

6.2 Good Care LGBT+ older people: an 'invisible' population in health care

What	LGBT+ older people can be seen as a vulnerable group with specific challenges who need specific attention in health care
Purpose	Learning how to recognize the LGBT+ older people in care and their specific challenges
Target group	Teachers and trainers in vocational education and their students
Level	Level 2-3-4 in vocational education
Execution	Extra support from the teacher might be necessary depending on the ability of the students to work independently

Sources: https://www.youtube.com/watch?v=TvpXe_gDv1E

Cordaan Amsterdam, The Netherlands

“Doing it for optimal impact. Tips voor effectiever discriminatie verminderen van LHBTI’s in voorlichtingen, trainingen en workshops.” Hanneke Felten and Afiah Vijlbrief 2018

Hermans, M and Schuyf, J.(2014) Handreiking LHBT emancipatie, informele Zorg en zelfredzaamheid van LHBT ouderen. Movisie Lesbisch-en Homobeleid 2007

Higgins A, Sharek D, McCann E, Glacken M, Breen M, McCarron M, Sheerin F, (2011) Visible Lives Identifying the experiences and needs of older Lesbian, Gay, Bisexual and Transgender (LGBT) people in Ireland, Dublin, Gay and Lesbian Equality Network (GLEN).

Introduction

From an enquiry by National Foundation for the Elderly in the Netherlands among 72 managers of care organizations, it is claimed there are no lesbian, gay, bisexual or transgender (LGBT) seniors in any of these facilities (NOF 2014). This is a quite alarming and impossible statement, taking into account that there are at least 400.000 LGBT seniors in the Netherlands. Moreover, as LGBT people are more likely to be single and far less likely to have children, they are much more dependent on professional services (Higgins et al 2011). Therefore the proportion of LGBT+ older people in care homes is likely to be even higher than the proportion of LGBT+ older people in the community. Apparently, the LGBT population is however not known or recognised in a lot of the care organisations. This also demonstrate the lack of awareness among care professionals on sexual diversity and gender identity on their clients (NOF 2014). This is a national example, but looking into international literature, the reason behind this questioning situation is found. Research shows that many LGBT+ older people are afraid of negative reactions in care organisations and are forced to hide their sexual identity, retreating back into the closet. LGBT seniors are confronted with exclusion, discrimination, bullying and violence (Hermans and Schuyd 2014, Higgins et al 2011). When LGBT+ older people not feel safe to express their sexuality, and therefore not show or talk about their personal situation, it leads to a misrepresentation and misunderstanding of this population.

In this section we will discuss why the LGBT+ older population is a very vulnerable group amongst older people. In considering LGBT+ older people it is very important to acknowledge the wider historical context of LGBT+ older people’s lives in all this and to see the possible underlying reasons for vulnerability with older people. At the same time it is essential to recognise that LGBT+ older people are not a homogenous group. Each person should be viewed upon in his or her individuality and own life story, his or her specific needs and challenges.

LGBT+ older people: a vulnerable population

The fact that LGBT people feel they have to hide themselves makes it very difficult to care for ‘the whole person’, a value espoused by all health and social care professionals. In light of this, we can call this population of LGBT+ older people “invisible”, because they are not being seen or recognised by the care givers, community or surroundings. A

dangerous fact, which makes the LGBT+ older people a very vulnerable group amongst the older people. But not only not being noticed by the community and caretakers in their specific needs, makes the LGBT+ older people vulnerable. There are also several other underlying reasons why LGBT+ older people more quickly become lonely, isolated or vulnerable.

First of all, LGBT+ older people can possibly have psychological problems because of struggles around their own sexuality, not accepting it themselves or not feeling excepted by the world around them. There is also a bigger possibility of being bullied or excluded by other peers because of the hidden taboo of their generation on their sexuality. The exclusion can happen today, but they can also still suffer from previous experiences of discrimination, violence or exclusion in the past, which can influence their current lifestyle or mental state and can lead to psychological problems. Some of the LGBT+ older community can have physical problems, such as diseases as HIV or AIDS. All of this can cause the LGBT+ older people to be afraid of showing their emotions because they are afraid of a negative response. This can lead to conscious or less conscious social isolation. Lastly, having a smaller or no social network of family, children, friends or partner can also contribute to loneliness and social isolation. For LGBT+ older people marrying or having children was a lot of times no option, resulting in a small family circle around them. Exclusion from family, friends or the community because of their sexual orientation makes it a social network for support or care even smaller (Hermans and Schuyf 2014).

Having realized that LGBT+ older people are a vulnerable group with each their individual story and needs, it is important to know how to recognize the effects of the different reasons LGBT+ older people are more vulnerable. All the characteristics mentioned above can lead to psychological problems such as depression, loneliness or social exclusion. LGBT+ older people can be extremely shy in asking for help, feeling ashamed or restricted to talk about their personal situation. This makes it extra important to be vigilant in recognizing the underlying problems with this target group, since they themselves a lot of times will not vocalise what they need or what is wrong. With this, hiding their true feelings or situations, can create various practical problems as well. When thinking about housing (living together with your partner while your family doesn't know), legacy issues when partners are not known by family or children or a denial of voice in medical decisions, since the partner is not known or acknowledge by the family and children. Lastly, looking for relief or comfort in alcohol or substances is not uncommon with this group. It is reported that LGBT+ older people are more prone to alcohol and substance abuse or (extreme) smoking. This of course can lead to different physical problems (Hermans and Schuyf 2014). As a caretaker is it important to be aware of these challenges and their possible underlying reasons, so you can address them accordingly.

Activity 1 Listening to a personal life story of LGBT+ older person

Invite a LGBT+ older guest speaker in your class to talk about his or her personal experiences with good or not so good care. An good method to structure the life story is to ask certain in depth questions about good care. Make sure you prepare the questions together with the guest speaker.

Assignment

Stop the interview/story at certain characteristic situation concerning care the guest speaker describes.

- Ask the students what they would have done in this situation being a professional caregiver. Discuss the method or solution of the student with the other students and with the guest speaker. The personal view of the guest speaker can exemplify what good care in this specific situation with a LGBT+ older people is.
- Discuss the consequences of the actions taken by the professional caregiver for the LGBT+ older people.
- Ask the students to imagine that the examples of the guest speaker would happen to a family member or friend. What would they advise to do or say in that situation?

Activity 2 Example of care for an LGBT person

Source: Cordaan Amsterdam, The Netherlands

Changes in your life

After a difficult period in my life I started following a different life's journey. In 2009, I received a personal buddy, because I needed friendship. Because of my autism, it was difficult for me to make friends. Together with him, I have visited several cinemas and churches over the past few years. His friendship made me convert to Christianity.

It was difficult for me to lead my own life, because I was being protected too much by my parents. From 2013, I took a few years to attend development sessions and courses. I have learnt to be more assertive, I am more talkative, have become more independent and I have more confidence; and I have become independent from my family.

I have never had a serious relationship because it was hard for me to make contact with other people. However, what I did notice quite clearly was that, every time I saw a young woman, mostly of my age, wearing a skirt or a dress, I didn't really look at her but at her female clothing.

If you want changes in your life, it is a long process. It was the same for me. At one stage, I felt like wearing a kilt, but because my environment, other residents and management did not know about this, I had to act carefully. Some carers knew that I regularly wore a skirt in my room, but because other residents did not know and would not understand this, I did it secretly and had to hide the fact.

It was the summer of 2014. My regular personal carer was on holiday and I had told her replacement about my skirt and also that I would like to buy a kilt. After a good discussion between the two of us we looked on the internet to see where we could do this and we found an address in Amstelveen.

It is autumn 2014, I had eventually bought a kilt together with a complete outfit. It was advisable to work out with my manager and the trainee how we would tell the residents about this fact.

Every Wednesday afternoon we had a coffee hour with the residents. With support of the trainee and another personal carer, I told my fellow residents. What struck me was that they were surprised, but they found it brave of me to dare to come out about this.

After the two kilts, I also developed the need to wear women's clothing, such as a skirt. After some good discussions with my personal carer, we decided that I would buy women's clothing together with a female carer. I bought a skirt, a sweater and a pair of stockings. To begin with, I had to get used to wearing ladies clothing, but because I wanted to do so, and the people around me accepted that I had become a transvestite, I felt more at ease in a skirt. Over the past few years, I have been wearing more women's clothing.

It was important to me to be well advised about what clothing style and colors suit me. This is why I went clothes shopping with a personal carer and asked for advice at a specialist shop for people who are gender neutral, transgender and transvestites. Now, since 2018, I am gender-neutral, which means that I wear both men's and ladies' clothes in everyday life.

This makes me feel good and comfortable. My environment, such as the residents and my carers accept this and they keep understanding me better.

Because I look like a male, it is helpful when I wear women's clothing, that I also look like a woman. Therefore, I wear two different women's wigs. One fringed hairstyle and a long hairstyle that I get braided by a carer on a regular basis.

The other issue that is involved is makeup such as nail polish and lipstick. A few years ago, I received a Hema gift certificate from management and together with a residential care trainee, I bought three kinds of nail polish in shades of brown, red and clear. At first, she taught me how to apply the nail polish and lipstick. Every time I wear nice clothes and have applied my make up, I look at myself in the mirror and see a beautiful, proud and privileged person.

The students read the life story of this LGBT+ older person and discuss the text through following questions:

- What strikes you in this story?
- What are key moments in this life story?
- Which specific characteristics of the challenges for LGBT older people do you recognize in this story?
- Explain to the others what the caregivers did and is it was an example of good care. Why/why not?
- Would you, as a health professional, have done certain things differently? Why/ Why not?

Activity 3 An example of good care

Source: https://www.youtube.com/watch?v=TvpXe_gDv1E

This video shows an care organization who emphasizes on inclusive care. We see residents talking about their experiences and expectations of inclusive care and it is shown how the organisation practically implements inclusive care in their policy and activities.

Assignment

The students watch this video together and discuss the video through following questions:

- What do you think of mission and policy of this organization?
- What do you miss?
- What could be added?
- How could you, as a health professional, help in implementing an inclusive policy?



- Compare this care centre to the facility you are working in: what is different? What could your organization learn from this organization?

Keep on learning

- A photo series with interviews of LGBT+ older people in The Netherlands “Zorg om de zorg: Roze Ouderen in beeld” (Dutch only). Photography Luuk Wagter, interviews Agnes Sommer.
- <https://www.lgbthealth.org.uk/wp-content/uploads/2015/06/Five-tips-for-supporting-older-transgender-people.pdf>
- <http://www.lgbthealth.org.uk/wp-content/uploads/2015/01/Top-Tips-Poster.jpg>
- <https://www.youtube.com/watch?v=4WkGzkP5O4> [1.49-4.49] examples of homosexual older people
- <https://www.youtube.com/watch?v=JDOdv792rBA> [0.48-10.38min] examples of homosexual older people
- <https://www.youtube.com/watch?v=92G0tFyFNrs> example of transgender