



# Social Care Issues Affecting Older Gay, Lesbian and Bisexual People in the UK

## *A Policy Brief*

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### **About the Author**

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## Background

Older lesbian, gay and bisexual people comprise approximately 5-7 percent of the population of older people in the UK and to date very little research has been done to investigate what their needs are and how the service providers can meet those needs.

This policy brief focusing on social care issues that may be faced by older lesbian, gay and bisexual (LGB)<sup>1</sup> people in the UK is part of a series of briefs. Other briefs in the series include:

- **An Introduction** to issues faced by older LGB people in the UK
- **Health care** issues faced by older LGB people in the UK
- **Housing** issues faced by older LGB people in the UK

## Introduction

As individuals grow older, they are more likely to become disabled and to be in need of social care and social support. Social support can be critical in providing support with the activities of daily living (bathing, dressing etc) of older people.

Social care and support are also important for the opportunities they provide for increasing the social contact of the person who is being cared for. Increased social interaction is known to be a key element in maintaining and improving the health and wellbeing of older people.

For the majority of older people, social care is most likely to be provided informally by spouses and/or adult children. However, older LGB people are less likely to have children than their heterosexual peers and tend to have social support networks which are different.

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<sup>1</sup> While transgender people have some experiences similar to those of lesbian, gay and bisexual people, many of the issues including their legal position regarding discrimination are different and therefore they are not included in the review. However, some studies on lesbian, gay and bisexual people which have also included transgender people are included in the review.

## Policy Context

The government has made it clear that it is committed to ensuring that health and social care systems are responsive to the needs of individuals. High quality services which are safe should be provided and they should promote the individual's needs for independence, well-being and dignity<sup>2</sup>.

The policy document, *A Sure Start to Later Life: Ending Inequalities for Older People. A Social Exclusion Unit Final Report*<sup>3</sup> recognizes that older lesbian, gay, bisexual and transgender (LGBT) can face social exclusion based on their sexuality and that they 'fear negative responses from institutions when life changing events occur, for example, loss of independence through hospitalisation, going into a residential home, or having home carers'.

More recently, the Commission for Social Care Inspection (CSCI) published: *Putting people first: Equality and Diversity Matters: Providing appropriate services for lesbian, gay and bisexual and transgender people: A person-centred approach to the provision of services*. While not specifically focused on older people, this publication highlights the experiences of LGB people who use social care services and what their needs are.

## Who Provides Social Care to Older LGB People?

Unlike heterosexual older people, older LGB people are more likely to age as single people. Further, they are less likely to have children or to be out of touch with their children (particularly gay men) if they do have them, compared to heterosexual people.

Notions of 'family' among LGB people are broad and go beyond the traditional 'biological families' that are familiar to most heterosexual people. LGB people, following rejection from biological families for their sexuality, often seek out friends with whom they can be themselves without

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<sup>2</sup> HM Government (2007). *Putting People First: A shared vision and commitment to the transformation of Adult Social Care*.

<sup>3</sup> ODPM: (2006). *A Sure Start to Later Life: Ending Inequalities for Older People. A Social Exclusion Unit Final Report*

fear of being 'outed'. These friends become family or what is known as 'families of choice'. Older gay men and lesbians often have 'family of choice' networks made up of partners and friends who act as family.

While 'families of choice' do provide social support, a key problem that older LGB people may face is that members of their 'family of choice' may be the same age as them and so this network of family/friends is likely to have age related problems at the same time and may not be as effective at providing the social support that may be necessary.

This is unlike the situation with a significant proportion of heterosexual older people who in addition to having spouses who may care for them, are more likely to have people of a younger generation such as their children or grandchildren care for them as well. Further, with respect to gay men, many may have lost close friends because of AIDS and may no longer have large networks of friends on whom they can rely.

## Using Formal Social Care Services

In the absence of 'family' members (biological or family of choice) to provide informal care, older LGB people may turn to formal care providers. However, because of the negative experiences some may have had with formal services at earlier times, older LGB people, particularly the current cohort of older people, may be reluctant to use these formal institutions because of fear of being discriminated against. Indeed, there can be problems related to discrimination in the provision of services by formal systems.

In a recent CSCI survey, for example, 45 percent of LGB people using social services claimed they had faced discrimination<sup>4</sup>. Additionally, a number of problems can arise in the provision of social care which could be a result of the lack of recognition by social care professionals of 'families of choice'. By not consulting 'families of choice' in the care plans of an older LGB person, this may impact on the quality of care that individual receives. However, because gay, lesbian

and bisexual older people may not feel comfortable disclosing their sexuality, their circumstances and relationships with 'families of choice' to social care providers and the important role they play in their lives, may remain invisible.

Most social care is provided to individuals within their homes and for many LGBT people their homes are a place where they can truly be themselves and be safe from discrimination and stigma. The fear of having their privacy invaded, by a provider of social care who may be potentially homophobic, may lead many older LGB people to avoid seeking access to social care services which might improve their quality of life.

Encouragingly, the CSCI report on accessing social services by LGB people has found that Direct Payments, a system whereby service users are given resources which they can then use themselves to commission services, has empowered users to 'hire' individuals they feel comfortable with to provide their care<sup>4</sup>.

Levels of satisfaction were higher for LGB people using direct payments than for other services because of the following factors:

- *Choice and consistency.* The ability to choose carers resulted in positive attitudes in LGB people. Choice in carers also ensured that they were able to retain those carers with whom they had a good relationship.
- *Flexibility.* Direct payments enabled users to have flexibility over care tasks and times in which to receive care thus enabling them to meet with LGB friends and to attend LGB events with their carers.
- *Control.* Direct payment for LGB users are a particularly empowering tool as they enable users to 'fire' a carer who is discriminatory.

What this CSCI report also found was that in the provision of social services, LGBT people regardless of age wanted to:

- feel safe and be free from discrimination
- be valued for who they are

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<sup>4</sup> Commission for Social care Inspection (2008) Putting people first: Equality and Diversity Matters : Providing appropriate services for lesbian, gay and bisexual and transgender people

- be given support to live the lives they chose and
- live a variety of lifestyles

While direct payments will allow some older LGB to exercise choice and enable them to 'hire and fire' carers, many may not be equipped to handle this role of employer. It is imperative that older LGB are made aware that such choices are available to them and that support is provided to them to ensure that their potential to use direct payments is maximized.

## Summary and Conclusion

As individuals get older they increasingly need social care support to assist them with activities of daily living. Unlike their heterosexual peers, older LGB are less likely to age with a partner or have children who can provide care for them. For older LGB people there may be anxiety about potentially letting into their home individuals who may be homophobic to care for them. Direct payments have been seen to be potential solution but caution must be taken as older LGBT may not have the same capacity and confidence to be 'employers'.