



advice and support for older age

**Independent
Age**

**Independent Age submission to the Women and Equalities Committee health
and social care and LGBT communities inquiry**

July 2019



About Independent Age

We are here to transform the lives of older people, providing timely personalised support and fearlessly campaigning for equality and fairness; putting older people at the heart of what we do. We work to put independence in later life at the forefront of the work and activities of all influencers and decision-makers who are responsible for improving the lives of older people, particularly the most vulnerable.

We offer regular contact, a strong campaigning voice, and free, impartial advice on the issues that matter to older people: care and support, money and benefits, health and mobility. Our mission is to enable older people to stay independent and live well with dignity, choice and control.

For more information, visit our website www.independentage.org

Registered charity number 210729.

For more information about this submission contact phil.mawhinney@independentage.org

Summary

- Our ageing population means there is a growing population of older LGBT people. Health and social care services must meet the needs of this group.
- The committee and the Government should give equal attention to the social care sector as to the health sector.
- Many LGBT people experience physical and mental health problems, and social isolation or loneliness. They are less likely to have children or be in touch with biological family and therefore to have a supportive network of informal care.
- We have heard examples of older LGBT people facing discrimination from social care providers. This includes carers not wanting to wash them, and people feeling they need to 'de-gay' their home or make up fictional partners/spouses.
- We have heard of care providers discriminating against people living with HIV, based on ignorance and prejudice.
- Older LGBT people report discrimination when their partner had died, including a lack of recognition as the deceased's next of kin. This can result in 'disenfranchised grief' and make it harder for them to access support.
- We welcome the Government's commitments to improve sexual orientation monitoring across health *and* social care services.

Introduction

Independent Age welcomes the Women and Equalities Committee inquiry into health and social care and LGBT communities.¹ We have drawn attention to the particular challenges older LGBT people face in our Ageism Plus blog series,² which includes first-hand accounts of discrimination in health and social care. We have also highlighted these issues in our report *Good grief: Older people's experiences of partner bereavement*.³

¹ <https://www.parliament.uk/business/committees/committees-a-z/commons-select/women-and-equalities-committee/inquiries/parliament-2017/inquiry11/>

² <https://www.independentage.org/ageism-plus>

³ <https://independent-age-assets.s3.eu-west-1.amazonaws.com/s3fs-public/2018-04/Good%20Grief%20report.pdf>

The context for this inquiry is our ageing population – 1 in 4 (24%) people will be 65+ by 2042, up from 18% in 2016.⁴ In light of this, one of our key points is to highlight the particular experiences and needs of the growing number of *older* LGBT people. A second key point is to ensure that the committee and the Government give *social care* equal attention as health services, ensuring older LGBT people can live with dignity and respect across the full range of care settings.

Older LGBT people’s experiences and attitudes

Many older LGBT people have different experiences and attitudes to younger LGBT people by virtue of growing up in very different legal, social and educational contexts. An obvious example is the legal context in relation to homosexual activity before 1967. A lifetime of discrimination and marginalisation from health and other services means some people are less confident identifying as LGBT and accessing services. Indeed, 16-24 year olds are four times as likely as people aged 65+ to say they identify as lesbian, gay or bisexual,⁵ while there is no evidence that younger people are four times more likely to be lesbian, gay or bisexual (LGB) than older people.

Given this, some older people are not comfortable being open about their sexual orientation to health and care staff. This older group are therefore not getting appropriately tailored care.

Older LGBT people may need more formal care support

LGBT people experience poorer health than the wider population. A recent study of 69,000 people in the US showed that LGB people are more likely than their heterosexual counterparts to experience physical and mental health problems, and to smoke and drink heavily.⁶ Stonewall recently set out the range of health issues LGBT people face in the UK, including depression, attempted suicide and self-harm.⁷

There is also evidence to suggest that older LGB people are more likely to be single and live alone, and less likely to have regular contact with biological family.⁸ Indeed, we know that up to 90% of LGBT people are ageing without children and many have little contact with their biological family.⁹ This is crucial as it challenges the assumption that all older people have family to fall back on for informal care and support when their health declines.

These health and social challenges mean that many LGBT older people need health and care services, while not feeling comfortable disclosing information on their sexuality.

Discrimination and exclusion in social care

Over half of older LGB people are not confident that social care services can deliver the right care.¹⁰ Experience of discrimination and exclusion appears to explain this lack of confidence. One example is people ‘de-gaying’ their homes before domiciliary care visits. We have heard people describe how they removed photos of their (deceased) same-sex partner before a visit from care staff, fearing a negative reaction from a care worker. The lack of continuity of social care at home means people often don’t know who will be coming to the house and how open-minded they will be or what LGBT training (if any) they have had.

⁴

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/howwouldyousupportourageingpopulation/2019-06-24>

⁵ ONS 2018

⁶ <https://www.theguardian.com/commentisfree/2016/jun/29/lgbt-health-disparities-stigma-us>

⁷ <https://www.stonewall.org.uk/lgbt-britain-health>

⁸ https://www.scribd.com/document/409934569/PinkNews-Ageing-Summit-Research-Report#download&from_embed

⁹ <https://www.independentage.org/ageism-plus/ageism-plus-blog/news-media/support-for-those-ageing-without-children>

¹⁰ Stonewall (2015) Working with older lesbian, gay and bisexual people

One woman, 73,¹¹ told us:

That's why it's better not to rock the boat when you're feeling old and vulnerable. That's why you keep memories of your same sex partner hidden, never mention your previous life with them, never show photos or share stories. You never reveal your 'criminal past' because, for you and your peers, who you were and what you did was illegal until 1967.

Discrimination also exists in residential care settings. The same woman quoted above said care homes routinely report, 'We don't have any LGBT+ residents here.'¹² Organisations like Opening Doors London have highlighted explicit discrimination in the care industry. One staff member said:

I've met many people who tell me stories of carers who, when they realise they're a gay woman or a gay man, don't want to be washing them.¹³

As a result of feeling unwelcome or not confident in care services, some LGBT people feel they can't be themselves, and construct false histories. Ageing Without Children told us¹⁴

Up to 90% of [LGBT] people are estimated to be ageing without children yet frequently report when they receive care either at home or in a residential setting that they feel they need to invent wives/husbands/family in order to fit in and be accepted.

Older people living with HIV

Terrance Higgins Trust¹⁵ described cases of people living with HIV facing prejudice and exclusion in care homes.

One man living with HIV in Wales was rejected by a care home stating they 'don't deal with people like that'. Another care home was concerned he would be a risk to staff and refused to accept him under the grounds of 'infection control'. This is simply wrong...

We also heard about a woman in a care home in London who was encouraged to isolate herself from the other residents, told to sit in a particular chair in the resident's lounge and when she tried to use the television remote, it was taken from her and wiped with anti-bacterial wipes.

There is clearly a need in the social care sector for better staff training to counter misinformation about HIV and ensure providers comply with their legal responsibilities.

Bereavement – 'disenfranchised' grief

There are particular issues for LGBT people around death and dying, relevant to end-of-life care providers. Marie Curie's report¹⁶ on LGBT people's bereavement experiences found that partners may feel isolated or unsupported during bereavement because of their sexuality. Some LGBT people report feeling a lack of recognition or respect as next of kin to the deceased. They may also struggle to have their grief recognised, and to recognise their own grief, particularly if others did not validate their relationship.

This 'disenfranchised' grief can reduce the support available to the bereaved partner and make it harder for them to access the usual sources of support during an isolating time.

¹¹ <https://www.independentage.org/ageism-plus/ageism-plus-blog/isolated-and-closeted-in-care-homes>

¹² <https://www.independentage.org/ageism-plus/ageism-plus-blog/isolated-and-closeted-in-care-homes>

¹³ <https://www.independentage.org/ageism-plus/ageism-plus-blog/homophobia-is-alive-and-kicking-in-the-care-industry>

¹⁴ <https://www.independentage.org/ageism-plus/ageism-plus-blog/news-media/support-for-those-ageing-without-children>

¹⁵ <https://www.independentage.org/ageism-plus/ageism-plus-blog/growing-older-with-hiv>

¹⁶ <https://www.mariecurie.org.uk/globalassets/media/documents/policy/policy-publications/june-2016/reality-end-of-life-care-lgbt-people.pdf>

For our report *Good grief*, the charity Opening Doors said¹⁷ –

Older LGBT people may be less likely to be married than their heterosexual counterparts, and therefore may experience greater financial uncertainty after their partner's death.

Because of prejudice and discrimination, older generations of LGBT people may have reduced social support in bereavement, especially from family members. They are also less likely to have children and grandchildren to offer support.

Same-sex partners may be treated differently by health and social care professionals during end-of-life care, at the time of death and following their partner's death. Bereaved partners may not be as respected or recognised as next of kin to the deceased or their role as partner to the deceased may be downplayed, for instance, being referred to as a 'friend' rather than partner or husband/wife in the eulogy.

Monitoring sexual orientation across health and social care settings

We are glad to see the LGBT Action Plan commit the Government to work with the CQC to promote the NHS England voluntary sexual orientation monitoring standard for people across health *and* social care services.¹⁸ To date, the focus of sexual orientation monitoring has focused on healthcare settings, and the inclusion of social care in this programme of work should go some way to closing this gap.

¹⁷ <https://independent-age-assets.s3.eu-west-1.amazonaws.com/s3fs-public/2018-04/Good%20Grief%20report.pdf>

¹⁸ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721367/GEO-LGBT-Action-Plan.pdf