the heterosexual people attending, and lead to an increased sense of isolation (Langley, 2001). The majority of residents are unlikely to have a liberal attitude towards fellow residents who are lesbian or gay, having grown up in less tolerant times. As well as this, a lack of adequate support in day or residential settings can contribute to an increased sense of anxiety for LGBT elders (Tully, 2000). Having awareness on the part of practitioners about reasons that may cause additional distress for lesbians and gay elders is essential.

Life stories are a useful tool in helping to assess a person's current needs and offer an understanding of their life history (Bayliss, 2000). Their narratives provide an appreciation of the era in which they were born, and shed light on how and why they make decisions about their later lives. With new legislation being introduced by the government, such as the 2005 Civil Partnership Act and the 2002 Adoption and Children Act, which came into force at the end of 2005, changing the eligibility criteria to allow same-sex couples to jointly apply to adopt a child, it is easy to forget that this growing culture of acceptance has occurred during a single lifetime. Men and women over seventy years of age will remember a world in which to be attracted to a person of the same sex was heavily stigmatized and where the only 'choice' was the choice of concealment. When these lesbians, gay men, bisexuals and transgendered people were younger, contact with other gay people was extremely difficult. They reached puberty at a time when homosexuality was considered to be a mental illness, outlawed as a criminal offence and with cures that included electric shock aversion therapy (Sim and Gordon, 1968).

New for old: individual budgets a strategy for inclusion

Against this backdrop, notions about citizenship and social inclusion, with a common respect for diverse cultures and lifestyles, have become one of the primary social and political discourses to emerge. During the past few decades, significant attention has been paid by New Labour to the importance of empowering service users by enabling them to take more control. The 1996 Community Care (Direct Payments) Act, for example, authorized local authorities to make payments directly to the service user so that the service user could purchase the services they wanted. The Act extended choice and control, so that personal needs could be met creatively, and the government has been of the firm opinion that making direct payments enhances the well-being of individuals receiving them. Direct payments and individual budgets offer greater efficiency in matching needs, allow more flexible arrangements for carers and cut administration charges related to care packages (Netten, 2005). Along with the single assessment process introduced in the *National Service Framework for Older People* (Department of Health, 2001), these initiatives seek to empower the service user to direct their assessment, care plan and reviews. In general, elders who are in receipt of direct payments have an improved quality of life, with positive impacts on their physical and emotional health. Having a choice about whom they employ and control over what happens in their own home is important. For older LGBT citizens, direct payments offers a new option for recruiting personal assistances through gay organizations and the gay press, enabling them to be supported from within their own community. Transferring the purchasing power directly into the hands of the service user in this way has the potential to revolutionize social care (Concannon, 2006) for gay people. It fits with New Labour's approach towards promoting independence, enhancing the quality of life, extending social inclusion and preventing a reduced lifestyle. Nevertheless, within social services departments, direct payments have not yet become a regular part of the care management process (Clark *et al.*, 2004). This is to do with the fact that social workers continue to fit individuals into existing mainstream services, due largely to heavy caseloads and competing pressures on their time. This approach has been criticized as discriminatory, because it does not recognize or respond to the unique needs of older LGBT citizens. The White Paper, *Independence, Well-Being and Choice* (Department of Health, 2005), appears to agree, suggesting that 'For too long social work has been perceived as a gatekeeper or rationer of services and has been accused … of fostering dependence rather than independence. … It is clear that direct payments give people that choice and control, and we think that this is a mechanism that should be extended and encouraged' (Department of Health, 2005, pp. 10–11).

Plugging the gaps: the voluntary sector responds

Advocacy organizations for senior citizens in the UK have, in recent years, begun to recognize the neglect of LBGT elders, and to challenge the lack of inclusive services. Age Concern is an organization in Britain, committed to addressing the hopes and fears of lesbians, gay men, bisexuals and transgendered people by raising awareness of their health and social care needs. As part of this undertaking, Age Concern held the first conference in the UK in 2002, to examine social policy issues affecting older lesbian and gays. Gordon Lishman, speaking at the conference, said Age Concern seeks to establish an enabling philosophy that:

> . . . recognises the normal processes of ageing; and which asserts the individuality and citizenship of all older people and their right to be heard; their right to services on a basis of equality; and their right to be treated as full citizens (Lishman, 2002, p. 4).

One of the principal aims of Age Concern is to challenge the government, by objecting to the ways in which social policy developments have continued to exclude senior LGBT citizens (Lishman, 2006). They argue that empowering older lesbians, gay men, bisexuals and transgendered individuals means giving them a 'voice' about issues that are important to them as a *community* in the latter part of their lives. This includes discussions about suitable care provision, partnership rights, mental health, dying and bereavement and support when dealing with legal matters. Age Concern underlines the importance that government legislation places on assessment; person-centred planning and respecting the unique identity of individuals. Yet, policies such as the 2000 National Minimum Standards Care Standards Act fail to acknowledge the needs of lesbians and gay service users, and the *National Standards Framework for Older People* (Department of Health, 2001) also lacks comprehensive guidance. It is because of this disregard that Age Concern believes that placing users at the centre of consultation processes is a key policy objective for them in order to successfully promote the needs of LGBT elders. They achieve this by making opportunities available for individuals to be included in focus groups and on decision-making boards, with the aim of developing procedures that ensure that older LGBT citizens directly influence mainstream policy making. One participant at the 2002 conference offered an insight into the difficulties faced by LGBT individuals trying to access inclusive services, pointing out:

> What we find above all is public service provision that pretends we don't exist. I chair an NHS Trust and I know of no guidance coming through the system that the NHS should provide services for lesbians and gay men. I think the same is very broadly true for social services departments. We become more reliant on public services yet those services are not equipped to deliver what we need to live a full and vigorous old age (Real Lives, 2002, p. 15).

Advocacy organizations in the USA have a longer history of tackling these issues than the UK. In New York City in 1977, for example, SAGE (Senior Action in a Gay Environment) was founded as a direct response to the lack of services specifically to support senior lesbians, gay men, bisexuals and transgendered people. The founding principles of the organization have been to combat oppression, discrimination and the isolation of LGBT elders, with a firm conviction that the gay community should take care of its own. SAGE developed a philosophy based on two simple values:

(1) empower LGBT elders to access high-quality social services and;

(2) provide a caring and secure environment in which older LGBT citizens could meet within their community (Kaelber, 2002).

Throughout the subsequent three decades, SAGE has grown to become the largest advocacy and social service association for LGBT elders in the USA. At the time of writing, they enable over 2,000 LGBT citizens to access services throughout the country. The organization places significant importance on education, advocacy and communication, offering training to LGBT elders to become advocates for policy change. They emphasize clear differences between the well-being of LGBT elders and their heterosexual counterparts, which are of profound importance if social workers and care providers are to understand and effectively respond to LGBT elders. Research carried out on behalf of SAGE discovered that LGBT individuals are twice as likely to age living alone; four-and-a-half times as likely not to have any children; and five times less likely to access social services (Kaelber, 2002, p. 22). Terry Kaelber, Executive Director of SAGE, agrees with the position taken by Age Concern, believing that:

> Creating community is about giving voice to the community you're working in, and giving voice allows that community to discover its intrinsic worth and its place in the larger society. This in turn is an extremely effective antidote to the marginalization and isolation that is under pinning of what puts us at risk in our old age (Kaelber, 2002, p. 24).

The fact that most health professionals and social workers automatically assume that their patients or service users are heterosexual is an assumption that SAGE considers leads to the marginalization of older lesbians and gay men, continues to (mis)inform service developments and professional practice, and limits the involvement of LGBT service users in activities such as life reminiscing and discussing openly their relationships (Kaelber, 2002). Kaelber, drawing on the innovatory and multifaceted approach taken by Age Concern, admits that 'This approach is virtually non-existent in the US and may be one reason why GLBT aging issues still do not attract this kind of attention at the national level in America that it is attracting in the UK' (Age Concern, 2002, p. 25).

Extending choice: creating new models of care

The 2005 Civil Partnership Act legalized same-sex partnerships in the UK, and many states in the USA have also seen the introduction of civil unions, giving registered civil partners rights and responsibilities similar to a married heterosexual couple (Stonewall, 2005). This is unquestionably a landmark in the legal recognition of same-sex couples, yet experience tells us that such reforms are often slow to filter down to specialist areas of policy and practice. Although this is a new area in terms of research in the UK, some statistical evidence is emerging showing the take-up of civil partnerships among older lesbians and gay men. For example, by the end of September 2006, the total number of recorded civil partnerships which had been formed in the UK was 15,672, with more partnerships between gay men than lesbians. In England, 38 per cent were females and 62 per cent male partnerships. Interestingly, between December 2005 and March 2006, over half the men registering a civil partnership were aged fifty and over (National Office of Statistics, 2007). The number of senior LGBT couples is set to increase significantly during the next few decades, and it is recognized that care providers are not ready for the inevitable growth in the older LGBT population needing services. However, some research evidence already exists about the types of services that LGBT elders say they want. For instance, a study asked whether, given the choice, they would prefer services specifically tailored for them, such as separate accommodation. The study by Hubbard and Rossington (1995), conducted before the advent of civil partnerships, found that nine out of ten lesbians (91 per cent) and three-quarters of gay men (75 per cent) said that they would welcome the choice of separate accommodation. Earlier research findings by Kehoe (1989) and Lucco (1987) had reached similar conclusions. In light of these studies, and if organizations are going to respond to comparable expressions of choice, in the future, what will be called for will be new and creative ways of planning, commissioning and delivering services.

Traditional service provision is seen as problematic by LGBT elders, due to a lack of understanding about gay lifestyles on the part of statutory agencies and professionals, and it is often one reason cited as to why being offered the choice of services specifically designed for them is important. An older gay man, who cared for his partner of thirty years, illustrates this by recalling his experience when his partner needed to go into long-term residential care, due to dementia and his deteriorating health. He explains:

> Because of his challenging behaviour, my partner David had to go into a residential home fairly soon after he was diagnosed with dementia. All the time people wanted to know why I was looking after David and who I was, so there was always the issue of needing to come out. The whole caring system for older people assumes heterosexuality, which is something I found difficult to deal with (Age Concern, 2002, p. 4).

A related area which is also difficult for LGBT people involved with traditional residential care is the prejudice which can be experienced from other residents and the relatives of residents. For example, research carried out in 2006 in the UK by Heaphy and Yip uncovered concerns among many in the gay community, about going into long-term care, because of the potential for becoming victims of discrimination and harassment by fellow residents and even care workers. This is illustrated by a lesbian who speaks about ageing and describes her fears, saying:

> If you do have to go into residential care you are going to be put into a totally heterosexual environment … which would not cater for your needs and you would be back in a very unliberated environment … you would not have the comfort of people who share the same understanding as you (quoted in Langley, 2001, p. 929).

A manager, also speaking about this problem, admits: 'We can do something about addressing staff attitudes, but it is hard to know how to respond to other residents or relatives who are prejudiced about gay people' (Lishman, 2006, p. 19).

While new schemes specifically designed for LGBT elders have yet to be considered in the UK, organizations in other countries are responding to this call for choice and developing models of best practice, offering gay people more choices. They are emerging not only in the USA, but also other parts of the world, such as Canada, Spain and Germany (see *www.asaging.org*). The L. A. Ries House, for instance, is a foundation which established housing with care support for lesbians and gay seniors in Amsterdam. The foundation built seven apartments for independent living, which are adjacent to a nursing home. Among the services offered to residents in their apartments, if needed, are a rapid assistance and emergency call; meals at home when ill; and the use of facilities such as a restaurant and bar, library and accommodation for their guests (see *www.asaging.org/networks/LGAIN/lgainlinks.cfm?category=hsq*).

In Los Angeles, Gay & Lesbian Elder Housing (GLEH) was opened in 2001. A not-for-profit organization, it offers high-quality assisted living for LGBT as an alternative to a conventional nursing home, within a safe and nurturing environment, operating in partnership with voluntary and statutory agencies (*www.gleh.org*). This was partly in response to the growing numbers of LGBT elders in Los Angeles in need of affordable accommodation, where it is estimated that there are between 30,000 and 75,000 LGBT elders, many living in isolation. The residents of GLEH live in apartments fitted out with their own furniture and belongings, and the apartments are fully adapted to cope with physical disabilities, such as accessible bathrooms. GLEH also has an on-site community centre containing social services and a referrals service, with other activities ranging from yoga, music, art and performance classes to bereavement counselling. The organization understands that lesbians and gay men are often forced

back into the closet when they move into mainstream residential care. To counter this, the GLEH scheme encourages residents to take control over their lives and for those in partnerships to maintain them by offering the opportunity to share rooms, for example. A worker at the project observes: 'These are the people who fought so that I can walk down the street holding hands with someone. But nobody's helping them. They get pushed to the fringe of the community and put out to pasture' (Lelyveld, 2003).

Implications for social work training and practice

Returning to concerns about staff attitudes, in the UK, towards both LGBT service users and, in some cases, colleagues, it can be argued that the values and belief systems of some professionals are often at odds with the notion of equality and the social inclusion of LGBT elders. It is important to understand there are inconsistencies whereby professionals uphold the principles of equal opportunities and anti-discrimination in terms of gender and racism, but *sex*uality is considered a problem. At the very heart of social work training and professional practice are the core values of equality and anti-discrimination. Nonetheless, recent research by Stonewall UK, in a study called 'Being the gay one: Experiences of lesbian, gay and bisexual people working in the health and social care sector', revealed that discrimination does take place against LGBT employees in the health and social care services. The research argued that managers, and those responsible for staff training, failed to see homophobia as a structural inequality, on the same level as sexism, racism and disability. This resulted in poor morale, stress amongst gay employees and high absenteeism (Sale, 2007). These findings are important in terms of senior LGBT service users because many social care and health professionals find themselves in the position of having to advocate on behalf of their LGBT service user. A principal aim for social work education and training must emphasize the fundamental importance that all LGBT staff, and service users should be afforded the same respect and dignity as heterosexuals. Yet, homophobia in social services continues; the Stonewall research, for example, uncovered the shocking case of Sienna—a lesbian social work student, who experienced homophobia from her line manager while on placement. During the training and development 'slot' of the team meeting, Sienna informed them that a conference was taking place in London around sexuality and social work. On the last day of her placement, Sienna's manager met with her to review her time while in the placement. Sienna recalls:

> On my last day, my supervisor and practice teacher, who happens to also be the Senior Practitioner on the team, came to give me some '*advice*'. This advice comprised of the suggestion that I '*tone down*' my opinions and sexuality in my next job. She inferred that there had been discomfort within the team about my 'out' lesbian identity. She took ownership of her own

> reaction, describing herself as having felt 'uncomfortable and having blushed when I mentioned my female partner.' *She said she had felt unable to speak to me for a minute or two*…. What she tried to make out was that indeed I had been labelled as a trouble maker, as a maverick, as this lesbian militant and that I shoved my views down other people's throats … this idea that she's got that I need to tone down my opinions and she basically implied that everyone on the team felt the same way. She gave the example of me speaking within the team meeting (in the slot on the agenda about training and development) about the Social Work and Sexuality Conference which was taking place in London. She retorted that '*For God's sake, we are all in heterosexual relationships!*' She commented that the rest of the team felt very uncomfortable which was reflected in their silence (Hunt *et al.*, 2007, p. 13).

This is an example of how discrimination and hostility disempower LGBT individuals. It highlights a failure to recognize homophobia as an unacceptable form of discrimination, inconsistent with the values of the social work professions, and with inadequate procedures in place to challenge such incidents. Sienna was shocked by what her manager had said, but felt powerless, and could only respond by suggesting that her manager should read a book on lesbians and gay care in social work. The manager's attitude towards a lesbian member of the team displays deep-seated ignorance and a lack of understanding about what it means to be LGBT. Yet, it is not confined to social care services alone; when Sienna reported this homophobia to her university, she was told to do nothing. She said her tutor was 'absolutely fantastic when it comes to equal ops, she was just, I don't know … I think perhaps that she suspected that it could affect my placement if we started to make a fuss about it, you know my passing the placement … so she didn't encourage me' (Hunt *et al.*, 2007, p. 14).

These are clear examples of a failure to recognize that being LGBT is *more than about a person's sex life.* It shapes individual identity and the ways in which LGBT people experience life. Caroline, a participant in research by Age Concern, remarks: 'I think sometimes people see it as all about sex! What you do in bed I mean. If I didn't have sex at all with another woman for the rest of my life, I would still be a lesbian. It's as integral to who I am as my identity as a mother, the job that I do and the beliefs I hold dear. It's not the whole of me but it is a big part!' (Lishman, 2006, p. 14).

Little attention is given to questions concerning sexuality and older age during social work education and training, and even less to issues concerning LGBT elders. It is important to counteract this during social work training because, left unchecked, it upholds the notion of heterosexuality as the unproblematic norm (Wilton, 2000).

Not surprisingly, responses are coming from LGBT elders themselves, supported by voluntary sector organizations. Providing effective services to LGBT elders has seen LGBT users becoming active citizens in a movement for change by, for instance, setting up telephone helplines, self-help

groups and drop-in centres. Evidence from the research argues that knowledge alone is not enough (Wilton, 2000) and such schemes provide practitioners, managers and universities with valuable opportunities to invite planners and users of these services to be directly involved, on a frequent and long-term basis, in training programmes, consultation forums and team days. It offers the chance for LGBT elders to become valued stakeholders, working alongside professionals and educators to develop inclusive health and social services. Some government-led initiatives are beginning to appear, most notably from the Department of Health, who are working with groups to promote equality for LGBT service users to develop new policies promoting integrated services. The Sexual Orientation & Gender Identity Advisory Group was started in May 2005, with LGBT service users and staff involved in health and social care charged with the task of ensuring that their experience directly informs service planning. The main aims of the initiative are:

- a commitment to equality, human rights and social justice;
- a respect for diversity;
- a commitment to challenge discrimination and exclusion within the organizations and communities on whose behalf [they] are working (Department of Health, 2007).

Conclusion

Without doubt, transformations are taking place relating to citizenship, sexual identity and social inclusion. This paper has sought to investigate the approaches taken to support the well-being and social care needs of older LGBT citizens. It has explored key themes, including the difficulties of accessing appropriate health and social services, methods of empowerment and the role of statutory and voluntary organizations, arguing that social policy has a responsibility to challenge links between individual and structural oppression, in order to celebrate diversity and afford personal dignity. These issues are being addressed through anti-oppressive policies for black people, other minority ethnic groups and those with a disability, with varying degrees of success. For lesbians and gay men, the introduction of the 2004 Civil Partnerships Act has provided a platform to influence legislation and policy reforms, by creating legal and public recognition of same-sex unions, with new responsibilities on the part of both the individual and the state. The increased legal and social recognition of lesbian and gay lifestyles is demonstrating that older lesbians, gay men, bisexuals and transgendered people are asserting their rights as full citizens. For many, the Act holds out the hope that this is an age of increasing possibilities, yet the politics of gay rights continues to raise a number of fundamental demands. On the part of LGBT elders, these demands are for

equality and inclusion in health and social services, and new social policies that ensure that their needs are met. Policy makers, care professionals and service providers are beginning to encounter a generation of politically motivated older LGBT citizens, who live their lives openly, and whose lifestyles and needs have not hitherto been included in heteronormative policies and strategic planning forums (Heaphy and Yip, 2006).

Research on ageing provides not only an insight into the needs of the present generation of older gay citizens, but, importantly, of the future generation who are now in midlife. In light of this, the paper has identified implications for social policy, service planning and professional practice, and makes a number of recommendations, specifically:

- 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.

It is essential for the success of new service developments that consultation forums and networks are developed, with organizations working in partnership to pool expertise and experiences, and share information.

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