Ageing and social networks: the experiences of LGBT+ adults

1. Introduction

The National Lottery Community Fund (TNLCF) have established a Strategy Group for the Ageing Better programme, bringing together TNLCF representatives and partnership leads. The Strategy Group are exploring Ageing Better learning in relation to older LGBT+ people. The importance of social networks for LGBT+ (lesbian, gay, bisexual, transgender) older people emerged at the Strategy Group's scoping session. The Strategy Group are gathering partnerships' insights into LGBT+ older people's experiences of social networks and their potential impact on social isolation and loneliness. The Strategy Group asked the national evaluation team to review the academic literature on the subject. The aim of the review was to explore how LGBT+ older people's experiences of social networks have been interpreted to date, and to identify any links to social isolation and loneliness. The rapid review set out to explore the following lines of enquiry:

- How are 'LGBT+ social networks' defined and understood in recent academic literature?
- Does the academic literature consider the value of social networks to LGBT+ people? What are the different forms of 'social networks' identified in the literature? Does the literature consider the breadth of social networks verses the depth of social networks and the influence of these on experiences of social isolation and loneliness?
- Do LGBT+ people's experiences of social networks vary by age?
- Do LGBT+ people's experiences of social networks vary by other factors (such as their gender, geography, or ethnicity?)
- How do LGBT+ people aged 50 and over view the quality of their interactions? Are face-to-face and social media networks viewed as providing the same quality of interaction? Does the network medium affect LGBT+ people aged 50 and over experiences of social isolation and loneliness in different ways?

1.1 Scene setting

This short review found a limited number of studies focusing on this area. The cited research is therefore based on findings from both the UK and the US. As a rapid review, the cited literature is not necessarily exhaustive of publications in the field.

It is well documented that the population of the UK is ageing. Over 29% of the population is aged 55 and over and projections show that there are likely to be an additional 8.6 million people aged 65 and over in 50 years' time[1]. Statistics show that around 1.4% and 0.7% of those in the age groups *50-64* and *65 and over* respectively identify as lesbian, gay or bisexual (LGB)[2]. At present there is no robust data estimating the size of the transgender population (T) in the UK, as no major surveys collect data

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[1] ONS (2018) Living longer: Fitting it all in – working, caring and health in later life. Access here: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/fittingitallinworkingcaringandhealthinlaterlife

[2] ONS (2017) Sexual identity, UK: 2016. Access here: https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2016

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on transgender people[3]. It has been suggested that the true size of the UK's older LGBT+ population is underestimated since the social acceptability of sexual identities and the ability to express these has significantly changed during the lifetime of older people[4].

Increasing public and political attention is being paid to the wellbeing of older people as a result of the challenges faced by the UK's ageing population. As a consequence of this rising interest, there is greater recognition of the role of social networks in positive experiences of ageing. However, few studies on older adults and ageing include a focus on sexual orientation or gender identity, or the social experiences of LGBT+ older adults and associated impact on social isolation and loneliness.

It is important to note that older LGBT+ adults are not a homogenous group. While the acronym LGBT+ may signal a single population, these individuals comprise a variety of sub-populations defined by sexual orientation and gender identity[5]. The experiences of older LGBT+ adults are also complicated by race, social class and other social factors. This review will mostly consider older LGBT+ populations together as minorities and their collective experiences of isolation, loneliness and social networks, as this reflects the position of most academic research in the field.

1.2 Factors affecting the social networks of older LGBT+ adults

A social network can broadly be defined as a social structure of individuals connected by interpersonal relationships that can be separated according to different relations, such as distinct family, friend and co-worker networks[6].

The overall size of an individual's social network is likely to steadily decline throughout later life, making older age groups more vulnerable to social isolation[7]. Research shows that LGBT+ people are particularly vulnerable to social isolation and loneliness as they are more likely than heterosexual people to be single as they age; more likely to live alone; more likely to have no children; and more likely to have lower levels of contact with relatives[8,9]. Many older LGBT+ adults subsequently have weaker social networks which increases the likelihood of receiving little social contact and informal support and may have implications for their physical and mental wellbeing[10].

The social networks of older LGBT+ adults are also affected by factors associated with 'minority stress': the cumulative effects of having a marginalised identity[11]. Social stigma, discrimination and victimisation can have life-long negative consequences for members of LGBT+ communities. In the

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[3] Government Equalities Office (2018) Trans people in the UK. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721642/GEO-LGBT-factsheet.pdf

[4] Ibid., 2

[5] Emlet, C. (2016) Social, Economic and Health disparities among LGBT older adults. Generations, 40:2, 16-22

[6] Dictionary (2019). *Social network meaning in the Cambridge English Dictionary*. [online] Available at: https://dictionary.cambridge.org/dictionary/english/social-networking

[7] English, T. & Carstensen, L. (2014) Selective Narrowing of Social Networks Across Adulthood is Associated With Improved Emotional Experience in Daily Life. Int J Behav Dev. 1; 38(2): 195–202.

[8] University of Sheffield (2018) Combating loneliness amongst older LGBT people: a case study of the Sage project in Leeds.

[9] LGBT Health and Wellbeing Scotland (2018) LGBT Age Impact Report 2014-17.

[10] Green, M. (2016) Do the companionship and community networks of older LGBT adults compensate for weaker kinship networks? Quality in Ageing and Older Adults, 17(1) 36 – 49.

[11] Fredriksen-Goldsen et al (2014) The Health Equity Promotion Model: Reconceptualization of Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Disparities, Am J Orthopsychiatry, 84:6, 653-663

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US, results from the *Aging with Pride: National Health, Aging, Sexuality and Gender Study[12]* found higher incidence of victimisation was associated with poorer general health, HIV status, depressive symptoms and greater disability among older LGB adults. Internalised stigma amongst older LGBT+ adults has also been observed to correlate with greater disability and depression[13,14]. Research has shown that factors such as specific sexual identity and HIV status can impact on social stigma[15], internalised stigma[16], and ageism[17] which can in turn influence social networks.

Yet the access to and quality of health and social care provision for older LGBT+ people is variable. Fish & Karban[18] suggest that social work should play a major role in addressing the health inequalities experienced by LGBT+ adults, through tackling stigma and marginalisation and thereby mitigating their effects on health. However, studies have shown that older LGBT+ adults are up to five times less likely to access health and social care services due to fear of discrimination and unequal treatment[19]. Research in Ireland found that less than half of older LGBT+ adults felt respected as an LGBT+ person by healthcare professionals, and only one in three believed that healthcare professionals have sufficient knowledge of LGBT+ issues[20]. Similarly, the 2018 *LGBT in Britain - Health Report[21]* published by Stonewall recorded 23% of LGBT respondents to have witnessed negative remarks about LGBT people from healthcare staff while accessing services. The Government Equalities Office has since announced a £1million fund to improve specialised LGBT health and social care[22].

1.3 The value of social networks

While the challenges associated with 'minority stress' can have negative effects on the wellbeing of older LGBT+ adults[23], data suggests that social support can have a protective influence in LGBT+ communities. According to social capital theory, social networks can provide a vehicle for social

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[12] Fredriksen-Goldsen, K. & Kim, H. (2017) The Science of Conducting Research With LGBT Older Adults- An Introduction to Aging with Pride: National Health, Aging, and Sexuality/Gender Study. Gerontologist, Vol. 57, No. S1, S1–S14.

[13] Ibid., 9

[14] Emlet, C. (2015) Relationship Between Sexual Minority Stigma and Sexual Health Risk Behaviors Among HIV-Positive Older Gay and Bisexual Men. Journal of Applied Gerontology. *36*(8), 931–952.

[15] Fredriksen-Goldsen, K. et al (2014) Physical and mental health of transgender older adults: an at-risk and underserved population. Gerontologist. 2014 Jun; 54(3):488-500.

[16] Emlet (2006) "You're awfully old to have this disease": experiences of stigma and ageism in adults 50 years and older living with HIV/AIDS. Gerontologist.; 46(6):781-90.

[17] Wight, R. et al (2015) Internalized gay ageism, mattering, and depressive symptoms among midlife and older gay-identified men. Soc Sci Med. 147():200-8.

[18] Eds. Fish, J. & Karban, K. (2015) LGBT Health Inequalities: International Perspectives in Social Work.Bristol: Policy Press.

[19] Erdley, S. et al (2014) Breaking Barriers and Building Bridges: Understanding the Pervasive Needs of Older LGBT Adults and the Value of Social Work in Health Care, Journal of Gerontological Social Work, 57:2-4, 362-385

[20] Burke, D. et al (2014) Older LGBT people's experiences and concerns with healthcare professionals and services in Ireland, International Journal of Older People Nursing, 10:3

[21] Stonewall (2018) LGBT in Britain - Health Report. Available at: https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

[22] Government Equalities Office (2016) Inequality among LGB&T groups in the UK: a review of evidence. Available at: https://www.gov.uk/government/publications/inequality-among-lgbt-groups-in-the-uk-a-review-of-evidence

[23] Hatzenbuehlerm M. et al. (2014) Structural Stigma and All-cause Mortality in Sexual Minority Populations. Social Science and Medicine, 103:33–41.

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resources that can be beneficial for successful ageing and wellbeing[24]. Wenger[25] conceptualises the social support network as the core of the larger social network, consisting of all those who are available to an elderly person to provide companionship, help, advice, support or personal care in a regular way. Both Wenger's theory and the majority of studies that consider LGBT+ social networks do not differentiate between face-to-face, telephone, internet and other possible channels of social support, indicating a gap in research.

The *Caring and Ageing with Pride*[26] study found that social support and increased social network size were associated with lower likelihood of depressive symptoms, disability and poor general health among older LGBT+ adults. Other survey-based studies have also documented the positive effects of social support networks on self-reported feelings of loneliness[27] and mental health[28,29].

Fredriksen-Goldsen *et al*[30] analysed a 2014 survey of LGBT+ adults aged 50 and older (N=2,450) and developed a typology of social network types. Ordered from greatest to least access to family, friend, and non-family network ties they were: diverse; diverse/no children; immediate family focused; friend-centred/restricted; and fully restricted. The most prevalent network types were friend-centred/restricted (33%) and diverse/no children (31%). Based on this typology and the reviewed literature, older LGBT+ adults' experiences of friendship, community and online networks will now be considered in turn.

2 Older LBGT+ adults' experiences of social networks

2.1 Friendship networks

Fredriksen-Goldsen *et al's*[31] finding that the most prevalent social network type among older LGBT+ adults is friend-centred is supported by many studies that have sought to capture the social relationships of older LGBT+ adults. Research has shown that LGBs, particularly gay and bisexual men, are more likely to rely on "chosen families", including friends and co-workers, for everyday social support such as recreational and social activities and talking about problems[32]. Drawing on data from a large-scale study of older lesbian life in the UK, Traies[33] found that informal friendship groups act as a source of structure, support and a sense of community for older lesbians. Specific emphasis is placed upon the importance of friendships formed in earlier life against a background of stigmatisation and homophobia.

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[24] Erosheva, E. et al (2015) Social Networks of Lesbian, Gay, Bisexual, and Transgender Older Adults, Research on Aging, 38:1, 98-123.

[25] Wenger, C. (1989) 'Support Networks in Old Age: Constructing a Typology' in Eds. Jefferys. M. Growing Old in the Twentieth Century. Routledge: London.

[26] Ibid., 10

[27] Kim H. & Fredriksen-Goldsen K. (2014) Living arrangement and loneliness among lesbian, gay, and bisexual older adults. Gerontologist 56(3):548-58.

[28] Fredriksen-Goldsen, K. et al. (2017) The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults. Seattle: Institute for Multigenerational Health.

[29] Fredriksen-Goldsen KI, et al. (2013) Health Disparities Among Lesbian, Gay, and Bisexual Older Adults: Results from a Population-based Study. American Journal of Public Health. 103:10,1802–9.

[30] Ibid., 16

[31] Ibid., 19

[32] Brandon C. et al (2016) The Mental Health of Older LGBT Adults. Curr Psychiatry Rep, 18: 60.

[33] Traies, J. (2015) Old lesbians in the UK: Community and friendship. Journal of Lesbian Studies, 19(1) 35-49

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However, these 'chosen family' friendships are often with others of a similar age which can become problematic with ageing. As friends die, there is not necessarily a younger cohort available for ongoing informal social support resulting in a diminishing network[34].

2.2 LGBT+ community networks

Studies of the social network composition of older LGBT+ adults have shown that the wider LGBT+ community can be a significant source of social support. Orel[35] conducted focus groups with older LGBT+ adults, where the majority of participants said their social networks were composed primarily of other LGBT+ individuals. Many focus group members indicated that the strength of their social networks and friendships was due to their ongoing involvement within the LGBT+ community. Similarly, respondents in Brandon *et al*[36] reported that providers of everyday social support were most often of the same sexual orientation as themselves.

A study by Wilkens[37] considered the benefits of an over 55 fortnightly social group for lesbians in Yorkshire. The group was not found to completely alleviate loneliness and isolation, but it did provide a place of safety where participants could be themselves and friendships were formed. For many attending women, the group's exclusivity to older lesbians and bisexual women was very important and influenced their decision to attend on a regular basis. In *Perspectives on ageing: lesbians, gay men and bisexuals*[38], a report by the Joseph Rowntree Foundation, older LGB adults reported wanting to maintain links with social networks specifically for older LGB people. Some of those who attended community groups described them as something to look forward to, offering a sense of purpose and structure for their week.

However, the same study also stated that older LGB adults who had previously been married or had children found it more difficult to feel relaxed and open in gay groups[39]. A separate report by Green[40] found that the companionship and community networks of older LGBT+ adults do not compensate for weaker kinship networks.

2.3 Online social networks

In recent years, the internet has become an alternative channel for building and maintaining social networks. Evidence from in-depth interviews with older LGBT+ adults in the Joseph Rowntree Foundation report[41] suggests that the internet provides an important source of communication for LGB people and many regularly use email, messaging and video services. The internet was also found to be an option for those looking to develop new friendships and relationships through social networking sites, although some were aware of the risks of online abuse or exploitation.

3 Conclusions

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[34] Ibid., 15

[35] Orel, N. (2014) Investigating the Needs and Concerns of Lesbian, Gay, Bisexual, and Transgender Older Adults: The Use of Qualitative and Quantitative Methodology. J Homosex 61(1): 53–78.

[36] Ibid., 25

[37] Wilkens, J (2015) Loneliness and Belongingness in Older Lesbians: The Role of Social Groups as "Community" Journal of Lesbian Studies, 19:1, 90-101.

[38] Knocker, S. (2012) Perspectives on ageing: lesbians, gay men and bisexuals. Joseph Rowntree Foundation.

[39] Knocker, S. (2012) Perspectives on ageing: lesbians, gay men and bisexuals. Joseph Rowntree Foundation.

[40] Ibid., 9

[41] Ibid., 31

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There is still limited research on the social network experiences of older LGBT+ adults across the world. Where studies have been carried out, many position LGBT+ people as a single group which should be taken into consideration. The research on older LGBT+ adults considered in this review does not comment on the distinct experiences of subgroups of this population e.g. by ethnicity or age within the 50+ group. The majority of the available research also fails to distinguish between the channels of social connection (e.g. face-to-face, telephone, online) and the depth/ quality of the interaction verses the number of connections.

A number of research reports identified friendships to be important elements of older LGBT+ adults' social networks. These studies suggest that, in some instances, the social support offered by friends' acts as a replacement for familial relationships. LGBT+ community networks were also found to be important for some older LGBT+ adults, including the support offered by LGB only groups. However, there is some evidence that community groups are not as accessible for all older LGBT+ adults and that these networks do not always compensate for the absence of other social networks. The internet offers a new platform for social networks of older LGBT+s, and it will be interesting to see more research in this area in the future.

The evidence summarised in this review has shown that older LGBT+ adults are at higher risk of experiencing social isolation, social stigma and health problems than their heterosexual counterparts. In line with social capital theory, studies have shown that the support offered by social networks can reduce loneliness and the likelihood of poor health. However, few studies refer to 'social isolation' and 'loneliness' directly, indicating the need for further qualitative research on the effects of social networks on LGBT+ individuals.

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