Understanding the structure, experiences and challenges of social support for older lesbian, gay and bisexual people: a systematic review

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Abstract

The psycho-social contexts of older lesbian, gay and bisexual (LGB) individuals suggest that they may face unique strengths and barriers in accessing social support. The present review aimed to explore what is known about this by providing a synthesis of this area of research and a methodological critique. The Applied Social Sciences Index (ASSIA), Psychinfo and Medline databases were searched and 22 relevant articles were identified. Key findings were extracted and quality was assessed using a standardised rating scale. The findings indicated that although many older LGB people report similar-sized support networks to older heterosexuals, more support came from friends and less from biological family members. Many reported not receiving enough support; it is possible that differences in care-giving between friends and family and anticipated social support difficulties due to previous LGB-stigma experiences partially account for this. Current recruitment strategies may mean that more-connected older LGB people are over-represented in research. There is a lack of research with the 'old-old' population, bisexual people, those with significant health needs, those outside the United States of America and those with additional characteristics associated with discrimination. Practical and research implications are discussed and it is suggested that friendship–carer dyads may need support to have more explicit discussions about care-giving roles due to a lack of societal templates for these kinds of relationships.

Key words: social support; lesbian; gay; bisexual; older age; systematic review

Introduction

Social support has been linked to a wide range of beneficial effects, including reducing the risk of mental health difficulties (Thoits, 1995), improved overall quality of life (Helgeson, 2003) and reducing the likelihood of developing physical health problems (Uchino *et al.*, 1996). Social support is of particular importance for older people due to the greater likelihood of developing health problems at this time

in life. Amongst older people, having relatives or friends able to provide support has been shown to be correlated with overall satisfaction with life (Gabriel and Bowling, 2004), a longer period of time living in their own home and longer life (Rolls *et al.*, 2011).

Although social support has received a great deal of attention from researchers, there remains no overarching consensus as to a definition. Understandings variously focus on structural aspects (*e.g.* the presence or absence of different types of relationships), functional aspects (*e.g.* the presence or absence of different types of support provision) or perceived potential (*e.g.* the extent to which someone perceives that they have access to a supportive network) (Nurullah, 2012). This review adopts Thoits' (2010) definition of social support as 'emotional, informational, or practical assistance from significant others, such as family members, friends or co-workers; support may be received from others or simply perceived to be available when needed' (Thoits, 2010: 46). As noted in a recent review (Nurullah, 2012), this definition recognises that social support is a distinct concept from social integration or a social network. A social support network will be made up entirely of people from someone's social network, but not all members of someone's social network will be people who could be said to be available to provide social support.

The context of social support

Before considering why we might expect social support to be different for older lesbian, gay and bisexual people (LGB), it is useful to consider briefly their social context. In most Western countries, prior to the latter half of the twentieth century, sex between two men was a crime and there was no legal recognition of same-sex sexuality between women. With few exceptions, social and legal changes in Western countries have generally moved towards equality for LGB people. Internationally, homosexuality was removed as a psychiatric diagnosis from the *Diagnostic and Statistics Manual of Mental Disorders* in 1973, and the World Health Organization's (WHO) International Classification of Diseases in 1990.

This recent history suggests that older LGB people are likely to have faced not only negative attitudes about their sexual orientation, but criminalisation or medicalisation of their relationships. In line with this, nearly two-thirds of older LGB people reported experiencing verbal or physical abuse relating to their sexual orientation over their lifetime (D'Augelli and Grossman, 2001). Stigma, discrimination and victimisation are likely to have had direct and indirect effects on the social support networks of older LGB people. Many have reported experiencing rejection from families and existing support networks when their sexual orientation was first made known (Guasp, 2010). Older LGB people are also less likely to have a partner than the heterosexual population (Guasp, 2010), and both biological and systemic barriers mean that older LGB people are less likely to have a child (Understanding Society, 2016).

At the same time as impeding access to support networks, experiences of discrimination may increase the need for social support. Experiences of victimisation related to sexual orientation unsurprisingly increase the risk of people developing mental health difficulties (Meyer, 2003; Birkett *et al.*, 2015). Some of the ways

that people manage this stress can be physically harmful and this population has been shown to be at increased risk of drug and alcohol use, smoking and obesity (Northridge, 2001). This means that the physical health needs of older LGB people are also likely to be greater than the general population.

Why is it important to understand this difference?

Older LGB adults currently accessing services are among the first to be in their later life when health and social care services have an explicit responsibility to provide an equitable quality of care. Critical histories of the development of health and social policies have highlighted how the current British welfare state developed around meeting the needs of heterosexual people (Williams, 1992) and services have only had a responsibility to ensure their employees are competent in working with LGB-specific issues since the introduction of the Equality Act (HM Government 2007). Considering the relatively short length of time that health and social care organisations have had to adapt to these changes, it is perhaps unsurprising that in the United Kingdom (UK), compared to heterosexual people, LGB people report having a worse experience of health and social care services (Elliott *et al.*, 2015).

The UK and other countries have placed a much greater emphasis on informal care in recent policies (*e.g.* HM Government 2014). With the increased emphasis on care provided by friends and family, it is of particular importance that health and social care services are able to work with the social support networks of all older people. A first step towards supporting this would be gathering together what is currently known about these networks and the provision of social support to older LGB people. There has only been one previous, non-systematic review of the social support needs of this population (Barker *et al.*, 2006). The review, which did not include bisexuals, described ways in which socio-political circumstances had affected social support networks in later life. The review identified a larger role of friends in comparison to family, and suggested that much of the social support for this population may come from 'family-of-choice' relationships (*i.e.* a group of close friends who are identified as being like family). The review, however, lacked a specified methodology, in addition to being published 11 years ago, during which time multiple additional studies have been published, along with notable changes to the circumstances of LGB people.

Method

The systematic review included original quantitative and qualitative research, involving gay, lesbian or bi-sexual participants, published in peer-reviewed journals. Using Thoits' (2010) definition of social support, studies of social networks were included if they explicitly explored the provision of emotional, informational or practical support within informal social (non-professional) networks. For the purpose of the present review, 'older LGB people' was defined as people over the age of 50 who identify as being lesbian, gay or bisexual. Whilst 50 is a younger age than is often used in the general older-age literature, this reflected the youngest cut-off that was commonly used in the literature referring to 'LGB older adults'. Studies before

the removal of 'homosexuality' as a mental health diagnosis from the WHO's International Classification of Diseases in 1990 were not included, as were those focusing on transgender people (or grouping transgender people into the same category of analysis as LGB (LGBT)). Transgender identities are related to gender identity rather than sexual orientation (*i.e.* as well as being transgender, a person will also be heterosexual, lesbian, gay, bisexual or another sexual orientation).

The Applied Social Sciences Index (ASSIA), Psychinfo and Medline were searched for articles containing a combination of the following terms (ageing or aging or 'older people' or 'older adults' or 'later life' or elder or gerontology or geronotological) and ('social support' or carer or caregiver or 'informal care' or 'informal support' or network) and (lesbian or gay or bisex* or homosex* or 'sexual orientation' or queer or LGB* or GLB*), from 1990 to 2016. Titles and abstracts were read and any articles which were clearly not related to the theme of this review were excluded. The full texts of the remaining articles were retrieved, read and assessed against the inclusion criteria. The reference lists of articles meeting the inclusion criteria were then hand-searched for relevant articles, along with a search of the articles citing these papers on Web of Science. Finally, Google Scholar was searched for any remaining relevant papers. Overall, there were 22 articles that met the inclusion criteria; 12 were cross-sectional quantitative studies and ten were qualitative (for a flowchart of the search process, *see* Figure 1).

All papers were read in full and the key findings were extracted. Each paper was scored on the appropriate version (qualitative or quantitative) of the Standard Quality Assessment Criteria for Evaluating Primary Research Papers (SQAC) (Kmet *et al.*, 2004). For each criteria of the SQAC, papers were scored '0' if not met, '1' if it was partially or unclearly met and '2' if it was definitely met; an average score was then calculated. The key findings of all papers were then grouped into shared themes. Brief summaries of the method and key findings for each study as well as scores on the critical appraisal tools can be found in Tables 1 and 2.
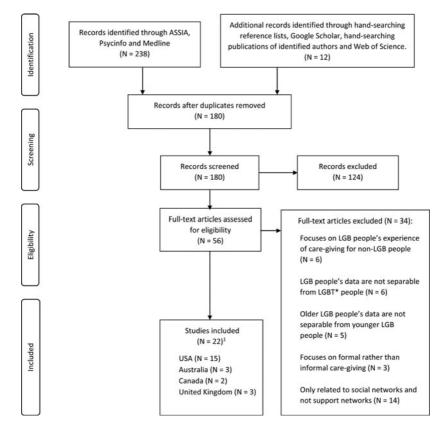
Results

Three main themes were identified: the structure of older LGB people's support networks (the size, frequency of contact, composition and any differences in these factors within the older LGB population), the types of support that these networks do and do not provide, and particular challenges within these relationships.

Structure of older LGB people's support network
Size of network
Nearly all studies reported that all LGB people participating had at least one person providing social support; only one study found anyone (one of the 233 gay men recruited) with no social support (Shippy *et al.*, 2004). Although this suggests that there are few older LGB people who were entirely isolated, it was not always clear whether it would be possible for someone who was isolated to be recruited. Additionally, across studies there were very few participants in the older end of the age range when you might hypothesise that isolation is most likely. Studies used methods of recruitment that were likely to recruit disproportionately those

Figure 1. PRISMA diagram (Liberati *et al.*, 2009).
Notes: 1. One study took place across the United States of America (USA) and Canada. ASSIA: Applied Social Sciences Index.

with more social connections (*e.g.* recruitment through LGB agencies, word of mouth or advertisements on online social networks).

The size of these networks was not clear, with two studies giving widely different estimates. Grossman *et al.* (2000) found that participants listed an average of 6.3 people in their support network, with more than a third saying that they had ten or more, whereas Masini and Barrett (2008) found that participants listed an average of 2.5 people with only 3 per cent reporting eight or more and 45 per cent naming only one member. It is possible that the first of the two estimates was more inflated by a social desirability bias as it both gave a higher maximum number of people respondents could list (ten *versus* eight) and asked people to fill out their questionnaire in person, rather than anonymously online. The only study to investigate whether the size of support networks differed for LGB and heterosexual people found no evidence of a 'clinically' significant difference (Dorfman *et al.*, 1995). However, this article used the Lubben Social Network Scale, the validity of which has been questioned as a measure of social support for older lesbian women (Gabrielson and Holston, 2014; Gabrielson *et al.*, 2014). All three studies providing

Table 1. Overview of studies: qualitative studies

Authors	Location	Number of participants	Sample	Recruitment methods	Methods	Findings	SQAC score
Hash (2001)	USA	4 (3 men, 1 woman)	Lesbian or gay people over 50 who currently or previously had provided care to a same-sex partner Age range: 50–62	Advertisements in: LGBT newspapers, bulletins of LGBT groups, LGBT bookstores, social groups, HIV/AIDS support groups and hospices. Personal contacts of the researcher.	Grounded theory study using semi-structured interviews to explore experiences of care-giving.	Experiences of homophobia were common and participants avoided professional support because of this. Homophobia influenced choices about the disclosure of the relationship and lack of formal legal support meant that partners had to draw up living wills.	1.3
Hash (2006)	USA	19 (10 men, 9 women)	Lesbian or gay people over 50 who currently or previously had provided care to a same-sex partner Age range: 50–77, 'average age': 60	Advertisements in: LGBT newspapers, bulletins of LGBT groups, LGBT bookstores, social groups, HIV/AIDS support groups and hospices. Personal contacts of the researcher.	Grounded theory study using semi-structured interviews to explore experiences of care-giving.	Experiences of same-sex partners providing care are similar to the experiences of heterosexual partners already described in the literature. There are differences in experiences of real and anticipated discrimination as well in the need to make advanced directives to ensure partners can be involved in care.	11.8
Richard and Brown (2006)	USA	25 women	Women over 55 who identify as lesbian who spoke English, were not legally married and not 'institutionalised'	Advertisements in LGBT mailing lists. Discussions in lesbian social groups. Snowball sampling.	Thematic analysis study using semi-structured interviews to explore experiences of ageing.	Configurations in support network were constructed as varying along two different spectrums: the extent to which it was planned and the extent of connectivity to others. Two participants described having a	1.6

(*Continued*)

Table 1. (Continued.)

Authors	Location	Number of participants	Sample	Recruitment methods	Methods	Findings	SQAC score
			Age range: 55–73 (seven aged 66–73)			planned, connected configuration; 14 described having an unplanned, connected configuration; 3 described having a planned, unconnected configuration and 6 described having an unplanned, unconnected configuration.	
Brotman *et al.* (2007)	Canada	17 (10 women, 7 men)	Care-givers of gay and lesbian 'seniors' Age range of care-givers: 33–72	'Snowball sampling'. No other details given.	Grounded theory study using semi-structured interviews to explore experiences of care-giving.	Care-givers experienced fears about homophobia from services. Some care-givers felt there was a need for a support group specifically for care-givers of gay and lesbian people.	1.8
Heaphy (2009)	UK	266 (102 women, 164 men)	Lesbian and gay people over the age of 50 Age range not given, age range of quotations given is 50–77	User groups, personal networks, advertisements in printed media and the internet, snowball sampling.	Focus group with older lesbian and gay people to find issues of concern, questionnaire to all participants using these ideas.	Being able to choose the people who provide support is important for older lesbian and gay people. Choice is limited by access to various resources.	1.4
Gabrielson (2011)	USA	4 women	Women over the age of 59 who chose to live in a LGBT continuing care retirement centre Age range not given	Friends of the people who ran the care organisation being explored.	Collective case studies using semi-structured interviews about their concerns around support.	Participants reported experiences of exclusion from their biological families, expectations of homophobia from mainstream formal services and a recognition that they could not cope alone.	1
Muraco and Fredriksen-Goldsen (2011)	USA	18 (13 men and 5 women)	People over the age of 50 who identified as being LGB, having	Emails, flyers and presentations in locations where target	Simultaneous but separate interviews with LGB person and	Friends provided a range of care-giving tasks. Friends spoke about getting personal	1.9

		and their friend care-giver	a long-term health problem and having a 'care-giver' who was a friend Mean age of care recipient: 55.17, SD: 5.89	populations were expected to frequent (*e.g.* health clinics, support groups, buddy programmes, community-based churches and social groups). articipants were paid $25.	their friend care-giver. Participants were also given measures of physical and mental health and measures of relationship quality for another study.	benefit from the relationship. Dyads described the relationship as being like family. Challenges included that care receivers expressed concerns about not wanting to burden their friends and friends chose not to take on some responsibilities associated with care-giving.	
Muraco and Fredriksen-Goldsen (2014)	USA	36 people (19 men, 17 women) and their informal care-giver	People over the age of 50 who identified as being LGB, having a long-term health problem and having a 'care-giver' Age range not given (74% age 50–59, 17% age 60–69, 6% age 70+)	As above.	As above.	Relationship was often the best experience of care, worst experience of care often related to not being able to provide all the support needed. There were differences in the best and worst experiences of care between friend and partner care-givers.	1.9
Barrett *et al.* (2014)	Australia	11 (6 women and 5 men)	Lesbian and gay people over the age of 65 Age range: 65–79, mean: 70, SD: 4.7	A recruitment flyer was circulated amongst LGBT* groups.	Semi-structured interviews exploring participants experience of discrimination.	Experiences of discrimination affected the way that people formed relationships and made getting social support more important and difficult in later life.	1.9
Traies (2015)	UK	418 women	Lesbian women over the age of 60 Age range: 60–90, 45 were over 70 and 9 over 80	Snowball sampling through lesbian networks.	Women asked about their experience of ageing through a mix of surveys, individual interviews and autobiographical writing. No details given of analysis.	Friendships, families-of-choice and ex-lovers were all important parts of the support networks of older lesbian women.	1.9[1]

Notes: 1. This score is based on the methodology described in Traies (2014), from which the data for this paper are drawn. SQAC: Standard Quality Assessment Criteria for Evaluating Primary Research Papers. USA: United States of America. UK: United Kingdom. LGBT: lesbian, gay, bisexual and transgender. SD: standard deviation.

Table 2. Overview of studies: quantitative studies

Authors	Location	Number of participants	Sample	Recruitment methods	Methods	Findings	SQAC score
Dorfman *et al.* (1995)	USA	108 (55 women and 53 men)	People over 60 who were gay (N = 56) and heterosexual (N = 52). Age range: 60–93, mean: 69.3, SD: 6.8	Gay and lesbian organisations, gay and lesbian events, churches, senior citizens' centres and church organisations. Snowball sampling.	Participants were asked to complete a pen and paper questionnaire returned via post.	No significant differences between heterosexual and lesbian and gay people in terms of size of social support network. Gay men and lesbian women had more friends and less family members in their network compared to heterosexual people.	1.5
Grossman *et al.* (2000)	USA and Canada	416 (297 men and 119 women)	People over 60 who identified as lesbian or gay Age range: 60–91, mean: 68.5, SD: 5.8	Organisations for older LGB people. Snowball sampling. Each participant was paid $10.	Participants were asked to complete a pen and paper questionnaire returned via post.	Participants averaged six people in their support network. Networks were mostly made up of the same sex. Bisexual people had more heterosexual people in their network. Most people in their network knew their sexual orientation. The more satisfied people were with their network, the less lonely they felt and the better their physical and mental health.	1.8
Shippy *et al.* (2004)	USA	233 men	Men over 50 who identified as gay Age range: 50–82, mean: 62	Mailing lists from all major LGBT organisations, articles in community publications. Face-to-face recruiting through health clinics, senior centres and major	Participants were asked to complete a pen and paper questionnaire returned via post.	Participants reported having friends and family in their support network but were more often in contact with friends. Participants were most likely to choose partners to receive support	1.8

				LGBT events. Snowball sampling.		from (if present), friends or 'myself' were also commonly selected; 60% felt they needed more emotional support with 14% saying they needed more instrumental support.	
Masini and Barrett (2008)	USA	220 (141 men and 79 women)	Lesbian, gay or bisexual men or women over the age of 50 Age range: 50–79, mean: 57.7	Emails to agencies serving LGBT adults, email lists, websites, distributions of palm cards at local venues and word of mouth. Snowball sampling.	Participants completed a questionnaire online.	Participants reported having an average of 2.5 people in their network. Support from friends but not from family were significant predictors for 'mental quality of life'.	1.2
Fredriksen-Goldsen et al. (2009)	USA	36 people (19 men, 17 women) and their informal care-giver	People over the age of 50 who identified as being LGB, having a long-term health problem and having a 'care-giver' Age range not given (80% age 50–59, 11% age 60–69, 9% age 70+)	Emails, flyers and presentations in locations where target populations were expected to frequent. Participants were paid $25.	Simultaneous but separate structured interviews with LGB person and their friend care-giver.	Discrimination and relationship quality were associated with depression among both older LGB adults and their care-givers. Relationship quality moderated the effect of discrimination on depression for those with a long-term health problem.	1.9
Lyons et al. (2013)	Australia	1,179 men	Gay men over the age of 40 231 men aged between 50 and 59 and 86 aged over 60	Advertisements placed on social networking websites and websites that specifically targeted gay men.	Nationwide online survey exploring various aspects of men's wellbeing.	Gay men over the age of 60 reported having more social support than younger gay men.	1.4
Lyons (2016)	Australia	242 men		As above.	As above.		1.9

Table 2. (Continued.)

Authors	Location	Number of participants	Sample	Recruitment methods	Methods	Findings	SQAC score
			Gay men over the age of 50 Age range not given (67% age 50–59, 33% age 60+)			In a multivariable regression model investigating a number of facets of social support for older gay men, the only independent factor predicting psychological wellbeing was the presence of emotional support.	
Gabrielson *et al.* (2014)	USA	50 women	Lesbian women over the age of 55 Mean age: 63.3, SD: 5.8	Investigators' professional contacts and snowball sampling.	Asked to fill in the Lubben Social Network Scale and an exploratory factor analysis was carried out on the results.	Lubben Social Network Scale contains ambiguous items for some lesbian women and does not fall into the same factor structure as for heterosexual people.	1.6
Ramirez-Valles *et al.* (2014)	USA	182 men	Gay and bisexual men over the age of 55 Age range: 56–82, mean: 66, SD: 5.39	Not stated, data taken from an unreferenced prior study.	Structured interview.	Emotional support was positively correlated with perceived health. Depression was negatively associated with instrumental support. Those living alone and those who were single had fewer sources of support. Older people and those from ethnic minority backgrounds had fewer sources of support.	1.6

Grossman *et al.* (2014)	USA	113 (76 men, 30 women, 6 trans women, 1 trans man)	LGB people over the age of 60 Age range: 60–88, mean: 72	12 community-based agencies and groups for older LGB people.	Completed postal survey.	Twenty-two per cent of participants had experienced abuse from a care-giver and 25% knew an older LGB person who had experienced abuse.	1.6
Gabrielson and Holston (2014)	USA	36 women	Lesbian women over the age of 55 Mean age: 62.17, SD: 4.28	Investigators' professional contacts and snowball sampling.	Asked to fill in a modified electronic version of the Lubben Social Network Scale.	Adding a 'family of choice' section increased the validity of the Lubben Social Network Scale for older lesbian women.	1.6
Green (2016)	UK	388 LGB people and 16,567 heterosexual people	People over the age of 50 who identified as 'homosexual', 'bisexual' or 'other' Age range not given ('50 and older')	Random household sampling.	Analysed data from data-set of a nationwide household survey.	The friendship networks of older LGBT adults do not compensate for weaker family networks.	1.5

Notes: SQAC: Standard Quality Assessment Criteria for Evaluating Primary Research Papers. USA: United States of America. UK: United Kingdom. LGBT: lesbian, gay, bisexual and transgender. SD: standard deviation.

an estimate of the size of social networks come from within the United States of America (USA), so we cannot know to what extent these figures can be generalised to other contexts.

Although there were very few studies that reported no access to a support network, three studies found a significant proportion of gay men having a network, but not receiving sufficient support (Shippy *et al.*, 2004; Lyons *et al.*, 2013; Ramirez-Valles *et al.*, 2014). Perhaps most strikingly, one study found that 60 per cent of older gay men felt that they needed more emotional support (Shippy *et al.*, 2004), double that reported by the heterosexual population (Cantor and Brennan, 1993). This is especially significant as in this population studies identified emotional support as being predictive of psychological wellbeing (Lyons, 2016) and perceived health (Ramirez-Valles *et al.*, 2014). Similarly, in a study exploring support networks for lesbian women, the authors identified several people as having 'precarious' support, meaning that whilst they may have had many people in their support network, there was no consistency in the provision of support, networks could be scattered across the country and there were times when participants felt like they had to manage major life events alone (Richard and Brown, 2006).

In line with this, one study looked at how much contact older LGB people had with others in their support network (Green, 2016). This study found that older LGB people reported having significantly less contact with people in their support network than older heterosexual people (Green, 2016). This study used data from a national survey, in which households were randomly sampled across the UK, meaning that it escaped some of the recruitment biases of the aforementioned studies. Unfortunately, this study combined the responses of LGB people with those that responded 'other' to the sexual orientation questions. Evidence from qualitative research carried out by the Office for National Statistics (Haseldon *et al.*, 2009) suggests that most people who respond 'other' are heterosexual people where language and cultural barriers prevented them from understanding the question. The 'other' group in Green's (2016) study was nearly as large as the gay, lesbian and bisexual groups combined, meaning that almost half of the people in the 'LGB' group may not be lesbian, gay or bisexual. This draws into question the extent to which these findings can be usefully interpreted.

There was a suggestion that some older LGB people may prefer not to receive social support; one study found that a high proportion of gay men had a preference for relying on 'myself' for different types of support (Shippy *et al.*, 2004). Additionally, Richard and Brown (2006) identified three lesbian women who were coded as having 'independent' configurations of social support. However, they described this group as being conflicted about not receiving support, with the authors interpreting that support was needed but the women did not want to access it. The reasons for these findings are not clear but self-reliance may be a coping strategy developed in a context of anti-LGB stigma and discrimination, which is discussed further below.

Composition of support networks

The studies identified suggested that older LGB people were diverse in terms of the composition of their support networks. Compared to heterosexual people, older LGB people had fewer family members but more friends in their support network

(Dorfman *et al.*, 1995; Grossman *et al.*, 2000; Shippy *et al.*, 2004; Green, 2016). In the included studies, between 36 and 50 per cent had a partner (Shippy *et al.*, 2004; Massini and Barrett, 2008) and some reported having children from previous marriages (*e.g.* Richard and Brown, 2006). As well as traditional sources of support, qualitative accounts also suggested that ex-lovers were a significant source of social support for some lesbian women (Richard and Brown, 2006; Traies, 2015) but no studies reported on how common this was. These findings fit with prior suggestions that the support networks of older LGB people are idiosyncratically developed 'families of choice', including both biological family as well as friends, partners and ex-partners (Barker *et al.*, 2006).

Although no studies explicitly looked at why older LGB people may have more friends and fewer family members in their support network, there were several themes in the literature which may account for this difference. One study looking at those over the age of 65 described participant's accounts of being rejected by biological family (Barrett *et al.*, 2014); it was unclear how common this experience was for the younger section of the population. Surveys suggested that sexuality-related difficulties within families were a common occurrence, with over a fifth of men and a third of women reporting that their sexuality had distanced them from their family of origin (Heaphy, 2009). This suggests the possibility that friends take on these roles in order to fill the gaps left by family, in line with research which has suggested that there is a 'principle of substitution' in caring relationships (Qureshi and Walker, 1989). Additionally, it may be that LGB friendships have an additional importance for older LGB people due to the need of having people who affirmed one's identity when living in a society that did not (Barrett *et al.*, 2014), None of the studies investigated whether friendship bonds might be stronger amongst LGB people than heterosexuals for this reason. The lower proportion of older LGB people with children is also likely to be an important factor in the prevalence of friendship over family support. It may be that not having children increased the motivation and ability to maintain friendships over time.

Types of support provided by networks

The studies suggested that LGB people were most likely to prefer to obtain and actually receive emotional support from close friends and partners over family members (Grossman *et al.*, 2000; Shippy *et al.*, 2004; Masini and Barrett, 2008). It is possible that this is related to the significant proportion of LGB people who reported that their sexuality had distanced them from their family of origin (Heaphy, 2009).

Similar to the heterosexual population, instrumental support was most often provided by partners for both gay men and lesbian women (Grossman *et al.*, 2000; Masini and Barrett, 2008). When asked to list who they would want to provide instrumental support if they needed it, gay men were most likely to select a friend if they did not have a partner (Shippy *et al.*, 2004). The findings around instrumental support should be interpreted with caution as participants across these studies reported good physical health so were likely to be in need of significant instrumental support than is normally considered in the care-giving literature. There were only three studies which explored the support of older LGB people with

physical health difficulties (Hash, 2001; Brotman *et al.*, 2007; Fredriksen-Goldsen *et al.*, 2009) and none which explored the support of those at the older end of the age range. The participants in these studies suggest that as well as partners, children and siblings, friends also take on the role of being a 'carer' to older LGB people with physical health difficulties.

Two secondary analyses of the interview data from the study by Fredriksen-Goldsen *et al.* (2009) explored the experience of those older LGB people with health problems who were supported by their friend (Muraco and Fredriksen-Goldsen, 2011) and differences between the best and worse experiences of care-giving between friends and partners (Muraco and Fredriksen-Goldsen, 2014). They found that both friendship and partner dyads described a diverse range of support, from picking up laundry to supporting with intimate personal care tasks. Mutuality was particularly important in the friendship relationships in a way that was viewed as distinct from the experience of partners, and friends described some of the benefits they received (*e.g.* a sense of being a good person) as being part of the reason they provided care (Muraco and Fredriksen-Goldsen, 2014). Although both partners and friend dyads commonly described arguments as being part of the 'worst' experience of care, some partners said that arguments were the 'best' experience of care because it deepened their empathy and brought them closer together; this was not true of the friends (Muraco and Fredriksen-Goldsen, 2014). Friends sometimes experienced challenges dealing with the bureaucracy of health and social care organisations due to their lack of legal relationship to the person for whom they were caring. Finally, although the friendship dyads spoke of being 'like family', many friends talked about a limit to the amount of time they would be willing to give and were unwilling to take on some of the roles that might traditionally fall to a partner (*e.g.* taking on legal power of attorney) (Muraco and Fredriksen-Goldsen, 2011). Care receivers were also aware of not wanting to be a burden to their friend and this restricted the help that they would ask for or allow to be given. This suggests that these relationships do not fully compensate for less support from families of origin and may partially account for the fact that many older LGB people reported not consistently receiving support despite having similar-sized support networks to older heterosexual people.

Differences in support network structure within the LGB population

In line with the idea that increased friendship support does not fully compensate for less family support, whilst one study identified that older gay men were significantly more likely to feel well supported by their friends than younger gay men (Lyons *et al.*, 2013), another study identified that overall sources of support decreased with age (Ramirez-Valles *et al.*, 2014). It may be that the older population in particular have had to rely on friendship support over family support due to the greater likelihood of facing family rejection at the time they came out. The lack of participants at the older end of the age range mean that we cannot be confident in understanding the availability of social support for this group.

There were two studies which explored differences between the support networks of older gay/bisexual men and older lesbian/bisexual women (Dorfman, 1995; Grossman *et al.*, 2000). These studies suggested that the networks of older LGB men and women differed in several ways: (a) in the gender of those in the

network: the networks of women were predominately female and *vice versa*; (b) the size of their network: men had smaller networks; and (c) the number of family members present in their network: women had more family members. The pattern of differences between the support networks of LGB men and women partially mirror differences commonly found between the support networks of men and women not selected on the basis of sexuality (*e.g.* Fuhrer and Stansfeld, 2002), with the exception that in the general population both men and women receive more support from women. It is important to note that having more family members present in a support network may come with some costs. For example, it has previously been suggested that lesbian/bisexual women may maintain better connections with family members due to gendered expectations around care-giving (Fredriksen, 1999), meaning that there is a greater social pressure for some older lesbian/bisexual women to take on a care-giving role for their own older relatives even when these relationships may not have been positive.

Only one study carried out any analysis of differences in social networks between bisexual people and lesbian/gay people. This study found that bisexual people had significantly more heterosexual people in their support network (Grossman *et al.*, 2000).

Two studies identified that being in a relationship or living with a partner meant that people had more sources of social support and reported greater satisfaction with the support they received (Grossman *et al.*, 2000; Ramirez-Valles *et al.*, 2014). This is comparable to findings in the general older adult literature where marital status has been shown to predict the number of sources of social support (Turner and Marino, 1994). There was also evidence that some older LGB people co-habited with members of their family of choice outside of their partner (Grossman *et al.*, 2000; Ramirez-Valles *et al.*, 2014). However, there was no research that explored whether living with someone other than a partner had a similar effect on social support.

Particular challenges

Experiences of discrimination

One quantitative study looked at the relationship between experiences of discrimination and depression amongst LGB older adults with health problems and their care-givers (Fredriksen-Goldsen *et al.*, 2009). They found that half of care recipients and 43 per cent of care-givers reported experiencing discrimination on the basis of their sexual orientation. Experiences of discrimination were linked to depression for both care-givers and receivers, with the perceived quality of their relationship with their care-giver having a protective effect amongst those receiving care (Fredriksen-Goldsen *et al.*, 2009).

Whilst differences in reports across qualitative studies suggest that practices recognised as discriminatory may be less common, the fear of the potential for discrimination remained (Hash, 2001, 2006; Brotman *et al.*, 2007; Gabrielson, 2011; Barrett *et al.*, 2014). Fear of discrimination could be as much of a barrier to accessing services as discriminatory practices. These fears meant that care-givers sometimes described continuing to provide care beyond what they felt able to, due to reluctance to access formal support services.

Abuse in care-giving relationships

One study reported potentially troubling findings in relation to the number of older LGB people who had experienced abuse from those providing them with support (Grossman *et al.*, 2014). They found that 22 per cent of people reported having experienced abuse or neglect from their care-giver and 25 per cent said they knew another older LGB person who had experienced this. The authors describe these results as being 'within the estimates of elder abuse in general' but the review they compare these results to put 25 per cent as being at the very highest end of the range of estimates, with the only studies giving results around this figure looking at abuse of older people in China (Cooper *et al.*, 2008). A more recent review suggests that amongst studies looking at the general population of older people living in the USA, the highest reported rate of abuse of older people is 14 per cent (Dong, 2015), suggesting that older LGB people may be more likely to experience abuse from a care-giver than the general population. This finding is complicated by the fact that the study did not clearly differentiate abuse from health professionals, potentially leading to the inclusion of experiences of institutional discrimination which have been commonly reported elsewhere. Also people were recruited from LGB community centres rather than the likely more representative samples recruited in other studies of abuse of older people (*e.g.* via random-digit dialling or mail surveys).

Overall methodological issues

One of the clearest questions around the literature is the extent to which these results can be generalised to the wider LGB population. Across studies, participants were largely white, university educated and younger, and reported higher incomes and better physical health than is average for the general older adult population. It may be expected that the visible older LGB population would in fact differ from the general older adult population in this way, as those in socially privileged positions may find it easier to publicly identify as LGB. Although evidence from large surveys carried out in the USA suggests that the group of people who self-identify as LGB do not differ demographically from the general population in terms of ethnicity, gender or income (Gates, 2014), this is likely to depend on the study recruitment method. Most of the studies found also focused on the experience of older LGB people living in the USA and those that did not, focused on those living in other Western countries. This is especially significant as we know that aspects of social support are culturally determined (*e.g.* Ishii *et al.*, 2017). There is a need for more research with LGB people outside the USA as well as those with other socially disadvantaged characteristics; as it stands there is a danger that the experience of otherwise socially privileged people living in the USA becomes the normative model for understanding the social support of older LGB people.

Studies consistently recognised the method of recruitment as a limitation and were appropriately cautious in not overstating their claims. Almost all studies used a range of the following methods of recruitment: advertisements in the LGBT press and in LGBT social spaces, recruitment through LGBT organisations, recruitment through social networking sites and LGBT websites, and recruitment through 'snowball sampling' (asking participants to pass on details of the study

to other potential participants). Of the different methods, studies which only recruited through the internet appeared to have the most educated, affluent and white samples, this may be related to access and previous use of the internet. Recruitment through LGBT organisations and snowball sampling appeared to allow recruitment of a more diverse population. However, these methods are particularly problematic for the purpose of researching social networks as they mean that the sample is biased towards people who are connected to other LGB people. It may even be possible that the high proportion of friends that older LGB people reported across studies could be partially attributed to this bias.

The SQAC checklist highlighted the challenges of recruitment across the quantitative studies. A common weakness was that studies did not report how many people were invited to take part *versus* how many people did actually end up taking part. Many studies suggested that this was not possible due to using a convenience sample. Whilst this would certainly be more difficult using a convenience sample, studies could report the number of people who were recruited through each source when using a mixture of different recruitment strategies. This would give readers a better understanding of what part of the LGB population is being reflected by these studies.

Only two studies escaped this recruitment bias by using the results of a national household survey, wherein people were randomly selected for participation by address. Unfortunately, this method of recruitment is clearly not feasible for most studies: the UK survey on which one of these studies was based identified LGB people over the age of 50 at a rate of approximately four per every thousand houses visited. Although not a perfect strategy, the best approach for smaller-scale studies appears to be to use a mix of different methods to try to access as diverse a section of the population as possible. Studies attempting to gain quantitative estimates of the size of support networks should be particularly cautious about using snowball sampling or other methods which rely on using social connections to access participants.

Only one study used a comparison group of heterosexual people (Dorfman *et al.*, 1995). This means that for the most part the quantitative research literature just provides a description of older LGB people and does not allow us to easily unpick what experiences are particular to older LGB people and what may be universal to all older people. Studies commonly compared their findings against similar studies within the general population to draw conclusions (*e.g.* Shippy *et al.*, 2004) but this approach means that differences between the studies (*e.g.* recruitment strategy, questionnaires used) could explain any differences found.

The qualitative papers shared a common weakness as assessed by the SQAC, in that they did not describe their reflections on the relationship between the researcher and participants. This may be particularly problematic for research in this area as some researchers recruited through their own networks, complicating the boundaries between researcher and participant. Four of the papers described no method to verify their coding (Hash, 2001; Heaphy, 2009; Richard and Brown, 2006; Gabrielson, 2011) and two (Heaphy, 2009; Gabrielson, 2011) did not describe the method they used to analyse data, drawing into question the validity of the results of these studies.

There were no qualitative papers which focused only on the experiences of gay or bisexual men and the two quantitative papers which focused on lesbian/bisexual

women only looked at the validity of a measure. This means that we are missing important structural information about the support networks of lesbian and bisexual women and experiential information about social support of gay and bisexual men. Additionally, the available social support literature allows us to say very little about the social support of older bisexual people other than that they have more heterosexual people in their networks than lesbian or gay people.

A common strength was the use of participatory methods in designing the research. This was particularly true of many of the qualitative studies which described a process of identifying key areas of concern within the older LGB community before honing the focus of the research question. Some researchers identified as older LGB people themselves (*e.g.* Traies, 2015), demonstrating the high levels of involvement from older LGB people in setting the research agenda. The fact that social support was commonly arrived at as a key area of concern for people in this population suggests that this remains an important topic of research.

Summary of results

In summary, although older LGB people report having similarly sized social support networks to the older heterosexual population, there is evidence that a significant proportion of older LGB people are not receiving certain types of support from the people they view as being part of their network. Whilst this may be partially related to some LGB people managing ageing independently by choice, it may be that a greater reliance on friends over legally recognised family means that the availability of certain types of support is lacking for older LGB people. Whilst there are many ways that the friendship networks of older LGB people do seem to fulfil their description as 'families-of-choice', there also appear to be important ways in which the support provided by friends differs from that provided by legal relatives or partners.

Older LGB people and their care-givers reported experiences of discrimination from health services or fear of discrimination. Fewer experiences of overt discrimination from professionals were reported in more recent studies than in the past but many older LGB people were still concerned about the potential to experience discrimination. Finally, one study suggested the possibility that older LGB people might be more likely to experience abuse or neglect than older heterosexual people. However, there was only one study which looked at this and differences in its methodology make it hard to compare this against the literature looking at elder abuse in the general population.

Caution is advised in applying these results beyond the population that researchers were able to access. Most studies looked at a North American population, and participants tended to be more likely to be white, wealthier, better educated, have better physical health and be younger than older people in the general population. Bisexual people were also very under-represented.

Discussion

Many of the findings highlighted in this review are in line with previous reviews in this area (Barker *et al.*, 2006). This is perhaps surprising in itself; recent years have

been a time of rapid social change for LGB people in Western countries, so a lack of significant change in the reported experience of older LGB people is perhaps indicative that the older population has been left behind in these changes. It is important to note that the current review was limited to research published in peer-reviewed journals. It may be that research published in 'grey literature' as well as in book chapters reflects more recent developments in the field. It was not possible to incorporate this into the current review due to challenges in access to this body of work.

A particularly significant gap was the lack of research exploring the experiences of the 'old-old' population. There was a tendency for studies to look at the experiences uniformly across the age range. The experiences of someone over the age of 80 who grew up in the context of the criminalisation of their sexuality is likely to be very different from that of a 50 year old. Social support is likely to be of greater importance for those over the age of 65, both due to the increased risk of experiencing physical health difficulties and because LGB people over the age of 65 are more likely to perceive their sexuality as a greater barrier to accessing health and social care (Jenkins Morales *et al.*, 2014). Previous research has also suggested that LGB networks have less diversity in terms of age due to generational differences in terms of approaches to survival (Fox, 2007).

There was evidence that some older LGB people were not always getting all the support they needed despite reporting similar-sized support networks to older heterosexual people (Shippy *et al.*, 2004; Richard and Brown, 2006). Although more research is needed to understand more about this reported lack of support, one possibility is that differences between friendship and family support partially account for this. It was highlighted that some older LGB people felt like they did not want to 'burden' their friends and friends were more uncertain about taking on particular care-giving responsibilities (Muraco and Fredriksen-Goldsen, 2011). It may be that friendship–care-giver dyads need to have more explicit negotiations about exactly what people are and are not willing to help with due to a lack of visible templates for these kinds of relationships in wider society. Services may have a role in supporting these conversations to happen.

Although the literature enables us to recognise gaps in access to social support (particularly emotional support for older gay men), there were no studies that explored interventions to improve social support in this population. Peer support groups have previously been shown to be an effective way to facilitate the development of emotionally supportive relationships amongst people with health problems (Hogan *et al.*, 2001). One barrier to these types of groups for older LGB people is the report that some in this population avoid groups and places perceived as heterosexual in order to avoid experiencing discrimination (*e.g.* Hash, 2006). The fact that fear of discrimination was a barrier suggests that to make services accessible for older LGB people, services need to go beyond just routing out new instances of discriminatory practice to doing reparative work with this population (*e.g.* having 'out' LGB staff members and acknowledging past failures).

However, this kind of social change takes time and there is a need for places where older LGB people can go to develop supportive relationships without fearing discrimination. Whilst it may be possible to have face-to-face peer support groups for older LGB people or those with particular health difficulties in some cities and

areas with large LGB populations, this presents a challenge in smaller communities. Internet support groups may be one way for organisations to help enable the development and maintenance of supportive relationships amongst this population. There is a need for research into understanding the utility, accessibility and impact of internet support groups for older LGB people.

Whilst the literature gave a good description of how the social support networks of LGB people are configured, there were no studies which directly explored what determines how the networks around LGB people adapt to provide care in response to the emerging and increasing health needs which are common in an older population. This was also a gap identified by the previous literature review in this area (Barker *et al.*, 2006). Research is also needed to help improve understanding of why particular individuals take on care-giving responsibilities for older LGB people. Current thinking around social support in the heterosexual population has suggested that the care-giving system organises itself largely according to the expectations of society as well as each individual's attachment to the person in need of care, the gender balance of the family (females are more likely to provide care) and the family's internal value system (Keith, 1995; Leopold *et al.*, 2014). This does not account for the experiences of older LGB people: there are lower societal expectations of friends to take on more extensive care-giving roles, attachments to family-of-choice have developed in a different context later in life and the gender balance of their networks is generally predominately male or predominately female. Furthermore, it is not clear to what extent a family-of-choice, which is seemingly likely to have less clear and more fluid boundaries than a biological family, can be said to have an internal value system.

More generally, there is a need for quantitative descriptions of the social support networks of lesbian and bisexual women and qualitative studies exploring the experience of social support for gay and bisexual men. Whilst there were some papers that included gay/bisexual men in qualitative studies and lesbian/bisexual women in quantitative studies, these papers mostly did not focus down on to differences between men and women. Additionally, there is generally a need for more studies that look at social support for older bisexual people. It could be argued that the minimal inclusion of bisexual participants in the studies reviewed contributes to what has previously been described as 'bisexual-invisibility' (Hutchins, 2005) as their particular experiences are hidden amongst the much larger data-set of lesbian and gay people's experiences. Future research should be mindful of previous guidelines that have argued that bisexual people should be separated from lesbian and gay people in academic papers (Barker *et al.*, 2012). Also, research is required with LGB individuals with additional characteristics associated with discrimination (*e.g.* those with ethnic or gender minority status or those with disabilities or from more deprived socio-economic backgrounds), who may require and receive social support differently to other groups. Finally, future quantitative studies should consider the use of a comparison group of heterosexual older people or older people not recruited on the basis of their sexual orientation. This will allow for a clearer understanding of the particular experiences of older LGB people and, by extension, allow for a clearer understanding of how health and social care professionals may need to adapt their practice to work with older LGB clients.

Conclusion

The composition of the support networks around older LGB people differ from the composition around older heterosexual people. This has a knock-on effect in the type of support received, with some evidence suggesting that older LGB people with health problems may lack access to certain forms of instrumental support and older gay men are more likely to report that they do not have sufficient emotional support. There is a need for studies which look at ways of facilitating older LGB people to develop supportive relationships as well as research that looks at how the networks around older LGB people adapt in response to health problems. More generally, there is a need for research which is inclusive of bisexual people as well as minority groups within the LGB population.

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