

NHS England LGBT+ Health Evidence Review, 2025: Submission of evidence from the *Socially Inclusive Ageing across the Lifecourse* study, led by Brunel University of London in partnership with the University of Surrey.

This evidence is provided by members of the project team from Brunel University of London: Dr Mike Thomas, Dr Isla Rippon, Dr Amy Prescott, Professor Christina Victor (Department of Health Sciences), and Professor Justin Fisher (Department of Social and Political Sciences).

Background and context of our evidence

1. We are reporting emerging findings regarding LGBT+ health from our 3-year study, [Socially Inclusive Ageing across the Lifecourse](#). This study is funded by the Economic and Social Research Council and is due to end in summer 2026.
2. We are focusing on LGBTQ+ people aged 40 and over as one of three 'new' ageing populations (alongside racially minoritised people and those ageing with a lifelong or enduring health condition or disability). Our study is informed by intersectionality theory ([Crenshaw, 1989](#)) and aims to understand the effects of discrimination and marginalisation across the life-course and their impact on later life and ageing in a number of policy areas including health and social care.
3. We are combining analysis of large-scale survey data (including the English Longitudinal Study of Ageing and Understanding Society) to assess trajectories and outcomes for members of our target groups with qualitative life-story interviews with 41 LGBTQ+ people aged 40 and over, using a timeline methodology ([Adriensen, 2012](#)).
4. This response to the call for evidence draws on our analysis of survey data and of the qualitative data we have collected. Our data shows that the issues highlighted in the [LGBT+ National Action Plan](#) and the 2019 [report of the House of Commons Women and Equalities Committee on health and social care and LGBT communities](#) about barriers to inclusive health services continue to be active concerns for the LGBTQ+ communities. The focus of our evidence is to contextualise these barriers from the perspectives of older LGBT+ people themselves.

Assessing the size of the LGBT+ population and implications for health services

5. Population survey data from the [Office for National Statistics \(2023\)](#) suggests that a growing proportion of the population are willing to disclose their identity as LGB. In 2023, an estimated 2.1 million people (3.8% of the UK household population) identified as lesbian, gay or bisexual (LGB); an increase from 1.2 million (2.2%) over the five years since 2018.
6. While this is a positive evolution, there is a massive disparity between age groups in willingness to disclose minority sexuality: only 0.9% of people aged 65 and over disclosed LGB identities in 2023, compared to 10.5% of 16-24 year-olds. Older people are much less likely to come out as LGB to government/the state/public services. This is likely to contribute to underestimation of the LGB population.
7. At the [2021 Census in England and Wales](#), although 1.5m people identified as LGBT+, a further 3.6m people declined to answer the question: a proportion of this group are likely to identify as LGBT+ but chose not to disclose this in the census.
8. This age disparity in willingness to disclose LGBT+ identities has relevance for the NHS. Services may underestimate the size of the older LGBT+ population and fail to provide

appropriate services at scale. From a patient perspective, some older LGBT+ people may be reluctant for data about their sexuality and gender identity to be recorded or shared and may decide not to come out to health service providers. This means health services need to continue to work to build trust with LGBT+ communities so that they can understand the size and distribution of these patient groups and plan inclusive services accordingly.

Specific health needs of LGBT+ people: loneliness and isolation

9. Loneliness is a major public health problem. There is a substantial body of research about the prevalence and risk factors for loneliness in older adults in the UK although evidence about the experience of loneliness over time is less well established. In addition, evidence that focuses on the experience of LGBT older adults is sparse.
10. From a rapid review of evidence studies reporting the prevalence and risk factors for loneliness in LGB mid-life and older adults is limited and significant variability across studies in sample size, recruitment strategies, the measurement of loneliness, inclusion of risk factors, use of analytic methods and data reporting (Victor & Rippon, forthcoming).
11. We address this evidence gap by investigating loneliness trajectories for 10,917 people aged 50 and over who participated in waves 9 (2017-19) to 11 (2019-21) and 13 (2021-23) of Understanding Society.¹ 2.1% of this sample identified as lesbian, gay, bisexual or other using the sexual orientation identity measure. This is the same measure as the ONS used in the census. Loneliness was measured using the three-item UCLA scale. We identified four distinct loneliness trajectories: consistently not lonely, transient loneliness (lonely once), fluctuating loneliness (two or three occasions of loneliness) and chronic loneliness (lonely at each wave).
12. Crude loneliness prevalence at baseline was higher for sexual minority participants (LGB and other) compared to heterosexuals. Across the four waves a higher proportion of respondents from LGB groups were more likely to be chronically lonely in comparison with heterosexual respondents.
13. A series of multinomial logistic regression models were conducted. In the final model, after adjustment for mental wellbeing (GHQ-12) the difference in chronic loneliness between the LGB and heterosexual population was attenuated. Our analysis suggests that, once differences in the distribution of loneliness risk factors, especially material resources and poorer mental wellbeing, is considered, overall levels of loneliness and trajectories are comparable.
14. Several limitations should be noted. The low number of sexual minority participants limits statistical power. Developing booster samples for established surveys of ageing (and across age groups) would greatly enhance our evidence base.

Loneliness and isolation

15. Our qualitative data highlight the salience of loneliness and isolation to older LGBT+ people, particularly in intersectional contexts:

I think the worst thing is loneliness, sitting here with no one to talk to and you're thinking, why am I here? So, if you give people an avenue to go down where they know there'll be someone

¹ Note: In wave 12 loneliness was added mid field in response to covid-19 pandemic, therefore there was a high proportion of missing data.

will be listening at the end of it or going to a group and doing something at the end of it, you've solved the problem.

Gay man, White English, aged 73, London

It's very isolating, just getting into the disabled part of it, I guess. There's so many aspects of life as a person in a minority where there is isolation. Being gay is isolating at times, even now, even today, because I'm old, being in your 50's you become invisible to a lot of people. Being somebody who's neurodivergent, that's also very isolating. I'm deaf, which again means you know, things like pubs and clubs, it's just impossible, I can't hear, I can lip read, but it's...again it's just...every minority which I am a part of is a layer of isolation.

Gay man, White English, aged 53, London

16. As a small, beleaguered population, trans people may be particularly isolated from members of their community:

But the one good thing, only one positive from the NHS Northern Regional Gender Dysphoria service is that I got a leaflet with support groups throughout England. That took me to a [LOCATION REMOVED] called [NAME REMOVED], and that was in February 2023, that was my first contact in my life whilst I had sought and was hoping to make contact with other transgender people through my life, I dreamed about it. It's actually the first time in my life that I actually met up with other transgender people.

Trans woman, White English, aged 63, North-East England.

LGBT+ experiences of health services

17. The qualitative data we have collected reveals a number of pressing issues impacting LGBT+ experiences of healthcare. Experience of so-called conversion therapies and other medicalised responses to sexuality in adolescence and early adulthood may inform the perspectives of some older LGBT+ people on health professions and services.

My parents took me to see a psychiatrist and I saw this psychiatrist about three times...on the second one he says, 'what your problem is, is you're homosexual'...told my parents, and my dad says, 'well I knew there was something different,' and that didn't make me feel any better, it made me feel even worse...

I sought help with the GP, GP referred me to the hospital...and by this time I'm 21. They gave me aversion therapy, so, I had electro-shock treatment...over a period of about six months, I think...I felt like the worst person in the world...you know, they show pictures of men and women on the screen and see if you're affected by them. They did the thing with the eyes, you know, clamped open.

Gay man, White English, aged 80, Leicestershire

18. Existing research tells us older LGBT+ people may dread accessing care services ([Jandrić 2025](#)) and may avoid planning for care they need in later life. If people delay accessing health services, then this is likely to reduce the potential for preventative approaches and contribute to worse health outcomes and continuing inequalities:

Our health and social care system is not designed to acknowledge that older queer people exist. A lot of people who work in health and social care are not from our culture, they're not from Britain, I've got nothing against people from around the world but we've got people coming from very homophobic countries and bringing their homophobic ideas with them, and they're the people washing you, and feeding you, and praying over you aggressively in care homes. It's like, do we want that? No, we don't. We don't have any services that are set up especially for us.

Lesbian woman, White English, aged 62, London

19. Visibility and signalling LGBT+ inclusion are important considerations for some older LGBT+ people when they access NHS services:

I think, erm, when I, when I go to my GP in [LOCATION REMOVED], cos I've kept the same GP, there's no, erm, minimal lanyards, flags, notice board at all, erm, and I, it's not just, erm,... but it isn't just for the sake of it, it actually gives me a lot of confidence to see those things. Yeah. Erm, that I know I can talk about things, I feel welcome, I feel accepted.

Lesbian woman, White English, aged 75, Manchester.

20. Older LGBT+ people are telling us they may have different expectations and norms about services. They often have low expectations about inclusion and do not necessarily feel they can be themselves in service settings. The NHS needs to redouble efforts to inform LGBT+ people about their rights to equitable health services. As well as encouraging more inclusive approaches within services, this will help LGBT+ people be more assertive when they encounter problems. Although beyond the scope of the current call, older LGBT+ people's fear of social care services is a potentially significant barrier to timely, safe and effective hospital to home transitions:

There is always a level, percentage or an amount of homophobia, deep, medium or very light but there is, and I carry that to this day. You feel it sometimes, the way you are received when you arrive in a hotel, you feel it the way you are in a restaurant depending on the staff. In a care home when you visit friends... and you know, I'm sure I don't like the way she reacted. Homophobia in a care home is a subject matter very much on the cards.

Gay man, White, French/British, aged 74, London

I just think we haven't even got past that yet, and they're expecting everybody to treat everybody the same, but our experiences are not the same.

Lesbian woman, White Canadian/British, aged 68, London

21. A common feature of our qualitative data was resistance to the idea of moving into a care home in later life. Although domiciliary care was seen as a preferable alternative, there were still concerns about whether these services would be inclusive:

You know, you'll have discussions with people, and we've all said that we wouldn't want to go into care home. We'd wanna try and stay at home, and if necessary have care from – brought in....

So yeah, I mean, and – and the other thing is, if they're coming into my house, I mean, if they were a religious zealot and they said, "Well, I don't agree with LGBT," I'd have to say, "Well, off you go then, you know, I'm not having you in here, whereas in a nursing home, you're stuck with whoever you've got, haven't you? I'm sure they wouldn't be like that. I mean, most of the carers I've seen are, you know, decent people, but there's always one, isn't there?"

Gay man, White Welsh, aged 66, Swansea.

22. Members of some communities are likely to prefer to make their own arrangements in later life and would look to chosen family and members of their community rather than social care. This is a potential strength that may sometimes be overlooked by services.

Coming out as gay, lesbian or bisexual

23. For all LGBT+ people, coming out is a continuing process rather than an event. Coming out is marked by uncertainty, doubt and concerns about safety. Some older LGBT+ people may wait to judge whether it is safe or not to come out in particular service contexts such as a hospital ward or clinic.

Whenever I go to another, erm, erm, medical man or woman, it's, it's the first time when you're coming out again. You, you, it happens somehow naturally, or sometimes they have a look at my laces, I've got rainbow laces, and sometimes they make a comment and I'm very open. I'm very open about it.

Gay man, White English, aged 83, Manchester

Heterosexist assumptions in health settings

24. Some of our interview participants welcomed NHS initiatives geared towards signalling LGBT+ inclusion:

At my doctor's surgery, there is an LGBT rainbow picture up, so, it needs not to be treated as a mental illness because you know, sometimes...it affects mental health, LGBT, being gay and having a mental issue, in my mind, are two different things...it will cause mental health but it's two different things.

Bisexual man, White English, aged 75, Manchester

25. At the same time, some older LGBT+ people are unlikely to assume that a service will be inclusive until they see evidence of inclusion by staff. Efforts to train staff to become more inclusive still do not seem to be making a difference to older LGBT+ people's perceptions of health and social care services. One participant in our study recounted the distressing impact of heterosexist assumptions (that if she was married, then it must be to a man) in an NHS setting:

I had an op just a few years ago, I had polyps or something on my ovaries and I needed an examination, an examination of my cervix and I went for an appointment with the consultant who was going to do the op and he asked me some questions...he asked me if I was married and I said yes, and then proceeded to do the examination and it was really, really painful, and I shrieked and said 'stop!' And he was really perplexed. What he'd done was, he'd put all sorts of things together, I hadn't said I was a lesbian, you know I didn't need to, and the fact I was married...as far as he was concerned meant I had sex with a penetrative penis.

Lesbian woman, White Irish, aged 77, London.

26. Some of our participants have accessed LGBTQ+ specific health services to avoid these assumptions:

I used to go to a special clinic where I'd go for my smears and things, the lesbian place, and it was a hike [laughs], the other side of London, but I thought, no, I know what it's going to be like if I just go to this local clinic, they'll just assume that you're having sex with men.

Bisexual woman, White English, aged 66, London.

Awareness of trans identity

27. Trans people can become aware of their gender identity at different points across the life-course, including in later life:

So, the last two years have been pretty critical in terms of me actually expressing to myself that I'm transgender.... Well, I basically had a Hallelujah moment, thinking oh, thank God now, I really was so pleased, how to describe it...very scary, but happy.

Trans woman, White British, aged 63, North-East England.

Lack of awareness of the health needs of trans people

28. There were concerns about the experience of people who had transitioned falling through gaps or being offered inappropriate services because of faulty assumptions about their sex and gender:

Well, a guy, a guy I know who's transitioned 50 years ago said, erm, you know, he met the locum (laughs) GP at the surgery and they, and, you know, [NAME REMOVED]'s 66 now, so the locum says, "Oh, we need to put you in for prostate tests," and he said, "I haven't got a prostate." (Laughing). Yeah. But, and he, and that's the third time he's been asked this year.

Gay man, White English, aged 70, North-West England.

29. Further work is needed in individual services to redesign assessment forms and scripts that staff follow in conversations with patients to remove assumptions linked to heterosexist and cisgender norms (for example normalising use of gender-neutral terms such as spouse/partner instead of husband/wife and using the pronoun 'they' to avoid assumptions about gender identity).
30. The following data excerpt reflects an intersectional misrecognition of a same-sex relationship: this older gay man had to constantly correct assumptions by hospital staff that he was the patient's husband rather than a paid carer. It was not entirely clear to him whether this was because of his gender, sexuality, his Chinese ethnicity, or a combination of these aspects of his identity:

The hospital wasn't too bad. I was able to just put a bed up for me when [husband's name removed] was there, about 3 weeks at first. I was not able to leave the room, so it was actually like a cell for three weeks. If I come out, I will not allow[ed] to come back then because of COVID...A lot of people come in thinking it was his personal carer. Which is right, I was personal carer, but they think it was a carer rather than partner, yeah...because I'm Chinese and he's white, so it was sort of...people perceive, they will sort of make up their mind, they must be...you know.

Gay man, Malaysian, aged 76, London

Distinct social/support networks for LGB people

31. Sexuality and gender identity can lead to estrangement and distance from biological family, affecting support networks in later life:

When they're saying about family helping when you have health challenges, right, I've got a cousin who lives in Devon. I've got a cousin who lives on the east coast, and I've got a cousin who's somewhere in China. All [partner's] family are in Northern Ireland. Like we're not from here... it may change in the future, but as a group, we are typically less likely to have children, and we are typically more likely to have moved away from family of origin and, or be estranged from family of origin... So, those ordinary things – every time someone on the TV from the

government, for want of a nicer term for them, says something about who's gonna help you when you're in shit creek, (Laughter) they are referring to people that we don't have.

Lesbian woman, White British, aged 74, Manchester

32. Some NHS staff may struggle to understand the importance of chosen families (friends and others who provide support irrespective of biological or legal ties). This risks overlooking a key strength of LGBT+ communities and further marginalising patients. The role of chosen families may be key for older LGBT+ people in hospital settings and in hospital to home transitions:

So, the point I was coming to was that what we call our, erm, in the gay world, our logical family can include biological family...all the aunties and uncles, I didn't, never got invited to any weddings and family gatherings and never got Christmas cards or birthday cards, erm, so I had a logical family which was like the gay friends and, erm, lesbian friends who, you know, became our, our family.

Gay man, White English, aged 70, Manchester

33. For some older gay and bisexual men, the support available from chosen family may have been decimated by AIDS-related deaths within their friendship networks. As well as contributing to loneliness and isolation in later life, this means they may lack the support that others may take for granted with supporting their health needs:

I mean losing my friends was so sad. Seven funerals in one year I think it was. And they were really lovely, and one of them was my best friend, another was an ex-lover-ish...we loved each other dearly but neither of us really wanted a relationship but we had this wonderful time together, he went and loads of others, and it was such a horrible death. My best mate wouldn't let me go to the hospital to say goodbye because he looked so unwell. He was probably my age, and he looked like a man of a hundred, And I respected him for that, sent my message to him and my love. And that was it. It was horrendous.

Gay man, White English, aged 73, London

Cumulative impacts of discrimination and stigma across the life-course

34. Our life-course approach charts the cumulative impacts of stigma across the life-course and their impact on health inequalities. For the current ageing cohort of LGBT+ people, the shame and silence about sexuality they experienced from childhood may create path dependencies, impacting on education, employment prospects and progression, influencing circumstances such as housing tenure and finances when they reach later life.
35. As the following excerpts show, the qualitative data we have collected from older LGBTQ+ people living in the UK tracks this marginalisation and its impact on life-chances across the life-course: poor experiences in secondary education are likely to inform labour market prospects and earning potential. Feeling unable to be yourself in the workplace because of a stigmatised sexuality is likely to impact progression prospects, income across the life-course and pension entitlements in later life. Housing discrimination has also been reported as a feature of the discrimination LGBT+ people face.
36. In its totality, our data shows that experience of stigma across the life-course is prominent when older LGBT+ people look back across their lives. These aspects of the life-course are reflected in the following excerpts from our data:

Education

This is about halfway through my sixth form year, I was 16, and I was bunking school a lot by then [laughs], going to all these things. It was getting noticed, so, I got called into the headmistress' office one day, and she said, "what's going on [name removed]? You're not coming to school." My mother had no idea, father had no idea, sister had no idea, brother had no idea, and I said, I think I might be gay. And she said, "I think you should leave. I think you need to go," she said, "you need to go, we don't have that in our school."

Lesbian woman, New Zealander, White, aged 61, London

Employment

Up until I was 27, I hid my sexuality, from most people. And then in work, I was wasting so much energy thinking about every single... you reflect on every single conversation, have I given anything away? Have I said anything?... Or if you're going to a dinner, in my late 20s, I was an academic, and you go to dinners and stuff. And, of course, the usual conversation is, oh you married? You got a wife? You got kids? And again, how do I answer this- I did have a partner at the time- without lying?

Gay man, White Welsh, aged 57, Mid Wales

Housing

I went to a house share in [location removed]. So the landlord lived on the premises...I had the middle bedroom upstairs and [name removed], who also happened to be gay, had the back bedroom, and we lived with the landlord, watched television together and cooked together and used the washing machine together...but after a little while, he decided to get rid of us, and he told us he was gonna...double the rent. So, we decided to take him to a rent tribunal and... they measured the rooms and asked what facilities you had and all this, and we had a date to go to court. When we got there, me and [name removed], the landlord had a solicitor with him and the first thing was that he said is that, "these two men are homosexuals and my client wants them out," and the judge just went (banging noise), "that's outrageous...they should be out within seven days."

Gay man, White English, aged 70, Manchester

Stigma and criminality

37. LGBT+ people who are ageing now were socialised to understand that they occupy spaces outside social norms/mainstream. The sense of criminality lingers for some of the older LGBT+ cohort and an awareness that key aspects of their identity are problematic and should be hidden/downplayed is a key starting point for interaction with others, especially strangers and in service provision contexts:

Interviewer: What do you think about the changes that have happened in your lifetime?

Participant: Oh, I think they're wonderful.

Interviewer: What kinds of things would you pick out?

Participant: Well, like, not being a criminal anymore. You know, as a criminal when I was born [laughs]. It's unbelievable.

Gay Man, White Scottish, aged 83, London

Because I too was illegal when I was born, because gay men couldn't exist. I don't know what they thought, where we were going to go but we were illegal. We couldn't get married, we couldn't do anything. You couldn't even hold hands in some places; you were arrested.

Gay Man, White English, aged 83, Manchester

Strengths perspectives

38. Alongside these experiences of discrimination and stigma, it is important that services do not overlook the resilience and strengths that older LGBT+ people possess: some older LGBT+ people have told us about their experience of successful ageing: finding community, fulfilment and assertiveness about being themselves in later life. NHS services could be more effective in supporting and nurturing successful ageing for LGBT+ people:

I mean, my brain's, still 30 years old. I still wanna do things up there, but my body's beginning to tell me, I'm...you're 73 for goodness sake. And sometimes I feel it...I can go to the [local gay pub]. I don't often go, I shouldn't say that. But I can go to [local gay pub], I can go to the other gay pub for a little jiggle around. I can go to the sauna if I want a bit of sex. Not that much of that happens, but I know it's there. So, really all my needs are catered for [laughs], um, but I'm really happy being here. There's something about this place? It just, I love it.

Gay Man, White English, aged 73, London.

Fears about a reversal of LGBT+ rights

39. Although it may be tempting to assume that LGBT+ equality has been established, [British Social Attitudes Survey data](#) shows that acceptance of same-sex relationships is levelling off, and social attitudes towards trans people are going into reverse.
40. Our data reflects significant concerns among older LGBT+ people that the rights and recognition they have achieved may be subject to reversal: this was a common concern among older LGBT+ people in our qualitative sample. Again, this is likely to impact on how they interact with the state and public services, including the NHS:

And I hope that we're not going to see in our lifetimes any going back in time in terms of laws on who we are and what we are.

White, French/British male, aged 74, London

Conclusion

41. Sexuality and gender identity shape older LGBT+ people's expectations about society and their sense of self. Older LGBT+ people are telling us they may have different expectations and norms about services, including health and social care. They sometimes have low expectations about inclusion and do not necessarily feel they can be themselves in service settings.
42. The current cohort of older LGBT+ people have unique life-course trajectories marked by partial decriminalisation of male homosexuality in England and Wales in the late 1960s, followed by a brief period of gay liberation in the 1970s. The HIV-AIDS epidemic brought an increase in homophobia, enacted by the state in legislation such as Section 28 of the Local Government Act 1988, which described homosexuality as a 'pretended family relationship'. From 1997, liberalisation followed in several areas including discrimination in employment and access to goods and services, adoption and fostering, and latterly legal recognition of same-sex relationships. Medical advances mean that HIV can now be treated as a chronic condition rather than as a death sentence. Successive cohorts will have a distinct experience as LGBT+ citizens and users of NHS services: they will contend with different facilitators and barriers to accessing equitable health services, and it is important not to lose sight of the distinct experience of the current cohort of older LGBT+ people.

43. Inclusive policies and LGBT+ awareness training are not cutting through to the experience of older LGBT+ people in health settings: they do not assume that NHS and other services will be inclusive and heterosexist assumptions are still a feature of their experience: this sometimes has a chilling effect when they access services.
44. Some older LGBT+ people are likely to prefer to make their own arrangements in later life: looking to chosen family or members of their community rather than relying on services they perceive as indifferent or even hostile to their needs and identities. But they may not have access to biological family networks that practitioners might assume would be available to provide support.
45. Our data highlights the importance of intersectional approaches: older LGBT+ people do not just present for services as people with a sexuality: they also bring unique and complex aspects of identity linked to protected and other characteristics including age, ethnicity, disability, religion and socio-economic status. Health services need to do better to follow person-centred approaches, acknowledging diverse identities rather than focusing on one or two aspects of identity at best.
46. Our participants also tell us that the stigma they have experienced across the life-course endures and casts a shadow in later life: they understand that the dismantling of legal discrimination does not mean social equality: LGBT+ equality is far from being a done deal. This is not a time for the NHS to take its foot off the pedal in promoting and embedding LGBT+ inclusion.
47. For further information about the Socially Inclusive Ageing across the Lifecourse project, please email michael.thomas@brunel.ac.uk