

Briefing Sheet

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Informal Caring within the LGBT Community



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Introduction

This briefing paper will explore the needs and experiences of lesbian, gay, bisexual and transgender (LGBT) people with caring responsibilities. It will be of use to anyone who is part of a community of carers or who works with people who are caring for others.

To date, little is known about the nature and extent of informal caring within LGBT communities in Scotland. Much of the quantitative information on carers in Scotland is derived from the 10 yearly census and this supports a wide range of cross analysis amongst different population cohorts such as age, gender, ethnicity and the number of hours spent caring per week. However, the Census does not currently ask individuals to specify their sexual or gender identity to enable analysis and therefore this information is not available. Desk based research undertaken by both MECOPP and LGBT Health and Wellbeing has also identified a lack of practice based qualitative information from which to draw on.

No definitive data exists on the size of the LGBT population in Scotland. Estimates differ according to different sources with 'official' estimates placing it at around 2.2% of the total Scottish population. However, figures provided by Stonewall place it at between 5 – 7% of the population. However, support agencies believe the overall figure to be significantly higher based on under-reporting and/or a refusal to answer questions and a lack of data on trans, inter-sex and non-LGB sexual identities, eg. individuals identifying as QA+.

The information in this paper is taken primarily from a project supporting LGBT people with dementia and their carers'. The project is delivered by LGBT Health and Wellbeing¹ and funded by the Life Changes Trust. Supplementary information is taken from a research report into the experiences of LGBT young adult carers conducted by the Carers Trust and published in 2016². A report published by LGBT Youth Scotland in 2017³ provides information on the experiences of LGBT young people more generally.

Definitions

Words matter. The way we use language can help to signal to people that our services and spaces are inclusive and supportive of their identities. The following definitions cover some of the words you might most commonly hear in relation to LGBT people, their experiences and their communities. Many of these words will be used throughout this briefing and this list can be used throughout to clarify their meaning.

LGBT: Lesbian, Gay, Bisexual, Transgender.

Lesbian: A woman who is only attracted to other women.

Gay: A person who is attracted only to members of the same gender. Although it can be used for any gender (e.g. gay man, gay woman, gay person).

Bisexual: A word describing a person who is emotionally and/or sexually attracted to people of more than one gender or regardless of gender.

¹ <https://www.lgbthealth.org.uk/services-support/national-lgbt-dementia-project/>

² <https://carers.org/news-item/research-reveals-experiences-lgbt-young-adult-carers-scotland>

³ <https://www.lgbtyouth.org.uk/media/1354/life-in-scotland-for-lgbt-young-people.pdf>

Transgender/Trans people: Inclusive umbrella terms encompassing a diverse range of people who find their gender identity does not fully correspond with the gender they were assigned at birth.

Cisgender: A term to describe a person whose gender identity corresponds with the sex they were assigned at birth e.g. birth sex male, gender identity and expression male.

Non-binary: A person identifying as either having a gender which is in-between or beyond the two categories 'man' and 'woman', as fluctuating between 'man' and 'woman', or as having no gender, either consistently or some of the time.

Intersex: Umbrella term used for people who are born with variations of sex characteristics, which do not always fit society's perception of male or female bodies. Intersex is not the same as gender identity (our sense of self) or sexual orientation (who we are attracted to) but is about the physical body we are born with.

FTM / Trans man: A person who was assigned female at birth (AFAB) but has a male gender identity and therefore transitions to live as a man.

MTF / Trans woman: A person who was assigned male at birth (AMAB) but has a female gender identity and therefore transitions to live as a woman.

Sexual Orientation: A person's attraction to a person of the same and/or different gender. Includes gay, lesbian, bisexual and heterosexual.

Gender: The socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and women. Mostly upholds a gender binary which erases non binary people.

Gender Identity: Each person's deeply felt internal and individual experience of gender, which may or may not correspond with the gender assigned at birth. This includes the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms.

Cross dresser: Those who wear clothing traditionally associated with another gender to their gender identity either occasionally or regularly.

Transitioning: This is also known as gender reassignment. Some trans people take hormones and some also have surgery to bring their physical bodies in line with their gender identity. Transitioning can also be used to describe someone changing their name, or expressing themselves in their preferred gender (clothes, hair etc.)

Heterosexual: A person who is only sexually attracted to persons of the opposite gender. Colloquially known as "straight."

Misgender: Another individual referring to someone, (especially a transgender person) using a word – particularly a pronoun or form of address – that does not correctly reflect the gender with which they identify. For example, referring to or calling another individual 'sir' if they identify as female. This is an offensive act.

Dead Naming: Occurs when someone, intentionally or not, refers to a person who is transgender by the name they used before they transitioned. You may also hear it described as referring to someone by their "birth name" or their "given name." This can and does cause offence.

Intersectionality: The interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage. For example, being gay and Muslim or trans-gender and Christian

Heteronormative: Denoting or relating to a world view that promotes heterosexuality as the normal or preferred sexual orientation.

Family of choice: The concept of ‘families of choice’ is intended to capture the commitment of chosen, rather than fixed, relationships and ties of intimacy, care and support.

Family of origin: Family of origin refers to the significant caretakers and siblings that a person grows up with, or the first social group a person belongs to, which is often a person’s biological family or an adoptive family.

Experiences of LGBT Carers

Many of the issues experienced by carers within the non-LGBT community will be shared by LGBT carers such as the need for information, recognition and support. However, LGBT carers will also experience a number of additional concerns that are specific to them.

Drawing on personal experience and testimony provided by LGBT carers through LGBT Health and Wellbeing’s inaugural ‘Carers Meet Up’, these can be set out as follows:

- ▶ LGBT people are more likely to be estranged from their family of origin and therefore have less extended support when they take on caring roles;
- ▶ Many LGBT people are not out to the people they are caring for which can cause considerable stress and mean they cannot rely on their chosen family or partner for support with their caring role;
- ▶ Additionally, LGBT carers who are not out to those they are caring for may not be aware of, or benefit from, changes in policy or legislation;
- ▶ LGBT people may also be caring for people who are unsupportive of their LGBT identity and as a result regularly experience discrimination at very close quarters. For example, this might include someone misgendering or ‘dead naming’ their carer.
- ▶ LGBT carers are more likely to experience poorer mental health due to a range of factors and when combined with a caring role, this can mean they are disproportionately in need of support to ensure their mental wellbeing.
- ▶ Older LGBT people also highlight that as they are more likely to be single and childless, assumptions are made by their family of origin and/or straight/cisgender friends and neighbours that they have more time and capacity to take on a caring role;
- ▶ Bi-carers also highlight the prevalence and impact of assumptions made about their identity in the context of care and often report feeling invisible. For example, if they are caring for a partner of a different gender they are assumed to be straight and similarly, if they are caring for a partner of the same gender, it is assumed that they are gay.

Common narratives around caring may not fit the lives of many LGBT people. For example, an LGBT person may be caring for someone who is not supportive of their LGBT identity. LGBT people may have caring responsibilities in their family of choice as well as their family of origin, creating greater strains on their time, resources and wellbeing. LGBT carers might worry they will not be recognised and supported as a carer by practitioners or family members of the person that they care for.

Within the LGBT community, men and non-binary people are as likely as women to provide informal care.

Practitioners working with and supporting the LGBT community also highlight specific health concerns within the community that must be taken into account both in relation to the carer and the cared for. The prejudice

faced by LGBT individuals has a serious and ongoing detrimental effect on both their physical and mental health. LGBT people are more likely to smoke, drink or to take drugs. Poorer mental health is widespread with higher levels of depression, anxiety, eating disorders, self-harm and suicide. Certain forms of cancer are more prevalent. A large proportion of those living with HIV are gay men who are ageing and are now having to manage not only their existing medication but new medication as they get older and experience age related illness/conditions. Trans-people who are taking hormones and have conditions that impact on their memory may forget to take their hormones or may suddenly stop altogether putting them at risk of serious health problems such as osteoporosis. Overall, individuals are more likely to delay in engaging with support services leading to more acute situations and poorer outcomes.

LGBT carers who live in remote or rural areas can face additional barriers due to a lack of services which are able to respond appropriately to their needs and preferences.

LGBT Young Adult carers⁴

Drawing on prior Scottish Government figures which estimate that LGBT people constitute 5% of the Scottish population, the number of LGBT young adult carers aged 16-25 is estimated to be 1,370, although it is generally accepted that this is an under enumeration. Key findings to emerge from the research include:

- ▶ 83% of LGBT young adult carer respondents had experienced bullying at school;
- ▶ LGBT young adult carers were three times more likely to experience bullying at school than non-LGBT young adult carers and also significantly more likely to experience bullying than non-carer LGBT young people;
- ▶ 80% of LGBT young adult carer respondents described their health as 'just ok' or 'poor';
- ▶ LGBT young adult carers were twice as likely to describe their health as 'just ok' or 'poor' compared to young adult carers overall;
- ▶ 88% of LGBT young adult carer respondents stated that they had or had previously had mental health problems; and,
- ▶ LGBT young adult carers were three times more likely to have a mental health problem than the general population.

In addition to the above, LGBT young adult carers highlight the disadvantage they face in terms of their identity reporting that they can access services either as a young carer or an LGBT young person but not as both.

LGBT Health and Wellbeing National LGBT and Dementia Project

This briefing paper has been developed as part of the National LGBT and Dementia Project and the broader equalities work undertaken by MECOPP. Additional support and insight was provided by the Lothian Trans Support Project at LGBT Health and Wellbeing. It is intended as a starting point for discussion and reflection and to support the inclusion of LGBT carers within both policy and practice.

If you are affected by dementia or working with, and for, people affected by dementia and would like to find out more about the project, please contact Megan, the Project Co-ordinator, on megan@lgbthealth.org.uk or call **0141 271 2330**. Further details on the National LGBT and Dementia Project can be found on the LGBT Health and Wellbeing website at: <https://www.lgbthealth.org.uk/services-support/national-lgbt-dementia-project/>

The project would also love to hear from you if you have a positive example to share of good practice in supporting LGBT people affected by dementia.

⁴ <https://carers.org/news-item/research-reveals-experiences-lgbt-young-adult-carers-scotland>