Tackling Loneliness amongst the older LGBT population: Main themes identified during round table discussions

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This document provides a summary of suggestions made by event attendees during small table discussions (please see distributed attendee list for further information). The sections include: an overview of identified issues with current service provision, how service providers can work more effectively and a list of action points.

Main identified issues with current service provision

- Many organisations who support older LGBT people work in ‘silos’ and do not effectively coordinate or learn from each other.
- Lack of intersectionality; for example, many activities/services focus on particular elements of LGBT identity, such as for gay men, lesbian women and transgender people rather than encourage all to get together. Additionally, older LGBT people don’t always feel comfortable getting involved in the younger LGBT scene.
- Lack of awareness among staff across organisations, such as in care homes, care organisations and GP surgeries, with examples provided of where this has led to feelings of discrimination, or inappropriate support.

How might service providers work more effectively

**Identifying older LGBT people experiencing loneliness**

- Accessing the most isolated is challenging, particularly as older LGBT are geographically spread, so local services are not likely to meet all needs. LGBT people with dementia who live in a care home, BAME LGBT groups and transgender people were also identified as needing specific support.
- Importance of people being aware of what services are available. Need to ensure more organisations know how to signpost services. This should work both ways, so that LGBT organisations can signpost ‘out’ and general services can signpost ‘in’.
- Use of local communications (such as local newspapers, radio, TV etc.) to provide information on support available by using photographs of, and interviews with, older LGBT people currently participating in activities/services.
- Some people may not want to be identified as LGBT, so providing helpline numbers in more discrete areas, such as public toilet doors (using attachments that people can take away), or cards left in GP surgeries that can fit in a pocket, may be useful.

**Offering appropriate services**

- Ensure services are person centred, ask older LGBT people what they want.
- As well as extending Kitemark type schemes, develop ‘safe spaces’ (such as the Sage run Leeds Pride), staff could wear identifiable wristbands, for example.
- Training for frontline workers, such as voluntary and community organisations and care professions, about relating positively to LGBT people is crucial. As staff are busy, need to think of shortened, or ‘bite sized’ training, though need to keep in mind that online training is generally less effective than face to face training.
A deliberate deployment of people who are genuinely interested (and trained) in supporting LGBT older people, perhaps organisations, such as GP surgeries, can have an LGBT champion, a member of staff that other staff can seek advice/confide in.

**Action Points**

*Develop partnerships and share ideas and learning*

- All attendees expressed a desire to meet up as a group and look to develop a network who link together, share ideas and discuss learning. It was agreed that it would be useful to understand projects being run elsewhere, so can learn and try things out. What works in Leeds may not work in Sheffield, for example. Following the event, Opening Doors London has invited attendees to an event being held in June. **There are also discussions taking place around holding a second meeting at The Opening Doors London office, based in London around September.**
- It was suggested that networks can be built locally, across neighbouring areas. Some felt a larger local organisation would be necessary to help manage and facilitate this.
- Share the discussion of the event to help people realise what questions are being raised and what is being talked about. Ensure the write up is accessible so knowledge can be shared with service users, as well as interested organisations. **One suggestion is to produce a blog, working with an organisation such as the Campaign to End Loneliness.**

*Look to support/run new initiatives*

- Explore volunteer befriending telephone groups for housebound LGBT people, perhaps Intergenerational approaches, such as a buddy system. Train up ‘LGBT champions’ to work with and identify this group. A champion can be someone the person confides in (something like ‘Silverline’, but targeted toward LGBT)
- Develop some bite sized training/awareness raising sessions that can be delivered to health and social care professionals. LGBT Consortium (Sheffield) successfully ran training sessions/workshops in care homes and from this developed a training package. They are now looking to produce case studies for future use.
- To build on the idea of memory, carers and death cafes for LGBT older lonely people. Opening Doors London run a Rainbow Memory Café for older LGBT people living with dementia and their carers which enjoys continued success.
- Share ideas around how to create safe spaces, such as learning from the Sage project (Leeds), which provides an accessible during the gay pride event in Leeds, or the kitemark scheme ‘we’re LGBT friendly' operating in Barnsley, where hotels, taxi firms etc. display a rainbow sticker or rainbow umbrella.
- Think about ways to influence the local authority, who are key in supporting the development of a more supportive cultural among care homes. This could perhaps be achieved through only commissioning organisations who can demonstrate they have been trained to understand the particular needs of older LGBT people.
- Make it easier for older LGBT people to find what support is available (e.g. a one-stop-shop of information; algorithms for improved website search; modern version of central database)
- Involve older LGBT people from the outset in designing and delivering services through ‘co-production’ (or whatever we want to call it). Perhaps develop some form of steering group (though this will be tricky to manage if the aim is to support a national network).

To discuss any of these points further please get in touch with Sarah Alden (s.alden@sheffield.ac.uk) or Vinal Karania (v.karania@ageuk.org.uk)