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## “Staying alive” - Older LGBTQ+ persons’ experiences of physical activity and sport in Greater Manchester.

Report by:

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### **Headlines:**

- *On average, LGBTQ+ people's general health is worse than that of heterosexual, cis-gendered people (National LGBT Survey, 2017).*
- *The LGBTQ+ community are less likely than heterosexual, cis-gendered people to exercise enough to maintain 'good' health (Pride Sports, 2016).*
- *Physical activity reduces risk of major disease by 50%, and the risk of depression by 30% (NHS, 2018).*

### **Our Goal:**

*To explore older LGBTQ+ experiences of physical activity, and sport, and by doing so, investigate health inequalities in the older LGBTQ+ community.*

### **Where this research came from:**

*The research itself was commissioned by GMMoving to conduct a discrete project aimed at exploring older LGBTQ+ experiences of physical activity in Greater Manchester.*

### **Why did GMMoving commission this piece of research?**

*As they are committed to reduce inequalities and level the access playing field to marginalised communities. As such, it is important to cite health and sport inequalities across the LGBTQ+ community as a whole.*

### **Structure of report:**

*This report starts with a literature review of outlining what we already know about health and physical activity inequalities in the LGBTQ+ and older aged communities. Following from this, the methodology is outlined, with practical issue reflections. Thirdly, the findings are presented from the 13 interviews undertaken by Substance with interview partners across the older LGBTQ+ community. It concludes with recommendations for sport and leisure facilities through a six point improvement framework and future recommendations for further research.*

## **1. Older LGBTQ+ community and health: What do we know?**

*Initially, a process of a literature review (17 papers from 13 distinct studies) was undertaken, which covered evidence around if, and how, older LGBTQ+ health care differs from heterosexual and cis-gendered people. The majority of the reports were entirely qualitative (7) while the rest took a mixed methods approach (6), with 4 being systematic reviews of LGBTQ+ health inequality literature. The findings from these papers fell broadly into four categories, these were: physical activity experience; physical health experience; social isolation and marginalisation, and experiences of homophobia and abuse.*

### **With respect to physical health and health care:**

- Older LGBTQ+ people are more likely to engage in drug use, excessive alcohol consumption and/or smoking. However, the older LGBTQ+ community are more likely to engage in regular exercise compared to heterosexual and cis-gendered older people (Beach, 2019).
- Older LGBTQ+ people experience difficulties in access to healthcare that understands their identity; one study found 18% of older LGBTQ+ people felt uncomfortable in disclosing their sexuality and/or gender orientation to their GP (Suen et al., 2022).
- Older LGBTQ+ people are more likely to be abused, either physically, emotionally or both, in leisure centres and physical activity spaces (Herrick et al., 2022).

**With respect to mental health, loneliness, and social care:**

- Nearly all studies that referenced social care and poor mental health related homo/transphobia, heteronormative assumptions and spaces, as well as denial of older people's sexuality and identity in social care discussions and/or settings. (Beach, 2019)
- Older LGBTQ+ people's previous negative interactions and experiences shape the way they engage with and access health services in later life (Fredriksen-Goldensen et al., 2013).
- Loneliness and social isolation were not universal, however, this is largely dependent on where individual's live, and whether there are resources to meet and socialise with other members of their community (Mullin et al., 2022). This has particular influence to mental health issues in the older LGBTQ+ community, particularly around suicide, especially among transgender and bisexual women, together with individuals living in rural areas (ibid).

**What relevancy do physical, mental, and social care inequalities have in relation to sports and physical activity participation? The answer is twofold:**

- Prior to examining the current landscape of LGBTQ+ participation in the Greater Manchester physical activity environment, it is important to gain a wider understanding of health inequalities faced by these communities.
- Physical activity engagement reflects good physical and mental health and an accommodating society that stands up to bigotry, a safe space for everyone. While correlation does not mean causation, physical activity and sports engagement is a robust indicator of physical and mental health and social integration.

## **2. Three theoretical concepts that are used to shape the understanding of health outcome difference among older LGBTQ+ people.**

1. **Minority Stress Theory:** is a theoretical concept used to highlight the idea that long-term marginalisation leads to long-term stress as a result of stigma. In relation to this piece of research, it is the idea that health inequalities are a consequence of prejudice and stigma from a negative social climate.
2. **Life Course Theory:** which outlines later life experiences being shaped by numerous advantages and disadvantages over a lifetime. These experiences vary from identity to identity. This connects to the final concept:
3. **Intersectionality:** Instead of focusing on individual identity, meaning-making and perspectives, intersectionality addresses the interlocking forces, such as sexism, misogyny, anti-trans antagonism, ableism etc, and how they affect life chances and participation in physical activity.

# The Research

## 1. Sample:

Older LGBTQ+ individuals consist of a diverse and growing group of individuals who are often overlooked in contemporary LGBTQ+ research, most notably in physical activity engagement research (Oswald et al., 2023). Older LGBTQ+ individuals have been influenced by a unique social history, including the medicalisation of homosexuality, as well as the AIDS crisis that fundamentally altered societal views toward this population for decades. Research suggests that this population faces higher rates of chronic illness, cardiovascular disorders, cancers, and substance use, depression and suicide.

The sample itself was a purposive self-selected sample gathered through LGBT Foundation and GM-Moving networks.

The 13 interview partners identified themselves in the following ways:

- 2 interview partners self-identified as Trans
- 7 interview partners self-identified as Gay Men
- 5 interview partners self-identified as Lesbian Women.
- 6 of these interview partners self-identified as Disabled.
- 0 interview partners self-identified as Bisexual.
- 11 interview partners were self-identified as White British
- 2 interview partners self-identified as British Asian
- Interview partners average age: 68 years old

Below are 3 'profiles' from this research, aiming to highlight the variety of experience in the older LGBTQ+ community.

**"Gaelle":** Aged 62, self-identified as a cis-gendered lesbian woman, who had a partner with mobility limiting impairments. Gaelle enjoyed physical activity, mainly as a tool to see nature and be "close to the world". However, they need an accommodating world, not only to feel comfortable walking through public spaces with their partner, free of stigma, but to also have the appropriate accessibility to spaces for their partner. Gaelle expressed interest in taking part in physical activity groups in the LGBTQ+ community, but only if they could accommodate their partner and their needs too.

**"Elliott":** Aged 71, self-identified as a cis-gendered gay man. Elliott is very active in the LGBTQ+ physical activity community, and takes enjoyment from "being out and about, having a chat with likeminded folk". He saw physical activity as part of growing older, and enjoys the social side of the Manchester physical activity LGBTQ+ scene. He also volunteers for various LGBTQ+ groups outside of physical activity, and actively implores people to take part in any type of

*volunteering “once you reach an age” as it provides mental activity, and as he mentions, travelling to social events is exercise in itself.*

*“Charlie”: Aged 64, self-identified as a transgender man. Charlie has experienced various different physical activity experiences in the LGBTQ+ and wider physical activity community. They previously took part in Karate but due to a trans-exclusionary culture, as well as changing rooms that maintained a strict gender binary, they felt it was best to leave. They felt like the LGBTQ+ community in Greater Manchester has great inclusivity initiatives to better support the LGBTQ+ community in sport, but questioned whether the support is weighted equally “between the LGB and the T”.*

## 2. Methodology

*While the literature review identified several important themes, qualitative primary research is key to identify experience in Greater Manchester. The research is paradigmatically situated in critical theory, and taking a historical realist ontology, in that, realities are shaped by social, political, cultural and economic values to determine privilege in this research. Critical theory aims to critique and change perceptions in the world, calling for social change.*

*The interview questions were co-created with the initial interview partner. In practice this was an initial section of the interview whereby the researcher went through identified and then a process of adding certain questions they felt were key. This included the creation of three questions around the skills, competencies and behaviours of the workforce in physical activity centres. However, the research process was iterative, and questions were phrased differently, dependent on the interview partner in order to maintain comfort and a conversational feel to the research process. Semi-structured interviews were used to provide a structure to the research process whilst allowing interview partners chance to explore themes they themselves feel are key to the topic of physical activity engagement for the older LGBTQ+ community. In order to best understand the lived experience of physical activity in the intersectional identity of LGBTQ+, gender, disability and older people.*

*Issues with the methodology were present. Initially, a peer research methodology was devised, in order to understand the barriers faced in the LGBTQ+ community with an experts-through-experience model. This was chosen to help address existing power dynamics in research, bridging gaps between research and communities, while introducing Research Ambassadors to research methods they may find useful in their life now, or the future. The reason for why this may not have developed to be the dominant research method are twofold:*

- **Over-researched communities:** *An issue in research whereby groups that experience the most inequality in society, are called on to take part in research - traditionally unpaid – giving expectations and promise of social change.*
- **The need for time and space:** *Due to this being an initial inception piece of work into LGBTQ+ engagement and time allowances were limited. A piece of participatory research needs time, for the recruitment to be seen in spaces for the older LGBTQ+ community, either through posters or the researcher themselves (dependent on the consent to be in the safe space itself) being in spaces and discussing the research and the need for the methodology of participatory research.*

# Developmental Themes.

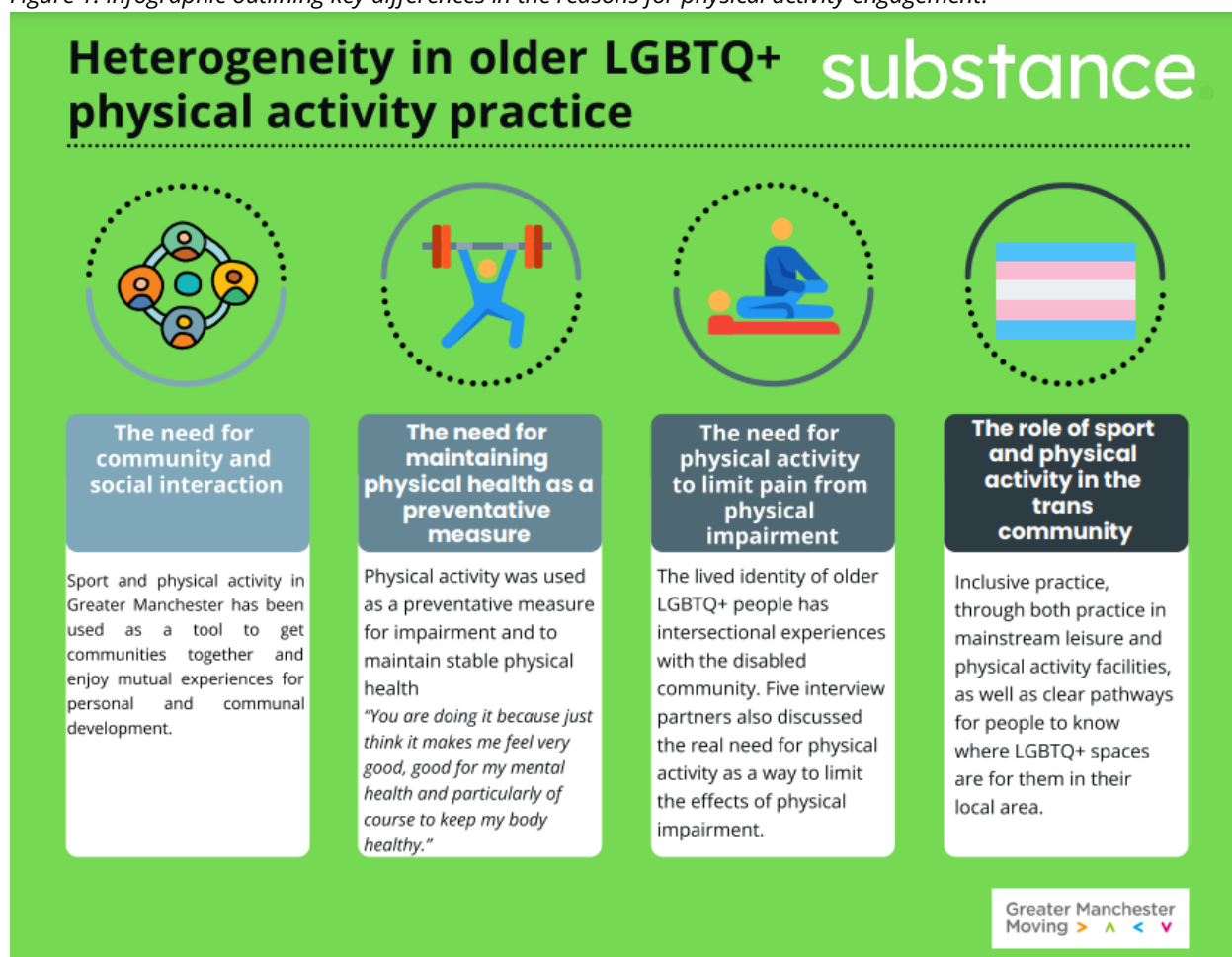
The following thematic analysis has emerged directly from coding of primary data from 13 Interviews.

## Heterogeneity in the older LGBTQ+ communities experiences of physical activity

As indicated through the three interview partner profiles, the identities associated with older LGBTQ+ community are varied and extensive. This needs to be reflected in provision and practice. By looking at experience of physical activity in the older LGBTQ+ community as homogenous, recommendations and thinking fail to address the diversity in an identity. While there is an importance in visibility of the older LGBTQ+ groups, there is a need to encourage recognition of intersectional identity and a creation of numerous different experiences in physical activity. The interviews brought together lived identity experience from sexuality, gender, age, disability and ethnicity. Although this piece of research focuses on the intersecting identity of age and LGBTQ+ community, throughout this report there will be a reference to the interaction between age, gender, sexuality and disability.

### 1. Understanding key differences in reasons for physical activity:

Figure 1: Infographic outlining key differences in the reasons for physical activity engagement.



*Below are four themes interview partners discussed when asked why they see value in physical activity and sport.*

### ***The need for community and social interaction***

*Engaging in sport and Physical activity has well documented benefits for mental well-being and happiness (Liddle et al., 2017). In addition to the documented benefits sport and physical activity offers, the LGBTQ+ community - through a history of marginalisation and oppression - have developed safe spaces and rich and vibrant communities, to have freedom of expression and safety from violent and destructive policies and stigma. Sport and physical activity in Greater Manchester has been used as a tool to get communities together and enjoy mutual experiences for personal and communal development. However, due to the differences in lived experience and relating to a life course theory of lived identity, interview partners were in different stages of life and had numerous differing reasons for the dominant value in physical activity and sport.*

*It cannot be underestimated, however, how much community and social interaction means to numerous interview partners in this study:*

*“I like the networking as well, you know, because I've been going for years, you get to meet other people and you get to chat, you know, so it's good socially.”*

*One interview partner goes further and outlines the use sport and physical activity has when thinking about loneliness:*

*“Physical activity does me a lot of good, it gets me out the door and chatting. And while this seems a bit of an easy thing to say, loneliness is such an easy thing to slip into”*

*The importance of mental health in the older LGBTQ+ community is apparent, with the community over-burdened by mental-ill health stemming from discrimination. Further work needs to be done in encouraging inactive older LGBTQ+ communities to come and socialise in physical activity spaces, something that will be touched on further in this report.*

### ***The need for maintaining physical health as a preventative measure***

*Six interview partners also discussed the use in physical activity as a tool to maintain a strong and healthy body. Physical activity was used as a preventative measure for impairment and to maintain stable physical health, both were characterised as important to five interview partners.*

*“You are doing it because just think it makes me feel very good, good for my mental health and very good for me particularly of course to keep my body healthy.”*

### ***The need for physical activity to limit pain from physical impairment***

*The disability played a role in a lot of the participants' lives and identity formation. This meant that five interview partners also discussed the real need for physical activity as a way to limit the effects of physical impairment.*

*"Well, it's quite clear to me, if I don't try and do at least some sort of walking each day, my legs will deteriorate even more" – interview partner with arthritis.*

- 44% of state pension age adults are disabled – which makes for an overlapping identity of LGBTQ+ disabled older adult.
- 17% of LGBT people in UK self-identify as disabled.

*While others took a more matter of fact approach to their self-perceived quality of life without physical activity:*

*Interviewer: "Can you tell me a bit about why you take part in physical activity?"*

*Interview partner: "Not to die"*

*One interview partner saw this as being such a key part of why the older LGBTQ+ community need physical activity, they put forward the title for this very research project itself:*

*"Staying alive now, that would be a nice title for the whole thing, wouldn't it?"*

*In order to provide provision, policy and communication to the older LGBTQ+ community, there is need to seek spaces for the disabled community, too. The "We are Undefeatable" campaign would be a space for such communication, not only for the communities it aims to empower, but also the use of a person-centred approach to physical activity engagement. However, it is worth noting that no interview partners discussed the campaign in any of the interviews in this research.*

### ***The role of sport and physical activity in the trans community (n= 2)***

*While the sample of self-identified trans people in this research is two. Both of these two interview partners discussed the important role of physical activity and sport in affirming their gender identity. One interview partner discussed the positivity sport brought during gender affirmation:*

*"Sport's a good release, in the early months of transition, I struggled to sleep and the amount of energy I had was ridiculous. It's just nice to be able to take part in exercise and be okay with that... I played a lot of sport before my transition and stopped partly because of my gender identity. It's just nice to get some of that back"*

*Leisure and sport facilities need to be understanding of the different needs older LGBTQ+ individuals look for in their physical activity experience. Not only does this encourage a marginalised group to take part in activity and sport, but due to the numerous lived identities interview partners discussed in their interviews, these four reasons for physical activity span across disability, gender, sexuality and age in physical activity engagement. These findings also show the powerful ways that inclusive physical activity and sport practices can generate resilience and better health outcomes for the older LGBTQ+ population. Inclusive practice, through **both** practice in mainstream leisure and physical activity facilities, **as well as** clear pathways for people to know where LGBTQ+ spaces are for them in their local area.*

## ***2. Understanding the differences in provision and practice individuals need:***



*Interview partners discussed the value in choice of different sessions, times, and spaces. One interview partner discussed the value of social prescription in order to improve their health and wellbeing:*

*“So I think the social prescribing would be a really important thing. It gives people choice you know? If we were just a bit more aware of what’s actually out there, I think that would do a world of good”*

*The interview partner went on to discuss how the length of time a session takes really matters, specifically when you think how the older community rely on public transport at a greater proportion compared to wider society:*

*“I think session length matters. And of course, if you’re doing something where you [are] just at home and you put your app on and you go do it, that can be 20 minutes. It’s not worth travelling anywhere for 20 minutes, is it?”*

*While 13 interviews is too small of a sample to make overarching assumptions. The call for understanding older LGBTQ+ community sports and physical activity participation through the lens of intersectionality and person-centred approaches develops throughout the analysis.*

*Early morning exercise classes: a need for understanding fear in late night travel for LGBTQ+ community.*

*The interview partners were asked to consider comfortable situations and places of safety for their physical activity. This is a question that developed overtime, using the iterative process of interview schedule development outlined in the methodology question. One interview partner discussed the need for early morning exercise classes, when recounting an experience their friend had on late night public transport:*

*“I’ve got trans women friends who get hassled on transport. The later in the day. The more shitheads that are about, the less safe you feel.”*

*An interview partner that self-identified as a trans woman discussed this from their first hand point of view, and put forward the point that they organise the day around not feeling safe at night:*

*“I can’t go out at dark, no need to and I organise my day around not wanting to.”*

*Leisure and sport providers need to understand the very real danger of late night sessions for the older LGBTQ+ community.*

### **3. Barriers for physical activity engagement in the older LGBTQ+ community**

*Interview partners disclosed numerous barriers to engagement. While the sample were predominately active and engaged in sport and physical activity, there were still numerous barriers to overcome.*

# Barriers to older LGBTQ+ physical activity in Greater Manchester

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Figure 2: Infographic outlining the barriers to older LGBTQ+ physical activity in GM.

## Exclusionary Environments and Homophobia

This theme primarily manifested in experiences of aggression and homo/transphobia in physical activity settings. This had particular influence on certain individuals and led many to conceal their identities:

*"Yeah, I don't think you know I wouldn't go marching in there and say I'm gay and blah, blah, blah. I don't kind of tell people I'm gay. I don't want people to know"*

While having anxieties around aggression and micro-aggression were acutely felt by the two transgender people in this study:

*"I just wouldn't go into a gym or a football game, I like watching the women's football, like the Euros, but to go to spaces like that, I can't bare it"*

Every individual in the sample who regularly attended a sport/physical activity space that was not explicitly an 'LGBTQ+' space, kept their sexuality and/or gender hidden. While the sample size is limited (n= 13), it is still a striking outcome to see that every individual who went to heteronormative physical activity spaces and sports groups and/or facilities, would keep their identity out of the conversation and away from others knowing. When interview partners discussed their experience of homo/transphobia, every individual could recount a time in their life where they have experienced homo/transphobia during sport 10 out of 13 (76.92%) said that they have experienced homophobic language directed at them in physical activity spaces in their time

in Greater Manchester. However, many self-identifying cis-gendered men articulated that this did not affect them emotionally, but it impacted them when choosing where to go for their sport and activity **because of this abuse**.

### *Heteronormative physical activity spaces and safety*

The theme of safety is present, not only in public transport and the evening (as indicated through “a need for understanding fear in late night travel”), but also in heteronormative spaces. Six interview partners said they did not feel safe in heteronormative spaces. On the other hand, four individuals who self-identified as white, cis-gendered gay men felt comfortable in heteronormative sport and physical activity spaces. While the sample size limitation means there cannot be overarching statements, it is important to note the lived identity of gay man in this sample has the most comfort in a heteronormative space.

### *Exclusive outdoor spaces:*

One interview partner reflected honestly on their walking group of entirely white gay men as perpetuating a potentially exclusionary culture.

*“You know a woman came up to me and said where are all your wives. And I reacted saying you know we’re gay. And while she may have just expected us all to be straight I did think that it may be a little intimidating for women even with us all being gay”*

While this is one example from one individual in this piece of research. It does portray the need for looking at provision and practice from an intersectional approach, and to not assume everyone is comfortable with a ‘one size fits all’ approach to LGBTQ+ physical activity groups and spaces.

### *Who is seen as an athlete?*

The contested concept of “athlete” was developed on through the interviews. Five Interview partners have exclusionary conceptions associated with “athlete” that can render sport, and by extension physical activity contexts, elitist and inaccessible. An intersectional lens points this towards a culture of stigma towards identities that do not fit in with the normative understandings of an athlete. Many interview partners saw themselves as not ‘fitting in’ with the normative depictions of athletes.

*“If I go to the gym, or go swimming or anything. I don’t see enough people who are there just trying it out, like I’m new to actively going to sports centres. And I want to see other people in my boat. I think that’s the hardest part for people like me, not having the relatability”*

As touched on in numerous interviews, certain physical activities such as team sports, gyms and leisure facilities are seen as places in most need of cultural change by interview partners.

*“They simply aren’t places for me, it takes it out of you being there. Being so alert all the time. Because of my condition I struggle to go to different parts of the gym quickly. Maybe it’s a lack of knowledge but I don’t feel like there are a lot of listings for disabled people like me in gyms”*

Who is seen as an athlete relates to the *confidence* some interview partners felt when discussing their ability to take part in physical activity. The interview partners who did not take part in any sport or physical activity (four interviewees), not only all had impairments, but also expressed their inability to be in spaces such as gyms and leisure facilities due to the discomfort that they felt in these spaces. Out of these four interview partners, two did follow this statement by outlining that they did know and understand the benefits that physical activity and sport brings to their lives, yet don't see themselves 'fitting in' with current sport and physical activity practice and provision.

*"To be honest, I can barely walk to the bus stop 100 meters from my house. Not only is a leisure centre almost impossible for me to get to by myself, I wouldn't even feel comfortable telling people I'm a trans woman and need different changing facilities. It's a nightmare to be honest with you"*

There is a clear need for further LGBTQ+ specific provision and campaigning in sports and physical activity. Through follow up group discussions with the LGBT foundation, this was a key area of concern around provision and advertising for older LGBTQ+ physical activity engagement. One individual discussed targeted campaigning in the run up to Manchester Pride would be a way to create relatable communication for the older LGBTQ+ community that would reduce inactivity and in turn, creates an attainable goal for an individual with the LGBTQ+ community.

### **Socio-cultural performance disadvantages: Trans experiences**

Transgender women athletes throughout the past five to ten years have been openly questioned for their inclusion as athletes in UK and worldwide elite sport. A hostile environment has been created for trans athletes to be openly trans in their respective fields. Biomedical perspectives have been used to understand whether there is a need for trans regulation in sport, which have resulted in intrusive questioning around bodies, muscle and testosterone levels. This report takes a stance from a socio-cultural perspective, arguing that social factors contribute to performance advantages to a much greater extent than testosterone levels.

Research has highlighted many factors contribute to differences in athletic performance, including: discrimination, resource inequities and violence against women in sport such as sexism and sexual violence. There are numerous overlapping systems of oppression that need to be recognised and addressed for trans women to participate in sport. Although the bans and questioning around women athletes in elite sport are largely at a regional, national or international level, fearmongering severely reduces trans women's comfort in joining sessions designed for women.

What is key to outline here is that socio-cultural disadvantage policies are key to tackle trans inclusion to physical activity and engagement and would encourage trans women to be included in grassroots sports. Greater Manchester and wider needs to hold this need for removal of intrusive biomedical perspectives into account when it comes to trans women and sport participation action. One individual in this sample discussed just this worry, in that they did not feel welcome to the women's martial arts session as they had attended the men's session pre-transition.

*"I didn't feel part of the group, and it's just so reductive and backwards as the session was ran by a man! I had to start again in a new group and keep my identity hidden as I literally didn't feel safe, let alone feel welcome"*

### **Inaccessible space**

*Interview partners discussed the (lack of) space and facilities equipped for them around changing rooms and appropriate equipment. Dominant planning networks, whether that is policy or in this case, architecture, tends to promote a limited and universalising approach for people who take part in physical activity, rather than an intersectional and holistic view of identity. By homogenising individuals who take part in physical activity, especially in relation to age, many lived experiences are unrecognised.*

*"I don't have a space for me, and you know, if you ask you get put in the disabled toilets. It's as if we're all the same, it's either man or woman, and if you're uncomfortable you go to the disabled toilets. And most of the time you need to ask the staff to let you in."*

*Through an awareness of intersectionality, we can better acknowledge and understand the differences in all of us. It encourages the sport and leisure sector to look beyond standard demographics and take a real person-centred approach in providing opportunities (remembering who are normally prioritised in a person-centred approach). Six individuals explicitly mentioned how physical activity spaces, mainly leisure centres (five out of the six) inhibit their comfort with physical activity. While other interview partners did not mention this as an explicit barrier, it is key to note that many individuals had outlined a passion for a particular activity/sport that may give reason as to why they "put up" with an exclusionary space. While this is a worrying outcome that individual's "put up" with exclusionary space and cultures, it highlights the resilience of the older age LGBTQ+ community and provides more reason for LGBTQ+ spaces for physical activity and sport (Storr, 2020).*

4. Enablers for physical activity engagement in the older LGBTQ+ community: What we already have, and how interview partners have called for change.

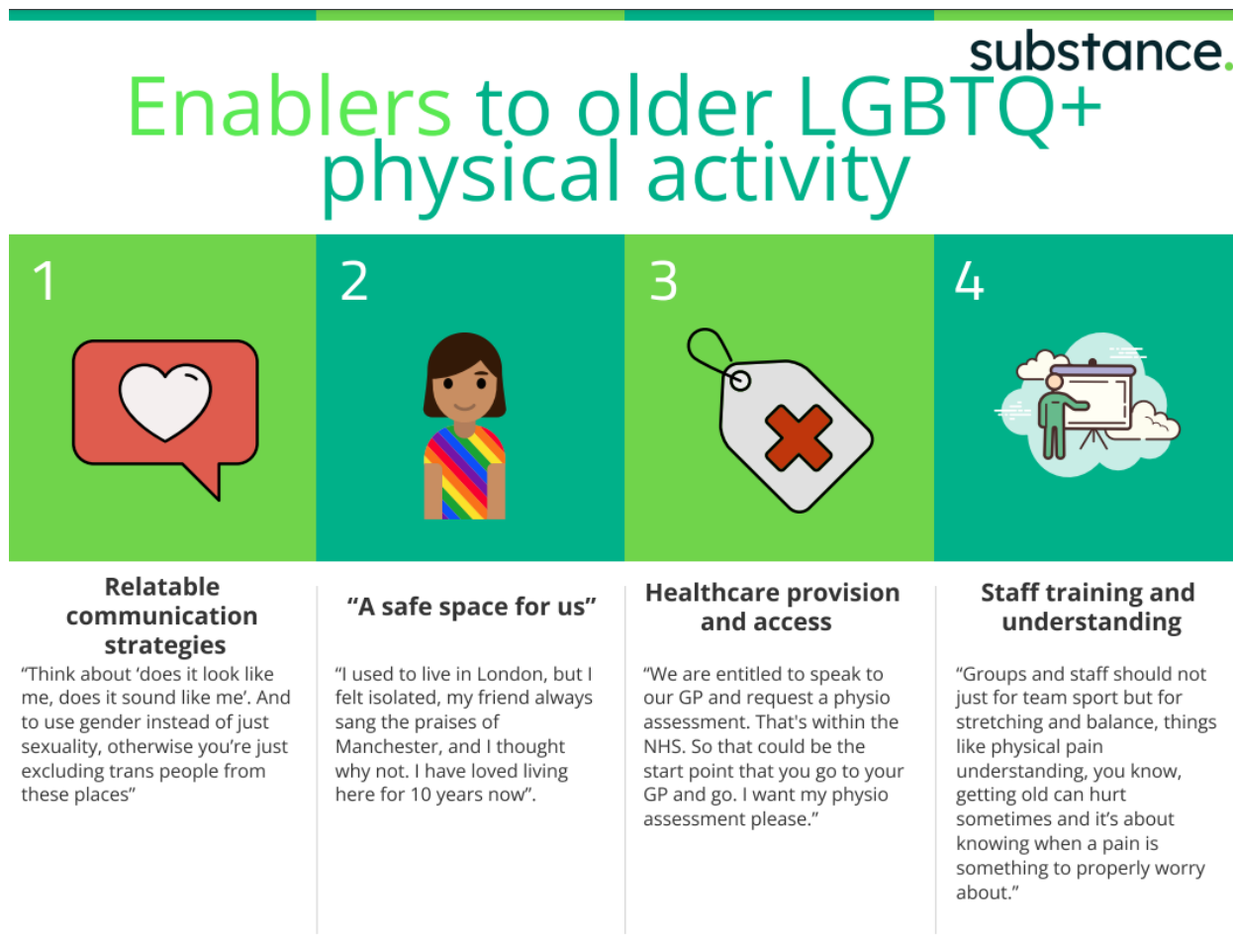


Figure 3: Infographic outlining enablers to older LGBTQ+ physical activity in GM.

There is merit in mentioning that the barriers to physical activity engagement can be used to signpost the enablers of physical activity. For example, physical activity spaces being seen as inaccessible was seen as a huge barrier to many interview partners, therefore an enabler would be to bring older LGBTQ+ stakeholders into planning discussions when developing leisure and sport facilities.

### Relatable communication strategies across sport and leisure

Promoting Inclusion should be a critical requirement to communication around Greater Manchester. Sexuality and gender are invisible, meaning we need inclusive campaigns that are relatable for everyone, interview partners discussed issues in spaces that are seen as 'hyper-hetero' such as swimming pools and gyms. Interview partners saw a huge benefit in posters and campaigns that show othered bodies taking part in exercise. By this, any promotion of bodies other than able, young bodies in physical activity spaces would give them confidence and happiness in being seen. However, it is noted that some interview partners that had life limiting impairments did not see too much use in communication strategies in physical activity spaces, and called for greater impetus being put onto pain understanding, balance and physical comfort classes.

Interview partners also mentioned the ways of communicating to the older LGBTQ+ community are key. The use of physical posters, leaflets and maps should be used as a primary communication tool. 52% of those offline are between 60-70 years old, highlighting an over-representation in digital exclusion datasets (GM Social Value Report, 2022). Therefore focusing on physical tools for engagement and awareness, were seen by the interview partners as critical. One interview partner discussed where you could put these:

*“And those can be scattered. They could be stuck on the back of toilet doors that they can be. Put into cafes. You know, the chatty cafe network [a scheme tackling loneliness and social isolation]. All you all kinds of places as well as activity centres.”*

Language was discussed as an enabler too. Interview partners discussed the need for participation in communication decisions around the older LGBTQ+ community, and the relationship between the disability community too.

*“Think about ‘does it look like me, does it sound like me’. And to use gender instead of just sexuality, otherwise you’re just excluding trans people from these places”*

### **“A safe space for us” – LGBTQ+ friendly physical activity practices**

Interview partners discussed that safe spaces were there for them and the older LGBTQ+ community. People saw this as a great benefit of Greater Manchester as three interview partners mentioned they moved from other areas of the UK in order to be closer to the LGBT community.

*“I used to live in London, but I felt isolated, my friend always sang the praises of Manchester, and I thought why not. I have loved living here for 10 years now”.*

There is no denying the strength Manchester and Greater Manchester has for LGBTQ+ recognition and community. The LGBT foundation has provided a link to providers of social, physical and mental support for the LGBTQ+ community to highlight the support that is available to those who need it. However, development is needed, and many interview partners argued that commercial safe spaces today are seen as too youth-orientated and actively ageist.

*“I went to an LGBT social and I was the oldest there by some distance. It felt like a waste of time being there to be honest”*

Interview partners also saw a need **for leisure and physical activity spaces to encourage connection between the older LGBTQ+ community themselves**. Policies such as a buddy system for encouraging physical activity engagement was discussed by one interview partner:

*“bring a friend and they try out a sport for free once to see if they like it. It would be good to see policies like that, and to see facilities put their money where their mouth is”*

Interview partners also mentioned that leisure centres and sports facilities should facilitate socials after for discussion and for friends of individuals attending to come in order to have a conversation and 'get comfortable' in a space such as a leisure centre. This was discussed as a way to offer members of the older LGBTQ+ inactive community to take steps towards participating in active ageing communities. Beginner sessions were discussed by interview partners, again to provide safety and comfort to those new to sport. Interview partners saw a great benefit in giving individuals a taste without 'signing up'. This is not a new idea, but it is something that was mentioned by four interview partners and follows a long line of research and writing to highlight the economic barriers marginalised identities face in respect to physical activity engagement (Jiao et al., 2022).

If you need support in what groups are out there for you, the LGBT foundation provides a great service in signposting groups for specific needs:

<https://lgbt.foundation/who-were-here-for>

### Healthcare provision and access

There is a call, not only from interview partners, but from literature for better data and information in respect to health and care services. For example, hospitals do not routinely collect data related to patients' sexual orientation (Beach, 2019), contributing to a lack of evidence around health outcomes. The pilot and the existence of monitoring standards do however, show a growing interest in providing support for those in need. But there is still no mandatory data collection process. Interview partners echoed similar anxieties around lack of knowledge in healthcare services and systems. In one interview, the conversation explored the lack of knowledge to what older LGBTQ+ individuals are entitled to:

"We are entitled to speak to our GP and request a physio assessment. That's within the NHS. So that could be the start point that you go to your GP and go. I want my physio assessment please."

Another interview partner, when the point above was raised to them, put forward the suspicion many older LGBTQ+ individuals have towards medical professionals due to the history many gay and trans individuals have experienced in their lifetime. They called for medical professionals to run targeted campaigns and what there is for the older LGBTQ+ community:

"As you mentioned earlier, the health inequalities are there, so why is there no targeted campaign?"

Interview partners recognised that even if there are specialist, or targeted services, these rarely exist outside of cities which have a higher concentration of LGBTQ+ populations. One interview partner who lived in a borough of Oldham discussed the difficulty in knowing what is around to provide support for their personal physical activity journey.

For those in need, PARS, a Physical Activity Referral Service provides a 12 week programme in Manchester is run by MCRactive. If your mental or physical health is stopping you from being active, you can self-refer to seek necessary professional advice and support.



## **Staff training and understanding of older LGBTQ+ identities**

*The need for training and education for service providers, not only is discussed in previous research projects (Government Equalities Office, 2018), it was reiterated throughout the interviews discussion around barriers to physical activity and sport. While interview partners did give examples of good practice, especially in public health and the NHS:*

*“My GP is great, they understand LGBTQ+ specific health issues and don’t make the whole process uncomfortable, not a bad word to say about them.”*

*As well as many LGBTQ+ specific spaces such as the walking group “[Out on Sunday](#)” a specific walking group for older LGBTQ+ members which is led by members of the LGBTQ+ community. However, members reiterate that the walk itself is for anyone “Anyone and everyone is welcome” said an interview partner. Other interview partners discussed their LGBTQ+ physical activity groups as a safe and comfortable environment where they can “express themselves”. Greater Manchester provides experiences from walking in the peak district to line dancing in the centre of Manchester ([Manchester Prairie Dogs](#)). What distinguishes these groups and the experience they provide for the LGBTQ+ community compared to leisure centres, sport clubs and physical activity groups is that they are predominately community led by the older LGBTQ+ community themselves.*

*Service providers can learn from LGBTQ+ specific spaces that seeing all older adults as having the same issues and being treated the same contributes to inaccessibility and social isolation for LGBTQ+ adults (Choi and Meyer, 2016). As previously highlighted, this needs to be policy and staff practice across Greater Manchester conscious of heterogeneity in older members of society. Every individual in the sample who regularly attended a sport/physical activity space kept their sexuality and/or gender hidden, and while this is a reflection on heteronormativity in wider society, staff need further training, and confidence in a zero tolerance to abuse like this. While three interview partners said disclosing their sexual orientation/gender identity would damage their relationships with service providers. Visibility and awareness of the intersectional identity of the older LGBTQ+ community is something that planners in leisure and sport could and should do. Discrimination and stigma, as shown through the findings and literature (Fredrikse-Goldsen et al., 2013), can deter older LGBTQ+ people from accessing programmes.*

*There is a clear need to outline that enablers for physical activity engagement for the LGBTQ+ community is not a task for the LGBTQ+ community itself. Three interview partners discussed how physical activity in general does not cater for older age individuals. One interview partner argued that physical activity is:*

*“Not just for team sport but for stretching and balance, things like physical pain understanding, you know, getting old can hurt sometimes and it’s about knowing when a pain is something to properly worry about.”*

*This relates to healthcare provision and access (4.3.) however if leisure and sport provide spaces for alternate educational activities, as well as team based sport activities, interview partners saw this as a positive sign of older adult integration into physical activity space and conversations.*

## 5. Person centred approach

*A person centred approach was touched on by four interview partners when explaining what they wanted from organisations:*

*Overall, there was a sense that the more important focus was on:*

- *Understand people's preferences and needs. This doesn't mean interrogation of their ability, sexuality and trans status. Instead it means take time to understand audiences lifestyles, motivations and barriers to being active.*
- *Engage with new connections and listen to experts of lived experience to design and develop opportunities.*

*The discussion correlates with Activity alliances findings in 'inclusive recovery: include me as we return to activity' and shows the relationship between the disabled communities needs and the older LGBTQ+ community.*

## 6. Support from LGBT Foundation

*The LGBT foundation have been key stakeholders and champions of gender and sexuality based equality in sport throughout this research project. Initial inception meetings and recruitment drives were invaluable, but also the LGBT foundation kindly invited Substance to take part in a Pride in Aging network meeting, in which we discussed findings from the research and whether this resonated with members of the group. This reference group had a huge help in heralding the importance of community organisational development – and to push for a “get fit for pride march” relatable campaign for LGBTQ+ networks in Manchester. Substance thanks LGBT foundation for their help in this work, and the development of the LGBTQ+ Over 50s Research Webinar that took place in February 2024.*

## 7. What's next, what do we need

*This piece of research has highlighted that sexual orientation and gender identity have significant impact on your physical and mental health and wellbeing. Existing evidence shows that health outcomes are generally worse for older people, as well as the LGBTQ+ community (Government Equalities Office, 2018). The interview data in this research piece has confirmed this concern. What does Greater Manchester need to prioritise in their mission for equitable access and enjoyment in activity for all?*

# Greater Manchester 6-Point Improvement Framework for the older LGBTQ+ community

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## Understanding access to health and NHS services

Interviews outlined severe lack in knowledge for services individuals are entitled to. NHS physiotherapy; social prescription, and services such as PARS need to be front and centre for PA improvement.



## Collaborative design: equity and diversity training

A collaboration across healthcare, physical health services, leisure and advocacy coalitions is key to develop more intersectional policies that respond to the real need for staff and training that responds to the needs of older LGBTQ+ communities.



## Relatable Communications

Not only to highlight provision across different boroughs for individuals who need it, but to also tackle exclusionary images in spaces such as gyms that fail to recognise older LGBTQ+ people in their advertising campaigns.



## Community organisational development

A need for the community in the communication around physical activity engagement. "Get fit for the pride march" was discussed as a way to develop attainable communications strategies closer to the hearts of those in the LGBTQ+ community.



## Zero tolerance policy to abuse

Interviews have highlighted a huge issue in trans/homophobia in Greater Manchester and wider UK society. Zero tolerance and signage of zero tolerance in public spaces is critical.



## Pivot to Wellbeing

We are nearing the end of the discovery phase of Pivot to Wellbeing (GMMoving), therefore it is important to share learning from this report to work together and respond to challenges people face in the services in Greater Manchester.

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Figure 4: Infographic to outline 6-point improvement in physical activity and sport engagement in the older LGBTQ+ community.

### **7.1. Access to Public Health and NHS services**

*In order to have the needs of older LGBTQ+ people considered throughout the health system there needs to be active signposting of systems in place that individuals are entitled to. This includes physiotherapy assessments through the NHS; social prescription prevention across GM, and - in line with the Government's LGBTQ+ action plan - advise with LGBTQ+ people on ways to improve the care of LGBTQ+ people receive when accessing the NHS and public health. In essence, to provide environments where older LGBTQ+ people feel safe and comfortable.*

### **7.2. Equity and diversity training for the needs of older LGBTQ+ people.**

*To support inclusion, action is needed to improve concerns around the sport and physical activity services older LGBTQ+ individuals use. Equality and diversity training, specifically around older LGBTQ+ people is needed. Pride in practice, supported by LGBT Foundation - which operates with primary care across Greater Manchester - could inform efforts to improve the services in leisure and physical activity that are developed through their already comprehensive health and social care framework. A collaboration across healthcare, physical health services, leisure and advocacy coalitions is key to develop more intersectional policies that respond to the real need for staff and training that responds to the needs of older LGBTQ+ communities. In practice, this might mean integrating "fair ageing policies" to ensure support and protection for older LGBTQ+ people.*

### **7.3. To disseminate relatable communications to older LGBTQ+ people across GM in leisure and sports facilities.**

*A relatable communications strategy across GM is desperately needed. Not only to highlight provision across different boroughs for individuals who need it, but to also tackle exclusionary images in spaces such as gyms that fail to recognise older LGBTQ+ people in their advertising campaigns. Campaigns such as "We are Undefeatable" were not discussed by any interview partner in the interviews, calling for a greater push on campaigns that use person-centred approaches in their core aims of service delivery.*

### **7.4. Community organisational development**

*Through report development discussions with LGBTQ+ active aging stakeholders, there was a need to highlight the community in the communication around physical activity engagement. "Get fit for the pride march" was discussed as a way to develop attainable communications strategies closer to the hearts of those in the LGBTQ+ community. Research suggests that marathons to inactive individuals damage physical activity engagement (Frameworks Institute, 2020), a need to not only centre communication around heterogeneity, but also campaigns that are closer to communities such as the LGBTQ+ are needed.*

### **7.5. Zero tolerance policy to abuse in leisure and sport facilities**

*Interviews have highlighted a huge issue in trans/homophobia in Greater Manchester and wider UK society. Existing bodies of research such as the national LGBT survey indicates that abusive incidents are nothing new. This cannot be normalised for any group and policy to ensure a one incident and out the door system is key to promote older LGBTQ+ engagement in physical activity. This was built upon in report development discussions with older LGBTQ+ stakeholders, **zero tolerance and signage of zero tolerance in public spaces is critical.***

## 7.6. Pivot to Wellbeing

*We are nearing the end of the discovery phase of Pivot to Wellbeing (GMMoving), therefore it is important to share learning from this report to work together and respond to challenges people face in the services in Greater Manchester. Re-designing systems and processes requires a heterogeneous view on community and the findings in this report highlight a greater need for a collective leadership approach to work through the aftermath of the COVID-19 pandemic, and the current cost of living and austerity hardship many individual is experience.*

## 8. Future research recommendations

*This piece of research was an initial qualitative exploratory piece of work. While the proposal has a explored a series of barriers to older LGBTQ+ physical activity participation; an improvement framework, as well as data and literature driven development areas for access, there is still a lot more that can be done.*

- *Peer researcher project: there is a need encourage a participatory methodology with the older LGBTQ+ community. This will provide an expert-through-experience researcher to analysis and write up findings that are rooted in lived experience of identity. A peer researcher approach will also upskill older LGBTQ+ individual's to collect, analyse, and explain data around physical activity engagement, with an aim to reduce common hierarchies and power dynamics in research.*
- *Due to the small sample size, there were limitations to including ethnicity and class in this intersectional analysis. A future research project outlining the importance and impact of ethnicity and class in the older LGBTQ+ community for physical activity engagement is key to understanding the varying degrees of barriers to individuals in Greater Manchester.*
- *Secondly, data collection and social network mapping would be an invaluable process to specifically asset map the LGBTQ+ inclusive and accessible activity spaces across Greater Manchester. LGBTQ+ asset maps are not a new revelation. However, a regional network map that intertwines transport, accessibility, price, intensity, and time of activities that can be built through network mapping, printed out, and dispersed across points of access for the older LGBTQ+ community; the GM Moving and LGBT foundation website.*
- *Finally, to take this report and the numerous findings to practitioners that have access and ability to change policy across the leisure and activity landscape of Greater Manchester. A focus group with older LGBTQ+ individual's and leisure and sport centre stakeholders is key, to discuss what can be done to create a less exclusionary environment in the context of Greater Manchester.*