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Expectations of later life support among lesbian and gay Queenslanders

Mark Hughes

Abstract

Objective: To examine lesbian and gay people’s expectations of support, socializing and cohabitation in older age.
Method: The study involved secondary data analysis of a subsample of 371 lesbian and gay people taken from a survey conducted by the Queensland Association for Healthy Communities (QAHC).
Results: Lesbian and gay people expected to receive support from diverse sources, including same-sex partners, lesbian, gay, bisexual and transgender (LGBT) friends and heterosexual friends. Women were more likely to expect to receive support from others than men, and men were more likely to expect to live alone in later life.
Conclusions: Aged care providers need to be responsive to the different sources of support that may be provided to older lesbian and gay people. Services that are lesbian- and gay-friendly may facilitate service uptake and reduce pressures on lesbian and gay people’s informal networks of support.

Keywords: gay, lesbian, ageing, social support, community care networks

Introduction

The literature on family care-giving and support networks highlights the complexity of the normative obligations experienced by adult children and partners in providing support and care to older people [1-5]. Like heterosexuals, lesbian and gay people provide substantial care and support to ageing parents and other family members [6-8]. In a survey of 341 lesbian, gay, bisexual and transgender (LGBT) people aged 50 and over in New York, 22% were identified as providing care to a member of their ‘family of origin’ [8]. One-third of these reported that more involvement was expected of them because they were perceived as having fewer family responsibilities than heterosexual relatives. However, while it is clear that lesbian and gay people are expected to be involved in caring for and supporting others, little is understood about what support they themselves expect in later life.

The small but growing body of Australian research on LGBT ageing is beginning to highlight some of the concerns lesbian and gay people have about growing older and accessing services [9-14]. There is evidence that some people experience direct discrimination when in contact with health and aged care services [12, 14]. However, possibly just as significant, is older people’s expectation of discrimination given a lifetime of homophobic experiences and the heteronormative nature of many public services [15, 16]. As with younger people, older lesbian and gay people may delay seeking assistance from formal services because of a fear of discrimination [15]. This may not only impact negatively on healthy ageing, but also place additional demands on informal support networks.

For lesbian and gay people these informal sources of support are likely to be different than for heterosexual people. There is evidence to suggest that lesbian and gay people are more likely to rely on non-traditional sources of support, such as friends and neighbours. For some, same-sex partner, friendship and community relationships – their ‘families of choice’ – are seen to replace traditional
family relationships, from which some may be estranged [17]. Previous research suggests that
lesbian and gay people’s experiences and expectations of support also vary in relation to a number
of demographic factors, including gender [18], age [13] and geographical location [19].

The purpose of the present study, based on secondary data analysis, was to examine lesbian and gay
people’s expectations of support in later life and to highlight variations in these expectations.
Specifically, the paper seeks to address the following research questions:

1. What are lesbian and gay Queenslanders’ expectations of emotional support, physical support,
   financial support, socialising and cohabitation in later life?
2. Do lesbian and gay Queenslanders’ expectations of emotional support, physical support,
   financial support, socialising and cohabitation vary according to age, gender or area of
   residence?

Methods

The present paper is based on a secondary data analysis of a subsample of lesbian and gay people
taken from a study by the Queensland Association for Healthy Communities (QAHC). The original
study involved 443 people identifying as gay, lesbian, bisexual, queer, transgender male to female,
and transgender female to male. It aimed to examine these people’s concerns about ageing and
accessing services. Given the relatively small proportion of those identifying as bisexual, queer and
transgender, it was decided for the purpose of the analysis in the present paper, to exclude these
groups from the subsample. Thus, the findings reported in this paper relate to the 371 people who
identified as gay male or lesbian.

The original QAHC survey was delivered online and in paper form between January 2007 and January
2008. It was designed and approved by QAHC and Queensland’s LGBT Ageing Action Group, which
includes older LGBT people and representatives from LGBT community organisations and aged care
providers. Respondents were recruited via advertising in LGBT media, and distribution of
information about the research through LGBT community networks and by community aged care
providers. The researcher was not involved in the design or delivery of the original survey.
Permission was given to the researcher by QAHC and the LGBT Ageing Action Group to access the
de-identified data files for the purposes of secondary analysis. Ethics approval was granted by the
University of Queensland.

While there are some key benefits to secondary data analysis in terms of making good use of existing
data and not having to repeat a survey with hard-to-reach populations [20], there are also some
important limitations to consider. These include having to rely on the original study’s methodology,
including its sampling and instrumentation [21]. In this case the main limitation related to the lack of
standardised instruments to collect quantitative data and the nominal level of most variables.
Together with the sample size, this limited the extent that bivariate and multivariate analysis could
be carried out. However, these limitations were deemed to be outweighed by the fact that the
survey provided access to one of the largest samples of lesbian and gay people in Australia and
because it produced much needed data relating to their later life expectations.
The original survey mainly involved forced-choice questions with the option of providing multiple responses, including an ‘other’ option. Dependent variables related to expectations of support received in later life (defined as age 65 and over). Types of support included emotional, physical and financial support, as well as socialising and living with other people. The original study relied on participants’ own understanding of these concepts. Sources of support included: partner, LGBT friends, heterosexual friends, siblings, children, extended family, neighbours, and no one. The independent variables cited in this paper are gender, area of residence and age. Area of residence was categorised as urban, regional and rural, and was verified by postcode. To evaluate differences between younger and older cohorts, the age-based analysis presented in this paper involved recoding the age variable as 25 and under, and 56 and over (n=124). All other analyses presented in the paper relate to all age groups in the sample (n=371). Bivariate analysis was based on contingency tables and chi-square analysis ($\chi^2$). The probability value was set at 95%.

**Results**

Of the 371 people in the subsample, 61 (16.4%) were aged 25 and under and 63 (17.0%) were aged 56 and over. The majority (243, 65.5%) identified as gay male. Most reported that they lived in an urban area (263, 70.9%), while 80 (21.6%) reported living in a regional area and 28 (7.5%) in a rural area.

Most people in the subsample reported that they expected to receive emotional support from LGBT friends (220, 59.3%), their partner (207, 55.8%) or heterosexual friends (181, 48.8%) (Figure 1). Extended family members were identified as likely sources of support by 109 (29.4%) people, while fewer identified siblings (95, 25.6%), children (56, 15.1%) and neighbours (18, 4.9%) as anticipated sources of emotional support. Of the 371 in the sub-sample, 10.5% (39) expected to have no one to rely on for emotional support in later life.

Physical support in later life was expected by most people to come from partners (199, 53.6%) (Figure 2). Nonetheless a sizeable number of people expected this support to be provided by LGBT friends (135, 36.4%) and, to a lesser degree, by heterosexual friends (92, 24.8%). Less than a fifth of people expected physical support to be provided by extended family (73, 19.7%), siblings (59, 15.9%), children (47, 12.7%) and neighbours (13, 3.5%). 15.4% (57) thought they would have no one to rely on for physical support in older age.

Regarding financial support, most people (231, 62.3%) anticipated relying on their own means in later life (Figure 3). Just under half (173, 46.6%) thought that they would rely on government assistance, while 36.9% (137) of people believed that they would rely on their partner for financial support. Very few people thought they would draw on siblings (23, 6.2%), extended family members (26, 7.0%), children (18, 4.9%), LGBT friends (9, 2.4%) or heterosexual friends (7, 1.9%) for financial support in older age. No one thought they would rely on neighbours for financial support.

As with emotional support, friends and partners featured prominently as people with whom respondents expected to socialise in later life (Figure 4). Of the 371 lesbians and gays in the subsample, 69.3% (257) expected to socialise with LGBT friends, 62.0% (230) with heterosexual friends, and 56.9% (211) with a partner. Fewer people expected to socialise with extended family members.
members (124, 33.4%), siblings (96, 25.9%), neighbours (66, 17.8%) and children (57, 15.4%). 8.4% (31) expected to have no one to socialise with in later life.

Partners were identified by most people (220, 59.3%) as who they expect to live with in older age (Figure 5). Just over a quarter of the subsample expected to live with LGBT friends (93, 25.1%), while much smaller numbers of people expected to cohabitate with heterosexual friends (37, 10.0%), siblings (17, 4.6%), children (14, 3.8%), extended family (12, 3.2%) and neighbours (2, 0.5%). Notably, nearly a quarter of lesbian and gay people in the subsample (92, 24.8%) expected to live alone in later life.

In addressing the second research question, bivariate analysis revealed some differences between the older and younger members of the subsample. In relation to expected sources of emotional support, physical support and financial support, there was only one significant difference reported between those aged 25 and under and those aged 56 and over. This related to expectations of relying on government assistance for financial support in later life. Of the 124 younger and older people in the subsample, 61.9% of older people expected to need government financial assistance, compared to 31.1% of the younger people $\chi^2(1, n = 124) = 11.776, p \leq 0.001$. Some significant associations were identified in relation to expectations for socialising and cohabitation. Younger people were more likely than older people to expect to socialise with siblings (29.5% versus 7.9%; $\chi^2(1, n = 124) = 9.546, p \leq 0.01$), extended family (37.7% versus 15.9%; $\chi^2(1, n = 124) = 7.563, p \leq 0.01$) and neighbours (24.6 versus 11.1%; $\chi^2(1, n = 124) = 3.858, p \leq 0.05$). Regarding cohabitation, younger people were also significantly more likely than older people to expect to live with their partner (65.6% versus 44.4%; $\chi^2(1, n = 124) = 5.587, p \leq 0.05$) or with their LGBT friends (34.4% versus 7.9%; $\chi^2(1, n = 124) = 13.123, p \leq 0.001$).

While not all differences were statistically significant, there was a clear trend in the data indicating that women expected to have more support available to them in later life than men. Regarding emotional support, lesbians were more likely than gay men to expect to receive it from partners (64.8% versus 51.0%; $\chi^2(1, n = 371) = 6.487, p \leq 0.05$), siblings (32.8% versus 21.8%; $\chi^2(1, n = 371) = 5.327, p \leq 0.05$) and children (25.8% versus 9.5%; $\chi^2(1, n = 371) = 17.415, p \leq 0.001$). Women were more likely to expect to rely on partners (61.7% versus 49.4%; $\chi^2(1, n = 371) = 5.131, p \leq 0.05$) and children (21.9% versus 7.8%; $\chi^2(1, n = 371) = 14.567, p \leq 0.001$) for physical support. Similarly lesbians were more likely than gay men to expect to socialise (67.2% versus 51.4%; $\chi^2(1, n = 371) = 8.476, p \leq 0.01$) and live with their partner (66.4% versus 55.6%; $\chi^2(1, n = 371) = 4.090, p \leq 0.05$). They were also significantly more likely to expect to socialise with LGBT friends (75.8% versus 65.8%; $\chi^2(1, n = 371) = 3.890, p \leq 0.05$), siblings (36.7% versus 20.2%; $\chi^2(1, n = 371) = 11.978, p \leq 0.001$) and children (25.8% versus 9.9%; $\chi^2(1, n = 371) = 16.309, p \leq 0.001$). Reflecting this trend, gay men were significantly more likely than lesbians to expect to have no one to rely on for emotional support (14.0% versus 3.9%; $\chi^2(1, n = 371) = 9.065, p \leq 0.01$), physical support (18.1% versus 10.2%; $\chi^2(1, n = 371) = 4.076, p \leq 0.05$), socialising (11.5% versus 2.3%; $\chi^2(1, n = 371) = 9.224, p \leq 0.01$) and cohabitation (30.5% versus 14.1%; $\chi^2(1, n = 371) = 12.077, p \leq 0.05$).

Given that the number of people in rural areas (n=28) was quite low, not all differences reported between people according to area of residence could be established as being statistically significant.
However, it did appear that lesbian and gay people in rural areas expected to have less of certain types of support from other LGBT people than those in regional and urban areas. Emotional support from LGBT friends was significantly more likely to be expected by people in urban (63.5%) and regional areas (52.5%) than those in rural areas (39.3%; $\chi^2(2, n = 371) = 8.100, p \leq 0.05$). Similarly, people in urban (73.8%) and regional areas (61.3%) were more likely to expect to have LGBT friends to socialise with in older age than those in rural areas (50.0%; $\chi^2(2, n = 371) = 9.798, p \leq 0.01$). Nonetheless, people in rural areas did not appear less likely than those in regional and urban areas to expect to receive support from partners, heterosexual friends, children, siblings or extended family.

**Discussion**

The findings of the present study highlight the diverse sources of support anticipated by lesbian and gay people as they grow older. Especially prominent are same-sex partners and friends, both LGBT and heterosexual. Partners were particularly identified as sources of support by women and younger people. Similar to UK findings [19], the role of friends was highlighted in relation to emotional support and for socialising, although it is also important to note that approximately 36% expected to rely on LGBT friends for physical support and 25% expected to live with them. Younger people generally believed they would have more people to socialise and live with in their older age compared to older people. This might be explained by age cohort differences in terms of community attitudes towards LGBT people. Most people expected to be financially independent in their older age. Nonetheless, just under half of the subsample did expect to need government financial assistance. This was particularly the case for those who were closer to older age – those aged 56 and over. However, while as in research by Heaphy et al. [19], people in rural areas were less likely to expect to rely on LGBT friends in later life; their expectations of support from other sources remained comparable to those in regional and urban areas.

Even though the majority of lesbian and gay people in the subsample did expect to be supported by others in later life, a sizeable proportion believed that they would have no one to rely on. Approximately 8% thought they would have no one to socialise with, 10% thought they would have no one to provide them with emotional support, and 15% believed there would be no one to provide them with physical support. Notably, nearly a quarter believed that they would be living alone in later life. In each of these areas, gay men were significantly more likely than lesbians to expect to have no one to support them or to expect to live alone, reflecting evidence that older lesbians tend to have more people in their support networks than gay men [22]. However, there are mixed findings in the international literature relating to the extent to which older gay men are isolated and lonely compared to other older men and older lesbians. Both qualitative and quantitative studies indicate that some older gay men maintain strong connections with their ‘family of choice’ even when they live alone [18, 23].

The findings from the present study are broadly consistent with the results of qualitative studies highlighting the different concerns of lesbians and gay men as they grow older [13, 18]. As is common in research on LGBT ageing, there are limitations with the study which need to be borne into account [22]. In addition to the limitations associated with secondary data analysis noted earlier, this study was based on a self selected sample drawn mainly via existing LGBT community
networks and may not represent the concerns of those non-heterosexual people who are disconnected from these networks. Expectations of support should not be assumed to translate into actual received support in later life. Further investigation is needed into the extent to which these expectations will be able to be met in the context of an increasing ageing population and decreasing availability of informal carers [24]. Especially important is a better understanding of how friends move from social and support roles to the direct delivery of personal care [25].

For policy makers, the research findings highlight some specific issues faced by lesbian and gay people impacting on capacity to access community based services and, consequently, on healthy ageing. Commonwealth government recognition of older LGBT people as a special needs group and inclusion of additional items relating to gender and sexual identity in the Minimum Data Set would assist in combating the invisibility of this population and gaining more information about their unique needs.

In terms of service delivery, the findings suggest the need for community and residential aged care providers to not make assumptions about the sources of support for their clients, especially if their sexual identity or relationship status is not known. In the delivery of services to lesbian and gay people it is also necessary to acknowledge the important role played by same-sex partners and by LGBT and heterosexual friends. As evidenced in recent Victorian research [26] there is growing awareness among some aged care providers that services need to become lesbian- and gay-friendly, so that older people and their carers feel able to access services in a timely and appropriate manner.

Key Points

• Lesbian and gay Queenslanders expected to receive support from a wide range of sources, including same-sex partners, lesbian, gay, bisexual and transgender (LGBT) friends, and heterosexual friends.
• The role of LGBT friends and heterosexual friends was particularly highlighted in relation to the provision of emotional support and for socialising.
• Women were more likely than men to expect to receive support from different sources, while men were more likely to expect to live alone in later life.

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References

Figure 1: Sources of emotional support expected by lesbian and gay people in later life
Figure 2: Sources of physical support expected by lesbian and gay people in later life
Figure 3: Sources of financial support expected by lesbian and gay people in later life
Figure 4: Sources of socialising expected by lesbian and gay people in later life
Figure 5: People expected to cohabitate with lesbian and gay people in later life