A queer kind of care in later life:
Rethinking health and social care for older lesbian, gay, bisexual and transgender (LGBT) people in Wales.

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Stereotypes about older people and sexuality

Asexual

Humorous

Risky

Patronising

Deviant

Paternalism
Thinking about the social environment ....

• We may have marriage equality but....

Three-quarters of LGBT+ people still feel the need to lie about their sexuality or gender identity....

Pride in London, with Quadrangle and Populus, conducted a survey of more than 1,000 LGBT+ people in the UK.

...people who are LGBT+ are six times less likely to hold a partner’s hand in public than the rest of the population, and that LGBT+ respondents are five times more likely to have been bullied at work because of their gender.
What do we already know? 1

- Older LGB adults (55+) **more likely to be single, live alone & have less contact with biological kin compared to heterosexual peers** (Stonewall, 2011)

- Life-histories overshadowed by... criminalisation (until 1967 in Great Britain), pathologisation as mental disorder, popular beliefs of same-sex relationships as sinful and socially degraded

- Formation of social networks and bonds beyond biological kin – ‘*chosen relationships*’ (Heaphy and Yip, 2003)

- Some older adults’ life-histories include **participation in heterosexual relationships** as well as **participation in LGB and queer subcultures**
What do we already know? 2

- Ageist assumptions of asexuality – Sexuality always in decline in older adults or primarily associated with youthful bodies and identities

- Self-perceptions of accelerated ageing among gay men

- Heterosexist assumptions & discrimination persists in health and social care services and older LGBT people anticipate discriminatory treatment

- End of life care report (Marie Curie, 2016) - 74% of LGBT people (sampled) are not confident that health and social care services provide sensitive end of life care for their needs.
What do we know already? 3

- **Stonewall survey** ‘Unhealthy Attitudes’ Report (Somerville, 2015) - representative sample of 3,001 health and social care staff (inc. doctors, nurses, OTs, social workers, support workers etc.)

- **24%** staff have heard colleagues make negative remarks about LGB people, or use discriminatory language like ‘poof’, ‘dyke’ or ‘queer’, while at work in the last five years.

- **26%** LGB staff say they have personally experienced bullying or unfair treatment from colleagues in the last five years as a result of their sexual orientation.

- **10%** health and social care professionals with direct responsibilities for patient care have witnessed other staff express the belief that someone can be ‘cured’ of being LGB.
What about older trans people’s lives?

- Little research dedicated to older trans adults – hidden within ‘LGBT’ samples

- Individuals may wait to retirement before transitioning in later life – avoiding work discrimination and loss of financial and social status (Bailey, 2012)

- Trans Mental Health Study 2012 – 65% (N=665) have experienced worries about ‘growing old alone’ because they’re trans.

- Policy drivers around ‘successful’ and ‘healthy’ ageing – what would this look like for older trans people?
Notion of queer time: living beyond heterosexual life-markers...

‘Queer subcultures produce alternative temporalities by allowing their participants to believe that their futures can be imagined according to logics that lie outside of those paradigmatic markers of life experience – namely, birth, marriage, reproduction, and death.’

(Judith Halberstam, 2005, p. 2)
Policy drivers in Wales

- Strategy for Older People in Wales
- Older People’s Commissioner for Wales
- National Service Framework for Older People in Wales (10 standards)
- Social Services and Wellbeing (Wales) Act 2014 – citizen wellbeing at the heart of social care provision
- Equality Act 2010 (age; sexual orientation; gender assignment)
Research on inclusion of older LGB people in care and nursing homes in Wales

How are the sexual identities and relationships of older LGB residents perceived and supported in care environments in Wales?

1. Self-administered questionnaire - care/ nursing staff and managers
   LGB KASH (Heterosexual Attitudes to LGBT people) (Worthington et al, 2005)
   ASKAS (Ageing Sexuality Knowledge & Attitudes) (White, 1982; Bouman et al, 2007)

2. Semi-structured interviews with older LGB adults (n=29) living in Wales

3. Stakeholder Focus Groups
   9 groups with care staff/ managers and stakeholders (n=62)
Interview themes - older LGB adults

• Long shadows of past discrimination and institutional homophobia

• Anticipating discrimination and homophobia from health and social care staff

• Diminished contact with partners and families of choice

• Dementia and decision-making - losing control over personal dress and presentation

• Feeling alone and being socially isolated

• ‘No place like home’... building peer communities for future support
‘I mean, you know, we have moved an enormously long way but I mean it still feels a bit like, you know, if you have to go into a residential home is everybody then going to assume, I mean (sighs) how dare you assume I’m heterosexual, you know? And people still do assume.’

Gillian, lesbian, 66 years
Survey results – care staff and managers

121 respondents, majority white, women, heterosexual, born in Wales

- Most respondents held affirmative attitudes towards sexuality and ageing
- Majority recognised the role of care services in supporting residents’ sexuality and relationships
- More conservative responses when advocating sex education sessions for residents (54.2% in support)
- Respondents did not consider overtly homophobic views to be characteristic of them BUT did not feel knowledgeable about LGB history, symbols or community
- Supportive of civil rights for LGB people, but this declines when in conflict with religious views held.
Focus group findings - care staff and managers

• ‘Not on this floor…’ LGB identities and relationships not recognised or visible – heterosexual spaces.

• Uncertainty on how to challenge homophobia from residents – fears of embarrassing or distressing others

• Separating sexuality from care – extraneous to everyday care

• Equality means ‘treating everyone the same’ – not recognising different life-stories and outcomes

• Person-centred care... without the sex please.

• Highly receptive ... ‘We want to know more!’
... I’m not going to provide a male member of staff for a homosexual resident but they’re not different, they’re not going to expect those things either, are they? You know they’re going to be the same as everybody else. They’re going to say, “Well I don’t like gravy on my dinner. I like two sugars in my coffee.” Surely they’re not going to come in here and go, “Well I’m gay. Now then what are you going to do about it?”

Care home manager
Some limitations to our research

• Missing voices – residents; staff from black & ethnic minority backgrounds (gatekeepers)

• Views of ancillary staff (cleaners, kitchen staff etc.) – frequent contact with residents

• Missing responses in self-administered questionnaire – stigma attached to the topic.
Case for change – some implications

- Building LGBT-responsive services means starting with the assumption that LGBT patients and service users will anticipate discriminatory and heterosexist treatment. So how do we counter-act this from first contact?

- Demand for training - **Avoiding the ‘how-to-work-with...’ model**

- **Being attentive to sexual biographies** of ALL older service users/patients – and receptive to the critical **turning points** within those stories.

- **Rethinking person-centred care in policy and practice** – what about sexual personhood?
Trans* Ageing & Care Project (TrAC) 2016-18

‘Investigating dignified and inclusive health and social care for older trans* people in Wales.’

- Collaboration with trans* community members as critical advisors and peer interviewers.

- Methods include:
  - life-history interviews with trans* older people across Wales;
  - survey of health and social care professionals providing services to older adults; and,
  - workshops with professionals to develop professional guidelines.

- To produce digital stories of older trans* adults’ lives

* Seeking additional input and involvement from transmen.

URL: www.trans-ageing.swan.ac.uk
Special issue 1, Volume 17 2016

Special issue call for papers

Quality in Ageing and Older Adults

www.emeraldgrouppublishing.com/qaoa.htm

Title: In the margins or the mainstream? Future directions and innovations in providing inclusive accommodation and support for older LGBTI adults
Diolch yn fawr am wrando/
Thank you for listening!
References


Westwood, S. (2015). ‘We see it as being heterosexualised, being put into a care home’: gender, sexuality and housing/ care preferences among older LGB individuals in the UK. *Health and Social Care in the Community, Advanced access 24th August 2015, DOI: 10.1111/hsc.12265*
References (cont.)

Trans issues in later life:


Our publications:


Ignited in 2013. Several thousand tweets within the first 48 hours... the tweets continue...

*NHS Psych told me I wanted to transition to male cos I was too ugly to live as a woman. Also told me I'd never pass as male #TransDocFail*

3 years after explaining how dangerous (and unlawful) it is, my GP still prints HRT prescriptions for "Mr Emma Brownbill"~ #TransDocFail

*My GP was upset in medicine review that I wasn't under care of a Gender Identity clinic... I was prescribed hormones 7yrs ago!*

*Hurting & fuming. 2 years on #nhswnywales gender pathway & I'm NOWHERE. I had the go-ahead a year ago NO REPORT has been written*

Awesome bureaucratic #transdocfail: NHS Wales (@nwssp) claim they can't change the name on your records & have to create a new one for you.