**The impact of COVID-19 on older lesbians/gay women in the UK**

*A rapid response scoping study*

**FULL REPORT**

Sue Westwood, Trish Hafford-Letchfield and Michael Toze



#

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# **PART A: HEADLINES**

Despite a recent increase in the literature on older lesbians/gay women, their lives still remain significantly under-researched. This report describes some of the results of a survey of 375 people living in the UK, conducted during the COVID-19 lockdown, the aim of which was to find out how older LGBT+ people were affected by the lockdown. The results reported here relate to 149 older lesbian/gay women survey participants (137 cis, 12 trans).

|  |  |
| --- | --- |
| **Age** | **Key findings** |
| * 53 (36%) were in the 60-64 age band;
* 36 (23%) were in the 65-69 age band;
* 37 (23%) were in the 70-74 age band;
* 20 (13%) were in the 75-79 age band;
* 2 (<1%) were in the 80-84 age band;
* 1 (<1%) was in the 90-94 age band.
* The trans lesbians/gay women were in the younger age ranges, with 7 out of 12 (58%) being in the 60-64 age band
 | * The findings have highlighted the diversity amongst older lesbians, and that COVID-19 and the initial lockdown have magnified their circumstances.
* Those whose personal circumstances were good beforehand have remained good and even, for some, improved.
* Those whose personal circumstances were poor beforehand have remained poor.
* Among those whose personal circumstances were fragile (i.e. with poor/variable mental health and/or feeling socially isolated), and who were reliant on formally organised supports, some have coped well, primarily through adaptation to online networking.
* However, among some women in fragile circumstances, there has been less positive adaptation, especially when formal support has not been available online, and some women have struggled.
* Older cis lesbians with children often identified those children as being a source of practical support when they lived nearby. However, many reported that their children lived far away/overseas and that such support was not available.
* Older cis lesbians identified friendships as being very important components of their support networks.
* Many older trans women identified formal trans/LGBT support networks as being their primary/only sources of support. When those networks had gone online during lockdown, support had been maintained, however not all networks had been moved online.
 |
| **Living arrangements** |
| * Half of the women (both cis and trans) lived alone and half lived with others
* The majority of those who lived with others lived with their partner/spouse
 |
| ***Disabilities/ health conditions*** |
| * 23% said they considered themselves to have a disability/disabilities
* 48% said they considered themselves to have a serious health condition.
* A greater proportion of trans women than cis women reported having a disability and having a serious health condition.
 |

**PART B: FULL REPORT**

# **Introduction**

Despite a growing body of literature on older lesbian, gay, bisexual and/or trans (LGBT+) people, the lives of older women who identify as lesbian/gay remain under-researched (Averett & Jenkins 2012; Traies, 2016). This report aims to contribute to this knowledge gap, by describing the lesbians’/gay women’s data subset of the findings of a recent large-scale United Kingdom (UK) study on the impact of COVID-19 lockdown on lesbian, gay, bisexual and trans (LGBT+) people aged 60 and over.

1. **Background**

## ***The literature on older lesbians and gay women***

The literature on older lesbians/gay women needs to be contextualised in terms of their under-visibility. As Jane Traies (2016) has written,

The idea that older lesbians are ‘invisible’ is not a new one. Macdonald and Rich (1983) argued that old women are ‘twice unseen’, rendered unworthy of attention by the combined forces of patriarchy and the worship of youth; when an old woman is also a lesbian, institutionalised heterosexism brings about a third denial of her subjectivity and identity. It was Monika Kehoe (1986) who first described older lesbians as ‘a triply invisible minority’, and the phrase has been much borrowed by later scholars. Viewed through the triple lens of sexism, ageism and the ‘compulsory heterosexuality’ (Rich 1986), which renders lesbian existence invisible, older lesbians disappear from sight. This ‘lethal synergy’ of ageism and heterosexism (Healey 1994) is a denial of a person’s existence and therefore a form of oppression. (Traies, 2016, 4)

The invisibility of older lesbians/gay women in the literature is often misunderstood. There is expanding authorship on lesbian, gay, bisexual, transgender and gender-non-conforming older people as has been summarised by several authors (King et al, 2018; Almack and King, 2019; Fabbre, Jen & Fredriksen-Goldsen, 2019; Fredriksen-Goldsen, Jen and Muraco, 2019). However, while there has been an increase, there are still many more studies about older gay men (Westwood, 2020). Additionally, mixed LGB/LGBT research tends to disproportionately represent gay men among its respondents with their voices also tending to be privileged in the reporting of findings (Cronin and King, 2014; Westwood, 2017, 2020; Almack & King, 2019). Moreover, studies that explore lesbian and gay ageing often focus on issues of age-and- sexuality, rather than age-*gender*-and-sexuality, further obscuring the experiences of older lesbians/gay women, who consistently describe ageing as a gendered issue – i.e. they are ageing as women first, as lesbian/gay second – in contrast with gay men who experience ageing through the lens of sexuality, i.e. they are ageing as ‘gay men’ (Westwood, 2016a).

In their review of the literature between 1997 and 2010, Averett & Jenkins (2012) identified nine articles based on interviews with 159 older lesbians. Since 2010, there has been a slow but steady increase in the literature. Key themes which have been addressed include:

* The significance of communities of other older women/lesbians for older lesbians/gay women’s well-being in later life (Eliason, 2015; Traies, 2015; Wilkens, 2015, 2016; Bradford et al, 2016);
* Older lesbians/gay women’s poorer health, compared with older heterosexual women (Fredriksen-Goldsen et al, 2010; Colledge et al, 2015)
* Older lesbians/gay women’s unmet healthcare needs (Westwood and Lowe, 2016);
* Older lesbians/gay women’s concerns about homophobic care providers (Grigorovich 2013, 2015, 2016; Butler, 2017, 2018);
* Older lesbians/gay women’s later life care preferences (the majority not wanting to be cared for in ‘care homes’/long-term care facilities occupied by men) (Westwood, 2017);
* Older lesbians/gay women’s experiences of bereavement (Jenkins et al, 2014);
* Older lesbians/gay women and dementia (Westwood, 2015);
* Older lesbians/gay women caregivers (Parslow and Hegarty, 2013);
* Older lesbians/gay women’s, discrimination and victimisation (Averett, Yoon and Jenkins, 2011; Stacey, Averett and Knox, 2018; Waite, 2015);
* The significance of the intersection of older lesbians/gay women’s identities with other social locations, e.g. race/ethnicity, socioeconomic status, disability, gender identity, relationship status (Kim and Fredriksen-Goldsen, 2012; Witten, 2015; Seelman, Adams and Poteat, 2017; Yang and Averett, 2019); and
* The challenges of conducting research with older lesbians/gay women’s (Traies, 2012; Westwood, 2013; Averett et al, 2012) who are, particularly amongst the oldest cohorts, not only a hidden population, but also a population in hiding, i.e. not wanting to be found (Traies, 2016).

Despite this growing body of literature, only a small number of authors have explored the everyday lives of older lesbians/gay women. This includes the work of Paige Averett and her colleagues in the USA (Averett, Yoon and Jenkins, 2011; Averett et al, 2014, 2018; Stacey, Averett and Knox, 2018); the work of Jane Traies (2012, 2015, 2017, 2018, 2019) who has documented the lives of over 400 older lesbians in the UK and is now conducting an ongoing older lesbian oral history project in the UK1; and papers by Claire Robson and Dennis Sumara (2015), writing in Canada, and Helen Waite (2015), writing in Australia. What we know so far about those lives is that they are diverse, varied, nuanced by when and how older women engaged with a lesbian/gay identity and/or lifestyle and against what historical, legal, religious and socio-cultural backgrounds. The navigation of stigma and social exclusion, the presence (or lack of) a supportive personal network, the opportunities (or not) for self-expression, significant relationships, and whether or not one is a parent (in one form or another) and grandparent, all the factors impact upon older lesbians’/gay women’s quality of life. This is then further nuanced by age itself and by gender identity, ethnicity, religion, disability, health status and class/socioeconomic status.

## ***The initial COVID-19 lockdown in the United Kingdom***

COVID-19 and national lockdowns have particularly impacted older people who are more vulnerable due to age and due to age-related disabilities and/or health conditions (Age UK, 2020). These impacts have been nuanced by a wide variety of social positions, including gender and sexuality. We have written elsewhere about the need to disaggregate the experiences of older LGBT+ people to better understand their needs, issues and concerns (Westwood et al, 2020; Westwood, 2020; Toze et al, 2020). This report is part of that disaggregation, considering the impact of COVID-19 on older lesbians and older gay women in the UK, during the initial months of the outbreak and the first lockdown in 2020. We aim to ensure their lived experiences during the COVID-19 lockdown are both seen and heard, and the influence of their intersecting social locations understood.

# **Methodology**

The survey findings reported here form part of a large mixed-methods research project (Westwood, Hafford-Letchfield and Toze, 2020a), which also comprised interviews with older LGBT+ people and professionals working to support them. This study aimed to take a temperature check of how older LGBT+ people in the UK were impacted by mandatory social isolation during the Spring-Summer 2020 lockdown, and to understand what coping strategies they are using to manage their situations. It was approved by the University of York’s Economics, Law, Management, Politics and Sociology (ELMPS) ethics committee.

The survey is based on a non-validated questionnaire (Westwood, Hafford-Letchfield and Toze, 2020b, see Appendix One) designed by the project team. The questionnaire comprised 19 meta-questions which asked respondents about a range of issues, including their health and wellbeing, whether they lived alone or with others, whether they had an emergency contact, the impact of the UK COVID-19 lockdown upon their lives, and their top concerns concerning COVID-19. The survey was shared via the research teams’ professional networks, organisations representing older LGBT+ people and social media. The survey data were collected in Qualtrics©2 and this document describes early preliminary findings alongside some initial thematic analysis of responses to open-ended questions.

* 1. Sample profile

In total there were over 34 unique responses to the open-ended question about gender. The majority made direct reference to the categories Male/Man or Female/Woman, or used a term closely associated with one of these categories, such as ‘lesbian’. These responses were classified as man or woman. Out of a total sample of 375 people, 168 (45%) respondents were women, 197 (53%) respondents were men, and ten did not identify with the gender binary.

In terms of sexuality, there was again a wide range of responses. Of the 168 women, n=149 (89%) were classified as lesbian/gay, n=9 (5%) as bisexual, n=3 (3%) as queer, n=1 as heterosexual (% neg) and n=1(% neg) as asexual. N=5 (3%) women who self-identified in other ways: ‘pansexual; ‘sexually varied’; still working it out’; ‘I don't know, poss assexual?’; and ‘no labels I’m just me’. As can be seen from Table 1a, below, of the 149 lesbians/gay women, 137 stated that their gender was the same as was assigned at birth (cis)3 and 12 said that it was different (trans).

|  |  |  |
| --- | --- | --- |
| **Gender same as assigned at birth** | **Gender different from assigned at birth** | **Total** |
| 137 (92%) | 12(8%) | 149 |

**Table 1a:** Responses of lesbians/gay women respondents to the question ‘Is your gender the same as was assigned at birth?’

As can be seen from Table 1b, in terms of identity, the women who were classified as lesbian/gay identified as lesbian (n=131); gay (n=9); ‘lesbian with qualifications’ (n=5); ‘lesbian/gay implied’ (3); political lesbian (2). ‘lesbian with qualifications’ comprised women who described their sexualities as follows: ‘lesbian (however do not exclude other possibilities)’; ‘lesbian as it has traditionally meant’; ‘lesbian who hates labels’; ‘lesbian/bisexual’; and ‘broadly lesbian, sometimes lesbian asexual’. ‘lesbian/gay implied’ encompassed two women: a trans woman who described her gender as ‘female’ and her sexuality as ‘female’; a trans woman who described her gender as ‘assigned male at birth, MTF transgender’ and her sexuality as ‘attracted to women’.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Lesbian** | **Gay** | **Lesbian with qualifiers** | **Political lesbian** | **Lesbian/ gay implied** | **Total** |
| 131 | 9 | 5 | 2 | 2 | 149 |

**Table 1b:** Responses of lesbians/gay women respondents to the question ‘How would you define your sexuality/sexual orientation?’

As can be seen from Table 2, 53(36%) lesbian/gay women were in the 60-64 age band; 36(23%) were in the 65-69 age band; 37(23%) were in the 70-74 age band; 20(13%) were in the 75-79 age band; 2(neg%) were in the 80-84 age band; and 1(neg%) was in the 90-94 age band. The trans lesbians and gay women were in the younger age ranges, with 7 out of 12 (59%) being in the 60-64 age band.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Cis** | **Trans** | **Total** |
| 60-64 | 46 | 7 | 53(36%) |
| 65-69 | 35 | 1 | 36(24) |
| 70-74 | 34 | 3 | 37(25%) |
| 75-79 | 19 | 1 | 20(13%) |
| 80-84 | 2 | 0 | 2(neg%) |
| 85-89 | 0 | 0 |  0 |
| 90-94 | 1 | 0 | 1(neg%) |
|  | 137 | 12 | 149 |

**Table 2:** Lesbians/gay women respondents by age range

In terms of ethnicity, the respondents were asked to self-define using a free-text box. As can be seen from Table 3, the respondents identified in highly variable ways. However, only one woman identified as being Black.

|  |  |
| --- | --- |
| White/White British/White UK/British Caucasian | 103 |
| White Mixed Heritage | 12 |
| British | 7 |
| White English | 5 |
| Caucasian | 4 |
| Jewish  | 4 |
| White European | 3 |
| White Other | 3 |
| White Scottish | 2 |
| White Irish | 2 |
| White Welsh | 2 |
| Mixed Heritage (not specified) | 1 |
| Black | 1 |
| **Total** | 149 |

**Table 3:** Free-text self-defined ethnicity by lesbians/gay women respondents

As can be seen from Table 4, of the 149 lesbians/gay women, 23% said they considered themselves to have a disability/disabilities and 48% said they considered themselves to have a serious health condition. A greater proportion of trans women than cis women reported having a disability and having a serious health condition.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Cis** | **Trans** | **Total** |
| **Disability** | 29/137(21%) | 6/12(50%) | 35/149(23%) |
| **Serious health condition** | 64/137(47%)  | 7/12(58%) | 71/149(48%) |

**Table 4:** Self-reported disability and/or serious health condition(s) according to lesbians/gay women respondents.

Respondents were asked if they lived alone or with others. As can be seen from Table 5, half of older lesbians and gay women (69 cis and 6 trans) respondents lived alone and half (68 cis and 6 trans) respondents lived with others. Among the 6 trans women who lived with others, five lived with their partners/spouses and one lived with her mother. Among the 68 cis lesbians/gay women who lived with others, 63 lived with their spouse/partner, one lived with their spouse/partner and their adult children, two lived with their sisters, one lived with their adult son, and one lived with housemates.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Cis lesbians/ gay women (n=137)** | **Trans lesbians/ gay women (n=12)** | **All lesbians/ gay women (n=149)** |
| **Alone** | 69(50%) | 6(50%) | 75(50%) |
| **With others** | 68(50%) | 6(50%) | 74(50%) |
| **Total** | 137(100%) | 12(100%) | 149(100%) |

**Table 5:** Lesbians/gay women respondents who lived alone/with others.

Respondents were asked whether they had an emergency contact. As can be seen from Table 6, 89% of older lesbians/gay women respondents said they had an emergency contact and 11% said they did not. Those who lived alone were less likely to have an emergency contact than those who lived with others (among both the cis and trans lesbians/gay women). A greater proportion of trans women (4, 25%) did not have emergency contacts compared with cis women (13, 9%)



**Table 6:** Lesbians/gay women respondents who said they did/did not have an emergency contact

Among the 8 (75%) trans women who had emergency contacts these were (some mentioned more than one): partner/spouse (3); daughter(s) (2); family member(s) (2); friend (1); ex-partner (1); and neighbours (1). Among the 124 (91%) cis women who had emergency contacts these were (again, some mentioned more than one): friends (60); neighbours (37); partner/spouse (32); daughter(s) &/or son(s); sister(s) &/or brothers (11); other family members (16); partner's daughter (1); ex-partner (1); work colleague (1); health/ care professional (1). See Figure 1 below for an overview.



Figure 1. Lesbians/gay women respondents’ emergency contacts

* 1. Key findings
		1. *COVID-19 lockdown concerns*

Survey respondents were asked to list their top 3 concerns. These are detailed in Table 7 overleaf. 3 cis women stated that they had no concerns in relation to COVID-19. Another wrote ‘No big issues, to be honest. I'm doing OK’ (SUR306, 60-64, cis lesbian/gay woman). As can be seen from Table 7, the most frequent concerns identified among the lesbians and gay women respondents related to: health and wellbeing (100); missing/being unable to see others (45): concern for others (39): loneliness/social isolation/ lack of social interaction (31); an uncertain/unpredictable future (26); lifestyle concerns (25); dissatisfaction with the government (14); and work issues (13).

#### Missing everyday normality

Several women described missing the familiar, everyday things of life, e.g. ‘not being able to use public transport’ (2); not being able to go to the hairdresser; ‘unable to go to dentist; ‘getting my eyes tested and glasses mended’; ‘getting a new watchstrap in the market’. One woman wrote ‘inability to get back to my old life. missing singing and playing music in groups and seeing friends (SUR102, 70-74, cis lesbian/gay woman). One woman expressed concern about ‘loss of my way of life’ (SUR013, 60-64, cis

|  |
| --- |
| **Health and wellbeing (1001)** : Fear of catching COVID-19 (41); Other people not complying with social distancing rules & increasing exposure to risk (15); Maintaining wellbeing (11); Mental health concerns (anxiety/depression) (11); Heightened vulnerability if contracts COVID-19 (10); Lack of exercise/losing fitness (3); post-viral effects of COVID-19 (3); Loss of motivation (2); Concerned about alcohol consumption (1); Delayed gender affirmation surgeries (1); Delayed treatment for chronic health condition (1); ‘Fear of mixing with others (1); ‘Wearing a mask causing further breathlessness’ (1). |
| **Missing/unable to see others (45)**: Unable to see/missing friends (15); Unable to see/missing family (12); Unable to see friends/family who live in another nation/overseas (6); Separated from non-cohabiting partner (5); Unable to see grandchildren (4); Unable to see adult children (2); ‘not meeting other LGBT people’ (1) |
| **Concern for others (39)**: Fear of spouse/partner catching COVID-19 (11); Concerned about family members (9); Fear of infecting others (8); Concerned about friends (5); Worried about older parent(s) (5); ‘Concern for poorer and refugee communities across the world’ (1) |
| **Loneliness/social isolation/ lack of social interaction: (31)** Social isolation/ lack of social interaction (24) Loneliness (7) |
| **Uncertain/unpredictable future (27:** How long will lockdown last? (3); When will there be a vaccine? (2); ‘What will the future be like?’ (2); ‘How many years?’ (1); ‘Future plans’ (1); ‘Future’ (1); ‘Longer term planning on micro & macro levels’ (1); ‘Long term repercussions’ (1); ‘Concerns about future’ (1); ‘Fear for the planet/future/children growing up in such uncertain and fearful times’ (1); ‘Fear and uncertainty regarding what the future holds’ (1); ‘the uncertainty of the situation, fear that things may never be normal again’ (1); ‘How will we ever have anything like normal?’ (1); ‘inability to plan future’ (1); ‘How can I negotiate the future? (1); will [my friends and I] ever meet again? (1); ‘how long this will last and what percentage of the rest of my life?’ (1); Concern ‘that it will keep recurring, or spiking, until science has found a way to kill it off’ (1); ‘That there may be another wave’ (5)  |
| **Lifestyle concerns (25):** Missing everyday activities (7); Loss of autonomy/freedom (7); Loss of routine/way of life (4); Unable to go on holiday (3); Boredom/frustration (2); ‘unable to access arts/theatre’ (1); ‘not being able to participate in sporting activities (1). |
| **Dissatisfaction with government (14):** ‘Government ‘incompetence ‘in managing the COVID epidemic (2); Government policy’ [unspecified] (1); ‘Anxiety caused by the actions of the government’ (1); ‘Mistrust of UK Government particularly after the Cummings affair’ (1); ‘Stress from political lies. Anger and powerlessness from Tory lies and greed’ (1); ‘Concerned about government using pandemic to subvert our parliament/democracy/society’ (1); ‘Seeing the mess this government is making and its blaming of the public’ (1); ‘no trust in national leadership/Government’ (1); ‘Westminster government giving such muddled advice that no one knows what is going on’ (1); ‘Initially [this government] did not take the threat seriously’ (1); ‘Lack of confidence in government guidelines about how shielding is playing out’ (1); ‘Stupidity of current UK government’ (1); ‘The government are giving mixed messages about it/not doing enough, soon enough. Basically, they are inept and/or want to kill off the elders & the disabled to save money’ (1).  |
| **Work issues (13):** Lack of safety in workplace (1);‘Not being able to work’ (1); ‘Work’ [unspecified] (1); ‘ My job’ [unspecified] (1); ‘I don't want any future broad brushstroke restrictions on older people to limit my ability to continue to do my job’ (1); ‘Family work concerns’ (1); ‘Having to return to a risky workplace’ (1); ‘Made redundant at start of lockdown (1); ‘Partner going back to work and my risk’ (1); ‘Work life balance’ (1); ‘Lost of my job’ (1); ‘Work dried up’ (1); ‘Worry that eventually I may be pressured into doing things that increase my risk of catching it through work’ (1). |
| **Informal care concerns (11):** No-one to provide support if I get ill (women living alone) (9); How to care for one another if both get sick (women in cohabiting couples) (2) |
| **Financial worries (10):** Worried about personal finances (4) Concerns about economy (4); ‘house’/‘rising prices (2) |
| **Missing physical contact/touch (8):** ‘Missing ‘physical contact’ (2); ‘Missing physical social contact’ (1); ‘Missing physical contact with friends’ (1); ‘Missing physical touch’ (1); ‘No physical contact’ (1); ‘I haven’t been touched for 4 months’ (1); ‘Inability to have any hands on/loving, touching help from daughters, neighbours etc’ (1) |
| **Formal care concerns (7):** Unhappy with how ‘Do Not Resuscitate’ (DNR) form was dealt with by GP practice (1); lack of Personal Protective Equipment (PPE) for respondent’s carers’ (1); dissatisfaction with manager of sheltered accommodation (1); NHS delays of cancer care (in general) (1); poor funding of NHS(1); ‘Catching the virus and being alone in hospital’ (1); care package withdrawn (1).  |
| **Other:** Bereavement (4); Prejudice and discrimination (4); Access to provisions (4); Access to medication (3); **U**nable to see dying friends/family members (3); Relationship breakdown; Lack of ‘opportunities to travel’ (1) Guilt for being comfortable financially’ (1); ‘Too much being decided by and expressed by men’ (1); Excessive state control (1). |

**Table 7:** Lesbians/gay women respondents’ responses to ‘Top 3 concerns’ question

lesbian/gay woman). One woman expressed the ‘fear that things may never be normal again’ (SUR114, 60-64, cis lesbian/gay woman) while another asked ‘how we will have anything like normal (again)?’ (SUR272, 60-64, cis lesbian/gay woman). Another woman asked:

… the suspension of usual social activities - choirs, queer [club], social meetings with friends. Increasing depression as their absence becomes a new normal - will we ever meet again? (SUR343, 60-64, cis lesbian/gay woman).

#### Physical contact

Many women, particularly those in the upper age ranges, referred to missing physical contact. For example,

Missing physical social contact. (SUR362, 70-74, cis lesbian/gay woman)

Missing physical contact with friends. I really need that warm feeling. (SUR096, 70-74, trans lesbian/gay woman)

I miss physical contact. Zoom is all very well but not as good as being in the same room (SUR332, 75-79, cis lesbian/gay woman)

Inability to have any hands on / loving, touching help from daughters, neighbours etc. (SUR314, 90-94, cis lesbian/gay woman)

I haven’t been touched for 4 months. (SUR312, 75-79, cis lesbian/gay woman)

#### 2.2.1.3. Relationship breakdown

One woman expressed concern about the impact of lockdown on her non-cohabiting partnership:

I worry what will happen to my relationship as we don't live together (SUR034, 65-69, cis lesbian/gay woman)

Two other women described relationship breakdowns:

Relationship ended (SUR035, 60-64, cis lesbian/gay woman)

Have recently been left by partner of 25 years so deeply concerned about meeting /not meeting new queer people in my age group. who share my many interests. (SUR371, 70-74, trans lesbian/gay woman)

#### Physically distanced relationships

Several women spoke of being physically estranged from partners, friends and family because they live in different nations (i.e. England, N. Ireland, Scotland and Wales) or overseas. In terms of partners, the following respondents wrote:

Unable to travel to be with my US spouse. My spouse has had COVID and I am concerned for her health. (SUR075, 60-64, cis lesbian/gay woman)

Separation from my partner, though we keep in regular contact by long phone calls twice a week and short emails. (SUR078, 60-64, cis lesbian/gay woman)

Cannot see my partner as I live in [UK nation] and she lives in [different UK nation] (SUR040, 65-69, cis lesbian/gay woman)

Unable to meet or visit partner who lives separately in [another UK nation] (SUR041, 70-74, cis lesbian/gay woman)

In terms of family and friends, the following respondents raised these concerns:

Curtailment of travel (birth family are overseas) (SUR007, 75-79, cis lesbian/gay woman)

I want to see my friends in (overseas country­) but I‘m scared to travel (SUR014, 60-64, cis lesbian/gay woman)

Travel and safety restrictions [mean unable] to see family abroad (SUR254, 65-69, cis lesbian/gay woman)

Not seeing my family and friends, many of whom live oversees (SUR272 60-64, cis lesbian/gay woman)

Unable to visit friends and family [another UK nation] (SUR302, 65-69, cis lesbian/gay woman)

Not seeing my daughter who lives abroad (SUR340, 60-64, cis lesbian/gay woman)

#### Concerns for ageing family members

Several respondents expressed concerns about ageing family members:

Keeping in touch with my 95-year-old Mother (SUR045, 65-69, cis lesbian/gay woman)

The health of my mother - too far away to visit in a day, declining rapidly in terms of cognitive impairment. (SUR052, 65-69, cis lesbian/gay woman)

I am very worried about the health of my elderly mother who lives 300 miles away. (SUR061, 65-69, cis lesbian/gay woman)

My father, who has dementia and lives alone 100 miles away and needs to find a supported living place (SUR114, 60-64, cis lesbian/gay woman)

[Not being able to see] my Dad to assist [with] care given. (SUR351, 60-64, cis lesbian/gay woman)

#### Care concerns

Several women raised concerns about care. One woman described the way she was approached about a ‘Do Not Resuscitate’ (DNR) form as ‘brutal.’

The collection of the information to complete the respect form, about end of life care needs was fairly brutal. It was in two stages by the nurse and then the GP (SUR021, 60-64, cis lesbian/gay woman with a long-term health condition)

Another woman raised concerns about the lack of Personal Protective Equipment for her carers and was unhappy with the attitude of the head of her sheltered accommodation.

No PPE for my PA/carer, the CEO of the sheltered accommodation where I live treating us like ignorant folk. (SUR028, 60-64, cis lesbian/gay woman)

Two women expressed concern in general (i.e. not in relation to themselves) about NHS backlogs and under-funding of the NHS and one woman wrote about her own treatment delays:

The backlog of NHS work such as cancer patients who have had treatment delayed. (SUR037, 70-74, cis lesbian/gay woman)

Poor funding of NHS (SUR032, 70-74, cis lesbian/gay woman)

Compromised immune system, treatment being delayed/interrupted (SUR326, 65-69, cis lesbian/gay woman)

One woman spoke about the impact of the reduction in her care package:

Like others with long term health conditions my care package was removed. Have had to pay for private care. Obtaining shopping has been a nightmare with no car or delivery’s available. Economically it has resulted in my having to get a loan to cover additional costs and employing various people to help with personal. Disability issues but also urgent DIY. All of which has cost more than usual. (SUR354, 60-64, cis lesbian/gay woman)

#### Death, dying and bereavement

Several respondents raised issues of death, dying and bereavement. One respondent wrote that one of her top concerns was:

Death - losing family & friends and I'm definitely not ready to go!! (SUR066, 60-64, cis lesbian/gay woman)

Three women wrote about being unable to see critically ill/dying friends and family members:

Inability to travel to see critically ill friend (SUR375, 60-64, cis lesbian/gay woman)

I have two friends dying of cancer who I haven't been able to see. (SUR034, 65-69, cis lesbian/gay woman)

Was unable to visit my parents in their last days (SUR116, 60-64, cis lesbian/gay woman)

Two women’s partners had died and they described having to bear their respective losses alone:

My partner died last week. It is very difficult organising the funeral and dealing with administrative matters in the current situation. Also no one can hug me. (SUR019, 70-74, cis lesbian/gay woman)

I am alone because my partner of 34 years died not three months ago so I am suddenly alone in this… No consoling hugs, or going to stay with friends. (SUR064, 70-74, cis lesbian/gay woman)

One woman who lived alone said that her dog had died needed a hug (SUR008 60-64, cis lesbian/gay woman) (bearing in mind the significance of pets for older LGBT+ people in general and older lesbians in particular: Putney (2014), Muraco et al (2018)).

#### Intersections

Two trans lesbians/gay women raised concerns about the intersection of the COVID lockdown and trans/LGBT+ status:

From an LGBT point of view, I am not out to my neighbours and am not meeting other queer people (SUR137, 60-64, trans lesbian/gay woman)

Coping alone with the lockdown, which is a magnification of pre-existing social isolation from both health constraints and trans status. (SUR298, 60-64, trans lesbian/gay woman)

A third trans lesbian/gay woman wrote about her gender affirmation surgeries being postponed due to COVID-19:

1. Disappointment of postponed surgeries: four admissions were anticipated for 2020 (one big, three small). One of the smaller operations went ahead in February, the rest have been put on hold indefinitely. 2. Concerns about staying virus free and then travelling safely to remote hospitals and home again when non-COVID surgery is finally restored. (SUR298, 60-64, trans lesbian/gay woman)

One cis woman referred to being ‘not quite disabled enough’ to get priority online shopping:

Not feeling safe to shop for food in supermarkets. Just too young and not quite disabled enough to be able to have priority for online shopping. My partner is also disabled with mobility issues and we usually only food shop online but this has now been blocked. (SUR106, 65-69, cis lesbian/gay woman)

Two women referred to the significance of public toilets for them navigating the COVID-19 lockdown:

Current apparent 'freedoms' take no account of the closure of public toilets, so I cannot go very far in England anyway (this was a common problem for women in 18th century Britain!) (SUR041, 70-74, cis lesbian/gay woman)

I can’t go for long walks because the loos are all closed. (SUR312, 75-79, cis lesbian/gay woman)

Several women raised their age as impacting on their COVID-19 concerns:

Too old to spend too much of the rest of my life in lockdown (SUR082, 70-74, cis lesbian/gay woman)

How long this will last and what percentage of the rest of my life? (SUR346,75-79, cis lesbian/gay woman)

I registered as an NHS volunteer and then decided not to do it, because the best thing I can do for the NHS is avoid getting sick. It makes me sad and I feel a bit useless compared to younger people, which can be hard. (SUR008 60-64, cis lesbian/gay woman)

Two other women, both cis, raised concerns about ageism and, for one, its intersection with sexism and ‘anti lesbian’ hostility.

Ageism particularly against the so-called elderly (SUR037, 70-74, cis lesbian/gay woman)

Feeling invisible on the pavement. COVID exacerbating existing ageism, sexism, and some anti-lesbian hostility. (SUR349, 65-69, cis lesbian/gay woman)

Two cis women raised concerns about unspecified types of prejudice:

I have had years of anti-social behaviour from neighbours which has increased during lockdown. This has been prejudicial towards my psychological well-being and physical health with lasting consequences. (SUR354, 60-64, cis lesbian/gay woman)

Who can we ask for help without feeling we have to overcome prejudice? (SUR366, 70-74, cis lesbian/gay woman)

* + 1. *Getting essential supplies*

Respondents were asked how they were getting essential food, household supplies and medication. As can be seen from Table 7, over half (59%) of the cis lesbians/gay women and half of the trans lesbians/gay women were doing their own shopping/and prescription collection either wholly or supplemented by online purchases. 20 (15%) of the cis women and 1 trans woman (8%) were solely reliant upon online shopping. 20% of the cis lesbians/gay women and a third of the trans lesbians/gay women were reliant upon others for shopping and/or prescription collections, either wholly or supplemented by online shopping.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Cis lesbians/ gay women (n=137)** | **Trans lesbians/ gay women (n=12)** | **All lesbians/ gay women (n=149)** |
| **Shopping /collecting prescriptions in person** | 43(31%) | 4 (33%) | 47(32%) |
| **Combination of in-person shopping/ collecting prescriptions and online deliveries** | 38(28%) | 2(17%) | 39(26%) |
| **Online deliveries only** | 20(15%) | 1(8%) | 21(14%) |
| **All shopping/ prescriptions being done by others** | 11(8%) | 2(17%) | 13(9%) |
| **Combination of online and shopping/collections by others** | 17(12%) | 2(17%) | 19(13%) |
| **Non-response ('Yes'; 'Shop')** | 8(6%) | 1(8%) | 9(6%) |
| **Total** | 137(100%) | 12(100%) | 149(100%) |

**Table 8:** Lesbians/gay women respondents’ responses to question which asked how they were getting essential food, household supplies and medication.

Several respondents who received pharmacy deliveries commented on how helpful this was. By contrast, for some of those who had to go and collect prescriptions/medication, this was a problem:

Food and household supplies by the weekly shop at a local supermarket which has a vulnerable persons' hour from 9 am to 10 am. Medication is more difficult as you have to queue for approx 30-40 mins outside the pharmacy and the repeat prescription is not always transferred from the Pharmacy to the GP surgery, or from the GP surgery to the Pharmacy. (SUR084, 70-74, trans lesbian/gay woman).

In couples where someone else was doing the respondents’ shopping/collections this was primarily the woman’s partner/spouse. Among women who lived alone the other person included: sons/daughters/niece/brother; ‘‘housing trust’; ‘caretaker in building’; Personal Assistant[[1]](#footnote-1); local charities and volunteers; ‘social workers’; ‘the council’; friends; and neighbours. Several respondents noted that friends of a similar age were often unable to help one another out because they were all self-isolating.

Notably, while the 11 trans women who described how they accessed supplies made no reference to neighbours as a source of support (although neighbours are referred to in their responses to other survey questions, neighbours were mentioned more frequently than any other type of person among cis women who lived alone. For example:

A neighbour brings me milk if I need it. (SUR041, 70-74, cis lesbian/gay woman)

A neighbour collects [my medication] (SUR080, 70-74, cis lesbian/gay woman)

Neighbours add things to [their] home deliveries [for me] (SUR025, 60-64, cis lesbian/gay woman)

I get some help from [my] daughter and neighbours. (SUR302, 65-69, cis lesbian/gay woman)

A woman living with her partner also reported that a neighbour has been ‘doing errands’ for them. Moreover, several of the cis respondents described providing support to their neighbours:

Do this [shopping] for myself and for near neighbours. (SUR338, 65-69, cis lesbian/gay woman)

[Shopping] not a problem for me. I've supported a couple of neighbours. (SUR234, 60-64, cis lesbian/gay woman)

Going out [shopping] for myself and neighbours. (SUR181, 60-64, cis lesbian/gay woman)

Another cis woman wrote of providing support to her sister:

I use the supermarket reluctantly once a week to shop for myself and my sister who lives 4 miles away and for whom I am the main carer as she has vascular dementia and needs support. (SUR059, 70-74, cis lesbian/gay woman)

* + 1. *Support networks*

Respondents were asked about the composition of their usual support networks, and then about the impact of COVID-19 lockdown on those networks.

2.2.3.1. Network composition

As can be seen from Table 9a, overleaf, respondents described a range of constellations of social connections. Respondents described support networks of widely varying sizes and composition. Some women had none, or relied upon formally organised support, while other women had multiple different sources of support.

As can be seen from Table 9b, 7% of the respondents said they had no-one in their support network. At the other end of the spectrum, 5% of the respondents said they had four or more different types of supports.



**Table 9b:** Summary of the number of different types of contacts in lesbians’/gay women’s descriptions of their support network composition. (NB Two trans women apparently answered a different question, so only 10 trans respondents to this question).

Among the cis women with partners/spouse, many of them included their partner/spouse in their support network. However, some did not, seeming to conceptualise their network as that which was outside the couple. The women with partners/spouses described networks which ranged from the very small (e.g. ‘I don’t have any [support]. It's just me and my partner’, SUR311, 70-74, cis older lesbian) to very large ones (partners, friends, children, other family, work colleagues, various groups, etc.).

|  |
| --- |
|  **NO SUPPORT (N=10)**  |
| ***Cis lesbians/gay women (n=9)***  | ***Trans lesbians/gay women (n=1)***  |
| * ‘None’ (n=6)
* ‘I haven’t any’ (1)
* ‘I don't have any. It's just me and my partner.’ (1)
 | * ‘I haven’t any, my daughter lives 60 miles away, works full time… and has health problems’ (1)
 | * ‘Don't really have any. Relied heavily on my previous partner for support.’ (1)
 |
| **1 SOURCE OF SUPPORT (N=44)**  |
| ***Cis lesbians/gay women (n=41)*** | ***Trans lesbians/gay women (n=3)***  |
| * ‘Friends’ (25)
* ‘Family’ (5)
* ‘Age UK’ (1)
* ‘Choir’ (1)
* ‘Church’ (1)
* ‘Close friends’ (1)
* ‘Friend network locally’ (1)
* ‘Local helpers’ (1)
 | * ‘My queer family of choice’3 (1)
* ‘Neighbour’ (1)
* Spouse’s carers (1)
* ‘2 groups of women friends who meet on a regular basis, texting to one another’ (1)
* ‘Carers to help with my husband who has dementia’ (heterosexually married cis lesbian) (1)
 | * ‘Family’ (1)
* ‘My GP’ (1)
* ‘Sexual health at local hospital’ (1)

  |
| **2 TYPES OF SOURCES OF SUPPORT (N=52)**  |
| ***Cis lesbians/gay women (n=52)*** | ***Trans lesbians/gay women*** |
| * ‘Friends and family’/ ‘Family and friends’ (12)
* Spouse/partner and friends (9)
* ‘Friends and neighbours’ (5)
* Friends and sports/swimming club (2)
* Friends and Lesbian/LGBT groups (3)
* ‘Family/chosen family’3 (1)
* ‘Friends locally. Street Facebook group has formed - not usual support but has been very supportive’ (1)
* ‘Friends, ex partners’ (1)
* ‘Friends and groups I’m in’ (1)
* ‘Friends and various social and activity groups’ (1)
* ‘Friends, cohousing neighbours’ (1)
* ‘Partner and LGBT friends’ (1)
* ‘Wife and family’ (1)
* ‘Just my wife and her family’ (1)
 | * ‘Partner and immediate family’ (1)
* ‘Wife and neighbour’ (1)
* ‘A few friends and my sister’ (1)
* ‘My sister, and then mostly lesbian friends, but also some heterosexual friends’ (1)
* ‘Sister & parents’ (1)
* ‘Other older lesbians and my grown daughter’ (1)
* ‘Daughter and her friends’ (1)
* ‘My local friends, and my children’ (1)
* Friends and children: ‘Close friends, mostly lesbians and a couple of gay men, I also have supportive children and straight friends.’ (1)
* ‘LGBT Groups. Over 60s groups’ (1)
* Lesbian and special interest groups (1)
* ‘Mostly very geographically scattered friendships... Bart's Hospital if I had any medical emergencies’ (1)
 |  |
| **3 TYPES OF SOURCES OF SUPPORT (N=30)**  |
| ***Cis lesbians/gay women (n=26)*** | ***Trans lesbians/gay women (n=4)*** |
| * ‘Neighbours, friends and family’/ ‘Friends, neighbours, family’ (4)
* Spouse/partner, ‘friends and family’ (3)
* ‘Friends, partner, son’ (1)
* ‘Brother, several friends, several neighbours’ (1)
* ‘Friends, brother and family’ (1)
* ‘Friends, niece and partner’ (1)
* ‘Friends, niece and (lesbian) partner’ (1)
* ‘[online lesbian group], neighbours, family’ (1)
* ‘Neighbours, friends and partner’ (1)
* ‘Family, partner, work groups’ (1)
* ‘My partner. My ex-lovers. A friendship group.’ (1)
* ‘My partner, individual creative people, lesbian/LGBT groups’ (1)
 | * ‘Friends, work colleagues, family’ (1)
* ‘Friends, groups, family’ (1)
* ‘Friends, family and KENRIC’ (1)
* Friends, fellow sports club members and fellow volunteers (1)
* ‘Friends, church people, [sport] club’ (1)
* ‘A few friends living locally and some family members a long way away and counselling’ (1)
* ‘Therapist, friends, family’ (1)
* ‘[Paid] carers… friends and family’ (1)
* ‘Social group(s)... loose network of acquaintances. 3 good friends who I don’t see very often.’ (1)
 | * Our local Transgender and our older persons support network. Also, there is a Volunteer responder network run by the County council and the NHS’ (1)
* ‘[Sports] club; work colleagues; Facebook’ (1)
* ‘Friends; synagogue; work’ (1)
* ‘Friends; neighbours; family’ (1)
 |
| **4+ TYPES OF SOURCES OF SUPPORT (N=8)**  |
| ***Cis lesbians/gay women (n=7)*** | ***Trans lesbians/gay women (n=1)*** |
| ***Cis lesbians/gay women:**** ‘Family and friends; wider family WhatsApp; online LGBT+ networks; and work colleagues.’ (1)
* ‘Friends, neighbours, family (son), colleagues in voluntary and social activities’ (1)
* ‘Close group of friends, Choir, brother and family, book group, walking group’ (1)
* ‘Partner, friends, family and neighbour’ (1)
 | * ‘Partner, daughters, friends and neighbours’ (1)
* ‘Relationship, friends, neighbours, LGBT community-based sports organisation’ (1)
* ‘My 2 daughters who live three hours’ drive away plus friends, neighbours, acquaintance at voluntary work. I have an End-of-Life Doula2 who visits fortnightly usually, now by telephone. When able, I still drive locally.’ (1)
 | * ‘Transgender support from London Friend, Beaumont Society, [Specific Locality] Mind, Torch at Oasis Hub, London Gender Support; Professional support from Gendercare; Support from family and friends.’ (1)
 |
| **NON-SPECIFIC (N=3)**  |
| ***Cis lesbians/gay women (n=2)*** | ***Trans lesbians/gay women (n=1)*** |
| ‘***Cis lesbians/gay women:**** I have a number of support networks some close by. Others elsewhere in the city’ (1)
* ‘Community activities’ (1)
 | * ***‘***Mostly online but also personal contacts’ (1)
 |

**Table 9a:** Lesbians’/gay women’s descriptions of their support network composition. (NB Two trans women apparently answered a different question, so only 10 trans respondents to this question).

Some women described having several significant people in their networks, but being geographically separated from them, meaning the potential for immediate hands-on support was limited. For example, one woman said that her support network comprised her partner and several old friends. However,

Oldest friend within 10 miles. Partner 250 miles away and other old friends also 250+ miles away. (SUR040, 65-69, cis lesbian/gay woman)

Another woman observed,

I have one trusted friend who has moved out of the city to a town three train stops away. All other friends & family are disabled themselves or have families to look after or are miles away or any combination of the above. (SUR374, 60-64, cis lesbian/gay woman)

In terms of intergenerational support, 14 cis women (but no trans women) made specific reference to daughters (5), nieces (3), sons (2), nephews (1) and ‘my children’ (3) as being part of their support network.[[2]](#footnote-2) Some women described immediately available support from that intergenerational network:

My daughter is shopping for groceries for me (SUR285, 75-79, cis lesbian/gay woman)

I speak to my daughter every day and if I was in trouble, she would be there. (SUR369, 75-79, cis lesbian/gay woman)

However, other women described children who were geographically distant and/or not able to provide a great deal of hands-on support for other reasons.

My daughter lives 60 miles away, works full time, she is 53, lesbian and has health problems (SUR285, 75-79, cis lesbian/gay woman)

Two children live in [approx. 200 miles away] and one in [the USA] (SUR312, 75-79, cis lesbian/gay woman)

[My daughter lives] abroad (SUR340, 60-64, cis lesbian/gay woman)

Another woman whose network comprised her partner and LGBT+ friends - ‘but they do not live nearby’ - commented about the assumptions that older people have intergenerational family support:

There is an expectation (in the media and in government planning, I think) that everyone has family even if they don't live with you. But I don't - no children, siblings, parents, grandparents etc. (SUR041, 70-74, cis lesbian/gay woman)

As can be seen from Table 9c overleaf, friends figure strongly in the cis lesbians’ networks.



**Table 9c:** Numbers of women who included friends/family of choice, family of origin/adult children, ex-partners and lesbian/LGBT+ support organisations in their support networks

Friends were included in 79% of the cis respondent’s networks, compared with family which were included in only 42% of the respondents’ networks. One woman wrote that her network comprised ‘partner, friends, family - and neighbours if need be’. However, she went on to emphasise,

Friends are the main thing - the lesbian network I have around me. (SUR052, 65-69, cis lesbian/gay woman)

Another woman wrote that she has support from family (an aunt, cousins, nieces, nephew) and friends but also mentioned that:

My partner and I are a mutually supportive couple. About three years ago a group of older lesbians in our small town agreed to be a mutually supportive group and meet up for brunch in each other's homes every 6 weeks. There are about 16 of us, all over 55 (only 2-3 still working). (SUR061, 65-69, cis lesbian/gay woman)

Four women included ex-partners/ex-lovers in their support network. One woman described her entire network as ‘my queer family of choice’ (SUR375, 60-64, cis lesbian/gay woman).[[3]](#footnote-3) One cis woman, who is reaching the end of her life, described a rich network of support, which also offers a lens into her everyday life:

My 2 daughters who live three hours drive away plus friends, neighbours, acquaintance at voluntary work. I have an End-of-Life Doula who visits fortnightly usually, now by telephone. When able, I still drive locally. (SUR314, 90-94, cis lesbian/gay woman)

This woman described a network of adult daughters (albeit a distance away), friends, neighbours, acquaintances and an End-of-Life Doula.[[4]](#footnote-4) Despite being at the end-of-life, she still volunteers and drives locally when she can, suggesting resilience, determination and fortitude. Another woman, a heterosexually married cis lesbian, wrote that her only source of support was ‘Carers to help with my husband who has dementia’ (SUR365, 65-69) serving as a reminder that not all lesbians/gay women are out and that some are living heterosexual lives (whether out or not) often with limited support.

Ten out of 12 trans respondents answered this question. The other two respondents appeared not to understand the question and answered other free-text questions instead. Of the remaining ten respondents, one person said she had no-one:

Don't really have any [social support networks]. Relied heavily on my previous partner for support. (SUR371, 70-74, trans lesbian/gay woman)

One trans woman said her supports were primarily ‘online’ although she did have some ‘personal contacts.’ Another said her three main sources of social support were Facebook, colleagues and members of a particular sports club she belonged to. Three respondents described professional/professionally organised support only:

‘My GP’ (SUR337, 60-64, trans lesbian/gay woman)

Sexual Health at local hospital (SUR315, 60-64, trans lesbian/gay woman)

Our local Transgender and our older persons support network. Also there is a Volunteer Responder network run by the County council and the NHS. (SUR084 70-74, trans lesbian/gay woman)

One woman identified her family as their primary source of support. Another identified ‘family, friends, neighbours’. A third identified family, friends and a wide range of trans-specific organisations. A fourth identified friends, work colleagues and her faith group.

All in all, only four out of the ten trans women specifically named personal friends/family members as comprising their support network, with friends being mentioned by 3 (30%) women. Six out of ten trans women said they had no-one, or their contacts were online, or work/group related or comprised professional/formally organised support.

2.2.3.2. Impact of lockdown on networks

In terms of the effects of lockdown on their supports networks and the challenges they faced in maintaining connections, as can be seen from Table 10, below, over two fifths of cis lesbians/gay women and a third of trans lesbians/gay women reported a change in their networks.



**Table 10:** Lesbian/gay women responses to whether there had been changes to their support networks.

Among the cis women who reported changes to their networks, a number were surprisingly positive, reporting an increase in reciprocal support between friends, family and local communities. Several respondents described improved relationships with neighbours:

We see more of local people who are usually busy with family. (SUR272, 60-64, cis lesbian/gay woman)

Probably closer relations with one set of neighbours. The Thursday clap has been good in seeing neighbours. (SUR021, 60-64, cis lesbian/gay woman)

More engagement with neighbours and participation in local networks (SUR320, 60-64, cis lesbian/gay woman)

Neighbours are chatting which didn’t happen before. (SUR080, 70-74, cis lesbian/gay woman)

More contact with neighbours (SUR075, 60-64, cis lesbian/gay woman)

More neighbours are checking in regularly (SUR057, 65-69, cis lesbian/gay woman)

Have had more contact with neighbours, to receive and offer support. (SUR052 65-69, cis lesbian/gay woman)

More contact with neighbours now. I have provided support, and support has been offered to me. (SUR075, 60-64, cis lesbian/gay woman)

Neighbours feel much closer (SUR254, 65-69, cis lesbian/gay woman)

I am closer to my neighbours now. (SUR376, 60-64, cis lesbian/gay woman)

My neighbours are looking out for me more (SUR370, 70-74, cis lesbian/gay woman)

Neighbours have been more helpful (SUR014, 60-64, cis lesbian/gay woman)

Neighbours more supportive. (SUR258, 65-69, cis lesbian/gay woman)

I have met and found a new social network with a lot of immediate neighbours since lockdown. (SUR343, 60-64, cis lesbian/gay woman)

One respondent noted both improvements in relationships with neighbours, but the opposite with another component of her support network:

Village support group was great when we were having difficulty in getting essential supplies because it was not possible to get delivery slots from any local supermarket. We now know more people in the village than we did before Covid-19. People in other support networks generally less supportive unless we take the initiative in contacting them. (SUR361, 80-84, cis lesbian/gay woman)

Another woman also reported mixed impressions:

If anything, we have more frequent contact with friends as we are checking in more, and also using the new technologies we have learnt, to video call instead of maybe infrequent emails. The worst issue is not being able to support my wife's family in [city] when we are in [different city]. I am most missing weekly art group but committee thinks that because all members are 60+ they can’t cope with technology, they don’t even have peoples emails and won’t contemplate a Facebook page to share and inspire work… Without that group stimulus I am finding it hard to paint by myself at home which has been a major source of relaxation and pleasure which I miss. (SUR121, 65-69, cis lesbian/gay woman)

By contrast other cis women saw improvements across their support networks:

I feel a little closer to the people in my street. I feel closer to my brunch group friends. One (heterosexual) friend who was a literary festival friend has now become a food friend too as we share orders/deliveries from specialist food suppliers so that we place a large enough order to make it worth their while, and we've swapped information about what's available in local shops. Facebook friends are a little more important to me as I'm not seeing people in the flesh. To feel connected to the wider lesbian and gay community, I've attended online performances by Hannah Brackenbury, Annabelszki and The Phoenix Arts Club and tipped the performers. (SUR061, 65-69, cis lesbian/gay woman)

Neighbours have been supportive to both my partner and myself in our respective houses. There has been more contact by past friends, ex-partner etc to make sure all is OK. (SUR211, 65-69, cis lesbian/gay woman)

Some respondents described an increase/improvement in personal connections,

Have heard from more people than usual. (SUR181, 60-64, cis lesbian/gay woman)

If anything, I’m in contact with people more, although I miss the casual contact in cafes etc. (SUR312, 75-79, cis lesbian/gay woman)

Some respondents commented on revived/deepened connections with friends:

Have reconnected with some friends & strengthened those relationships through on line chats etc. (SUR068, 60-64, cis lesbian/gay woman)

I have become closer to some friends and also started up regular contact with others which was never the case before the lockdown. In this way it has been a rich time. (SUR251, 70-74, cis lesbian/gay woman)

I now have more regular contact with a couple of old friends and some relatives who live abroad, because it is easy for them to join a group Zoom meeting as it is for anyone else. (SUR332, 75-79, cis lesbian/gay woman)

Other respondents commented on becoming closer to family members:

I have become closer to more distant family. (SUR229, 70-74, cis lesbian/gay woman)

A bit more contact with family living in other areas. (SUR071, 65-69, cis lesbian/gay woman)

More in touch by phone with family. (SUR091, 70-74, cis lesbian/gay woman)

My son who I always used to phone, has become good at calling me frequently. (SUR343, 60-64, cis lesbian/gay woman)

Re-established contact with estranged father. (SUR081, 65-69, cis lesbian/gay woman)

However, for some women increased contact is not necessarily something they relish:

I'm having more contact with my siblings which is a mixed blessing.

I have a niece who lives abroad. I'm fond of her and her family, but would only normally see her a couple of times a year. She is most insistent that we have Zoom meetings. I hate Zoom! Also someone I worked with, years ago, who has decided that I need his support. I didn't like him then and still don't like him now, but am too polite to tell him to eff off. (SUR328, 70-74, cis lesbian/gay woman)

Some women spoke of variations in support:

More in touch with old friends and family. Some surprising support and some disappointments. (SUR357, 75-79, cis lesbian/gay woman)

Several cis lesbian/gay women respondents described creative ways of maintaining social connections:

Early on more people recognised that they needed support, especially lesbians I know who live on their own. As a result in addition to the film group every other week I host an online Zoom dinner party for primarily women who are part of the film group but live alone. It's our Friday Night Out! (SUR350, 60-64, cis lesbian/gay woman)

By contrast with these positives, other women were finding the COVID-19 lockdown was having a negative impact on their support networks:

My ‘best’ friend is no longer my best friend. (SUR353, 65-69, cis lesbian/gay woman)

Friends afraid to socialise. Also, friendship broken down due to stressful situation. (SUR095, 70-74, cis lesbian/gay woman)

Not everyone reported finding virtual connections a positive experience:

I no longer attend meetings [because I] find virtual group meetings too tiring. (SUR104, 60-64, cis lesbian/gay woman)

One woman felt she was receiving less support during the COVID-19 lockdown:

The friend I used to meet for lunch with her grandson only messages me occasionally now. She hardly ever phoned me before but now, not at all. I did phone her once after lockdown as I thought she might be struggling but she's never called me back. One of my nieces, after lockdown, used to message me and my sister now and then to check we were OK (her Mum our other sister died last year) but hasn't for a while now. (SUR374, 60-64, cis lesbian/gay woman)

Eight of the twelve trans women (67%) who responded to this section reported that there had been no change in their support networks, other than “going online”. This included both women with relatively strong and weaker networks. For example, one woman who described her support network as comprising ‘family’ and said there had been no change since COVID-19 wrote,

Everyone's easily available and very supportive. (SUR096, 70-74, trans lesbian/gay woman)

By contrast, another trans woman who reported no change commented:

My half-sister, cousin and the rest have still disowned me. Still haven't seen or had any contact with my two children in over two decades. (SUR342, 60-64, trans lesbian/gay woman)

Four trans women (33%) reported changes to their networks. One of the trans women who had apparently answered the wrong question when asked about her support network’s composition, wrote in response to the question about changes that since COVID-19 her support network ‘are all gone, so no support’, adding that she was ‘very lonely’ (SUR359, 65-69, trans lesbian/gay woman). Three other trans women also observed that there had been changes to their networks. For two women, the changes were, in part, positive, as a support group was meeting more frequently, albeit online. One woman noted:

Virtual Meetings are every week instead of once a month (SUR084, 70-74, trans lesbian/gay woman)

Another woman was also pleased by increased telephone support during lockdown:

Local support has become more available through community pulling together. Remote telephone support from [local LGBT support group] has been expanded with help from the Scottish Government and others. (SUR298, 60-64, trans lesbian/gay woman)

However, she also noted,

Telephone helpline is good but the need/demand is obviously high, with lines often engaged, even with the extended days and hours when they are open. (SUR298, 60-64, trans lesbian/gay woman)

For one trans woman, the lack of in-person contact was a problem:

My best friends are only available on phone not in person, which makes talking much harder. (SUR049, 60-64, trans lesbian/gay woman)

2.2.3.3. Providing support to others

Respondents were asked whether they provided informal support to others and, if so, what impact COVID-19 and the lockdown had had on the support they provided. 104(76%) cis lesbians/gay women and 7(58%) trans lesbians/gay women reported that they provide support to others.

The cis women reported providing support to: friends (56); neighbours (21); spouse/partner (18); sisters (16) (two of whom have disabilities, one of whom is being treated for cancer, and for one of whom the respondent is her official carer); ‘family’ (8); professional colleagues and clients (7); brother (5); daughter (4); mother (4); niece (3); mother-in-law (2); step-daughter (2); grandmother (2); ex-partner (2); father (2); son (1); father-in-law (1); nephew (1); cousin (1); members of local community (1); Minister (1); local businesses (1).

One cis lesbian/gay woman detailed her wide-ranging support efforts:

I phone my mum regularly and have sent food and chocolates. I provide mutual support to my partner (and I'm the shopper as she's 70). I provide emotional support to the brunch group. I provide emotional support to other friends and my niece. I sent a new baby present and card to my other niece as I'm open to developing a relationship with her but she doesn't seem interested. I support local businesses by spending my money with them so they will hopefully still be there when this pandemic subsides. (SUR061, 65-69, cis lesbian/gay woman)

Several cis respondents stated that they provided support in their roles in the caring professions:

I'm a mental health floating support worker. (SUR374, 60-64, cis lesbian/gay woman)

Professionally as a psychotherapist and chaplain (SUR234, 60-64, cis lesbian/gay woman)

[I am a] therapist and supervisor (SUR019, 70-74, cis lesbian/gay woman)

Other cis women described a range of volunteer roles in the community:

I am an Age UK telephone Buddy. I give a lot of morale support to friends and family who are finding it hard to keep spirits up. (SUR314, 90-94, cis lesbian/gay woman)

Am drop off point for food bank (SUR267, 70-74, cis lesbian/gay woman)

I am the chair of a refugee charity (SUR014, 60-64, cis lesbian/gay woman)

[I am] Trustee for [local charity] (SUR001, 60-64, cis lesbian/gay woman)

Other women described providing informal community supports:

I keep an eye on the lady next door 87 who has dementia, and phone her every day (SUR369, 75-79, cis lesbian/gay woman)

[I do] a bit of shopping for fresh fruit [for neighbour] (SUR272, 60-64, cis lesbian/gay woman)

[I support] an older lesbian in my extended network who has progressive dementia. (SUR343, 60-64, cis lesbian/gay woman)

I get his [neighbour] medication for him as he is shielding. (SUR041, 70-74, cis lesbian/gay woman)

Have dropped off shopping to shielding trans friend who has a liver transplant. [I provide] online support to any LGBT social network members. (SUR121, 65-69, cis lesbian/gay woman)

I do weekly online grocery orders for about 12 people (SUR077, 75-79, cis lesbian/gay woman)

One woman described,

Treating friends to meals who are on lower incomes. Occasional food shopping for them. (SUR358, 60-64, cis lesbian/gay woman)

Another woman observed,

I probably support a large number of people in ways that under normal circumstances I don't acknowledge. (SUR350, 60-64, cis lesbian/gay woman)

In terms of friendship, one woman reflected,

I would see the support as being mutual - in a mainly lesbian network. (SUR052 65-69, cis lesbian/gay woman)

This reciprocity was echoed by another woman:

I speak to my brother via FaceTime. That support is mutual, as indeed is my contact with friends. (SUR234, 60-64, cis lesbian/gay woman)

One respondent highlighted the challenges of supporting a non-cohabiting partner:

My partner lives 130 miles away. We support each other as best we can over the phone or on Skype… [she is Shielded and has been for last 12 weeks.... and occasionally she loses the plot... but I do my best to provide phone support... (SUR028, 60-64, cis lesbian/gay woman)

Another woman who lives with her partner noted that

Partner isolating - gets needy & depressed. (SUR036, 65-69, cis lesbian/gay woman)

Another woman described the challenges of supporting a friend in a care home during lockdown:

I can't visit but I send cards, flowers etc. (SUR109, 70-74, cis lesbian/gay woman)

The trans women reported providing support to: members of a faith group (in which a woman has a leadership role); spouse (2); father; adult children; friends; members of the ‘Trans and LGB community’; a ‘long-term’ neighbour; work colleagues; and ‘anyone who needs it’. One trans woman noted:

I am a Trades Union officer and workplace representative. (SUR342, 60-64, cis lesbian/gay woman)

Respondents were asked whether COVID-19 had impacted the support they provided to others. Those women (cis and trans) who were provided formal support to Lesbian/LGBT+/Trans communities reported moving support meetings online. For example, one trans woman commented:

We can't have our regular physical meetings or operate our Trans community house. We are doing our meetings, individual support and training by Zoom and by telephone. (SUR084, 70-74, trans lesbian/gay woman)

Several cis and trans women, who provided formal support, reported a significant increase in demand and difficulties finding the time to meet needs. Women (again cis and trans) providing personal support to family and/or friends reported an increased in the frequency of initiating contact with those individuals, to check on their wellbeing, keep up their morale, and try to mitigate feelings of loneliness and isolation. One woman confessed:

Have had to break lockdown to visit bereaved friend. (SUR033, 70-74, cis lesbian/gay woman)

One woman who lives with her sister, who has dementia, and is her full-time carer commented:

My sister has Alzheimer's. Being in isolation and her only support is exhausting and draining.

Several women spoke of the frustrations of not being able to support loved-ones in person. For example:

Haven’t seen my 85-year-old disabled sister since lockdown except via Zoom. (SUR010, 75-79, cis lesbian/gay woman)

My sister is registered blind. I have only seen her once in 12 weeks. Before at least weekly and sometimes daily. (SUR091, 70-74, cis lesbian/gay woman)

Difficult to support my mum. (SUR011, 60-64, cis lesbian/gay woman)

It’s hard never seeing them. (SUR017, 70-74, cis lesbian/gay woman)

It’s difficult doing it [provide support] over FaceTime. (SUR013, 60-64, cis lesbian/gay woman)

Providing support can be emotionally draining. For some, COVID, and the limitations the lockdown has imposed have been liberating. One woman commented:

I can’t see people face to face so I stay in touch in other ways. but I find that life is strangely peaceful! (SUR014, 60-64, cis lesbian/gay woman)

* + 1. *Effect on health and wellbeing*

Respondents were asked to rate their physical and mental health during mandatory social isolation on a Likert scale.

2.2.4.1. Physical health

As can be seen from Table 11, just over two fifths (43%) of the lesbians/gay women’s sample reported no change to their physical health during lockdown. This was similar to the full sample (46%). 32 respondents (21%) reported an improvement, which was slightly better or a lot better. This was lower than the 33% who reported this in the whole sample. 55 respondents (37%) reported a worsening of their physical health that was slightly worse or a lot worse, compared with 31% of the whole sample.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Cis lesbians/ gay women (n=137)** | **Trans lesbians/ gay women (n=12)** | **All lesbians/ gay women (n=149)** |
| **A lot better** | 7(5%) | 1 (8%) | 8(5%) |
| **Slightly better** | 22(16%) | 2 (16%) | 24(16%) |
| **Neither better nor worse** | 59(43%) | 3 (25%) | 62 (42%) |
| **Slightly worse** | 40(29%) | 4(33%) | 44(30%) |
| **A lot worse** | 9(7%) | 2 (16%) | 11(7%) |
| **Total** | 137(100%) | 12(100%) | 149(100%) |

**Table 11:** Lesbian/gay women respondents’ responses to question which asked about changes to their physical health during lockdown.

2.2.4.2. Mental health

As can be seen from Table 12, just over a third (37%) of the lesbians/bisexual women sample reported no change to their mental health during lockdown. This change was slightly lower than the whole LGBT+ dataset (43%). A small number of women (13, 9%) reported that their mental health was slightly or a lot better. Notably, these were all cis women. 81 women (54%) reported a worsening of their mental health (slightly worse or a lot worse). This compares with 49% of the whole LGBT+ dataset. 54% of the cis women and 58% of the trans women reported a worsening of their mental health (slightly worse or a lot worse). Notably, a greater proportion of lesbian/gay women respondents reported a deterioration in their mental health (54%) compared with their physical health (37%).

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Cis lesbians/ gay women (n=137)** | **Trans lesbians/ gay women (n=12)** | **All lesbians/ gay women (n=149)** |
| **A lot better** | 2(1%) | 0 | 2(1%) |
| **Slightly better** | 11(8%) | 0 | 11(7%) |
| **Neither better nor worse** | 50(37%) | 5(42%) | 55 (37%) |
| **Slightly worse** | 64(47%) | 3(25%) | 67(45%) |
| **A lot worse** | 10(7%) | 4(33%) | 14(9%) |
| **Total** | 137(100%) | 12(100%) | 149(100%) |

**Table 12:** Lesbian/gay women respondents’ responses to question which asked about changes to their mental health during lockdown.

* + 1. *Coping strategies*

Respondents were asked to identify any strategies they were using to cope with social isolation during COVID-19. They described a wide range of strategies.

2.2.5.1. Accounts of coping well

Many women described a wide range of positive coping strategies demonstrating a determination to successfully navigate lockdown. Many wrote about taking up old hobbies and/or new ones, and of ensuring their days had a balanced mix of activities. Maintaining social connections, albeit in new, socially distanced ways was also identified by many women as being central to their coping strategies. Several were very appreciative of their circumstances. One woman comments, for example:

Being retired and living with someone else, it’s not a lot different really. We're lucky. I have plenty to do on [charity work] and hobbies. (SUR339, 65-69, cis lesbian/gay woman)

Six cis women said they did not have any coping strategies to deal with social isolation, however for these women, it was because they did not feel isolated:

I don’t feel isolated at the moment (SUR014, 60-64, cis lesbian/gay woman)

To be honest, I don't feel that isolated (SUR306, 60-64, cis lesbian/gay woman).

I don’t feel isolated (SUR364, 60-64, cis lesbian/gay woman)

Not really isolated. Use social media, talk to people from my balcony. (SUR110 75-79, cis lesbian/gay woman)

I don't feel I am socially isolated as am still working part time as before (but from home), live with my partner and am in contact with family and friends (SUR364, 60-64, cis lesbian/gay woman) (SUR307, 65-69, cis lesbian/gay woman)

I’m actually used to being on my own, so I’m coping pretty well. (SUR312, 75-79, cis lesbian/gay woman)

Four other women wrote of being content being alone:

I don't find social isolation at all problematic. It has advantages for me. I'm not a sociable person. (SUR320, 60-64, cis lesbian/gay woman)

I have enjoyed seeing less people, travelling less and being a bit less busy...haven’t felt isolated at all (SUR323, 60-64, cis lesbian/gay woman)

I am accustomed to living alone, and am very happy with my own company. I am normally fairly socially independent. In day-to-day terms, my life is very much the same as it always is. (SUR041, 70-74, cis lesbian/gay woman)

More time than usual on the phone to my [non-cohabiting] partner. Otherwise, I am fine as I am a fairly self-contained person. (SUR082, 70-74, cis lesbian/gay woman)

Another woman said that she too was normally content living alone, but that this had been put under strain during lockdown:

I am used to living alone so quite resilient but length of lockdown challenging especially when used to active social life and regular travel. (SUR001, 60-64, cis lesbian/gay woman)

Several cis women commented on the importance of their pets, primarily dogs, during lockdown. One woman who lives alone commented,

I have a dog - she is a great companion (SUR057, 65-69, cis lesbian/gay woman)

Another woman who lives with her partner observed that she was,

Enjoying slowing down and doing hobbies and just appreciating a less stressful lifestyle. (SUR037, 70-74, cis lesbian/gay woman)

Several women wrote about taking an intentionally positive attitude to the situation. For example,

Seeing it as being "On Retreat"… if you can't change a situation then change the way you look at it. (SUR181, 60-64, cis lesbian/gay woman)

Taking each day as it comes; developing new hobbies; taking more exercise; appreciating home and garden. Feeling lucky that I live in a rural situation and counting my blessings that I don't have a challenging home set up. (SUR114, 60-64, cis lesbian/gay woman)

Another woman wrote that she was limiting her media intake in order to stay positive:

Limiting watching / reading news reports about COVID 19 as find much of the coverage negative and not relevant to older people. (SUR022, 65-69, cis lesbian/gay woman)

One woman, who at 91, is in the oldest age range of respondents reflected on how well she was coping:

I contact many people by phone or email or by seeking to catch passers-by from the doorstep for a chat. I read a lot of challenging books, watch good quality quizzes, garden as much as my disability allows (no gardener now), keep the house clean (enough!). Take action at distance with [campaign group] e.g. placard-making for demos; go for short drives to local open spaces to watch wildlife. I consider myself very fortunate to have my wits and enough physical ability to cope well and ingeniously at 91. (SUR314, 90-94, cis lesbian/gay woman)

10 of the 12 trans women respondents described proactive adaptations to lockdown. These included maintaining social contacts – ‘Keep in regular contact with my relatives, friends and neighbours’ (SUR096, 70-74, trans lesbian/gay woman) – and using technology to maintain connections:

Providing support, friendship and information sharing by our Zoom meetings, our website and social media and individual support by telephone and e-mail (SUR084, 70-74, trans lesbian/gay woman).

A lot of socialising over video media, Zoom, FaceTime, Facebook Messenger, Skype (SUR137, 60-64, trans lesbian/gay woman).

[Using] Zoom, Jamulus, Facebook… (SUR371, 70-74, trans lesbian/gay woman).

Several trans women reported trying to find more things to do at home:

Watching too much TV! (SUR096, 70-74, trans lesbian/gay woman).

Try to occupy myself reading and TV (SUR337, 60-64, trans lesbian/gay woman).

Reading a great deal (SUR049, 60-64, trans lesbian/gay woman).

Following hobbies [at home] (SUR098, 75-79, trans lesbian/gay woman).

Make more bread (by hand) … Widen my cooking endeavours - e.g. started making soups on a regular basis. (SUR342, 60-64, trans lesbian/gay woman).

Several trans women also reported ensuring they took regular exercise

Exercising more (SUR359, 65-69, trans lesbian/gay woman).

Going on regular long walks. I have just bought an exercise bike. (SUR049, 60-64, trans lesbian/gay woman). (SUR049, 60-64, trans lesbian/gay woman).

Following hobbies … in the countryside where social isolation is possible (SUR098, 5-79, trans lesbian/gay woman).

Bike rides with a few pals.[[5]](#footnote-5) (SUR371, 70-74, trans lesbian/gay woman).

One trans woman wrote of ‘Being careful not to increase my alcohol consumption - 1 bottle of red wine over the weekend’ and of ‘Eating a bit more chocolate in the evening during the week (wine substitute)’ (SUR342, 60-64, trans lesbian/gay woman).

Another trans woman, whose gender affirmative surgeries were cancelled, was extremely detailed about the many ways she had found to keep busy, and attributes her resilience to her prior experience of social isolation both due to poor health and being trans:

I was already more accustomed than most to being alone most of the time, because of health constraints and the isolation of being trans. When it became clear that the anticipated surgeries were unlikely to proceed this year, I switched back to a busy campaign of trying to get other projects pushed on as far as possible: notably continued digging and creation of my garden; sorting out of masses of stuff remaining from emptying my parents' house after they died; plans for modifications to my house to make it more suitable for my needs. Selling of stuff on eBay has ramped up considerably with people stuck at home and keen to bid on items to keep them amused: jigsaw puzzles, games, books, DVDs… Listing and relisting of items on eBay each evening is a fairly routine task which I have been able to combine with listening to various series of LGBT podcasts - information and community which is not available face-to-face in [small rural community. Ditto the telephone helpline and tele-friend support from [LGBT support organisation], which helps a little to keep up the spirits against the let-down of the postponed hospital appointments because of the lockdown. SUR298, 60-64, trans lesbian/gay woman)

2.2.5.2. Accounts of difficulties coping

A small number of cis and trans women described difficulties coping. A cis woman living with Multiple Sclerosis reported that her care package has been reduced from three carers to one during COVID-19 lockdown (for unspecified reasons). She described the challenges of coping with mobility difficulties during the COVID-19 lockdown,

Apart from having to wash & dress myself which is exhausting, and cooking for myself... plus trying to do housework, my life hasn’t changed that much... I try to walk my assistance dog most days... but that can be difficult as there are so many stupid folk about who have no idea what 2 meters or 6 ft really means... I have to go up driveways etc if those who can step off pavement or cross road don’t bother (SUR028, 60-64, cis lesbian/gay woman)

Another cis woman with no pre-existing mental health issues described,

Veering between desperation, sorrow and rage plus fear of virus and going back to work… trying to go easy on myself, getting emotional support from partner and friends. Endless fucking discussions about everything to do with it all...and then trying not to (have them). Ranting, but trying to limit that too. (SUR012, 60-64, cis lesbian/gay woman)

One woman wrote that she felt very alone:

I don’t go out just once a week to shop, I haven’t seen anyone out, and my daughter doesn’t come. (SUR369, 75-79, cis lesbian/gay woman)

One woman wrote that she was initially coping well when she was busy and had a purpose, but now she has more time on her hands feels she is doing less well:

Initiating community gardening when lockdown started gave me some structure to each day, physical exercise, a purposeful project, and new friends/neighbours to work with. I felt well and calm for weeks until we ‘worked ourselves out of a job’. Since then, I have faced much more low mood, And the lack of physical activity. Some days it has been impossible to leave the house. (SUR343, 60-64, cis lesbian/gay woman)

Four cis women described using alcohol and/or more alcohol than usual as a coping strategy. One woman, who described herself as having depression, wrote,

Trying to keep on going and doing anything and going anywhere. I have a dog so walk her often and in many different parks. Sometimes I just stay in bed though and sleep. Especially if I have a hangover. (SUR376, 60-64, cis lesbian/gay woman)

One cis woman responded with ‘I don’t know’ (SUR031, 60-64 cis lesbian/gay woman) to the question about what coping strategies she used in response to social isolation due to COVID-19. Two women said they had no coping strategies to deal with social isolation. One woman’s list of coping strategies was very similar to those of many other respondents. However, the final item on her list suggested that she was finding things more challenging than they first appeared:

Music lessons by zoom, enjoying the garden and local parks with care. Calling the Samaritans. (SUR034, 65-69, cis lesbian/gay woman)

The Samaritans is a suicide-prevention telephone helpline service for people who are in crisis and/or struggling to cope.[[6]](#footnote-6)

One trans woman also wrote ‘I don’t have any (coping strategies)’ (SUR315, 60-64, trans lesbian/gay woman) while another trans woman described social withdrawal:

Shut the front door and avoid all outside contact save going for meds, blood tests or doctor appointments. (SUR044, 60-64, trans lesbian/gay woman)

* + 1. *Unmet needs*

Respondents were asked whether they thought they had any unmet needs during the COVID-19 lockdown. Just over half of the lesbians/gay women (both cis and trans) said that they had unmet needs (see Table 13, overleaf).

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Cis lesbians/ gay women (n=137)** | **Trans lesbians/ gay women (n=12)** | **All lesbians/ gay women (n=149)** |
| **Yes (unmet needs)** | 75(55%) | 7(58%) | 82(55%) |
| **No (unmet needs)** | 62(45%) | 5(42%) | 67(45%) |
| **Total** | 137(100%) | 12(100%) | 149(100%) |

**Table 13:** Lesbian/gay women respondents’ responses to question which asked whether they thought they had any unmet needs during lockdown.

In terms of the nature of those unmet needs, not all of the women specified what they were. Those that did referred to:

* Lack of physical contact/ touch, especially with family and/or friends (30), including 11 women who said they wanted and needed to give and receive ‘hugs’;
* Lack of social contact (18);
* Unable to visit family members overseas (3);
* Not being able to engage in usual leisure activities, e.g. seeing friends; playing sports; going to arts events and exhibitions, the cinema, the theatre; eating out; going on holiday etc. (9);
* Non-urgent healthcare appointments and routine healthcare (cancelled/unavailable appointments) (6)
* Being unable to engage in normal everyday activities, including having a haircut, going to the dentist, etc. (4);
* Lack of mental stimulation (1);
* Lack of government financial assistance for self-employed (1);
* Difficult to move house (1);
* Insufficient information about personal health risks in relation to covid-19 (1);
* Unable to get online shopping slot (1);
* ‘Emotional needs’ (1);
* Need to do charity work (1);
* Need for carers breaks (2)
* Need to see non-cohabiting partner (4)
* Not being supported by employers (2)
* ‘Lack of friendship’ (1)
* ‘Intimate relationship and support ‘(1)

A trans woman, whose gender affirming surgeries had been postponed due to COVID-19 said her major unmet need related to a lack of family support:

The major surgery date that I was expecting has very likely gone for this year. My family had largely left me to my own devices since coming out to them about being trans about 3 years ago - neither pro or anti. During the lockdown none of them seem particularly concerned to check how I might be faring. (SUR298, 60-64, trans lesbian/gay woman)

Another trans woman wrote that she was ‘Feeling very cut out of society’ (SUR359, 65-69, trans lesbian/gay woman).

A cis woman wrote of challenges in finding a new partner, exacerbated by both age and COVID-19:

I’ve been trying to meet women for dates which has been hard now that I’m older and no one wants a 60 year old. I feel that I’ll never meet any one again as social distancing is going to stop me ever getting a new partner. (SUR013, 60-64, cis lesbian/gay woman)

Several women with disabilities note how the interaction with their disabilities compounded their experiences of the COVID-19 social distancing rules. A woman with a hearing disability wrote,

Ideally I need daily face to face conversation, without masks, in order to maintain my ability to understand speech with my cochlear implant. I need to move into some form of housing with care but it's impossible to explore this or make plans at the moment. (SUR017, 70-74, cis lesbian/gay woman)

Another woman with a visual impairment wrote,

Access to doctor/eye appointments with a friend as "carer" is difficult, if I cannot travel in a car with company, and cannot use bus or taxi services. (SUR314, 90-94, cis lesbian/gay woman)

A woman in receipt of personal care, whose Personal Assistant (PA) (carer) did not have Personal Protective Equipment (PPE) observed.

If my PA had PPE then I would have had more energy... no PPE meant no assisted showering or dressing.... thereby reducing my energy levels... and contributing to fatigue and exhaustion (SUR028, 60-64, cis lesbian/gay woman)

One woman wrote that her biggest unmet need was ‘psychological support due to isolation and long-term chronic conditions’ (SUR354, 60-64, cis lesbian/gay woman).

Relationships were also raised, both in the frequently mentioned need for physical contact with friends and/or family members, and regarding specific relationships. Women in non-cohabiting partnerships spoke of the unmet need to see their partner. One woman wrote that her biggest unmet need was ‘Seeing long-distance grandchildren. Real need.’ (SUR036, 65-69, cis lesbian/gay woman).

Another woman wrote about her need to care for her father:

The need to feel I am meeting my Dad's needs in terms of supported living (SUR114, 60-64, cis lesbian/gay woman)

A few women made links with their sexuality and/or gender identities. One woman said she had unmet needs in relation to activism:

….being politically active with a "small p", going on demonstrations, gay pride marches, peace vigils… (SUR234, 60-64, cis lesbian/gay woman)

Three mentioned being unable to attend LGBT/’queer’ events. One woman wrote,

I struggle with finding alternative voices. I sometimes wonder where the politics have gone. I'm from a generation of lesbians who heartily engaged in politics - the peace movement; the miners strike; women's equality (reclaim the night etc etc) lesbian strength and the poll tax refusers. I watch as the poor and black members of society are suffering during COVID. It's strange, as I write this, I hadn't realised how much I missed the solidarity of political lesbians and gay men. It's probably a truism, that as folk get older one can forget the essential roots of discrimination and lack of wider social justice and our shared struggle with other oppressed people internationally as lesbians and gay men. (SUR234, 60-64, cis lesbian/gay woman)

Another woman observed:

I live in a predominant heterosexual community. Miss my LGBT culture and not having to explain everything can feel very lonely. It reminds me of the early wounds received when younger. That isolation. (SUR276, 75-79, cis lesbian/gay woman)

Another respondent wrote:

I need help in my home. I need to feel safe going to cafes and I need those cafes not to have closed down for good. I need my friends to not be too frightened to meet me in those cafes. I need music and comedy gigs by my favourite Lesbians and Gay Men. I need accessible walks with transport to get us out of our city. I need a bar with a pool table that us older Lesbians can go to once a week. I need a treatment for my stiff body that works. (SUR374, 60-64, cis lesbian/gay woman)

A woman working for an LGBT+ support organisation observed that she had,

Insufficient time to support all those asking for support and information. Enquiries and support requests have increased since the lockdown started. (SUR084, 70-74, trans lesbian/gay woman)

* + 1. *Other comments*

2.2.7.1. Overview

Respondents were asked in a final question if they wished to make any other comments or raise any other issues. N=92 of 149 (62%) lesbians and gay women respondents (n=83 out of 137 cis women [61%]; n=9 out of 12 trans women [75%]) provided additional comments. These cohered around the following issues: social isolation; variable support networks; intersectionality; relevance/irrelevance of lesbian and gay/LGBT issues during COVID-19; normative government policies; and access to the internet/online technologies.

2.2.7.2. Social isolation

Several cis lesbian/gay women respondents referred to issues of social isolation. Some referred to their own experiences:

I already feel pretty isolated as an older LGBT+ member living in XXXX, COVID has made this worse because it’s been impossible to socialise with straight friends. (SUR353, 65-69, cis lesbian/gay woman)

I guess that many older LGBT+ people will, like me, already be more accustomed to social isolation than the average. (SUR298, 60-64, trans lesbian/gay woman)

It's tricky in a rural area, we're fairly isolated anyway. We're definitely the only gays in our village. We miss going for monthly meet ups with the [older lesbian network]. We have recently moved here and haven't had chance to make any friends. This virus has come at a difficult time. (SUR113, 65-69, cis lesbian/gay woman)

It’s frightening and we are so alone. (SUR117, 75-79, cis lesbian/gay woman)

Other respondents expressed concern for others:

There are some people with no support network who are having to carry on whatever, these folk probably slip through the net anyway and are too isolated to ask for help. (SUR071, 65-69, cis lesbian/gay woman)

I think there must be older gay people in the area I live who are socially isolated and lonely and we have no way of knowing if they would like or need help from like-minded people. (SUR366, 70-74, cis lesbian/gay woman)

Some more networking and virtual connections within the LGBT community would be good - I think quite a high percentage of over 60's are alone. (SUR113, 65-69, cis lesbian/gay woman)

I am comfortable and happy to continue as I am but I am aware of others who have little or no support and worry for their continuing physical and mental wellbeing (SUR044, 60-64, trans lesbian/gay woman)

In our experience older LGBT+ people do seem to be suffering more from social isolation as they tend to lack much of the social and family networks other people have. (SUR084, 70-74, trans lesbian/gay woman)

Two women suggested that because older LGBT people are more isolated this makes them more able to deal with COVID-19 isolation:

I guess that many older LGBT+ people will, like me, already be more accustomed to social isolation than the average. (SUR298, 60-64, trans lesbian/gay woman)

…many LGBT+ people are pretty isolated anyway and so perhaps cope better than others. On the other hand… inability to meet other people or fear of doing so is serious. (SUR361, 80-84, cis lesbian/gay woman)

2.2.7.3. Variable support networks

Respondents both described and commented on the variability of older lesbians/gay women’s networks. Some noted differences in partnership status, family and friendship ties:

[It is important to] recognise that many of us have no partner or family. (SUR092, 70-74, cis lesbian/gay woman)

I am lucky as I have a like-minded partner and friends I can chat to. Many haven’t. (SUR330, 70-74, cis lesbian/gay woman)

Others noted differences in access to support, with some of those with good support networks describing themselves as ‘lucky’:

I am lucky in having good support but I am sure there are people living in less positive situations where nearby support is limited. Not everyone has good online links. (SUR025 60-64, cis lesbian/gay woman)

I have emotional support through friends and family. I’m one of the lucky ones. (SUR010, 75-79, cis lesbian/gay woman)

Others commented on the support they provide to others. This serves as a further reminder that older lesbians/gay women are significant providers, not just recipients, of care and support:

Moved house a couple of years ago - the public health emergency has fast-forwarded integration into this village community. My wife and I are part of a band of 10 who provide voluntary support for others - including collecting medications, shopping, and checking on them. (SUR320, 60-64, cis lesbian/gay woman)

2.2.7.4. Intersectionality

Many of the respondents spoke of intersecting factors, which impacted their quality of life. Two mentioned material/financial resources:

Class, income levels, financial security and other issues of inequality / intersectionality are having a huge impact. I can do all the things I can do to support myself, and others, because I do have some financial security, strong social ties, a wide lesbian/feminist network, and plenty of other networks to tap into. (SUR052, 65-69, cis lesbian/gay woman)

I'm fortunate as I have savings but have spent much more on food as am unable to shop around as I usually do & find myself buying extra when I can get a shopping slot. (SUR031, 60-64, cis lesbian/gay woman)

Several women highlighted the difference between those with and without children/ grandchildren:

Younger lesbians are now having children. This was not possible in my time and is a great source of sadness. Not having the support of children is particularly hard at this time. (SUR091, 70-74, cis lesbian/gay woman)

… many older LGBT+ people do not have children or grandchildren so their LGBT+ friendships and social groups are crucial. (SUR022, 65-69, cis lesbian/gay woman)

One woman described her sense of heightened vulnerability because she is single and does not have children:

I am very aware that as a single lesbian with no children this makes me very vulnerable. I worry constantly that if I dial 999 again (I’ve been in A&E twice now with COVID) there will be no one to look after my dogs. My elderly cats can cope with a night without me, but my dogs have severe separation anxiety and cannot be left alone in the house. I worry about this a lot. I don’t like asking people because it always feels like I’m asking people for help. I feel guilty and awkward all the time about this. (SUR014. 60-64, cis lesbian/gay woman)

Several women implicitly or explicitly referred to the importance of having a partner. For example,

I appreciate that it has been much easier for me living with my spouse and that those living alone are finding it much harder to cope especially as time goes on. (SUR251, 70-74, cis lesbian/gay woman)

I can imagine that people living alone will be finding life a lot more difficult than I am. (SUR302, 65-69, cis lesbian/gay woman)

However, as this next respondent observed, the benefits can be contingent upon the quality of the relationship:

… relationship with partner. Since we are both at home all the time and not out working, volunteering, at meetings etc etc etc. we are together all the time, doing more together, talking more, relaxing more, able to eat together etc. so much strengthening our relationship. Also able to spend so much more time gardening and growing veg which has been very positive. In general though I imagine it can polarise relationships spending so much time together. (SUR121, 65-69, cis lesbian/gay woman)

By contrast other women spoke of positive lives as a single person and being ‘content on my own’ (SUR285, 75-79, cis lesbian/gay woman).

One respondent mentioned the challenges facing those who are not out:

More living in isolation with no nearby family, maybe not out, maybe living a double life i.e. married so living in marital home unable to go out and meet gay friends/social circle (SUR132, 60-64, cis lesbian/gay woman)

Several women raised the impact of bereavement during COVID-19. For example:

I suffered the loss of my partner (not through COVID) before we went into lockdown. …And the pandemic at the same time. It's a double whammy. (SUR064, 70-74, cis lesbian/gay woman)

2.2.7.5. Relevance /irrelevance of lesbian and gay/LGBT issues during COVID-19

There were mixed comments among the respondents about the significance (or not) of lesbian and gay/LGBT+ issues during COVID-19. Five lesbians/gay women said that they thought COVID-19 heightened LGBT+ issues. Four raised issues relating to care:

LGBT+ training for all in the social care sector - this perhaps isn't specific to COVID-19 but I think it has come into focus. (SUR017, 70-74, cis lesbian/gay woman)

I am OUT, but seldom find it necessary now or difficult to elaborate on that. I believe not being out would be very difficult if COVID struck and a person became seriously long-term hospitalised and was afraid of admitting actual sexuality, especially trans sexuality [sic]. (SUR314, 90-94, cis lesbian/gay woman)

For all older people in care homes, not being able to see their loved ones is terrible, and very demoralising. But for older LGBT+ people, living in a sea of heteronormativity and cisnormativity, not being able to see people from the LGBT community because of COVID-19 lockdown, must be especially hard and demoralising. They may even be dying surrounded by strangers who don't get them or their lives at all, and that is just a total tragedy. (SUR008, 60-64, cis lesbian/gay woman)

I trust but am not assured that my legal marriage will be honoured and respected if either of us has Covid-19 and has to go into hospital. We are each other’s next of kin. (SUR018, 70-74, cis lesbian/gay woman)

A trans woman spoke of difficulties making ‘like-minded’ social connections:

Harder for us to meet like-minded folks anyway as we're only 10% of population especially the older ones among us. (SUR371, 70-74, trans lesbian/gay woman)

By contrast, a cis woman spoke of a mixed support network, an important part of which were her LGBT+ connections:

Felt very supported by local women's group - they organised online quiz nights, weekly chats, book club etc. Also friends in LGBT community met on line weekly to chat & we phoned each other to check OK. Felt lucky to be part of LGBT+ at this time. (SUR068, 60-64, cis lesbian/gay woman)

Five lesbian/gay women said that they thought COVID-19 compounded LGBT+ issues:

People with a T background are significantly more likely to be isolated as having this background is still highly stigmatized, even within the LGB communities. The self-isolation brought on by COVID-19 must be having a big impact for our group. (SUR342, 60-64 trans lesbian/gay woman)

Being gay can be a very lonely situation and can lead to a feeling that your life is over because of your age. COVID-19 has exacerbated that situation. (SUR365, 65-69, cis lesbian/gay woman)

I already feel pretty isolated as an older LGBT+ member living in rural XXXX, COVID has made this worse because it’s been impossible to socialise with straight friends. (SUR353 65-69, cis lesbian/gay woman)

I think it is vitally important that there are specific LGBT+ support networks in relation to (and after) C-19. (SUR104, 60-64, cis lesbian/gay woman)

Effects for people who are not out or who don’t have contact with the LGBT communities. (SUR019, 70-74, cis lesbian/gay woman)

By contrast, five other women thought lesbian and gay/LGBT issues were irrelevant to COVID-19:

Personally I don’t feel that as a lesbian woman that my needs are any different to anyone else during this. (SUR340, 60-64, cis lesbian/gay woman)

We don't think COVID-19 has affected us as LGBT people any differently. (SUR311, 70-74, cis lesbian/gay woman)

Mostly the things I’ve encountered would have been the same if I was straight. (SUR078, 60-64, cis lesbian/gay woman)

I don't feel that being queer is very important to this situation. Except maybe that I have a well established chosen family as well as a biological one so there are lots of people looking out for me. (SUR332, 75-79, cis lesbian/gay woman)

I don't think LGBT+ people have very different needs in these times. (SUR254, 65-69, cis lesbian/gay woman)

Most of my support has been from straight people, not from LGBT community. (SUR014, 60-64, cis lesbian/gay woman)

2.2.7.6. Normative government policies

Several respondents comment on government policies from a lesbian/gay/LGBT+ perspective:

LGBT+ people are perhaps more likely to have unconventional relationships that don't involve permanent co-habitation…Lockdown rules are based on heterosexual partnering as the norm and fail completely to take account of the psychological impact on people who have other relationship structures. (SUR040, 65-69, cis lesbian/gay woman)

…of course a lot of government rhetoric presents older people as desperate to see their grandchildren, and some older LGBT+ people are of course, but it's the old story that some of us aren't in conventional families and do actually exist. And come to that, some older people who don't identify as LGBT+ likewise aren't in conventional families and do actually exist. (SUR355, 65-69, cis lesbian/gay woman)

[The government should] recognise that LGBT relationships often differ from straight family households. (SUR074, 65-69, cis lesbian/gay woman)

The benighted government's sudden belated lockdown made maddeningly heteronormative assumptions - prioritising families and taking little account of the millions of people who live alone. (SUR329, 65-69, cis lesbian/gay woman)

2.2.7.7. Access to the internet/online technologies

Lastly, many women commented on the importance of being able to access the internet and online technologies. For example,

The internet is great, that’s why I am so glad was born in this time, as you can always do video calling and talk to friends, cheers me up no end. (SUR369, 75-79, cis lesbian/gay woman)

…for older people who aren’t technically savvy it must be very difficult. (SUR121, 65-69, cis lesbian/gay woman)

There's a lot of isolated older lesbians…who have difficulties with technology so cannot enjoy the benefits of video calling. (SUR339, 65-69, cis lesbian/gay woman)

I think the internet makes a big difference, for older LGBT people in the community: those who can use it, can still connect with their networks in lots of different ways (Skype and Zoom and all that). But for older LGBT people (who are often in the higher age ranges) still in their own homes and isolated, not being able to be visited by those who love them and who they love, and not being able to use the internet must make it worse. (SUR008, 60-64, cis lesbian/gay woman)

My advice to everyone is: for goodness sakes, get yourself online. (SUR044, 60-64, trans lesbian/gay woman)

# **Discussion**

The findings from the older lesbians and gay women in the survey dataset has enabled us to take a snapshot of how they were being impacted by COVID-19 lockdown. The insights contribute to our understanding and knowledge of the lives of older lesbians and gay women in the UK. The findings highlight the diversity of older lesbians’/gay women’s lives, and that, in many ways, COVID-19 and the initial lockdown, like many other less visible groups, has served to magnify their lived experiences. For those living in cohabiting couples, and who are happy together, particularly those who have access to material and financial assets, and who have a strong social network, the lockdown has been endurable, and for some, even enjoyable, giving them more time to spend together. None of the women in cohabiting couples wrote about tensions in their relationships. This may be because there were no tensions, or because they chose not to report them. For those living in non-cohabiting couples, the lockdown has been stressful, effectively separating them and denying them the possibility of in-person support. For those living with non-partners, the company has been perceived to be a buffer during lockdown. However, for those cis women who were living with people they provide care to - e.g. the woman who was the primary informal carer to her sister who has dementia – the lack of access to carer support, including respite care, has also been extremely stressful.

 Among women who lived alone, their experiences were more mixed, again reflecting the diversity of ageing experiences among older lesbians. Some were happy with their own company, spent the majority of their time at home anyway, and were enjoying the opportunity to spend more leisure time by themselves. Some were content living alone, albeit with a strong network of friends/friends and family, and were missing them, but had adapted, primarily by maintaining contact with their friends/family via increased use of the internet and social media, and were coping well. Many expressed a stoicism and determination to manage the challenges of lockdown.

 Other women who lived alone and had limited or no social support networks were unhappy with this state of affairs. However, for many their sense of social isolation existed pre-COVID and the lockdown itself had little impact on lives which were already isolated. These women found the loss of social contact very hard, especially those who were less confident in using the internet/social media and/or did not like doing so. Women with children described instrumental support from those children. However, women whose children lived further away, including overseas, described an absence of such support.

 Older cis lesbians/gay women described the importance of friends and friendships with other women, especially other older lesbians/gay women. Older trans women who lived alone described the importance of social contacts via formally organised trans/LGBT+ support networks. For those whose networks had become virtual, such connections were proving to be an important lifeline, as also was telephone support. For those whose networks had not been able to transfer successfully to virtual connections and/or who disliked using the various associated technologies, there was a significant loss for them during lockdown.

 Both cis and trans older lesbians/gay women reported an increase in neighbourliness in their local areas and an associated improvement in their sense of social connectedness as a consequence.

# **Conclusion**

The findings have highlighted the diversity amongst older lesbians and have shown that COVID-19 and the initial lockdown have magnified their circumstances. Those whose personal circumstances were good beforehand have remained good and even, for some, improved. Those whose personal circumstances were poor beforehand have remained poor. Among those individuals whose personal circumstances were fragile, and/or who were reliant on formally organised supports, some have coped well, primarily through adaptation to online networking. However, among some there has been less adaptation, especially when formal support has not been available online, and some women have struggled.

The researchers who have conducted this study are now writing journal articles, which explore these nuances in greater detail. As they are published, full details will be provided via the project website (<https://covid19olderlgbt.wordpress.com/>).

**Limitations**

We received relatively few responses from lesbians/gay women from Black, Asian and minority ethnic communities, reflecting their wider under-representation in UK health research (Smart & Harrison, 2017). We made attempts to target participation via social media, direct contact with representative advocacy organisations and networks, and targeting via personal contacts. The demography of older LGBT+ is not fully known as these may be linked to migration patterns in the 1950s and 1960s (Centre for Policy on Ageing, 2013), differences in life course trajectory, or the intersectional effects of current and historic barriers to openly asserting an LGBT+ identity.  Our failure to reach some members of the population may also be due to perceptions associated with our own personal profiles as White researchers which were visible on the project website alongside other contributory factors such as digital exclusion and language barriers. It is important to acknowledge that such communities might have faced different or additional challenges during the COVID-19 period.

**Notes**

1. Lesbian Old Herstory Project: <https://olohp.org/index.html>
2. <https://www.qualtrics.com/uk/>
3. NB one respondent who identified with the gender she had been assigned at birth said that she objected to being defined as cis.

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# **APPENDIX ONE**

**SURVEY QUESTIONNAIRE**

**OLDER LGBT+ & COVID-19 SURVEY (Westwood, Hafford-Letchfield and Toze, 2020)**

You have reached the website of the survey for the research project ‘Covid-19 emergency measures and their impact on older lesbian, gay, bisexual and trans+i (LGBT+) people in the UK: a rapid response review.’

The project is being run jointly by Dr Sue Westwood, University of York, Professor Trish Hafford-Letchfield, University of Strathclyde, and Dr Michael Toze, University of Lincoln. It has been approved by the ELMPS Ethics Committee at the University of York.

The purpose of this study is to take a ‘temperature check’ of how older LGBT+ people in the UK are impacted by Covid-19 mandatory social isolation, and to understand the coping strategies they are using to manage their situations. The findings from this study will be used to inform organisations developing responses to support them being more inclusive and sensitive as well as to highlight any gaps or needs for specialist support services.

Please proceed with this survey if you identify as lesbian, gay, bisexual, trans+ (transgender and gender non-conforming) aged 60 and over living in the United Kingdom.

The survey contains questions about how you are currently affected by Covid-19. It is completely anonymous and the results will be seen only by the members of the research team.

At the end of the survey, there is a list of organisations which can provide you with information, advice and support, if you should need it.

At the end of the survey you will be asked if you are interested in taking part in a more in-depth interview which will give you a chance to expand on some of the areas you wish to share. This interview will take place either by telephone, Skype, Zoom or WhatsApp, whatever you prefer. If you wish to take part in this aspect of the process, you will be asked to provide your email address or telephone number so we can contact you. If you are not, you do not need to provide any contact details.

You will also be asked if you would like to receive a report on the project’s findings. Again, if you are, you will be asked to provide your email address so we can contact you with a link to the report. If you are not, you do not need to provide your email address.

If you have any questions/concerns about the survey, please contact Dr Sue Westwood: sue.westwood@york.ac.uk.

Thank you for participating in the survey. Your participation indicates that you agree to the above information.

[Screening questions (tick box): *I am aged 60 and over; I identify as lesbian, gay, bisexual, lesbian and/or trans (transgender and gender non-conforming); I live in the United Kingdom*. All three must be ticket in order to proceed]

1. How old are you? [Select box]

60-64

65-69

70-74

75-79

80-84

85-89

90-94

95-99

100+

1. How would you describe your
	1. Sex/gender [Single line free text answer]
	2. Is your sex/gender the same you were assigned at birth? [Y/N]
	3. Sexuality [Single line free text answer]
	4. Ethnicity [Single line free text answer]
2. Do you consider that you have a disability? Yes/No.
	1. If Yes,
		1. If yes, please describe

[Multiple line free text answer]

1. Do you have any significant health conditions? Yes/No.
	1. If yes,
		1. Please describe

[Multiple line free text answer]

* + 1. Do you come under the ‘Shielded’ category according to Covid-19 regulations, due to your health condition? [Yes, No, Don’t know]
1. Are you living alone or with others? [Alone/with others]
	1. If ‘living with others’
		1. If living with others, what best describes their relationship to you?

[Multiple line free text answer]

1. What are your top 3 concerns about how you are currently affected by Covid19? [Multiple line free text answer]
2. Do you have someone you can call upon in an emergency? [Y/N]
	1. If yes
		1. If you have someone you can call upon in an emergency, what is that person’s relationship to you (e.g. friend, neighbour, brother, sister, etc.)

[Multiple line free text answer]

1. How are you getting essential food, household supplies and medication?

[Multiple line free text answer]

1. What are your usual support networks?

[Multiple line free text answer]

1. How are your support networks affected by mandatory isolation?

[Multiple line free text answer]

1. How are you maintaining connections with your support networks?

[Multiple line free text answer]

1. What challenges if any, are you experiencing in maintaining connections with your support networks?

[Multiple line free text answer]

1. Have your support networks changed due to Covid-19 regulations (e.g. are people who are not normally supportive, such as estranged biological family members/ alienated ex-partners, now providing support)? If so, in what way?

[Multiple line free text answer]

1. What do you think about your PHYSICAL health and wellbeing during mandatory social isolation? [5-point scale – a lot better; slightly better; no difference; slightly worse; a lot worse].
2. What do you think about your MENTAL health and wellbeing during mandatory social isolation? [5-point scale – a lot better; slightly better; no difference; slightly worse; a lot worse].
3. Do you provide support to others? [Y/N]
	1. If yes
		1. If you provide support to other(s) what is your relationship(s) to them?

[Multiple line free text answer]

* + 1. If you provide support to other(s) how is mandatory isolation affecting how you now provide that support?

[Multiple line free text answer]

1. What strategies are you using to cope with social isolation due to COVID-19?

 [Multiple line free text answer]

1. Do you think you have any unmet needs due to COVID-19? [Y/N]
	1. If Yes
		1. If yes, what are those unmet needs?

[Multiple line free text answer]

* + 1. If yes, how would you like those unmet needs to be met?

[Multiple line free text answer]

* + 1. If yes, who would you like to meet those unmet needs?

[Multiple line free text answer]

**ANY OTHER ISSUES:**

1. Is there anything else you would like us to know and/or think we should address in relation to older LGBT+ people and Covid-19

[Multiple line free text answer]

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Would you like to receive a copy of the project’s findings in its final report? If so, please provide your email address (which will only be used to send you the report):

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Would you be interested in being interviewed as part of this project? If so, please provide your email address and we will send you more information:

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*Question numbers used for admin only, not used in actual online survey. Progress bar used to show % of completion. Compulsory completion of all questions.*

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*Contact:*

​Dr Sue Westwood

York Law School

University of York

LMB/258, Law and Management Building

Freboys Lane, York, YO10 5GD, UK.

1. A Personal Assistant works ‘with one or more individuals to help them with various aspects of their daily life, to help them live as independently as possible’: <https://www.skillsforcare.org.uk/Careers-in-care/Job-roles/Roles/Personal-assistant.aspx> [↑](#footnote-ref-1)
2. NB Other women referred only to ‘family’ and it is likely some of them also included children and other intergenerational family members. [↑](#footnote-ref-2)
3. The term ‘family of choice’ was first coined by Kath Weston (1997) and describes ‘families of friends’ established as alternative networks of support to heteronormative families of origin. [↑](#footnote-ref-3)
4. ‘End of Life Doula also known as Death Doula support those with a terminal diagnosis and those they love with practical, emotional & spiritual needs’: <https://eol-doula.uk/> [↑](#footnote-ref-4)
5. When it was permitted under initial lockdown [↑](#footnote-ref-5)
6. <https://www.samaritans.org/about-samaritans/our-organisation/what-we-do/> [↑](#footnote-ref-6)