

Precarious Lives

Financial and material hardship among older LGBTQ+ people in London



A report by Tonic Housing
Funded by Trust for London



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Precarious Lives shows that a substantial number of older LGBTQ+ people in London are experiencing significant financial and material difficulties, due to a combination of four factors.

Discrimination

We look at the impact of a lifetime of discrimination on the financial wellbeing of older LGBTQ+ people, and show that discrimination and disadvantage are worse for particular groups, notably:

- LGBTQ+ people of colour.
- LGBTQ+ disabled people.
- Trans and nonbinary people.

Social isolation

We explore the high levels of social isolation, and the low expectations of institutional support, among older LGBTQ+ people, and how these affect financial wellbeing. Findings include:

- 64% of people who answered the survey were living alone.
- They were far more likely to be using support from charities, including food banks, than those living with others (18% vs 3%).

Long-term health conditions

The report looks at the high levels of disability among older LGBTQ+ people, how disability can increase social isolation, and how both impact financial health. Findings include:

- 60% of respondents were disabled.
- They were twice as likely to be finding it 'very' difficult to manage financially than non-disabled people (56% vs 26%).

Financial stress

The report shows how living in London is a mixed blessing for older LGBTQ+ people. Findings include:

- 34% of respondents had a household income of less than £15,000 per annum, which is less than the Minimum Income Standard for London.
- Renters were three times more likely to be finding it difficult to manage financially than homeowners (62% vs 19%).

SUMMARY

Precarious Lives is a research project exploring financial and material hardship among **LGBTQ+** over-50s in London. It was begun in 2022 by Opening Doors; after the closure of the latter the project was taken on by Tonic Housing in 2024; this report is published in 2025. The project has been funded by Trust for London.

The research involved both a literature review and a survey, the latter of which was in both paper and electronic form and gained 134 respondents. We also conducted focus groups and interviews with an additional 39 participants, either online or in person. The participants in the focus groups and interviews were largely **people of colour**, an unintended yet significant outcome of prioritising people on low incomes and those living in the private rental sector.

London has a large population of older LGBTQ+ people. Indeed, the most recent Census revealed that 20% of the nation's **LGB+** population aged 55 and over live in London (whereas only 12% of the overall population of this age group live in the capital). Nevertheless, the research on this population – including its financial and material wellbeing – has been very limited.



This report throws light on a hidden population of older LGBTQ+ Londoners suffering financial and material hardship. It also highlights that there are particular factors which help explain why LGBTQ+ elders can face such difficulties. We have grouped these factors into four areas in this report: discrimination; isolation; long-term health conditions; financial stress.

Terms in bold are among those that are defined in the Glossary, on page 41.

Discrimination

We demonstrate how discrimination damages the opportunities that an individual has to earn and save, and how the lifetime of discrimination that has been faced by older LGBTQ+ people can have a long-term impact on their financial and material wellbeing. In addition, by adopting an **intersectional** framework we show that the experience of discrimination – and its associated disadvantage – is worse for particular groups:

- LGBTQ+ people of colour
- LGBTQ+ disabled people
- Trans and nonbinary people

We show how discrimination can result in people experiencing ostracisation or **social exclusion**, which can further damage their financial and material opportunities. As one asexual man told us, “Being a black person who is LGBTQ is so much harder than being a white person, because the black community is not really accepting – not all of them agree with this choice we have made.”

In addition, we show how discrimination can impact physical and mental health, which can attract additional discrimination and disadvantage. As one 67-year-old trans respondent told us, “I think being trans has made me kind of isolated, people around me tend to see me as, can I say, kind of trash. I think it has affected my mental life.”

The account of a 52-year-old nonbinary person was particularly revealing: “When I was young I used to face a lot of discrimination because of my looks and how I was perceived, and at that time I was deprived of opportunities. I would say that all of those things have impacted my employability. My mental health has been impacted – being able to work full time. So, yes, because of those things I have zero ability to save.”

“When I was young I used to face a lot of discrimination because of my looks and how I was perceived. My mental health has been impacted.”

Isolation

Isolation is a significant contributory factor for financial and material hardship, and previous research has shown that LGBTQ+ people are more prone to isolation as they age. Isolation means that people are less likely to receive help from social networks, including financial help; and they are less likely to access other sources of help that may be available to them, including benefits. In addition, older LGBTQ+ people are far less likely to have children to support them than the general population. Of the people who answered our survey:

- 36% would not expect any social support – from a spouse or partner, family members or friends – in the event of serious difficulties.
- 58% said that they would not expect help from support services if they had serious difficulties.

Older LGBTQ+ people are sometimes more comfortable using services tailored to them. However, services specific to LGBTQ+ people are not always available. 24% of those answering our survey said that they would be interested in these services, but they were either not on offer locally or if they were they did not meet their particular needs. The survey was conducted before the closure of Opening Doors, which provided a variety of support services for LGBTQ+ over-50s in London.

The proportion of survey respondents who were living alone was very striking (64%), and we found that they were much more likely to be experiencing difficulties in their lives, because of costs, than people who were living with others. When comparing people living on their own with those living with others, we found that they were:

- Much more likely to be finding it ‘somewhat’ or ‘very’ difficult to manage financially (45% vs 31%).
- Far more likely to be using support from charities, including food banks (18% vs 3%).
- Far more likely to be reducing the number of meals they ate (25% vs 3%).

“To be quite blunt I think I have zero support. I’m estranged from my family, I don’t have a partner, I live on my own, so yes, I am completely isolated.”

As one 66-year-old gay man told us, “To be quite blunt I think I have zero support. I don’t have family support, I’m estranged from my family, I don’t have a partner, I live on my own, so yes, I am completely isolated.” As he went on to tell us, “Food-wise, I just buy things which are reduced, so I wait for 8pm or 9pm and go to the supermarkets and just buy reduced products.”

Long-term health conditions

Long-term health conditions can have a significant impact on an individual's financial and material wellbeing, and previous research has shown that older LGBTQ+ people report notably poorer health outcomes. As one 58-year-old trans man told us, "I'm always scared of the future when it comes to health."

"I'm always scared of the future when it comes to health."

Long-term health conditions can have direct costs associated with them. However, they can also damage an individual's ability to work and save, and can themselves attract discrimination. As a 51-year-old bisexual woman told us, "Having a mental health issue gives anxiety problems and makes it difficult to save up, and most times employers find it difficult to give employment to a mentally challenged person."

The proportion of survey respondents who were **disabled**, according to the **Equality Act 2010** definition, was very striking (60%). Notably, many more disabled people than non-disabled people had no expectation of social support – from a spouse or partner, family members or friends – in the event of serious difficulties (58% vs 32%). In addition, in comparison to non-disabled respondents, disabled people were:

- More than twice as likely to be finding it 'very difficult' to manage financially (56% vs 26%).
- Far more likely to be using support from charities, including food banks (21% vs 5%).
- Far more likely to be reducing the number of meals they ate (28% vs 8%).



Financial stress

Living in London can be double-edged for older LGBTQ+ people. They belong to generations for whom the capital offered a relatively tolerant environment and a place where they could find community. However, living in the capital comes at a high financial cost, and our report throws light on a population that is struggling but under-acknowledged – belying stereotypes about the supposed financial privilege of older LGBTQ+ people. As a 55-year-old gay man told us, “I think the city of London has me in its chokehold!”

“I think the city of London has me in its chokehold”

London has a high proportion of renters, and research has shown that they are under particular financial stress. In our survey, people living in rented accommodation were three times more likely to be finding it difficult to manage financially than homeowners (62% vs 19%). As a 58-year-old trans man told us, “I’m in

a rented accommodation and every day I think, what if the landlord should increase the rent, would I be able to afford it, would I be able to pay? If I’m unable, would I be on the street?”

Another group under particular stress was those below the State Pension age – between 50 and 64 – who were almost 50% more likely to be having financial challenges, and to be finding it ‘somewhat’ or ‘very’ difficult to manage financially, than those over this age (44% vs 30%). This echoes other research which demonstrates how the State Pension appears to ease financial disadvantage in ways working-age benefits do not.

Some questions in our survey asked about changes in pastimes and activities due to increasing costs, and here the proportion of people who had made changes was high. Notably, 48% said that their ability to participate in social activities had been impaired. So-called ‘discretionary’ spending on socialising may be especially important for LGBTQ+ people, who may be able to rely less on **families of origin** and neighbourhood networks.

Many of the people who answered our survey were in households where the income was less than £15,000 per annum, which is less than a recognised minimum for a socially acceptable living standard in London. When comparing these people with those on a higher income, they were:

- Twice as likely to be finding it difficult to pay energy bills (84% vs 42%).
- Far more likely to be using support from charities, including food banks (32% vs 4%).
- Far more likely to be reducing the number of meals they ate (38% vs 10%).

Conclusion and recommendations

Our research demonstrates that a substantial number of older LGBTQ+ individuals in London experience significant financial and material difficulties. This is due to direct discrimination, as well as a high prevalence of isolation and long-term health conditions, all of which are made worse by the financial pressures of living in the capital.

Discrimination limits opportunities to earn and save, and lifelong discrimination has impacted the financial and material wellbeing of many older LGBTQ+ people. Isolation can contribute to hardship, and LGBTQ+ people are more prone to isolation as they age. Long-term health conditions can impact an individual's fortunes, and older LGBTQ+ people report notably poorer health outcomes. Finally, London has been a relatively welcoming place for older LGBTQ+ people, but it is also expensive, and this research reveals a population that is struggling but under-acknowledged.

At the end of this report we set out recommendations for a London-wide community-led strategic action plan to address these issues. We envisage a community-led plan that:

- **Addresses hardship and social exclusion** among older LGBTQ+ Londoners.
- **Reaches those in need** by looking at interventions for those facing the most acute discrimination and disadvantage.
- **Raises awareness** of these issues among LGBTQ+ individuals, media, and community organisations.
- **Encourages collaboration** between LGBTQ+ community organisations, local authorities in London and the Mayor.
- **Encourages partnerships** between LGBTQ+ community organisations and older people's charities.
- **Identifies funding** required to implement the agreed-upon actions.





FOREWORD

Precarious Lives presents deeply unsettling findings. It highlights the significant financial hardships faced by older LGBTQ+ people in London as a result of discrimination and social isolation.

Tonic is a community-led organisation which was established in 2014 to address the issues of loneliness and isolation of older LGBTQ+ people. Our development of the UK's first LGBTQ+ retirement community in Vauxhall was shaped by the 2020 study Building Safe Choices, conducted in collaboration with Stonewall Housing and Opening Doors. It was following the closure of Opening Doors in 2024 that Tonic proudly took on Precarious Lives.

We extend our gratitude to all of the participants of this research project for taking part and sharing their personal experiences of hardship.

The survey responses and the insights from focus groups and interviews indicate that certain members of our communities – namely LGBTQ+ people of colour, LGBTQ+ disabled people and trans and non-binary people – face particularly profound hardship.

The findings of this report emphasise the need for community-led solutions such as Tonic, to address the needs of older LGBTQ+ people and to combat loneliness and social isolation. This is particularly crucial following the closure of Opening Doors.

Tonic is committed to continuing to collaborate with other LGBTQ+ community groups and organisations to amplify the voices of older LGBTQ+ people, particularly those experiencing severe hardship, and advocate for changes that will improve their lives.

Tonic will incorporate the recommendations of this report and is eager to partner with funders, as well as with local, regional and national decision-makers, to identify gaps in service provision and to determine how services can be improved. This will ensure that older LGBTQ+ people experience less discrimination, less social isolation and reduced financial hardship.

Terry Stacy MBE
Chair, Tonic Housing

INTRODUCTION

Precarious Lives is a research project exploring financial and material hardship among **LGBTQ+** over-50s in London. The capital has a large population of older LGBTQ+ people: the most recent Census revealed that 20% of the nation's **LGB+** population aged 55 and over live in the city (whereas only 12% of the overall population of this age group live in the capital).¹ Nevertheless, the research on this population – including its financial and material wellbeing – has been very limited. Our aim has been to engage with older people from all sections of London's LGBTQ+ community, asking those with first-hand experience to share their stories to inform and support positive change.

Precarious Lives was started in October 2022 by Opening Doors, with a multi-year funding commitment from Trust for London. Sadly, the former organisation had to close in February 2024, and Tonic Housing was invited to take on the project and its associated funding in order to complete the research. The two organisations had previously worked together on Building Safe Choices 2020, a research project which explored the housing, care and support requirements of older LGBTQ+ people in London.²

The original proposal for Precarious Lives was developed in the shadow of the **cost of living crisis**. However, the causes of financial and material hardship among older LGBTQ+ people in London – even if exacerbated by the latter crisis – are complex and deep-rooted. Moreover, these causes are interwoven with the historic experiences of this group, and one of the challenges in this report is to convey that older generations of LGBTQ+ people grew up in times when the social context – both public attitudes and the law – was very different to today.





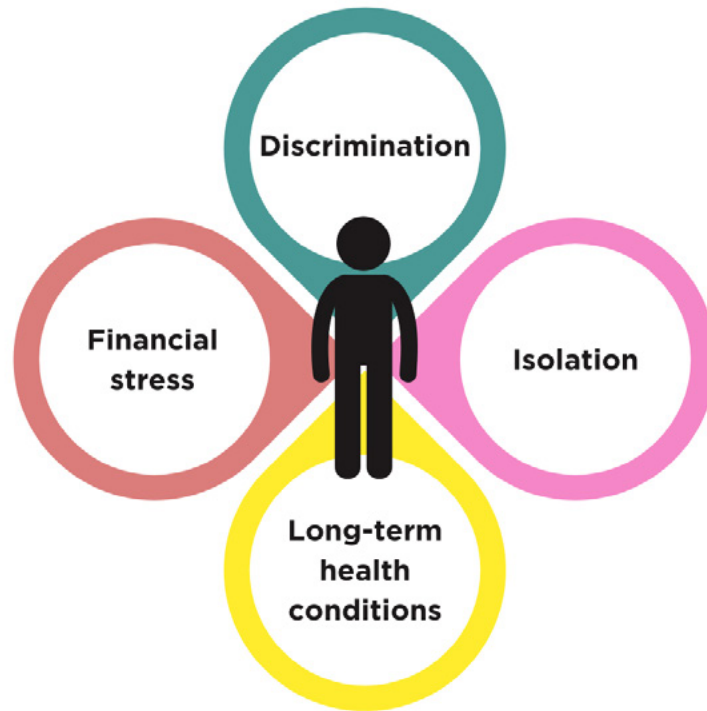
Some of these differences are very stark. For example, from the 1950s to the 1970s **conversion therapy** for homosexuality, including electric shock treatment, was an accepted medical practice. The 1980s and 1990s saw the horrors of the **AIDS crisis**, which had a particular impact on gay men, leaving a legacy of loss and trauma. From the late 1980s to the early 2000s **Section 28** prohibited local authorities from intentionally promoting homosexuality and forbade local authority schools from teaching the ‘acceptability’ of homosexuality as a ‘pretended family relationship’.

One tool that we used in our work was a survey, in both paper and electronic form, which reached 134 respondents. We also conducted focus groups and interviews with an additional 39 participants. It is notable that the participants in the focus groups and interviews were, overall, largely **people of colour**, an unintended outcome of prioritising people on low incomes. Another challenge in this report is to convey how multiple factors can interplay to produce disadvantage – this is an **intersectional** understanding of disadvantage, which reflects how the discrimination a person may face due to their LGBTQ+ identity can be compounded by other factors such as ethnicity and disability.

The research coalesced around four main themes, representing the most significant factors for financial and material hardship among LGBTQ+ elders: discrimination; isolation; long-term health conditions; and financial stress. The report is structured around these four themes, which we demonstrate can come together to produce financial and material hardship (Ill. 1).

INTRODUCTION

A final challenge in this report is to demonstrate the systemic nature of disadvantage, in which the line between cause and effect can be blurred. For example, social isolation can be a cause of disadvantage, but disadvantage can itself have isolating effects. Financial and material hardship is a systemic problem, and one which requires a systemic response. The concluding section of the report focuses on our recommendations to alleviate hardship, and takes such a systemic approach – one that focuses on collaborative and co-produced initiatives.



III. 1: Factors in financial and material disadvantage

PROJECT PARTNERS

Opening Doors

The literature review for Precarious Lives, together with quantitative data gathering via a survey, was conducted under the stewardship of Opening Doors. Until its closure in 2024, Opening Doors was the largest UK charity providing information and support services specifically for LGBTQ+ over-50s. It was a membership organisation offering regular social opportunities across London and beyond, helping to develop networks and communities for the people it supported. Opening Doors also offered specialist training for statutory and voluntary organisations such as care homes, housing associations and hospitals, to help them understand the needs of older LGBTQ+ people.

Tonic Housing

The qualitative data for Precarious Lives – collected via a set of focus groups and interviews – was gathered by Tonic Housing which has also overseen the creation of this report. Tonic Housing was established in 2014 to address the issues of loneliness and isolation of older LGBTQ+ people, and the need for specific housing and support provision. Its mission is to create and promote vibrant and inclusive LGBTQ+ affirming retirement communities, where people can share common experiences, find mutual support and enjoy their later life. Tonic Housing is driven by the demand of older LGBTQ+ people for better choices in housing and support, and its projects are co-produced and community led.

Trust for London

The funding for Precarious Lives has been provided by Trust for London, which has been supporting work for a fairer city since 1891. They believe that all people have the right to reach their full potential, and they fund organisations that are working at the frontline of social and economic justice. Trust for London gives around £10m each year to groups fighting for a fairer London, from community groups helping people build skills and knowledge, to large scale campaigns and research. Trust for London was the funder for Still Out There, a report from 2016 exploring the unmet needs of LGBTQ+ Londoners and which is an important precursor to Precarious Lives.

Precarious Lives Advisory Board

The project benefited from an Advisory Board that included members of different organisations and networks from the LGBTQ+ sector, and others with a range of subject specialisms and skills. The Advisory Board consisted of the following people:

- Rob Berkeley (Managing Editor, BlkOutUK.com).
- John G. (Organiser, London Bisexuals Meetup Group).
- Osian Jones (Head of Corporate Strategy, London Borough of Camden).
- Daragh McDermott (Professor of Social & LGBTQ+ Psychology, Nottingham Trent University).

PROJECT PARTNERS

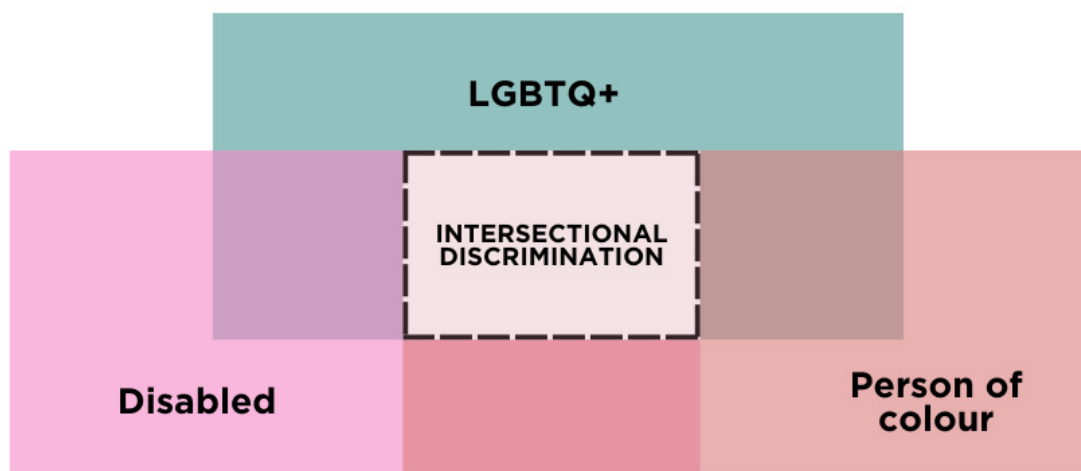
- John McGeachy (Campaigns Manager, Age UK London)
- Thai O'Reilly (Senior Practitioner, Advice & Advocacy, Stonewall Housing).
- Jaz Owen (Senior LGBT+ Hate Crime Advocate, GALOP).
- Ripon Ray (debt expert and founder of the Debt Talk podcast).
- Robbie de Santos (former Director of Communications and External Affairs, Stonewall).
- Sarah Wilkinson (Evidence Manager, Centre for Ageing Better).
- Abigail Wood (Chief Executive Officer, Age UK London).



1. DISCRIMINATION

The theory of **minority stress** can help us understand the way in which the effects of prejudice can accumulate over the course of an individual's life, impacting their physical and mental wellbeing. Moreover, what is known as **life course theory** can help us understand the powerful connection between individual lives and the historical and socioeconomic context in which these lives unfold. The people in this study were in their 50s and above, and had their life experiences shaped in eras in which overall levels of discrimination against LGBTQ+ people were often much higher than today (see Timeline, page 44).

The link between the long-term discrimination experienced by LGBTQ+ people and financial and material disadvantage is evidenced, for instance, in work by Scottish Widows that shows the lower levels of financial health that LGBTQ+ people experience in retirement.³ In our analysis of the discrimination faced by older LGBTQ+ people we are particularly interested in an **intersectional** framework, one that recognises how multiple aspects of an individual's social and political identities – including factors such as age, gender, race, ethnicity, class, sexuality and disability – can combine to create unique modes of discrimination (///. 2).



///. 2: An example of intersectional discrimination

The intersectional factors that can contribute to the discrimination faced by older LGBTQ+ people include **ageism, sexism, racism** and **disablism**, and Scottish Widows also demonstrates that women, people of colour and disabled people all experience financial inequality on retirement.⁴ Further research has highlighted that older lesbians may be economically disadvantaged by gendered inequality in the labour market, particularly if they have had roles as carers and/or mothers.⁵ This intersectional approach echoes other findings, such as work by Age UK London which demonstrates how intersecting inequalities impact life satisfaction among older Londoners.⁶ In recent years researchers have started to take an intersectional approach to LGBTQ+ inequality, and this is an approach that we have found useful in our analysis.⁷

What we found

The intersectional nature of the discrimination faced by older LGBTQ+ people was explored by us in part through our survey. One notable aspect of this survey was the high proportion of respondents who were disabled – a finding addressed in a subsequent section of this report, on long-term health conditions. However, additional intersectional factors became clear when we spoke to people in our focus groups and interviews.

The impact that racial discrimination has on opportunity emerged as a particular theme within our conversations. As one 55-year-old Black man explained, “I do not see my sexuality as a problem in this situation, but my colour I think speaks out in a whole lot of places.” Previous research has shown that individuals in households headed by someone of Black identity have an average **poverty** rate of 40%.⁸

In contrast, for the white group it is 20%. People of colour are more likely to receive low pay if they are in work, due in part to their concentration in low-paid sectors,⁹ and their risk of remaining in persistent poverty is especially high, due to the experience of racism and discrimination when seeking to progress.¹⁰

“I do not see my sexuality as a problem in this situation, but my colour I think speaks out in a whole lot of places.”

In our focus groups and interviews, a high level of discrimination was reported by trans and nonbinary people. Society may have become more accepting of gay and lesbian people in recent years, but attitudes towards trans and nonbinary people have shifted more slowly, and public acceptance of trans people has been in decline in recent years.¹¹ Research has shown that older trans people can find it harder to maintain employment, and are more likely to have been self-employed, which can affect their financial health in later life.¹² **The Equality Act 2010** made it illegal to discriminate on the grounds of **gender identity**, but discrimination

may still be rife. As a 67-year-old trans respondent told us, “I think it’s more difficult to find a job as a trans person. Most times if I am applying for anything, I like to avoid speaking about my orientation as people see it as a kind of barrier to giving me work.”

The impact on connection

In the next section of this report we look at how social isolation can contribute to financial and material disadvantage – and how, for example, someone who cannot turn to a partner, friends or family may be at greater risk if they face financial difficulties. However, there is an extreme form of social isolation that is linked to discrimination, and that is **social exclusion**, in which people are actively blocked from or denied full access to social resources. There is some research on the impact of social exclusion on LGBTQ+ people, including how the exclusion of LGB people can impact their access to housing.¹³

Social exclusion was a theme that came up in a number of our conversations. Some people of colour said they had been excluded or ostracised from their families, or their wider ethnic community, because of their LGBTQ+ identity. As an older lesbian of colour explained, “Basically, joining the LGBTQ community at an older age was the main reason that most of my family members detached from me.” As one asexual man told us, “Being a black person who is LGBTQ is so much harder than being a white person, because the black community is not really accepting – not all of them agree with this choice we have made.”

Trans and nonbinary people also reported being excluded or ostracised. As the above mentioned 67-year-old explained, “I think being trans has made me kind of isolated, people around me tend to see me as, can I say, kind of

“I think being trans has made me kind of isolated, people around me tend to see me as kind of trash. I think it has affected my mental life.”

trash. I don’t really have a lot of friends since coming out with my orientation, I tend to be by myself. I think I am mostly isolated most times, even at home I most times don’t have anybody to converse with. I think it has affected my mental life.”

The impact on health

In a later section of this report, on long-term health conditions, we will trace the impact that a lifetime of discrimination can have on the wellbeing of older LGBTQ+ people, as previous studies have shown that they report poorer outcomes for both physical and mental health. We will also look at how disability can contribute to financial and material disadvantage and we explore this link among people who answered our survey. The connection between discrimination, health and financial and material disadvantage was also clear in some of the personal testimonies given in the focus groups and interviews.

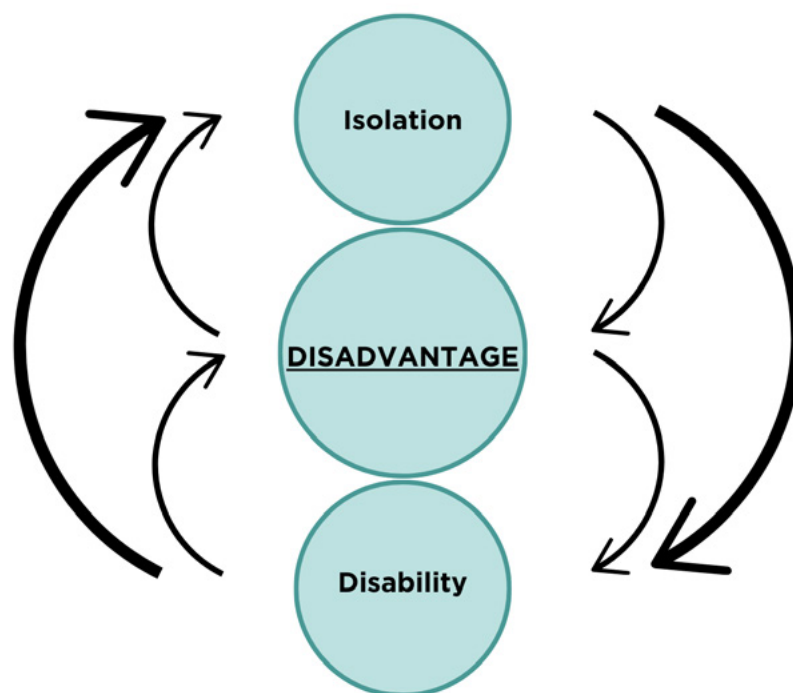
The account of a 52-year-old nonbinary person was particularly revealing: “When I was young I used to face a lot of discrimination because of my looks and how I was perceived, and at that time I was deprived of opportunities. Also lack of education because of **Section 28**, and being extremely bullied at school for sexuality and gender identity from year five, and then I left home very early, at 14, because I was queer. I would say that all of those things have impacted my employability. My mental health has been impacted – being able to work full time... So, yes, because of those things I have zero ability to save.”

While discrimination can have an impact on physical and mental health it is also true that long-term health conditions can themselves result in an individual being subject to additional discrimination. Discrimination on the grounds of disability is illegal under the Equality Act 2010, but this does not mean that it has disappeared. As one 51-year-old bisexual woman told us, “Having a mental health issue gives anxiety problems and makes it difficult to save up, and most times employers find it difficult to give employment to a mentally challenged person.”



2. ISOLATION

Previous research has shown that social isolation and loneliness are associated with economic disadvantage.¹⁴ People who do not have the support of a partner, family or friends may have lower expectations of monetary support if they get into financial difficulties. While those who are socially isolated may find it harder to get information about, or access to, the support that is available to them, such as benefits. In addition, while isolation can be a cause of disadvantage, disadvantage can itself have isolating effects. Moreover, isolation can interact with other risk factors that we address in this report – and research has shown that it can impact the physical and mental health of older LGBTQ+ people.¹⁵ Isolation can therefore be part of a complex system of disadvantage, in which cause and effect are not always distinct (/// 3).



/// 3: A complex system of disadvantage



The risk of isolation can increase as people experience the social changes associated with later life and research shows that few older Londoners feel that the capital is a place where older people are valued.¹⁶ Other research has drawn attention to **ageism** within the LGBTQ+ community – showing that, for instance, spaces specific to LGBTQ+ people can be youth-focused, which can lead our elders to feel excluded from their own communities.¹⁷ In addition, the risk of **digital exclusion** increases with age, which can itself have a financial and material impact, for example by making it harder to access information about benefits.¹⁸ The issue of isolation is not unique to older LGBTQ+ people, but in this section we show why they can be particularly at risk of isolation, and what kinds of support they may need.

One reason why older LGBTQ+ people are more likely to be isolated in older age is that they are far less likely to have children to support them than the general population. Indeed, it is estimated that 90% of LGBTQ+ elders are ageing without children.¹⁹ In addition, they are less likely to be in relationships, and more likely to be estranged from their **families of origin**.²⁰ As a result they are especially vulnerable to isolation and loneliness. Previous research has shown how older LGBTQ+ people can successfully develop support networks – including **chosen family** – that can aid their **resilience** as they age.²¹ However, many people that we spoke to were having problems finding social support. This echoes other research, which suggests that among older LGBTQ+ people, chosen family does not always compensate for weaker kinship ties.²²

What we found

One of our survey questions asked people about their relationship status. This revealed that 73% of the sample were single (including those who characterised themselves as divorced, separated or widowed). Another question asked people how many other adults lived with them in their household, revealing that 64% were living without any other adult company.

“The worst part of everything is: I am going through this phase of my life alone.”

Notably, men were much more likely to be living alone than women (67% vs 47%). This echoes previous research, which has shown that older gay, bisexual and other non-heterosexual men are significantly less likely to have a partner than their heterosexual peers.²³

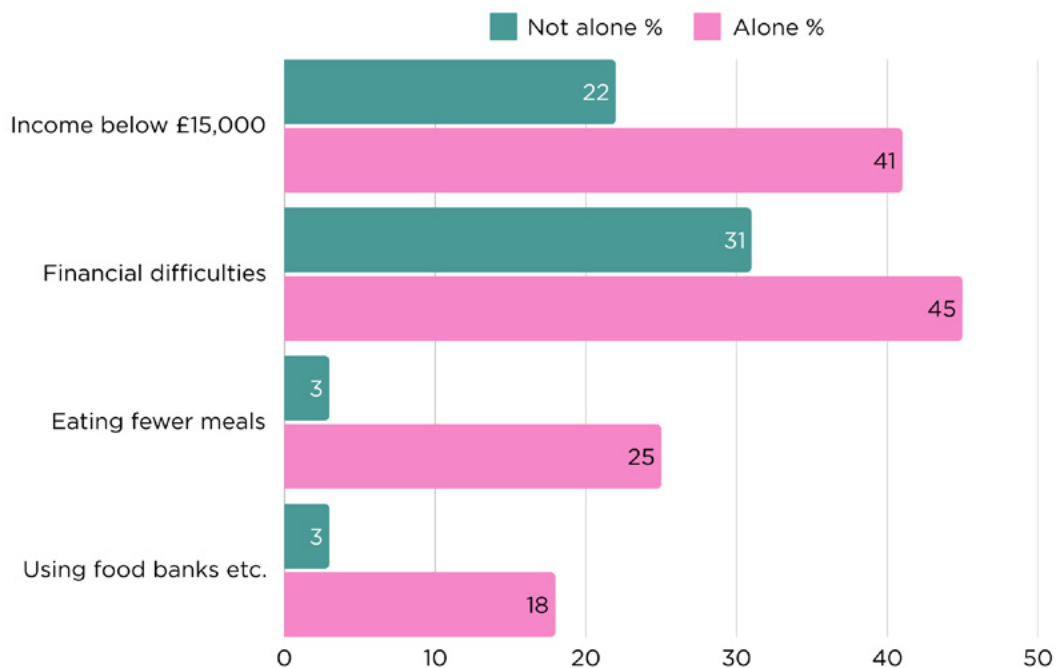
We also asked people about their expectations of support in the event of serious difficulties. 24% said they would expect help from a spouse or partner, 27% said they would expect it from other members of their family, while 34% said they would expect help from friends. However, 36% of people said that they would not expect support from any of these sources. The latter demonstrated that a high level of social isolation was being experienced by a significant proportion of the people that we reached. As one 66-year-old gay man explained, “To be quite blunt I think I have zero support. I don’t have family support, I’m estranged from my family, I don’t have a partner, I live on my own, so yes, I am completely isolated.” It is self-evident that someone who cannot turn to a partner, friends or family may be at greater risk if they face financial difficulties.



Living alone

It is striking how many of those who answered our survey were bearing the financial and material challenges of their later years alone. 64% said that they were living without adult company, and a similar proportion said that they were not sharing bills with another person. As one 55-year-old gay man said, “The worst part of everything is: I am going through this phase of my life alone.”

In our survey, people living on their own were much more likely to be experiencing difficulties in their lives, because of costs, than people who were living with others (Ill. 4). They were almost 50% more likely to be finding it ‘somewhat’ or ‘very’ difficult to manage financially (45% vs 31%). In addition, they were far more likely to be using support from charities, including food banks (18% vs 3%), and they were eight times more likely to be reducing the number of meals they ate (25% vs 3%). Moreover, those not sharing bills were almost twice as likely to be earning less than £15,000 per annum than those who were sharing bills (41% vs 22%). Finally, two thirds of those living alone, and on an income of under £15,000 per annum, were finding it ‘somewhat’ or ‘very’ difficult to manage financially.



Ill. 4: Comparison of financial situation and financial difficulties, people living alone versus not living alone



Support services

58% of those answering our survey said that they would not expect help from support services if they had serious difficulties. Previous research has shown that older LGBTQ+ people can be fearful of approaching 'generic' support services, a distrust based on past experiences of discrimination, or the expectation or reality of poor service, or both.²⁴ As one 58-year-old trans man told us, he had considered approaching such services, "but I was always scared that what if it doesn't work out, what if I don't get the support I need. Because in the past I've seen a lot of stigma, a lot of discrimination, and such situations can really mess with your mental health."

Older LGBTQ+ people are sometimes more comfortable using services tailored to them, and 46% of those answering our survey said that they were regular or occasional users of such services. As a 57-year-old nonbinary person explained, "I go to social groups, [and at] the clubs I attend I have been able to meet with other older LGBTQ people, and I think it has been really helpful." However, services specific to LGBTQ+ people are not always available. 24% of those answering our survey said that they would be interested in these services, but they were either not on offer locally or if they were they did not meet their particular needs. It should be noted that our survey was conducted before the closure of Opening Doors, which provided a range of support services for LGBTQ+ over-50s in London.

3. LONG-TERM HEALTH CONDITIONS

Long-term health conditions can have a significant impact on an individual's financial and material situation. Such conditions can have specific expenses associated with them, but often of more significance is the impact that they can have on an individual's capacity to earn and save over the course of their life. Research shows that older people are much less likely to have savings if they or their partner are disabled.²⁵ In addition, having long-term health conditions can contribute to isolation, and can attract discrimination, both of which can be additional factors in financial and material hardship.

Previous studies have shown that older LGBTQ+ people in the UK report markedly poorer health outcomes.²⁶ The latter research shows that older gay and bisexual men in particular have been heavily impacted by the **AIDS** pandemic, with many having lost friends to AIDS in earlier decades and/or are themselves living with **HIV**. It shows that older lesbian and bisexual women live longer than men, but with more disabilities. Finally, it shows that older LGBTQ+ people, especially older bisexual and trans people, are more likely to have long-term mental health issues. The inequalities in health for LGBTQ+ people are attributed to various factors, notable among which is minority stress. Additional factors may include economic disadvantage, social isolation, and a poorer relationship to healthcare providers because of anticipated or actual discrimination or misunderstanding.



What we found

In total, 70% of the people we surveyed said that they currently had physical or mental health conditions or illnesses that had lasted or were expected to last for twelve months or more. Moreover, 60% of respondents said that they had physical or mental health conditions or illnesses that had a substantial and long-term negative effect on their ability to do normal daily activities, thereby meeting the criteria for **disability** as defined by the Equality Act 2010.²⁷ The high proportion of people with a disability was striking – in comparison, the Census 2021 records the proportion of people over 50 in England who are disabled as 28%.²⁸



36% of survey respondents said that they were regular or occasional users of counselling or mental health services, while an additional 17% said they would use these services if they were available. Previous studies have found that particular groupings of LGBTQ+ people tend to be more vulnerable to mental health problems, including trans people²⁹ and those from ethnic minorities.³⁰ Finally, 22% of those who answered our survey said they were living with HIV. The latter percentage increases if one selects for gender, which then shows that the proportion of men in the sample who said that they were living with HIV was 31%.

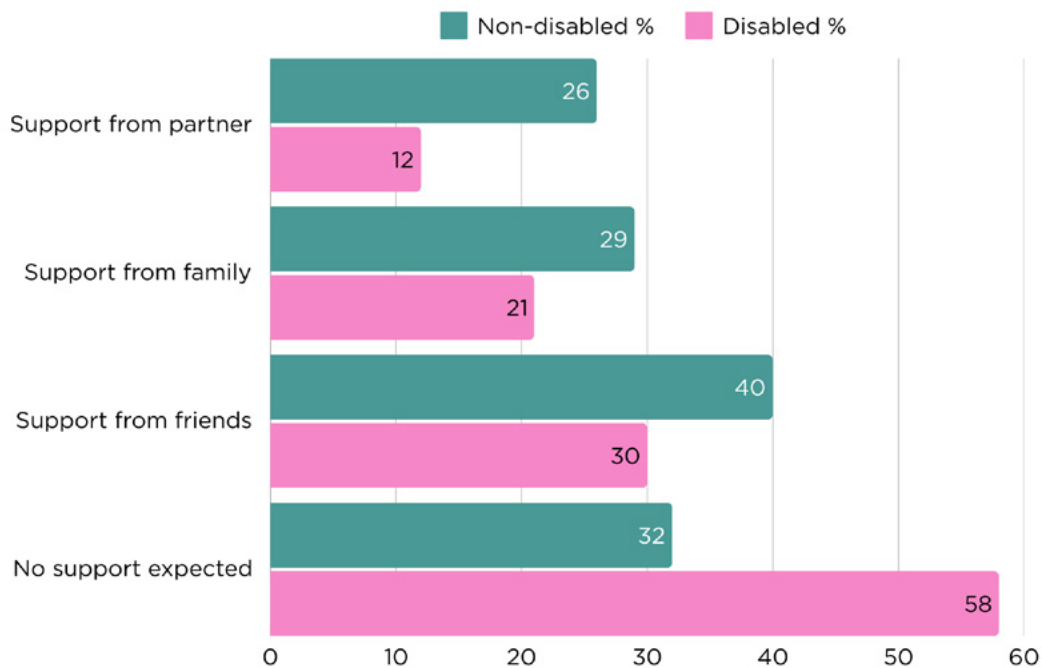
Psychological and social impact

One thing apparent from our survey was that disabled people had very different expectations of social support (///. 5). Those with a disability were much less likely to be in a relationship than those without (12% vs 32%). They were also, by extension, less confident about having the help of a spouse or partner if they had difficulties, but they also had lower expectations of support from family and friends. Overall, 58% of disabled people expected to receive no social support at all in the event of serious difficulties, compared to 32% of non-disabled people. This is relevant to our research because, as demonstrated earlier in the report, being socially isolated increases an individual's risk of financial and material hardship.

Long-term health conditions may also attract stigma, and living with HIV is a particular case in point. Although the stigma of being HIV positive has gradually decreased over the decades, it should be remembered that people in their 50s and above have lived through an era in which an

LONG-TERM HEALTH CONDITIONS

HIV diagnosis was highly stigmatising (see Timeline, page 44). Previous research has noted a range of disparities between older LGBTQ+ adults living with and without HIV infection, including heightened experience of discrimination, but also an increased incidence of other long-term health conditions, including depression, and higher levels of social isolation.³¹ The experience of discrimination is a factor in financial and material hardship, as we show in this report, and the aforementioned research also demonstrates that older LGBTQ+ adults living with HIV are less likely to be economically active, while having lower levels of savings and lower levels of home ownership.



Ill. 5: Comparison of expectations of social support in the event of serious difficulties, disabled versus non-disabled

Financial and material impact

60% of the people who answered our survey met the definition of disability. Notably, those with a disability were more than twice as likely to be finding it 'very' difficult to manage financially than those without (56% vs 26%). This compares to other research, which has shown that disabled people feel significantly less confident about their prospective income on retirement.³² Being disabled has an impact on an individual's opportunity to work and save, even before discrimination is taken into account. As a 65-year-old gay man of mixed race told us, "Having to always pay for medical services because of this condition takes a toll out of your savings, takes a toll out of your income." Moreover, as a 66-year-old gay man stated, "The sheer

LONG-TERM HEALTH CONDITIONS

fact of spending so much time documenting and organising, and feeling physically ill and mentally ill, undoubtedly impacts on my being able to seek spaces whereby I could generate revenue.”

Among those who answered our survey, people with a disability were far more likely to be making changes in their lifestyle, in order to save costs, than their non-disabled peers. They were three times more likely to be reducing the number of meals they ate (28% vs 8%). They were also four times more likely to be using support from charities, including food banks (21% vs 5%). Among people we spoke to, those with long-term health conditions were often experiencing a significantly higher level of hardship.

Moreover, our health can worsen as we age: nationally, 45.5% of people self-report a long-term health condition in their 50s, but this rises to 59% for those in their 70s and 68.5% for people in their 80s and above.³³ As one 58-year-old trans man said, “I’m always scared of the future when it comes to health.”

“Spending so much time documenting and organising, and feeling physically ill and mentally ill, undoubtedly impacts on my being able to seek spaces whereby I could generate revenue.”

4. FINANCIAL STRESS

The final theme that we explored is financial stress, which is a major component in financial and material disadvantage. Our research was conducted in the shadow of the **cost of living crisis**, when financial stress increased for many groups in the UK, including older LGBTQ+ people in London. Research has demonstrated that LGBTQ+ elders are subject to long-term financial disadvantage, but in this section we look at more immediate financial stresses.

One set of stresses come from living in London. Many people that we spoke to said that they value the capital because it is relatively tolerant of LGBTQ+ people, and because of the opportunities to find LGBTQ+ community. These factors were particularly pronounced between the 1960s and 2000s, and helped shape the experience of today's older LGBTQ+ residents.³⁴ However, living in London comes at a high financial cost. We have tended to avoid using the term 'poverty' in this report, as it is not always a helpful tool (see Methodology, page 46). Nevertheless, households are considered to be below the UK **poverty line** if their income is less than 60% of median household income. By this measure, the capital has the highest poverty rates in the country with 24% of Londoners aged 50 and over living in poverty, compared to 19% in the rest of the UK.³⁵



In our focus groups and interviews, many people told us that the cost of living in London is a major problem for them. As one 65-year-old gay man told us, “I get London and London gets me, so I want to be here – even though the cost of living in London is actually crazy at the moment.” Others put it more starkly – as a 55-year-old gay man told us, “I think the city of London has me in its chokehold!” The research in this report throws light on a population that is struggling but which is under-acknowledged and can be hard to reach.³⁶ These findings echo those in Building Safe Choices 2020, which states, “Our survey respondents reflect the wide diversity within LGBT+ communities regarding financial resources and equity. Our findings show that common stereotypes about the so-called **pink pound** and the supposed privilege of older LGBT+ people does not reflect many peoples’ situation.”³⁷

What we found

Many of the people that we spoke to were living with a high level of financial and material disadvantage. One feature of the cost of living crisis was large increases in fuel prices, and 55% of the people who answered our survey were finding it ‘somewhat’ or ‘very’ difficult to afford their energy bills. Our findings reflect other recent research which demonstrates how, in London, **fuel poverty** is strongly associated with older people.³⁸ As one 66-year-old gay man told us, “Over the last few years my life has changed radically because of the cost of living crisis. Considering heating, I never have it on – I can’t afford to have the heating on.”

“Over the last few years my life has changed radically because of the cost of living crisis. Considering heating, I never have it on – I can’t afford to have the heating on.”

Other survey questions asked about food shopping and eating habits, and here too a large proportion of people had made changes. In our findings, 52% said they were spending less on food shopping and essentials. In comparison, national statistics show that 37% of 50 to 69-year-olds and 26% of people aged 70+ said they were spending less on food shopping and essentials.³⁹ As one 52-year-old bisexual man told us, “I’ve reduced a lot for shopping and for choosing foodstuffs because of my financial situation, because it’s actually very bad right now, everything is actually skyrocketing, like the situation is crazy.”

Other questions in our survey asked about changes in pastimes and activities due to increasing costs, and here too the proportion of people who had made changes was high. Notably, 48% said that their ability to participate in social activities had been impaired. A recent study of over-65s in the UK found that a similar proportion were cutting back on social activities and meeting friends.⁴⁰ As one 55-year-old gay man told us, “The financial constraints make me feel disconnected from society. My financial situation has affected my socialising with people.” So-called

‘discretionary’ spending on socialising may be especially important for LGBTQ+ people, who may be able to rely less on families of origin and neighbourhood networks. As we demonstrated in the section on isolation, for LGBTQ+ people in general, and older LGBTQ+ individuals in particular, creating networks in which they feel seen and supported is a fundamental means of establishing resilience.

Moreover, it protects against the isolation which, as we have seen, is a factor in financial and material disadvantage.

“The financial constraints make me feel disconnected from society. My financial situation has affected my socialising with people.”

One final factor evident from the survey was that those below the State Pension age – between 50 and 64 – were almost 50% more likely to be having financial challenges, and to be finding it ‘somewhat’ or ‘very’ difficult to manage financially, than those over this age (44% vs 30%). This echoes other research which demonstrates how the State Pension appears to ease financial disadvantage in ways working-age benefits do not.⁴¹ Nevertheless, the latter research also shows rising pensioner poverty in the period since 2012/13.⁴²



The rental factor

One important consideration is the high proportion of people in private rental accommodation in London, where 12% of people in households aged 50 and over privately rent, compared to 8% across England.⁴³ In addition, other research has suggested that levels of home ownership are lower among LGB people.⁴⁴ These factors are important because research has shown that private renters are under a higher level of financial stress.⁴⁵ The latter risk was borne out in our survey, which revealed that those living in rental accommodation – including social rent – were three times more likely to be finding it ‘somewhat’ or ‘very’ difficult to manage financially than homeowners (62% vs 19%). In addition, they were far more likely to be using support from charities, including food banks (26% vs 5%). Finally, they were far more likely to be reducing the number of meals they ate (30% vs 8%).

National data shows that older private renters spend almost half their income on rent.⁴⁶ As one bisexual man of South Asian descent told us, “I am not eligible for the social housing, so for me the rented apartments and the rented housing is the only solution, and more than half of my financial resources go to paying the rent.” The financial stress of living in private rental accommodation is also evident in the testimony of a 58-year-old trans man, who told us, “I’m in a rented accommodation and every day I think, what if the landlord should increase the rent – just like everything’s increasing – would I be able to pay? If I’m unable, would I be on the street?”

Life on a low income

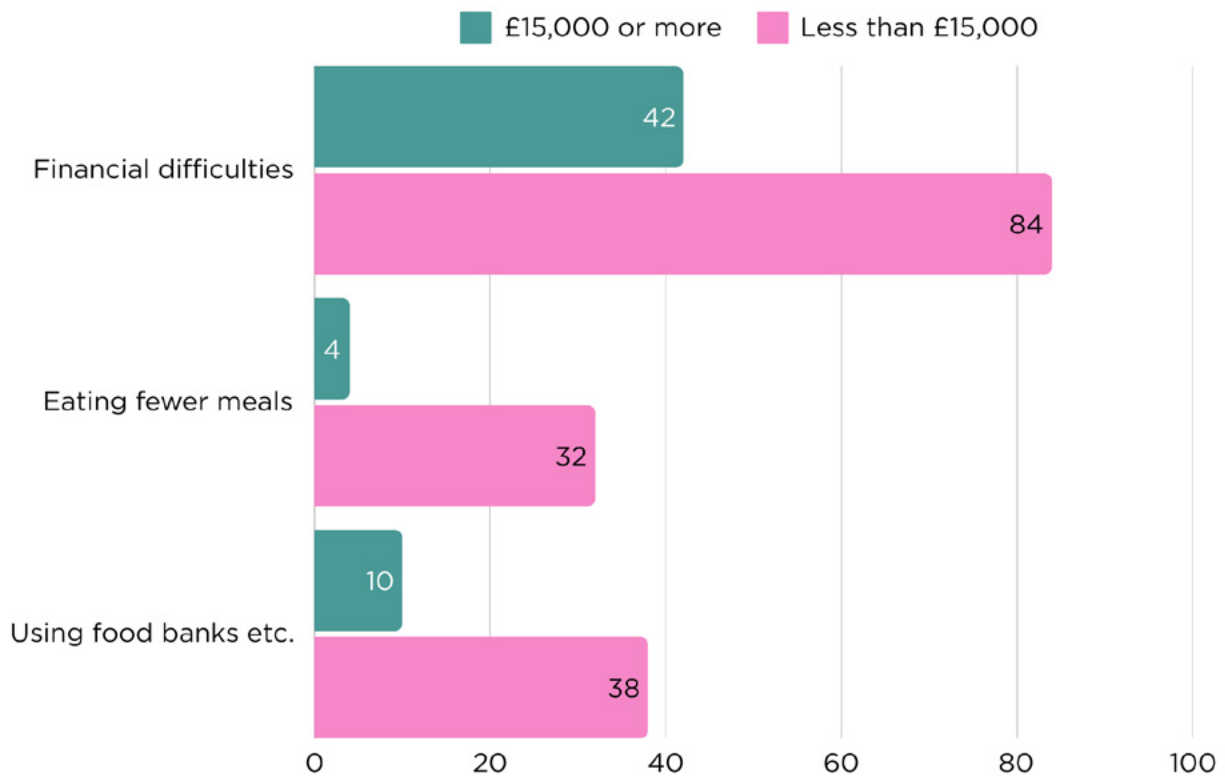
One of our survey questions asked people about gross annual household income: which revealed that 34% of people were in households where the income was less than £15,000 per annum; while for 15% it was less than £10,000 a year. Overall, 41% of people in our survey were finding it ‘somewhat’ or ‘very’ difficult to manage financially. However, this rose dramatically when we looked at those with the lowest household incomes, and we found that 65% of those with an income under £15,000 were finding it difficult to manage financially. It may be noted that, for a pensioner in London, Trust for London gives the **Minimum Income Standard** as approximately £15,000.⁴⁷

Amongst people who answered our survey, those living on an annual household income of less than £15,000 were also far more likely to be making or experiencing changes in their lives than those who weren’t (///. 6). For example, they were twice as likely to be finding it ‘somewhat’ or ‘very’ difficult to afford their energy bills, compared to people on a higher level of income (84% vs 42%). In comparison, a recent study showed that 50% of all people aged over 65 in England who were on an income below £15,000 per annum were worried about paying their energy bills.⁴⁸ Those we spoke to in

FINANCIAL STRESS

this lower income bracket were also four times more likely to be reducing the number of meals they ate (38% vs 10%). Finally, they were far more likely to be using support from charities, including food banks (32% vs 4%).

As one 66-year-old gay man told us, “Food-wise, I just buy things which are reduced, so I wait for 8pm or 9pm and go to the supermarkets and just buy reduced products.” Another interviewee, a 61-year-old trans man, told us, “At times I’ve had to reduce eating three times in a day to two times to save money for the expenses.” The stress of living on a low income was also reflected in the testimony of a 54-year-old lesbian, who told us, “After Covid we had this high cost of living, and most times it’s really hard to navigate. Most things I was able to afford before, right now I can’t really afford them.”



Ill. 6: Comparison of financial situation and financial difficulties, people with household income of £15,000 or more versus less than £15,000

CONCLUSION

Our research demonstrates that a substantial number of older LGBTQ+ individuals in London experience significant financial and material difficulties. This is due to direct discrimination, as well as a high prevalence of isolation and long-term health conditions, all of which are made worse by the financial pressures of living in the capital.

Discrimination limits opportunities to earn and save, and the long-term experience of discrimination and social exclusion negatively impacts the financial and material wellbeing of many older LGBTQ+ people. In addition, discrimination can impact physical and mental health, potentially leading to disability. The experience of discrimination, and its associated disadvantage, is worse for specific groups, notably LGBTQ+ people of colour, LGBTQ+ disabled people, and trans and nonbinary people.

Isolation is a significant contributing factor to financial and material hardship, and LGBTQ+ people are more prone to isolation as they age. Isolation means that people are less likely to receive help from social networks, including financial help; and they are less likely to access other sources of help that may be available to them, including benefits. Older LGBTQ+ people are also much less likely than the general population to have children to support them; and are much less likely to feel comfortable using generic support services.

Long-term health conditions can significantly impact an individual's financial and material wellbeing, and older LGBTQ+ people report notably poorer health outcomes than the general population. Long-term health conditions, including disabilities, can have direct costs associated with them, but they can also damage an individual's ability to work and save, and can themselves attract discrimination.

For many older LGBTQ+ people London offered a relatively tolerant environment and a place where they could find community. However, living in the capital is expensive, and this research reveals a population that is struggling but under-acknowledged, belying stereotypes about the financial privilege of LGBTQ+ elders. Groups shown to be facing particular problems include renters, of which London has a high proportion; as well as older people below the State Pension age.

In the following section we set out recommendations for a London-wide community-led strategic action plan to address these issues. Our research and recommendations are focused on London, but resonate beyond the capital. Action is vital if older LGBTQ+ people, in London and across the country, are to have the future that they deserve.

RECOMMENDATIONS

To effectively address the financial and material hardship experienced by older LGBTQ+ Londoners, we recommend the creation of a London-wide community-led strategic action plan.

This plan should be informed by the experiences of older LGBTQ+ people and build upon the community's history of successful self-organisation. Funding is required to convene community organisations, support the creation of the plan and generate proposals that can reach those in greatest need. Public bodies have a shared responsibility in this endeavour and should engage in the process, as part of their compliance with equalities legislation and the **public sector equality duty**.

We envisage a community-led plan that:

- **Addresses hardship and social exclusion** among older LGBTQ+ Londoners.
- **Reaches those in need** by looking at interventions for those facing the most acute discrimination and disadvantage, using an intersectional focus.
- **Raises awareness** of these issues among LGBTQ+ individuals, media, and community organisations, helping to combat ageism within the community.
- **Encourages collaboration** between LGBTQ+ community organisations and local authorities in London, notably in boroughs with large LGBTQ+ populations (such as Lambeth, Southwark, Islington, Hackney, Tower Hamlets and Camden), with the Mayor using their convening power to promote shared ventures and best practices.
- **Encourages partnerships** between LGBTQ+ community organisations and older people's charities, helping to enhance inclusivity and scale interventions.
- **Identifies funding** required to implement the agreed-upon actions.



CREDITS

The original research team at Opening Doors consisted of Professor Ben Thomas, Head of Research and Policy, and Mark Sladen, Project Manager, Research and Policy. When the project moved to Tonic Housing Ben stayed on as an external supervisor, while Mark was kept on in his original capacity to complete the project.

Many volunteers helped during the project, notably Rich Ayre, Laura Dunn, Rhiannon Mendes, Murray Nathan, Josef Olivier, Molly Russell and Jess Webb, and their support was invaluable. We are also indebted to all the specialists on the Precarious Lives Advisory Board, who were helpful at every stage of the process. Additional advice came from: Chris Flood, Professor of Health Care Practice and Research at London South Bank University; Dan Ricard, Business Management Director, LSEG Data and Analytics; and Adél Schofield, Quantitative Insight Manager, Joseph Rowntree Foundation.

Rei Kanemura and Sini Rinne-Kerridge at the National Council for Voluntary Organisations (NCVO) helped with the process of gaining ethical approval for the research. The focus group moderators included Chryssy Hunter and Sallie Johnson, as well as two members of the Advisory Board, Rob Berkeley and John G. Transcriptions were made by TranScript. Matthew Riley helped with the communications strategy, as well as steering the report design, while Isabella Hall at Tonic created additional publicity materials.

In addition, the research team would like to thank Barnett Waddingham, who helped verify the accurate application of statistical data and enhance the findings with proprietary insights from its At Retirement Reckoning study. Barnett Waddingham says: “We are committed to supporting this work, which aims to shed light on the financial and material hardship among LGBTQ+ over-50s in London, and to drive meaningful discussions and solutions.”

We would also like to thank Baroness Barker, who kindly agreed to chair the webinar which launched Precarious Lives; as well as the speakers at the latter event, which included Rob Berkeley and Sarah Wilkinson of the Advisory Board.

Finally, the research team would also like to thank all of the research participants, who were so generous with their time and thoughts.

GLOSSARY

Ace – An umbrella term used specifically to describe a lack of, varying, or occasional experiences of sexual attraction, including asexual people.

Ageism – Discrimination based on a person's age, generally used to refer to discrimination against elderly people.

AIDS – Stands for Acquired Immune Deficiency Syndrome. If left untreated an infection with HIV (q.v.) progresses to AIDS. While the person will not die of AIDS itself, the compromised immune system as a result of AIDS means the body is susceptible to other conditions and less able to fight them, which can ultimately be fatal.

AIDS crisis – In Britain this encompasses the period from 1981 to 1996, including: the emergence of the disease; the early years of widespread ignorance, fear and stigmatisation; the peak of deaths from the pandemic; the emergence of a highly effective treatment standard.

Asexual – A person who does not experience sexual attraction.

Bi / Bisexual – An umbrella term used to describe a romantic and/or sexual orientation towards more than one gender. Bi people may also describe themselves using one or more of a wide variety of terms, including pan (q.v.) and queer (q.v.).

Chosen family – Refers to a non-biologically related group of people established to provide ongoing social support. Unlike a family of origin (q.v.), a family of choice is based on chosen bonds, not biological ones.

Cis / Cisgender – Someone whose gender identity is the same as the sex they were assigned at birth.

Conversion therapy – The pseudoscientific or religious practice of attempting to change a person's sexual orientation or gender identity through conversion or aversion practices. It has taken a number of forms including electric shock treatment, talking therapies and prayer.

Cost of living crisis – A loosely defined term, characterising a period of high inflation in the UK, between late 2021 and early 2024, with a mix of national and international causes. While all in the UK were affected by rising prices, it most substantially affected low-income people.

Digital exclusion – Where a section of the population has continuing unequal access and capacity to use digital technologies that are essential to fully participate in society.

Disabled / Disability – You're disabled under the Equality Act 2010 (q.v.) if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

Disablism – Discrimination against disabled people.

Equality Act 2010 – UK legislation that protects a wide range of people from discrimination in the workplace and in wider society. It combined, augmented and replaced a raft of legislation relating to discrimination on the grounds of gender, sexuality, race, disability and age. It extended protection from discrimination to trans people.

Family of origin – The family a person grows up with, most often their biological family. This is contrasted with chosen family (q.v.), which is based on chosen bonds.

Food insecurity – A household-level economic and social condition of limited or uncertain access to adequate food, measured by the Household Food Security Survey Module.

Fuel poverty – A household is considered to be fuel poor if they are living in a property with a low energy efficiency rating and, when they spend the required amount to heat their home, they are left with a residual income below the official poverty line.

Gay – Refers to a man who has a romantic and/or sexual orientation towards men. Also a generic term for lesbian and gay sexuality. Some non-binary people may also identify with this term.

Gender identity – A person's internal feelings and convictions about their gender. This can be the same or different to the gender they were assigned at birth.

Heterosexual – Refers to someone who is romantically or sexually attracted to someone of a different gender, typically a man who is attracted to women or a woman who is attracted to men.

HIV – Stands for Human Immunodeficiency Virus. HIV is a virus which attacks the immune system. It is not curable but is treatable and someone living with HIV can now be expected to have a normal life expectancy. However, if left untreated an HIV infection progresses to AIDS (q.v.).

Homosexual – Refers to someone who is romantically or sexually attracted to someone of the same gender, typically a man who is attracted to men or a woman who is attracted to women.

Intersectionality – A theoretical framework for understanding how aspects of an individual's social and political identities can combine to create unique modes of discrimination. Intersectionality identifies multiple factors of advantage and disadvantage, such as gender, race, ethnicity, class, sexuality, religion, disability, weight and physical appearance.

Intersex – A term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female.

Lesbian – Refers to a woman who has a romantic and/or sexual orientation towards women. Some non-binary people may also identify with this term.

LGBTQ+ / LGBT / LGB – The first of these terms is the acronym for lesbian, gay, bisexual, transgender, queer, questioning, intersex, ace and other non-straight identities. Shorter variations of

the acronym are used in this report when referring to research which focuses on specific communities within this umbrella term.

Life course theory – A framework for understanding the powerful connection between individual lives and the historical and socioeconomic context in which these lives unfold. It encompasses ideas from a range of disciplines, notably history, sociology, demography, developmental psychology, biology, and economics.

Minimum Income Standard – Refers to a measure of what incomes different households require to reach a minimum socially acceptable living standard, as developed by the Joseph Rowntree Foundation with research from the Centre for Research in Social Policy at the University of Loughborough.

Minority stress – This theory is the dominant account for the link between minority status – including those marginalised due to their ethnicity, sexual orientation or gender identity – and poor health outcomes. It suggests that the daily experience of prejudice is detrimental to people's long-term physical and mental wellbeing.

Nonbinary – An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.

Pan / Pansexual – Refers to a person whose romantic and/or sexual attraction towards others is not limited by sex or gender.

Person of colour / People of colour – A term used to describe any person who is not, or a group of people who are not, considered white.

Pink pound – A term used to describe the spending power of the LGBTQ+ community, and which is associated with stereotypes of the supposed affluence of LGBTQ+ people.

Poverty – People are considered to be in poverty if they lack the financial resources to meet their needs.

Poverty line – This concept is based on the notion of ‘relative poverty’, which is measured by looking at household income after the deduction of housing costs and determines that a person is in relative poverty if the income of their household is below 60% of median national household income (adjusted for family size and composition).

Protected characteristics – The term used in the Equality Act 2010 (q.v.) to denote the characteristics a person may have that are legally protected from discrimination.

Public sector equality duty – A statutory duty imposed on listed public authorities and other bodies carrying out public functions, to ensure that those organisations consider how their functions will affect people with different protected characteristics (q.v.). These functions include their policies, programmes and services.

Queer – A term used by those wanting to reject specific labels of romantic orientation, sexual orientation and/or gender identity. It can also be a way of rejecting the perceived norms of the LGBT community.

Racism – Discrimination based on a person’s race or ethnicity.

Resilience – This theoretical notion emphasises individual-, social-, and community-level means of coping and thriving despite challenges to wellbeing.

Section 28 – Section 28 of the Local Government Act 1988 prohibited local authorities from intentionally promoting homosexuality and forbade local authority schools from teaching the ‘acceptability’ of homosexuality as a ‘pretended family relationship’. It was repealed in Scotland in 2000 and in the rest of the UK in 2003.

Sexism – Discrimination based on a person’s sex or gender, generally used to refer to discrimination against women and girls.

Social exclusion – A process in which individuals are blocked from or denied full access to various rights, opportunities and resources that are normally available to the majority of people in a society, and which are fundamental to social integration.

Straight – A casual term for someone who is both heterosexual (q.v.) and cisgender (q.v.).

Transgender / Trans – An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. ‘Trans man’ refers to someone assigned female at birth but who identifies and lives as a man, while ‘trans woman’ refers to someone assigned male at birth but who identifies and lives as a woman.

Transition / Transitioning – These terms relate to the process a trans individual undertakes to align themselves with the gender they are, as opposed to that which they have been assigned at birth.

TIMELINE

1952	Alan Turing is prosecuted for homosexuality and is subject to a form of conversion therapy (a pseudoscientific treatment for his sexuality). He commits suicide two years later.	1987	The UK government launches a major public information campaign on AIDS. It is criticised for adding to the climate of fear and stigmatisation around the disease.
1957	The Wolfenden Report recommends the decriminalisation of homosexuality 'in private'. It is rejected by the government.	1988	The Conservative government introduces Section 28 of the Local Government Act 1988. Among other things, the Act forbids local authority schools from teaching the 'acceptability' of homosexuality as a family relationship.
1967	Sex between men over the age of 21 'in private' is decriminalised. This does not extend to a number of domains including: Scotland and Northern Ireland; the armed forces. The criminalisation of sex between men 'in public' continues.	1990	World Health Organization ceases to classify homosexuality as a mental illness (being transgender is still classified as a mental health disorder until 2019).
1970	The Gay Liberation Front is established in the UK, based on a parallel movement in the US that is founded on revolutionary politics.	1994	The age of consent between men is reduced to 18. An age of consent for same-sex relations between women is not set.
1972	The first official UK Gay Pride rally is held in London.	1994	The peak of the AIDS pandemic in the UK sees 1531 people die in the year.
1980	Sex between men over the age of 21 'in private' is decriminalised in Scotland (Northern Ireland follows in 1982).	1996	A new standard treatment emerges that is highly successful at limiting the progression from HIV infection to AIDS.
1981	The first death in the UK from AIDS (Acquired Immune Deficiency Syndrome). The period from 1981 to 1986 was marked by widespread ignorance about the condition, its causes and how it is spread.	1999	The Admiral Duncan, an LGBTQ+ pub in London, is bombed. The attack kills three people and wounds more than 70.
		2000	Scotland abolishes Section 28 (England, Wales and Northern Ireland follow in 2003).
		2000	The ban on lesbians, gay men and bi people serving in the armed forces is lifted.

TIMELINE

- | | |
|-------------|--|
| 2001 | The age of consent is lowered to 16, achieving equality. |
| 2002 | Adoption equality achieved for same-sex couples. |
| 2003 | It is made illegal to discriminate on the basis of sexual orientation in the workplace. |
| 2004 | Civil partnership legislation gives same-sex couples the ability to enter a union with the same rights and responsibilities as marriage. |
| 2004 | Trans people gain the right to have their gender identity legally recognised. |
| 2007 | It is made illegal to discriminate on the basis of sexual orientation in the realm of goods and services. |
| 2007 | The invention of the smart phone accelerates the development of online media, which contributes to the decline of LGBTQ+ venues in the capital over subsequent years, alongside other factors such as gentrification. |
| 2010 | The Equality Act 2010 legally protects a wide range of people from discrimination in the workplace and in wider society. It combines, augments and replaces a raft of legislation relating to discrimination on the grounds of gender, sexuality, race, disability and age. It extends protection from discrimination to trans people. |
| 2013 | Marriage equality achieved for same-sex couples. |
| 2013 | Alan Turing is given a posthumous royal pardon (see 1952). |

METHODOLOGY

Literature review

A literature review was conducted, one focus of which was to look at definitions of poverty. People are considered to be in poverty if they lack the financial resources to meet their needs. Moreover, as described in the report, households are considered to be below the UK **poverty line** if their income is less than 60% of the median household income. Supplementary concepts include that of **fuel poverty**, which measures how heating costs relate to the financial health of a household, and **food insecurity**, in which households have limited or uncertain access to adequate food.

It should also be noted that although the term ‘poverty’ was used in the original project description that was sent to the funder, we chose to avoid it when we developed our research question. This is because the term can conjure up unhelpful historical images and fail to capture current social realities. In addition, the word itself is stigmatising, and can add to the ostracisation that people living with severe financial and material challenges may already be experiencing.⁴⁹ That is why we have chosen, in this report, to speak not of poverty, but of financial and material hardship.

The literature review also looked at other ways in which the overall financial health of individuals can be tracked – ones that are not dependent on the exact measurement of household income. One such is the Opinions and Lifestyle Survey, a monthly survey commissioned by the Office of National Statistics.⁵⁰ Another is the Financial Fairness Tracker, a periodic survey commissioned by the Financial Fairness Trust.⁵¹ When we designed our own survey we drew on both of these projects.

The literature review also looked more broadly at factors that can affect an individual's financial and material wellbeing. Amongst the most important are:

- Income, including income from both employment and benefits.
- Savings and debt.

- Familial and social factors, including dependents, caring responsibilities, and also the amount of support an individual receives from their social networks.
- Physical and mental health, and in particular long-term health conditions, including those classified as disabilities.
- Housing tenure, including both social rent and private rent, and home ownership.
- Gender.
- Race and/or ethnicity.
- Educational attainment.
- Additional aggravating social or behavioural factors such as problems with addiction.
- Geographical location, including the financial impact of both urban and rural living.
- The cost of living, including the impact of the cost of living crisis.

In addition, the literature review looked at some of the consequences of financial and material hardship. These include:

- Social exclusion.
- Impact on physical and mental health.

Given that the focus of the research is the financial and material wellbeing of LGBTQ+ over-50s living in London, literature was also sought on how these additional factors can affect an individual's financial health:

- Age.
- Sexuality and gender expression.
- The cost of living in London.

It should be noted that historically there has been a lack of quantitative and qualitative data on the UK's LGBTQ+ population, and that this problem is highlighted when looking at subsets of this population, such as LGBTQ+ over-50s.⁵² Notably, only the most recent England and Wales Census, conducted in 2021, has asked questions about sexual orientation and gender identity.

At the end of the literature review we developed our research question: ‘What are the most significant material, social and personal factors within the experience of financial and material hardship among LGBTQ+ over-50s in

London?’ We also concluded that we would do a multi-channel and community-based research project, as we go on to specify. Community-based sampling by its nature employs a non-random selection of subjects, self-selected from among people exposed to recruitment activities, and hence is a form of non-probability sampling. Ethical approval for the project was given by the National Council for Voluntary Organisations (NCVO).

Survey

The quantitative phase of the research was conducted at Opening Doors and took the form of a survey. The survey was available in both digital and paper form, and was publicised through the membership newsletter and social media of Opening Doors, as well as through the newsletters and social media of other organisations, including both Age UK London and Stonewall. The survey was in the field from November 2023 to February 2024.

The survey specified that respondents needed to be LGBTQ+, to be aged 50 or over, and to be living in Greater London. It consisted of forty questions, grouped under six main headings:

- About you
- Your household and family
- Your earnings, pensions and benefits
- Your costs
- Your health and wellbeing
- The support you receive

In addition, a concluding section asked for comments as well as practical suggestions for things that could help older LGBTQ+ people facing financial and material challenges.

The sample size was 134 people. Characteristics of the sample not given in the report include:

- 39% were in their 50s; 36% were in their 60s; 25% were in their 70s or older.
- 62% were male; 28% were female; 6% (8 people) were nonbinary, agender, genderfluid or genderqueer; 1% (1 person) were intersex; 4% (5 people) specified ‘other’ or preferred not to say.
- 93% were cisgender; 6% (8 people) were transgender; 1% (1 person) preferred not to say.
- 82% were lesbian or gay; 4% (5 people)

were bisexual; 4% (6 people) were queer; 2% (3 people) were asexual; 2% (3 people) were pansexual; 1% (2 people) were heterosexual; 4% (5 people) specified ‘other’; 1% (1 person) preferred not to say.

- 90% of the sample identified as white British or Irish, white Traveler or other white identity; the other 10% (13 people) had a variety of racial and/or ethnic identities.
- 57% were homeowners (outright, mortgage or shared); 27% were renting from a council or housing association; 11% were renting from a private landlord; 3% (4 people) were living with family or friends; 1% (1 person) were in a residential, nursing or care home; 1% (1 person) were homeless.
- 25% were working full time; 17% were working part time; 5% (6 people) were seeking work; 3% (4 people) were temporarily unemployed or off work due to illness; 9% (11 people) were permanently unable to work; 36% were retired; 5% (6 people) specified ‘other’.

Focus groups and interviews

When Precarious Lives was restarted at Tonic Housing we moved onto the qualitative phase of the research. The latter consisted of a set of focus groups and interviews. These were once again with LGBTQ+ people, aged 50 and over, who were living in Greater London. The main route to attract participants was through Tonic’s social media.

Those who registered their interest in taking part in the focus groups and interviews were sent a short questionnaire. This had questions on finances and housing, so that we could prioritise people on low incomes and in the private rental sector (the latter reflecting part of our thesis on financial stress). One unintended consequence of this filtering was that it produced a cohort who were largely people of colour – in itself an interesting finding. Of the 39 participants in the focus groups and interviews:

- 29 identified as Black British or other Black identity.
- Six identified as white British or other white identity.
- Two identified as Latino.
- One identified as British Asian.

In addition, the questionnaire allowed us to theme the different focus groups around particular defining characteristics:

- Lesbians.
- Trans and nonbinary people.
- Bisexual and pansexual people.
- People of Black British or other Black identity.
- People with long-term physical or mental health conditions.

The latter characteristics were chosen because we wanted to make sure that we heard from people from across the LGBTQ+ community, and because the representation of some of these groups in our survey sample was low – notably trans and nonbinary people, bisexual and pansexual people, and people of colour. For the focus group of people of colour we chose to concentrate on one racial / ethnic grouping, in order to promote a sense of shared experience within the group.

All the focus groups were conducted online, as this was the request of the large majority of the participants. The number of participants varied between four and seven per group, and the total number of participants was 30.⁵³ Each focus group was led by a moderator who shared the defining characteristic of the group. Finally, each focus group was attended by two members of the research team.

In addition to the focus groups, we also organised nine individual interviews. The participants for these were chosen to collectively reflect a similar range of characteristics as the focus groups. These interviews were either conducted online or in person, according to the participant's preference, with in-person interviews conducted at the Tonic Housing offices. Each interview was led by a single member of the research team.

The focus groups and interviews followed a semi-structured format, based on six questions, some with supplementary components. The subjects of the questions were:

- Current financial pressures; with a follow-up on fears for the future.
- The impact of identity on the ability to earn and save; with a follow-up on the role of ageing.
- Support received from other people;

with a follow-up on support services.

- How housing impacts finances; with a follow-up on rented accommodation.
- The pros and cons of living in London as an older LGBTQ+ person.
- Practical suggestions for help with the financial and material challenges of being an older LGBTQ+ person.

All participants of the focus groups and interviews were sent an information sheet and consent form before the events. After the events they were sent a link to a £50 shopping voucher to recompense them for their time. All the focus groups and interviews were recorded and subsequently transcribed. The focus groups were approximately an hour in duration, while the interviews were usually somewhat shorter.

Limitations

The survey did not aim to be representative of the older LGBTQ+ population in London. It was targeted at people experiencing financial difficulty, and so we would expect certain sections of the LGBTQ+ older population to be overrepresented among respondents. For example, the high proportion of disabled people, compared to the national average, may indicate overrepresentation. In addition, once we start sub-dividing the 134 people in the sample the results will become less representative, since statisticians commonly say that the minimum sample size needed to produce a meaningful result is 100. Nevertheless, the survey throws light on an under-publicised part of our community.

The large majority of participants in the focus groups and interviews expressed their desire to do these events online. However, this had unintended consequences: sometimes their devices were insufficient for the task, notably regarding sound quality. This in itself is a finding about the potential for digital exclusion among those who are financially disadvantaged. If similar research is done in the future, and doing focus groups and interviews in-person once again seems impractical, it would be sensible to do a technology test before confirming a participant's involvement.

Finally, the large majority of participants in the focus groups chose not to reveal their faces, which made it harder for moderators to establish good individual communication as well as group dynamics. One option for future research would be to ascertain that participants are happy to have their cameras on before confirming their participation.

Future research opportunities

We believe that the causes and effects of social isolation and exclusion among older LGBTQ+ people are important topics for future research.

The subject of financial and material hardship among older LGBTQ+ people offers additional opportunities for research: in regions other than London; and nationally. Furthermore, research could be conducted on the impact of specific characteristics or conditions on the financial and material wellbeing of older LGBTQ+ people, for example: Black British LGBTQ+ people; or those who are living with HIV.

Finally, we join other researchers in recommending that larger studies reflect the policy of the most recent Census and gather data on sexuality and gender identity, so that more data on LGBTQ+ people becomes available, and it becomes easier to compare the experiences of LGBTQ+ people with the general population.

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