OLDER LGBTQ+ PEOPLE IN WALES:

Maintaining progress beyond the LGBTQ+ Action Plan

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This briefing is for policymakers and decision-makers shaping the evaluation of the LGBTQ+ Action Plan for Wales and considering future arrangements. Its purpose is to keep older LGBTQ+ people's rights, wellbeing and experiences central to that transition, and to identify what the evidence means for evaluation, policy development and service design.

Key points:

- **The conclusion of the LGBTQ+ Action Plan makes this a critical moment to maintain visibility and momentum for older LGBTQ+ people. The evaluation provides an opportunity to ensure their voices are heard and to shape what follows. This is a transition point, not an end point: the inequalities the Plan sought to address have not been resolved, and legal duties continue to apply.**
- **Older LGBTQ+ people must be visible in the evaluation. Aggregate evidence can conceal the effects of ageism alongside homophobia, biphobia or transphobia, as well as differences linked to disability, ethnicity, poverty and place.**
- **Evaluation should distinguish completed actions from changes in people's lives. It should test not only whether actions were completed, but whether older LGBTQ+ people feel recognised, respected, connected and safe, and whether they can use services without hiding who they are.**
- **Future arrangements should embed age-disaggregated evidence, lived experience and inclusive practice across policy, commissioning, workforce development and assurance.**
- **LGBTQ+ equality in later life is integral to prevention, reducing health inequalities, safeguarding, social connection and Age-friendly Communities; it should not be treated as a standalone workstream.**

Background

The Equality Act 2010 protects people from discrimination on the basis of age, sexual orientation and gender reassignment. It also places duties on public bodies that support rights-based approaches to policy and service design.[1] Evidence nevertheless indicates that older LGBTQ+ people's identities, relationships and needs can remain overlooked in planning and delivery, creating barriers to dignity, support and equal access to services.[2]

The Welsh Government published the LGBTQ+ Action Plan for Wales in 2023 as a framework for tackling longstanding and intersecting inequalities.[3] The Plan recognised intersectionality - a principle emphasised by the Commissioner, who highlighted in her response to the consultation, how ageism can compound discrimination linked to sexual orientation or gender identity and called for stronger links between LGBTQ+ policy, ageing policy and data collection.[4]

The Plan concluded at the end of the previous Senedd term. During scrutiny by the Senedd's Human Rights, Equality and Social Justice Committee on 23 September 2026, the Welsh Government said that an evaluation would consider what had worked and what barriers remained before advice was provided to the Minister on future action.[5]

Without explicit attention to age and intersectionality, older LGBTQ+ people risk becoming less visible in policy and service design as future arrangements are considered. The evaluation offers an opportunity to counter that risk by establishing what has changed in practice, where barriers and evidence gaps remain, and how momentum can be maintained.

What the evidence means for evaluation and future arrangements

The evaluation and future arrangements need to connect LGBTQ+ equality in later life with prevention, health inequalities, social connection, safeguarding and Age-friendly Communities. Four connected issues for older LGBTQ+ people show what this means in practice: visibility and data; inclusive practice; loneliness and support networks; and safeguarding.

1. Visibility and data

Key message: If older LGBTQ+ people are not visible in data and lived-experience evidence, their needs are unlikely to be visible in policy, funding or service design.

The 2021 Census introduced voluntary questions on sexual orientation and gender identity, providing an important baseline. Around 3% of people aged 16 and over identified as lesbian, gay, bisexual or another minority sexual orientation, equating to approximately 77,000 people in Wales.[6] The age profile, however, differs markedly: nearly 7% of people aged 16-24 identified in this way, compared with 0.84% of people aged 65-74 and 0.37% of those aged 75 and over.[7]

These figures should not be read as a complete measure of need. Lower recorded identification among older age groups is likely to reflect, at least in part, histories of criminalisation, stigma and discrimination, as well as continuing concerns about privacy and trust. A relatively high proportion of people did not answer the voluntary questions, and gender identity data is more limited.[8] Census data also show that LGBTQ+ people live throughout Wales, not only in the areas with the largest recorded populations.[9]

Implications

- **Evaluation:** ask whose experiences are represented and whose are missing. Analyse evidence by age wherever possible and combine quantitative data with lived experience. Examine why people may not feel safe disclosing their identity, and whether the particular experiences of those in rural or smaller communities are represented.
- **Future policy:** build confidence among people who still do not feel safe disclosing their sexuality by setting clear expectations for safe, voluntary and purposeful collection and use of sexual orientation and gender identity data. Explain why information is collected and how it will improve outcomes, so that greater visibility rests on trust rather than pressure to disclose.
- **Service design:** use evidence to identify unmet need and inequalities rather than treating low recorded numbers as low demand. Better visibility supports prevention and helps resources reach people before exclusion, poor health or isolation intensify.

2. Inclusive practice

Key message: Rights and policy commitments only make a difference when inclusive practice is embedded in everyday systems, relationships and decisions.

Older LGBTQ+ people may be concerned that services will not recognise or respect their identity, relationships or support networks.[10] Invisibility can be produced when staff do not ask appropriate questions, systems do not record relevant information, care plans do not reflect relationships, or services default to heterosexual or cisnormative assumptions. For some people, concealing photographs, avoiding references to a partner or not correcting assumptions can be a learned form of self-protection shaped by earlier and continuing discrimination.[11]

Trans older people may also fear misgendering, inappropriate personal care or a lack of staff understanding.[12] When people cannot be confident that they will be treated with dignity, they may delay or avoid seeking help. This can worsen health inequalities and reduce opportunities for early intervention.

Implications

- **Evaluation:** ask older LGBTQ+ people whether they feel able to be open when using services, whether their chosen family is recognised, and whether inclusive practice is consistent across settings. Use these experiences to test whether the Plan changed services in practice, rather than relying only on evidence that guidance or training was produced.
- **Future policy:** make inclusive practice a continuing expectation across leadership, commissioning, regulation, workforce development and assurance, rather than a time-limited initiative attached to one plan.
- **Service design:** build inclusive questions, records, care planning and communication into routine practice. Workforce development should give staff the confidence to ask respectfully, avoid assumptions and respond appropriately to diverse identities and relationships.

3. Loneliness and support networks

Key message: Social connection is a preventative priority. Services must recognise chosen family and create age-inclusive opportunities for belonging and participation.

Older LGBTQ+ people may be less likely to have children and may rely more heavily on partners, friends or chosen family for emotional support, advocacy and care.[13] These networks can be strong, but may become fragile as people age together, develop health needs or die. Services that assume support will come from traditional family structures can therefore overlook both need and the people who matter most to an individual.

Loneliness and isolation can damage health, wellbeing and confidence, reduce access to services and increase vulnerability to harm. They can also reinforce invisibility: people who do not feel represented or welcomed may withdraw further from community life. Some older people experience age discrimination within LGBTQ+ communities, while social opportunities may be concentrated in settings or activities aimed at younger people.[14]

Age-friendly Communities can help by making local places, services and opportunities visibly welcoming and accessible to older LGBTQ+ people.[15] This is not separate from LGBTQ+ equality: it connects social participation with prevention, health inequalities and community resilience.

Implications

- **Evaluation:** ask older LGBTQ+ people whether the Plan strengthened their social connection, participation and access to appropriate support. Include the experiences of those without children, those relying on chosen family and those living outside larger population centres, so these groups are represented in the assessment.
- **Future policy:** connect LGBTQ+ equality explicitly with ageing policy, loneliness and social connection strategies, prevention and Age-friendly Community frameworks.
- **Service design:** recognise and involve chosen family where the individual wishes; avoid assumptions about available support; and develop age-inclusive, accessible opportunities that support friendship, belonging and mutual support.

4. Safeguarding

Key message: Safeguarding risks can remain hidden when services do not understand diverse identities, relationships and family forms, or when previous discrimination has weakened trust.

Older LGBTQ+ people may face heightened safeguarding risks where they are isolated or reliant on others for care and support.[16] Abuse can be missed if professionals make assumptions about who counts as family, fail to recognise same-sex or trans relationships, or have limited understanding of how coercion and control may present within LGBTQ+ relationships.[17] Domestic abuse affecting older LGBTQ+ people may be particularly under-recognised and under-reported.[18]

Risk may be compounded where ageism intersects with homophobia, biphobia or transphobia and with disability, ethnicity, poverty or rural isolation. Past discrimination and poor responses can make people reluctant to seek help if they expect not to be believed or understood.[19] Inclusive safeguarding is therefore central both to responding to harm and to prevention.

Implications

- **Evaluation:** ask older LGBTQ+ people whether they feel safer, know how to raise concerns and trust that they will be believed. Ask whether their identity, relationship and chosen family are understood. Use these experiences to assess safeguarding outcomes, rather than relying only on completed actions.
- **Future policy:** retain explicit attention to age and intersectionality in safeguarding, domestic abuse and violence prevention arrangements, with clear accountability for consistent implementation.
- **Service design:** ensure routes for disclosure are safe and accessible, and that safeguarding practice is person-centred, trauma-informed and able to recognise diverse relationships without assumptions.

Across these four themes, the evaluation should make clear what its findings show about older LGBTQ+ people, where evidence is insufficient and how those gaps will be addressed. Decisions on future arrangements should explain which findings have informed priorities, what will be sustained or changed, and how older LGBTQ+ people will be involved in assessing progress.

Conclusion: what future arrangements should protect and test

Closing the persistent gap between older LGBTQ+ people's rights and some people's everyday experiences requires a connected response. Gaps in data hide need and invisibility weakens service responses; isolation can deepen health inequalities and safeguarding risks; and previous discrimination can reduce trust and disclosure. These issues reinforce one another, so progress on rights and wellbeing cannot depend on addressing them separately.

The evaluation of the LGBTQ+ Action Plan should establish what changed for older LGBTQ+ people, where progress was inconsistent and what must be sustained or strengthened. To maintain their visibility and preserve momentum beyond the Plan, future arrangements should:

- **make age and intersectionality explicit in objectives, evidence and accountability;**
- **use age-disaggregated data alongside lived experience, including less-heard voices;**
- **embed inclusive, person-centred practice across policy, commissioning, workforce development and assurance;**
- **recognise chosen family and diverse support networks;**
- **connect LGBTQ+ equality with prevention, health inequalities, safeguarding, social connection and Age-friendly Communities; and**
- **measure outcomes that matter in everyday life, rather than relying only on activity or process measures.**

Meaningful progress will be evident when older LGBTQ+ people across Wales feel recognised, respected, connected and safe; can access services without hiding who they are; and can shape the decisions that affect them. The completion of the Action Plan should therefore be treated as a point for renewed focus and accountability, not as evidence that the work is complete.

The Commissioner will continue to scrutinise and influence the Welsh Government and key public bodies so that older people's rights are upheld, and will continue to create opportunities for older LGBTQ+ people to be heard directly and to shape the next phase of policy and practice.

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OLDER PEOPLE'S COMMISSIONER FOR WALES

The Older People's Commissioner for Wales is an independent voice and champion for older people throughout Wales.

The Commissioner wants Wales to lead the way in empowering older people, tackling inequality and enabling everyone to live and age well.

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