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Understanding the experiences of LGBTQ+ unpaid caregivers navigating access to health care services: A qualitative national evaluation

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Abstract

Unpaid caregivers across the UK face significant pressures, with those identifying as LGBTQ+ experiencing heightened and distinct challenges. The combined effects of the cost-of-living crisis and the COVID-19 pandemic have intensified concerns about the disproportionate burdens placed on unpaid caregivers. This article reports findings from an external evaluation of a NHS England and Improvement [NHSE/I] funded project examining the needs and barriers encountered by LGBTQ+ unpaid caregivers. Data were collected through interviews with three unpaid caregivers, two project leads, and 13 stakeholders. Thematic analysis revealed four interrelated themes; Recognition and Belonging; Social Connectivity and the Mitigation of Harm; Structural Inclusion and the Conditions for Culturally Safe Care; and Sustainability, Capacity Building and Transformative Co-production. A theoretically grounded framework of social harm was used for understanding LGBTQ+ unpaid caregivers experiences which demonstrated how structural inequalities compound the physical, financial and emotional pressures associated with caring. LGBTQ+ caregivers experienced a combination of interlocking

harms produced not only by the demands of their caregiving role but also by their marginalised sexual and gender identities. This article has national relevance and international significance for understanding the experiences of LGBTQ+ unpaid caregivers to inform ongoing debates on effective and inclusive practice.

Keywords: unpaid caregivers; LGBTQ+; health; qualitative; evaluation; social harm.

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Background

People identifying as lesbian, gay, bisexual, transgender, intersex, asexual, and other sexual and gender-diverse identities (LGBTQIA+) has increased globally over the past 50 years (Conyers et al., 2023). Although there is no definitive estimate of this group of people in the UK, available figures suggest it ranges from 3.1% (ONS 2022) to between 7.5% and 10% of the total population (Aspinall 2009). At the same time, the number of unpaid caregivers in the UK is estimated to be at 10.6 million, which is around one in five adults (Carers UK 2022). The lack of consistent and reliable data reflects several of the challenges outlined in this article, particularly those relating to disclosure, identity, recognition, and the varying terminology used across health and social care organisations relating both to sexuality, gender and caregiving. For clarity and consistency, this article uses the term LGBTQ+ to reflect the abbreviation employed by the original project on which this study reports. Unpaid caregivers refer to individuals providing essential, unpaid support to relatives or community members with illness, disability, or age-related needs, often for many hours each week (Carers UK 2025).

Recognising that unpaid caregivers face significant inequities as a result of their caring role, the NHS Long Term Plan (2019) committed to reducing health inequalities by identifying unpaid caregivers from vulnerable communities to ensure they received appropriate recognition and support. However, the context of unpaid care has shifted considerably since the Plan was published. Carers UK (2020) reported that the COVID-19 pandemic created 4.5 million new unpaid caregivers, dramatically increasing the scale and intensity of unpaid care across the UK. More recently, the cost-of-living crisis has heightened concerns about the financial strain placed on unpaid caregivers (Carers UK 2024) with caregivers reporting that caring had negatively affected their physical and mental health and that they need more support from the NHS than they did 2 years ago (Carers UK 2025). There is growing evidence that unpaid caregivers experience poorer health outcomes, limited-service access and financial strain, than those without caring responsibilities. This led Public Health England

(2021) to formally recognise caring responsibilities as a social determinant of health which it continues to remain (ONS 2024). While concerns about the health and wellbeing of unpaid caregivers are well established, there is growing recognition that those caring for someone within the LGBTQ+ community may face additional pressures linked to stigma, discrimination, and structural barriers (Guasp 2011; Willis, Ward, and Fish 2011; Carers UK 2023; Kneale et al., 2021; Cupitt and Roberts 2024).

This intersectionality of caregiving and identity emphasises the importance of understanding the specific experiences and needs of LGBTQ+ unpaid caregivers. Acknowledging the concerns raised by Willis, Ward, and Fish (2011), using the term carer as a single overarching category can obscure important differences in people's lives. Similarly, treating LGBTQ identities as a blanket descriptor, risks overlooking how experiences of care are shaped by intersecting social characteristics such as sexuality, gender, ethnicity, age, and socioeconomic position. Such broad labels can therefore mask the individuality of caregiving experiences and the diverse realities of those who provide care. For LGBTQ+ unpaid caregivers, the intersection of caregiving responsibilities alongside sexual and gender identities produces a distinctive configuration of vulnerability that can be inadequately recognised within mainstream health and social care systems. Therefore, understanding the barriers and challenges of this community when accessing support and health care services is of paramount importance as the LGBTQ+ community experience 'social and systemic injustices … . [which] negatively affect their access to, experiences and outcomes of health and social care (Braybrook et al., 2025: 2).

The disclosure of sexuality to health and social care professionals (Price 2010; Guasp 2011; Willis, Ward, and Fish 2011: 107) in addition to stigma and prejudice faced in earlier years, and loss of identity (Parslow and Hegarty 2013, Carers UK 2023) all continue to be issues for LGBT unpaid caregivers accessing support (Kneale et al., 2021). Despite advancements, members of the LGBTQ+ community continue to experience stigma and marginalisation within wider society (Westwood and Price 2016), with clear implications for their health and wellbeing, typically leading to poorer health and social outcomes (Meyer and Northridge 2007; Kneale et al., 2021). Research has evidenced that LGBTQ+ people avoid treatment for fear of discrimination (Bachmann 2018; LGBT Foundation 2020, 2023) and are more likely to be reluctant to access healthcare support, due to this and previous negative experiences (Hudson-Sharp and Metcalf 2016; Stonewall 2018; Caceres et al., 2020).

Concerns about the experiences of LGBTQ+ unpaid caregivers have been heightened by the limited representation of this group in national datasets. The Making Carers Count project indicated less positive outcomes for LGBTQ+ unpaid caregivers, including a decline in both engagement and registration (Cupitt and Roberts 2024). Carers UK's analyses of the GP Patient Survey in 2021 and 2025 further demonstrates these

disparities, with lesbian, gay, and bisexual unpaid caregivers reporting significantly higher levels of mental health conditions than their heterosexual counterparts (Carers UK 2025).

In response to growing concerns that many unpaid caregivers, particularly those with protected group status outlined in The Equality Act (2010), struggle to access NHS support, NHS England and NHS Improvement (NHSE/I) launched Mind The Gap. This programme was designed to understand the barriers faced by unpaid caregivers from diverse and socially excluded populations to develop recommendations shaped directly by unpaid caregivers' experiences. Amongst the groups identified as having limited evidence and support were LGBTQ+ unpaid caregivers. NHSE/I commissioned an external evaluation of one project that focused specifically on LGBTQ+ unpaid caregivers, which forms the basis of this article. The project was identified and selected by NHSE/I through a bidding process, and the authors were informed of the projects that had been successfully awarded the funding and became involved after the selection process.

This article theoretically frames the impact that caring has on LGBTQ+ unpaid caregivers. Social harm theoretically explores and recognises harmful acts that go beyond legal definitions by focusing on structural determinants that cause harmful outcomes (Hillyard and Tombs 2007; McLaughlin and Muncie 2013). Hillyard et al. (2004: 20) argue that the following categories of harm can be understood as: physical, financial/economic, emotional/psychological, and cultural safety. Locating social policy debates around wellbeing and health is potentially useful, as it provides an understanding of human needs and the conditions necessary for their fulfilment (Pemberton 2007). This is an appropriate theoretical framework in contextualising the experiences of unpaid caregivers from the LGBTQ+ community, upon which the discussion of the findings is situated.

Methodology

Recruitment and research questions

Following consultation with NHSE/I representatives, four evaluation research aims were developed by the authors to reflect the aims of the Mind The Gap programme in order to answer one over-arching research question, What are the barriers to accessing support services for unpaid caregivers from vulnerable communities?

Research aims

1. To understand the current state support services for unpaid caregivers in England.

2. To understand the value of support services for unpaid caregivers from diverse communities.
3. To understand the experiences of unpaid caregivers when accessing support services.
4. To evaluate what works when engaging and supporting unpaid caregivers from diverse communities.

A semi structured interview schedule was designed to form the basis of our data collection with unpaid caregivers. The interview schedule incorporated four areas: (1) experience of being a caregiver; (2) barriers/challenges to accessing support; (3) hopes for the future; and (4) what can be learned from this programme. Following the selection of the projects by NHSE/I, the authors worked closely with the project to proceed with the evaluation in a way that was culturally sensitive, did not impact any of the work already undertaken, and to ensure that each caregiver's time was recognised in an appropriate way.

Data collection

Working in close collaboration with the project that already had pre-existing relationships with LGBTQ+ unpaid caregivers, enabled 3 participants to be recruited. All interviews were conducted by the authors via video calls on Microsoft Teams. The duration of the interviews ranged from 20 to 40 minutes. Primary data was also collected from interviews with two project members and observation of the LGBTQ+ Carers Awareness training led by the project in which 13 wider beneficiaries attended and were spoken to. The use of in-depth interviews with LGBTQ+ unpaid caregivers enabled the collection of rich, detailed accounts of their lived experience of caring, allowing for a nuanced understanding of the challenges, barriers, and priorities that shape their caring roles. Conducting the interviews via Microsoft Teams ensured accessibility and flexibility for participants, supporting their comfort and willingness to engage, at a time that was convenient for them away from the project to limit social desirability bias (Bergen and Labonté 2020), which can shape participants' accounts, particularly given the sensitivity of discussing both caring responsibilities and LGBTQ+ identities.

The sample size was small due to the amount of time the authors were given with each project in capturing their efforts in supporting LGBTQ+ caregivers needs. However, direct engagement with an often under-represented group, still contributes a valuable insight into an area where evidence remains limited. It was important to give voice to LGBTQ+ unpaid caregivers within a particular location and time period. The deliberate motivation here was to understand the personal caregiving experiences of those unpaid caregivers, 'whose complex roles are often overlooked or

not fully explored in the literature' (Zarzycki, Seddon, and Morrison 2023: 569). All participants were asked the same questions to ensure reliability and rigour. The collection of multiple data, interviews with unpaid caregivers, project members, and observations of the LGBTQ+ Carers Awareness training, provided a form of methodological triangulation (Flick 2022). This strengthened the analysis by allowing themes to be examined from different perspectives within the project context and the validation of findings through multiple sources and at multiple times throughout the study. The observation of the training session enriched the interpretation of interview data by situating unpaid caregivers' experiences within the broader aims and activities of the project. Together, these strengths support the trustworthiness of the findings and highlight the study's contribution to the field.

Ethical considerations

The ethical design of our research adhered to the ethical principles of the Declaration of Helsinki, and ethical approval was obtained from the Liverpool John Moores University Research Ethics Committee Approval Reference 21/LCP/007. Prior to data collection, all the participants were informed of our role. It was deemed appropriate for project gatekeepers to identify and contact unpaid caregivers initially to see if they were willing to participate, to ensure a warm handover and to put in place any further support needed for their engagement with the authors, which was regarded as best practice (Noaks and Wincup 2004). The authors provided all participants with a consent form and a participant information sheet outlining the aims of our evaluation, the voluntary nature of their participation, their right to withdraw at any time, and the protection of their data through anonymity and the use of pseudonyms. Written informed consent was obtained from all participants. Confidentiality was of the highest importance. Only a participant's name and the project in which they were involved were collected as personal data. Demographic characteristics were not collected by the authors for reasons of anonymity and confidentiality. To ensure anonymity, the authors used pseudonyms in all the transcripts and reports to protect the identities of the individuals and organisations involved. Upon receipt of signed written informed consent, data collection took place between February and May 2022.

Data analysis

Thematic analysis was performed on the qualitative data to identify patterns across the data, including similarities and differences in experience and opinion across participants within and across sites. Following Braun

and Clarke (2022) six phase approach; familiarising oneself with the data, generating initial codes, searching for themes, reviewing themes, naming themes, and producing the report, we analysed the data with social theory as the overarching interpretive framework. The process of developing themes was carried out through the exploration of key themes related to each project and the evaluation of research questions, namely, experiences, barriers and challenges; hopes and recommendations; and the sharing of key learning.

Positionality

The research was conducted by the authors, who were two researchers based in the UK, both of whom identify as non-LGBTQ+ and come from backgrounds of relative professional and educational privilege. Whilst recognising that our professional position may have perceived us as 'authority figures' it was of paramount important that we did not contribute to epistemic injustice (Fricker 2007; Bacevic 2023). The authors experience in social care community research and personal experience of being an unpaid carer at the time of data collection, allowed for transparent comfortable discussions with participants to alleviate such concerns. While our positionality inevitably influenced the research process, being consistently reflexive throughout the process of data collection and data analysis (Rubin and Rubin 2005) supported a more transparent and ethically attentive approach to representing the experiences of LGBTQ+ unpaid caregivers. It is through the art of listening and maintaining ethical integrity which was of paramount importance (Loureiro 2025).

Themes

Four key themes were identified through the qualitative data collection.

1. Recognition and Belonging (this captured how LGBTQ+ unpaid caregivers' wellbeing is shaped by whether institutions affirm or misrecognise their identities, relationships, and caregiving roles).
2. Social Connectivity and the Mitigation of Harm (this emphasised how LGBTQ+ unpaid caregivers' connections with peers, communities, and services help counteract isolation, minority stress, and structural exclusion).
3. Structural Inclusion and the Conditions for Culturally Safe Care (this theme positions LGBTQ+-affirming practice as a structural requirement, not an optional enhancement).
4. Sustainability, Capacity-Building, and Transformative Co-Production (this theme emphasised that sustainable change requires redistributing power, embedding LGBTQ+ unpaid caregivers' knowledge into

systems, and ensuring long-term structural support rather than short-term project-based interventions).

Findings

Recognition and belonging

All three unpaid caregivers, who took part in the external evaluation reported that they valued their involvement in the project. They described the process as straightforward and highlighted the openness and responsiveness of those leading the work as particularly important:

> "Most definitely, we all still have so much to learn, and this project has been really easy to be part of because of the openness of all those involved, their willingness to learn from others and share their experiences and knowledge" (*Carer 1*).

One of the key aims of the project was establishing the LGBTQ+ Carers Network, which was appreciated by all unpaid caregivers, particularly the safe and supportive space that it provided:

> "I am relative newcomer to the LGBTQ+ Carers network and was immediately made to feel welcome. My first reaction was that I was in a safe space where group members could say as much or as little as they wanted to, and they would be listened to in a non-judgemental and supportive manner" (*Carer 2*).

The perspectives above illustrate that unpaid caregivers felt genuinely valued and supported through the opportunity to share experiences with peers in the safe and affirming environment created by the LGBTQ+ network sessions. The supportive nature of the LGBTQ+ Carers Network was further emphasised in unpaid caregivers' accounts of feeling less isolated, more empowered, and able to experience a brief sense of respite from their caring responsibilities:

> "Having initiated and facilitated carer support groups over the past 6 years, I understand only too well the benefits a supportive network can bring to unpaid caregivers. I have witnessed the numerous positive outcomes unpaid caregivers have experienced from attending such groups. The most common being, a sense of not being alone during their caring journey, empowerment from having a source of information founded on actual experience, and opportunities for a brief respite from their caring role" (*Carer 2*).

The support provided to unpaid caregivers through meeting with others in these network sessions was described as helpful, joyful and a way of sharing experiences:

> "It has been very helpful for me both on a personal and professional level. As a carer myself, I find it has been really helpful to meet other LGBTQ+ people who are caring for their loved ones, as we often do not have any suitable networks to share our experiences and support one another. I've learned a lot from other members of the group, and what has been really joyful is that no matter what each of us may have been going through, the group has been a ray of sunshine for all involved, filled with generous support and good humour" (*Carer 1*).

A central aim of the project was to understand what mattered most to unpaid caregivers in order to identify barriers and improve their health and wellbeing. Unpaid caregivers who participated offered varied responses, reflecting the personal nature of the question. However, findings from previous work by the project indicated that health and wellbeing were consistently identified as top priorities, an insight echoed in our external evaluation, where unpaid caregivers emphasised the importance of support that helped with their overall wellbeing:

> "Maintaining my own wellbeing, physical and mental health, to care for my husband and enjoy life of my own" (*Participant D*).

Unpaid caregivers agreed that as a result of the Mind The Gap project, they hoped that service providers would continue to look after unpaid caregivers' needs, as it was important for unpaid caregivers to feel healthy and happy when caring for a loved one. Being part of the LGBTQ+ network provided support for unpaid caregivers, which made them feel connected to others, as discussed in the next theme.

Social connectivity and the mitigation of harm

From an unpaid caregivers' perspective, the LGBTQ+ Carers Network made a noticeable difference, offering a safe and supportive space to share experiences and feel valued. This was especially important given the challenges many faced in their caring roles. Being part of the network and meeting with others emphasised how caregivers could connect with one another:

> "Meeting with my peers, sharing access to resources, promoting LGBTQ+ unpaid caregivers' agenda, regular meetings and where possible in person sessions" (*Carer 3*).

The importance of the work the project had achieved was praised by one participant, highlighting the importance of this timely project, providing support during the pandemic and providing a voice to LGBTQ+ unpaid caregivers:

> "I think the project has done some amazing work in putting LGBTQ+ unpaid caregivers on the map and in touch with one another (especially

> during the pandemic). However, there is still so much more to do, and I feel that we have only really just begun!" (*Carer 1*).

This was echoed by another participant who emphasised the success of the project's work in prioritising LGBTQ+ unpaid caregivers' needs in service provision and through partnership working:

> "Professionally, as someone who works in the LGBTQ+, I have known for some time how unpaid caregivers needs fits into almost every aspect of my role in projects looking at the gaps in service provision for this community, and it is largely thanks to the fabulous folks at [project] and LGBT Foundation that we have been included as part of their work and also linked in with other projects across the UK" (*Carer 1*).

Unpaid caregivers described the reassurance of connecting with others in similar situations, as one participant explained when reflecting on the limitations and responsibilities of being a caregiver:

> "There really isn't much I can do in my own life without having to consider the needs of the person I care for. Even within the LGBTQ+ community, among people who are understanding and supportive, they don't really understand the limitations one is under and the responsibilities you have that impact on every aspect of your life, which means that you just cannot commit to things that you would like to. That's why only other unpaid caregivers who are LGBTQ+ really understand what you are going through" (*Carer 1*).

The perspective above reiterates the importance of what the project achieved, especially in terms of providing an opportunity for LGBTQ+ unpaid caregivers to talk, listen, support and connect with one another. It was clear that the participants felt listened to and that being involved in the consultations was meaningful to them and that this made them feel supported as a LGBTQ+ caregiver.

Structural inclusion and the conditions for culturally safe care

Focusing on LGBTQ+ caregiver needs and centralising their voices through the Carers Network was seen as a way of ensuring service providers became more knowledgeable and LGBTQ+ friendly in providing culturally safe care provision:

> "I believe it is vital there is a carer support network that focuses on the LGBTQ+ community. For many such unpaid caregivers, sexuality can often add an extra challenge to the caring role, as there is not always the knowledge and understanding there should be within the service sectors that many unpaid caregivers rely on. Also, many people in the LGBTQ+ community have experienced negative behaviour towards them in the past, which sometimes takes away their trust in other people" (*Carer 2*).

Through discussions with project members, it was clear that the project had embedded learning and knowledge from both phases to shape the provision of services for LGBTQ+ unpaid caregivers. This was evident in conversations about how key learning had shaped the practices and culture at the project's organisation, as discussed in detail by one of the project members in the joint interview:

> "In terms of practice, we had a student who wanted to deliver it [career awareness training] themselves so they had a briefing session with me and then they delivered the training on it to the team as well so it's quite embedded within our services and within our culture. We are a very person-centred approach anyway, but I'd like to think it's made us rethink some of our practices, the way that we speak to unpaid caregivers, the way that we record notes for them about the conversations that we're having, the way that we try and move away from making assumptions" (*Project Member 1*).

It was also clear that the Mind The Gap project had influenced service provision with other organisations and that centralising the voices of LGBTQ+ unpaid caregivers was now on stakeholder agendas ensuring inclusive practice:

> "With partners like the LGBT foundation, it wasn't really on their agenda and I feel like it is very much part of their agenda now to a point where they approached us recently … they're going to do a research project … around LGBT older unpaid caregivers … and I think they're starting to realise the huge community themselves of unpaid caregivers that they're not supporting so I think it's really impacted them and their delivery" (*Project Lead Member 1*).

In summary, all unpaid caregivers advocated for the LGBTQ+ Carers Network to continue beyond the Mind The Gap project. The monthly sessions played an important role in supporting unpaid caregivers' wellbeing by offering a culturally safe and supportive space to connect with others in similar situations. The project highlighted the value of this dedicated network and the need to sustain it long term.

Sustainability, capacity-building, and transformative co-production

The success of the project in building upon their previous co-production scoping work and through delivering tangible outcomes, was very important to unpaid caregivers to continue the longevity of the project. In particular, the LGBTQ+ network could benefit and support many other unpaid caregivers, as Carer 1 explained:

> "Most definitely, I'd like to see this work carried out. I feel that there are many more people out there that could benefit and be supported from this work. As we know, it takes time to get the word out, and more importantly, once you have created something, you do not want to ruin

> everything by suddenly not having the ability to run the service/programme/group anymore. I've seen this happen too many times and leave people without support. It's crucial that this work continues" (*Carer 1*).

One of the project aims was to co-produce, develop and deliver LGBTQ+ Carer Awareness training. The authors attended and observed the LGBTQ+ Carer Awareness Training which incorporated co-produced digital stories. Including unpaid caregivers' narratives was a particularly powerful element, as one attendee noted:

> "It was important to hear thoughts and feelings from unpaid caregivers themselves about how services could be made to feel more inclusive. It was also a really useful platform for a discussion as a team to reflect on these issues and understand each other's perspectives. The discussion was facilitated really well by the trainer, and their delivery of the session was non-judgemental and supportive" (*Attendee*).

A key aim of the project was to understand the challenges and barriers that LGBTQ+ unpaid caregivers face when accessing health services. The project was able to share this key learning in the training session:

> "I found the training was a good taster session and introduction to the various groups within LGBTQ+ and challenges the face based on their lived experiences" (*Attendee*).

As highlighted above from the feedback from attendees at the training session, the impact that this was already having was significant. Firstly, in filling the gap in service provision and secondly, in addressing the challenges that LGBTQ+ unpaid caregivers face when professionals and organisations are unsure of how to address the dual identity of being an LGBTQ+ carer:

> "Just going out with the initial offer for the training to organisations … what I'm getting back already is this massive gap and organisations have been looking for something like this because there's almost a bit of a fear of how to acknowledge and deal with LGBTQ+ identities and caring or unpaid caregivers who have been dealt with just as a single identity as a carer. So actually, that dual identity and the challenges around that and best practice for supporting that has been something that has really been welcomed is my initial feedback that I'm getting" (*Project Member 2*).

Raising awareness through the project's work helped others identify as unpaid caregivers and influenced the work of other wider beneficiaries in ensuring inclusive practice:

> "I also know [organisation] who delivers the pride in practice training; he had a realisation that he's a carer as well just by being involved in this project because he's got a partner who has got a long-term illness and he had that realisation in a meeting, he was like "hang on a second I'm a carer"; he just thought he was a partner. He's started to include unpaid

> caregivers in a lot more of his training and he is able to talk to the GP practices that he does the training for and ask the question about have you got unpaid caregivers?, what are we doing for unpaid caregivers?, so I feel like there's some impact there" (*Project Member 1*).

The project's impact on service provision, through partnership working and awareness training was commendable. To ensure the network's future, the project proposed developing new partnerships and securing financial support from local authorities. The establishment of the LGBTQ+ Carers Network and the co-produced LGBTQ+ Carers Awareness Training represented important interventions that begin to address the structural and cultural harms experienced by this community.

Discussion

The four interrelated themes above provide a theoretically grounded framework for understanding these experiences. Social harm theory expands the focus beyond legally defined harms to encompass the broader social, structural, and cultural conditions that prevent individuals from meeting their fundamental needs (Hillyard et al. 2004). Building upon Doyal and Gough (1984, 1991) theory of human need, Hillyard et al. (2004) emphasise that harm arises when individuals are unable to secure the conditions necessary for physical health, autonomy, and social participation. However, these harms do not occur uniformly. For LGBTQ+ unpaid caregivers, the intersection of caregiving responsibilities with sexual and gender identities produces a distinctive configuration of vulnerability that can be inadequately recognised within mainstream health and social care systems. This theoretical framing situates the narratives of unpaid caregivers in this study as evidence of structural inequalities rather than isolated experiences.

Recognition and belonging

Unpaid caregivers consistently emphasised the importance of feeling valued, listened to, and included within health and social care systems. This captures how LGBTQ+ unpaid caregivers' wellbeing is shaped by whether institutions affirm or misrecognise their identities, relationships, and caregiving roles. The narratives above highlighted how belonging is socially produced, but this can often be denied when discriminatory behaviour by healthcare staff is experienced (Stonewall 2018). These accounts illustrate how misrecognition, manifested through heteronormative assumptions, can have the potential to erase LGBTQ+ identities, and fail to acknowledge caregiving relationships, which constitutes a form of harm. Through ensuring inclusive practice and centralising LGBTQ+ caregivers needs, as

evidenced here, can eliminate previous experiences of social and systemic injustices that shape their access to, and outcomes within, care systems (Braybrook et al., 2025). Social harm helps to illuminate how unpaid caregivers' fundamental needs for dignity, autonomy, and psychological wellbeing are paramount. Not feeling connected, valued, and listened to can be categorised as both physical and psychological harms (Hillyard et al., 2004) that impact physical and psychological health. Physical and psychological harms are evident in the disproportionately poor health outcomes documented among LGBTQ+ unpaid caregivers, who report higher rates of long-term conditions and mental health difficulties than heterosexual unpaid caregivers (Medina-Martinez et al., 2021; Kneale et al., 2020).

Social connectivity and the mitigation of harm

Participants described the profound value of connecting with peers who shared similar identities and caregiving experiences. From the narratives above, social networks are not merely supportive but actively protective, mitigating the emotional and psychological harms associated with stress and caregiving strain. The value of specific LGBTQ+ support groups in providing a safe space to share struggles openly, have been recognised as improving mental health (Cupitt and Roberts 2024: 23) and were advocated for. The LGBTQ+ Carers Network functioned as a site of relational resilience, counteracting isolation and enabling unpaid caregivers to reclaim a sense of belonging often denied in mainstream services. Social networks functioned as protective factors. It emphasised that LGBTQ+ unpaid caregivers' connections with peers, and inclusive services help counteract isolation, stress, and structural exclusion (Cupitt and Roberts 2024: 23).

Structural inclusion and the conditions for culturally safe care

The need to provide and promote LGBTQ+ inclusive and friendly services emerged as another central theme. The LGBTQ+ Carers Network, discussed above, provided a safe and supportive space centralising the voices of LGBTQ unpaid caregivers which helped with wellbeing and affirming LGBTQ+ identities. This extends beyond interpersonal acceptance to encompass structural inclusion, policies, practices, and organisational cultures that actively affirm LGBTQ+ identities. Cultural harm, arising from misrecognition, exclusion, or the denial of identity (Pemberton 2015) is central to LGBTQ+ unpaid caregivers' experiences. Cultural safety is achieved not through neutrality but through explicit recognition of difference and power (Rousseau, Gomez-Carrillo, and Cénat 2022). Evidence has previously shown that LGBTQ+ caregivers continue to encounter discrimination, inappropriate questioning, and heteronormative assumptions

within healthcare settings (Aspinall 2009; Stonewall 2018; LGBT Foundation 2020; Hafford-Letchfield et al., 2022). These experiences constitute both psychological and structural harms, contributing to delayed help-seeking and reduced trust in services (Bachmann 2018; LGBT Foundation 2020). Professionals involved in the project recognised the value of LGBTQ+ affirming practices, awareness raising, and co-produced training in reducing barriers to access and promoting equitable care. Participants also described the need for services to acknowledge and affirm diverse sexual orientations and gender identities through inclusive language and practice. This highlights the necessity of LGBTQ+ inclusive services as a means of reducing social harm which has been evident elsewhere (Cupitt and Roberts 2024: 30).

Sustainability, capacity-building, and transformative co-production

The co-production of awareness training and the establishment of the LGBTQ+ Carers Network represented clear tangible interventions that have the potential to alleviate structural and cultural harms experienced by LGBTQ+ unpaid caregivers. This illustrates how redistributing power and embedding lived experience into service design can function as a form of epistemic justice (Fricker 2007). Enabling people to speak freely without fear of prejudice or judgement in a safe space is evidence of best practice. The co-production approach adopted in this project recognised LGBTQ+ unpaid caregivers as holders of situated knowledge and sought to redress their historical exclusion from decision making processes. When professionals receive awareness training they felt more confident in working with LGBTQ unpaid caregivers (Cupitt and Roberts 2024: 34). However, such initiatives must be sustained to counteract long-standing structural inequalities. The need for ongoing partnership working, long-term funding, and organisational commitment to ensure that these gains are not lost were acknowledged as detrimental. Within this context sustainability must account for the diverse needs within LGBTQ+ caregiving communities in the future, rather than assuming a singular LGBTQ+ experience.

Intersecting structural, health, and economic harms

Applying Hillyard et al. (2004) framework, have revealed the multifaceted and layered harms that can be experienced by LGBTQ+ unpaid caregivers. Meeting their basic and intermediate health needs, including access to appropriate preventative, curative, and palliative care is essential to preventing further harm (Pantazis and Pemberton 2009). Ultimately, reducing these harms requires sustained recognition of the significant health inequalities faced by LGBTQ+ communities and meaningful engagement

with those who experience them. The narratives presented here demonstrate both the ongoing challenges and the transformative potential of inclusive, co-produced approaches to service development. Only by embedding LGBTQ+ unpaid caregivers' expertise within health and social care systems, and by recognising the intersecting identities that shape their experiences, can the harms they face be mitigated and the conditions for equitable care realised.

Structural harms are also evident in the policy landscape. Braybrook et al. (2025) analysis showed that LGBTQ+ people remain largely absent from recent UK health policy, with no meaningful recognition of inequities or differentiated care needs. This omission reinforces structural stigma, which is consistently associated with poorer health outcomes (Hatzenbuehler et al., 2024). Intersectionality clarifies that such omissions disproportionately affect those who occupy multiple marginalised positions, for example, older LGBTQ+ unpaid caregivers, or unpaid caregivers from racialised minority backgrounds, whose needs are rendered invisible within generic policy categories. The commitment within The NHS Long Term Plan [LTP] (2019) to tackle health inequalities and to identify and support unpaid caregivers has attempted to alleviate health inequalities by focusing on those who are marginalised due to their protected characteristics or due to social exclusion.

Economic harms further compound these inequities. Austerity measures, the COVID 19 pandemic, and ongoing cost of living pressures have collectively weakened the NHS and intensified the challenges faced by unpaid caregivers (Nuffield Trust 2023; BMJ 2024). LGBTQ+ unpaid caregivers entered the pandemic already experiencing poorer mental health and financial disadvantage (Carers UK 2022). Intersectionality again illuminates how these harms are unevenly distributed. LGBTQ+ unpaid caregivers who may be unemployed, or socially isolated face heightened economic precarity. Chronic underfunding and workforce shortages in health and social care exacerbate these harms by undermining the capacity of services to deliver inclusive, person-centred care (Care Quality Commission, cited in Braybrook et al., 2025).

To conclude, the harms that can be experienced by LGBTQ+ unpaid caregivers are not accidental but structurally produced through policy omissions, resource constraints, and culturally unsafe practices. These findings highlight the positive inclusive practices that this project committed to through LGBTQ+-inclusive training, ensuring culturally safe service environments, and incorporating LGBTQ+ unpaid caregivers into strategic planning and co-production processes.

Limitations

The authors focused on one project for the purposes of this article, as the qualitative design deliberately aimed to recruit a small sample of

participants from each project to allow for in-depth discussions. Limitations must also be acknowledged as saturation is provisional (Saunders et al., 2018), as the small number of interviews limits the extent to which the full diversity of LGBTQ+ unpaid caregivers' experiences could be captured. Additional or more diverse participants might have introduced further nuance. The findings presented here are applicable to the particular unpaid caregivers and project setting involved and should not be assumed to represent all LGBTQ+ unpaid caregivers more broadly. These limitations, alongside the strengths documented above, together provide a balanced account of the study's methodological contributions and boundaries, supporting careful interpretation of the findings within the context of social work research and practice.

Conclusion

This article demonstrates that LGBTQ+ unpaid caregivers occupy a distinct and often overlooked position within the wider caregiving landscape. Their experiences reveal how multiple, intersecting identities such as caregiver, sexual identity, gender, age, and socio-economic position, can shape a person's exposure to a range of social harms. Drawing on social harm theory, it becomes clear that the experiences described by participants are not simply individual difficulties but manifestations of structural, cultural, and economic conditions that can prevent LGBTQ+ unpaid caregivers from meeting their fundamental needs for recognition, safety, and equitable access to care. Intersectionality further illuminates how these harms accumulate and intensify at the intersections of identity and caregiving, rendering LGBTQ+ unpaid caregivers particularly vulnerable to invisibility within policy, practice, and research (Cronin et al., 2011; Braybrook et al., 2025).

The project's tangible outcomes most notably the establishment of the LGBTQ+ Carers Network and the co-produced LGBTQ+ Carer Awareness Training, represent important steps toward mitigating these harms. These initiatives provided culturally safe spaces for connection, validation, and peer support, and offered professionals opportunities to develop the cultural competence necessary to understand the dual identities and lived realities of LGBTQ+ unpaid caregivers. Such developments illustrate how co-production can function as a form of epistemic justice (Fricker 2007) enabling unpaid caregivers to shape the services that affect them and challenging the systemic misrecognition that has historically marginalised their experiences. These initiatives contribute to enhancing recognition, fostering culturally safe practice, and raising awareness of LGBTQ+ unpaid caregivers' needs at both local and national levels. In doing so, they hold the potential to influence service provision in ways that

are more inclusive, equitable, and responsive to the intersecting identities and vulnerabilities of LGBTQ+ unpaid caregivers.

However, the sustainability and wider impact of these achievements depend on continued commitment from health and social care organisations and professionals, local authorities, and voluntary sector partners. Policy frameworks must explicitly recognise LGBTQ+ unpaid caregivers as a population with specific and intersecting needs, rather than subsuming them within generic categories of 'unpaid caregivers'. Without such recognition, the structural, psychological, economic, and cultural harms identified in this study will persist. Intersectionality demands that policy responses attend to the layered nature of disadvantage, ensuring that interventions are not only LGBTQ+ inclusive but also sensitive to the diversity within LGBTQ+ caregiving communities.

Further qualitative research with larger and more diverse samples is essential to deepen the understanding of these experiences and to inform evidence-based policy and practice. Ultimately, alleviating the social harms faced by LGBTQ+ unpaid caregivers requires more than isolated initiatives, it necessitates systemic change grounded in an understanding of how inequality is produced and reproduced across social structures. Recognising and responding to the complex realities of LGBTQ+ caregiving is therefore not only a matter of good practice but a necessary step toward achieving equity within health and social care systems. Several recommendations have been provided to help overcome the structural, cultural, and economic harms documented above, that professionals and social workers may face within their professional role:

- Recognise LGBTQ+ unpaid caregivers explicitly in policy and practice to address structural invisibility.
- Mandate LGBTQ+ inclusive training across health, social care, and voluntary sectors, co-produced with LGBTQ+ unpaid caregivers.
- Invest in culturally safe support networks, ensuring long-term funding, and integration into local care pathways.
- Improve intersectional data collection to identify where harms are most acute and target support effectively.
- Ensure equitable access to inclusive services, including mental health support, respite, and primary care.
- Strengthen co-production with LGBTQ+ unpaid caregivers and community organisations to embed lived experience in service design.
- Expand research on diverse LGBTQ+ unpaid caregivers to build a stronger, intersectional evidence base.

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