Kinship, Family, and Support Networks in Scotland's LGBTI+ Community
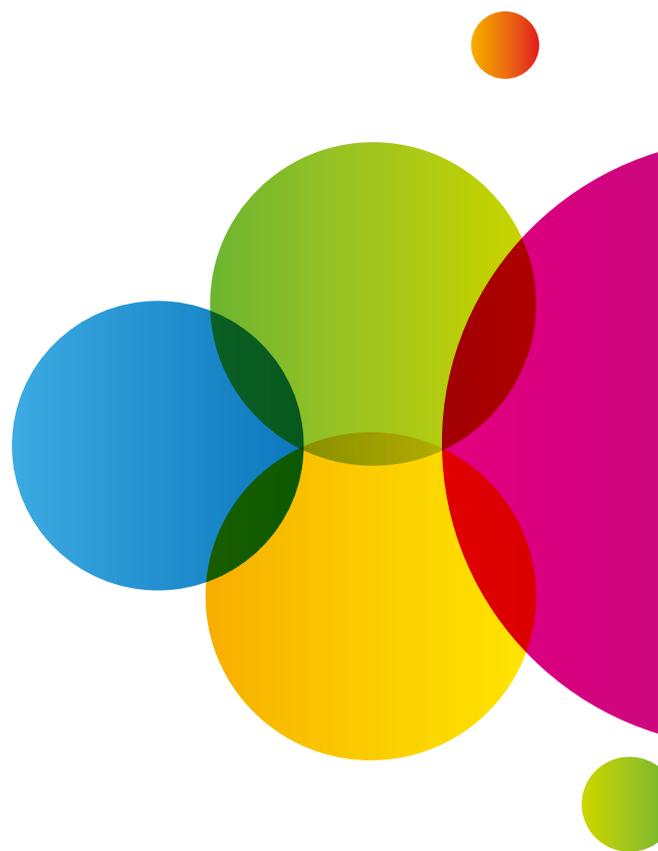
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Registered Scottish Charity: SC037852

Company limited by guarantee: SC220213

Kinship, Family, and Support Networks in Scotland's LGBTI+ Community

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Kinship networks in the LGBTI+ community have long been considered 'different'. We do not always abide by traditional notions of 'family', and collectively we have had to redefine what family means.

Throughout history, our community has taken on the responsibility of looking out for ourselves. Having been neglected by wider society, and subject to discrimination, we have forged strong and unbreakable kinship networks, supporting each other when the world at large has not. Many have been alienated or ostracised from their biological family, and some have separated themselves due to prejudice or fear. Some have 'chosen' their own families instead. For many, these support networks are a lifeline.

As society, and equalities, have progressed, LGBTI+ people have finally been afforded new and assisted ways in which to create families, but within policy and legislation in Scotland, our diverse families, support, and kinship networks continue not to be considered. We decided to find out how this impacts us, what can be changed to make our lives easier, and most importantly, what can be done to ensure our networks of support are fully recognised.

This report outlines our findings, and our related policy recommendations based on these, our knowledge of the LGBTI+ community, and the policy landscape of Scotland.

Dr Rebecca Crowther
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Kinship, Family, and Support Networks in Scotland's LGBTI+ Community

Introduction

Why is it important to understand LGBTI+ kinship, family, and support networks?

LGBTI+ people, alongside other minority groups, experience challenges in mental and physical healthcare that the rest of the population do not. 'Supporting People: A Resource for LGBTI Groups' describes these experiences, and how stigma, prejudice and discrimination create a hostile and stressful social environment that can cause mental health problems.[1] This is called **minority stress**. For example, when seeking mental health support, LGBTI+ people often face barriers, such as professionals' lack of knowledge or understanding. This can lead them to rely on more informal and social networks for support.

In this report, we look at those networks, alongside other points of support, such as groups and organisations, to build a more holistic view of how we, as LGBTI+ people, form **kinship** and **community**.

This report was designed to promote better understanding of the LGBTI+ community. The results should not be taken as comprehensive or conclusive, but as part of a larger picture of research around LGBTI+ experiences in Scotland and across the UK. This report aims to inform the reader not only about how support networks were affected during the pandemic, but how support outreach could continue to improve, and how future policy recommendations could be more considerate of LGBTI+ individuals and communities.

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[1] Equality Network's Supporting People resource (2021):
https://www.equality-network.org/resources/supporting-people/

Key Terminology:
Kinship, Community and Chosen Family

As LGBTI+ people, we are often marginalised by our biological families, and/or surrounding community. This means our definition of family, or **kinship**, has had to adapt. Rather than defining family, or kin, by biological ties, many LGBTI+ people choose whom they consider family from amongst their close friends, and members of their local support networks. **Community** encompasses chosen families, and other points of support that we find, whether individuals or groups, in-person or online, local, or far-flung.

Throughout this report, LGBTI+ kinship and community will be central to the idea of a 'support network'.

'Chosen Family' is sometimes referred to as one's 'found family.' This refers to others that people have chosen or found throughout their lives as individuals who nurture, support and care for them – for all intents and purposes, they are without biological or legal ties. For the LGBTI+ community our 'chosen' families are sometimes (but not always) our only families, and are who we turn to for love, support, and in times of crisis.

The idea of a chosen family is not new – in the 1990s, Kath Weston first popularised the term and applied it to lesbian and gay kinship.[2]

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[2] Weston (1997) Families we choose: lesbians, gays, kinship. Columbia University Press.

Since then, more research has been done on how LGBTI+ people choose and build their families, and care for one another.[3]

We intend to build on this research to improve the lives of our community in Scotland.

Methodology

This project employed a self-selection sampling methodology using an online survey, which was disseminated via social media channels, and distributed to various groups and organisations through flyers and a conference, as well as at Pride events.

The survey asked both quantitative and 'multiple choice' questions, and for qualitative written answers.

Quantitative data, such as demographic information, was assessed as a means of contextualising qualitative data.

Analysis employed mixed methods, using quantitative and qualitative thematic analysis.

All written responses were thematically grouped (coded). All thematically grouped qualitative data was further analysed and written up throughout the report.

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[3] Burr, Viv. 2005. '"Friends are the families we choose for ourselves": Towards the democratisation of relationships.'; Nelson, Markgaret K. 2013. 'Fictive kin, families we choose, and voluntary kin: what does the discourse tell us?' Journal of Family Theory & Review, 5(4), pp 259-281; Knauer, Nancy J. 2016. 'LGBT older adults, chosen family, and caregiving'. Journal of Law and Religion, 31(2), pp 150-168. ; Jackson Levin, Nina, et. al. 2020. '"We just take care of each other": navigating "chosen family" in the context of health, illness, and the mutual provision of care amongst queer and transgender adults'. IJERPH, 17(19), 7346. ; Rikke, Andreassen. 2023. 'From the families we choose to the families we find online: media technology and queer family making', Feminist Theory, 24(1), pp 12-29.

Respondent demographics and key quantitative findings:
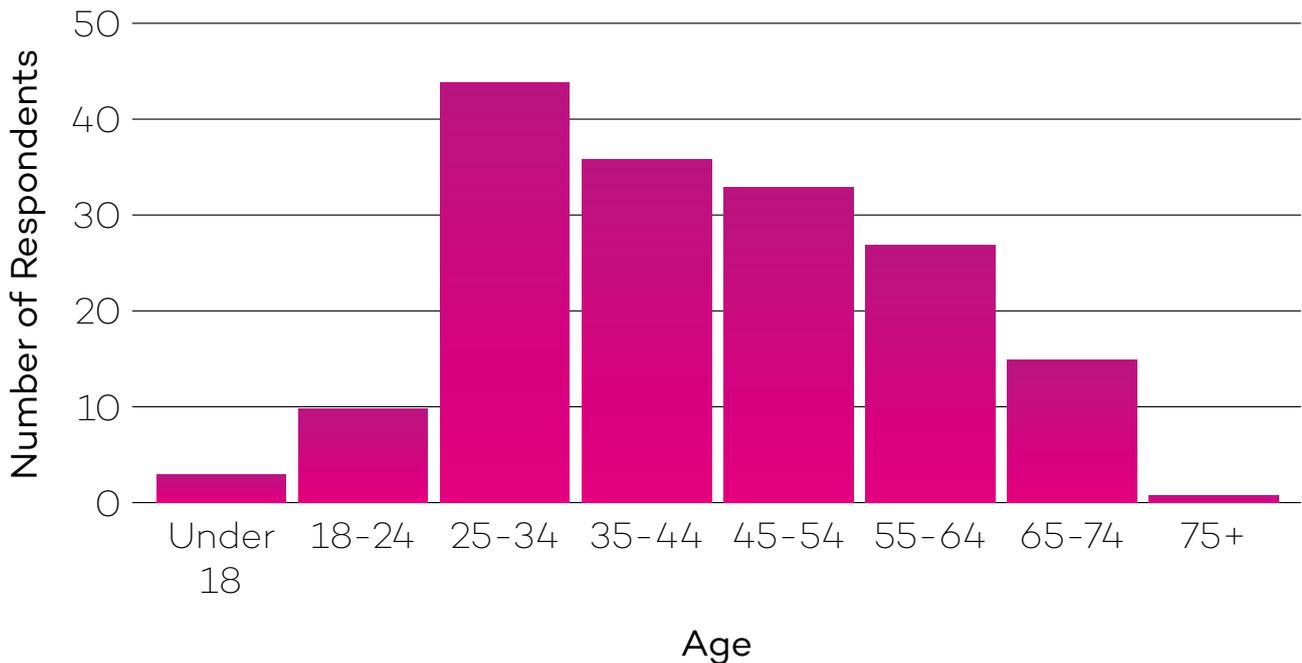
Total number of respondents[4] : 197[5]
Age (count=169): Between 18 and >75

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[4] Participation in this survey was unusually low compared to past surveys conducted by Equality Network with similar scope. This can be explained by several likely causes: 1. At its outset, this survey was open only to lesbian and bi respondents; 2. During the time period in which the survey was open, the LGBTI+ community was experiencing a particularly high degree of data solicitation, potentially leading to 'survey fatigue'.

[5] This number does not include survey responses that did not meet the scope of the survey, for example those submitted from outside the UK, as well as responses that were unreadable or blatantly submitted in bad faith (i.e. using abusive or otherwise discriminatory language).

Location type (count=170)

Over half of respondents were from an urban area.
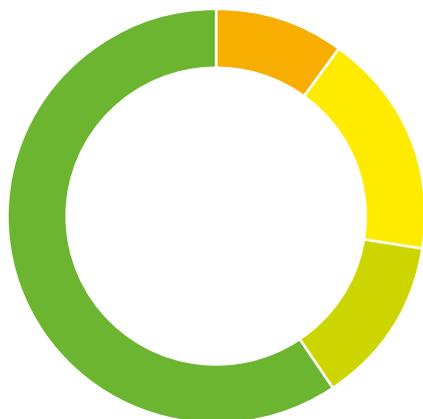
- ■ Urban **59%**
- ■ Semi-urban **18%**
- ■ Semi-rural **13%**
- ■ Rural **10%**

Ethnic identity (count=168)

Over 90% (92.8%) of respondents were white.
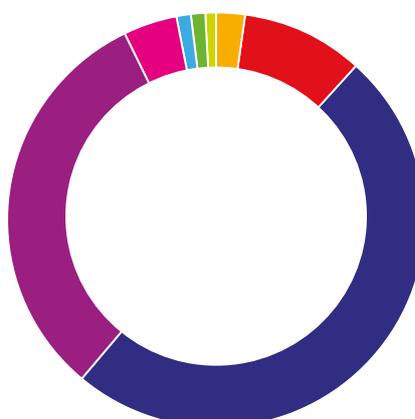
- ■ White Scottish **49.4%**
- ■ White British **31.5%**
- ■ Any other ethnic group **4.2%**
- ■ Caribbean **1.2%**
- ■ Indian/Indian Scottish **1.2%**
- ■ African **0.6%**
- ■ White Irish **2.4%**
- ■ Any other
  White ethnic group **9.5%**

Sexual/romantic orientation (count=168)
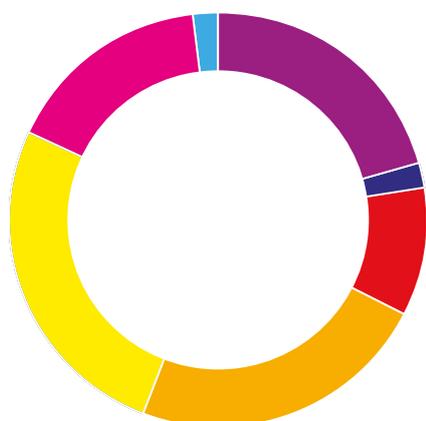
- ■ Gay **20.8%**
- ■ Asexual **1.8%**
- ■ Pansexual **10.1%**
- ■ Bi **23.2%**
- ■ Lesbian **26.2%**
- ■ Other* **16.1%**
- ■ Heterosexual **1.8%**

* Our understanding of sexual and romantic orientation is still evolving, and multiple-choice survey questions do not always represent the full spectrum of how LGBTQIA+ people identify.

'Other' sexual/romantic orientations respondents reported included (but were not limited to):

- Queer (count=8)
- Questioning (count=3)
- Bi & Demi
- Demisexual, prefer penises
- Attracted to women and trans-feminine non-binary folks

Gender[6] (count=171)

- Woman **53.2%**
- Non-Binary **14%**
- Man **23.4%**
- Other **9.4%**
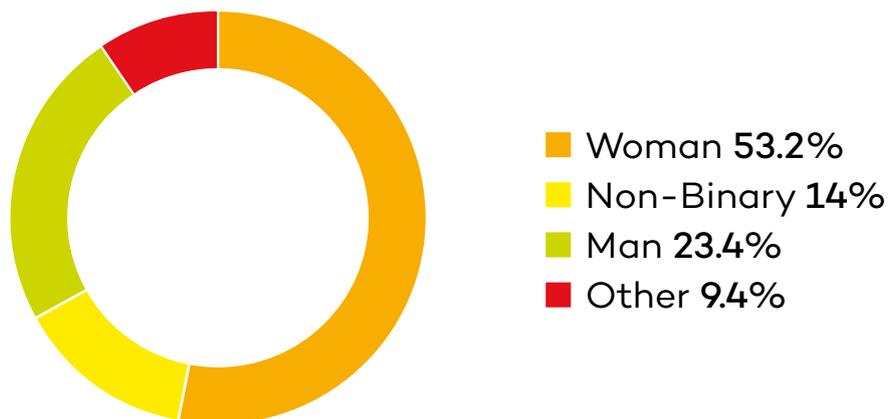
* Like sexual/romantic orientation, gender and gender expression are rich spectrums that are not fixed or easily captured in a multiple-choice survey format.

'Other' gender identifications respondents reported included (but were not limited to):

- Agender (count=2)
- Transgender woman (count=2)
- Genderqueer
- Autigender female
- Still figuring that out

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[6] There is likely a higher percentage of women represented here as this survey was originally only open to LB+ women ahead of the Lesbian Lives Conference in Cork, Ireland in 2022 where Equality Network presented initial findings as part of a workshop. This meant that the survey was open to LB+ women longer than the rest of the community.

Trans status (count=169)

Do you consider yourself to be trans or to have a trans history?
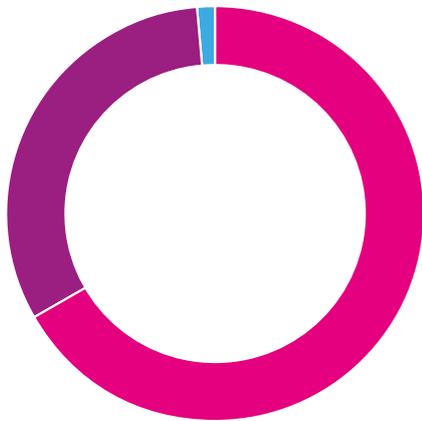
- ■ No **66.8%**
- ■ Yes **32%**
- ■ Other **1.2%**

* Those who answered 'Other' (count=2) answered this question with **'Genderqueer'** and **'Kind of'**.

I/VSC status[7] (count=170)

Do you have a variation in sex characteristics or consider yourself to be intersex?

- ■ Yes **4.7%**
- ■ No **95.3%**

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[7] I/VSC refers to 'Intersex / Variations in sex characteristics.' This is an umbrella term used for people who are born with variations in biological sex characteristics - this may mean that they have bodies which do not always fit society's perception of typically male or female. This is sometimes referred to as DSD (differences of sex development), but many dislike this term. I/VSC is not the same as gender identity (our sense of self) or sexual orientation (who we are attracted to), but it is about the physical body we are born with. When you see 'I' in the LGBTI+ acronym we are referring to people who are intersex or who have a variation in sex characteristics.

Disability and mental health

We did not ask directly whether respondents were disabled. However, it is worth noting the 'unseen statistic' that became evident – a significant number of people responding to this survey made some mention of mental illness or mental health struggles (either their own or a loved one's), and a notable minority mentioned that they were disabled and/ or lived with chronic health conditions.

Context

24th March 2020[8] marked the first day of 'lockdown' in Scotland, in which the Scottish Government's restrictions for businesses and personal movement came into effect. Covid lockdowns had a significant detrimental effect on LGBTI+ people's ability to maintain connections and community and a timeline of these lockdowns is necessary context to understanding how LGBTI+ communities were affected. You can read more about the effects of these lockdowns in our Further Out: Scottish LGBT Rural Equality report[9].

The extent of the lockdown in Glasgow is singled out to highlight the fact that many LGBTI+ community services are based in urban areas, and even those that were allowed to remain open, such as outdoor exercise groups, will have become inaccessible to LGBTI+ populations outside the boundaries of the local authority (and to those outside of the central belt, whom we know may rely on these central LGBTI+ spaces).

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[8] Timeline of government guidance and restrictions: https://spice-spotlight.scot/2023/05/10/timeline-of-coronavirus-covid-19-in-scotland/

[9] Equality Network's Rural Equality Report: https://www.equality-network.org/wp-content/uploads/2020/10/LGBT-Rural-Report.pdf

24 March 2020

First day of 'lockdown' in Scotland, with restrictions on businesses and personal movements. Contact with people outside your household was banned and people were not to leave home apart from for essential reasons and one daily period of outdoor solitary exercise.

19 June 2020

Scotland moved to Phase 2[10] of the 'five tier' system. Two households could become one 'extended household' under stringent rules – all household members had to be in the same 'bubble' and at least one of the households had to be single occupancy or only one adult.[11]

5 August 2020

First regional lockdown in Scotland announced in Aberdeen, restricting businesses and household contact

10 July 2020

Scotland moved to Phase 3, allowing two households to meet indoors and non-cohabiting partners to form an extended household.[12]

10 Coronavirus (COVID-19) Phase 2: Scotland's route map update: gov.scot (www.gov.scot)

11 Support bubbles: How do they work and who is in yours? (January 2021) https://www.bbc.co.uk/news/health-52637354

12 Coronavirus (COVID-19) Phase 3: Scotland's route map update: gov.scot (www.gov.scot)

1 September 2020
East Renfrewshire, Glasgow, and West Dunbartonshire enter regional lockdowns. Glasgow will not enter lower protection levels until June 5 2021.

17 November 2020
All people in local authorities in levels 3 and 4 are barred from travelling outside their local authority.

29 October 2020
A formal system of regional protection levels from 0-4, governing lockdowns in each local authority, is released.

26 December 2020
All of Scotland is placed in level 4, the highest level of restriction.

13 April 2021
Rules about travel within Scotland are relaxed for outdoor activities.

20 April 2021
All of Scotland is moved to level 3, with various local authorities moving to lower protection levels over time.

14 May 2021
All of Mainland Scotland apart from Glasgow and Moray is moved to level 2. This means people from Glasgow and Moray are no longer allowed to leave their local authorities and no one from outside these authorities is allowed to enter Glasgow or Moray.

5 June 2021
Glasgow is the last authority to leave level 3 restrictions.

All of the restrictions above are recognised to have had a clear negative impact on LGBTI+ people who have diverse kinship structures, who did not live with family (for many reasons), who have chosen family outside of the home (and/or outside of their local area), who do not have children or live-in partners, who may not have felt safe or supported in the home, who relied on LGBTI+ inclusive social spaces, community groups or services, and / or who relied on these spaces and services outside of their local authority.

The Scottish COVID-19 Inquiry[13] is working to better understand this government response in Scotland, and may prove to be a good resource for considering the social aspects of public health for the future.

Recent research has shown some of the ways LGBTI+ people were affected by the pandemic and the above restrictions,[14] including older people[15] and those who were already experiencing health inequalities.[16] We do not give details here, but that research provides more information on how the pandemic affected the LGBTI+ community should readers wish to look further at this.

This report explores how LGBTI+ people connect with each other, and the people around them, to receive and give support.

As part of this, the Equality Network is interested in how the restrictions on movement and socialising implemented in Scotland during the pandemic affected existing LGBTI+ support networks. With this information, we hope to better understand the status of LGBTI+

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[13] Scottish Covid 19 Inquiry: https://www.covid19inquiry.scot/

[14] McGowan, Victoria. 2021. 'Life under COVID-19 for LGBT+ people in the UK: systematic review of UK research on the impact of COVID-19 on sexual and gender minority populations'. BMJ Open

[15] Hafford-Letchfield, Trish. 2021. 'Unheard voices: a qualitative study of LGBT+ older people experiences during the first wave of the COVID-19 pandemic in the UK'. Health & Social Care in the Community, 30(4), pp e1233-e1243.

[16] Phillips, Callum. 2021. 'How COVID-19 has exacerbated LGBTQ+ health inequalities', BMJ, 372.

support networks now that those restrictions have been lifted, and what could be done to help LGBTI+ people to be supported, and to support one another.

Thematic summary

Respondents to our survey described diverse support networks, but a strong majority reported relying primarily on friends and family, and for many, 'chosen family' provided the foundation for their support network, rather than biological family.

Points of support included people (such as doctors, carers, and mental health professionals), organisations (including LGBTI+ specific organisations), community spaces (both physical and virtual), and pets.

In addition to the universal human needs of practical, mental, and emotional support, LGBTI+ specific points of support (people, groups, and spaces) offered respondents feelings of safety, acceptance, mutual understanding, and the opportunity to thrive.

Pandemic lockdowns of 2020 and 2021 had several impacts on LGBTI+ respondents, especially on networks involving found family, medical care, and LGBTI+ community spaces. These impacts were intersectional – involving multiple factors relating to identity – and exacerbated issues many LGBTI+ respondents already faced, such as isolation or alienation due to age or disability.

Thematic analysis

What is a support network?

No person is an island. We all rely on people and places around us to give us the physical and emotional support we need in our lives. Together, these **people and places form our support networks**, and each person's network is unique to them. Some include a small network of close friends or family, and some include a wide community of people with shared interests and experiences.

Support networks are in-person and virtual, may exclusively consist of close personal ties, or may be made up of larger groups of acquaintances. Support networks are defined by the way they link people together, help people to do things that they could not do on their own, and how they make people feel. In many ways, **the most vital thing a support network provides is fundamental human connection**.

Different kinds of support networks include:

Biological family

Chosen family

Professional care

Interest groups

Organisations (including LGBTI+ organisations)
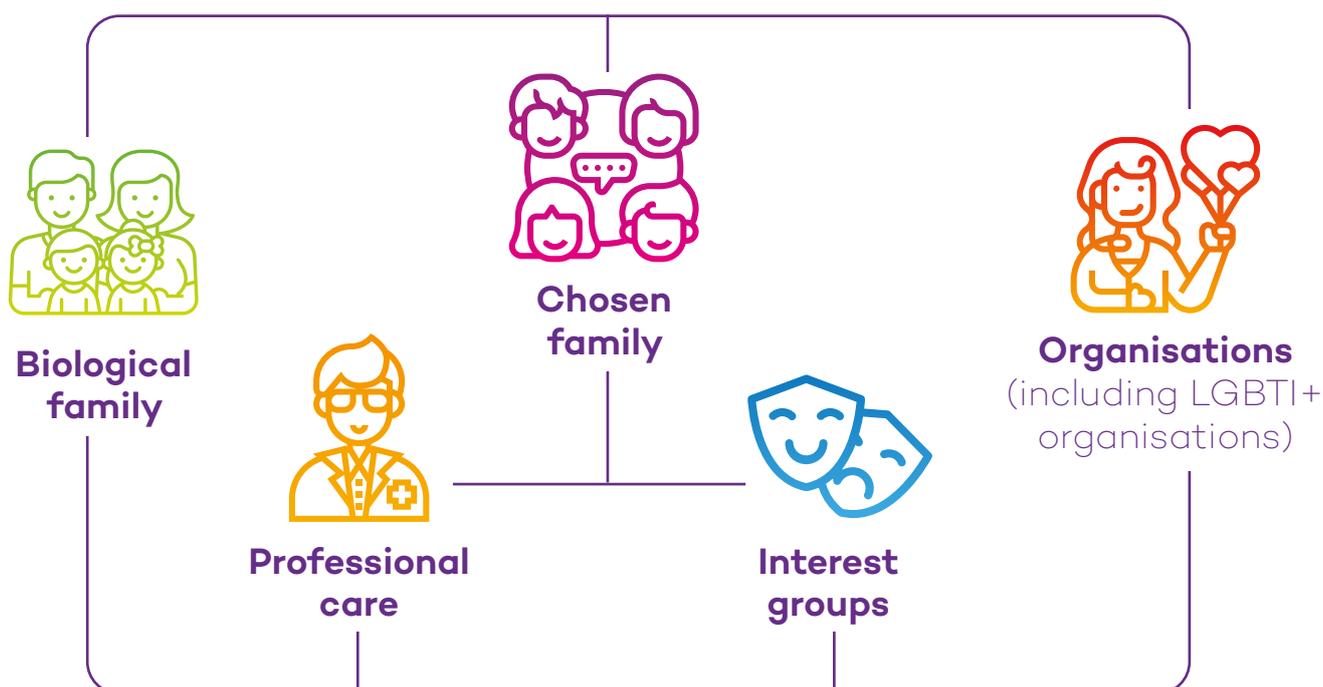
Workplace

As part of the survey, respondents were asked to describe their networks of support, including where they found 'emotional support, comfort, physical support, practical or financial support, space to talk and be yourself, connection, a sense of community and belonging.'

Some who responded to the survey indicated that they struggled to find support, or had little to no support networks in their lives.

> **I don't have much support. On benefits for my mental health, I've become isolated. I am locked out of health care. I have a small number of close friends but they have issues of their own so it is difficult to be completely open."**
>
> (Semi-rural, 45-54 year old, bi, non-binary, trans person)

Many respondents listed 'family' (including partners) and 'friends' foremost. However, others said that biological family were not a good source of emotional support.

> **I didn't list my family as that's not where my support comes from - I think that's pretty common among LGBTQIA folks."**
>
> (Urban, 35-44 year old, queer, trans man)

In this survey, respondents confirmed that chosen family is a vital part of support networks for many LGBTI+ people.

> **Queer family can be very different to blood family, even if they're accepting and supportive, the queer family understand things on a wholly different level that makes them essential to be around. You need a buffer from the world sometimes, especially if you're trans, and only other trans folk can really understand that."**
>
> (Urban, 35-44 year old, pansexual, non-binary person)

> **Years ago, when I was earlier in my transition, I was adopted by others in the community who supported emotionally and helped bring me up to speed on how it all is, and in time I adopted others in turn. ... You feel more closely related to chosen family and friends when you find that sense of belonging you never had in bio family or society when growing up."**
>
> (Urban, 25-34 year old, lesbian, trans woman)

> **Husband & best friend are my closest companions ... We live intentionally within a community of close friends, and different groups of friends within that. We have a chosen family of 6 and talk to them every day."**
>
> (Urban, 25-34 year old, bi, cis woman)

Respondents mentioned local organisations that they considered part of their support networks, including LGBTI+ specific organisations and support groups.

> **In order to make connections into the wider world I make myself go to my church, LGBT Health & Wellbeing, and the newly formed Edinburgh Gay Network."**
>
> (Urban, 45-54 year old, gay, cis man)

For some, being involved in an organisation as an employee or volunteer was an important part of their support network.

> **Volunteering has massively increased my sense of community, not just LGBTQ+ community, but we've been doing a lot of events in my council ward which has increased my feeling of connectedness with the wider community."**
>
> (Urban, 35-44 year old, bi and demi, trans, non-binary person)

For many respondents, interest groups gave them essential support, including choirs, sports groups, and games groups.

> **D&D groups usually consist of friends of mine but even when it isn't, it's usually a tight knit one as we see each other often and rely on good support from one another."**
>
> (Urban, no age given, pansexual, trans, non-binary person)

> **My fighting group I think is so close due to the type of sport we do. It's close contact and very physical. We see each other at our best and our worst and yet we stick around. There's a phrase we use which is "hit each other with love" and it's true."**
>
> (Rural, 18-24 year old, cis woman, unsure of her sexuality)

> **Roller derby is a female led, grass roots sport that is very welcoming. For me as a lesbian woman, this is the only space where I'm truly out and myself. I am also able and happy to extend this feeling of empowerment to others which creates a strong sense of belonging and being accepted."**
>
> (Semi-rural, 25-34 year old, lesbian, cis woman)

Where respondents spoke positively about their workplaces, colleagues could be an additional source of support. During lockdowns, when most businesses were closed, in-person work moved online, or employees were put on temporary government-subsidised furlough. This meant some respondents found themselves cut off from this point of support within their network.

> **❝ My formal work and university LGBT+ Networks give me a feeling of community and the fact that we stand by each other and have some of the same lived experiences.”**
>
> (Semi-rural, 55-64 year old, gay, cis man)

Finally, a number of respondents indicated that their support networks would not be complete without their pets. Research has shown that pets have a positive impact on mental health,[17] and recent research on pet owners during the pandemic suggests that pets provided significant mental and emotional safeguarding during lockdowns.[18]

> **❝ My family unit has been somewhat problematic so I seek that elsewhere. I can find it however in my pet, my hobbies and my few close friends.”**
>
> (Semi-rural, 25-34 year old, bi, cis man)

> **❝ I would say my support network is: my partner and pet, my friends and my mum.”**
>
> (Urban, 25-34 year old, lesbian, cis woman)

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17 Cusack (2014), Pets and Mental Health, Routledge, New York

18 Grajfoner, D., et. al. 2021. 'The effect of pets on human mental health and wellbeing during COVID-19 lockdown in Malaysia', Animals.

Where are support networks?

- Home, outdoors
- Pop-up spaces, specific use spaces
- Online, on the phone
- Medical and therapeutic spaces

Support networks, like all forms of community, rely on places, as well as people. When discussing where they found points of support in their lives, survey respondents mentioned a variety of spaces, including physical places and virtual forums.

Some described more private spaces for solitary activities, such as reading at home, or walking in nature.

> **I find safety, stability, and comfort in my bedroom."**
>
> (Urban, 45-54 year old, gay, cis man)

Many respondents mentioned public spaces such as cafes, pubs, and clubs, where LGBTI+ people meet and socialise, as well as pop-up spaces for group meet-ups and events.

> **Queer spaces like cafes and bars and cabaret and drag shows and queer club nights are a lot of where we come together. It's beautiful when you can look around and see other people being openly queer and in the majority. We make spaces for ourselves within society."**
>
> (Urban, 25-34 year old, lesbian, trans woman)

For some, medical and therapeutic spaces were an important part of their regular support system, e.g., doctors' and counsellors' offices.

> **❝ I attend therapy in person and it supports all areas of my life and helps me work through any thing that has happened [that] week as well as previous trauma. When I miss a week, the absence is felt."**
>
> (Semi-urban, 25-34 year old, lesbian, cis woman)

> **❝ Therapy is also a huge source of support because a professional is helping me have the tools to build up my self-esteem and resilience, but I am among the lucky people who can afford to access private therapy sessions."**
>
> (Urban, 25-34 year old, bi, cis woman)

Several trans respondents described attending appointments for gender-affirming medical and mental health care. As will be explored later, COVID-19 lockdowns cut patients off from most in-person gender-affirming care, which left trans people particularly affected.

(For more information, see LGBT Foundation's Why LGBT People are Disproportionately Impacted by Covid-19)[19]

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[19] LGBT Foundation - Why LGBT People are Disproportionately Impacted by Coronavirus: https://lgbt.foundation/coronavirus/impact

Both before, and during the pandemic, online spaces, including phone apps, were essential tools for respondents to find connection and digital spaces to socialise.

> 66 **I don't currently attend any in-person events, or even meet friends indoors. This means that the online contact and community I get through people I engage with on Instagram takes on a greater importance, in terms of reducing isolation, sharing my experiences and feeling part of community."**
>
> (Urban, 25-34 year old, queer, trans, non-binary/genderqueer person)

> 66 **The online communities I am part of are very inclusive and supportive, and importantly share a lot of humour and positivity so it's not always about the negative experiences."**
>
> (Semi-urban, 25-34 year old, bi, trans, non-binary person)

What do support networks provide?

- Physical, mental, emotional care
- 'Practical' help
- Acceptance, a sense of belonging, unconditional love
- Space to exist, socialise, thrive

People give and receive different things within their support networks, depending on their needs and strengths.

For some respondents, including people living with health issues or disabilities, physical care, and other practical help, were as vital as emotional support and care.

> **Definitely helped me navigate the complicated life of being queer (especially trans). There's so many legal, medical and social barriers that hearing how to overcome them from someone who's done it is super helpful."**
>
> (Urban, 25-34 year old, lesbian, trans woman)

> **I'm still stuck in the house so I'm reliant on getting lifts from my network to get out and about. I'm very lucky to have good relationships with them all. I'm geographically isolated but not emotionally."**
>
> (Rural, 45-54 year old, lesbian, cis woman)

> **My primary carer and my partner enable me to do things like getting out of bed, getting clean, dressing, moving around the house and getting to the toilet."**
>
> (Urban, 45-54 year old, bi, trans, non-binary, intersex person)

Many respondents wrote about the other benefits of support networks, including a sense of acceptance and belonging, unconditional love, and the space to exist, socialise, and thrive.

> **My friendship networks are hugely impactful in my life - emotional support, having my back, and generally have been the reason I've been able to get through problems I've faced. They've also provided physical and logistical help like food shops when I was isolating etc."**
>
> (Urban, 25-34 year old, bi, cis woman)

> **These support networks both nurture me and give me space and purpose to nurture others. Most of these spaces are explicitly trans-affirming and can be very helpful to work through societal pressure and queerphobia."**
>
> (Urban, 18-24 year old, grey asexual, trans, non-binary person)

What, specifically, do LGBTI+ support networks provide?

- Understanding care
- Safety
- Acceptance
- Freedom of expression
- Shared experience

As previously mentioned, several respondents specifically included doctors and/or therapists as part of their support network. It has been established that for LGBTI+ people, and trans people in particular, seeking healthcare can cause a great deal of anxiety, as healthcare professionals can be unsupportive or even discriminatory.[20]

> **Some professionals can be judgemental on someone's LGBTQI+ status. Or, support may not be provided or up to standard as someone who identifies as cisgender and straight."**
>
> (No demographic data)

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[20] Trans Mental Health Study (2012) McNeil, et.al. pp 43-59.

> **Access to sexual health and well-being services can be off-putting if support staff do not understand the complexities of men who have sex with men as opposed to gay men, for example. Or support services not recognising the needs of trans men and women in their sexual health needs. Too often support services will deal with the immediate presentation - looks like a man, is a man - rather than asking/exploring the possible 'difference' in [front] of them."**
>
> (Urban, 55-64 year old, gay, cis man)

For these reasons, specialised medical and mental healthcare – for example, a knowledgeable doctor to help with gender-affirming care, or an LGBTI+ affirming counsellor – can be an important point of support within a person's network.

> **I feel safer and more comfortable in spaces where I know nobody's going to be weird about my gender or sexuality. … [N]ow I've had LGBTQI+ therapists I don't think I'd ever go back to seeing a cishet therapist. There's a shorthand of shared experience that I find immensely valuable to getting more quickly into a meaningful relationship."**
>
> (No demographic data)

More broadly, people who responded to this survey described LGBTI+ specific support networks providing them with a feeling of safety and acceptance, and a non-judgemental environment:

> **I think it's really important to have gay-friendly spaces where you know there are people like you, or people who understand you, particularly for young people trying to figure out their place in the world."**
>
> (Urban, 18-24 year old, lesbian, cis woman)

> **Essentially networks of support need to offer the same kind of loving, safe, respectful, just and nourishing relationships important to everyone. People identifying as LGBTQI+ and non-binary are likely to have suffered repeated discrimination, marginalisation, often abuse of various kinds and to have experienced personal rejection by loved ones."**
>
> (Urban, 65-74 year old, gay, cis woman)

Within LGBTI+ specific support networks, respondents described enjoying more freedom of expression, and the closeness and camaraderie that comes from shared experience.

> **I feel most at home among other queers, they don't have to be trans as well just queer. It's easier to breathe and exist in a queer space without the worry that someone will be bigoted towards you. You speak in a different way and using queer slang, you get community references and it feels like coming home to the place you live after having been abroad. Suddenly you're in a place where you make sense and people speak your language (metaphorically but also a bit literally when using queer terms)."**
>
> (Urban, 25-34 year old, lesbian, trans woman)

> **LGBTQI+ people need direct support from their peers who also identify as LGBTQI+ as the parallel life experiences offer true understanding of challenges, needs and a source for camaraderie in the face of adversity as a minority."**
>
> (Urban, no age given, gay, cis man)

> **Being LGBT is not the entirety of what I am but it's important for LGBT to have at least some LGBT support and understanding of issues that we have all gone through or had to face like coming out, bullying, homophobia."**
>
> (Rural, 45-54 year old, asexual, cis woman)

It is important to note that some respondents felt that they did not belong in LGBTI+ spaces, or that they had not found the support that they needed in those spaces.

> **Pride is always lovely though as an older person I don't have the energy to stay out in the evenings and I would like more LGBTQI+ spaces for older age groups or intergenerational activities which aren't based on clubbing/drinking alcohol. My old friends have passed away for the most part and though I know a lot of people through volunteering and community work I'm not always comfortable coming out to people who aren't close friends unless they have shown themselves to be LGBTQI+ allies."**
>
> (No demographic data)

> **Networks of support differ for bi women because they can't necessarily rely on queer groups for support and community [and] are criticized for benefiting from straight passing privilege or not being gay enough/ just seeking attention. It makes us take more distance from the queer community as it's not as much as a safe place."**
>
> (Urban, 25-34 year old, bi, cis woman)

What impact did the pandemic have on support networks?

The impact of the pandemic was as complex and individual as the LGBTI+ community itself. People who responded to this survey described their networks evolving (for better or worse), being interrupted, stratified, or, somehow, not changing much at all.

For some, the pandemic's impact could be summed up in one word, and these included:

> **Extreme. Decimated. Devastating. Depressing. Limiting. Restricted. Disappeared. Considerable. Catastrophic. Detrimental.**

Respondents described how their support networks shifted from physical spaces to online spaces (for better or worse), and in some cases did not return to pre-pandemic levels of engagement once restrictions were lifted.

> **During the pandemic my online communities became much stronger and spending time there led to a marked improvement in my mental health, but it has been hard - even though I could see it coming - to deal with events becoming less frequent and fewer people attending them."**
>
> (Urban, no age given, bi, trans, non-binary, intersex person)

> **As a single LGBTQI+ person, the 'bubble' legislation prevented me from socialising with any other LGBTQI+ individual in person, I was isolated to my flat for the duration of the lockdown. ...It took almost another two years to rebuild tenacity in my social networks to feel safe enough to meet up. Some more peripheral social networking groups and events never recovered and faded away."**
>
> (Urban, no age given, gay, cis man)

> **Most of my friends are also migrant so they had the same desire to reconnect once the restrictions were lifted. It was difficult not to see my family in person for a long time but luckily technology helped, as it did with the therapy session: that has easily adapted to the new lifestyle we had to adopt. The relationship with fellow activists was more damaged: we struggled to keep in touch and even doing activism as everything was closed down, movements were limited and meeting other people would mean 'expand our bubble' putting ourselves at risk."**
>
> (Urban, 25-34 year old, bi, cis woman)

> **It was super difficult. It really disrupted social interaction. I didn't take well to everything moving online. I got zoom fatigue easily."**
>
> (Urban, 35-44 year old, bi and demi, trans, non-binary person)

The most reported feelings respondents experienced during the pandemic were isolation and loneliness, as people found difficulty in accessing chosen family.

> **There were months where the only people I spoke to were the key workers in the supermarket I visited once a week. It was a hard time and coming back from it is hard."**
>
> (Urban, 45-54 year old, gay, cis man)

> **I felt extremely isolated, low, anxious, concerned, depressed, lonely and alone. Whilst I knew I had a good support network out there, it never felt enough. I could ring someone and speak to them for an hour, but then they had to go and so I was on my own yet again. It was very isolating and I don't think it's something I've been able to really process yet."**
>
> (Urban, 25-34 year old, asexual, cis woman)

> **Felt pretty isolated with my immediate family."**
>
> (Semi-urban, 35-44 year old, pansexual, cis woman)

> **I became more isolated."**
>
> (Semi-urban, 45-54 year old, gay, cis man)

> **I was basically alone for a very long time."**
>
> (Urban, 55-64 year old, asexual, trans, non-binary person)

Isolation and loneliness were part of a wider trend amongst survey respondents, a significant number of whom reported an increase in mental health struggles in themselves and/or members of their support networks.

> **Couldn't see people as much, and meant the support networks couldn't meet as a whole, only fragmented which made things harder. A lot of my people had very bad pandemic induced mental health issues, so it was very hard without that support being in a [physical] space."**
>
> (Urban, 25-34 year old, bi, cis woman)

> **I think our mental health has been massively impacted and a lot of people stepped back from volunteering because of this."**
>
> (Semi-urban, 25-34 year old, bi, cis woman)

As social interaction shifted for support networks, those engaging either in-person or online reported worrying about the secondary negative effects of people needing extra support. This came in the form of the negative impact of social media, empathy or carer fatigue, and a feeling of 'not wanting to be a burden' for others.

> **Friends are always good, but you worry about overburdening them. ... Twitter and social media are the most negative - there's scope for being easily overwhelmed, and a torrent of constant bad news will degrade my mood quickly. But they are also essential for organising and staying informed, so I try to keep a balance."**
>
> (Semi-urban, 25-34 year old, pansexual, trans demi-girl)

> **I am also a source of emotional support to a large number of my friends, which means I cannot show weakness publicly, and that can be very hard."**
>
> (Urban, 45-54 year old, bi, trans, non-binary, intersex person)

Perceptions of government guidance, considerations, and impact

Many felt that the government did not consider their support networks when implementing restrictions and guidelines throughout the pandemic. Some believed that this was because the government does not consider the needs of LGBTI+ people in general. Some felt that the guidelines were broad and need not have considered social needs, including those of LGBTI+ people.

> **The restrictions and guidelines were so important, but they did not consider queer people, people who have alternative family situations, people who were forced lived at home with parents due to losing jobs, people who aren't in traditional relationships (who don't live together or have other partners) etc. It's been so hard to not see and spend time with other queer people."**
>
> (Semi-urban, 25-34 year old, bi, cis woman)

(vs.)

> **Why would the government consider this at all? They were trying to minimise infection and if people can't figure out how to move their networks online that's on them. No hand holding from the government needed."**
>
> (Urban, 18-24 year old, lesbian, agender person)

The government did not take chosen family into account when creating restrictions around 'family' units/bubbles.

> **I think there were no opportunities for single queer people to consider who we needed to connect with or have a bubble with."**
>
> (Semi-rural, 45-54 year old, gay, cis man)

> **The rules surrounding households and families did not really consider "chosen family" and the need for us to come together - we didn't fit within the definitions of who could be together during lockdown. Also the government didn't appreciate the importance of nightlife for our community - as a safe space, a place for connection and to form friendships."**

(Urban, 35-44 year old, gay, cis man)

> **No matter how otherwise progressive, most political parties still have very traditional (family-based) models of kinship, and this leads them to make big presumptions about the way people live their lives."**

(Urban, 25-35 year old, lesbian, trans woman)

> **During the pandemic I was living quite far from my friends and family (far in terms of the restrictions of where you were allowed to go!), and that was pretty isolating at times and probably put a strain on my relationship because my partner was the only person I could see. When other people were able to go for walks with people, I didn't have anyone within the restricted distance that I could do that with. So I would say perhaps they didn't take into account how limiting it could be for people who didn't live in the same local authority as anyone they know."**

(Semi-urban, 25-34 year old, lesbian, cis woman)

The Zoom account(s) for LGBTI+ groups, funded by the Scottish Government, were a valuable resource — the Equality Network distributed funding through this scheme to groups across Scotland to help people get online.

> **Our lesbian group met regularly on a zoom [account] funded by the scot gov thru Scottish Equality Network."**
>
> (Rural, 45-54 year old, lesbian, cis woman)

Variability of experiences

Of course, LGBTI+ identity never captures the entirety of who a person is, or the kind of support they need. The way people responded to this survey showed how important it is to consider intersectionality – the overlapping aspects of a person's life that shape their experiences – when trying to understand LGBTI+ support networks.

This section of the report will touch on a few of the ways experiences of support networks are affected by non-LGBTI+ factors such as age, disability or illness, and location. Race plays a part in people's experiences in significant ways. While not the focus of this report, it should be noted that experiences of the COVID lockdowns were significantly racialised - especially relevant given the role of policing in enforcing the lockdowns and emergence of the global Black Lives Matter movement from May 2020.

Older people felt less supported in general by organisations, less welcome in LGBTI+ spaces, and less able to form or maintain community.

> **Yes [having LGBTI+ support networks is important] for middle-aged & older LGBTQI+ people who don't have children (if/when the time comes that they need intensive physical & practical support due to frailty). Some LGBTQI+ people who are vulnerable due to mental health conditions and/or PTSD (due to being 'in the closet' for so long) find it difficult to form secure relationships/friendships, and may be vulnerable to forming relationships/friendships with people who treat them badly."**
>
> (Urban, 45-54 year old, gay, cis man)

> " Families aren't always supportive, mine wasn't when I was young. It can be easier to connect with other LGBTQI+ folks but I'm in my 60s now and I have lost the friends I made in the 1970s and 1980s and I'm finding it harder now to make new friends. I live in a rural area where there aren't many opportunities to meet LGBTQI+ folks, though the schools now (finally!) have LGBTQI+ clubs so I hope it's easier for teenagers."

(No demographic data)

> "I've been driven away throughout the pandemic and still feel reluctant to reconnect. There's also way too much formality, or at least that's how it feels to me. [There's] a lot of palaver around supplying names and addresses, passwords, proving of identity. Officialdom surrounds everything these days. I'm sure the organisers try their best to welcome people but I still don't feel comfortable, the older I get the less connected I feel to the LGBT community."

(Urban, 65-74 year old, gay, cis man)

> " My husband is my primary support, though I am also his carer (he has several chronic conditions). We recently moved to Glasgow as we didn't have a good support network in the smaller city we were in and we had no LGBT support to speak of. It was lonely and isolating. We really needed to feel connected to the LGBTQ community. … As an older gay man the pubs and sporting clubs are not really available to me now and that is how I built networks when I moved in the past. The 3rd sector is really stepping in and helping me develop that wider support network."

(Urban, 55-64 year old, gay, cis man)

Some older people found community in spaces specifically designed for older LGBT+ people.

> **My networks as an older queer person are very supportive and positively challenge views and provide opportunities to explore various conversations."**
>
> (Semi-rural, 45-54 year old, gay, cis man)

Disabled LGBTI+ people, and LGBTI+ people with mental health issues, have specific, complex struggles.

> **The pandemic made life much easier for me as a housebound person, but it meant that I had to do a lot more support work. Now some online communities are dissipating but long Covid, and the almost total lack of meaningful support provided for its sufferers by the state, means that I still need to do that extra support work (or someone does). The online disability community is doing its best and is generally LGBTQ+ friendly (much more so than society at large), but there are still intersectional situations where people need targeted support."**
>
> (Urban, 45-54 year old, bi, trans, non-binary, intersex person)

In our report, 'Further Out: The Scottish LGBT Rural Equality Report', the Equality Network explored the unique challenges of LGBT+ people living in small communities and rural areas[21]. The report found that people in more rural areas experienced feelings of social isolation even prior to the pandemic, and found community solidarity through events such as Pride.

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[21] Equality Network's Further Out: The Scottish Rural Report https://www.equality-network.org/resources/further-out-the-scottish-lgbt-rural-equality-report/

In this survey, respondents living in rural areas described having a range of levels of support from a variety of sources. Some reported having little to no LGBTI+ specific support due to their location, or a disruption to their usual points of support due to the suspension of LGBTI+ events.

> **If living in a rural area like I do then support networks are non-existent."**
>
> (Rural, 35-44 year old, asexual, trans woman)

> **Support services in rural areas do not cater to diversity. Rural areas do not diversify and can be very male run. Typical women's groups ie SWI are very heterosexual. No LGBT groups or very few spaces for women full stop."**
>
> (Rural, 55-64 year old, lesbian, cis woman)

> **Pride is just great, I can be myself for a short while and not worry about being judged, but Covid has had a negative impact and I live in a rural area so I tend to only go to the main event and I miss out on smaller events that take place throughout the year which tend to be on in the evenings because I don't like driving at night on unlit roads friends are increasingly fewer, on account of being in my 60s."**
>
> (Rural, 55-64 year old, non-binary person)

Conclusion

Our families and kinship networks need to be supported and included. It is important that LGBTI+ people are recognised in all aspects of public, private, and social life. Our support structures and kinship networks must be factored into the design of services, and social and public spaces. This is of particular importance when it comes to schools, healthcare, and access to our loved ones when in mental health and/or care settings. It is equally important when designing social spaces within geographical communities.

LGBTI+ inclusive, and LGBTI+ specific spaces and places, are paramount to maintaining our wellbeing and gaining access to communities that support us. **Where many LGBTI+ people do not have biological families to rely on, it is important that we are afforded the opportunity to build networks in safe and supportive spaces.**

To thrive, people need to be able to access others who understand their experiences and there should be no barriers to individuals building networks of support and kinship.

Throughout history, LGBTI+ people have endeavoured to find, create, and sustain spaces where they can be accepted and recognised as their whole self, and where there is no need to fragment or fracture this. LGBTI+ people have always faced barriers in doing this. It is imperative that now, LGBTI+ people are not only afforded the spaces in which to do this safely, but are able to have their families recognised as such.

LGBTI+ people are facing a backlash against who we are, our families, our diversity, and our community. Decision makers must seek to understand where we are being let down in relation to our interactions as chosen and created families, and where there are opportunities to support and resource. People within the community are isolated and are struggling to get by. This has implications in relation to healthcare and mental health services, poverty, the cost-of-living crisis, jobs, supporting our families, benefits assessments, interactions with schools, and access to social spaces.

As we have described in our Supporting People resource[22], the LGBTI+ community has often held itself up. Members of our community carry the burden of supporting each other. They do so while facing a rise in anti-LGBTI+ rhetoric and a lack of equalities-competent services. This is leading to burn out, compassion fatigue, and poor mental health. It is massively affected by living within structures that do not enable us to be who we are and affirmed in all aspects of public life. If the family, support, and kinship networks that we create were properly recognised, accepted, encouraged, and resourced, this would go some way in protecting our communities from further harm.

There are opportunities for this recognition in legislative and public life. This includes:

- Decision makers hearing and taking action based on the lived experiences of those with diverse kinship structures

- Properly recognising diverse families and supporting these when speaking with health professionals, reproductive health services, when dealing with mental health services, when dealing with the police, the benefits system and with schools

- Government guidelines recognising that families are more diverse, and structures of support go far beyond cis-heteronormative mixed sex families with children within one home - life may be made easier for all with this understanding

- Recognising that people rely on the LGBTI+ community and their chosen family, and ensuring that there are structures and supports in place for community leaders.

Based on the responses given by survey participants, and the themes that emerged from those responses, it is clear that support networks for LGBTI+ people are vital and worthy of attention. Aspects of LGBTI+ support networks should be better considered in future research, reporting, and policy considerations.

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[22] Supporting People: A Resource for LGBTI Groups: https://www.equality-network.org/resources/supporting-people/

Summary and Recommendations

- First and foremost, **the concept of chosen family**, something not new in the realities of LGBTI+ life, **must be properly understood**. This means fostering an understanding outwith the LGBTI+ community that biological family may not be a source of support, and that kinship may thus look different and have another structure. This is an idea that will help not just LGBTI+ people, but a wide range of people who, for many reasons, may not have access to, or may be alienated from, biological and/or traditional family support.

- Secondly, there is a need to recognise the importance of intersectional **LGBTI+ specific support**, particularly in mental health provision. Mainstream mental health services are not currently delivering for LGBTI+ people.

- Thirdly, but of equal importance, is the need for **informal spaces**, which are either explicitly, or even implicitly, LGBTI+ friendly. With many spaces being closed, or losing funding, this requires immediate attention. It is important that community led social spaces and initiatives that are LGBTI+ friendly and/or LGBTI+ run are resourced. This could be done through grant funding from Scottish Government and / or business enterprise support.

As well as these three key recommendations, we encourage:

- **Embedding LGBTI+ understanding into services and public spaces** – this is not just basic 'training,' but a genuine and comprehensive understanding, and a culture of acceptance and safety for LGBTI+ people. This has been said continuously by us, and others, for many years, yet it is still missing from most public service development.

  We require more than 'EDI' training for this to be meaningful. Equalities, human rights, and intersectionality must be part of the core of all developing policy, service improvement, and legislative decisions.

- Consideration of the variability of experiences and importance of thinking about different population levels within services and public life. People are not a homogenous group. Intersectionality must be more than a buzzword used by decision makers and policy developers.

Questions to address moving forward:

At this time, we are doing our best to aid in rebuilding a community that struggled through 2020 to 2023, and is still struggling. To do this, we need to find policy development opportunities where we can influence on behalf of the community. We are aware that many LGBTI+ people have become further alienated and isolated in this time, and so we want to ensure that policy is developed with that in mind.

It will take a while for the world's dust to settle after the pandemic. We are sure that the impacts which Covid-19 wrought are yet to be fully understood. As further research and long-term studies emerge, we expect that more will be learnt and discovered about the levels of harm caused to our community throughout this period.

These are the questions that the Equality Network will be considering in our new and developing work on kinship. They are also questions we would like policy and decision makers to consider moving forward:

1. How can chosen family be better integrated into policy and social support planning?

2. What kind of physical spaces would best facilitate LGBTI+ support networks?

3. How is the cost of living crisis affecting our families, support networks, and kinship structures?

4. How might practical and pragmatic support for diverse families be provided?

5. What lessons about virtual space provision in the pandemic can be taken forward into consideration for future service provision?

6. How do we ensure that nobody is left out when developing both in-person and virtual spaces?

7. What alienates some LGBTI+ people from their local community, and how can that alienation be addressed? This includes older people, disabled people, people with complex needs, and bisexual people (a group often neglected).

8. How can mental health provision be further built into community support networks without placing the onus on an already overburdened community?

9. How can we support the families of those seeking gender affirming care in Scotland, in order that they might better support their loved one?

10. How can specific organisations that provide support to LGBTI+ people be better supported? For example, could local Pride organisers be equipped to offer more year-round tools to strengthen communities?

11. What further research could be undertaken to investigate more fully some of the findings in this report?

We would very much welcome comments, and ideas on future work. If you would like to share, please email rebecca@equality-network.org

References

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Other org reports:

Hidden Figures: The Impact of the Covid-19 Pandemic on LGBT Communities (LGBT Foundation)

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Where did it go wrong for the UK on coronavirus? (CNN)

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