

LGBTQ+ OLDER PEOPLE

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Experiences

45% of LGBTQ+ older people have experienced discrimination from social services. 73% feel uncomfortable disclosing sexuality to care staff.

Drugs & Alcohol

LGBTQ+ people are more likely than heterosexual and cisgender people to use drugs and consume more alcohol. This also applies to older people, and regular drinking is more common for LGBTQ+ older people compared to heterosexual and cisgender people.

Mental Health

LGBTQ+ older people are more likely to have a history of mental health issues, and to have existing mental health issues, than heterosexual and cisgender people. The experience of fresh discrimination when entering services as an older person may exacerbate existing issues or bring about new mental health challenges for individuals. Loneliness and isolation are common problems for LGBTQ+ older people.



The Invisible Population

There are at least 1.2 million people over the age of 55 in the UK who are LGBTQ+, yet the needs of older people from gender and sexual minorities are rarely considered. The many challenges of ageing - navigating care systems, the loss of independence, the brutality of dementia - are often exacerbated for LGBTQ+ older people, who have higher rates of loneliness and isolation, depression, anxiety, and family separation compared to heterosexual people. LGBTQ+ older people, in particular transgender older people, are extremely under-represented in research, and their needs are rarely considered in policies, resources and training.





Dementia & Identity

The distress and confusion caused by dementia can be exacerbated by struggles with negative perceptions and experiences in care services.

Dementia can present unique challenges to LGBTQ+ older people that require specific training and understanding from staff:

- Transgender older people with dementia may forget that they have transitioned, or that they have not, causing additional anguish
- 'Cross-dressing' could be seen by unaware staff as a sign of confusion or distress, even though a person may have done that all their life
- Older transgender people may have not transitioned, or still have additional physical needs that staff would need to support: e.g. a trans female who still needs to shave
- External genitalia and secondary sex characteristics that do not match a person's gender identity may cause confusion for unaware staff
- Dementia can cause a loss of inhibition, which in the context of sexuality and gender identity can present unique challenges

Barriers to Inclusive Care

Navigating care in older age can be a challenge at the best of times, and family support can be crucial to successful holistic care. However, LGBTQ+ older people are more likely than heterosexual people to be estranged from their families, or see them less frequently. They are also far more likely to be single in older age than heterosexual people (40% vs 15%) and to live alone (41% vs 28%). They are also less likely to have children. The legal protections brought by the recent introduction of same-sex marriage in Scotland may not have been afforded to older people, especially if their significant relationships came to end before the new legislation.

Back In The Closet

Many LGBTQ+ older people feel that they cannot be themselves when using care services. Even if they have been 'out' during their adult life, LGBTQ+ older people often go 'back in the closet' to hide their sexuality and/or gender identity in older age. Prejudices can affect how someone perceives or experiences support, and most services for older people presume patients are heterosexual and cisgender (i.e. non-trans). Fear of discrimination can prevent older LGBTQ+ people from accessing services in the first place. Inability to 'be oneself' can exacerbate feelings of loneliness and isolation, which have adverse effects on physical and mental health.

Out Yonder

Very little research exists about the lives of LGBTQ+ older people in remote and rural areas, and therefore anecdotal experiences and observations form most of our knowledge.

Older LGBTQ+ people often spend large parts of their lives away from rural areas, only returning after retirement. This can represent a move away from friends and younger family, and be accompanied by either consciously or inadvertently going 'back in the closet'. This isn't always the case, of course, but it is useful to be aware of the complex emotions faced by a generation where homosexuality was illegal in their lifetime.

Older people are the start of the baby boomer generation, and the rebellious adolescent freedoms of the time will have come with additional dangers and concerns for LGBTQ+ people. Poor past experiences of healthcare professionals is common, not to mention of institutions in general (e.g. the police).



Liaison Officers & Champions

Many older people feel uncomfortable disclosing their identities to health and social care staff, and are hesitant to have home visits from social care workers if there are visual clues (e.g. photos of loved ones) in their homes. Liaison Officers or Champions can act as 'go-betweens' to deal with care services on a older LGBTQ+ person's behalf.

Access To Facilities

Transgender older people need access to appropriate single-sex facilities that match their gender identity. Staff should be suitably trained to care for older people at any stage of medical or surgical transition, with policies to support this.

Specific Personal Care Needs

Older LGBTQ+ patients, in particular transgender people, may have specific personal care needs that require sensitivity & understanding from staff (e.g. catheterisation of a trans female patient who has not surgically transitioned).

Inclusive Healthcare

The heteronormative environments so commonly seen in services for older people provide substantial barriers to equitable and holistic care for LGBTQ+ older people. Isolation and loneliness is a particularly extreme problem for many LGBTQ+ older people and exacerbates mental health issues.

The use of inclusive language for all patient interactions is simple and effective. Open questions and flexibility around recording next of kin are important steps. Ask "tell me about the important people in your life" rather than "what is your wife's name?".

Creating more welcoming and visibly safe primary care environments will help reduce inequalities faced by all LGBTQ+ patients, including older people.

The use of inclusive language in written communication, and awareness and knowledge of the legal challenges faced by older LGBTQ+ people (e.g. partnership rights & financial entitlements) are important aspects to consider. Whilst specific LGBTQ+ care home have been suggested for parts of the UK, and already exist in Germany, Denmark and the US, remote and rural settings require advocacy and inclusivity in existing services. GPs acting as advocates for LGBTQ+ older people, particularly in lieu of family who may be estranged or distant, is vital for equitable access and experience of care.

Providing inclusive advice, remembering sexual health needs of older people and the requirement for inclusive information around this, and signposting where appropriate to LGBTQ+ resources and charities is important and easy to adopt.



Inclusive Language

This is a way of communicating that is free of words and phrases that reflect stereotype, prejudice or discrimination, and avoids assumption and exclusion of minority groups.

Examples include replacing 'wife/husband' with 'partner', and not assuming the identity of a patient based on their appearance or expression.

Asking transgender or gender variant patients which pronouns they use is also helpful. Pronouns can be he/him, she/her or others such as xe/xim or they/them.

Visibility

Visibility of LGBTQ+ staff in healthcare settings is important & can reassure patients. Posters & other materials from LGBTQ+ organisations could be available in public areas, and protective policies could be prominently displayed reassuring safety. Rainbows and other pride symbols (e.g. in the form of badges or stickers) can also help to identify LGBTQ+ affirmative environments and staff.

Inclusive Policies

Explicit mention of stance on homophobia, biphobia and transphobia in vulnerable adult safeguarding policies, as well as in other general practice-wide policies is important. Making public reference to these policies helps visibility.

Signposting & Resources

Charities & Organisations

Opening Doors London (Age UK)

www.openingdoorslondon.org.uk

Stonewall Scotland

www.stonewallscotland.org.uk

LGBT Health Scotland

www.lgbthealth.org.uk

Gendered Intelligence

www.genderedintelligence.co.uk

GIRES

www.gires.org.uk

Reports & Further Reading

LGBT Advice and Information

<http://www.ageuk.org.uk/health-wellbeing/relationships-and-family/lgbt-information-and-advice/lesbian-gay-bisexual-or-transgender-in-later-life/>

The Dementia Challenge for LGBT Communities

<http://nationalcareforum.org.uk/documentLibraryDownload.asp?documentID=772>



RGPAS TOP TIPS

Five Things To Do Right Now

1. Display a poster in your waiting room stating your practice policy on promoting access to services for LGBTQ+ older people. You can use the one provided at ruralGP.scot/lgbtq-plus
2. Speak to your local care homes and find out how you might be able to engage with promoting inclusive services. Consider inviting LGBTQ+ older people to your Patient Participation Group, or for a meeting with GP and practice manager
3. Spend some time at your next practice meeting highlighting the facts in this guide - including definitions within LGBTQ+ - and generate 5 specific actions for your practice to work on
4. Proof-read (or ask one of your PPG/LGBTQ+ patients to proof-read) your practice website and leaflet to check for inclusive language
5. Consider appointing a LGBTQ+ Champion or Liaison Officer to assist older people in navigating social care services, and advertise their role and responsibilities publicly

