What Providers Should Know About Lesbian, Gay, Bisexual, Transgender and Queer/Questioning (LGBTQ+) Family Caregivers

Lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) family caregivers have challenges and resiliencies unique to their identities.

- Being gay was a mental illness until the 1980s. Marriage equality just happened in 2015. Older adults have had not an experience of tolerance—theirs has been an experience of survival.
- **Family of Choice**: many LGBTQ+ people become estranged from their biological families because of their LGBTQ+ identities, and instead create “families of choice” from friends, peers, and neighbors. In many cases, these are the people providing care for LGBTQ+ community members, who are less likely to be married, less likely to have children, and more likely to live alone.

**CULTURAL COMMITMENT TO CARE**

- Many people who identify as LGBTQ+ rely on families of choice to provide care.
  - Four times less likely to have children and twice as likely to be single
  - Family of choice not frequently recognized by formal services
- LGBTQ+ adults become caregivers at a much higher rate than general caregiving population (AARP & National Alliance for Caregiving, 2015).
  - LGBTQ+ caregivers make up around 9% of the caregiving population
  - This number could be higher, as some people may be afraid to come out due to discrimination

**HEALTH DISPARITIES**

- Caregivers who identify as a gender and/or sexual minority report being discriminated by healthcare providers and bureaucratic health systems (Fredriksen-Golden, Jen, Bryan, & Goldsen, 2016).
  - Hesitance about reaching out to services and seeking guidance with care
  - Rely more heavily on support from family, friends, and neighbors
- Transgender people experience widespread discrimination in health care, employment, and housing (Bradford et al., 2013).
- Because of a history of discrimination and barriers in health care as mentioned (family of choice), LGBTQ+ caregivers and recipients may not get the information, education, training, and other resources necessary to provide high quality and sustainable care.

78% OF LGBTQ+ OLDER ADULTS GO BACK IN THE CLOSET UPON ENTERING A NURSING HOME OR ASSISTED LIVING FACILITY.
HOW CAN PROVIDERS BETTER SUPPORT LGBTQ+ FAMILY CAREGIVERS?

- Collect information on gender identity and sexual orientation to better understand the needs of your patients and caregivers
  - Edit demographic intake tools to collect information about sexual orientation and gender identity
  - Reflect the words people use to describe their identities and relationships

- Provide culturally competent referrals and resources

- Develop and leverage partnerships with CBOs to refer caregivers to LGBTQ+-friendly training and support groups

- Create welcoming, supportive, and safe environments for LGBTQ+ caregivers and older adults
  - Utilization of posters, signs, rainbow flag on front door to welcome LGBTQ+ adults, but only after a training and policy audit to ensure that services are welcoming
  - Eliminate fear of judgment, discrimination, and rejection
  - Provide ongoing LGBTQ+ competency training to staff
  - Develop culturally competent advertisements, brochures, pamphlets that reflect LGBTQ+ constituents

- Develop programs to engage LGBTQ+ older adults and/or caregivers

- Ensure that your organization’s nondiscrimination policy includes sexual orientation and gender identity, and any use of the word of “family” makes it clear that chosen families also count

IN OUR SURVEY OF LGBTQ+ FAMILY CAREGIVERS:

- 43% report some or great deal of difficulty with healthcare tasks such as medication management or caring for wounds

- 63% report some or great deal of difficulty coordinating or arranging for care services from doctors, nurses, social workers, etc.

- More than a quarter agree to feeling isolated due to caregiving
  - Less personal time, limited engagement in other activities, more stress and pressure
  - Higher incidence of isolation than other groups

- LGBTQ+ caregivers are more likely to report feeling they are the only person available to provide care than other diverse groups
  - 45% agree that they are the only person available to provide care
  - Other family members may make unfair assumptions that the LGBTQ+ person “has no partner or kids” and thus has the time to care for an older adult

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CARING FOR THOSE WHO CARE
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