ARK Policy Brief

LGBTQ+ Ageing in Northern Ireland: understanding the lived experiences and exploring inequalities that exist for ageing LGBTQ+ population in Northern Ireland

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Introduction

In line with commitments made in 'New Deal, New Decade' the Northern Ireland Executive is developing a suite of social inclusion strategies, including on sexual orientation. This is due to be completed and legislated for by the end of 2021. This briefing paper presents evidence on the inequalities that exist for the ageing LGBTQ+ population in Northern Ireland and highlights key findings and recommendations. The evidence is drawn from published studies, data from the Northern Ireland Life and Times survey (2012; 2018) and specifically from an in-depth research study that explored the human development and well-being of the LGBTQ+ community in Northern Ireland (NI) (Mackle, 2019). The in-depth study comprised 35 semi-structured interviews with individuals identifying as LGBTQ+ and 5 interviews with stakeholder organisations.

Background and context

Across the UK, services for older people generally are very deficient, indeed, better care for everyone is needed but the neglect and specific needs of LGBTQ+ people require particular attention. Limited research exists that explores the human development, well-being or lived experiences of the ageing LGBTQ+ community and what is available has been described as small and underdeveloped (Kneale et al., 2019; Musingarimi, 2008a, 2008b; Potter et al., 2011). Further, it is unclear whether general ageing service providers recognise the specific needs of the LGBTQ+ community (Hughes et al., 2011). Westwood (2016, 2017a, 2017b) highlights that social care for older people (defined as domiciliary care, housing with extra care, residential and nursing home provision) is perceived to be heteronormative, heterosexist and homo/bi and transphobic by LGBTQ+ people.

For LGBTQ+ people in the UK pre 2004 (prior to the implementation of the Civil Partnership Act 2004), the legislative landscape in terms of equality has changed dramatically. Many LGBTQ+ people have grown up in a generation where there were few laws and policies that protected them or their human rights. For example, homosexuality was a crime until 1969 in England and Wales, until 1981 in Scotland and 1982 in Northern Ireland, further, homosexuality was pathologised as a mental illness until 1973 (Duggan, 2010). The decriminalisation of homosexuality across the four nations did not result in an improvement in the rights and equality for the LGBTQ+ community, rather the legislative, policy and social landscape remained hostile towards those with an LGBTQ+ identity through to the latter part of the 20th century (Kneale et al., 2019). For example, the HIV/AIDS epidemic of the 1980's had a devastating impact on the health and well-being of the LGBTQ+ population but it also further compounded the negative societal attitudes towards the LGBTQ+ community. The British Social Attitudes Survey (1987) highlighted that 74% of British people thought that same-sex relationships were always or mostly wrong (NatCen, 2017).

In recent decades equality legislation has developed to provide more protection for the LGBTQ+ population. The introduction of the Civil

Partnership Act 2004 (formalising relationships under the law) and the Gender Recognition Act 2004 (allowing trans people to apply to receive a Gender Recognition Certificate for the gender with which they identify) across the whole of the UK helped to reduce the invisibility of the LGBTQ+ population. The Equality Act 2020 (England, Wales and Scotland) outlawed discrimination in the provision of goods, facilities, services, education and public functions on the grounds of sexual orientation and gender identity (Stonewall, 2012). The Marriage (Same Sex Couples) Act 2013 introduced same sex marriage in England and Wales. The Marriage and Civil Partnership (Scotland) Act 2014 introduced same sex marriage in Scotland. Same sex marriage in NI was legislated for by the Westminster Government in the NI (Executive Formation etc) Act 2019 during a period when the NI Assembly was collapsed. As a result of this changing legislative landscape, attitudes towards same-sex relationships have improved, with the British Social Attitudes Survey highlighting that in 2012, 47% of respondents noted that same-sex relations are 'not at all wrong' and 64% in 2016 stating the same (LGBT Survey, 2018). In NI, social attitudes are captured using the Northern Ireland Life and Times survey (NILT). In 2005, 35% of respondents noted that lesbian or gay couples should have the right to marry. By 2014, this increased to 58% of respondents agreeing that marriage between same-sex couples should be legally recognised (McAlister et al., 2014) and in 2018, 65% of respondents stated that marriages between same-sex couples should be recognised by the law as valid, with the same rights as traditional marriage (NILT, 2018). Despite the growing equality legislative landscape, research continues to highlight that inequalities exist in terms of the health and well-being for the LGBTQ+ population (Blosnich et al., 2014; Frost et al, 2015). The limited research that exists which explores the experiences of older LGBTQ+ people has highlighted that this demographic of the LGBTQ+ population is at a higher risk of poor health and care outcomes (Kneale et al., 2019).

Ageing

Ageing LGBTQ+ population are eligible to receive the same social care services as their heterosexual counterparts (domiciliary care, housing with extra care, residential and nursing home provision). However, research has identified that the ageing LGBTQ+ population are more likely to be anxious accessing care services and do not experience care appropriate to their needs (Almack et al., 2010; Phillips and Knocker, 2010). They have fears about how they will be treated and are concerned that they will receive substandard services during their most vulnerable stage of life (Cahill and South, 2002; Crisp et al., 2008; Goldberg et al., 2005). Studies have shown that mainstream end-of-life care and bereavement support providers are ill-equipped to deal with the needs of older LGBTQ+ people (Fenge and Fannin, 2009; Almack et al., 2010).

Hughes et al., (2011) and Orel (2004) point to an assumption of heterosexuality within service provision and argue that there is a need for service providers to engage in appropriate sexual orientation awareness training and to provide safe environments that will allow their LGBTQ+ service users the opportunity to disclose their sexual orientation. Jackson et al. (2008) also note the importance of sexual orientation awareness training for other care home/assisted living residents. Recent research by Caceres et al. (2020) have highlighted that LGBTQ+ individuals identified concerns related to long term support and care planning and fear of discrimination from long term support providers. LGBTQ+ in this study also identified a need for increased training of providers to improve the care of LGBTQ+ older adults in long term support provisions.

It is clear from the available literature on LGBTQ+ ageing that there are gaps in knowledge, particularly in terms of the ageing LGBTQ+ population in NI with regard to their physical and mental health needs, their experiences of health and social care services and what impact these have on their overall well-being. This briefing paper contributes to an understanding of these issues drawing on the findings from an in-depth qualitative study conducted in NI with members of the LGBTQ+ population.

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Research findings

Older age can be characterised by ageism, as well as social isolation and or exclusion through the loss of family and friends. It is generally accepted that declining health and potential poverty, based on a decrease in income, may afflict many from the ageing population, with the older LGBTQ+ population facing similar issues (Musingarimi, 2008). The LGBTQ+ population also face discrimination and stigma as a result of their LGBTQ+ identity, which has potentially followed them throughout the life course. Older LGBTQ+ people have voiced their concern that having to spend their final years in a formal care setting could lead them having to go back into the closet or hide their LGBTQ+ identity (Price, 2012; Willis et al., 2016; King and Stoneman, 2017). Mackle's (2019) study highlights a number of issues in relation to ageing among the LGBTQ+ population in NI, including lack of LGBTQ+ specific resources; lack of knowledge and awareness of health and social care staff re LGBTQ+ identities; lack of family support and invisibility; coming out in later life; the legacy of criminalisation and mental health and heteronormativity and fear of discrimination within existing service provision.

Lack of specific resources

Lack of tailored or specific resources with regard to the care of older LGBTQ+ people has been highlighted by the LGBTQ+ population as well as stakeholder support organisations have in relation to ageing. One respondent in Mackle's study said:

> I worry about ageing; I see how older people live and the lack of resources that elderly people get. I see the lack of social opportunities there are for older people never mind LGBT older people, it's not a great quality of life. You wonder where you will end up, if you're lucky, in assisted accommodation and not a home (Male, 60).

As people get older, it is often the case that they become increasingly dependent on their families. The levels of support required can range from getting help with personal care, to knowing someone who can take them to medical appointments (Addis et al., 2009; Gray and Birrell, 2013). Much of the support provided to older people is from family members, notably a spouse or adult child. In the case of an older LGBTQ+ person, it is likely that they never married nor had children, due to the legislative restrictions in place during their lifetime. Studies have identified that older LGBTQ+ people are more likely to live alone than their heterosexual peers (Addis et al., 2009; Musingarimi, 2008). This fact contributes to concerns by stakeholder organisations about the lack of LGBTQ+ services available for older people.

> Services for older people are pretty dire in Northern Ireland and that is not a nice thought. More funding is needed across the board but also, there needs to be some sort of specialised provisions for older LGBT people. Staff need sexual orientation awareness training and to not assume everyone is heterosexual, to be sensitive to the fact that an older person might have or have had a same sex partner. Many of our older community feel that they have to go back into the closet because they feel vulnerable anyway and fear discrimination because of their sexual orientation (Stakeholder interviewee in Mackle (2019) study.

In NI there are many ageing LGBTQ+ people without family support within the population and the impact this has on the meeting of their needs later in life needs to be acknowledged and addressed.

Heteronormativity and fear of discrimination in existing service provision

Discrimination against older LGBTQ+ population can manifest itself in different ways within formal care settings, from staff's refusal to acknowledge or miscategorising same-sex relationships to refusing to allow older LGBTQ+ people to acknowledge their relationships through displaying photos of partners (McParland and Camic, 2018; Price, 2012; Westwood, 2016). Mackle's (2019) findings, and those of a range of studies, point to a lack of specific health and support services for older LGBTQ+ people, such as LGBTQ+ friendly care homes or day centres leading many from the LGBTQ+ population to be

concerned about ageing, poor service provision and staff attitudes. Further, due to the lack of funding provision in relation to LGBTQ+ ageing, there appears to be limited support services within the LGBTQ+ sector for the ageing LGBTQ+ population. Research highlights that mainstream care settings are viewed as heteronormative spaces, with one participant reporting that 'we see it as being heterosexualised, being put into a care home' (Westwood, 2016:157). These environments are viewed as unliberated settings that require older LGBTQ+ people to assume new roles and identities (Langley, 2001). In contrast, care settings are viewed as welcoming and accepting of heterosexual relationships and sexuality (Willis et al., 2016).

Lack of family support

A significant number of older LGBTQ+ people may still be estranged from their families as a result of prejudice and discrimination and negative societal attitudes towards the LGBTQ+ population. One woman in Mackle's study noted her worry about growing old:

> ... thankfully I have a daughter but many of my age don't have a family, I think as they get older, they risk isolation, they might not be able to come to LGBT events. I don't think there are any services designed for older women in the LGBT sector for getting older. For example, I went to see [a] friend who fell two weeks ago, thankfully she is in a house with two other lesbian women, but what about for older women who don't have that, who are on their own, what happens if she was alone and found dead? (Female 55).

These worries have been identified by other researchers. Heaphy and Yip (2003) reference a study by Guasp (2011:9) which highlighted the voice of one participant: 'one doesn't have a younger generation of family to fight your corner should you be unable to do it for yourself'.

For some older people, limitations in social networks as well as lack of family support can compound feelings of loneliness and isolation and fear about how future age-related transitions into older care services would be managed (Westwood, 2017b). This is reflective of the loneliness and social isolation for the LGBTQ+ population with 1 in 12 LGBTQ+ people reporting that they have no one to turn to for support (King and Stoneman, 2017).

Coming out in later life

A further concern that links to LGBTQ+ ageing is evidence that some LGBTQ+ people may have internalized heterosexist values and have remained in the closet about their LGBTQ+ identities and are more likely to be lonely, feel excluded and experience social isolation (Friend, 1990). If an LGBTQ+ older person has come out in later life and has not engaged with the LGBTQ+ community, they will not have met with anyone with whom they have had any shared experience. When older LGBTQ+ people do come out, there is a lack of services or social opportunities for them to meet older LGBTQ+ people in NI. The only opportunities currently available to them would be to socialise with the younger LGBTQ+ community, in LGBTQ+ bars and clubs. At present LGBTQ+ sector support groups do not have any services specific to the older LGBTQ+ community, points stressed by participants in Mackle's study:

> I have noticed it and it concerns me that there aren't any provisions for the older LGBT person to meet people. For example, I did not come out until I was 58 and I am not a drinker, the only places really to meet other LGBT people are in a bar or club (Male, 70).

> I see men of a certain age, coming out, in their late forties and I think, where do you fit in? Because you have thought about coming out years previous and when you do come out, you feel free and you want to experience it all and maybe even revert to your early party years, but if you're late forties and partying with 20-year-olds, that's not really the place you want to be in, so I do feel for older gays who have waited so long (to come out) (Male, 36).

The academic literature has described the importance of strong communities and networks of older LGBTQ+ people as being important in helping older people to maintain

their independence (Wilkens, 2015; Simpson, 2016; King and Stoneman, 2017). Creating new social networks can be challenging and LGBTQ+ specific groups and spaces are difficult to access (Traies, 2015); in the case of commercial venues, particularly for gay men, they were viewed as youth-orientated or actively ageist (Cronin and King, 2014; Piatczanyn et al., 2016).

The legacy of criminalisation

Undoubtedly the fact that it was a crime to be gay until 1982 in NI has impacted on older LGBTQ+ people coming out and the legacy of this has caused emotional and mental distress. In November 2016, the NI Assembly passed a Legislative Consent Motion to extend the operation of the United Kingdom's Policing and Crime Act 2017, including its Alan Turing Law, to NI that law enables anyone convicted of anti-homosexuality offences to obtain a pardon (McCormick, 2016). However, the consequences of criminalisation live on:

> I think one of the biggest issues for older LGBT people is the psychological damage that criminalization caused and the lack of support from any organisation to help people with this. 36 years ago (In 1981), I was 22, there is no way I would have been able to come out, in the eyes of the law, I was a criminal, for those who were caught engaging in homosexual acts, they are still deemed criminals. That weighs heavy on the minds of the older LGBT population, especially gay men (Male interviewee 58 in Mackle study).

Hepple (2012) determined that criminalisation exacerbates the feelings of isolation amongst the gay male population noting that gay men were unable to be themselves without fear of being arrested by the authorities or harassed by their peers, further noting that criminalising homosexuality also had an adverse effect on the treatment of HIV and AIDS. Hospitals and medical professionals were less likely to fairly treat gay men who had a diagnosis of HIV/AIDS and gay men were frequently denied essential treatment on an equal basis with others. For several older gay men, the HIV/AIDS epidemic has had a devastating impact on their friendship networks, leaving substantial gaps and a feeling of premature ageing (Phillips and Knocker, 2010; Owen and Catalan, 2012).

Key findings

- There is a fear of ageing among the ageing LGBTQ+ population in Northern Ireland.
- The stigma that older LGBTQ+ people may have faced in their earlier years is encountered again in predominantly heteronormative, and often homo/bi/transphobic, care environments.
- Research has identified that discrimination against the older LGBTQ+ population can manifest in different ways within formal care settings.
- There is a lack of knowledge and understanding in relation to sexual orientation/gender identity and minority stress amongst health care staff.
- Older LGBTQ+ people are more likely to live alone than their heterosexual peers meaning they are more likely to need formal care arrangements.
- Loneliness and social isolation is a concern for the LGBTQ+ population with 1 in 12 LGBTQ+ people reporting that they have no one to turn to for support.
- There is a lack of specific health and support services that specifically support LGBTQ+ older people.
- Due to lack of government funding, LGBTQ+ sector support groups do not have any social or support services specific to the older LGBTQ+ community.

- The legacy of criminalisation as well as the HIV/AIDS epidemic has caused emotional and mental distress to many older gay men and there are not any identified services set up to support people who may be experiencing ill physical and/or mental health as a consequence.
- There is an evidence gap about how services for the ageing LGBTQ+ population should be planned and delivered in the UK/NI.

Recommendations

It is clear that further research needs to be conducted to better understand the needs of the ageing LGBTQ+ population in NI and the planning and delivery of services. The forthcoming social inclusion strategy must identify the neglect and specific needs of older LGBTQ+ people as an action and the transformation of adult social care in NI needs to include this as a priority. This requires in-depth consideration of the types of support services required for the ageing LGBTQ+ community so that they can assess appropriate provision. Consideration should be given to the provision of a funded LGBTQ+ formal care provision, such as a dedicated LGBTQ+ residential care home.

Sexual orientation and gender identity awareness training should be provided to health care staff working within older care provision and best practice guidelines should be produced to assist health and social care professionals.

Government funding should be made available to LGBTQ+ sector organisations to allow them to set up specific social and support services for the older LGBTQ+ population to help tackle loneliness and social isolation.

Funding should be made available to provide mental health services to men affected by the legacy of criminalisation and the HIV/AIDS epidemic.

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