

Appropriate services for the elderly Elderly with weak family networks – Health care services for lesbians and gays in three different welfare state regimes

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Introduction

This paper focus at the needs of elderly with weak family networks by promoting more policy and research attention to the health and care service needs of lesbian and gay elderly. The main focus will be on Norway, but the paper will also refer to relevant research from other countries and promote a comparative research scheme to study the health and care needs of aging lesbian and gays in three different welfare state regimes. This paper is mainly a presentation of a research field that needs more attention, linking this to a planned research project to be conducted in Norway. Findings from this particular project however, are not yet available. Therefore, the majority of the paper will focus on shedding light to and argue the importance of studying this group of elders. This paper sets out to develop and formulate research questions, and to summarize some of the relevant research from countries other than Norway. The paper will be exploratory, focusing on important research questions rather than presenting research findings. There is not a lot of research from other countries, but especially the United States and Canada has produced relevant work. When referring to existing research, it will primarily be from these two countries, in addition to referring to work from the Netherlands and Norway.

Very little research has been done on health care service needs among lesbian and gays in Norway. Lesbian and gay elderly are chosen as a case as they are significantly less likely than heterosexual women and men of comparable age to be in partnered relationships and to have children - the two groups most frequently called upon to provide care for a dependent elder. In the absence of a partner and of children, on whom are these older gay men and lesbians likely to call for support in the event of a health or other crisis, and how does these needs challenge the present structure for the welfare state provision of care?

Why is aging among lesbians and gays interesting?

Several studies from the 1990s show that family relations are becoming much more heterogeneous (Allen et al 2000). This heterogeneity led to several research projects investigating areas of family life that earlier had been neglected. Literature studies focusing on research about aging in Norway and other western countries show that caregivers other than wives and daughters were made visible. Studies showed that nephews, nieces, siblings and friends to an increased degree provided care for elders without children (Gautun 2003). However, few studies have had a focus on how lesbian and gays are provided care.

The NOVA report on living conditions and life quality among lesbians and gay men in Norway found that the negative attitudes toward the rights and living conditions of lesbians and gays were most frequent among people aged 60 or above (Hegna et al 1999). It also found that in comparison with the population as a whole, a substantially higher share of lesbians and gays live alone or have only sporadic contact with their neighbors. It is therefore natural to think that gay and lesbian elderly is a group more at risk for being isolated in addition to being at risk of experiencing hostility when socializing with other elderly within the care system. Thus, it is

important to look at how the welfare state meets the health care needs of this group who might be more dependent on the state for care.

When most people think about lesbian women and gay men, they think about sexuality. It is the sexuality and sexual behavior that distinguishes heterosexuals from homosexuals. Thus, often neglected are issues related to the needs of this group that does not relate to sexuality such as aging. Furthermore, sexuality is a very private matter, and this applies especially to the older generation, and discussions concerning lesbian and gay aging are often thought of as inappropriate (Cook-Daniels 1997). The view that sex is not for the old, has prevented the study of sexuality and aging from attaining mature status in the gerontological literature (Herdt and de Vries 2004). Furthermore, it erases key components in the life of lesbian and gays that have to do with how well these elders are served by aging providers in general and by health and care services in particular.

A Canadian study published in the April 2003 issue of the *Gerontologist* found that older gay men and lesbians often mistrust the health and social service networks as a result of lifelong experiences of marginalization and oppression (Brotman, Ryan and Cormier 2003). "In light of this reality," the researchers noted, "the possibility of one day having to be reliant on the health care system, on a nursing home facility, or any other social institution understandably provokes anxiety and fear in aging lesbian women and gay men". However, the Canadian study found that developing resilience in the face of discrimination has helped many gay and lesbian seniors become experts in dealing with adversity, facing change, and learning how to take care of themselves. This adaptive capacity follows them in old age so that, although unable to rely on public services, elderly gays and lesbians have developed a unique capacity to do for themselves and each other (ibid.). But the study makes the important link between discrimination and stigmatization with good health, saying higher rates of depression, suicidal ideation, drug and alcohol abuse, smoking, and obesity are all linked to negative health outcomes among those coping with lifelong exposure to discrimination.

Gay and lesbian aging in different welfare state systems

A comparative approach to the study of health care policy is a useful way to see how challenges play out in different systems in different stages of development with their care and health systems. All welfare states have some way of dividing the responsibility for caring for the elderly between the family and formal service systems, but the actual form of this state-family mix varies considerably (Herlofson & Daatland 2001). However idiosyncratic the national models are, all countries seem to share a common concern about the future. They are all trying to adapt to greater longevity, more heterogeneous demand and older populations.

There are several differences between different welfare states. There are differences in the mechanisms used to achieve policy goals, the institutional frameworks for formulating and delivering social policy, and the functional relationship between the state, the private sector, the individual and the social groups (Kleinman 2002). Thus, researchers in welfare policy usually refers to welfare models or welfare state regimes, based on ideal-typical classifications of

actually existing welfare states (Esping-Andersen 1990, Abrahamson 1992, Leibfried 1993). Most welfare state classification however is based on aspects of the role of market vs. state, labor market policy and income distribution. Although health care is an important policy aspect of the welfare state, health care policy and services are less often used as a way to divide welfare states into different regimes. Very few studies (I have not found any yet) link gay and lesbian policies to comparative welfare state research. This paper promotes a comparative approach and the planned research project will study three contrasting welfare regimes in terms of how they serve their lesbian and gay elderly. It is important to understand how this group is “served” differently by health care providers in different welfare states, and how different countries will face different challenges in developing equal health care services for all elderly. Norway will be compared to a liberal welfare state, USA, and a Conservative-corporatist, the Netherlands, using the Esping-Andersen typology of welfare states (Esping-Andersen 1990).

How is then Norway different? The solidarity of care is different between countries and Norwegian values are different from liberal and conservative-corporatist welfare states (Daatland and Herlofson 2004). The Norwegian population is different in that more people support the notion that the government should have the main responsibility in providing care and health services for the elderly. This “statist” approach to welfare policy has often been linked to the importance of equality (Esping-Andersen 1990). However, the Norwegian welfare state and Norwegian culture’s emphasis on equality could also be conceived as “sameness” (Gullestad 2002). Does this notion of “sameness” prevent the needs of minority groups such as lesbians and gays being met? Could it be that other welfare state arrangements has done better to deal with the needs of minority groups as their organization of care will not be directed towards the entire population?

United States has mostly a private health care system. Benefits are often linked to the labor market or financial situation. The Netherlands has seen some changes to its model, where universal care is mainly provided in the short-term, and long-term care is increasingly dependent on networks of voluntary organizations and local programs you tap into. These networks are richer for some groups than others. This trend is a recent change, mostly due to the need to keep national health care costs down and an emphasis on self-reliance and a responsibility of the family in care. This change could prove problematic for the health and care needs of those who are isolated with the least social networks. Norway on the other hand still has a predominantly state-run system in both short and long-term care where the municipalities are the health and care providers. However, research has shown that families play a crucial role in providing care for the elderly and we know that gay and lesbian elders find it difficult to be open about their sexuality when meeting with the health and care services.

When looking at the needs of the lesbian and gay elderly, a central question regards what mechanisms are at play to deliver health and care services for lesbian and gay elderly. Important questions are:

1. What is the role of family and friends in providing care? How does it differ between older single gays/lesbians, older couples and older singles from broken families? How does the role of “chosen families” play a role?
2. What is the role of other networks, e.g. voluntary organizations?
3. What do they need and expect from the public health care services?

Investigating these questions will not only give implications for future policy, but will also contribute to comparative welfare state research by linking matters of family and gender, and networks by looking at how welfare states meet the health care needs of lesbian and gay elderly.

The central proposition of this paper is that more knowledge on the challenges of aging lesbians and gays is needed to enhance the understanding of aging in minority communities and under stigmatized conditions. It is possible to formulate the following hypotheses:

1) The group, lesbian and gay elders, might have different needs due lifestyle-illnesses and psychological stress related to stigma.

2) The rights to welfare services for this group are different due to different networks of family and friends. This might make the group more vulnerable, and as such might need more and/or different health care services. However, it is expected to be different according to the welfare state regime of the cases studied:

i) In the United States care provision will be dependent on economic capital and/or rights earned in the labor market. Also where you live will influence whether gay-friendly services are offered. It is likely that cities with a large and visible gay and lesbian population will have developed services targeting the special needs of the group and as such improves the access to gay-friendly services.

ii) In the Netherlands care provision is more dependent on social capital. The Dutch system might also lead to that some people fall outside of networks who deliver care. Does the voluntary nature of care require competent users who know what networks to turn to?

iii) Norway with its state provision of care does not have good enough services due to their nature being “hetero-normative”. Homosexuality is not dealt with in a systematic way in any of training of the health professions. Does this have an effect on the provision of care for lesbian and gay elderly?

Doing research into this area will shed light to which welfare model is best equipped to service the health care needs of a minority group such as lesbian and gays. However, not all initiatives will be easily exported from one welfare regime to a different one. But the idea of a comparative study is also to look to what the policy implications are for introducing more gay-friendly services in the universal state-led health care model in Norway.

Importance of research for the development of policy

The Norwegian Equality and Anti-discrimination Ombud has pointed to gay and lesbian elderly as a vulnerable group at risk of experiencing discrimination in Norwegian society lacking a proper support system (LDO 2007). In the system like the Norwegian one where the notion of equality is important, equality also implies being included as a natural part of the users of services and thus it is important for the government agencies delivering services to make resources available to solve the particular aspects of gay and lesbian aging that might be problematic. In situations where elderly dependent on government services for care, it is very important to prevent situations where gay and lesbian elderly experience extra burdens or experience the feeling of being invisible or face discrimination.

More knowledge on the challenges of aging lesbians and gays is needed to enhance the understanding of aging in minority communities and under stigmatized conditions. It also offers much to an understanding of aging more generally, fostering a more holistic and inclusive view of the experiences and care needs of older persons. Studying the particular context within which members of such groups age, and the source and type of care they need is a necessary prerequisite to the development and offering of services appropriately tailored.

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