**The impact of COVID-19 on older gay men in the UK**

*A rapid response scoping study*

**FULL REPORT**

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#

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# **PART A: HEADLINES**

These are the findings of a survey undertaken in summer 2020, regarding UK older LGBT+ people’s experiences of the Covid-19 lockdown. This report focuses on the 185 responses by gay men aged over 60. The responses from the overall sample, and from other gender and sexuality sub-groups, are reported elsewhere (Westwood, Hafford-Letchfield and Toze, 2020a). This was a self-selected sample and appears to under-represent minority ethnic men, as well as the oldest age groups of gay men.

The headline findings are as follows:

|  |  |
| --- | --- |
| * 11% of gay male respondents reported that they had a **disability**, and 36% reported that they had a **serious health condition**. The most commonly reported type of condition/disability was cardiovascular disease, followed by diabetes, asthma and mobility impairment.
* 50% of respondents **lived alone**, and 50% **lived with someone else**. The majority of participants who lived with someone lived with a husband, spouse, civil partner or partners, but some respondents also lived with lodgers, friends, ex-partners and other family members.
* 90% of gay men responding said they had **someone they could call upon in an emergency**, and 10% did not. The most commonly listed emergency contacts were friends, neighbours and partners.
 | * Three-quarters of respondents were **doing their own shopping** for things like food and medicines, either in person or online or as a combination. 10% had all their shopping done by other people.
* Questions about **“support networks”** confused some respondents, who were not familiar with this terminology or assumed it to be a question about the use of formal support services. As a result, responses to this section of the survey were not entirely consistent, but respondents highlighted a range of social networks and sources of support.
* 45% of respondents said they had **unmet needs** during lockdown. These often related to an inability to engage in leisure, cultural and exercise activities. A small number of individual responses also highlighted separation from partners and family members.
 |
| * When asked to name their **top three concerns about the lockdown**, respondents gave varied responses. The main categories of response were: Health and wellbeing (n=109); Missing/unable to do usual activities (n=71); Missing/ unable to see / be with specific others (n=39); Concern for others (n=32); Unable to socialise in general (n=29); Loneliness/social isolation (n=29); Uncertain/ unpredictable/ concerning future (n=27); Practical issues (n=26).
 | * 49% reported no change in their **physical health during lockdown**. 23% thought it had got better, and 27% thought it had got worse
* 48% reported no change in their **mental health during lockdown**. 7% thought it had got better and 45% thought it had got worse.
* 79% of respondents provided some information on **coping strategies during lockdown**. These took a wide variety of forms. Participants often reflected on how their individual circumstances (e.g. a partner, the size/location of their home) had affected coping and resilience during the pandemic.
 |

**PART B: FULL REPORT**

# **Introduction**

Marginalised groups are often overlooked during public health crises. This report aims to ensure that this does not happen, by describing the gay men’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 gay men***

This survey took place in 2020 and was open to LGBT+ people in the UK aged 60 and above. The youngest gay men in the sample would therefore have been born in 1960, seven years prior to the partial decriminalisation of sex between men in the Sexual Offences Act (1967). All participants would have been adults at the time of the HIV crisis in the 1980s. Only within the last two decades would this cohort of gay men have been legally protected from discrimination in the workplace and public services; and been able to enter legally recognised same-sex relationships through civil partnerships in 2004, followed by same-sex marriage in 2014 (in most parts of the UK).

As Hughes and Robinson (2019) note, there is an ongoing tension within the literature between acknowledging the substantial social inequalities that have affected the life courses of this cohort of gay men, while also seeking to avoid reinforcing stereotypes about older gay men, or presenting gay men’s lives and experiences in a deficit narrative. Specific areas of challenge that have been noted to potentially affect older gay men’s health and wellbeing include: mental and physical health impacts of discrimination (Lyons, Alba et al. 2019); increased financial and legal insecurity around issues such as pension and benefits due to career discrimination and historic lack of relationship recognition (Shipman and Smart 2007, Aksoy, Carpenter et al. 2019, Hughes and Robinson 2019); increased likelihood of estrangement from family of origin (Westwood, Willis et al. 2020); increased likelihood of ageing without children (Hadley, 2017; Westwood, Willis et al. 2020); loss of social networks during the HIV epidemic (Owen and Catalan 2012, Rosenfeld, Bartlam et al. 2012); health needs associated with ageing with HIV and with increased rates of smoking and substance misuse in gay communities (Williams, Varney et al. 2013, Rosenfeld, Ridge et al. 2018); perceived homophobia and heterosexism within services for older adults (Westwood 2015, Almack 2018); and perceived ageism within gay male communities (Slevin and Linneman 2009, Willis, Vickery et al. 2020). However, it is also important to note that such challenges do not universally or equally affect all gay men; and gay men often emphasise resilience, agency and strong community networks within their accounts of ageing (Lyons, Pitts et al. 2013, Simpson 2016, Handlovsky, Bungay et al. 2018).

The tension in the competing narratives of risk/resilience in gay men’s ageing is further compounded by relatively poor data on older LGBT+ communities and a likelihood that the available data is not representative. Sexual orientation has only recently begun to be recorded in large UK data collections such as the Census, Office for National Statistics surveys and NHS records (NHS England 2017, Office for National Statistics 2020a, Office for National Statistics 2020b). As a consequence, existing data on gay men’s ageing is often derived from purposive sampling of volunteer participants and tends to document risk factors and challenges rather than utilising formal measures of health outcomes. Some older gay men do not wish to disclose sexual orientation in research or healthcare contexts, and these may disproportionately be those who have experienced more discrimination and have poorer community connections (Lyons, Alba et al. 2021). Therefore, data on older gay men may tend to underrepresent groups facing the greatest challenges. It has also been noted that research on older gay men, like other sections of the LGBT community, often fails to capture the experiences and needs of groups such as ethnic minority older people, those from working-class backgrounds, those living outside large urban centres, and those who are not ‘out’ as gay (Gay and Grey 2006, Fenge and Jones 2012, Almack and King 2019, Westwood, Willis et al. 2020). These groups may face intersecting marginalisations that are currently poorly understood.

Research into gay men’s ageing is often grouped with research into ageing in lesbian, bisexual and trans populations.A frequent critique of this approach is that ‘LGBT’ samples often over-represent the views of gay men, at the potential expense of understanding the experiences of other sub-populations (Almack and King 2019, Westwood 2020).However, some of the specific experiences of older gay men may also not be fully captured within attempts to present a grouped LGB(T) analysis, for example in the overlooking and minimisation of gender differences in the presentation of a unified narrative (Westwood 2020). King (2016) notes that some older gay men may prioritise gender over sexuality in locating their experiences, understanding them first and foremost as the experiences of men rather than the experiences of LGB(T) people. There are examples of research that have taken an alternative framing, discussing the specific experiences of gay men as a subcategory within a larger group of men. For example, Willis, Vickery et al. (2020) consider loneliness and social isolation among men who live alone, with gay men a sub-group within that, while Hadley (2019) considers the experiences of gay men within an analysis of men ageing without children.

Gaymen may therefore also face challenges primarily associated with ageing as men, such as the tendency for older men to have smaller, less intimate and more instrumentalist social networks (Davidson 2004, Cornwell 2011, Willis, Vickery et al. 2020); and a perception that social organisations for older people are less appealing to men (Milligan, Payne et al. 2015). Gay men may also have reduced access to some strategies for mitigating weaker social connections: unlike heterosexual older men, weaker social networks are unlikely to be supported and facilitated by a female partner; and social spaces that are centred on older men may have a degree of implicit heterosexism that feels less welcoming to gay men (Willis, Vickery et al. 2020).

This report, therefore, analyses separately the COVID-19 experiences of survey participants who identified themselves as gay men.

## ***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 in order 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 gay men in the UK, during the initial months of the outbreak and the first lockdown. 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 are also comprised of 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. 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. Of the 197 men, 185 (94%) were classified as gay. (182 men used either ‘gay’ or ‘homosexual’ to define their sexuality; 1 man described himself as ‘mainly gay’; 1 man described himself as ‘predominantly gay’, and 1 man wrote ‘90+ % Gay’). In response to the question ‘Is your sex/gender the same you were assigned at birth?’ 182 men responded ‘Yes’ (cis) and three responded ‘No’ (trans).

As can be seen from Table 1, just under a third of the gay men respondents were in the 60-64 age bracket, just over a third were in the 65-69 age bracket, a fifth were in the 70-74 age bracket, and a tenth were aged 75 and above.



**Table 1:** Gay men 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 2, overleaf, the respondents identified their ethnicity in highly variable ways.

149 (81%) of the respondents said they identified solely as white: Occidental Caucasian (1); White (41); White Anglo Saxon (1); White British/ White UK/British Caucasian (76); White English (6); White English/British with Irish (1); White European/Caucasian European (11); White Irish (5); White Mixed European (1); White Other (1); White Scottish (1); White Welsh (3). 30 (16%) of respondents did not define themselves in terms of whether they were white or from Black, Asian and/or minority ethnic (backgrounds. 5 (3%) of the respondents stated that they were from Black, Asian and minority ethnic backgrounds. These comprised respondents who identified as: British Asian (1); English and South Asian (1); Indian (1); South Indian (1); and ‘Mixed White and Afro Caribbean’[[1]](#footnote-1) (1). One of the respondents from a Black, Asian and minority ethnic background was a trans man.[[2]](#footnote-2)

In terms of disability and health status, as can be seen from Table 3a, overleaf, of the 185 gay men, 21 (11%) said they considered themselves to have a disability/disabilities and 66 (36%) said they considered themselves to have a serious health condition. One of the three trans men said he had a disability and two said they had a serious health condition. 21 gay men (20 cis and one trans) said that they were shielding.[[3]](#footnote-3)

|  |  |
| --- | --- |
| Anglo Irish | 1 |
| British | 6 |
| British Asian | 1 |
| Caucasian/White Caucasian  | 11 |
| English | 3 |
| English and South Asian | 1 |
| Eurasian | 1 |
| European | 1 |
| Indian/South Indian | 2 |
| Irish | 4 |
| Jewish  | 1 |
| Mixed white  | 1 |
| Mixed white and Afro-Caribbean | 1 |
| Occidental Caucasian  | 1 |
| White | 41 |
| White Anglo Saxon | 1 |
| White British/ White UK/British Caucasian | 76 |
| White English | 6 |
| White English/British with Irish | 1 |
| White European/Caucasian European | 11 |
| White Irish | 5 |
| White Mixed European | 1 |
| White Other | 1 |
| White Scottish | 1 |
| White Welsh | 3 |
| Other: 'N/A'; 'Human'; 'Pinko-grey (ie "white")' | 3 |
| **Total** | 185 |

**Table 2:** Free-text self-defined ethnicity by gay men respondents

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Cis gay men** | **Trans gay men** | **Total** |
| **Disability** | 20  | 1 | 21 (11%) |
| **Serious health condition** | 64  | 2 | 66 (36%) |

**Table 3a:** Self-reported living with a disability and/or serious health condition(s) according to gay men respondents.

The disabilities and/or health conditions respondents described are detailed in Table 3b overleaf.



**Table 3b:** Self-reported disability and/or serious health condition(s) according to gay men respondents.

Respondents were asked if they lived alone or with others. As can be seen from Table 4, the cis gay men were almost evenly split with 92 men reporting they lived alone and 90 reporting that they lived with others. Among the 3 trans gay men, two lived with others and one lived alone. Among the four cis Black, Asian and minority ethnic respondents, 2 lived alone and 2 with others.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Cis gay men**  | **Trans gay men** | **All gay men**  |
| **Lives alone** | 92 | 1 | 93(50%) |
| **Lives with others** | 90 | 2 | 92(50%) |
| **Total** | 182 | 3 | 185 |

**Table 4:** Gay men respondents who lived alone/with others.

Those cis gay men who lived with others reported that the people they lived with were: husband/spouse/civil partner/partner (n=76); husband and lodger (n-1); landlord/ landlady/ lodger(s) (n=4) ; ‘ex-lover, friend, lodger’ (n=1); father and son (n=1); father (n=1); ‘elderly parent’ (n=1); daughter (n=1); son (n=1); nephew (n=1); and ‘24/7 carers (n=1). One gay man was living with his wife in a heterosexual marriage. The two trans gay men who lived with others did so with their respective husbands. Of the two cis respondents from Black, Asian and/or minority ethnic backgrounds who lived with others, one lived with his spouse, the other with his civil partner.

Respondents were asked whether they had an emergency contact. As can be seen from Table 5, below, of the 185 gay men, 167 (90%) said they had an emergency contact. 18 (10%) said they did not. Of those who did not have an emergency contact, 10 lived alone and 8 lived with other people. All three trans gay men, both the man who lived alone, and the two men in couples, said they had an emergency contact. All four cis Black, Asian and minority ethnic men said they had an emergency contact.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Cis gay men**  | **Trans gay men**  | **All gay men** |
| **Emergency contact** | 164 | 3 | 167(90%) |
| **No emergency contact** | 18 | 0 | 18(10%) |
| **Total** | 182 | 3 | 185 |

 **Table 5:** Gay men respondents who said they did/did not have an emergency contact

Among the 167 men who had emergency contacts these were (some mentioned more than one): Friend(s) (87); Neighbour (44); Partner/Spouse (33); Brother(s)/Sister(s) (31); Daughter(s)/son(s) (2); ‘Family’/ ‘Relations’ (3); Nieces/nephews (3); Church friends (2); Cousin(2); ex-wife (2); Lodger(s) (2); Landlord/landlady (1); Carer(live-in) (1); Boyfriend (1); Stepmother (1). See Figure 1 overleaf, for an overview. Included among these are the emergency contacts of the three trans men, which were: husband (1); brothers (1); and friends and neighbours (1). The contacts of the four cis Black, Asian and minority ethnic men were: brother (2); civil partner (1); friend (1).



Figure 1. Gay men respondents’ emergency contacts, where named

* + 1. *COVID-19 lockdown concerns*

Survey respondents were asked to list their top 3 concerns. These are summarised in Figure 2 overleaf, with full details in Appendix 2.

3 cis men (not identifying as from a Black, Asian and minority ethnic background) stated that they had no concerns concerning COVID-19. The remaining 182 respondents said that they did. As can be seen from Figure 1, the most frequent concerns identified among these respondents related to: Health and wellbeing (109); Missing/unable to do usual activities (71); Missing/unable to see/be with specific others (39); Concern for others (32); Unable to socialise in general (29); Loneliness/social isolation (29); Uncertain/unpredictable/concerning future (27); Practical issues (26).

The three trans men raised the following concerns (included in the above list) were:

Lack of independence, fear of infection, possible lack of medical help, although this hasn't been put to the test! (SUR043 75-79, trans gay man)

Lonely. Miss being tactile. Need to be loved. (SUR146, 65-69, trans gay man)

Anxious to avoid catching the virus, so this means restricting social occasions and eating out etc. (SUR154, 60-64, trans gay man)

The concerns of the four cis men from Black, Asian and minority ethnic backgrounds (included in the above list) were:

When I will get to see my mother who lives in India. Health of my relatives in India. Economic impacts of COVID-9 (SUR230, 60-64, cis gay man)

Unable to see friends and family. Welfare of relatives. Welfare of students (SUR282, 60-64, cis gay man)

Isolation and lack of medical support help. Cancellation of hospital appointment (SUR177, 60-64, cis gay man)

Financial; PPE equipment (SUR237, 65-69, cis gay man)

**Figure 2:** Summary of gay men’s responses to ‘Top 3 concerns’ question. (For detailed breakdown see Appendix 2.

#### Navigating health risks

Several respondents made particular reference to navigating health risks

Because I have received two 'shielding' letters which did not make clear why I had received them, except to list particular health issues and medications, none of which applied to me, I have not followed the strict rules they suggested. This has caused me some slight worry as to whether I was doing the right thing. I have continued to help an elderly, friend, who was living at home, but now she has gone into hospital and is at the point of dying and I dare not make a last visit to see her as, despite the PPE on offer, I do not feel I dare risk contracting COVID-19 infection. (SUR056, 65-69, cis gay man)

I have had to leave my flat twice a week to go to the District Nurse Clinic for re-dressing and bandaging on my leg…Initially my main concern was the visit to the District Nurses as they didn`t have any PPE for many weeks and there was a lot of swapping about of nurses due to re-deployment and quarantining. A couple of the nurses who treated me have had the virus and one other has died but I haven’t had her since last year. (SUR222, 65-69, cis gay man)

My overarching concern is not to contract the virus since I am at higher risk by virtue of my age. I am particularly aware of the dangers of pandemics because my grandmother died in the 1918 flu epidemic. (SUR228, 70-74, cis gay man)

Another respondent commented on the impact of social isolation on his health and wellbeing

Mental health stability is probably my greatest concern. I have experienced anxiety and depression through my life and coped with it as best I can but social isolation is not helpful. (SUR236, 65-69, cis gay man)

One respondent raised concerns about discrimination from healthcare providers:

Our experience has shown that if one of us is in hospital, we cannot risk ANY show of affection, because of the chance of attracting the inevitable responses, Usually, barely concealed laughter at best and more often displays of disgust from other patients and some nurses. (SUR105, 70-74, cis gay man)

#### Support

Other respondents also commented about giving and receiving support during lockdown:

I have had 3 months where I have not been able to visit my partner, who lives over 30 miles away. This is now alleviated by us forming a ‘support bubble’... Nevertheless, I have now only seen him once in 3 months. Given that my partner attempted suicide nine years ago, this has been a worrying situation. (SUR235, 65-69, cis gay man)

I can't form a social bubble with anyone as all my good friends have family members or other friends with whom they would more naturally form a bubble. (SUR131, 65-69, cis gay man)

No one to help so been in total isolation for 85 days now so effecting my mental health. (SUR093, 60-64, cis gay man)

I am executor, of my father's will and am impeded from this duty by both lockdown and loss of health. Lockdown has also prevented me from having the support of my family having been my father's full time carer for three years up to his death in December. (SUR244, 70-74, cis gay man)

#### Impact of low income and poor health

This respondent described being on a low income and experiencing problems getting basic supplies and medication:

Problems getting the basics, been relying on Government food parcels. Could not prepare for lockdown as shops were empty with panic buying. Also even though can now get priority delivery slots at super markets can only afford it once per month so just living on the very basics to get by. Having problems getting delivery of medications from pharmacy as they are now only delivering for the over 65s.Told them I was in shielded group but that did not help. So going to contact council to see if I can get my medications as run out of some of them. Government food parcel been really helpful but it’s the same things every week and you can't make a proper meal out of it. So soup and beans are my main meals. (SUR094, 60-64, cis gay man)

#### Socialisation

The loss of socialisation/interaction both in general, and with friends, family and/or LGBT+ groups was a frequent theme. Several respondents commented on the impact of this:

Social interaction, social interaction, social interaction (SUR107, 60-64, cis gay man)

My social life has effectively stopped and I get lonely. (SUR295, 65-69, cis gay man)

Two respondents wrote that ‘Much of the fun is missing from life’. Another wrote,

Until the majority of the population have had the virus, life is stilted. (SUR213, 65-69, cis gay man)

These comments exemplify those from many gay men who wanted their usual lives back:

Less able to mingle, to sing, to meet people for food and drink. (SUR292, 65-69, cis gay man)

Not majorly affected, but in need of a haircut, and it would be nice to be able to go out for a meal and a weekend in Paris! (SUR297, 70-74, cis gay man)

Several participants commented on the prolonged effects of the COVID-19 lockdown. For example:

 It's dragging on too long! (SUR303, 75-79, cis gay man)

Getting lethargic at home, days go by quickly, gradually switching off and getting tired of people whinging down the phone at me offloading their angst. (SUR167, 65-69, cis gay man)

Many participants commented on loneliness. For several individuals, this was compounded by living alone, and for one man this was compounded by being bereaved:

Loneliness, l miss my late partner. (SUR193, 70-74, cis gay man)

At nearly 68 years old, I have left it rather late to find myself a male partner but had begun to circulate with this in mind, before the pandemic brought my socialising to a halt. I am concerned I may not be able to start all over again. (SUR236, 65-69, cis gay man)

Several participants alluded to or were explicit about breaking lockdown. For example,

I broke lockdown 2 weeks ago and have gone to supermarkets and a nursery and visited my sister and some friends on the other side of the conurbation. Actually it’s been good getting out and changing scenery and seeing people (SUR222, 65-69, cis gay man)

#### Sex/intimacy

Several respondents referred to sex and/or intimacy either explicitly or by allusion. For example,

When are gyms going to open? When can I safely have sex again? When will my walking, massage and wrestling groups be able to operate safely? (SUR238, 70-74, cis gay man)

Inability for me to have intimacy with anyone. Inability to meet anyone for a date (SUR186, 60-64, cis gay man)

Several participants wrote about an added risk to sexual encounters, in terms of knowing whether the other person is safe in terms of COVID-19:

When can I meet a partner and be close to them? Knowing the other person has been sensible during COVID-19? (SUR140, 60-64, cis gay man)

Some men spoke about loss of freedom and independence and being confined. Several objected to not being able to make their own (informed) decisions including those concerned with sexual activity:

Tea shops are shut, consider a lot of the information dubious to an annoying extent. Seems like a nanny state gone totally bonkers. (SUR201, 75-79, cis gay man)

Relaxing of the 'social distancing' guidelines; more information about risks related to different age groups, health status, activities (e.g. indoor v outdoor, proximity), etc. so that I can make a risk assessment related to me and the risk I'm prepared to take to maintain my mental and social (and sexual) well-being. (SUR173, 60-64, cis gay man)

#### Concerns about the future

Concerns about the future was a frequent theme in responses, both the future in general and concerning the gay scene

When can I safely have sex again? (SUR238, 70-74, cis gay man)

What will the gay landscape (bars, pubs etc) look like post-crisis? (SUR310, 60-64, cis gay man)

Will we ever to be able to socialise like we did pre COVID-19? (SUR246, 60-64, cis gay man)

* + 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 three-quarters of the gay men respondents (including two of the three trans men) were doing their own shopping/and prescription collection in person, a third were doing so fully while a further 10% did so supplemented by online deliveries. 10% reported (18 cis men and 1 trans man) that other people were doing their shopping and/or medication collection. All four men from Black, Asian and minority ethnic backgrounds were doing their own shopping

Among those respondents who said others were doing their shopping for them, wholly or in part, those other people were: husband/ partner (8); lodger (2); ‘a kind lady’ (1); ‘carer’ (1); daughter (1); friends (1); neighbour (1); sister (1); sons (1); volunteers (2); wife (1). In couples where someone else was doing the respondents’ shopping/collections this was primarily the man’s partner/ husband.



**Table 7:** Gay men respondents’ responses to survey question which asked ‘How are you getting essential food, household supplies and medication?’

Many of the respondents emphasised their continued adherence to routines and reluctance to change those routines. For example,

Going shopping once a week, as usual. (SUR056, 65-69, cis gay man)

Shopping as normal. (SUR171, 65-69, cis gay man)

Shopping (the old-fashioned way) (SUR176 70-74, cis gay man)

Some respondents also described sticking to the same routines but emphasised that they were taking extra precautions:

Yes, we are shopping once a week, wearing the appropriate PPE i.e. masks and gloves (SUR067, 70-74, cis gay man)

Several men also emphasised their independence. For example:

I'm self-sufficient (SUR127, 60-64, cis gay man)

I go shopping regardless of my age (SUR248, 75-79, cis gay man)

Among those respondents who were receiving assistance, several men emphasised the age of their (younger) partner/husband if that person was doing/ sharing doing the shopping:

Largely through [ delivery companies]… husband (who is 32 years old) picks up other things (SUR135, 65-69, cis gay man)

Food & household goods via online deliveries. Medication may require my (slightly younger) partner to risk a visit to the local pharmacy. (SUR024, 60-64, cis gay man)

My husband, who is five years younger, who normally does most food shopping does almost all of it. (SUR015, 65-69, cis gay man)

My partner who is younger goes shopping. (SUR026, 75-79, cis gay man)

Had good stocks. Initially my younger partner visited shops. Then I went for fortnightly major shop. (SUR255, 70-74, cis gay man)

By contrast, other respondents, particularly those who were in ill health, described problems getting essential supplies. For example:

Government food parcel provides the very basics weekly but took 5 weeks after registering. So went without even the basics like bread and milk for ages. I can now get a priority delivery from Tesco but only do it every few weeks to get things like part baked bread. Can't afford a big shop. Medications are now a big problem as pharmacy will only deliver to over 65s so ran out of some medications. I'm hoping to get help from the council to get my meds picked up. (SUR093, 60-64, cis gay man)

* + 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 Figure 2 overleaf, the gay men respondents described a wide range of support networks.

The three trans men wrote:

Husband, friends, family (SUR043, 75-79, trans gay man)

Friends, neighbours (SUR146, 65-69, trans gay man)

No one really. I do everything myself. However, my family would help should I be struggling. (SUR154, 60-64, trans gay man)

Three of the four cis men from Black, Asian and minority ethnic backgrounds wrote

Friends and family (SUR177, 60-64, cis gay man)

Friends, neighbours, family (SUR230, 60-64, cis gay man)

Neighbours, colleagues, friends and family (SUR282, 60-64, cis gay man)

The fourth cis man from a Black, Asian and minority ethnic background appeared not to understand the question, writing one word – ‘telephone’ - to describe his support network.

30 (16%) of the 185 men said they did not have a support network. Sadly, one man wrote,

All those I was closest to have died in the last three years. (SUR244, 70-74, cis gay man)

Other men wrote: Don’t have any (10); None (9); Nil (1); ‘All those I was closest to have died in the last three years’ [1]; No formal support networks (1); ‘I have none’ (1); ‘I don't really have a support network’ (1); ‘I don't have a support network as such’ (1); None required (2); ‘None wanted or needed’ (1); ‘I don’t have or need any’ (1); ‘Do not consider one necessary’ (1).

The concept of a ‘support network’ seemed to confound some of the gay men who responded to the survey. One man wrote,

‘Support networks’ what are they? I don't understand this section. I'm not a sociologist. (SUR157, 70-74, cis gay man)

Three other men wrote

Not sure what a support network is. Do you mean friends? Or do you mean food delivery etc? (SUR188, 65-69, cis gay man)

What is a support network? There is a local residents' association. My main gay group has a weekly cafe which is very sociable.[[4]](#footnote-4) (SUR252, 75-79, cis gay man)

I don't understand the question - do you mean practical support such as help with, say, gardening, shopping etc? If so, I do not need support. For the following questions I've assumed you mean support in the sense of friendship/companionship, which I get from ordinary everyday contacts plus membership of writing, caving and rock-climbing groups, (SUR248, 75-79, cis gay man)

Several of the men who said they had no support networks nonetheless described giving and receiving support with a wide range of people (friends, neighbours, family members, etc.) in their answers to the other questions. For example, one man wrote that there were ‘none’ in his support network, but then went on to clarify as follows;

None, apart from concierge/estate management staff where I live. Have had video chats with family and ran into my niece and her husband (socially distanced!) by chance (they live locally)[[5]](#footnote-5) (SUR297, 70-74, cis gay man)

Other respondents also said they had none but then went on to refer to one:

None other than telephoning friends.[[6]](#footnote-6) (SUR054, 60-64, cis gay man)

None really. Social networking has increasingly been done on Zoom, telephone etc. (SUR055, 75-79, cis gay man)

Some participants seemed to think support networks referred to formal support, and to link their independence to not needing a support network:

No formal support networks (SUR209, 70-74, cis gay man)

Don't have any as I am fit and well (SUR160 , 65-69, cis gay man)

Don't have any. Go shopping, drugs delivered (SUR284, 70-74, cis gay man)

I go to A & E if I need medical treatment and they direct me to walk-in clinics. I don't have access to a GP (SUR215, 65-69, cis gay man)

I don't need support networks aside from normal relationships with friends and family: if anything, I provide and coordinate these for others (SUR135, 65-69, cis gay man)

I am able to live free of a support network, as I only need my partner and other available friends to help me if necessary. (SUR202, 80-84, cis gay man)

As a result, these ‘no support network’ responses, and indeed other aspects of responses to this question need to be approached with caution, as they may not be an actual reflection of the respondents’ true circumstances.

|  |
| --- |
| **None (n=30)** |
| Don’t have any (10); None (9); Nil (1); ‘All those I was closest to have died in the last three years’ [1]; No formal support networks (1); ‘I have none’ (1); ‘I don't really have a support network’ (1); ‘I don't have a support network as such’ (1); None required (2); ‘None wanted or needed’ (1); ‘I don’t have or need any’ (1); ‘Do not consider one necessary’ (1); |
| **1 type of support (n=48)** |
| Friends (36); Online friends (2); Church (1); ‘Me’ (1); Partner (1); Family (2); Gay walking group (1); ‘‘local shop’ (1); sister (1); neighbours (1); men’s group (1) |
| **2 types of support (n=53)** |
| Friends and neighbours (5); family and friends (13); house manager, friends’ (1); ‘concierge/estate management staff, family’ (1); local residents' association & gay group (1); work and friends (1); church and neighbours (2); ‘small group of friends, my sister’ (1); partner and friends (4); partner and Facebook (1); partner and social groups (1); ‘friends, Facebook’(1); ‘friends, social media’ (1); ‘friends; niece, nephew’(1); ‘gay groups, bars’ (1); gay walking group and [online gay sex network] (1); gay outdoor activity group, pub gatherings (1); gay men’s group, gay walking group (1); ‘My son. Myself’ (1); friends and LGBTQ groups (2); Friends and colleagues (2); friends and ex-colleagues (1); friends and social/community groups (2); friends and partner (2); family and online contact (1); singing group and friends (1); church and local groups (1); church and friends (1); church and work (1) |
| **3 types of support (n=31)** |
| Husband, friends, family (1); Friends, family and neighbours (4); ‘current partner, friends, family of late partner’ (1); friends, allotment acquaintances and church (1); ‘friends, pubs, walking groups’ (1); ‘friends, LBGT social groups, family’ (1); ‘Friends, neighbours and husband’ (1); ‘Friends, partner and members of walking group’ (1); ‘Friends, neighbours, social groups’ (2); ‘Work colleagues, Friends, Older LGBT group’ (1); ‘swimming clubs, old friends, sister in [overseas]’ (1); ‘Sons/Neighbours/Friends’ (1); ‘Relatives. Friends. Social media’ (1); partner, family and friends (1); older gay men’s group, gay men’s walking group, friends’ (1); ‘friends, colleagues, family’ (1); ‘Friends in the locality, neighbours and wider "gay family" (1); ‘Church, Friends, gay walking group’; ‘Family and various local societies and local church’ (1); ‘Close friends, extended family group, local gay male WhatsApp group’ (1); ‘friends, neighbours, faith group’ (1); ‘friends, boyfriend and meditation teacher’ (1); ‘Friends, colleagues, partner’ (1); ‘Friends locally and at a distance, Church, sister 100 miles away’ (1); ‘friends, local societies, family’ (1); ‘Friends, neighbours and sexual health charity’(1); ‘Family, friends and various LGBT groups’ (1); Friends, gay walking group and sports group (1) |
| **4+ type of support (n=8)** |
| ‘Neighbours, colleagues, friends and family’ (1); ‘a gay men's choir, a local gay men's network, a LGBT Christian group, a local Church of England parish’ (1); ‘Boyfriend, family, friends & gay outdoor activity group’ (1); ‘Activity specific gay organisations, former work colleagues, neighbours, synagogue’ (1); ‘Friends, family, walking group, partner’ (1); ‘Friends, office colleagues, housemates, family’ (1); ‘My partner, Local LGBT+ Mature social group, neighbours and friends’ (1); ‘Friends, walking groups, local political group, volunteering group’ (1)  |
| **Did not understand question (n=9)** |

**Figure 2:** Support network composition identified by gay men respondents

A small number of respondents who responded in the affirmative also seemed to think that the question was about formal services. One man wrote that his support network was his ‘local shop’. Other men wrote

Usually go to groups like [peer-led HIV community space] Shopping I do small shop daily normally (SUR093, 60-64, cis gay man)

Monday swimming group; Tuesday art class; Thursday 50+ LGBT Group (SUR28260-64, cis gay man)

Another man seemed to think the question was asking about the support he provides to others, his response being:

Volunteer for local charity for loneliness (SUR296, 65-69, cis gay man)

Among those respondents who did name a support network several also emphasised their independence in relation to it:

Fairly independent. Good local friends and colleagues. Family close by. (SUR168 , 60-64, cis gay man)

Myself and my partner are (fortunately) pretty much self-sufficient. Otherwise, we have a good network of friends. (SUR024, 60-64, cis gay man)

Indeed independence seemed to be a strong theme among respondents (as is also evident among those who declared they had no support networks). For example, this man wrote

I'm very independent. I have a few friends I chat to. I find the gay community rather focused on cliques (SUR133, 70-74, cis gay man)

One respondent objected to the idea of ‘support’, again emphasising his independence:

I’m quite independent. I don't really have a support network. I have friends and family but wouldn't use them for support. (SUR164, 60-64, cis gay man)

The majority of the gay men participants reported wide and varied sources of support and some reflected on the composition of their networks. These respondents wrote, for example,

A small group of friends; my sister. Although I should add that the current situation has made me think seriously about how robust my support networks are. (SUR173, 60-64, cis gay man)

Friends are the usual support networks, but most are older and themselves self-isolating. (SUR232, 70-74, cis gay man)

Several respondents seemed mindful of the significance of geographical location:

Friends, but spread out across the country. (SUR131, 65-69, cis gay man)

[My support network is] limited. Friends live too far away. (SUR073, 65-69, cis gay man)

Locally it is friends - more wider it is family who live further away. (SUR206, 60-64, cis gay man)

Friends locally and at a distance…sister 100 miles away. (SUR058, 65-69 cis gay man)

Just friends, relatives 100+ miles away. (SUR293, 60-64, cis gay man)

Local friends, distant family (SUR239, 75-79, cis gay man)

Friends and good neighbours. Family all in (country) (SUR280. 75-79, cis gay man)

This gay man provided a very detailed account of his changing religious affiliation and support network as he ages:

I no longer belong to any religious affinity because I feel my deep involvement with the Christian Church made me negative about my sexuality and caused me to stay totally 'in the closet' for 30 years, led to family rejection and resulted in my being disinherited by my father. Life is too short to allow this prejudice to pull me down, mentally, for the rest of my life. In recent years, I joined a gay walking group, have belonged to a community choir for over ten years and, since retiring, joined a local Men's Shed workshop and community group, volunteered with local gardeners in working with the local authority to beautify the area where I live and volunteered as a marshal for a weekly classic car meet near my home. I no longer belong to the gay walking group because of my deteriorating knee condition. A few months before lockdown, I stepped down from the community choir and began seeking new opportunities to meet gay men, socially. (SUR015, 65-69, cis gay man)

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, 109 (60%) of the 185 gay men reported a change in their networks. The remaining 40% included those who said they did not have a support network, those who said they did not need one, and those in couples (and to a lesser extent those who were happily living alone) who had already said that their networks had not been affected by COVID-19. One person in a couple observed that ‘my partner and I are closer’. Another commented,

Partnered friends are fine, but my friends on their own have struggled quite a bit, missing affection and good humour. (SUR183, 65-69, cis gay man)

Another observed,

Practical help is much more difficult than usual, but emotional support is relatively straightforward, and perhaps even easier than usual as people are being generally kinder towards one-another than usual. (SUR056, 65-69, cis gay man)

Among the majority who reported a change, the lack of in-person contact was, unsurprisingly, the biggest change which was reported. For example

All my networks mentioned above have ceased to meet in person (SUR039, 75-79 cis gay man)

Have not seen any friends in person. (SUR177, 60-64, cis gay man)

Haven't seen family or most friends. (SUR223, 60-64, cis gay man)

Some participants described adaptation, i.e. the networks had remained the same but was now exclusively by phone/online. Several people observed that although it was helpful it was no substitute for in-person contact, for example:

We still meet by Zoom or phone calls but miss actual meeting (SUR194, 60-64, cis gay man)

Strained ... none of us particularly keen on zoom etc.! (SUR149, 65-69, cis gay man)

There were mixed responses in terms of what had happened to social groups. As one respondent observed,

Some have ceased, some are distanced, some are online (SUR196, 60-64, cis gay man)

Some respondents reported a suspension of social events. For example:

All events and meetings cancelled. (SUR198, 65-69, cis gay man)

Cancelled meetings and cancelled walks. (SUR166, 70-74 cis gay man)

Church is physically closed. (SUR123, 60-64, cis gay man)

We cannot meet in person and LGBT group meetings are suspended during crisis. (SUR228, 70-74, cis gay man)

My Church is closed for the foreseeable future. My regular meeting of Alcoholics Anonymous is now held on Zoom. (SUR143, 65-69, cis gay man)

Many commented that their friends were ‘keeping their distance’ either to protect their own health or, in the case of couples, that of a partner. One man said he was providing additional care to his father:

Father requires care but has lost his workers I'm taking up the slack (SUR261, 60-64, cis gay man)

Another man wrote,

Unable to physically meet during lockdown was difficult. Unable to see mother in her care home nor father as he was dying in hospital was emotional. (SUR207, 60-64, cis gay man)

Participants who said there had been a change in their social networks described different degrees of severity. Some described minimal change:

Less than I expected: in this remote rural area, we can still encounter one another on walks, and chat (at a safe distance) (SUR309, 60-64, cis gay man)

Minimally [affected] except for face-to-face contact (SUR288, 70-74, cis gay man)

Very little except that I do not meet friends (SUR026, 75-79, cis gay man)

Only in as much as I can't meet them in the way I normally would. (SUR283, 70-74, cis gay man)

At the other end of the spectrum others reported significant change:

All my usual support networks are curtailed by mandatory isolation. (SUR236, 65-69, cis gay man)

All the social groups I belong to have stopped. Some are clearly never going to start again, given the age ranges involved. (SUR115, 60-64, cis gay man)

[My social networks are now] Almost non-existent! On solitary walks occasionally bump into people I know. Have taken on inclusive phone plan to allow me to phone my partner daily, and other friends from time to time. (SUR235, 65-69, cis gay man)

One person wrote,

Unable to meet my significant other who lives 160 miles away (SUR127, 60-64, cis gay man)

Several participants, primarily those who lived alone, described heightened isolation due to the constraints lockdown had imposed on their social networks:

Everything closed down so in total isolation, which is the worst part (SUR093, 60-64, cis gay man)

The networks are fractured. (SUR179, 75-79, cis gay man)

One participant wrote of missing his friends, but emphasised that this did not mean he was dependent on them for support:

I obviously can't get out to see family and friends but the tone of your question more infers that I need support networks. I don't. I obviously like normal social interaction and miss this terribly - but that is not quite the same as being dependent on a network. (SUR135, 65-69, cis gay man)

This respondent described the loneliness he and his friends are experiencing and the impact of lockdown on one of his friends who has dementia:

… friends are the only support network and some I have spoken to on the phone are feeling very lonely, others are coping better but still miss the contact with other people. I have one old friend who lives about twenty miles away from me and he is in the early stages of dementia. Before lockdown I would visit about every three weeks using the train but I have not been since March. He doesn't fully understand the present situation and phones me regularly to ask why I have not been. (SUR232, 70-74, cis gay man)

A small number of respondents reported an improvement in their networks. For example,

The LGBT Older people's group has to meet online. Oddly, I am having more contact with some groups that meet in [area] because of the lockdown. (SUR136 75-79, cis gay man)

Another participant observed,

Has brought me closer to my housemates - feels like a family, nice! (SUR227, 60-64, cis gay man)

Another person described unexpected help from a neighbour which he attributed to that person needing something to do:

Initially it would have been difficult for my close friends to do my shopping as they live within the conurbation but not very close and so i didn`t want them to get in trouble and break rules by driving over to me. I was lucky that the neighbour - who i had never spoken to before! - offered after seeing me return from hospital. He was furloughed and bored and wanted to help anyone in our block who needed help. (SUR222, 65-69, cis gay man)

Another person also noted a change among neighbours:

No church services. Allotment has been able to stay open and it has been more sociable at a distance! There has been an atmosphere in the neighbourhood of people being more ready to share a greeting - much helped by the reduced traffic noise (the street is usually very noisy) but that is now eroding. (SUR015, 65-69, cis gay man)

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. 123 (66%) gay men including all three trans men and all four men from Black, Asian and minority ethnic backgrounds reported that they provide support to others.

The respondents reported providing support to: friends (70); ‘friend with benefits’ (1); neighbours (19); spouse/partner/boyfriend (19); siblings (4); ‘family’/ ‘relatives’ (7); in professional capacity (5); in role as community volunteer (3); mother (7); mother-in-law &/or father-in-law (6); step-mother (2); father (3); son (5); aunt (1); nephew (1); cousin (1); fellow church members (2); LGBT/HIV group peer support (2); fellow members of AA (1); fellow members of U3A (1); former colleagues (1); social media friends (4);

One man described his support activities as follows:

We can help friends and neighbours if necessary, as they can help us. also, sending weekly parcels of books, chocolate, anything to divert my mother in her care home. (SUR154, 60-64, trans gay man)

Another respondent also mentioned sending food/comfort parcels:

Mother who lives 180 miles away… I speak to her a lot more often and send food/comfort parcels... but she also has great neighbours who look out for her. (SUR128, 60-64, cis gay man)

Several respondents made reference to the reciprocal nature of the support they provided:

Supporting family and friends as they support me. (SUR070, 65-69, cis gay man)

Respondents were asked whether COVID-19 had impacted the support they provided to others. Twenty-three men said that there had been no change and one man who supports social media friends only wrote ‘n/a’. Two further men said that there had been no change because they ‘don’t mandatory isolate’. Unsurprisingly the majority of comments from those who said there had been changes were that support was ‘all online’ now and/or involved increased number and frequency of phone calls and/or texts, plus, for some, emails and social media. Several men who supported friends reported feeling that the quality of that support was impoverished by not being able to express it physically, especially by giving hugs. One man wrote;

Not so easy. There is no substitute for physical contact. And I include sex. (SUR147, 70-74 cis gay man)

Others commented that the support they were providing had improved, as they had reached out more to others and/or were communicating in more varied ways:

Better, in the fact that I had to determine the help needed. Some people I hadn't spoken to before the crisis. (SUR043, 75-79, trans gay man)

Ironically, supporting an AA sponsee has vastly improved in that we can meet daily in Zoom, share documents and texts etc. (SUR143, 65-69, cis gay man)

Another respondent who supports his partner wrote that,

It makes us closer (SUR180, 60-64, cis gay man)

However, for some respondents, the COVID-19 lockdown was interfering with the support they were able to provide others:

Couldn't visit my mother (SUR154, 60-64, trans gay man)

Didn't see my partner [who I support] for thirteen weeks. (SUR291, 70-74, cis gay man)

One man who supports his 85 year old aunt described

Having to socially distance and speak to her through windows (SUR289, 60-64, cis gay man)

Another man observed being unable to visit his mother even though she lives nearby:

I can’t visit her and she is 95 with no friends or family near - she has carers and one of them calls on me for funds for her food. She is 4 doors away from me. It’s very sad for her. (SUR280 75-79, cis gay man)

One respondent who supports other LGBT+ people observed that due to the lockdown

They have lost a lot of their connection to other LGBT+ persons and they now rely on non-LGBT+ family and social services that don't understand their LGBT+ specific needs. (SUR123, 60-64, cis gay man)

For some respondents, the COVID-19 lockdown was impeding their professional support roles. For example, a counsellor observed,

Can’t effectively conduct counselling without face-to-face contact. (SUR176, 70-74, cis gay man).

* + 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 8, just under a half (49%) of the gay men reported no change to their physical health during lockdown. This was slightly higher than the full sample (46%). 44 respondents (24%) reported an improvement (slightly better or a lot better). This was lower than the 33% who reported this in the whole sample. 50 respondents (27%) reported a worsening of their physical health (slightly worse or a lot worse), compared with 31% in the whole sample. Among the trans gay men, two reported no change to their physical health and one reported a slight improvement.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Cis gay men**  | **Trans gay men** | **All gay men**  |
| **A lot better** | 8 | 0 | 8(4%) |
| **Slightly better** | 35 | 1 | 36(19%) |
| **Neither better nor worse** | 89 | 2 | 91( 49%) |
| **Slightly worse** | 42 | 0 | 42(24%) |
| **A lot worse** | 8 | 0 | 8(4%) |
| **Total** | 182 | 3 | 185 |

**Table 8:** Gay men 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 9, just under a half (48%) of the gay men reported no change to their mental health during lockdown. This was very similar to their physical health self-report (49% reporting no change) and again slightly higher than the full sample (43%). However, only 7% of gay men reported that their mental health was slightly or a lot better. This compares with 23% who thought their physical health had improved. By contrast, 45% reported a worsening of their mental health (slightly worse or a lot worse). This compares with 27% who thought their physical health was worse and 49% of the whole sample. Among the trans gay men, two reported no change to their mental health and one reported that his was slightly worse.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Cis gay men**  | **Trans gay men** | **All gay men**  |
| **A lot better** | 2 | 0 | 2(1%) |
| **Slightly better** | 11 | 0 | 11(6%) |
| **Neither better nor worse** | 86 | 2 | 88(48%) |
| **Slightly worse** | 66 | 1 | 67(36%) |
| **A lot worse** | 17 | 0 | 17(9%) |
| **Total** | 182 | 3 | 185 |

**Table 9:** Gay men respondents’ responses to question which asked about changes to their mental health during lockdown.

* + 1. *Coping strategies*

Respondents were asked what strategies they were using to cope with social isolation during COVID-19. 39 of 185 (21%) wrote that they had no coping strategies while 146 (79%) of respondents identified a wide range of strategies.

2.2.5.1. ‘No change’

39 (21%) of the 185 respondents reported that they had no additional coping strategies in response to COVID-19 isolation. They fell into five main groups: i) men who were not isolating; iii) men who were enjoying self-isolation; iv) men who were isolating but did not feel isolated; v) men who were used to isolation pre-COVID and were accustomed to dealing with it; and vi) men who simply wrote ‘none’.

Several respondents reported that they were not self-isolating and so there was nothing to cope with. Some were not isolating because they were still working in person:

I am still working full time and therefore meeting colleagues and clients in the normal way albeit at a distance. It's only friends that I have not been in a position to meet with during the lockdown. (SUR277, 65-69, cis gay man)

Others were not isolating because they were not complying with lockdown rules. For example,

My sexual partner has visited regularly throughout. (SUR288, 70-74, cis gay man)

Bit of rule breaking to be sensibly in closer contact with boyfriend and family. (SUR144, 60-64, cis gay man)

Meeting friends; ignoring the fear and madness all around. (SUR179, 75-79, cis gay man)

Other respondents wrote that they were finding the COVID-19 lockdown a positive experience. For example,

I am not really finding it difficult - rather enjoying the peace and quiet. (SUR154, 60-64, trans gay man)

I'm at a stage in my life where I've learned to cope. Have to enjoy my own company. I am still a lively and chatty person. I don't think I have a problem communicating if the need arises. I feel I have rested a lot rather than kept busy. (SUR153, 65-69, cis gay man)

A number of respondents spoke of isolating but not feeling isolated. For example,

I am not socially isolated. I live with my husband and our flatmate. We miss normal social interaction but Zoom and Skype regularly - this is not a 'strategy' per se but an adjustment that has been forced upon us by necessity. (SUR135, 65-69, cis gay man)

My partner and I are having quite a nice time together in our comfortable house with its large garden, so I have not devised a strategy. We miss church a lot and that, coupled with my friend's illness, are my main concerns. (SUR054, 60-64, cis gay man)

Several respondents who were in a couple attributed this to the reason that they did not feel isolated:

Living with my husband life is not so different, so not really applicable. (SUR079, 65-69, cis gay man)

Fortunately, I don't feel isolated as I have a partner. (SUR194, 60-64, cis gay man)

None really, our companionship is good. (SUR250, 65-69, cis gay man)

By contrast some other respondents who lived alone who felt they did not need additional coping strategies described being comfortable being alone:

Happy living on my own with my new dog. No major problems. Very self-sufficient! (SUR100, 70-74, cis gay man)

I don't think my life is that different. I am a freelance writer, and I keep busy with that. I am transferring activity a lot to Zoom. I am not hugely sociable. (SUR103. 70-74, cis gay man)

I am and always have been very much a loner so quite used to being on my own. I lost my longtime partner last year, I was his carer for the previous 7 years so being semi-confined to the house isn't new to me. (SUR163, 60-64, cis gay man)

Well-adjusted to it already, by choice, I suppose. I am making a bit more of an effort to be polite to anyone whose path I cross, I suppose. (SUR297, 70-74, cis gay man)

Several other participants reported they were using ‘no additional’ coping strategies because they were already used to having to cope with being alone (as opposed to enjoying do so, as with the previous respondents). For example:

Nothing much different to cope with. (SUR209, 70-74, cis gay man)

Hasn't really changed anything for me. (SUR284, 70-74, cis gay man)

None that I'm aware of...just getting on with it! (SUR072, 75-79, cis gay man)

No strategies. I just cope. (SUR157, 70-74 cis gay man)

I don't use any... simply being on my own similar to the time before COVID-19. (SUR161, 75-79, cis gay man)

Other referred to pre-existing strategies which they were continuing to use, rather than applying any new ones:

The same ones I have used for a long time. Daily physical exercise...which has increased during lockdown with online dance warmups. Organ and piano practice...a couple of hours each day. Reading...fiction and non-fiction. Phone calls. Emails. Social media postings on Facebook, Twitter, Linkedin, Instagram. Updating websites. Gardening. Cooking. Photography. Writing. (SUR136, 75-79, cis gay man)

2.2.5.1. Accounts of coping well

Among those men who did identify they were using additional coping strategies several cited having a partner as a buffer to social isolation, e.g.

Enjoying the garden, zoom meetings. Fortunately, I don't feel isolated as I have a partner. (SUR194, 60-64, cis gay man)

One man described an extension of his quiet rural life with his partner,

We already live a relatively isolated life, being in the depths of the country. We basically keep regular hours, cook, exercise (with dog) and keep to as normal routine as possible, just with less contact with others. We have a series of (achievable) garden and house tasks/projects, which we are picking off. (SUR305, 60-64, cis gay man)

Several respondents who lived alone said this equipped them to deal well with the lockdown. One man said he had used it as an opportunity to rest:

I'm at a stage in my life where I've learned to cope. Have to enjoy my own company. I am still a lively and chatty person. I don't think I have a problem communicating if the need arises. I feel I have rested a lot rather than kept busy. (SUR153, 65-69, cis gay man)

By contrast other respondents wrote about using the time to catch up on overdue tasks and/or have more time for leisure activities:

I am a keen gardener so the garden has always been a large part of my life, during this period it has been my main focus. When I am gardening, I tend to forget all what is happening. The other strategy I have used is writing a list of jobs I have been meaning to do but not getting around to doing. I have therefore done a lot of painting and decorating. I have also been baking cakes and loafs. (SUR232, 70-74, cis gay man)

Many respondents referred to an increased in use of technologies to manage lockdown

Frequent use of social media and video calling apps, which I rarely used before. (SUR183, 65-69, cis gay man)

Several men wrote of avoiding the news:

I avoid watching TV news as it just causes confusion and has not helped in the slightest. Get my information direct from Government website. (SUR093, 60-64, cis gay man)

Not watching too much on TV where journalists are looking for their 'soundbite' for that evenings' news rather than holding the person delivering that day's Government propaganda to account. (SUR128, 60-64, cis gay man)

However, other men wrote of following the news as a coping strategy, e.g.

Maintaining updates on events/news. (SUR119, 80-84, cis gay man)

Another described appreciating some of life’s pleasures, which included,

Daily local exercise either walking or cycling. Eating good food. Drinking good wine. Sitting outside in sun. Reading. (SUR291, 70-74, cis gay man)

Several men wrote about the importance of a positive attitude. For example;

Positive attitude. Humour. (SUR294, 60-64, cis gay man)

Acceptance of a new normality (SUR155, 60-64, cis gay man)

Other men wrote about the importance of letting people know they are loved;

Ensuring all in my circle are aware of the love I have for them and reinforce it regularly (SUR043, 75-79, trans gay man)

Reminding each other of our love for each other. (SUR105, 70-74, cis gay man)

Others spoke of using intentional strategies to stay positive;

Listening every day to motivational and self-help recording. (SUR146, 65-69, trans gay man)

Every Mind Matters - NHS website (SUR083, 65-69, cis gay man)

Visualising a better future (SUR196, 60-64, cis gay man)

2.2.5.2. Accounts of difficulties coping

Eleven (6%) of the respondents simply wrote ‘None’ in response to the question about coping strategies. Two respondents wrote of

Getting up later in the morning and earlier to bed at night to shorten the day (SUR204, 60-64, cis gay man)

[Trying to find ways to] use up time. Not sitting down to Television until 6pm, using Radio 4 as stimulation. Not beating myself up if I don't do anything. (SUR155, 60-64, cis gay man)

Several respondents wrote of ‘alcohol’ or ‘drinking’ as coping strategies. One man wrote,

Unfortunately, I find myself having the more occasional drink to help relieve the tension and anxiety that I feel. as I am less able to meet and associate with others, I spend way too much time watching television trying to relieve my mind from worry, stress, and anxiety. (SUR123, 60-64, cis gay man)

One gay man wrote that his coping strategy was to

Increase in my Beta blocker if required (SUR118, 60-64, cis gay man)

Another man wrote that his coping strategies were:

Citalopram, Metazepam, too much alcohol, comfort-eating (SUR227, 60-64, cis gay man)

* + 1. *Unmet needs*

Respondents were asked whether they thought they had any unmet needs during the COVID-19 lockdown. Over half of the gay men (54%) said that they had no unmet needs (see Table 10, below), including all three of the trans men. 45% of the gay men said they had unmet needs.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Cis gay men**  | **Trans gay men** | **All gay men**  |
| **No unmet needs** | 96 | 3 | 99(54%) |
| **Unmet needs** | 86 | 0 | 86(46%) |
| **Total** | 182 | 3 | 185 |

**Table 10:** Gay men respondents’ responses to question which asked whether they thought they had any unmet needs during lockdown.

Among those gay men who said they had unmet needs, not all of the men specified what they were. Those than did referred to a range of issues. A major issue participants described was missing their usual leisure activities, which were many and varied:

**Travel (21):** Being unable to travel (for leisure/pleasure) (14); Not being able to travel overseas’ (1) ‘Lack of opportunities to take holidays’ (1); ‘I’d like to go on holiday’ (1); ‘Not going on holidays’ (1); ‘I am currently not able to go away for weekend breaks or self-catering holidays with friends’ (1); ‘Not getting away’ (1); ‘Reduced ability to travel/visit’ (1)

**Saunas, health club, gym, swimming (10):** ‘Unable to visit gay sauna’ (3); ‘My health club is closed so I am not able to play tennis on indoor courts in group sessions, which was my main recreation’ (1); ‘Not being able to access tennis and fitness classes’ (1); ‘Not being able to go the gym and socialise as normal’ (1); ‘Not being able to access gym/swimming pools’ (1); Leisure activities in groups and swimming’ (1); ‘Inability to exercise (swimming)’ (1); ‘No swimming, pizza and pub sessions with mates’ (1)’;

**Arts (9):** ‘Being unable to go to theatre, concerts etc’ (1); ‘Lack of cultural possibilities (exhibitions, concerts, etc)’ (1); ‘No theatre trips’ (1); ‘Missing going to theatre’ (1); ‘Social activities (no restaurant, theatre or cinema outings)’ (1); ‘Missing theatre, opera, ballet, live shows’ (1); ‘Loss of physical events, organisations, concerts, meeting places in the long term, i.e. they won't all return’ (1); ‘Lack of social activity - seeing friends, outings to theatre and cinema’ (1); ‘Arts events closed’ (1);

**Outdoor activities (6):** ‘Being unable to go out walking any distance (1); ‘Inability to go walking with a walking group’ (1); ‘Not being able to get out of the city into the countryside for months’ (1); ‘Unable to go rambling, walks or swimming’ (1); ‘No hill-walking’ (1); ‘No caving’ (1);

**Volunteering (3):** ‘Not being able to do all my volunteer roles’ (1); ‘Not being able to play the organ for church services’ (1); ‘Not being able to volunteer for the NT’ (1);

**Eating out (3):** ‘Not going to restaurants’ (1); ‘Less able to mingle, to sing, to meet people for food and drink’ (1); ‘Not going to the pub’ (1)

**LGBT events (3):** ‘I run an LGBT group which has been unable to meet’ (1); ‘Difficulty in organising LGBTQ+ events, which I am involved with’ (1); ‘I am missing cultural events (LGBTQ and others)’ (1)

One person raised the issue of being unable to see his partner who lives in another UK nation:

Not being able to meet my partner who lives in [nation] whilst I live in [different nation] due to travel restrictions (SUR156, 70-74, cis gay man)

Many participants made reference to missing socialising and interacting in person. One person wrote ‘People’ were his unmet need while another wrote ‘Social’ and a third observed that his unmet need was ‘Friends’. Another participant wrote:

I answered "yes" but I wouldn't say they are needs, just things I have missed, particularly friends. I had my 70th birthday during lockdown, this was spent just quietly at home, plans that had been made had to be cancelled. I feel I am lucky as I have not had the virus, I have a partner and a garden. I feel very sorry for the people on their own, some in flats with no outside space. (SUR232, 70-74, cis gay man)

For many people, social interaction was interwoven with in-person contact. For example,

Face-to-face and physical contact [with friends] (SUR232, 70-74, cis gay man)

The connection with family and friends face to face. (SUR281, 60-64, cis gay man)

Six respondents who lived alone simply wrote ‘physical contact’ was their unmet need. Other respondents wrote their unmet needs were:

Physical interaction (SUR293 , 60-64, cis gay man)

Physical contacts and places to socialise and meet people. (SUR177, 60-64, cis gay man)

Physical connection with others. (SUR123, 60-64, cis gay man)

Hugs with friends and neighbours (SUR305 60-64, cis gay man)

Hugs. Laughter. Closeness. Seeing all my friends and interacting with them. (SUR291, 70-74, cis gay man)

Social contact, hugs.... (SUR198, 65-69, cis gay man)

For many of the respondents, predominantly those who lived alone, socialising and physical contact were also interconnected with intimacy and/or sexual activity. Two men simply wrote ‘Sex’ as their unmet need. Other unmet needs included:

I miss the closeness of my friends as we always hug one another on meeting and of course unable to have any close contact. (SUR152, 75-79, cis gay man, lives with partner/spouse)

Physical contact and intimacy (SUR199, 60-64, cis gay man, lives alone)

Lack of intimate contact with others (SUR173, 60-64, cis gay man, lives alone)

Zoom is fine for social networking but I miss the intimacy of my boyfriend (SUR143. 65-69, cis gay man, lives alone)

I miss hugs and intimacy (SUR199, 60-64, cis gay man, lives alone)

Inability for me to have intimacy with anyone. (SUR186, 60-64, cis gay man, lives with others, not partner/spouse)

Barriers to intimacy/touch/human interaction due to social distancing (SUR186, 60-64, cis gay man, lives alone)

Intimacy and human contact. Group get-togethers. (SUR296, 65-69, cis gay man, lives alone)

Frustrations arising from lack of physical, sexual intimacy (SUR239, 75-79, cis gay man, lives with others, not partner/spouse)

Physical & social company with people I enjoy. Sex with another person. (SUR118, 60-64, cis gay man, lives with others, not partner/spouse)

Hugs. Sex. Social events. (SUR144, 60-64, cis gay man, lives with others, not partner/spouse)

Arising from the inability to meet people and/or be among people at a gallery or cafe etc. Plus, meeting people for sex. (SUR173 60-64, cis gay man, lives alone)

Meeting friends, socialising and sex (SUR238, 70-74, cis gay man, lives with others, not partner/spouse)

Visiting museums and art galleries; opportunities for anonymous sex; going away on holiday. (SUR296, 65-69 cis gay man, lives alone)

Socialising. Sex. (SUR303, 75-79, cis gay man, lives alone)

Weekly orgies at my local sauna (SUR147, 70-74, lives with male spouse)

Sex. For the last few years my only sexual outlet has been gay saunas, once or twice a month, and that's just not happened since [lockdown]. (SUR227, 60-64, cis gay man, lives with others, not partner/spouse)

Other respondents also made more general references to saunas and gyms:

... I used to go to the gym four times a week, met up with friends there for coffee and exercise (SUR290, 65-69, cis gay man, lives alone)

I normally go to a health spa every week to maintain good health and socialise so I miss that a lot. I also go on organised walks once a month so I miss those. (SUR178, 60-64, cis gay man, lives alone)

One man wrote his unmet need was for a ‘nice massage’. Four men said that they missed swimming (which may simply be sport-related and/or ‘code’ for other activities).

Two respondents wrote about loss of freedom:

Miss freedom to travel and holiday (SUR177 , 60-64, cis gay man)

Going about my life in freedom. (SUR179, 75-79, cis gay man)

Several men raised health and wellbeing issues. In terms of mental health, two respondents mentioned feeling lonely and/or an absence of love and friendship, and the following other comments were also made:

[Need] reduction in fear and anxiety. (SUR120, 65-69, cis gay man)

How to approach and think about the future and not become anxious or depressed (SUR268, 65-69, cis gay man)

Having a reason to live. (SUR126, 60-64, cis gay man)

The plight of single people is so often forgot by Government. The emphasis is always on families. Single people do not have adult company on tap at home. We have a higher need to go out and socialise. Government talks a lot about mental health, but as soon as COVID strikes they push mental health to the bottom of the agenda. (SUR186, 60-64, cis gay man)

Other men mentioned access to services:

Doctor, Dentist (SUR157, 70-74, cis gay man)

Being able to have normal hospital or GP appointments (SUR026 75-79, cis gay man)

Routine tests at the health centre, dentistry. (SUR174, 60-64, cis gay man)

Easy access to a GP in case I need advice about various medical issues I have (SUR215, 65-69, cis gay man)

[Cancelled] elective operations (SUR215, 65-69, cis gay man)

Poignantly, one man wrote that his unmet need was:

Saying goodbye to Dad before he died. (SUR207, 60-64, cis gay man)

One man said his unmet need related to his mother:

Ability to give more support to 92-year-old mother in a care home (SUR305, 60-64, cis gay man)

Three respondents mentioned practical issues:

Inability to go to supermarket for non-essentials (SUR089, 65-69, cis gay man)

Easy access to food and other necessities. (SUR123, 60-64, cis gay man)

The Government has looked after most people financially except for the most vulnerable and disabled. I know from my own experience I can't afford a online shop. Been having problems getting my electric key topped up too so keeping my usage down. (SUR093, 60-64, cis gay man)

One respondent commented:

I work too hard and have an increased burden of voluntary work due others having fallen by the wayside. I find it difficult to separate weekdays from weekends now - it's just become a 7-day continuously repeating blur with little to interrupt this, despite efforts to put the weekend apart. So, my unmet need is to find some form of break or release from this. (SUR135, 65-69, cis gay man)

Other unmet needs were: being unable to go out/feeling confined (2); safe public transport (1); ‘My hair needs cutting’ (1); ‘antibody test’ (1); ‘Support from outside agencies’ [not specified] (1).

* + 1. *Other comments*
			1. Overview

Respondents were asked in a final question if they wished to make any other comments or raise any other issues. N=118 of 185 (64%) gay men respondents provided additional wide-ranging comments across multiple themes. These were in relation to the following issues:

* Making connections with HIV/AIDS
* Resilience and positivity
* Loneliness and isolation
* Older LGBT+ inclusion and support
* Formal care and support
* Significant resources
* Risks
* Government policies
* Identity categories
* Does sexuality/ identifying as L/G/B/T matter?
* Comments on survey
* Miscellaneous comments

#### Making connections with HIV/AIDS

Seven respondents in the ‘other comments’ section made connections between the COVID-19 pandemic and HIV/AIDS issues:

This age group lived through HIV/AIDS I'm sure others will also make the connection and remember the losses then. (SUR261, 60-64, cis gay man)

Resilience amongst LGBT community. I’ve been through the AIDS crisis in the 80s and lost friends and lovers. Plus, as a gay man, you have to be resilient if you are going to survive. (SUR164, 60-64, cis gay man)

I heard a Radio 4 series recently on the AIDS crisis and the similarities were striking to someone who remembers living through that terrifying time, one stark comment was "there is still no cure, there is still no vaccine". Having lived through one pandemic I'm not sure I can face another. (SUR143, 65-69, cis gay man)

For me the one thing I would like to know is "have I had it". As with HIV knowing your status is a game-changer. (SUR144 60-64, cis gay man)

I'd also like to emphasise the issue that older gay men have lived most of our lives with the risk of HIV/AIDS and learning to adapt to the risks associated with that; so I want to be treated like an adult and given the information to be able to make choices. (SUR173, 60-64, cis gay man)

We have dealt with a killer virus most of our adult lives. We have a head start on the general population in assessing risks around behaviour, keeping ourselves and others safe - and balancing intimacy with likelihood of contagion. With HIV we went through the phase of totally isolating people and developed through understanding transmission, gaining experience - and treatment. This virus is different, the effects are different and the risks are different. Last time we (IV drug users and those given cheap US blood products) were the most likely victims, now it is the poor, old and BAME. There is a resonant danger in that in both instances, the most likely victims can be seen as expendable and railed against by the far right - Thatcher/Reagan - Johnson/Trump ... Older LGBT+ people can have a valuable role. (SUR305, 60-64, cis gay man)

Research on link between health status (e.g. HIV) and COVID-19 (SUR243, 70-74, cis gay man)

#### Resilience and positivity

Several of the additional comments related to resilience and positivity. Three men who live alone commented:

I feel myself to be one of the very fortunate ones: on a pension, I've had no money problems; I was away from home (enjoyably) quite a bit last year, and thought it would be nice to spend more time at home in 2020. My wish has been granted, though not perhaps in the way I might have expected. But overall this has been a happy time for me. (SUR309, 60-64, cis gay man)

In some ways if you have work and are used to living on your own, COVID-19 lockdown has been a productive and satisfying time. More productive work and more consistent regular contact with friends and family. (SUR282, 60-64, cis gay man)

I'm lucky - the weather is great and I'm being paid while off work so it feels somewhat like holiday and I'm used to being by myself. If I was worried about not having enough to pay rent/for food it would be very different. There's plenty to get depressed /angry about but where possible I'm choosing not to and distracting myself. I've accepted that it's outside my control and the Government is fairly useless. (SUR023, 60-64, cis gay man)

By contrast, one man who lives alone thought that lockdown would have been easier with a partner:

It has made one reflect more about Life and death and relationships. It was noticeable to me that friends who were in couples and lived together coped very well with it all, it would have been much more comfortable facing it all with a partner - if I had one! (SUR222, 65-69, cis gay man)

Four men who live with their partners and also wrote about coping well during lockdown, emphasised the importance to them of not being alone:

Fortunate to have a partner… we have managed before, are managing during and will no doubt manage after. (SUR209, 70-74, cis gay man)

I feel supported and managing my isolation ok with my partner. (SUR246, 60-64, cis gay man)

I did not find the lock down as tortuous as some as I have a great deal of interests that I can pursue at home and, as a retired person with no work pressures, I found the silence and lack of obligations comforting but then I do have another person at home to talk to (SUR290, 65-69, cis gay man)

In several ways it has been quite a constructive time though I am very glad I have not been on my own. (SUR039, 75-79, cis gay man)

#### Loneliness and isolation

In contrast with the previous narratives of resilience and positivity, 20 participants raised concerns regarding loneliness and isolation. Some referred to their own experiences. Four respondents wrote:

Am quite lonely (SUR030, 65-69, cis gay man)

[Need] more information on how to deal with isolation. (SUR177, 60-64, cis gay man)

Wish we could all live together in a big house somewhere. (SUR002, 65-69, cis gay man)

I just wish more people got in touch and asked me how I was doing. Rather than me contacting them all the time and asking how they are doing. (SUR146, 65-69, trans gay man)

This participant observed:

Loneliness and isolation. Older gay people generally feel this but it is felt more in present circumstances (coronavirus). (SUR054, 60-64, cis gay man)

Another respondent commented:

I think that single older people could be feeling very isolated. If I extrapolate my own experience I realise that my friendship network is quite sparse, particularly with respect to gay connections. That situation is likely to exacerbate with time and old age! Living in a small bedsit or flat without access to garden space must be hell. So I feel for those. (SUR015, 65-69, cis gay man)

This respondent thought loneliness depended on both age and context:

It’s more a generational split. Or between people who are still in market for sex and those who gave it up years ago. Very social people need contact with their extended groups (telephone not enough) but I’m not one of them. (SUR167, 65-69, cis gay man)

However, this respondent goes on to reflect that:

Isolation however cannot be cured by being plunged unwillingly into groups at any stage of life but I think that with age most of us are less choosey and ready to attempt friendship - it is just that opportunities for new friendships may be difficult to come by. (SUR015, 65-69, cis gay man)

Other respondents raised concerns about other people feeling lonely and isolated:

Just worry about isolation of others (SUR241, 70-74, cis gay man)

Loneliness and isolation. Older gay people generally feel this but it is felt more in present circumstances (coronavirus). (SUR054, 60-64, cis gay man)

LGBTQ older people are more likely to live alone - they already experience loneliness/isolation and, this has turned up the volume, as they can't go out to do usual things, owing to fear of infection. Some say they miss the social contacts - through groups, or seeing friends in cafes etc. (SUR210, 65-69, cis gay man)

I don't think it is just older LGBT...... Quite a few younger LGBT find themselves quite isolated (and not just LGBT). Most of us retired old fogies feel we are more fortunate in many ways than some youngsters. (SUR235, 65-69, cis gay man)

Some participants raised concerns about family relationships:

Some do not have other support networks/may not be open with family/other friends/their current partner/children. (SUR210, 65-69, cis gay man)

Luckily this does not affect me, but I can imagine family tensions relating to sexuality may become intensified. (SUR024, 60-64, cis gay man)

I am more concerned for those people who started this crisis with few friends, or those who rely on drugs or alcohol. Loneliness is the greatest challenge for many, but not for me. (SUR242, 65-69, cis gay man)

Unknown but possibly the isolation felt by older LGBT+ people who are living on their own. I cannot gauge the impact it may have had on me if I had been living alone. (SUR054, 60-64, cis gay man)

Other participants reflected upon the different experiences of men who lived alone and men who were in a couple:

For people who are not in a relationship it is lonely (SUR138, 65-69, cis gay man)

This respondent raised concerns about maintaining concerns about being estranged from their regular partner:

Single, living alone without seeing regular partner and easily being able to contact them due to their personal circumstances has been tough. (SUR140, 60-64, cis gay man)

One man was recently bereaved:

I relatively recently lost my partner of 28 years so was already experiencing loneliness but was starting to build new social network (SUR223, 60-64, cis gay man)

Two respondents highlighted issues affected older people who are still closeted:

People forget about the silent majority of bi/gay men who are not 'out', who are in the closet. Who were leading an alternate lifestyle / life 'bi/gay' before this who are now having to be isolated in the part of the life 'str8' that wasn’t their 'real' life for many years. Who now feel alone. (SUR155, 60-64, cis gay man)

The intensification of isolation if any, on older closeted L&G [lesbian and gay] if you can reach them. (SUR118, 60-64, cis gay man)

#### Older LGBT+ inclusion and support

Many respondents raised issues relating to LGBT+ inclusion and/or support, the two being interlinked.

Not particularly affected by COVID-19 but, whereas in the past (if I had then been inclined to) I might have been able to find other gay men of my age by visiting gay pubs and other social venues specifically for gay people, I find most such venues have now closed as gay people began to mix with others in mixed social environments. This is good news for integration but does make it more difficult to find out who is gay! Just before isolation, I had discovered a helpful local gay men's social group running on the Meet-up web site. Many of its members are much younger than me but I had started joining some of their meet-up forays into former heterosexual social groups and activities. It is a pity to have list the continuity of that process during lockdown. (SUR236, 65-69, cis gay man)

LGBT community groups are as capable of excluding as any other group (SUR133, 70-74, cis gay man)

As people with a limited future lifespan, there is a strong sense of "is this it?" and disabled and gay people being left as convenient collateral damage (death), rather like being conveniently exterminated reminiscent of Nazi Germany. (SUR155 60-64, cis gay man)

It is just giving advice regarding support groups and meetings particularly for LGBT living alone and feeling isolated. Education and acceptance is still lacking in the older heterosexual community. A typical example has happened this evening. We live in a quiet little community and I think get on well with our neighbours, but this evening most of them got together outside, near our home for a socially distanced chat and wine evening. We did not get an invite, this niggles but I have a partner but imagine how hurtful that would be to someone living alone. (SUR232, 70-74, cis gay man)

May I suggest that society for those in senior years like myself can be isolating. As they get older as so often society and care homes are often geared to straight residents/villagers. I think there should be a 'Silverline'[[7]](#footnote-7) for older Gay people as one can be so lonely at times. I am ever thankful that I have a faith and belong to a super church that we all care about each other. I am so accepted for me in the church. The whole congregation were invited to our civil partnership 10yrs ago this October - they all came!! What a wonderful time it was with folks from the Village, The Gay Caravan Club and the [Location] Gay Christian Group and of course our friends and family! (SUR152, 75-79, cis gay man)

I suspect that there are many, who hide there particular flavour of trans-ness prior to c-19 and some lucky enough to not have to hide it. In both cases, because of people working from home, places of education being closed, social venues being closed, many will be prevented from (as in my case) expressing them selves fully, and will be getting more stressed than normal. The risk factors for older people is apparently higher and this may make it even more difficult for some to return to "normal". There appears to be support for under 30's but not as much visibility of support for the 60+ (SUR236, 65-69, cis gay man)

LGBTI people not accepting the walls defined by the LGBTI term but battering them down and taking rightful places at the centre of things without denial is the future that I want to see. In our lifetime we have come a long way because we have made it happen and we should go on making all places in society places where LGBTI presence is not questioned. (SUR015, 65-69, cis gay man)

20 gay men raised issues relating to LGBT+ inclusion and support in the ‘any other comments’ section. One respondent simply wrote ‘LGBT support’ (SUR083, 65-69, cis gay man). Other respondents made the following comments:

Hopefully, gay support groups are helping LGBT people who are struggling! (SUR100, 70-74, cis gay man)

I imagine it is much worse for people who do not have support networks. Hopefully, most LGBT groups will get going again when the crisis is over and it would be a good idea to publicise their existence as much as possible. (SUR228, 70-74, cis gay man)

I do believe there are people in a similar position, alone, who may not cope so well. Who've needed contact on a regular and frequent basis. Perhaps I could have been of some use. Here where I live, on the edge of the city, I've not been made aware of anything or anybody providing any sort of support. (SUR153, 65-69, cis gay man)

Some respondents reflected upon factors which may heighten support needs:

Some older people have very good networks and family support. Other clearly don’t. I’m not sure age determines how we have fared but other factors like income, relationships (legal and networks), where people live - cities, countryside, etc. (SUR299, 65-69, cis gay man)

Talking to friends in the same age range they are worried that their social lives will be greatly changed - places where they meet may not re-open. There friends might not want to go out as they feel vulnerable due to more people being about. Older LGBT people living on their own may be more affected by the changes and their social isolation and mental health worsen. (SUR268, 65-69, 75-79, cis gay man)

I think generally the effect this has had mentally on a large section of society needs to be addressed. The long-term health issues of those unable/unwilling to seek help during the crisis will be a huge problem for the NHS and support services for years to come. (SUR207, 60-64, cis gay man)

At 61 I feel no longer connected to the gay community other than listening to gay radio (Gaydio UK) I left [city] & now live in a rural area, to be nearer my family, my new purpose in life, to be a Carer. As we get older our friends group dwindles, either die or move away (even abroad). I've joined a gay group to get me out rambling. Make as many friends as you can when you are young, the opportunities aren't so easy when you get older. (SUR094, 60-64, cis gay man)

I missed hugs and kisses really which in gayworld are normal practice irrespective of whether you’re in couples or not. I am a very tactile person and it was something i really missed, perhaps led to occasional more heightened libido!? [Gay outdoor group] created an excellent online sense of community with zoom quizzes, daily chats and wellness discussions for all members to join in particularly those in isolated parts of the country which helped immensely keeping morale up and networks supported and renewed. (SUR222, 65-69, cis gay man)

Those with health issues, who need care visits, need extra support and some feel bad about asking their LGBTQ friends for help, as care agencies are not visiting as usual. Some are not connected to any LGBTQ networks/are closeted. (SUR210, 65-69, cis gay man)

Support is not a one-way thing. Many gay men are providing support and contributing to their communities:

I think that you [should] consider the fact that there Is a probably an army of elders out there volunteering, coping and managing. Of course some aren’t. (SUR173, 60-64, cis gay man)

Just to acknowledge that many of the caretakers in the UK during this pandemic are from the LGBT+ Community – it’s our natural instinct to be helpers. (SUR127, 60-64, cis gay man)

#### Formal care and support

Several participants raised concerns about other people’s access to formal care and support provision. This respondent wondered about training for new ‘helpers’ (i.e. new carers and/or newly recruited community volunteers):

I wonder if some people may be anxious about new helpers coming to support them - is LGBT + awareness part of their induction? (SUR016, 70-74, cis gay man)

Sheltered housing and care home provision was mentioned in particular by several respondents:

Are LGBT+ residents in care homes being appropriately supported? (SUR024, 60-64, cis gay man)

Mental health of LGBT+ people in homes where they may experience degrees of homophobia, especially from other residents. (SUR169, 70-74, cis gay man)

LGBT+ older people are less likely to have support networks, and maybe still in the closet, so maybe feel unable to contact what services are available. This maybe even more the case if they live in care care hs and fear a homophobic reaction to revealing being LGBT+. (SUR264, 65-69, cis gay man)

There is a gap in social facilities and social groups that cater to older gays. Also I do not relish going into sheltered accommodation or a home as I get older where it will be assumed that I am heterosexual and have to start explaining myself. (SUR244, 70-74, cis gay man)

… care homes have been hard hit by the pandemic. In many of them, there were already difficulties for older LGBT residents in being unashamed of who they are, in a place were you are totally dependent. Experience for many LGBT people in life has taught us, to be very cautious. That is why organisations like [older LGBT support organisation] are so important. (SUR105, 70-74, cis gay man)

#### Significant resources

Several respondents reflected on the importance of access to resources:

Things would have been very different for me without a partner living on the premises, which are themselves reasonably spacious and include a garden. (SUR056, 65-69, cis gay man)

I feel myself to be one of the very fortunate ones: on a pension, I've had no money problems; I was away from home (enjoyably) quite a bit last year, and thought it would be nice to spend more time at home in 2020. My wish has been granted, though not perhaps in the way I might have expected. But overall this has been a happy time for me. (SUR309, 60-64, cis gay man)

One gay man responded to the ‘any other comments’ question as follows:

Not for me; white middle class, affluent with close support, and part-time working from home. But definitely address the needs of those disadvantaged, truly isolated and impoverished many of whom were in a desperate state before the virus struck and are now in an even worse situation. (SUR275, 60-64, cis gay man)

Other respondents observed:

So much is on the computer we all need to learn how to use them (SUR063, 65-69, cis gay man)

Help more to more easily access social media, Zoom etc (SUR122, 65-69, cis gay man)

Many older people are not at ease with computers/virtual conversations. (SUR210, 65-69, cis gay man)

The virus and isolation of more elderly people has highlighted that some elderly gay friends are very restricted in not having the ability to use technology very well - Zoom chats and meetings are beyond their ability. (SUR206, 60-64, cis gay man)

Dating back from previous incarnations, the assumption that

a) everyone has a car. 'Just drive to your hospital' etc

b) everyone is 'tech savvy' I seem to be coping with this survey so far, but I struggle with some websites, and 2 years ago gave up trying to work a 'smart phone' . Normally I have people to help to some extent, but not now when I'm 'socially isolating'

(SUR245, 70-74, cis gay man)

Emphasis on getting fairly rapid access to medical/mental and dental treatment. (SUR119, 80-84, cis gay man)

Access to a GP is the main issue. I was unable to walk for three months last year as I could not get health treatment. in the end I operated on myself with a scalpel and a mirror. A & E said they could not help, and neither could the walk-in clinic. My hernia needs treatment - an operation to repair it, but I cannot get treatment from the NHS. I have severe joint pains in both hips but cannot get access to a GP to get a diagnosis or treatment. (SUR215, 65-69, cis gay man)

Mental health is becoming a massive problem. The support we used to seek has been badly affected. I have complex medical needs but I have not [sought] help as I don't want to leave home. (SUR093, 60-64, cis gay man)

Many gay people have little family support (SUR226, 70-74, cis gay man)

I keep meaning to make a will but I need someone who really understands the alternative social patterns of LGBT single people. (SUR131 , 65-69, cis gay man)

Possibly establish more connections for those who are in need of friendship and support even if it is just by verbal communication so that they feel that they have additional support and help if they need it. (SUR160, 65-69, cis gay man)

I am a single gay man with a small number of good friends with whom I socialise etc. although I wouldn't characterise any of them as 'busom buddies'; as such I feel vulnerable to social isolation generally - which has been highlighted by enforced isolation. I feel that I'm in the 'classic' situation of someone who appears busy and content to others, but in reality struggles some of the time with feeling isolated and alone. The restrictions around COVID-19 have brought these issues to the front of my mind. (SUR173, 60-64, cis gay man)

We are only active in an LGBT sense via the Gay Outdoor club and specific gay friends. We are a married and settled couple anyway. We have chosen to live in a very quiet rural community where people appear to have been accepting of our relationship. (SUR174, 60-64, cis gay man)

Older LGBT+ often do not have any children/grandchildren or wider family to rely upon. In small towns friends and support networks may not be there. Most gay men live alone and not partnered, especially older. Other people do not automatically understand why there is no family or partners. (SUR269, 60-64, cis gay man)

Age itself can be a resource. While some older LGBT+ people are still working, others, at the older end of the ageing spectrum may be concerned with care needs. While others may be concerned with optimising their remaining years when they are still active, as this respondent highlights:

Older LGBT+ people are not all just waiting to go into care homes - some of us are quite active and COVID 19 is taking a year (or more) out of our now shorter lifespans. (SUR238, 70-74, cis gay man)

#### Risks

Several gay men raised issues of risk. Some were concerned about safety issues and/or other people’s risk taking.

I wonder / am fearful that people using gay dating / meeting apps will still be engaging in risky behaviour - from a COVID perspective (SUR168, 60-64, cis gay man)

Grindr should have been closed down from the start of the lockdown. (SUR171, 65-69, cis gay man)

I had a lover, but he lives 10 miles away.is it safe to visit? (SUR193, 70-74, cis gay man)

I think in the LGBT community there is a bigger danger that some will break the restrictions in order to meet behind closed doors for sexual purposes! (SUR277 65-69, cis gay man)

By contrast other men thought there was too much risk aversion.

The risk avoidance culture has gone too far - life is full of risks. (SUR187, 60-64, cis gay man)

Let us take our own decisions about lockdown. We are adults, we can assess risk for ourselves. (SUR103 70-74, cis gay man)

#### Government policies

Several respondents commented on government policy:

The focus on 'families' in framing rules around COVID rules is understandable but tends to ignore the fact that for many in the LGBT+ community closest 'family' is often one constructed by the individual and not biological family. That family is however, the main source of practical and emotional help and access to that family needs to be recognised in rules around COVID-19. (SUR289, 60-64, cis gay man)

I think the government could have allowed 1-to-1 social bubbles for couples gay or straight sooner as it is very isolating when you are used to having that support and it’s taken away. (SUR184 60-64, cis gay man)

I'm pleased that the social bubble idea has now been released. This should have been permitted from day one of the lockdown. (SUR194, 60-64, cis gay man)

Personally I am desperate to go swimming again. Pool closures seem illogical to me compared to other already permitted socialising. (SUR275, 60-64, cis gay man)

Should address the sexual 'needs' especially of older gay men - how are they being met during this time and/or what possible/increased risks are older gay men taking in order to make connections with others. Also more emphasis on providing assistance to older LGBT+ persons who have no family connections nearby who can assist them so they can remain safely isolated. (SUR123, 60-64, cis gay man)

Feel slightly aggrieved at not being able to donate survivor plasma because of being gay, monogamous and apart from hypertension was in good health. (SUR373, 60-64, cis gay man)

Older people may wish for a return to specific activities, such as going to the theatre, Bridge Clubs, Book Groups. It would be helpful if the LGBT lobby could encourage the Government to address the severe problem looming for theatres, especially the smaller ones, which face extinction if there is no financial help for them. (SUR202, 80-84, cis gay man)

As a result of Cummings and other Government figures demonstrating that there was one rule for them, and another for everybody else, my boyfriend and I have resumed sex. (SUR252, 75-79, cis gay man)

#### Identity categories

Two men raised issues relating to identity categories:

Yes, why is there no "H" for Homosexual in the LGBT+ acronym. I can't describe myself as "gay" as that is a hijacked word meaning happy, carefree etc and I am more usually morose. I am homosexual - I enjoy sex with men, I am not gay. (SUR227, 60-64, cis gay man)

As a 'G', of the LGBT+ grouping, I slightly object to being lumped together in a mass group with the 'L', 'B', 'T' and '+' categories. (SUR186, 60-64, cis gay man).

This respondent also wrote that being gay ‘does not mean that I automatically have to agree with’ some aspects of trans activism’ (SUR186, 60-64, cis gay man).

#### Does sexuality/ identifying as L/G/B/T matter?

13 of the 185 (7%) respondents in the total sample questioned whether sexuality and or identifying as L/G/B/T was relevant to COVID-19.

Three questioned the relevance of sexuality and/or identifying as L/G/B/T:

Not sure that they are affected any differently than other older people (SUR134, 60-64, cis gay man)

Are we any different to non-LGBT people? (SUR286, 60-64, cis gay man)

Why is this group different to any other older groupp? (SUR115, 60-64, cis gay man)

Four other respondents wrote:

Many older LGBT+ people are lonely / isolated in the normal run of things so not much difference for them. (SUR149 , 65-69, cis gay man)

As somebody said in the recent Black Lives Matter, all lives matter. I am not convinced that there should be any special treatment for LGBT+, there should be help for all people in need. I am fortunate that I am fit with no underlying health problems. (SUR156, 70-74, cis gay man)

I think we all are in a similar 'boat' as many other elderly people… I am not aware of specialized support groups for LGBT+ people. (SUR161, 75-79, cis gay man)

Five others reflected that they and/or those in their social networks had not personally experienced any problems:

Everyone on our street knows me and my partner are gay. We've never had any problems about being accepted, either before the COVID-19 crisis or now. (SUR115, 60-64, cis gay man)

My sexuality hasn't directly affected my situation with COVID-19. I am but one of many trying to be stoic and look forward to returning to a semblance of normality. (SUR047, 65-69, cis gay man)

None of my elderly gay friends have been adversely affected. (SUR145, 70-74, cis gay man)

I can't think that I have faced any particular difficulties explicitly as a result of my sexuality, which is unknown to my neighbours. I'm the only single male in the street. There are three single women, all of whom I believe to be straight - they have children. (SUR295, 65-69 cis gay man)

My Health Board [-] was particularly supportive of our relationship, made sure we were both fully informed of each others condition, my partner was discharged before me and from all of the consultants to the ward staff they always enquired how my partner was and if he was coping OK. When my partner was admitted had no issue about legal status, they simply accepted that I was his next of kin. The fact we were gay did not impact on anything. (SUR373 , 60-64, cis gay man)

One participant felt very strongly that sexuality and or identifying as L/G/B/T was not relevant:

Frankly, this whole project seems a complete waste of time and effort. Why do you think our problems are any worse than those of the rest of the population? (SUR256, 65-69, cis gay man)

#### Comments on survey

Four participants made comments about the survey itself:

Don't assume that we are necessarily isolated or in need of support. Some of your questions were a little insensitive and even came across as patronising. (SUR135, 65-69, cis gay man)

The tone of the survey appears to assume that all older people need help, with only one question asking about support we’re providing. Also there were no questions which address whether LGBTQ+ elders are disproportionately disadvantaged and how... (SUR079, 65-69, cis gay man)

Would be helpful if the survey was in plain English rather than jargon. (SUR188, 65-69, cis gay man)

Maybe a few questions about has your relationship suffered due to COVID-19 or has there been any domestic violence. (Not in my case) (SUR246, 60-64, cis gay man)

A fifth participant wrote:

Share your survey findings (SUR136, 75-79, cis gay man)

#### Miscellaneous comments

Other comments made by participants were as follows:

That loving people doesn't always need physical contact. (SUR043, 75-79 , trans gay man)

Frustrations arising from lack of physical, sexual intimacy (SUR239, 75-79, cis gay man)

Look at impact on LGBT+ cultural organisations and businesses. (SUR120, 65-69, cis gay man)

I have been active as a volunteer for National Trust. I fear that 70 plus volunteers will be put out to grass in the future. Can't see us getting back unless a vaccine is found. (SUR291, 70-74, cis gay man)

* + 1. *Comparing older gay men who live alone with those in couples*

In light of the recurring theme among older gay men in couples that living with one’s partner/spouse served as a buffer to the negative impacts of COVID-19 lockdown, we compared the findings for physical and mental wellbeing between men in cohabiting couples and single men.

Ninety-three people lived alone, and of the 92 people who lived with someone else, 79 lived with their partner/civil partner/spouse. As can be seen from Table 11a, there was very little difference in self-reported changes to physical health compared between the gay men who lived alone and the gay men who were in cohabiting couples. The men in couples had slightly higher scores for both improvements in (26% compared with 22% in men who lived alone) and deterioration in (31% compared with 27% in men who lived alone) their physical health, but these differences were relatively small.

|  |  |  |
| --- | --- | --- |
|   | **Living alone** | **Cohabiting couple** |
| **A lot better** | 5(5%) | 3(4%) |
| **Slightly better** | 16(17%) | 17(22%) |
| **Neither better nor worse** | 47(51%) | 35(44%) |
| **Slightly worse** | 21(23%) | 21(27%) |
| **A lot worse** | 4(4%) | 3(4%) |
| Totals | 93 | 79 |

Table 11a Self-reported physical health, comparing gay men who

lived alone with gay men in cohabiting couples.

As can be seen from Table 11b, there was, however, a slightly more noticeable difference in self-reported changes to mental health compared between the gay men who lived alone and the gay men who were in cohabiting couples. The men in couples had slightly higher scores for improvements in mental health (7% compared with 5% in men who lived alone) and slightly lower scores for a deterioration in mental health (42% compared with 49% in men who lived alone). However, the differences are still relatively small.

|  |  |  |
| --- | --- | --- |
|   | **Living alone** | **Cohabiting couple** |
| **A lot better** | 1(1%) | 1(1%) |
| **Slightly better** | 4(4%) | 5(6%) |
| **Neither better nor worse** | 43(46%) | 40(51%) |
| **Slightly worse** | 34(37%) | 27(34%) |
| **A lot worse** | 11(12%) | 6(8%) |
| Totals | 93 | 79 |

Table 11b Self-reported mental health, comparing gay men who

lived alone with gay men in cohabiting couples.

There does nonetheless appear to have been a greater deterioration in the mental health of gay men who live alone compared with gay men in cohabiting couples.

# **Discussion**

Our findings highlight the diversity of older gay men’s lives and social networks and contribute to an understanding of the impact of the COVID-19 lockdown upon those lives and networks. It was clear that participants’ experiences of lockdown were often affected by the resources and sources of support they had in place in place prior to lockdown. Several men identified elements of their experience that they felt made them better able to cope with lockdown, whether practical (e.g. their housing or work situation), support-based (e.g. living with a partner) or personal (e.g. being an individual who enjoyed spending time alone). Other respondents identified specific challenges they were facing in these domains, for example difficulty in accessing food deliveries while shielding, or loneliness through the enforced isolation of lockdown. Participants also often commented on other groups of gay men who they thought would be particularly vulnerable but who may be underrepresented in surveys, for example older gay men living in care homes, or those who are ‘closeted’. However, contrary to the strong perception by those in couples that cohabiting with a partner served as a buffer to the negative impact of lockdown, in the analysis we did not find a large difference between single and cohabiting respondents regarding the impact of lockdown.

Our analysis of older gay men’s social networks may have been hampered by a degree of confusion and misunderstanding of the phrase ‘support network’, with some participants interpreting this as either relating to formal support services and/or as implying that the individual was unable to undertake key tasks without support. Interestingly, this misunderstanding did not occur nearly so strongly with lesbian, bisexual and trans survey respondents. This may represent a gender difference in the way in which social networks are conceptualised: given existing literature on differences between older men and older women’s social networks, perhaps the gay male respondents were less likely to consider their social network in terms of support. However, even with this miscommunication, it was clear that there was a wide degree of diversity within social networks. Many older gay male participants described large, diverse social networks incorporating combinations of friends, partners, family, LGBT organisations, other community and faith organisations, neighbours and colleagues. However, others had networks that were clearly much more constrained, as in the case of the individual who poignantly indicated that all those he was closest to had died. Several participants also highlighted the importance to them of being able to socialise with other LGBT people (or specifically, other gay men).

Unsurprisingly, lockdown resulted in established networks no longer being able to meet face to face. Many had at least partly pivoted to online or telephone communication but there was a strong sense that these were somewhat lacking compared to face-to-face contact. Gay men often also emphasised the loss of particular activities that could not be easily transferred online, for example travel, arts and culture activities, and outdoor or exercise-based hobbies. Some participants also highlighted the impact of the pandemic on intimate romantic or sexual interactions, both for those living separately from an established partner, and also for those who would normally have met up with people via apps or at sites such as saunas.

Responses on the impact of the lockdown on physical health were mixed, with similar proportions of gay male respondents reporting a positive impact as reported a negative impact. In contrast, the vast majority reported either a neutral or negative impact on mental health, with very few gay men reporting a positive effect. However, several participants did point to an improvement in sense of community, both among local neighbours and within LGBT community organisations.

# **Conclusion**

The findings have highlighted significant diversity amongst older gay men regarding their social networks and their experiences of COVID-19 and lockdown. Pre-existing differences in circumstances often affected experiences during COVID-19, with several participants reflecting on ways in which they were fortunate. However, even those with strong networks and resources were often still missing key activities and interactions.

It became clear in the analysis that the term ‘support networks’ was not well understood by a proportion of gay male respondents. This raises interesting questions as to why older gay men, in particular, seemed to often misinterpret this term, and suggests a need for future caution in selecting terminology for exploring social networks in older LGBT communities.

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.

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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]

\*\*\*\*\*

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):

\*\*\*\*\*

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:

\*\*\*\*\*

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

# **APPENDIX TWO**

**BREAKDOWN OF GAY MEN’S RESPONSES TO ‘TOP 3’ QUESTION**

|  |
| --- |
| **Health and wellbeing (109):** Avoid infection (36); ‘Mental health/mental stress/mental wellbeing (non-specific) (11); Depression (2); Anxiety (5); Becoming ill’ (1); increased risk of being seriously ill/dying if gets COVID-19 (21); ‘Staying well /in good health /healthy /safe (6); ‘my health’ (3); post-COVID fatigue & other long-term effects (2); ‘physical health’ (1); ‘staying in good physical health’ (1); ‘Health issue (unable to swim or do country walks to maintain a decent level of fitness)’; Insufficient/lack of exercise (7); gaining weight (3); ‘Remaining healthy both physically and mentally’ (1); ‘Sleeping poorly’ (1); ‘Drinking too much’ (1); ‘Due to Asthma I struggle wearing a mask’ (1); ‘resurgence of the pandemic’ (1); ‘Coming out of lockdown too quickly’ (1); ‘Spread of virus’ (2); ‘[Fear of] Becoming less vigilant as time goes by’ (1); Long term health implications’ (1).  |
| **Missing/unable to do usual activities (71):*****General comments (12):*** ‘Loss of intellectual stimulation’ (1); ‘Lack of ability to be spontaneous’ (1); ‘not having ‘fun’ (2); ‘Unable to plan for pleasure and self-actualization activities’ (1); ‘Not being able to do the usual social activities’ (1); ‘Suspension of usual activities’ (1); ‘Unable to pursue main leisure interests’ (1); ‘More limited/changed cultural life’ (1); ‘Holiday/travel/culture & entertainment restrictions’ (1); ‘not getting to entertainments’ (1); ‘Closure of social outlets’ (1) ***Specific activities/types of activities (55):****Travel (21):* Being unable to travel (for leisure/pleasure) (14); Not being able to travel overseas’ (1) ‘Lack of opportunities to take holidays’ (1); ‘I’d like to go on holiday’ (1); ‘Not going on holidays’ (1); ‘I am currently not able to go away for weekend breaks or self-catering holidays with friends’ (1); ‘Not getting away’ (1); ‘Reduced ability to travel/visit’ (1)*Saunas, health club, gym, swimming (10):* ‘Unable to visit gay sauna’ (3); ‘My health club is closed so I am not able to play tennis on indoor courts in group sessions, which was my main recreation’ (1); ‘Not being able to access tennis and fitness classes’ (1); ‘Not being able to go the gym and socialise as normal’ (1); ‘Not being able to access gym/swimming pools’ (1); Leisure activities in groups and swimming’ (1); ‘Inability to exercise (swimming)’ (1); ‘No swimming, pizza and pub sessions with mates’ (1)’;*Arts (9):* ‘Being unable to go to theatre, concerts etc’ (1); ‘Lack of cultural possibilities (exhibitions, concerts, etc)’ (1); ‘No theatre trips’ (1); ‘Missing going to theatre’ (1); ‘Social activities (no restaurant, theatre or cinema outings)’ (1); ‘Missing theatre, opera, ballet, live shows’ (1); ‘Loss of physical events, organisations, concerts, meeting places in the long term, i.e. they won't all return’ (1); ‘Lack of social activity - seeing friends, outings to theatre and cinema’ (1); ‘Arts events closed’ (1);*Outdoor activities (6):* ‘Being unable to go out walking any distance (1); ‘Inability to go walking with a walking group’ (1); ‘Not being able to get out of the city into the countryside for months’ (1); ‘Unable to go rambling, walks or swimming’ (1); ‘No hill-walking’ (1); ‘No caving’ (1); *Volunteering (3):* ‘Not being able to do all my volunteer roles’ (1); ‘Not being able to play the organ for church services’ (1); ‘Not being able to volunteer for the NT’ (1); *Eating out (3):* ‘Not going to restaurants’ (1); ‘Less able to mingle, to sing, to meet people for food and drink’ (1); ‘Not going to the pub’ (1)*LGBT events (3):* ‘I run an LGBT group which has been unable to meet’ (1); ‘Difficulty in organising LGBTQ+ events, which I am involved with’ (1); ‘I am missing cultural events (LGBTQ and others)’ (1)***Other comments (4):*** Boredom (3); ‘The tedium of having to abandon the pursuits I enjoyed’ (1) |
| **Missing/unable to see / be with specific others (39)**: ***Friends (16):*** Inability to socialise/missing socialising with friends (6); ‘ Isolation from friends’ (1)’; ‘Not being able to meet up with friends’ (2); ‘I am not able to visit friends or have them visit me’ (1); ‘Loss of friends’ (1); ‘Separation from friends’ (1); Reduced/ limited contact with friends (2); ‘Not entertaining friends’ (1); ‘Not being able to see and help my friends who have been ill with the virus’ (1); ***Family/ relatives*** ***(7):*** ‘Not being able to visit my mother, who is 89. But excellent care company are going to her house every day’ (1); ‘Inability to visit my 98-year-old mother and other family’ (1); ‘mother in care home and unable to visit’ (1); ‘lack of direct family contact’ (1); ‘Not being able to see family 250 miles away’ (1); ‘Being unable to visit family’ (1); ‘Not being able to cuddle my new granddaughter’ (1)***Friends and family (7):*** ‘Difficulty to meet relations and close friends’ (1); ‘No visiting friends and family’ (1); ‘Unable to visit close friends and family;’ (1); ‘Inability to visit friends and relatives’ (1); ‘Difficulties meeting and entertaining friends and family’ (1); ‘No contact with family and friends’ (1); Unable to see friends and family’ (1)***Partner/spouse/boyfriend (7):*** Lack of access to husband in care home’ (1); ‘Being unable to see non-cohabiting partner’ (1); ‘I cannot travel to meet my partner’ (1); ‘Being away from my partner - we live in separate cities’ (1); ‘Unable to see partner during lockdown’ (1); ‘ ‘Lack of contact with boyfriend’ (1); ‘Not seeing my boyfriend properly’ (1) ***Gay men’s/LGBT communities (2):* ‘**Lack of social contact with others in the LGBT+ community’ (1); Cancellation of various events including a gay men's residential week (1) |
| **Concern for others (32)**: ‘Caring for older relatives’ (1); Health of overseas family members (1); ‘Shielding a 96 year old in the same house’ (1); ‘Welfare of relatives’ (1); ‘Welfare of students’ (1); ‘Concern for a son who is very vulnerable and living at a distance from me’ (1); ‘Safety of my husband and family’ (1); Worried about infecting partner/ others (3); ‘How are those less fortunate than me able to cope/continue/handle it?’ (1); ‘Others catching the virus’ (1); ‘Concern for my 97-year-old mother’ (1); ‘Ensuring elderly friends are keeping okay’ (1); ‘Not being able to visit a friend who is seriously ill in hospital’ (1); ‘The effects of the pandemic on [my] children's health’ (1); Husband's disability (1); Husband’s ill- health (1); Vulnerability of partner (1); ‘Being unable to help partner if I were ill’ (1); Partner & friends staying well (1); ‘Passing it on to people at home’ (1); Worried partner /spouse will get COVID (6); [concerned about] ‘my family’ (1); ‘The restrictions my single gay friends have been under, their sense of isolation and loneliness, especially for my friends with no gardens’ (1); worries about ‘others’; (1); concern for physical and economic health of ‘others’ (1); ‘others' wellbeing’ (1) |
| **Unable to socialise/ interact socially/ have social contact (in general) (29):** Lack of/restricted in-person contact’ (8); Unable to socialise in person (6); Limited/ lack of social interaction (5); Unable to meet/ do things with other people(3); ‘Going out, seeing people’ (1); Not able to see others’ (2); ‘Not being able to meet socially’ (1); ‘Limited contact with people generally’ (1); ‘Not being able to socialize as much as I used to’ (1); Lack of contact with others (1)  |
| **Loneliness/social isolation (29): ‘**Lonely’ (1); ‘Loneliness’ (9); ‘Isolation apart from work’ (1); ‘Isolation’ (4); ‘Social isolation’ (3); ‘Enforced social isolation’ (1); ‘Increased isolation’ (1); ‘loneliness and isolation’ (2)’; ‘Living alone’ (3); ‘Being alone’ (1); ‘Too much time at home, too much time alone’ (1); ‘As a socially active person who is normally actively involved in various social activities e.g. meetings, walking, swimming, I currently feel somewhat isolated’ (1); ‘Loneliness, l miss my late partner’ (1) |
| **Uncertain/unpredictable/concerning future (27):** ‘The future’ (2); ‘Anxieties about the future’ (1); ‘Concerned about the future’ (3); ‘What will the future be like?’ (1); ‘Future state of country’ (2); ‘Concerned about the future of the country when the ‘lockdown’ ends’ (1)’; ‘Concern re the future if social distancing etc continue for months or years.’ (1); ‘not knowing when restrictions will end’ (1); ‘The light at the end of the tunnel is so tiny!’ (1); ‘Slow motion herd immunity strategy will limit life/be a hardship in many ways with time’ (1); ‘When will a vaccine be available?’ (2); ‘Will there be a vaccine, or just more waves?’ (1); ‘What's going to happen going forward if no vaccine is found?’ (1); Concern about the future (my husband is shielded)’ (1); ‘Future of gay scene ‘(1); ‘Will we ever to be able to socialise like we did pre COVID-19?’ (1); ‘How will it affect travelling abroad in the future? (1); When can I visit theatres/cinemas/restaurants again?’ (1); ‘When will concerts and theatres resume?’ (1); ‘When can I safely have sex again?’ (1); ‘When can I see friends again?’ (1); ‘Uncertainty about future plans (e.g. holidays) (1); ‘When can I get back to work?’ (1) |
| **Practical issues (26):** ‘Food shopping’ (1); ‘Slight nervousness shopping etc’ (1); ‘Reluctance to go into shops or on transport’ (1); ‘Partial dependency on unreliable online grocery shopping’ (1); ‘Queuing for shopping. Also the availability of certain domestic products from the shops’ (1); ‘Avoid large crowds and busy shops’ (1); ‘shopping limited’ (1); ‘shopping (now gone on-line mostly)’ (1); ‘food supplies’ (1); Problems accessing basic supplies (1); ‘(Concerned about) going to the local supermarket’ (1)‘ ‘Finding queuing to get into a nearly empty supermarkets is tiresome’ (1); Need to go to barber/hairdresser (2); Limited public transport/unsafe public transport (12) |
| **Formal care concerns (17):** Possible lack of medical help [if became unwell] (1); ‘Isolation and lack of medical support help. Cancellation of hospital appointment’ (1); Unclear medical advice (1); ‘Apparent closure of surgeries, or feeling that I'm imposing on scarce resources’ (1); ‘accessing normal things like dentist, doctors etc’ (1); Homophobia in healthcare (1); ‘Going into hospital’ (1); ‘Lack of access to GP’ (1); ‘How to get repeat medications from the NHS which has shut all its premises’ (1); ‘How to get medical treatment when the phone numbers to the GP are answered by a receptionist (1)’; ‘How to get hold of a GP if I need one when there are no appointments available’ (1); ‘My prostate operation is on hold’ (1); ‘Getting confirmation whether we have actually had COVID-19’ (1); ‘Inability to get a COVID-19 test’ (1); ‘Lack of access to an antibody test’ (1); ‘Unable to access podiatrist, Dentist, osteopath’ (1); ‘Other clinical procedures have been interrupted, e.g. dentist, blood donation’ (1) |
| **The economy (15):** ‘Effect/impact on the economy (3); ‘Economic impacts of COVID-9’ (1); ‘The financial impact on the country and people’ (1); ‘Future of economy’ (1); ‘The economy’ (1); Damage of COVID-19 to economy’ (1); ‘The effects on the economy, especially job losses’ (1); ‘Future national debt’ (1); ‘Financial crisis for the UK’ (1); ‘Imminent total collapse of local government finance’ (1); ‘Imminent total collapse of the UK arts sector’ (1); ‘Impact on jobs for youngsters’ (1); ‘Getting the workforce employed again’ (1) |
| **Missing physical contact/touch/intimacy (13):** ‘Miss being tactile’ (1); ‘Barriers to intimacy/touch/human interaction due to social distancing’ (1); ‘Lack of physical contact with others outside the home’ (1); ‘Missing hugging’ (2); ‘Miss close contact’ (1); ‘No touching of others’ (1); ‘No physical contact’ (2); ‘Not having physical contact with friends and boyfriend’ (1); ‘Lack of intimate contact with others’ (1); ‘When can I meet a partner and be close to them? Knowing the other person has been sensible during COVID-19?’ (1); ‘Inability for me to have intimacy with anyone. Inability to meet anyone for a date’ (1) |
| **General public’s unsafe behaviours (13):** ‘Feeling increasingly stressed by increasing public flouting of lockdown protocols’ (1); ‘People not wearing masks and/or social distancing’ (1); ‘Insensitive people seeming to "get away with" not following the rules for the community’ (1); ‘Being near to people who are not observing the 2 metre rule’ (1); ‘ability to get food and other supplies without the risk of going out amongst people who do not take social distancing seriously’ (1); ‘Non-compliance with guidelines by others’ (1); ‘Other people’s disregard for lockdown rules, other people’s disregard for lockdown rules, other people’s disregard for lockdown rules’ (1); ‘Disregarding of social distancing’ (1); ‘lack of care in others, flooding of [local area] by outsiders’ (1); ‘Young people not following social distancing on the pavements’ (1); ‘Younger people being aware that older people have significantly greater possibilities of being infected and of those infected a significantly increased risk of dying’ (1); ‘People ‘being silly’ in mass gatherings’ (1); ‘The number of people who both ignore social distancing and who do not wear face coverings on buses - no attempt, in [Area], is made to enforce it. Police, PCSOs and local authority wardens are nowhere to be seen’ (1) |
| **Dissatisfaction with government (9):** ‘Lack of testing/safety data due to government failures’ (1); **‘**Government playing politics with our lives (where's the scientific evidence/ thought/ recommendations that 'decisions' are made on?)’ (1); ‘Unclear messaging by the English government and I don’t have much trust/faith in the UK government - I don’t believe they are being sufficiently open and I don't believe they are very competent’ (1); ‘Being told to comply with restrictions when government advisers allowed to bend those rules’ (1); ‘Chaotic mismanagement of the crisis by the Boris Johnson government’ (1); ‘Total incompetence of the Government in dealing with the whole thing’ (1); ‘Utter lack of confidence in the Government that they will tell us the truth or will do the right thing at the right time for the right reasons’ (1); ‘Government ineptitude’ (1); ‘Poor governmental guidance - sudden changes in policy, removal of advisers who raise concerns with government policy’ (1) |
| **Financial concerns (9):** ‘Financial’ (2);‘Losing income’ (1); ‘Reduction in my ability to fund care if I need it (eg because of higher costs and/or inflation on my savings)’ (1); ‘Lost income’ (1); ‘income’ (2); ‘Cost and complications of having to cancel pre-booked holidays’ (1); Long-term income (work and effect on pension)’ (1) |
| **Loss of autonomy (7):** ‘Lack of independence’ (1); ‘Limited freedoms’ (1); ‘Having my freedom taken from me’ (1); ‘constraints of confinement’ (1); ‘Getting out of confinement’ (1); ‘restriction on movement’ (1); ‘Tea shops are shut, consider a lot of the information dubious to an annoying extent. Seems like a nanny state gone totally bonkers’ (1) |
| **Informal care/support concerns (5):** ‘Lack of family support’ (1); ‘Who will care for me if I contract COVID?’ (1); ‘Being able to care for myself if I become ill as I live by myself and have no family members in this country’ (1); ‘Coping if taken ill’ (1); Being left undiscovered in the house. Unable to fend for myself’ (1). |
| **Work issues (5):** ‘My business’ (1); ‘Having to do a work-from-home job that I find very difficult’ (1); ‘My work involves caring for the deceased who may have passed with Covid-19’ (1); ‘Less able to work’ (1); ‘Possible redundancy’ (1) |
| **Other (9): ‘**Need to be loved’ (1); ‘PPE’ (1); no break from childcare responsibilities (1); ‘Self distancing’ (1); Acceleration of computerisation which will increasingly exclude me.’ (1); Not being able to find a new partner (1); Bereavement (1); ‘Social disintegration and political retrenchment on LBGT+ issues’ (1); ‘Overreacting people when confronting in the street - sad!’ (1) |

**Table1:** Breakdown of gay men’s responses to ‘Top 3 concerns’ question.

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1. Self-defined [↑](#footnote-ref-1)
2. To avoid the risk of this person being identifiable, his data, in relation to being both trans and from a BAME background will not be reported. His data will be reported in relation to being a trans man and the BAME data will be reported in terms of the four cis gay men from BAME backgrounds. [↑](#footnote-ref-2)
3. Shielding is government guidance for clinically vulnerable people. [↑](#footnote-ref-3)
4. This was recorded as n=2: local residents' association; gay group. [↑](#footnote-ref-4)
5. His response was recorded as n=2: concierge/estate management staff; family. [↑](#footnote-ref-5)
6. This was recorded as n=1: friends. [↑](#footnote-ref-6)
7. Telephone counselling service [↑](#footnote-ref-7)