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Social Support in Older Transgender and Gender Diverse Communities in the United Kingdom and Australia: A Comparative Study During COVID-19

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Abstract

While the impact of the COVID-19 pandemic on older people has been recognized, there is limited understanding of its impact on older trans and gender diverse people who often have different experiences of care and support than the general population. This article examines older transgender and gender diverse people's experience of social support during the COVID-19 pandemic, based on a comparative mixed method survey administered in Australia and the United Kingdom. Using a non-probability sample of 84 participants who were connected to social media and service organizations in the United Kingdom and Australia, we found some commonalities and differences between experiences in these countries. Some participants were isolated, including almost 1 in 5 respondents who said that they did not have someone they could call upon in an emergency. However, participants had rich networks of friends, partners, and family members. Community and faith-based organizations were also critical. Friends were reported as the main emergency contacts and as the main people to whom support is provided. This research supports previous findings that friends of transgender people play an important role in well-being.

Keywords: Social networks; transgender and gender diverse; friendships; older adults; COVID-19

Introduction

Trans and gender diverse populations face several challenges to developing and maintaining social support and community networks as they age, including potential estrangement from their families of origin, discrimination within local communities, and lack of understanding from formal services (Bailey, 2012; Fredriksen-Goldsen et al., 2013; Siverskog, 2014; Persson, 2009; Willis et al., 2021; Witten & Eyler, 2016). However, these challenges and concerns are often poorly documented due to inconsistent approaches to data collection and difficulties sampling a small, diverse and geographically dispersed population that may be particularly concerned about protecting privacy (Fredriksen-Goldsen et al., 2013). Consequently, older trans and gender diverse peoples' social networks, and their potential sources of support in a crisis, are not well understood.

The outbreak of COVID-19 in 2020 had a significant impact on older populations globally. On 11 March 2020, the World Health Organization declared the COVID-19 outbreak a pandemic due to its rapid spread (WHO, 2020). Early in the pandemic, age was identified as an important risk factor. In response, governments in the United Kingdom (UK) and Australia issued policies and public health advice designed to protect older people. This varied between the two countries given their different political and regulatory contexts. The Australian federal system meant that while the national government made decisions with respect to international borders and income security, it was largely the state and territory governments that led the public health response, albeit informed by a National Cabinet (comprising the leaders of all state, territory and national governments) formed to address the pandemic. The main exception to this was in relation to aged care policy and funding, which remain within the domain of the national government. In the UK, with its devolved parliaments in Scotland, Wales and Northern Ireland, public health is a devolved matter and so, again, each of the devolved parliaments and the Westminster parliament (for England) imposed their own public health regulations, which

varied slightly in lockdown timings and restrictions, and strategic priorities. There have been wide-ranging concerns across the UK nations about the uneven distribution of health and social care resources during lockdowns and about age-discriminatory practices which jeopardised the health and wellbeing of older people, especially those living in long-term care facilities. (Amnesty Interntional, 2020; Joint Committee on Human Rights, 2020).

Early in 2020, Public Health England (2020) issued advice to everyone in the UK that people aged 70 and over were at increased risk of contracting COVID-19, were therefore clinically vulnerable and so should self-isolate (Osama, Pankhania, & Majeed, 2020). Though the incidence of COVID-19 in Australia has been significantly lower than in the UK, due partly to its remoteness and the swift closure of some state and international borders, the Australian Department of Health (2021) issued similar guidance for people aged 70 and over. Practicing physical distancing, having essential goods like medications and groceries delivered, limiting travel, and considering alternatives to residential care were among the recommendations (Australian Department of Health, 2021). While such policies were intended to protect the older population, researchers and commentators highlighted the impact of social isolation and raised concerns that some older people – for example, those living alone – might be worse affected (Brooke & Jackson, 2020; Robb et al., 2020).

Previous scholarship has highlighted that practices of care within lesbian, gay, bisexual, transgender/gender diverse, intersex, and queer+ (LGBTIQ+) communities may differ from those within the broader society. For example, it has been suggested that older LGBTIQ+ people are more likely to be aging alone, have social networks that are primarily made up of friends rather than biological kin, and make greater use of formal support services (Fredriksen-Goldsen et al., 2014; Guasp, 2011). Receiving care from within the community has historically been critical to receiving timely and appropriate care.

Older trans and gender diverse people carry with them memories of the HIV/AIDS epidemic. During the height of HIV/AIDS, medical professionals sometimes delayed and refused to provide adequate care to people affected by the disease, and trans and gender diverse people stood up to provide voluntary care for those who might not otherwise receive care (Dentato et al., 2017; Hindman, 2019; Reynolds & Robinson, 2016). Social support is beneficial for trans and gender diverse people, particularly trans women of color disproportionately affected by HIV/AIDS (Graham et al., 2014). Additionally, providing care and support to one another plays a role for trans and gender diverse people having their gender affirmed through social and medical interventions. Lack of delivery infrastructure for home delivery in rural and regional Australia might also have been an issue. Providing support in having their gender recognized by family, sharing information such as trans-friendly doctors and welcoming establishments, and providing support for managing stigma are among the ways trans and gender diverse people provide care to one another (Jaffee, 2017).

However, trans and gender diverse community networks and care practices are not always separately addressed in discussions of LGBTIQ+ aging. Trans and gender diverse older people may be at exceptionally high risk of social rejection and isolation (Bishop & Westwood, 2019; Witten, 2014). Nonetheless, where social support is available, this may be protective against some of the negative experiences of aging experienced by trans and gender diverse people (Fredriksen-Goldsen et al., 2013). Hines (2007), writing in the UK context, points to the role of support groups and peer support networks as a practice of care within trans communities of all ages, often emphasising reciprocity. More recent commentators have pointed to sophisticated use of online and social media support, for example to help others navigate gender-affirming care, or to develop community networks on platforms such as YouTube (Heinz, 2016; Pearce, 2018). However, online networks are often implicitly youth-focused (Heinz, 2016, p. 86). It has also been noted that some trans people, especially those

who transitioned longer ago, may not have remained in contact with trans communities after transition (Heinz, 2016, 160-162; Hines, 2007).

This paper reports on the findings of two surveys, undertaken in the UK and Australia, to capture the experiences of LGBTIQ+ people aged 60 years and over during the COVID-19 pandemic. It focuses on the responses of the 84 trans and gender diverse respondents across both surveys, exploring their social networks and how these were impacted by COVID-19 and policy responses. It draws out commonalities and differences in experiences between the UK and Australia. Specifically, it seeks to address the following research question: How did the COVID-19 pandemic impact trans and gender diverse older people's social support arrangements?

Methods

The COVID-19 and Older LGBT+ People survey (Authors, 2020) is a non-validated online survey, designed specifically for exploring the experiences of LGBT+ people aged 60 years and over during the COVID-9 pandemic. This instrument was initially intended for the UK context, but collaboratively shared with a research team in Australia. The instrument was modified to address key issues, concerns and terminology appropriate to the Australian context. This paper reports findings from comparable questions about social support networks that were included in both the UK and Australian surveys. Ethics approval was obtained for both studies from the respective lead universities: [blinded for review] in the UK and [blinded for review] in Australia.

The UK survey was administered between June and August 2020, with the Australian survey following between August and December. During the administration of the surveys, the two countries faced different levels of restrictions, with the UK experiencing an extended

lockdown during the survey period, and Australia having emerged from an initial lockdown (March to May) but experiencing a lengthy lockdown in the state of Victoria (June to October). Nonetheless, the restrictions imposed through public health measures were relatively comparable across both countries. The UK scored 66.2 (out of 100) on the COVID-19 Stringency Index on 31 August, while Australia scored 62.5 on 3 December (Our World in Data, 2021).

Recruitment

National cross-sectional, non-probability samples of sexual and gender diverse older adults were recruited within the UK and Australia. Recruitment methods included promotions via personal and professional networks, advertising in social media (Facebook, LinkedIn, Twitter) and word of mouth advertising to LGBTIQ+ advocacy organizations and older age care and support organizations. Participants completed anonymous online surveys which included closed- and open-ended questions about their experiences and behaviors during COVID-19, of which social support was one component. No monetary incentive was provided for completing the survey. In the UK, 375 people were recruited while in Australia 394 people were recruited. This paper reports on the responses of 84 trans and gender diverse respondents across the two samples (35 from the UK, 49 from Australia).

Materials

The two surveys included a range of demographic questions, including age, sex at birth, gender identity, background/history, ethnicity, and living arrangements. The surveys also included a series of open-ended questions focusing on receipt of support from social support networks. These included questions about the availability of a person to contact in an emergency and who that person would be, changes to support networks due to COVID-19 and public health

restrictions such as lockdowns, and strategies for maintaining connections to support networks during the pandemic. Participants were also asked to identify challenges to maintaining those connections and how they go about accessing food and medicine. A series of questions also targeted experiences providing support during the pandemic. These included a question about to whom support is provided and a question on the changes to the provision of the support due to COVID-19.

Analysis

The surveys generated both quantitative and qualitative data. With regard to the findings presented in this paper, the qualitative data were typically brief, such as a simple list of categories of people the participant would contact in an emergency. Content analysis was undertaken, with responses read closely, inductively coded, and grouped into pragmatic categories (White & Marsh, 2006). Single variable descriptive statistics were used to summarize the quantitative data. The size of the trans and gender diverse sample, drawn upon in this paper, meant that multivariable analysis and inferential statistics were not appropriate.

Results

Demographic characteristics

The sample's demographic characteristics are profiled in Table 1. Almost half were aged between 60 and 64, while none were aged 85 or over. In line with other research on trans aging (e.g., Government Equalities Office, 2018), more participants reported being trans women than trans men, while four participants reported transitioning to a non-binary gender or another gender category. The remaining participants (n = 32) did not report a trans background but did report a non-binary, gender diverse or another non-cisgender category. These people comprised a greater proportion of the Australian (51%) than the UK group (20%). With respect to gender,

most participants identified as female, while 16 reported being non-binary. Some participants provided self-descriptions of their gender, including statements about fluidity, not wishing to be defined, and being "transgender" or "transsexual." Most participants reported being White, Anglo/Celtic or Caucasian, although four of the Australian respondents identified as Aboriginal or Torres Strait Islander people, including two trans women (sistergirls). No respondent in the UK sample identified themselves as Black. With respect to living arrangements, most participants lived alone and, of those who lived with others, most lived with their partner or spouse.

Major Findings

The pragmatic analysis resulted in the identification of several sub-themes related to participants experiences of *receiving support* and *providing support* during COVID-19. These are presented with example quotes below.

Support networks - receiving support

Participants were asked about their support networks and experiences receiving support during the pandemic. They identified a diverse range of people and groups involved in these networks, including friends, biological family members, LGBTIQ+ groups, online and social media groups and connections, and work colleagues. Participants' experiences with regards to diverse supports included the *Availability of support, Changes to support*, *Maintaining connections* and *Accessing essential resources.*

Availability of support

Given the significance of support networks in times of crisis, participants were specifically asked whether they had someone they could contact in an emergency and, if so, who. Responses

were similar between the two countries, with 77.1% of the UK and 81.6% of the Australian participants saying they did have an emergency contact (Table 2). In both countries, friends were the most common category of emergency contact, followed by children, partners and siblings.

Changes to support

Participants were also asked to reflect on the changes to their support network arising from the pandemic, including the effects of mandatory isolation or lockdowns (Table 2). A majority of people reported that there had been some disruption but that support activities were continuing, albeit with necessary adjustments:

> They [people who provide support] are generally doing ok, though some are having to be more careful because they have other family and friends who might be more vulnerable. (Non-binary gay person, aged 60-64, UK)

> Some restrictions to access [support], however in some cases online access has strengthened. (Gender diverse person, non-defined sexuality, aged 60-64, Australia)

For others though, there was a very substantial disruption and subsequent loss of support, with participants listing activities that had been cancelled, or describing feelings of isolation:

> Not able to meet any other trans people and feeling I can't have an easy conversation or burden people on Facebook about my feelings of isolation, or discuss with partner who doesn't accept me fully. (Trans heterosexual woman, aged 60-64, UK)

Notably, 13 of the Australian participants reported that there had been no change to their support networks (compared to just one of the UK participants) with a further five people indicating that their networks had improved (again, compared to just one of the UK participants). One person reported, "Possibly a little better because other people using Zoom suits me" (Non-binary lesbian person, aged 65-69, Australia) and another said, "Local support has become more available through community pulling together" (Trans heterosexual man, aged 60-64, UK). Another participant noted, "Less non-authentic socialising, which is wonderful" (Non-binary lesbian person, aged 60-64, Australia).

Maintaining connections

Participants in both countries were asked how they maintain connections with their support networks during COVID-19 (Table 2). A greater proportion of UK than Australian participants indicated that they had almost entirely switched to online or phone-based communication, possibly reflecting the extent of the UK lockdowns at the time the surveys were delivered. However, these posed challenges for some:

> I go on Facebook, but rarely mention how I am stressed in work, and there is a sense of depersonalisation exacerbated by the misinformation provided by the government and spread by MSM [mainstream media], week in week out. It's as if I don't exist and my stress is made up. (Trans heterosexual woman, aged 60-64, UK)

Others reported that they had not been able to maintain their social connections. One person said, "Trying to, but failing" (Trans bisexual woman, aged 60-64, Australia).

Participants reported a range of challenges in maintaining connection with their support networks. These included difficulties identifying suitable times to make contact, some activities not translating online, feeling isolated, and problems with themselves or their friends lacking IT access and skills. In these responses, there was a distinction between some respondents who reported more demands on their time during the pandemic, and others who were feeling isolated, with time on their hands:

> Time, I am having to work much more, so I have less spare time. (Trans lesbian woman, aged 60-64, UK)

> Other people are busy and have their own lives to get on with. So there has been weeks where I was at a loss. (Trans gay man, aged 65-69, UK)

One trans woman, who lived with a partner who was not fully supportive, wrote that with trans groups suspended, she had little access to support spaces:

> If I don't feel I can present as female, it's as if there's no point in saying I'm me. I'm just a drone trying to survive, with no personality on display. I don't feel I can share too much of this with anyone. (Trans heterosexual woman, aged 60-64, UK)

In the Australian group, 10 participants said there had been no challenges. However, for those who had experienced challenges, these included missing face-to-face contact, being unable to visit family living in other states, and feeling isolated. One participant living in a residential care home wrote:

> Often not contactable. My being locked-down makes a normal life impossible. Other people's changed lives make visits rare. For the last few months, no visitors were allowed in the Home. TV is the most "life" in my life – pathetic, isn't it? (Non-binary person, non-defined sexuality, aged 80-84, Australia)

Accessing essential resources

For accessing essential resources, such as food and medication, the majority of participants in both countries were continuing to shop in person, but there was greater diversity in the UK responses (Table 2). Australian participants may have been more likely to be able to personally shop for groceries because supermarkets largely remained open. Additionally, the relative geographic isolation of some communities in Australia likely prevented offering grocery delivery or made it unnecessary due to lower risk of contact with others. Out of those shopping in person, three of the UK participants and two of the Australian participants described taking extra precautions, such as wearing a mask, shopping infrequently or using dedicated shopping hours set aside by some supermarkets for older customers:

> Going at times when it is safe, i.e., not crowded and wearing an N95 mask etc. Following strict hygiene. (Trans bisexual woman, aged 60-64, Australia)

> Food and household supplies by the weekly shop at a local supermarket which has a vulnerable persons' hour from 9 am to 10 am. (Trans lesbian woman, aged 70-74, UK)

Support networks - providing support

Similar proportions of UK (62.9%) and Australian (55.1%) participants reported providing support to other people (Table 3). Many participants provided support to multiple people, most

commonly friends, neighbours, partners and biological family members. Participants reflected on *Support activities* and *Changes to provision of support.*

Support activities

From the responses, it was clear that participants considered support to include a range of activities, including regular provision of unpaid care to a family member, involvement in organized support groups, and new arrangements such as offers to help neighbours during the pandemic. For example,

> Mostly just friends and family. I do support some parents of trans kids and/or the kids themselves. (Trans bisexual woman, aged 65-69, Australia)

> Members of the Sage project, pastoral support to elderly and vulnerable people at church, vulnerable friends. (Trans queer woman, aged 65-69, UK)

Two participants working in health and care settings included their paid work, and a landlord included rent relief for tenants.

Changes to provision of support

Participants were also asked how the support they provided to others had changed during the pandemic. There were substantial differences between the Australian and UK groups in relation to this question, possibly reflecting the different restrictions and impact of the pandemic in the two countries. While the most frequent response from Australian participants was that there had been no change, UK respondents most commonly stated that they could not meet others

face to face to provide support, and had shifted support activities online or to telephonic support:

> We can't have our regular physical meetings or operate our Trans community house. We are doing our meetings, individual support and training by Zoom and by telephone. (Trans lesbian woman, aged 70-74, UK)

For some, this involved maintaining regular contact and providing critical emotional support:

> I call her [neighbour] practically every day on the phone to check whether there is any shopping she needs at the village shop, newspaper to collect, post to send, electricity top-up required on her meter stick, etc. Even when there are no errands for that day, we usually end up talking for half an hour or so - keep her spirits up, divert her from frustrations about her less than helpful alcoholic son, hear about her efforts with her beloved plans, and providing backup with any small tasks that need to be done. (Trans heterosexual man, aged 60-64, UK)

Other participants reported more need for support and needing to stay in contact with people more often.

Discussion

The study highlighted the diversity of the social networks of older trans and gender diverse people, how these had been impacted by the pandemic, and some commonalities and differences between experiences in Australia and the UK. In both countries, more than half of the respondents lived alone. This reflects prior research on LGBTIQ+ older people, which has

indicated higher rates of living alone than the general older population (Gates & Hughes, 2021; Hughes, 2016), although in some LGBTIQ+ studies the rates of living alone have been lower among trans than non-trans participants (Fredriksen-Goldsen et al., 2014). It was also noticeable that some participants were isolated, including around 1 in 5 respondents who did not have anyone they could contact in an emergency. This group may be more likely to need to draw on statutory services, both in response to the COVID-19 pandemic, but also when experiencing other unexpected needs.

Nonetheless, most respondents in this study were able to identify people they could call upon in an emergency, and many were also engaged in supporting others. Participants described social networks that included friends, partners, family members and community and faith organizations. In many respects this provides a positive counterpoint to stereotypes of older trans people as necessarily vulnerable and subject to social rejection (Westwood, 2019).

Support networks appeared broadly comparable between the two countries, with friends being reported as the main emergency contacts and as the main people to whom support is provided. This aligns with literature that indicates the significance of friends for transgender people, including both transgender and sexual minority friends, as well as cisgender and heterosexual friends (Galupo, et al., 2014). In particular, some of the benefits of maintaining friendships with other transgender people include shared experiences, being able to talk openly about transgender issues, sharing information and resources, and ability to feel comfortable in other people's company (Galupo et al., 2014). However, more research is needed into the unique experiences of trans and gender diverse people's friendships, separate to examination of friendships experienced by lesbian, gay and bisexual people (Boyer & Galupo, 2018; Galupo et al., 2014; Kichler, 2021).

Despite the continuation of social support for many across both nations, respondents in the UK described more significant changes during the pandemic, in particular the cessation of

face-to-face support activities, and a greater number of concerns about the impact of COVID-19 (Toze, Westwood, & Hafford-Letchfield, 2021). In pointing out these challenges however, many also described switching activities online, pointing to resilience and adaptability. In contrast, a greater proportion of the participants in Australia were able to maintain face to face contacts with members of their support network and were able to continue some activities in person, such as shopping. This was most likely because of the different lockdown conditions in both nations at the time the surveys were administered.

With the rollout of vaccines across both nations in 2021 and the reduction in lockdowns, the deleterious impacts of the public health responses to COVID-19 are likely to lessen, despite a need to continue to live with the disease and a degree of associated morbidity and mortality. For people whose social support networks have been significantly disrupted by the pandemic, including trans and gender diverse older people, the question remains as to whether or not these networks are able to rebound in future years or if they have been permanently damaged. For those who were able to find alternative ways of maintaining social connections – such as online – it will be interesting to see if these are maintained after the immediate crisis of the pandemic lessens. Further research on TGNC aging (Toze, 2019) and the long-term social impact of the pandemic on trans and gender diverse older people is essential.

Limitations and strengths

This study adds to the somewhat limited empirical evidence base on trans aging and social support by bringing together responses from 84 older trans and gender diverse people discussing support networks and how those changed during a time of major social upheaval. Some demographic groups (e.g., those aged over 85 and those from Black, Asian and Minority ethnic communities, as well as, in Australia, Aboriginal and Torres Strait Islander individuals) were under-represented and may have distinct needs and experiences. In line with most studies

of trans and gender diverse aging, this study drew upon non-representative community-based samples, making use of existing networks and organizations and circulated online. As such, it may have tended to under-represent some groups that are less likely to be in contact with such networks, as well as those who are digitally excluded. Inevitably, the use of a survey design to generate qualitative data was limited, and more in-depth qualitative research is needed to investigate the contextual factors that are meaningful in individuals' experience of support during the pandemic.

Implications for social work practice

As a greater number of trans and gender diverse people affirm their gender, and existing populations age, the number of trans people using aging services can be expected to increase (Smolle & Espvall, 2021). The tendency for older trans people to live alone, and to have social networks predominantly focused on friends rather than family, which may be less resilient in times of crisis (Green 2016), may mean that they make greater use of community and statutory services, or that their needs remain unmet (Hafford-Letchfield et al., 2021; Toze et al., 2021). However, the diversity of social networks described, and the flexibility and resilience shown in responding to the pandemic provides a foundation for community building activity. Social workers and other human services professionals need to be able to work collaboratively with older trans and gender diverse people to overcome past negative experiences accessing formal support, particularly those of culturally and linguistically diverse backgrounds (Bennett & Gates, 2019) and to recognize the resources and capabilities they draw upon. Recognising and respecting their affirmed gender (e.g., via appropriate use of pronouns) is central to this (Ansara, 2015; Porter et al., 2016). Further, while understanding the intersection of gender and sexuality is important, it is critical that older trans and gender diverse people's experiences and needs are not simply conflated with those of lesbian, gay and bisexual people.

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