

# Lesbian Carers: Personal Issues and Policy Responses

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*Public and political attitudes towards lesbians have been slow to change in the UK. A number of recent legislative reforms, however, will alter the personal and political landscape for women who do not identify as heterosexual. This article explores the reported experiences of lesbians in the UK, concentrating on those who provide care for others, be this in a personal and/or professional context, and reviews the way in which legal and social changes look set to impact on them. Three distinct areas are examined by drawing on recent research: lesbian parents, lesbian carers and lesbians working in the care sector. Common themes and differences are identified and discussed.*

*The article concludes that the UK government is becoming more proactive in its response to lesbian lifestyles, particularly in respect of those who have, or intend to have children. The overall approach, though based upon sound principles of civil rights, is piecemeal. In all three of the areas covered, lesbians face continued discrimination and inequality. The discussion draws attention to the need to consider such issues across the life-course and for policy makers to recognise that lesbians may have multiple social roles as parents, carers and care workers.*

## Introduction

Queen Victoria famously questioned the existence of lesbians when the Labouchere Amendment to the Criminal Assessment Act, criminalizing any same-sex activity between males, was introduced in the UK in 1885. Over the intervening century, attitudes and some structural constraints have changed in respect of lesbians, and this article explores one particular arena to address the extent of social change in the UK. By focusing on lesbian carers or caregivers, we set out some of the current UK preoccupations and omissions, and illustrate how debates in the UK are part of global thinking and change. In this article we consider three main areas: lesbian caring within parenting, lesbian care for family or friends who are frail or disabled, and lesbians as members of the social care workforce. While these themes are presented separately, they are interconnected and many lesbians' experiences are based on knowledge and social roles in all three contexts. The article concludes with a discussion of emerging and connected themes from the UK experience.

In many ways the UK has followed the United States (US) in moving lesbian and gay debates into the domain of civil rights. The proposed Commission for Equality and Human Rights will constitute a single body to promote equality and enforce the law (Office of the Deputy Prime Minister, 2002). Sexuality and sexual identity have moved from the private sphere to occupy more public and visible ground.

As Lister (2003) noted, the European Union recently outlawed discrimination on the grounds of sexual orientation through regulation (Employment Equality (Sexual Orientation) Regulations 2003) and campaigning groups have set out an agenda for further legislative reform in the UK. In addition to employment issues and conditions of working life, some commentators have argued for the need to further extend civil rights into areas of sexuality and reproduction, such as lesbians' restricted access to infertility treatment and donor insemination (Lister, 2003: 127). Strong desire for reform to enable the registration of partnerships between lesbian and gay couples was evident in a recent survey of 924 lesbians and gay men in Glasgow, Scotland (Beyond Barriers, 2003). Contemporary Civil Registration procedures do not recognise same-sex partnerships in any significant way (Finch, 2004: 258) and the success of gay and lesbian campaigning organisations in this area is evident from the recent (November 2004) Civil Partnership Act. This gives long-awaited legal recognition to gay and lesbian couples who, upon registration, will accrue the same rights, recognition and responsibilities as married heterosexual couples. The Civil Partnership Act was not without criticism, not least because it is a separate, and an arguably divisive, framework from that which pertains to heterosexual partners. Tatchell (2004), for example, referred to the Bill as promoting 'sexual apartheid... with one law for heterosexuals and another for gays'.

Nonetheless, what this Bill perhaps represents for many same-sex partners is some degree of legislative acquiescence and an affirmation of the notion of the term 'sexual citizenship' (Evans, 1993; Weeks, 2004; Lister, 2003). This term has a dual focus: one that sets out a series of claims for equality, in arenas such as health and social care, and another that extends our understanding of what are the rights of citizens in both public and private spheres, merging personal and political agendas. However, as Twigg (2002) observed, in her study of bodily care by others, theorising around sexuality illuminates 'the degree to which social policy is predicated on the assumption of heterosexuality' (p. 435).

Cooper *et al.* (2003) have charted the rise and fall of local political interest in lesbian and gay issues. In some areas of the UK, politicians' early commitment encountered significant opposition, and, in these local authorities, politicians and managers had moved to become more wary of being 'visibly' assertive in this arena. They found policy development in some of these areas was being sustained but its impact could be subsumed by broader equalities strategies, whereby lesbian and gay issues were liable to be overtaken by other imperatives. Cooper *et al.* (2003) warned that some of these developments might not include lesbians or non-commercial activities and interests, concentrating instead on gay men's social and entertainment businesses.

On the other hand, the influence of the Employment Equalities (Sexual Orientation) Regulations (2003) (part of local government scrutiny) means that those local authorities that have made little progress in this area are required to develop their responses to lesbian and gay employees.

In November 2003 one of the most controversial pieces of recent legislation popularly referred to as Section 28 of The Local Government Act (1988) was repealed in England and Wales (its equivalent in Scotland, Section 2 A of the Local Government Act (1986) in Scotland was repealed in June 2000). These measures had prohibited local authorities from intentionally promoting homosexuality in schools or promoting lesbian or gay families as anything other than 'pretend' families (Colwin and Hawksley, 1991). The Act resulted in fear and confusion and was cited as suppressing information and in isolating gay men

and lesbians (Patrick and John, 1999). This Act and the climate of fear around AIDS/HIV played their part in institutionalising homophobia in the UK (Wilson, 2001). It may also have led to a reorientation of lesbian and gay politics away from the new social movement that Weeks (1985) identified as emerging from the liberal social decades of the 1960s and 1970s in England, especially in its urban areas, to a stance that came to focus on defences of civil rights. In light of Section 28's focus on families with children and the education of the young, this article starts with a discussion of UK perspectives on lesbian parenting. It is worth observing, however, that 'pretend' families might have had some relevance to policies of the same period that promoted family care of older and disabled members, but this aspect of Section 28's influence has not been explored in any depth.

### **Lesbian parenting**

Lesbian parents are not a late twentieth-century phenomena: they have a long history in the UK of successfully raising children. Though there are, currently, no accurate figures, the consensus is that there are thousands of lesbian headed households in the UK, where children may have been born into heterosexual relationships, from donor insemination, or through fostering and adoption (Saffron, 2001). Until relatively recently, however, few mothers were prepared, or able, to identify as lesbian in the UK without running the risk of losing their children and, as a result, many lesbian mothers remained largely invisible within ostensibly heterosexual partnerships or marriages (Grocock, 1995). However, increasing numbers of women are opting to begin their pregnancies as self-identified lesbians (Saffron, 1994).

Constructive changes in the legal status of lesbian parents in the UK reflect some slight attitudinal shifts towards tolerance and acceptance of non-heterosexual lifestyles (in a recent public opinion survey of 1507 respondents in Scotland, 38 per cent thought lesbian couples would be just as capable of being good parents as heterosexual couples, Bromley and Curtice, 2003: Table 3.4). Opinions about the suitability, as parents, of people who do not identify as heterosexual range across a broad spectrum, with acceptance higher among those who know individuals who are lesbian or gay, and who are better educated, professionals, urban, younger and not adherents to conservative religion (Bromley and Curtice, 2003).

Dunne (2000) referred to a 'gayby' boom (p.12) in the UK in the 1990s, during which gay men and lesbians became proactive in making mutually beneficial arrangements for parenthood (Donovan, 1997:117). Whilst the UK popular gay and lesbian press began to reflect interest in parenting among lesbians, the social and political climate in which lesbians are opting for parenthood continues to be markedly diverse (Donovan, 1997: 217–218). Even among professionals who might be presumed to have some commitment to human rights, social workers' views range from the intolerant to the more commonly held liberal humanist views accepting of lesbianism, although often seeing it as a matter of sexual preference rather than a challenge to patriarchy (Hardman, 1997).

In a collection of personal accounts, by lesbians and gay men who were members of a national support network, Hicks and McDermott (1999) traced a growing trend for lesbians and gay men to undertake parenting through fostering and adoption. Despite the many difficulties and prejudices illustrated by the parents, the authors found that gay men and lesbians increasingly felt able to approach fostering or adoption agencies without

the necessity to conceal their sexual identity, and found mutual support in exchanging experiences.

Positive changes in public and political attitudes have meant that lesbian mothers are no longer automatically presumed to be unfit parents and, as regards adoption, changes in legislation, in the shape of the Children and Adoption Act (2002) led to amendments in the legal status of lesbian and gay co-parents meaning that gay men and lesbians are now able to jointly adopt children, rather than as single unmarried people (the Adoption Policy Review in Scotland has covered similar areas, Scottish Executive, 2003). Nonetheless, arguments reminiscent of the 1970s regarding the 'unsuitability' of lesbians as parents have not been wholly laid to rest. The ideas that lesbian parenthood is a contradiction in terms and effectively makes a 'mockery' of family life were reported by Hicks (2000) in his study of the fostering and adoption assessment process and, whilst two social workers were requested to leave their posts because of their opposition to the liberalisation of adoption (UK.Gay.Com, 2003), the Christian Institute produced cards which stated, 'In the event of my death, I do not want my children to be adopted by homosexuals' (Hill, 2002). Saffron (2001: 1) argued that public and political attitudes towards lesbian mothers appeared especially resistant to change, with homophobia, prejudice, isolation and bullying faced by some mothers who chose to identify themselves as lesbians. Others have suggested that lesbian or gay applicants for fostering or adoption may be more rigorously assessed, and used as a 'last resort' for those children not easily placed in new families (Hicks, 1996).

Much UK debate draws heavily on research from the US, but a number of influential studies in the UK focused on the psychological, psychosocial and psychosexual development and adjustment of the children of lesbian parents. The first major British study (Golombok *et al.*, 1983) investigated the psychological development of children of lesbian mothers compared with those of single heterosexual women and concluded that children of lesbian mothers were no more likely to experience psychological difficulties or damage than those from single parent families.

Furthermore, in order to examine the longer-term effects of growing up in a lesbian headed household, this study was followed up some 14 years later, at which time the authors again concluded that the young adults studied continued to enjoy generally good mental health and were no more likely than the children from heterosexual families to have sought professional assistance for psychological difficulties (Golombok, Tasker and Murray, 1997). Ongoing work is addressing criticism of the original research, namely that this was undertaken only with volunteers making generalisation difficult (Golombok, 2002: 563).

Nonetheless, this early research had a fundamental effect upon the way in which lesbian mothers were perceived by, in particular, the judicial system of the UK. Butler (2001: 1) argued that, until the outcomes of this work were made public, the UK courts generally vilified lesbian mothers as sexual deviants posing grave risks to their offspring and who consequently were only awarded custody of their children if the father was deemed to be incompetent. According to Dyer (1999), Golombok *et al.*'s early work (1983) proved a fundamental influence on custody decisions and underpinned a sea change in the attitudes of senior members of the judiciary. Grocock (1995) suggested that this change was most notably reflected in a decision by three appeal court judges who awarded custody of 11-year-old twins to their lesbian mother. This decision, however, was apparently predicated as much on the unsuitability of the father in the case to

accommodate the children as on the judges' confidence that the mother was a suitable parent (p. 34).

With few exceptions, (e.g. Dunne, 2000; Hicks and McDermott, 1999) lesbian parents' experiences have not been effectively explored in the UK. However, from a professional perspective, research from the Royal College of Midwives elicited qualitative accounts of lesbian women's experiences of midwifery services. This work was thought necessary because of the perceived inadequacy of existing knowledge and what Wilton and Kaufmann (2001) referred to as a growing recognition that professional practice with lesbian mothers in the UK was variable (p. 203). This study highlighted inconsistencies in midwifery services, in that a majority of lesbian mothers were happy with the care they received from ante and post-natal services, including those provided during their labour and the birth, but that these services were provided within the context of notably mixed responses to the disclosure of their sexuality.

One element of this, but not generally developed, is the context of welfare reform and the framing of single mothers as social problems. The UK government has not been so 'workerist' in its response to single mothers as the US, with less emphasis on removing welfare 'dependence' by workfare or compulsory measures (Bashevkin, 2002), but it did implement an ill-fated system for collecting parental financial support from the 'absent parent' through the Child Support Act 1991. Mothers who did not wish to name the father were placed under financial pressure to do so, and it is reported that some of these were lesbians (Donovan, 1997). In this context of concern about single parents, lesbian parents may not have found a welcoming response. We know more about their particular difficulties however in the more public arena of child rearing, where children are cared for by strangers (mostly) through adoption or fostering. It is here that civil rights debates are more evident, with lesbians arguing that they have much to offer children in public care, and that discrimination against them on the grounds of sexual orientation is both unfair and not in the interests of children. Community Lesbian, Gay, Bisexual and Transgendered (LGBT) organisations have argued that the ability to form recognised partnerships and to enjoy family life is essential to the exercise of their civil rights (McClean and O'Connor, 2003).

British charities, such as The Children's Society and Barnardo's, have recently addressed the issues of gay and lesbian parenting and have revised previous policy that excluded gay men and lesbians as potential adoptive parents (Boyd, 2000; Donovan, 1997: 219). Despite this climate of change, at local levels there are reports that lesbians continue to be actively discouraged by some professionals, such as social workers, from applying to adopt or foster children (Hicks and McDermott, 1999: 148) although networks of successful and potential gay and lesbian adoptive foster parents may be one means of challenging these prejudices.

### **Lesbian caregivers**

Civil rights for caregivers have been a strong undercurrent in UK debates about care in the community. Early depictions of family care as tasks and roles undertaken by single women (the 'spinster' model of care) were used by campaigning groups to argue for rights to pensions and inclusion in the UK system of social insurance. Such debates missed the possibility that never-married women might not be heterosexual. References to the gendered nature of family care continue to singularly ignore the fact that, while adult

daughters commonly provide care to their parents, not all of them are in heterosexual relationships that need to be balanced with the demands of their caring role (Manthorpe, 2003). In debates over care for disabled family members or friends, lesbians are often invisible as is the potential for friendship to form the basis of roles often ascribed to kin and couples in intimate relationships (Roseneil, 2004; Roseneil and Budgeon, 2004).

Rights in respect of services for caregivers are not well developed in the UK and income substitution provision through the social security system remains a minimal means of support (e.g. Carers Allowance). Expressions of political sympathy pepper the landscape and were particularly emphasised in the development of community care policy, which drove the closure of long-stay hospitals amid more concentrated efforts to maintain people with disabilities in their own homes. It was not until the mid 1990s that policy encouragement to support family caregivers (Secretaries of State, 1989) was translated into duties for local government to offer caregivers an assessment under the Carers (Recognition and Services) Act 1995. Such assessments and services have been criticised for ignoring the sexual orientation of carers and for presumptions of heterosexuality (Logan *et al.*, 1996). The Carers (Equal Opportunities) Act 2004, while providing further rights to information, has yet to be implemented, but there is not any evidence that information will be tailored to meet the concerns of lesbians or gay men.

Caregivers in the UK continue to argue that the Carers Act 1995 is limited and resources are insufficient in quantity, quality and flexibility (see, for example, Qureshi *et al.*, 2003). These arguments are tested in the courts at times, with particular attention being given to primary carers and their rights to information and involvement in the care system. However, the diversity of carers in the UK remains largely neglected, with lesbian carers curiously missing from discussions about the gendered nature of care, about family networks and communities, and about the responses of services to diversity.

Wilson (2001) set out the English legal framework that privileges heterosexual relationships within families and these are highly germane to caring, of course. They include laws in respect of inheritance, legal status as next of kin or nearest relative, pension benefits and tax relief (Wilson, 2001: 133). All are familiar issues in the US and relate to privileges accorded to family and heterosexual marital contracts, or partnership (cohabitation) agreements to a lesser degree. Bayliss (2000), for example, in her discussion of older lesbians and their contact with social work agencies, drew heavily on the US context and examples, essentially in light of the limited UK evidence about what it means to provide care outside presumed heterosexuality.

The UK, as a member of the European Union, is influenced increasingly by European Court decisions; however, these may not all be favourable to gay and lesbian communities, despite the steady progress made by the European Union around gender and employment (Geyer, 2000). What Europe offers its lesbian and gay citizens is further room to test policy within individual nation states against an equality and human rights framework (Holwerda, 2002). These developments may take debates beyond economic spheres, such as taxation and inheritance rights, and align them to the issues raised by lesbian parents about the privileging of heterosexual family norms.

In the UK, a paucity of data about lesbian caring means that the population, its needs and resources, remain hidden (Manthorpe, 2003) and women's caring is seen largely as heterosexual. This applies to lesbians providing care for each other but also in respect of those who provide support for family, typically parents. Membership of the Alzheimer's Society gay and lesbian network (2005) is made up, for example, of people who have



partners with dementia but also includes those caring for parents and other relatives who feel that issues of sexual identity merit acknowledgement and response (Ward, 2000; Price, forthcoming).

The next section of this article considers lesbian employment in social care contexts: it is worth acknowledging, however, that many women undertake informal care giving concurrently with employment, and some will be parents of young children.

### **Lesbian care workforce**

Whilst the experiences of lesbian service users in health, particularly mental health, and social care services, are relatively well documented in the UK (e.g. James *et al.*, 1994; Koh, 1999; McFarlane, 1998; Platzer, 1993; Wells, 1997; Wright and Anthony, 2002), the fact that members of the care workforce may also identify as lesbian appears to have bypassed much of the human resources, practice and research communities. In contrast, studies from the US have highlighted the issues faced by lesbians working in care services, but, even here, attention appears to have been strictly limited (e.g. Deevey, 1993; Stephany, 1992). It is, of course, difficult to comment with accuracy on the lesbian UK workforce as there is still pervasive fear about disclosure of sexual identity as lesbian or gay. The Glasgow survey referred to above (Beyond Barriers, 2003) revealed that 42 per cent of respondents ( $n = 521$ ) considered they had experienced discrimination and harassment at work and 20 per cent said they had left a job or were refused a post because of discrimination. While most (68 per cent) of those in work were open to their employers about their sexuality, and slightly more to their colleagues (76 per cent), this survey also revealed the extent to which people felt that experiences of oppression had negatively affected their life chances, for example, through missed or difficult educational experiences. Within the health service, a small study of 16 medical and dental practitioners revealed the coping strategies they employed to manage their sexual identity and heterosexism and homophobia in the workplace (Riordan, 2004). These, strategies, this research concluded, were complex and involved practitioners carefully controlling and negotiating their interactions with service users, making decisions about how open to be about their sexuality on a minute by minute basis as the situation progressed.

The Stonewall Corporate Equalities Index (2005) followed a United States example in identifying employers in the UK who have demonstrated commitment to sexual orientation equality and it is notable that local authorities score on average more highly than health agencies. This might help explain and conceptualise the personal experiences reported above.

Information about the numbers of lesbians and gay men in social care is sparse, with only a third being open about their sexuality in local authority social care according to a longitudinal survey of employees from managerial, professional and unqualified social care backgrounds (McLean, 1999). This study revealed that men were three times more likely than women to declare themselves as gay/lesbian, and proportions varied by geography, with inner London staff more likely to disclose they were lesbian or gay.

Difficulties identifying lesbians within the social care workforce may relate to the construction of research questions. Lesbians are included infrequently in research on aspects of sexual orientation, as a recent Scottish methodological overview observed (McManus, 2003). Studies in the UK of sexual orientation tend to pathologize by concentrating on problems and needs. There is little, by contrast, about resourcefulness,

although some writers have pointed to the contribution of the lesbian employees in welfare work and then made links with wider issues. These have observed the continued discrimination discussed above, even in public services (Cosis Brown, 1998) and welfare benefits, and raise questions about the inter-linking of oppression and possible negative effects such as psychological distress and mental health problems. In England and Wales, a recent study (King and McKeown, 2003) indicated the extent of such problems and recommended increased training for professionals in health and social care to spot such problems and to respond. Such training, we would argue, should also lead to greater sensitivity and responsiveness to lesbian and gay carers, both as colleagues and service users. For lesbians, gender-based discrimination and workplace inequalities may compound problems, though we know little of their interaction in the UK or wider European contexts. Dunne (1997) noted the perception of many lesbians in her study that they would need to be economically self-sufficient through employment, as they could not rely on others for financial support.

White (1995) observed the potential blurring of professional and personal issues by both lesbian and gay social workers. We know little in the UK of how these are negotiated, still less about lesbian care workers who are not professionally qualified but who engage in direct personal care or about those who do not work in the public sector but in the substantial commercial and not-for-profit agencies. Cooper *et al.*'s (2003) study, referred to above, gave examples of two local authorities where the responsibility of harassment advisors and procedures covered sexual orientation, and another where lesbian and gay staff were also able to access a workers' group and a confidential counselling line. The public sector in the UK has much higher rates of unionisation than the private sector and the relevant unions, such as UNISON, have long-established representation and advocacy structures for gay and lesbian members. Despite this, some evidence of the difficulty experienced by residential care workers in dealing with sexuality overall, but particularly if gay or lesbian issues challenged them, was revealed in Archibald's (1998) detailed observational study of residential care work and this confirms the many comments that UK social care and social work training and practice are not engaging with equality issues in respect of sexual orientation as much as other identity and discrimination issues (Logan *et al.*, 1996).

## Conclusion

Reflection on the three arenas discussed above helps repudiate any stereotype of lesbian experiences in the UK as heterogeneous. It exposes areas where sexuality is seen to matter, such as looking after children, and where it is considered less consequential, such as looking after an adult and suggests that this is the consequence of long-standing prejudice. The equalities framework appears to be increasingly relevant to those in employment and to those overtly discriminated against, such as prospective parents. The rights agenda for caregivers has not yet engaged with a broad acceptance that some carers may be more oppressed than others, and that for some their visibility and status are much less evident than for their heterosexual peers. The Civil Partnership Act (2004) has brought care giving and financial rights and responsibilities between gay and lesbian couples into prominence. However, it may leave those who care for people other than their partners still in the shadows if their sexuality continues to be seen to have little impact on their identity as daughters, or other female kin.



This overview of lesbian caring reveals how policy development in the UK may benefit from more evidence of the inter-relationship between the different experiences and systems of care as they affect lesbians. With this, agendas for change will be able to draw on women's experiences, and should be better able to evaluate legislative and policy change. Such thinking may also help to draw out how sexual orientation is affected by policies across the life course.

This article has identified common issues for lesbians providing care in family, friendship and employment contexts. Responses to specific discrimination are being addressed in the UK, within a framework of civil rights and equalities. As has been demonstrated, however, such reform is piecemeal and on the face of it still of continued prejudice.

At an individual level, many lesbians become parents, or seek to offer children a home. Lesbians provide care to family and friends, and to fellow citizens through employment in social care. In these latter two contexts the lever for change is a demand for equal rights, in relation to legal and financial ties. Developments in civil partnership seem set to provide an over-arching legal status that may be particularly useful in these contexts in enhancing legal and thus public recognition for partners' responsibilities to each other, together with the duty of civil society to respect these bonds.

At group level, many lesbians are joining with gay men to articulate their concerns, to share their experiences and to derive support. Illustrations of adoptive and foster parents networks, of caregivers' support groups and of workplace support and campaigning bodies, provided in this article, represent communities of interests that may influence and advocate for further change.

An agenda for further research in the UK might suggest the value of separate and in-depth consideration of aspects of lesbian care, but it might also usefully explore care across the life course. People's lives are multi-faceted and many individuals undertake care roles concurrently as well as consecutively. We also need to know more about the potential strengths and dimensions brought to caring relationships by lesbians as well as conflicts and dilemmas. Finally, while professional education in the UK continues to lament the limited attention in training to issues of sexuality, we might suggest that research could productively move to construct more robust evidence of the outcomes of professional intervention, to develop good practice, to see what works for lesbians both within the workforce itself and for those in receipt of services as caregivers.

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