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Social support and unmet needs among older trans and gender non-conforming people during the COVID-19 'lockdown' in the UK

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Abstract

Previous research has suggested that older trans and gender non-conforming (TGNC) people may face particular challenges related to stigma, social exclusion and discrimination in later life. However, direct data on social support and needs in older TGNC population both internationally and within the UK is limited due to the small, dispersed nature of this population, and the absence of specific data collection on ageing TGNC populations. During the UK COVID-19 lockdown in summer 2020, older people and those with long-term health conditions were advised to adopt particular precautions. A UK cross-sectional survey of LGBT+ people aged 60+ (n=375) was undertaken during the lockdown to explore the impact of restrictions. This paper analyses responses from the subset (n=38) of TGNC participants. The majority of TGNC respondents described diverse social networks, often centred around friends and non-kin social networks, although partners and adult children were also significant for some. In most cases, those with existing strong networks continued to maintain social connections during lockdown, albeit with some regrets about loss of activities and face-to-face connection. However, a minority of respondents had experienced greater challenges prior to lockdown, and may have been at increased vulnerability during the pandemic, for example indicating that they had no-one to call on for practical support in an emergency. When asked about unmet needs and challenges, social isolation was repeatedly raised as the most frequent concern. Several respondents also mentioned issues specifically affecting TGNC communities, including access to gender affirming care and a perceived rise in social intolerance. Health and social care providers should be aware of the diversity of support networks within TGNC communities. There may also be benefits in community sector interventions to help older TGNC build and maintain strong social networks.

Keywords: trans; gender nonconforming; aging; social isolation; social support

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Introduction

This article reports on a subset of findings from a recent UK study on the impact of COVID-19 on older lesbian, gay, bisexual and trans (LGBT) people. It described and considers data from 38 trans and gender non-conforming (TGNC) participants aged 60+ who participated in a survey of 375 older LGBT people, supplemented by explanatory semi-structured interviews with five TGNC participants. The lives of older TGNC people are under-researched, although it is recognised that their ageing experiences are nuanced, and ageing vulnerabilities heightened, through the lens of their gender identities. At times of public health crises, often the most vulnerable populations are disproportionately adversely affected. This study both offers new insights into the lives of older TGNC people living in the UK but also how their lives have been impacted by COVID-19.

Background

TGNC ageing

In recent years, there has been growing scholarly interest in needs of ageing trans and gender non-conforming (TGNC) populations. However, at present, UK data remains limited, not only with regards to understanding the needs of this population, but also more broadly in relation to the demographics of ageing TGNC people. Estimates suggest that, depending on definition, TGNC people represent between 0.1 and 2% of the population, with the smaller estimates focusing on those who access gender-affirming medical care and/or receive diagnosis, and the larger estimates using self-report criteria(Goodman et al., 2019). There appears to have been both a temporal shift

and an age shift, with most datasets showing a greater number of trans people coming forward at a younger age (Goodman et al., 2019), meaning that future numbers of older TGNC people accessing services can be expected to increase. However, key data sources such as national censuses in the UK and elsewhere have often not recorded TGNC populations, and have had difficulty identifying ways of doing so that are both robust and acceptable to respondents (Meerwijk & Sevelius, 2017; Office for National Statistics, 2020). Lack of good quality monitoring data, combined with a likely increase in demand, may mean that services are under-prepared to meet the needs of older TGNC people.

The evidence that is available suggests that there are likely additional vulnerabilities and risks for some within the ageing TGNC population beyond those affecting older people in general. Older TGNC people may experience worse health outcomes linked to the accumulative effects of stigma, social and familial exclusion, inadequate social support and socioeconomic disadvantages, and for those individuals receiving hormone therapy, its side-effects. These are compounded by health and social care services which lack sufficient knowledge about the needs of (older TGNC) people, are based on cisgender norms and can be discriminatory(Bailey, 2012; Fredriksen-Goldsen et al., 2013; Persson, 2009; Witten & Eyler, 2016). These risks can be mitigated by factors which promote resilience. Taking steps towards living authentically in line with one's gender identity can be a positive and agentic process of self-determination (Bailey, 2012; Fabbre, 2014; McFadden, Frankowski, Flick, & Witten, 2013; Pearce, 2018; Willis, Raithby, Dobbs, Evans, & Bishop, 2020; Witten, 2014). Older TGNC people have been reported to have higher psychological resilience than

younger TGNC populations, possibly due to more developed coping skills and stronger social support networks (Jackman, Dolezal, & Bockting, 2018; Tan, Ellis, Schmidt, Byrne, & Veale, 2020).

Witten (2009) points to the potential implications of different trajectories in trans people's experiences of ageing: some older trans people 'came out' as trans early in life and then aged, while others will have come out as trans when they were already in later life. These different trajectories are likely to mediate experiences of challenges, social support and resilience in ageing. For example, some TGNC older people will have been visible to others as trans for much of their adult life, potentially raising the likelihood that they will experience long-term effects of stigma, discrimination and socio-economic exclusion but also potentially giving them time to develop trans-aware social networks that they can draw upon in times of challenge. Conversely, individuals who had successful careers, relationships and children prior to 'coming out' may potentially have greater pre-existing financial or support resources, but may also risk losing existing resources and support if and when they publicly express a TGNC identity. Current debates on trans people's rights and presence in society also often differentiate by age at transition: trans people who 'come out' while young are often portrayed as potentially vulnerable and mistaken, while trans people (especially trans women) who transition as mature adults are frequently framed as potential predators (Ashley, 2020; Boukli and Copson, 2019; Serano, 2020). These different narratives may affect older trans people's experiences of interacting with wider society. All of these aspects of trans lifecourse trajectories are also likely to be mediated by other factors,

including access to and engagement with local LGBT+ communities, and other dimensions of identity, expression and life experience.

There is limited data on family and other informal support networks for older TGNC people in the UK. A recent systematic review found no studies focusing on trans people's experiences of being grandparents, or of parenting later in the lifecourse (Hafford-Letchfield et al., 2019). Bouman et al. (2016) reports that of the trans women aged 50+ newly referred to a UK gender clinic, 63% had children and 27% were currently married or in a civil partnership. The UK Government Equality Office LGBT survey, which received responses from around 900 trans people over the age of 55, did not capture parental status, but reports that 44% of trans people aged 55-64, and 39% of those aged 65+ were married, in a civil partnership or cohabiting with a partner (Government Equalities Office, 2017). However, the status of being married or having children does not necessarily indicate that individuals can and do call upon those family members for support, especially given frequent reports of family estrangement in trans populations. The 2012 UK Trans Mental Health Study, although not focused on older people, reported that some trans parents lost or had reduced contact with their children after coming out, that 25% of participants had at some stage moved away from friends or family due to being trans, that individuals tended to have more close friends than family members who they could confide in, and would be more likely to contact friends than partners or family members for urgent support (McNeil, Bailey, Ellis, Morton, & Regan, 2012). Evidence from the United States indicates that trans older people have lower levels of social support than LGB people who are not trans, but that where it is available, social support is protective against both physical and mental ill-health

(Fredriksen-Goldsen et al., 2013). Participants in the US Trans Metropolitan Life Survey similarly cited the development of caring relationships, both within family relationships and within trans communities, as an important factor in resilience (McFadden et al., 2013). In the general population, objective measures of social isolation, subjective feelings of loneliness and living alone are all known to be associated with increased mortality and worse health outcomes (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015; Smith & Victor, 2019). Understanding trans people's social support networks in later life may therefore have benefits in identifying sources of resilience and support that can promote and enhance good health.

COVID-19 and the UK 'lockdown'

On 23 March 2020, the UK, following the example of many other countries, entered into a 'lockdown' due to the COVID-19 pandemic. All members of the UK population were instructed not to leave their homes for any reasons other than essential shopping, exercise, caring for vulnerable people or work that could not be performed from home (UK Government, 2020c). Two additional categories of individuals who were at higher risk were also identified. The 'clinically vulnerable' category included everyone over 70, as well as individuals with specified health conditions, many of which are common in later life, such as heart disease, respiratory disease, diabetes, kidney disease and liver disease. This group were advised to follow the lockdown rules particularly carefully, but were not specifically advised to take additional actions. A second group, the 'clinically extremely vulnerable' included those with a narrower range of conditions, including severe respiratory conditions, organ transplant recipients and certain cancers. This group was advised that they should be "shielded" for a period of 12 weeks, and so

not leave their homes for any purpose (Department of Health and Social Care, 2020; NHS England, 2020). In practice, there were media reports of confusion over the terminology and advice, and the government acknowledged that there had been mixed messages and inconsistent guidance on identifying individuals who met the 'extremely vulnerable' criteria (Allen-Kinross, 2020; HM Government, 2020). It is therefore likely that some individuals who were in the less stringent 'clinically vulnerable' group in fact did 'shield', either on a precautionary principle, or because of confusion over the criteria. In July 2020, the national restrictions were significantly loosened, allowing most individuals – including those who had previously been shielding - to begin socially mixing with a limited number of others again, although there remained restrictions on the number of households that could mix socially, and on the operations of many types of business (Department of Health and Social Care, 2020; UK Government, 2020b).

For all members of the UK population, but particularly those who were shielding or advised to take additional precautions, the lockdown arrangements potentially created a number of challenges, including delivery of food, medication and other necessities, difficulty accessing medical services, changes to existing arrangements for social care, and changes to emotional and support networks. Government advice encouraged those who were reducing their level of social contact due to COVID-19 to seek support from family, friends or neighbours in the first instance, or if necessary to seek support from statutory services and charities (UK Government, 2020a). However, given that the existing literature suggests that older TGNC people are disproportionately likely to have experienced family estrangement, social hostility in their local community and

discrimination in health and other services, they may experience additional challenges in identifying and accessing reliable sources of support.

This study aimed to explore older TGNC people's social support networks, key concerns and unmet needs during the COVID-19 'lockdown', by means of a rapid 'temperature check' undertaken during the first phase of lockdown in Spring/Summer 2020. It draws upon a health equity framework that considers the effect of intersecting social positions on TGNC health outcomes across the lifecourse, including the impact of diverse social positions within TGNC populations; multi-level contextual factors such as past experiences of discrimination or injustice; and the impact of pathways that may promote or hinder good health (Fredriksen-Goldsen et al., 2014; Westwood, Willis, et al., 2020).

Materials and Methods

The COVID-19 and Older LGBT+ People survey (Westwood, Hafford-Letchfield, & Toze, 2020) is an online survey, designed specifically for this project, of LGBT+ people aged 60+ and living in the UK. Ethical approval was given by [details of the institution removed for peer review]. Participants were recruited via LGBT+ community organisations and social media networks between 1st June and 7th August 2020. Purposive outreach was made to encourage representation from across the older LGBT+ community. Data collection was undertaken in Qualtrics. In total, 375 valid survey responses were received. Within the wider study, qualitative semi-structured interviews were additionally undertaken with a voluntary sub-set of 16 survey participants to develop and expand on survey findings, and with representative of six LGBT+

organisations. This paper focuses on descriptive statistics from the survey regarding responses by trans and gender non-conforming participants. Where questions were open-ended (e.g. asking participants to describe their identity, or about their concerns regarding COVID-19), responses were inductively coded and grouped into themes by [Author 2] and checked by [Authors 1 and 3].

The survey asked participants an open-ended self-description question about gender, and separately asked a closed question as to whether the stated gender was different to that assigned at birth ('yes/no'). Participants were classified as trans if they stated that their gender was different to that assigned at birth. They were classified as gender non-conforming if their response to the gender question indicated that their gender identity was other than male or female (e.g. 'fluid' or 'non-binary'). In total, 38 survey participants were classified as trans and/or gender non-conforming, and these are grouped as 'TGNC'.

Data were analysed using simple statistical analysis for quantitative data and thematic analysis (Braun & Clarke, 2006) for qualitative data.

Results

Participant demographics

Age, Gender and Sexuality

Within the overall sample of 375 respondents, 38 participants were categorised as TGNC. As can be seen from Table 1 overleaf, this comprised 28 participants who stated that their gender was different to that assigned at birth (23 trans women, 3 trans men, 2

individuals who indicated other gender identities), 9 additional participants who stated that their gender was the same as that assigned at birth but who indicated non-binary, fluid or other identities and 1 participant who described both their gender identity and sexuality as 'queer'.

The comparatively greater representation of trans women (n=23, 82%) compared to trans men (n=3, 11%) is different from the full sample, which comprised 45% of participants who identified as (cis and trans) women, and 53% who identified as (cis and trans) men (the remainder identifying in non-binary ways). This is consistent with other recent UK research on older trans people, including data from a UK gender clinic indicating that most referrals after the age of 50 are trans women, and the Government Equalities Office Survey of LGBT+ people, which found that for respondents over 55, 71% were trans women (Bouman et al., 2016; Government Equalities Office, 2017, 2018; Willis et al., 2020). A tendency for trans women to have an older age profile than trans men has also been reported in survey data from other countries (Tan et al., 2020; Witten, 2015).

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No.	Code	Age	How would you define your sex/gender?	Is your sex/gender the same you were assigned at birth?	How would you define your sexuality/sexual orientation?
1	SUR044	60-64	Trans woman	No	Lesbian
2	SUR049	60-64	Female	No	Lesbian
3	SUR315	60-64	Female	No	Female
4	SUR337	60-64	Lesbian/Female	No	Lesbian
5	SUR342	60-64	Female	No	Lesbian
6	SUR359	65-69	Female	No	Gay
7	SUR371	70-74	Female	No	Lesbian
8	SUR084	70-74	Female (Trans woman)	No	Lesbian
9	SUR087	60-64	Transgender woman	No	straight
10	SUR098	75-79	Trans woman	No	Lesbian
11	SUR096	70-74	Female	No	Lesbian
12	SUR137	60-64	Female	No	Lesbian
13	SUR005	60-64	Female	No	Pansexual
14	SUR099	70-74	Female	No	Strictly lesbian-romantic, but sexually varied
15	SUR322	60-64	Female	No	I don't know, poss assexual?
16	SUR298	60-64	Assigned male at birth, MTF transgender	No	Attracted to women
17	SUR048	65-69	Trans woman	No	Asexual
18	SUR090	65-69	Female	No	Queer
19	SUR101	70-74	Female	No	Bisexual
20	SUR336	60-64	Female	No	Bisexual
21	SUR086	60-64	Female	No	Open to offers. Bisexual
22	SUR265	70-74	Female	No	Bi
23	SUR341	60-64	Female	No	bisexual
24	SUR043	75-79	Male	No	Gay male
25	SUR146	65-69	Gay (man)	No	Lover of men GAY.
26	SUR154	60-64	Male	No	gay
27	SUR216	60-64	Non gender binary	No	gay
28	SUR313	70-74	Transgender	No	celibate
29	SUR300	70-74	Queer	Yes	queer
30	SUR352	65-69	Male	Yes	hetro ('I am a long time cross dresser')
31	SUR151	80-84	Male	Yes	a long term transvestite
32	SUR038	70-74	Fluid	Yes	Heterofluid .
33	SUR046	60-64	Nonconforming	Yes	Gay gay gay!!
34	SUR053	70-74	Both are fluid.	Yes	Fluid..
35	SUR051	70-74	I don't define myself	Yes	Lesbian
36	SUR112	65-69	Fluid	Yes	Lesbian
37	SUR259	65-69	Non-binary	Yes	I always fancy women.
38	SUR271	65-69	Non-binary	Yes	Attracted to women

Table 1: TGNC participants' age, gender and sexuality demographics in the COVID -19 and Older LGBT+ People survey (Westwood, Hafford-Lechfield and Toze, 2020)

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In terms of age, 15 (54%) of the TCNC participants were in the 60-64 age band, 4 in the 65-69 (14%) age band, 7 (35%) in the 70-74 age band, and 2 (7%) in the 75-79 age band. This compares with, in the full sample, 34% in the 60-64 age band, 30% in the 65-69 age band, 20% in the 70-74 age category, 10% in the 75-79 age band and 3% aged over 80 (see Table 2). The TGNC sample is therefore younger than the full sample.

	60-64	65-69	70-74	75-69	80+
TGNC participants	54%	14%	35%	2%	0
Full sample	34%	30%	20%	10%	3%

Table 2: Comparison of TGNC participants' age, with that of COVID -19 and Older LGBT+ People survey (Westwood, Hafford-Lechfield and Toze, 2020) (NB percentages).

Participants also were asked to describe their sexuality. As can be seen from Table 1, of the 23 trans women, 9 identified as lesbian ('lesbian/attracted to women'; 5 as bisexual (e.g. 'bisexual'/'bi'); 1 as gay; 1 as queer; 1 as pansexual; 1 as asexual; 1 as heterosexual ('straight'); and 4 as 'other sexuality' ('open to offers'; sexually varied'; 'I don't know'; 'female'). The 3 trans men all identified as gay. The queer person identified as gender and sexuality queer. The participants with non-binary, fluid or other identities used a range of definitions of their sexualities, including: lesbian, gay, celibate, 'hetro' ('long-term cross-dresser'); 'heterofluid'; fluid; 'a long term transvestite' and 'attracted to women'.

The UK Government Equality Office LGBT survey, undertaken in 2017 reports that for trans respondents aged 65+, 29% described themselves as bisexual, 26% as gay or lesbian, 21% as heterosexual, 15% did not know or preferred not to say, with the remainder giving other answers (Government Equalities Office, 2017). As can be seen from Table 3, compared to the Government Equality Office dataset, this study has fewer bisexual participants (n=5, 13%), a higher proportion of lesbian and gay individuals

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(n=17, 45%), only two heterosexual individuals, and a higher proportion of individuals (n=16, 42%) who define their sexualities in other ways. It is possible that this may reflect differences in recruitment approach.

	Lesbian or gay	Bisexual	Heterosexual	Don't know/ declined to say	Other
TGNC sample	45%	13%	<1%	n/a	42%
GEO 2017 sample	26%	29%	21%	15%	7%

Table 3: Comparison of TGNC participants' sexuality, with that of COVID -19 and Older LGBT+ People survey (Westwood, Hafford-Lechfield and Toze, 2020) full sample and the Government Equalities Office (2017) trans sample (NB percentages).

Disability

As can be seen from Figure 4, almost a third of the TGNC participants reported having a disability. This compares with the full sample of 375 participants, 66 (18%) of whom reported that they considered themselves to have a disability/disabilities and 309 (82%) reported that they did not consider themselves to have a disability.

	Disability	No Disability
TGNC participants in current study	12(32%)	26(68%)
All participants in current study	66(18%)	309(82%)

Table 4: TGNC participant responses to questions about disability in the COVID -19 and Older LGBT+ People survey (Westwood, Hafford-Lechfield and Toze, 2020)

Ethnicity

Ethnicity categories were also open-ended, allowing for self-definition. Participants' responses to this question were varied, with some providing only a national identity (e.g. 'English'), some only an ethnic group (e.g. 'White'), some both (e.g. 'White British'), and some providing self-descriptors not conventionally included in UK ethnicity categories (e.g. 'European'). Where ethnic group was given, twenty-six TGNC

participants described themselves as 'White' or 'Caucasian'. Only one TGNC participant clearly identified themselves as being from a Black, Asian or Minority Ethnic (BAME) background ('English and South Asian').

Living arrangements

Participants were asked to indicate whether they were living with others or alone, and if with others, to describe who they were living with. As can be seen from Table 5, 22 of the TGNC respondents 23 (61%) were living alone, while 15 (39%) were living with others. This compares with the main sample, of which 51% said they lived alone and 49% said they lived with others. The majority of those who were cohabiting were living with a spouse, civil partner or other partner.

	Lives alone	Lives with others
TGNC participants in current study	61%	39%
All participants in current study	51%	49%

Table 5: TGNC participants in the COVID-19 and Older LGBT+ People survey (Westwood, Hafford-Lechfield and Toze, 2020): living alone/with others

Personal, practical and social support

Emergency Support

When asked if they had someone to call upon in an emergency, as can be seen from Table 6, among the TGNC respondents 30 (79%) said they did, and 8 (21%) said they did not. This compares with the full sample of which 90% said they had someone that they could call on in an emergency and 10% said they had not.

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	Someone to call in an emergency?	
	Yes	No
TGNC participants in current study	79%	21%
All participants in current study	90%	10%

Table 6: TGNC responses to emergency contact question in the COVID -19 and Older LGBT+ People survey (Westwood, Hafford-Lechfield and Toze, 2020)

The responses suggested that TGNC people were relatively likely to call on non-kinship social contacts (e.g. friends and neighbours) in an emergency, rather than biological family. However, this may be shaped by the context of COVID, where the types of emergency individuals envisaged may have been those requiring someone in close proximity.

Practical Support

Participants were asked how they were getting essential food, household supplies and medication. As can be seen from Table 7, over half of the participants (n=23) were doing their shopping and pharmacy collections in person (some supplementing with online shopping), 10 were doing online shopping, while 5 had their shopping done for them by others (spouse, volunteers, charities). Five participants had medication delivered by their pharmacy. Two reported doing online shopping but collecting medication in person, and one reported mostly shopping in person but sometimes having assistance from a neighbour.

Doing own shopping (either wholly or supplemented with online shopping and pharmacy deliveries)	23 (61%)
Online shopping and pharmacy deliveries only	10 (26%)
Shopping done by others	5 (13%)

Table 7: TGNC responses to practical support question in the COVID -19 and Older LGBT+ People survey (Westwood, Hafford-Lechfield and Toze, 2020)

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Social support

Participants were asked about the composition of their usual support networks. As can be seen from Table 8, the most frequent responses from TGNC participants were: friends (n=21); family (n-9); LGBT+/ trans-specific support groups only (n=7) and local charities. Again, the responses show a strong tendency to identify friends and social organisations as a source of support. 5 out of the 38 (14%) TGNC participants said they had no support networks.

Friends	Family	LGBT &/or trans-specific support groups	Local charities	Colleagues	Faith groups	NHS	Neigh-bours	Ex-partner	House-mates	Spouse	None
21	9	7	4	3	3	2	2	1	1	1	5

Table 8: TGNC participants' social support networks according to responses in the COVID -19 and Older LGBT+ People survey (Westwood, Hafford-Lechfield and Toze, 2020)

The participants who said they had social support networks were asked how their support networks have been affected by mandatory isolation. The most frequent responses were: lessening/cessation of type/frequency of social contact (n=14); continuing via online media (n=6); "Generally OK"/No change/Positive comments (n=5); Increasing isolation from network (n=3).

When asked how they were maintaining contact with their support networks, respondents cited either telephone (n=17), or a range of online and social media networks, with Zoom being the most frequently mentioned specific platform (n=11). Only one participant referred to non-electronic communication ('letters'). However, when asked about challenges, participants identified several key challenges linked to e-

communications, which cohered around: technology and technological skills; timing (e.g. others being busy); a perceived reduction in quality of contact online; additional effort; and resource limitations (e.g. high demand on telephone helplines).

Participants were asked whether their support networks had changed due to COVID-19 regulations, and if so, in what way. Two-thirds (67%) of the participants said that nothing had changed (including those who said they did not have a support network). A third (33%) of the participants said their networks had changed. Eight made broadly positive comments, predominantly related to better levels of contact with people using video conferencing and texts, and/or a sense of improved community in their local neighbourhood. Two made negative comments, one related to only being able to contact friends by phone, and one related to a change in work and living circumstances due to COVID-19. Two participants indicated that community and friendship networks had improved, but contact with family had not.

Supporting others

Participants were asked whether they provided support to others. 23 out of 38 TGNC participants said that they did. Of these, the support they provided was to: friends (n= 9), neighbours (n=4); older parents/family member (n=4), partner/spouse (n=3), adult children (n=2), colleagues and ex-colleagues (n=2), 'family' (n=2), fellow-members of religious organisations (n=2), 'anyone who needs it' (n=1), fellow members of U3A (n=1), members of LGBT communities (n=1), tenants (n=1).

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Participants were asked how mandatory isolation was affecting how they now provide that support. Participants' responses included: shift from face-to face to online and/or telephone support (n=7); changed quality/availability of support (n=6); unable to provide direct support (n=2); waiving tenants rents' affecting own cashflow (n=1); no change in support (n=1); improvement on support provided (n=1).

Impact of COVID-19 lockdown

Major Concerns

Survey participants were asked to list their top 3 concerns. As can be seen from Figure 1, the most frequent answers among the 38 TGNC respondents were categorised as: Loneliness and isolation (n=13); Fear/risk of contracting COVID-19 (n=11); Being separated from family and friends (n=6); Health and well-being (n=6); Dissatisfaction with the government (n=5); Mental health (n=5); Heightened vulnerability to COVID-19 (n=4); LGBT issues (n=4); Obtaining food, medicine, etc. (n=4).

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Loneliness and isolation (13): *'Loneliness' (n=4); 'Isolation' (n=3); 'Not having any local friends that I can trust'; 'Coping alone with the lockdown, which is a magnification of pre-existing social isolation'; 'Isolation and lack of social contact'; 'Only one [concern]: loneliness'; 'Desperate loneliness for other LGBT contact'; 'Relationship breakup – wants to make new friends'.*
Fear/risk of contracting COVID-19 (n=11): *'Risk of contracting COVID-19' (3); 'Fear of that… I will contract and die or have long term effects'; 'I fear to leave the house in case I get infected and infect my partner'; 'Anxious to avoid catching the virus'; 'Catching COVID-19'; 'Avoiding infection'; 'Concern about virus spread'; 'How to avoid, who's got it, when will vaccine be available'; 'Fear of infection'.*
Being separated from family and friends (n=6): *'Being further isolated from family members and long term friends; they all live hundreds of miles away'; 'Missing physical contact with friends. I really need that warm feeling'; 'Distancing from children and grandchildren'; 'Distancing from friends'; 'I miss being able to spend time with my long-term friends' ; 'Isolation from family'*
Health and well-being (n=6): *'Currently affected by COVID-19'; 'By self-isolating I have reduced my sociability'; 'Anxious to avoid catching the virus, so this means restricting social occasions and eating out etc'; 'Wearing a mask causing further breathlessness'; 'Difficulties in normal access to healthcare inc hormone related blood tests and regular heart ECG'; 'I had the disease and have fairly serious post viral fatigue'.*
Dissatisfaction with government (n=5): *'Anger at the way this government has conducted their approach to it'; 'Anxiety caused by the actions of the government'; 'Cummings, Bojo, Hancock'; 'Government callousness and incompetence'; 'I am outraged by this government's handling of it yet am helpless to change things'*
Mental health (n=5): *'Maintenance of mental health'; 'All my coping strategies ripped away'; 'PTSD and depression' 'Mental health'; 'Mental Health, depression and anxiety'*
Heightened vulnerability to COVID-19 (n=4): *'More susceptible probably'; 'Risk of being seriously ill should I catch it'; 'If I do catch it, I might not survive'; 'My asthmatic vulnerability'*
LGBT issues (n=4): *'From an LGBT point of view, I am not out to my neighbours and am not meeting other queer people'; 'Increase in transphobia noticeable at work due to redeployment'; Possible changes in sex/gender laws (n=2); 'Duration of lockdown'; 'Length of the lock-down, awaiting cure or vaccine before going out'.*
Obtaining food, medicine, etc. (n-4): *'Obtaining essentials'; 'Meds, food'; 'General safety for essential shopping'; ' How to reliably get our repeat prescription medication'.*
Access to healthcare services (n=3): *'Access to medical and dental services'; 'Getting access to Orthopaedic services'; 'Possible lack of medical help, although this hasn't been put to the test!'*
Loss of routine (n=3): *'Upset of routines'; 'I am becoming more unstructured in my daily life'; 'Unable to risk our normal sporting activities…'*
Concern for health of others (n=2): *'Fear that my partner…will contract and die or have long term effects'; 'That family and friends stay well'*
Duration of lockdown (n=2): *e.g. 'How long will it go on?'*
Fear of future (n=2): *'Frightened that our future lives are now going to be so limited'; 'Unknown future'*
Lack of support (n=2): 'Worried about getting ill alone'; 'How to support each other if we both contract the virus'.
Other people posing a health risk by not taking precautions (n=2): 'Avoiding people who are not socially distancing'; 'Catching the virus because of others not sticking to the rules'
Other (n=13): 'Disappointment of postponed [gender affirmation] surgeries'; 'Having a holiday abroad'; 'Loss of independence'; 'Not now considered suitable for voluntary work?' ; 'Second wave'; 'The collapse of the economy'; 'Time on hands') 'Contact with others' [not specified]; 'Healthcare' [not specified]; 'Age' [not specified]; 'Government policy' [not specified]; 'Scientific advice' [not specified]; 'Work' [not specified]; 'Transport' [not specified]; 'Not going out'; 'Exercise (cycling)'; 'Miss being tactile'; 'Need to be loved'; 'Life limiting' 'Broadband/ telephone landline becoming inaccessible'.

Figure 1: TGNC responses to 'Top 3 concerns' question in the COVID -19 and Older LGBT+ People survey (Westwood, Hafford-Lechfield and Toze, 2020)

Health and wellbeing

Participants were asked to rate the impact of mandatory social isolation on their physical and mental health. As can be seen from Table 9a, overleaf, the perceived impact of COVID-19 on physical health was perceived by the TGNC and full sample to be fairly neutral, with over half (n=20, 53%) of the TGNC participants reporting no change in their physical health, 11 (29%) stating their physical health was either slightly or a lot worse, and 7 (18%) stating their physical health was either slightly or a lot

better. This compares with the full sample of which 46% reported no change, 31% reported their physical health was either slightly or a lot worse, and 23% reported it was slightly or a lot better.

	A lot better	Slightly better	Neither better nor worse	Slightly worse	A lot worse
TGNC sample	1 (<1%)	6 (16%)	20 (53%)	8 (21%)	3(<1%)
Full sample	18 (5%)	16 (18%)	174 (46%)	92 (25%)	22 (6%)

Table 9a: TGNC and full sample responses to question about the impact of COVID-19 on their physical health, in the COVID -19 and Older LGBT+ People survey (Westwood, Hafford-Lechfield and Toze, 2020)

By contrast, as can be seen from Table 9b, the impact of COVID-19 on mental health was perceived to be more negative, with slightly over half (53%) of the TGNC participants reporting that their mental health was either slightly or a lot worse, 40% reporting no change in their mental health, and 3 (<1%) reporting that their mental health was either slightly or a lot better. This compares with the full sample of which 43% reported no change, 48% reported their mental health was either slightly or a lot worse, and 9% reported it was slightly or a lot better.

	A lot better	Slightly better	Neither better nor worse	Slightly worse	A lot worse
TGNC sample	1 (<1%)	2 (<1%)	15 (40%)	12 (32%)	8(21%)
Full sample	6 (2%)	26 (7%)	161 (43%)	145 (38%)	37 (10%)

Table 9b: TGNC and full sample responses to question about the impact of COVID-19 on their mental health, in the COVID -19 and Older LGBT+ People survey (Westwood, Hafford-Lechfield and Toze, 2020)

The differences in physical and mental health responses is summarised in Table 9c, overleaf.

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	A lot better	Slightly better	Neither better nor worse	Slightly worse	A lot worse
Physical health	1 (<1%)	6 (16%)	20 (53%)	8 (21%)	3(<1%)
Mental health	1 (<1%)	2 (<1%)	15 (40%)	12 (32%)	8(21%)

Table 9c: Comparison of TGNC responses to questions about the impact of COVID-19 on their physical and mental health, in the COVID -19 and Older LGBT+ People survey (Westwood, Hafford-Letchfield and Toze, 2020)

Coping strategies

Participants were asked what strategies they were using to cope with social isolation due to COVID-19. The TGNC participants described a range of activities. These could be broadly grouped into: keeping busy with volunteering, hobbies or activities around the house (e.g. 'making homemade bread', 'gardening'); social contact by telephone or online; activities focused on wellbeing (e.g. 'Listening every day to motivational and self-help recording'), as well as a selection of slightly more light-hearted responses (e.g. 'Netflix. Wine')

Several participants commented that they were not feeling isolated, and hence did not need coping strategies. Some highlighted benefits from being able to take life at a slower pace, or spend more time enjoying nature. Overall, the responses to questions about coping strategies were largely positive, and emphasised the overall resilience of TGNC people. However, the survey question about coping strategies was likely to produce narratives from people who were successfully using them. There were intimations that some people might be finding lockdown less easy to deal with. For example, several participants mentioned having to regulate their alcohol consumption and two participants intimated that they were having a difficult time:

> Trying not to crash and burn. Trying to just hunker down until it passes [SUR087, trans woman, heterosexual, 60-64]

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> Telling myself that I can survive alone [SUR099, trans woman, 'lesbian romantic, but sexually varied', 70-74]

Unmet needs

Participants were asked whether they had any unmet needs due to COVID-19 and 22 out of 38 (58%) TGNC participants responded that they did. Participants who stated that they had unmet needs were asked what those needs were, who they would like to meet them, and how. Nine participants emphasised social interactions, including both social participation (e.g. 'feeling very cut out of society), and also physical contact with others (e.g. 'Social interaction. Cuddles'). They indicated that this unmet need was largely out of anyone's control, since resolution would require an end to lockdown, and ultimately some kind of resolution to the COVID-19 pandemic. Two participants mentioned 'social bubbles' [measures introduced by the UK government as lockdown eased to enable individuals living on their own to socialise with one other household] as mechanisms for permitting contact with key loved ones. Two participants referred to unmet sexual needs, again noting that there was little that could be done to resolve these until restrictions were lifted. Two participants referred to delayed health care treatment, which they wished the NHS to resolve. Two participants identified sex as an unmet need, one person observing 'I would usually visit my dominatrix once a month' [SUR038, genderfluid, 'heterofluid', 70-74]. One person wanted postponed gender affirmation surgeries to take place. Another needed an orthopaedic appointment.

Survey participants also mentioned a diverse range of other unmet needs, including being able to check on properties they owned, being able to undertake musical performances, being able to participate in cultural and travel activities, and challenges in providing a volunteer advice service due to increased demand. Several participants referred to the impact of lockdown on identity issues. One participant wrote, 'I am a

long time cross dresser, I tend to get ratty if I can't do this' [SUR352, cis man, 'hetro', 65-69]. Poignantly, one survey participant stated that an unmet need was: 'I can't be me, I don't have the energy' [SUR087, trans woman, heterosexual, 60-64] and that being unable to meet other trans people face to face was difficult for her.

Participants were asked in a final question if they wished to make any other comments or raise any other issues. Social isolation was mentioned by 11 of the TGNC participants, sometimes highlighting concerns for the trans community in general rather than their own experiences, with comments reflected in the following:

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

Four mentioned concerns about accessing services, for example, the same participant also observed: 'Given past hospital experiences, I am worried how well I would be treated if I became seriously ill' [SUR342, trans woman, lesbian, 60-64]. Another participant wrote,

> I worry about my health because of failings in prescription supply (shameful National HRT shortages, ongoing from mid-2019 but conveniently hidden/overlooked by Covid-19 focus) adding to health concerns generally associated with being older and a general lack of understanding of trans healthcare needs. [SUR322, trans woman, 'possibly asexual', 60-64]

Four mentioned differences among members of the TGNC community, for example:

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

Three participants commented on government policy (in regard to both trans rights and COVID-19 policies). Two participants made comments regarding their preferences of

identity terminology, and one participant queried whether it was necessary to consider LGBT populations separately in regard to COVID-19 experiences. Several participants concluded by offering broader thoughts and advice, which included:

> Loving people doesn't always need physical contact [SUR043, trans man, gay, 75-79]
>
> My advice to everyone is: for goodness sakes, get yourself online. [SUR137, trans woman, lesbian, 60-64]
>
> I am concerned we have learnt nothing from this period about our relationship with the rest of nature. [SUR216, non-gender-binary trans person, gay, 60-64]

Discussion

This study has produced wide-ranging insights about the lives of older TGNC people living in the UK, both specifically in relation to the COVID-19 lockdown and more broadly. The data indicate considerable diversity among older TGNC and considerable variation in quality of life. The majority of TGNC survey participants lived alone. However, many TGNC participants discussed diverse and active social support networks. Friends tended to be most frequently highlighted as sources of support, but there were also references to the important of intimate partners, adult children, other family members and neighbours. Many TGNC participants also discussed participation in a range of social and community activities, including LGBT/trans-specific organisations, but also a range of other faith, community and hobby activities.

For many participants the interruption to social contact and social activities appeared to be keenly felt during lockdown, but they had often found ways of maintaining contact online or by telephone and many were confident that they could draw on their networks if they needed to. Many TGNC participants also highlighted that they themselves were engaged in care activities, including providing practical and emotional support to others; and working to keep community organisations operating

before and throughout the pandemic. These accounts complement previous research suggesting that older trans people are often actively engaged in pursuing goals important to them (Fabbre, 2014; Willis et al., 2020), and suggest that it is important that older TGNC people are not stereotyped as being passively lonely or vulnerable.

A minority of TGNC participants in this study seemed to have less-well developed social networks, fewer sources of support and concerned with feelings of loneliness and isolation. These participants typically lived on their own, and most could not identify anyone who they could call on in an emergency. This suggests that they might be at additional risk both from the pandemic, but also more broadly if they experienced other challenges around ageing and health.

The importance of social contact and strong social networks was also emphasised when participants were asked about concerns, unmet needs and for any final comments, with social isolation being repeatedly highlighted in the responses to these questions. Even those who did not appear to be currently isolated nonetheless often mentioned it as a concern within TGNC communities.

Several participants also mentioned issues specifically affecting TGNC communities, including interrupted access to gender affirming care during the lockdown period and a perceived rise in intolerance towards TGNC people. In interviews, interviewees sometimes drew explicit connections between these issues: for example, that the pandemic might have increased distrust of those who were perceived to be 'different', or concerns about the quality of care they would receive if they were to

become ill. By contrast, other participants felt that the pandemic had promoted community cohesion and reciprocal support.

As noted at the outset of this article, during public health crises, often the most vulnerable populations are disproportionately adversely affected. This study would suggest that while older TGNC people are potentially a disproportionately vulnerable ageing population, this is not an inevitability. Many TGNC people have inner and social resources, and considerable adaptability in the face of adversity, which have supported them well during the lockdown. For others, already isolated and in poor physical and/or mental health, the lockdown has served to compound and exacerbate previous difficulties. What appears to differentiate the two groups is the ability to make, sustain, and renew meaningful social connections in the present day, and for there to be sufficient social resources available to support doing so. This would appear to support previous literature which suggests that the ability to form sustaining relationships is paramount for TGNC wellbeing in later life, with or without a pandemic.

From a health equity framework, it is clear that social connectivity is crucial for TGNC wellbeing in later life. There are multiple factors which inform and promote/impede social connectivity. Further research is needed to both understand how they intersect and impact later life, and, crucially, the key points in TGNC lifecourse pathways where health and/or social care interventions might promote connections and mitigate potential relationship ruptures. Our research suggests that for some TGNC people, the COVID-19 crisis has increased social connectedness, with local communities reaching out to provide reciprocal support. This demonstrates the potential

for increased community integration of older TGNC people, which in turn promotes their health and wellbeing. The next step is to identify how this can be achieved without needing a pandemic to act as a trigger.

Strengths and limitations

This study has produced one of the largest ever datasets of the experiences of older TGNC people living in the UK with regard to experiences of social support and social networks during a crisis. As such it makes a unique contribution to the current knowledge gaps in relation to the lives of this population. However, the study has several limitations. It used survey and interview data to consider older TGNC people's social support networks and concerns at a time when many individuals faced significant disruption and unexpectedly needed (or were called upon to offer) additional support. As such, it contributes to a very limited knowledge base about support networks and response to crisis in the older TGNC population in the UK. Some aspects of the findings may be transferable to other contexts. For example, it seems likely that individuals who did not have anyone to call on in an emergency during COVID-19 might also have a lack of support in other crisis situations. However, it is also possible that some elements of this situation would not apply to considering TGNC older people's social networks or access to support under other circumstances.

The demography of older TGNC communities in the UK is poorly understood. The low proportion of trans men, TGNC people over 80 and TGNC people of colour within the TGNC sample in this study is consistent with other data on older UK trans populations (Bouman et al., 2016; Government Equalities Office, 2018; Willis et al., 2020), and may to some extent reflect differences in lifecourse trajectory, or the

intersectional effects of current and historic barriers to openly asserting a TGNC identity. However, it is also possible that there are seldom-heard populations of TGNC older adults that this study failed to reach. Such communities might have faced different or additional challenges during the COVID-19 period.

More broadly, participants were a self-selected, voluntary sample, participating in an online survey. Digitally excluded TGNC people may have been less likely to participate. The voluntary nature of the study may have led to a self-selection bias. It could potentially have resulted in fewer responses both from those who were very severely affected by COVID-19 (who may, for instance, have been ill, caring for others, or simply distressed by the topic), and also those who were very little affected by COVID-19 (who may have perceived that they had little to say on the topic).

Conclusion

This study identified substantial diversity in TGNC older people's social support networks in the context of the COVID-19 pandemic. Many participants reported diverse and active social networks, and having individuals that they trusted to help in an emergency. However, a minority of participants had more restricted social networks. In addition, social isolation was often highlighted as a potential challenge or concern, even for those who currently had active social support. Some participants also identified additional challenges they faced during the COVID-19 crisis, such as reduced aspect to specialist healthcare and a perceived increase in hostility and prejudice. Understanding potentially distinct needs, as well as the diversity in older TGNC people's social networks, and that some TGNC people may have no-one they can call on in a crisis,

while others may rely on friends rather than biological family, may help health, social care, housing and other service providers better tailor the support they provide to this community.

Further research could usefully explore in more depth protective and risk factors for isolation, loneliness and lack of social support for older TGNC people, as well as assessing options to practically ameliorate this. Living alone, family estrangement, rurality, poor health and poor access to support from services may be potential risk factors contributing to isolation and lack of support in a time of crisis. It may be beneficial for service providers and researchers to consider developing interventions to help older TGNC people build links with others, for example via third sector or community organisations with an understanding of their needs.

References

Allen-Kinross, P. (2020). What is 'shielding' and who needs to do it? Retrieved from https://fullfact.org/health/coronavirus-shielding-social-distancing/

Ashley, F. (2020). A critical commentary on 'rapid onset gender dysphoria'. In B. Vincent, S. Erikainen, & R. Pearce (Eds.), TERF Wars: Feminism and the fight for transgender futures (pp. 105-125)

Bailey, L. (2012). Trans Ageing. In R. Ward, I. Rivers, & M. Sutherland (Eds.), Lesbian, Gay, Bisexual and Transgender Ageing: Biographical Approaches for Inclusive Care and Support (pp. 51-66).

Boukli, A. and Copson, L. (2019). Cultural harm: 'trans fraud', 'gender deception' and zero-sum games. Justice, Power and Resistance, 3(2), pp.26-48

Please cite as: Toze, M., Westwood, S., Hafford-Letchfield, T. (2021) Social support and unmet needs among older trans and gender non-conforming people during the COVID-19 'lockdown; in the UK. International Journal of Transgender Health. pp1-37

Bouman, W. P., Claes, L., Marshall, E., Pinner, G. T., Longworth, J., Maddox, V., . . . Arcelus, J. (2016). Sociodemographic variables, clinical features, and the role of preassessment cross-sex hormones in older trans people. J Sex Med, 13(4), 711-719.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative research in psychology, 3(2), 77-101.

Department of Health and Social Care. (2020). Shielding Update. Retrieved from London: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0624-shielding-letter-to-nhs.pdf

Fabbre, V. D. (2014). Gender transitions in later life: A queer perspective on successful aging. The Gerontologist, 55(1), 144-153.

Fredriksen-Goldsen, K. I., Cook-Daniels, L., Kim, H.-J., Erosheva, E. A., Emlet, C. A., Hoy-Ellis, C. P., . . . Muraco, A. (2013). Physical and mental health of transgender older adults: An at-risk and underserved population. The Gerontologist, 54(3), 488-500.

Fredriksen-Goldsen, K. I., Simoni, J. M., Kim, H.-J., Lehavot, K., Walters, K. L., Yang, J., . . . Muraco, A. (2014). The health equity promotion model: Reconceptualization of lesbian, gay, bisexual, and transgender (LGBT) health disparities. American Journal of orthopsychiatry, 84(6), 653.

Goodman, M., Adams, N., Corneil, T., Kreukels, B., Motmans, J., & Coleman, E. (2019). Size and distribution of transgender and gender Nonconforming populations: a narrative review. Endocrinology and Metabolism Clinics, 48(2), 303-321.

Government Equalities Office. (2017). National LGBT Survey Data Viewer. Retrieved from https://government-equalities-office.shinyapps.io/lgbt-survey-2017/

Government Equalities Office. (2018). National LGBT Survey: Research Report. Retrieved from London: https://www.gov.uk/government/publications/national-lgbt-survey-summary-report

Please cite as: Toze, M., Westwood, S., Hafford-Letchfield, T. (2021) Social support and unmet needs among older trans and gender non-conforming people during the COVID-19 'lockdown; in the UK. International Journal of Transgender Health. pp1-37

Hafford-Letchfield, T., Cocker, C., Rutter, D., Tinarwo, M., McCormack, K., & Manning, R. (2019). What do we know about transgender parenting?: Findings from a systematic review. Health Soc Care Community, 27(5), 1111-1125.

HM Government. (2020). Update on the Government's shielding policy and implications for General Practice. Retrieved from London: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0178-letter-to-gps-on-clinically-highest-risk-patients-3-april-2020.pdf

Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality a meta-analytic review. Perspectives on Psychological Science, 10(2), 227-237.

Jackman, K. B., Dolezal, C., & Bockting, W. O. (2018). Generational differences in internalized transnegativity and psychological distress among feminine spectrum transgender people. LGBT health, 5(1), 54-60.

McFadden, S. H., Frankowski, S., Flick, H., & Witten, T. M. (2013). Resilience and multiple stigmatized identities: Lessons from transgender persons' reflections on aging.

McNeil, J., Bailey, L., Ellis, S., Morton, K., & Regan, M. (2012). Trans Mental Health Study, 2012. Retrieved from Edinburgh: , http://www.scottishtrans.org/Uploads/Resources/trans_mh_study.pdf

Meerwijk, E. L., & Sevelius, J. M. (2017). Transgender population size in the United States: a meta-regression of population-based probability samples. American Journal of Public Health, 107(2), e1-e8.

NHS England. (2020). Who's at higher risk from coronavirus. Retrieved from https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/

Office for National Statistics. (2020). Sex and gender identity question development for Census 2021. Retrieved from https://www.ons.gov.uk/census/censustransformationprogramme/questiondevelopment/sexandgenderidentityquestiondevelopmentforcensus2021

Please cite as: Toze, M., Westwood, S., Hafford-Letchfield, T. (2021) Social support and unmet needs among older trans and gender non-conforming people during the COVID-19 'lockdown; in the UK. International Journal of Transgender Health. pp1-37

Pearce, R. (2018). Trans Temporalities and Non-Linear Ageing. In A. King, K. Almack, Y.-T. Suen, & S. Westwood (Eds.), Trans Temporalities and Non-Linear Ageing. London: Routledge.

Persson, D. I. (2009). Unique Challenges of Transgender Aging: Implications From the Literature. Journal of Gerontological Social Work, 52(6), 633-646. doi:10.1080/01634370802609056

Serano, J. (2020). Autogynephilia: A scientific review, feminist analysis, and alternative 'embodiment fantasies' model. In B. Vincent, S. Erikainen, & R. Pearce (Eds.), TERF Wars: Feminism and the fight for transgender futures. (pp. 89-104)

Smith, K. J., & Victor, C. (2019). Typologies of loneliness, living alone and social isolation, and their associations with physical and mental health. Ageing & Society, 39(8), 1709-1730.

Tan, K. K., Ellis, S. J., Schmidt, J. M., Byrne, J. L., & Veale, J. F. (2020). Mental health inequities among transgender people in Aotearoa New Zealand: findings from the Counting Ourselves Survey. International journal of environmental research and public health, 17(8), 2862.

UK Government. (2020a). Guidance on Social Distancing for Everyone in the UK. Retrieved from https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults

UK Government. (2020b). PM announces easing of lockdown restrictions: 23 June 2020. Retrieved from https://www.gov.uk/government/news/pm-announces-easing-of-lockdown-restrictions-23-june-2020

UK Government. (2020c). Prime Minister's statement on coronavirus (COVID-19). Retrieved from https://www.gov.uk/government/speeches/pm-address-to-the-nation-on-coronavirus-23-march-2020

Westwood, S., Hafford-Letchfield, T., & Toze, M. (2020). Older LGBT+ and COVID-19 survey. Retrieved from York:

Please cite as: Toze, M., Westwood, S., Hafford-Letchfield, T. (2021) Social support and unmet needs among older trans and gender non-conforming people during the COVID-19 'lockdown; in the UK. International Journal of Transgender Health. pp1-37

Westwood, S., Willis, P., Fish, J., Hafford-Letchfield, T., Semlyen, J., King, A., . . . Toze, M. (2020). Older LGBT+ health inequalities in the UK: setting a research agenda. J Epidemiol Community Health, 74(5), 408-411.

Willis, P., Raithby, M., Dobbs, C., Evans, E., & Bishop, J.-A. (2020). 'I'm going to live my life for me': trans ageing, care, and older trans and gender non-conforming adults' expectations of and concerns for later life. Ageing & Society, 1-22.

Witten, T. M. (2009). Graceful Exits: Intersection of Aging, Transgender Identities, and the Family/Community. Journal of GLBT Family Studies, 5(1-2), 35-61. doi:10.1080/15504280802595378

Witten, T. M. (2014). It's not all darkness: robustness, resilience, and successful transgender aging. LGBT health, 1(1), 24-33.

Witten, T. M. (2015). Elder Transgender Lesbians: Exploring the Intersection of Age, Lesbian Sexual Identity, and Transgender Identity. Journal of Lesbian Studies, 19(1), 73-89. doi:10.1080/10894160.2015.959876

Witten, T. M., & Eyler, A. E. (2016). Care of Aging Transgender and Gender Non-Conforming Patients. In R. Ettner, S. Monstrey, & E. Coleman (Eds.), Principles of Transgender Medicine and Surgery. New York: Routledge.

Allen-Kinross, P. (2020). What is 'shielding' and who needs to do it? Retrieved from https://fullfact.org/health/coronavirus-shielding-social-distancing/

Bailey, L. (2012). Trans Ageing. In R. Ward, I. Rivers, & M. Sutherland (Eds.), *Lesbian, Gay, Bisexual and Transgender Ageing: Biographical Approaches for Inclusive Care and Support* (pp. 51-66).

Bouman, W. P., Claes, L., Marshall, E., Pinner, G. T., Longworth, J., Maddox, V., . . . Arcelus, J. (2016). Sociodemographic variables, clinical features, and the role of preassessment cross-sex hormones in older trans people. *J Sex Med, 13*(4), 711-719.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology, 3*(2), 77-101.

Please cite as: Toze, M., Westwood, S., Hafford-Letchfield, T. (2021) Social support and unmet needs among older trans and gender non-conforming people during the COVID-19 'lockdown; in the UK. International Journal of Transgender Health. pp1-37

Department of Health and Social Care. (2020). *Shielding Update*. Retrieved from London: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0624-shielding-letter-to-nhs.pdf

Fabbre, V. D. (2014). Gender transitions in later life: A queer perspective on successful aging. *The Gerontologist, 55*(1), 144-153.

Fredriksen-Goldsen, K. I., Cook-Daniels, L., Kim, H.-J., Erosheva, E. A., Emlet, C. A., Hoy-Ellis, C. P., . . . Muraco, A. (2013). Physical and mental health of transgender older adults: An at-risk and underserved population. *The Gerontologist, 54*(3), 488-500.

Fredriksen-Goldsen, K. I., Simoni, J. M., Kim, H.-J., Lehavot, K., Walters, K. L., Yang, J., . . . Muraco, A. (2014). The health equity promotion model: Reconceptualization of lesbian, gay, bisexual, and transgender (LGBT) health disparities. *American Journal of orthopsychiatry, 84*(6), 653.

Goodman, M., Adams, N., Corneil, T., Kreukels, B., Motmans, J., & Coleman, E. (2019). Size and distribution of transgender and gender Nonconforming populations: a narrative review. *Endocrinology and Metabolism Clinics, 48*(2), 303-321.

Government Equalities Office. (2017). National LGBT Survey Data Viewer. Retrieved from https://government-equalities-office.shinyapps.io/lgbt-survey-2017/

Government Equalities Office. (2018). *National LGBT Survey: Research Report*. Retrieved from London: https://www.gov.uk/government/publications/national-lgbt-survey-summary-report

Hafford-Letchfield, T., Cocker, C., Rutter, D., Tinarwo, M., McCormack, K., & Manning, R. (2019). What do we know about transgender parenting?: Findings from a systematic review. *Health Soc Care Community, 27*(5), 1111-1125.

HM Government. (2020). *Update on the Government's shielding policy and implications for General Practice*. Retrieved from London: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0178-letter-to-gps-on-clinically-highest-risk-patients-3-april-2020.pdf

Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality a meta-analytic review. *Perspectives on Psychological Science, 10*(2), 227-237.

Jackman, K. B., Dolezal, C., & Bockting, W. O. (2018). Generational differences in internalized transnegativity and psychological distress among feminine spectrum transgender people. *LGBT health, 5*(1), 54-60.

McFadden, S. H., Frankowski, S., Flick, H., & Witten, T. M. (2013). Resilience and multiple stigmatized identities: Lessons from transgender persons' reflections on aging.

McNeil, J., Bailey, L., Ellis, S., Morton, K., & Regan, M. (2012). *Trans Mental Health Study, 2012*. Retrieved from Edinburgh: , http://www.scottishtrans.org/Uploads/Resources/trans_mh_study.pdf

Meerwijk, E. L., & Sevelius, J. M. (2017). Transgender population size in the United States: a meta-regression of population-based probability samples. *American Journal of Public Health, 107*(2), e1-e8.

NHS England. (2020). Who's at higher risk from coronavirus. Retrieved from https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/

Please cite as: Toze, M., Westwood, S., Hafford-Letchfield, T. (2021) Social support and unmet needs among older trans and gender non-conforming people during the COVID-19 'lockdown; in the UK. International Journal of Transgender Health. pp1-37

Office for National Statistics. (2020). Sex and gender identity question development for Census 2021. Retrieved from https://www.ons.gov.uk/census/censustransformationprogramme/questiondevelopment/sexandgenderidentityquestiondevelopmentforcensus2021

Pearce, R. (2018). Trans Temporalities and Non-Linear Ageing. In A. King, K. Almack, Y.-T. Suen, & S. Westwood (Eds.), *Trans Temporalities and Non-Linear Ageing*. London: Routledge.

Persson, D. I. (2009). Unique Challenges of Transgender Aging: Implications From the Literature. *Journal of Gerontological Social Work, 52*(6), 633-646. doi:10.1080/01634370802609056

Smith, K. J., & Victor, C. (2019). Typologies of loneliness, living alone and social isolation, and their associations with physical and mental health. *Ageing & Society, 39*(8), 1709-1730.

Tan, K. K., Ellis, S. J., Schmidt, J. M., Byrne, J. L., & Veale, J. F. (2020). Mental health inequities among transgender people in Aotearoa New Zealand: findings from the Counting Ourselves Survey. *International journal of environmental research and public health, 17*(8), 2862.

UK Government. (2020a). Guidance on Social Distancing for Everyone in the UK. Retrieved from https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults

UK Government. (2020b). PM announces easing of lockdown restrictions: 23 June 2020. Retrieved from https://www.gov.uk/government/news/pm-announces-easing-of-lockdown-restrictions-23-june-2020

UK Government. (2020c). Prime Minister's statement on coronavirus (COVID-19). Retrieved from https://www.gov.uk/government/speeches/pm-address-to-the-nation-on-coronavirus-23-march-2020

Westwood, S., Hafford-Letchfield, T., & Toze, M. (2020). *Older LGBT+ and COVID-19 survey*. Retrieved from York:

Westwood, S., Willis, P., Fish, J., Hafford-Letchfield, T., Semlyen, J., King, A., . . . Toze, M. (2020). Older LGBT+ health inequalities in the UK: setting a research agenda. *J Epidemiol Community Health, 74*(5), 408-411.

Willis, P., Raithby, M., Dobbs, C., Evans, E., & Bishop, J.-A. (2020). 'I'm going to live my life for me': trans ageing, care, and older trans and gender non-conforming adults' expectations of and concerns for later life. *Ageing & Society*, 1-22.

Witten, T. M. (2009). Graceful Exits: Intersection of Aging, Transgender Identities, and the Family/Community. *Journal of GLBT Family Studies, 5*(1-2), 35-61. doi:10.1080/15504280802595378

Witten, T. M. (2014). It's not all darkness: robustness, resilience, and successful transgender aging. *LGBT health, 1*(1), 24-33.

Witten, T. M. (2015). Elder Transgender Lesbians: Exploring the Intersection of Age, Lesbian Sexual Identity, and Transgender Identity. *Journal of Lesbian Studies, 19*(1), 73-89. doi:10.1080/10894160.2015.959876

Witten, T. M., & Eyler, A. E. (2016). Care of Aging Transgender and Gender Non-Conforming Patients. In R. Ettner, S. Monstrey, & E. Coleman (Eds.), *Principles of Transgender Medicine and Surgery*. New York: Routledge.

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