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Lesbian, Gay, Bisexual and Trans ageing in a British context:

discussion of state-of-the-art empirical research

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Abstract

In this paper we discuss state-of-the-art empirical research from leading UK researchers relating to the lives of lesbian, gay, bisexual and trans (LGBT) older adults. We suggest learning that may be applied in differing global contexts as well as contributing to the development of an international evidence base. We illustrate the importance of paying attention to distinct health and care systems and legislation, which present global differences as well as similarities in terms of LGBT people's perceptions and access to resources. With this contextual background, we then discuss the cutting-edge UK research in this field from 2010 onwards. We identify key strengths including the contribution our evidence has made to policy and practice and the development of theoretical insights such as the impact of intersectionality. The article concludes with a discussion of future for research in this field which has relevance at national and international levels.

Keywords: LGBT older people; intersectionality; equality; inequalities; UK LGBT research

Lesbian, Gay, Bisexual and Trans ageing in a British context:
discussion of state-of-the-art empirical research

Our focus in this article is on the burgeoning field of research that has developed from 2010 onwards. Previously there was little UK research about older LGBT people, although important to acknowledge pioneering work by academics and third sector groups that began a general exploration of the lives of LGBT people aged 50 and over - including Age Concern (2006), Cronin (2006), Davies & River (2006), Fenge (2008), Heaphy, Yip & Thompson (2002), Price (2005) and Turnbull (2001). Throughout we use the LGBT acronym except where other acronyms (e.g. LGB) are used by authors cited.

In 2013, the authors of this paper organised a seminar series specifically to address some of the gaps in the UK evidence base about the lives of older LGBT people (King, Almack, Suen, & Westwood, 2018). Areas identified included the lives of older bisexuals and trans people and the experiences of older LGBT people from black and minority ethnic (BAME) communities. Other important gaps addressed have included the lives of old lesbians and significant work addressing housing and local environments that older LGBT people live in.

To contextualise our discussion of the UK empirical research in this field, we first briefly outline the a) differing legislative landscape relating to LGBT rights and b) UK health and care systems. This contextualises global differences as well as similarities in terms of LGBT people's perceptions and access to formal health and social care services.

The UK legislative landscape

Research over the last decade has highlighted that the unique histories and pathways of the oldest generations of LGBT people have profound influences on well-being, and on perceived and actual access to health and social care services (Traies, 2017). Understanding the legislative and social climate that our oldest generations of LGBT people grew up in or

lived their early adult lives is important and these differ globally. Researchers in the UK have highlighted the need for an intersectional and nuanced view of history that considers the diversity of experience within the LGBT 'community' (King, 2016).

In the UK, older gay and bisexual men in their 60s and over, would have known a time when homosexuality was criminalised. 2017 saw the 50th anniversary of a key moment in the history of sexuality in the UK, when homosexual acts between men were partially decriminalised by the passing of the Sexual Offences Act 1967 (partial in that decriminalisation still applied to men aged 21 or under and anywhere other than a private place).

Lesbian relationships were never illegal but nevertheless subject to the same social stigma as gay men. Traies (2017) reminds us of the gendered experiences of stigma and discrimination. For example, equal pay and equal opportunities were still a decade away, (inequality of pay is still a pertinent ongoing issue for women). In 1967, women could not obtain mortgages unless a male relative signed the contract. Some lesbians married – attempting to conform or change. If she had children and later entered a lesbian relationship, in common with other countries such as the US, there was a serious risk of losing custody of her children if her sexual orientation was discovered; this continued up to the early 1980s (Radford, 1992).

Another key piece of legislation that impacted on the lives of LGBT people in the UK was Clause 28 of the 1988 Local Government Act. While in statute (1988 to 2003), this clause explicitly prohibited the intentional 'promotion' of homosexuality by local authoritiesⁱ and in Britain's schools. This meant teachers were prohibited from discussing same-sex relationships with students and public libraries could not stock literature or films that contained gay or lesbian themes. Many LGBT public and voluntary sector services closed. The overall impact in a pre-internet era was a severe curtailment on access to

information for LGBT people or those questioning their sexual orientation or gender identity.

UK public services must now comply with the Equality Act (2010). This made it illegal to discriminate against someone on the basis of ‘protected characteristics’, which include ‘age’, ‘gender reassignment’ and ‘sexual orientation’. However, a legacy of discrimination and previous lack of legal protection has had consequences for different generations of LGBT people, resulting in issues of trust in service providers and a reluctance to discuss sexuality and/or gender identity with professionals on whom LGBT older people might rely on for care.

Health and Care systems in the UK

The wider cultural context in which health and social care is delivered also impacts on LGBT individuals’ experiences of ageing. As noted, legal recognition and protections have advanced significantly in the UK this century, but health and social care provision has been slower to recognise an ageing LGBT population, as we shall discuss later in this article. More broadly, health and social care policy is shaped by its national context and an understanding of the influence of that context is a necessary condition for drawing any transnational policy lessons (Klein, 1997).

In the UK, healthcare is largely delivered via a universal National Health Service, i.e. available to all residents, and ‘free’ although since the Health and Social Care Act 2012, there is increased privatisation of health care. Local authorities have statutory responsibilities for social care and support services under the Care Act 2014 (extra support beyond medical needs). Across health and social care there is an emphasis on person centred care – care which is tailored to an individual’s circumstances and joined-up to meet their needs (Manley & McCormack, 2008). However, Cronin, Ward, Pugh, King and Price (2011) argue that person centred care is often ‘sexuality blind’ (and, we would add, gender

blind) in that providers often treat all older people the same. There has also been an increasing emphasis on maintaining people's independence and the delivery of care in the community.

Pertinent to the UK are issues of class – many older LGBT people are less advantaged in terms of socio-economic status, particularly given the impact of a long period of austerity. In May 2010, the UK Conservative-Liberal Democrat Coalition government began introducing a series of substantive and sustained reductions in public spending - often referred to as 'austerity cuts'. These have continued under the current Conservative government and led to significantly reduced funding in local authorities.

Recent reviews suggest that systems are under significant pressure due to under-investment, access to care depends increasingly on what people can afford (and where they live), there is an increased reliance on informal networks of care and access is also variable according to the needs to different communities including LGBT people (Care Quality Commission, 2018a, 2018b).

Having set out the above context, we now turn to the empirical work in the UK, predominantly qualitative. A key strength of this body of work is the development of a wide-ranging portfolio of in-depth evidence which has not only added to academic knowledge but has helped shape policy and practice to develop services that are culturally responsive and accessible to older LGBT people. It takes account of LGBT older people's lived experience including the broader social and historical context of inequality and oppression through which older LGBT people have lived; a period of 'stigma, prejudice, legal inequality, a history of oppression' (Weeks, 2000, p. 183). UK research has paid close attention to identifying the wide diversity of needs within the LGBT communities, shaped by the intersections of old age, gender and sexuality. It also identifies different cohorts among older LGBT people, who may have come out or transitioned early in adulthood,

maintained secrecy throughout most of their lives or not; or transitioned or come out much later in life; all of which will also impact on how older LGBT people experience ageing (Westwood, 2016).

Problematizing the LGBT acronym

The LGBT acronym is acknowledged to be useful in terms of a political identity and campaigning as well as a level of socio-cultural recognition but, as identified by Hughes & King (2018), it can also render many diverse identities and community affiliations invisible. This has included the lives of many represented under that acronym - lesbians (Traies, 2015), bisexuals (Jones, Almack, & Scicluna, 2018) and trans older people (Toze, 2018) as well as other diversities such as non-binary identities or those who choose not to identify themselves under any of the LGBT labels. In part, this may reflect recruitment strategies that have only reached more-connected older LGBT people, confident enough to take part in research. This serves to highlight the importance of a growing body of research that looks at older people's lives under different segments of the acronym, to better reflect a multiplicity of ways of living. This work also helps to remind us that categories of sexual or gender identity should not be assumed to be fixed and immutable or reflect one image of what it means to be gay, lesbian, bisexual or transgender (King & Cronin, 2010).

Traies (2015) carried out the first large scale study of older lesbian life in the UK, 2009-11. Her study included more than 400 lesbians ages 60 to 90 years, although the majority were in the 60-70 bracket. Thus, similar to the ways in which generalizations from younger lesbians or results from gay men may not generalize to older lesbians, so too, there may be problems generalizing across different age cohorts of older lesbians. Traies (2016) gives the example of differences in take up of civil partnerships; lesbians over the age of 60 are less likely to register their partnerships than either older gay men or younger lesbians (Office for National Statistics, 2013). Traies' findings suggest this trend is in part is due to

women's resistance to heteronormative and patriarchal associations of marriage. Strong friendships and networks are a salient feature of what Traies calls 'old lesbian culture', often rooted in past times of secrecy and stigma. However, she notes that the speed at which her call for participants was picked up was indicative of a thriving and extensive lesbian network that crossed barriers of class, education and economic status. Wilkens (2015) observed in her qualitative study (35 lesbians classified as 'young old, with an average age of 62) that financial support and bases for such networks are vulnerable due to ongoing austerity measures in the UK. She also identified concerns that as her lesbian participants' age, reduced mobility could make access to traditional groups may more difficult, especially for those living in rural areas and for those who made little use of virtual communities.

Networks specifically for older bisexuals are very limited; anecdotal evidence suggests that at gatherings such as BiCon (the main annual UK gathering for bisexual people), most participants are aged below 40. As far as we know, only one group for older bisexuals (aged 50 and over) exists which is run by Opening Doors London. This was established following a seminar about bisexual ageing in the series mentioned above. Jones (2018) suggests that if the 'B' in LGBT is ever to be more than tokenistic, it is important that we develop better theorisations of bisexuality and further, connect the significance of sexual identities in relation to sexual practices and sexual attractions. Addressing the knowledge gaps around bisexuality and ageing can carry benefits for people of other sexualities in later life by encouraging more sophisticated thinking about all sexual identities.

Under the LGBT acronym there are also gaps in our knowledge about ageing trans communities and the wide spectrum of identities that fall within the category 'trans'. This includes those who have transitioned (medically and/or socially) from male to female or female to male and others whose gender identity challenges binary definitions or cross-

dressers (Bailey, 2012). Pearce (2018) discusses how trans years are not necessarily linked to chronological years, giving the example of two different trans people born in the same year but who may have aged quite differently – one transitioning as a young adult, the other only recently. This is likely to lead to very different trans temporal experiences, despite being the same chronological age. Recognising this diversity presents challenges for quantitative research where minority identities may be merged to gain statistical power (Toze, 2018).

Despite legal advancements in the UK, trans people still face stigma and discrimination, recently evidenced by the consultation to reform the Gender Recognition Act, 2004 (proposing changes to how individuals ‘prove’ their gender identity - Anon, 2018, Government Equalities Office, 2018). To date, qualitative work has primarily focused on trans access to and perceptions of health and social care services in later life, identifying concerns that their gender identity will not be respected and/or about concerns about the need for personal intimate care if their bodies do not align with their gender identity (Hunter, Bishop, & Westwood, 2016)

Health, social care and housing: issues, needs, access.

UK research into the lives of older LGBT people have paid attention to a number of issues alongside generic health and social care needs facing our oldest generations. These include growing old with HIV/AIDs (Nagington, 2015; Rosenfeld, Catalan, & Ridge, 2018), dementia (Westwood, 2016) and end of life care (Almack, 2018; Bristowe, Hodson, Wee, Almack, Johnson, Daveson, & Harding, 2018).

In England, gay men remain the predominant social group who are affected by HIV (Nagington, 2015). Rosenfeld, Catalan, & Ridge (2018) identify how strategies of ‘successful ageing can be problematic and often measured by heteronormative standards. Rosenfeld et al., (2018) also identify strategies that help men prevent their HIV from

dominating their lives and to manage the challenges to their mental health and wellbeing of ageing with HIV. Nagington (2015) argues a need for more culturally appropriate solutions to sit alongside pharmaceutical solutions, to successfully address the social difficulties experienced by gay men to prevent their HIV from dominating their lives.

Nagington (2015) and King (2016) both draw upon queer theory to provide a conceptual language and innovative ways of thinking to decouple framings of HIV/AIDs (Nagington, 2015) and dementia (King, 2016) from heteronormativity. Nagington argues for the possibilities of kinship and familial ties that are based on more universal social values such as mutual care and support than heteronormative ties of blood and marriage. The benefits of queer forms of kinship could provide a better understanding and responding to the social difficulties of having a queer sexuality when ageing with HIV. However, Nagington (2015) also picks up on issues of intersectionality that can problematise the formation of kinship networks and suggests that possibilities for kinship across lines of gender, sexuality, race, physical ability and other social categories warrant further exploration.

Meanwhile, King suggests that taking an equalities perspective towards LGB people and dementia alone isn't adequate because it doesn't deconstruct how dementia is framed in relation to heteronormativity. While living long term with HIV and AIDs disproportionately impacts on the lives of older gay men, the gendered nature of very old age and age-related dementia which means that older cisgender lesbians and bisexual women are disproportionately affected by associated issues (Westwood, 2016). Addressing the intersections of ageing, gender and sexuality for lesbian and bisexual women with dementia is important – Westwood argues that at these intersections, the social exclusion of lesbians and bisexual women is compounded by the stigma and social marginalisation associated with dementia. Furthermore, if services for LGBT people with dementia do not recognise,

validate and support their identities, this may exacerbate anxiety, confusion and distress experienced by people with dementia.

Residential care has been identified in research with older LGBT people as a potential site of discrimination and exclusion (Almack, 2018) from both staff and residents accompanied by fears about having to hide important aspects on one's life. To some extent this is borne out by research with care staff which has identified good intentions but low levels of awareness amongst care home staff of the needs of LGBT residents (Hafford-Letchfield, Simpson, Willis, & Almack, 2018; Simpson, Almack, & Walthery, 2018; Willis, Hafford-Letchfield, Almack, & Simpson, 2017). Researchers have identified that to advance social inclusion of LGBT citizens in residential settings is complex and requires working at structural, cultural and individual levels of provision and for a more explicit implementation of equality legislation (Hafford-Letchfield et al., 2018; Willis, 2017; Willis, Raithby, Maegusuku-Hewett, & Miles, 2017).

Such issues may be compounded at the end of life (Almack, 2018, Almack, Seymour, & Bellamy, 2010; Bristowe et al., 2018). For example, LGBT people may delay seeking treatment until disease is at an advanced stage due to previous experiences of discrimination by healthcare providers. While dying at home is a common preference and one promoted within UK end of life care policy, this can be a daunting prospect for LGBT people for whom home constitutes a safe and private space. Other issues include a potential lack of support networks, and one's loss and grief not being fully acknowledged (Bristowe, Marshall, & Harding, 2016).

There has been increasing attention paid by researchers towards issues of housing (with or without care) and older LGBT people in the UK. Despite a number of attempts and unlike many other Western countries, particularly the US, Canada and Germany, the UK does not have any LGBT-specific older people's housing. Some options are being explored

by local government and a social enterprise company, Tonic Living, are seeking to develop a scheme. Several LGBT organisations exist which advocate for older LGBT people around housing issues, such as Stonewall Housing and Opening Doors London.

Until recently, the only significant study focused on housing per se, was by Hubbard and Rossington (1995). Whilst a useful and, in many ways agenda-setting, study, it was small in scale and focused only on older gay men and lesbians. This situation has begun to change and more detailed knowledge about older LGBT and housing is emerging in the UK.

An important study, SAFE Housing, was conducted in 2015 which explored the experiences, preferences and concerns of older LGBT people (King & Stoneman, 2017). This study, conducted in two separate geographical areas within England, utilised a mixed methods design. The study results showed that many older LGBT people had concerns about housing later in life, although fewer had many any concrete plans. Significant differences were expressed between gay men and lesbians in the study in terms of preferences for housing later in life, with older lesbians opting more for gender-specific housing and gay man for LGBT-affirmative or LGBT-specific. When issues about housing with care were raised with participants, all participants wanted more LGBT-specific options. King and Stoneman (2017), building on the theoretical ideas laid out by King and Cronin (2016), located the SAFE Housing study in terms of social capital – the importance of social networks and connections and norms of trust and reciprocity – arguing that many older LGBT people lack these social resources when housing options, or lack of, are manifested later in the life. They concluded that (a) national and international comparative research was required and (b) that there was considerable opportunities for knowledge exchange between researchers, activists, third-sector organisations and community members to address these challenges.

Qualitative research conducted by Westwood (2016; 2017) has also confirmed the significant fears that older LGBT people have about housing. However, Westwood also argues that lesbian and bisexual women, in particular, are marginalised – not only in the options available to them, but also in how their experiences are researched. Indeed, Westwood (2017) contends that generic older LGBT discourse raises several equality and human rights concerns in how research and practice are operationalised and makes a number of specific recommendations: ensuring equal sample quotas in terms of gender and age and moving beyond either LGBT-specific or affirmative options.

A key strength of this body of work is the development of a wide-ranging portfolio of in-depth evidence which has not only added to academic knowledge but has helped shape policy and practice to develop services that are culturally responsive and accessible to older LGBT people. Leading researchers in the field of LGBT ageing in the UK have forged strong connections and partnerships with policy makers, third-sector and charity organisations which has helped influence policy and practice. Our research regularly feeds into government consultations (such as a recent consultation led by the Women and Equalities Committee into health and social care and LGBT communities) and resources have been developed for practitioners, utilising research findings.

Gaps in our current methodologies

UK based research to date in this field has been primarily qualitative with a few studies adopting mixed methods approaches to include a quantitative element. With increasing moves towards population-based surveys including questions that allow for an estimate of the size of the LGBT population, there are opportunities to develop more quantitative work and the possibility to calculate sampling frameworks. There is also a need for longitudinal data to be developed in ways that have taken place in other countries e.g. Aging with Pride (<http://age-pride.org/>).

Several researchers advocate more participatory research could be used and for members of the older LGBT community to be co-researchers, especially to assist access to community members who will speak to known others, but not to unknown researchers (Traies, 2015). A note of caution is required here, as highlighted by King (2018), that those sorts of methods may prioritise and privilege certain members of the community, particularly around class.

The adoption of a wider range of methodological techniques is long overdue.

Researchers are currently exploring the potential of agent-based modelling ([ABM](#)) for two projects (Ageing Diversity: LGBT* people, housing and long-term care; CILIA-LGBTQI+ Comparing Intersectional Inequalities Across the Life Course of LGBTQI+ Citizens in Four European Countries). By using data from existing studies, as well as propositions from theory, ~~agent-based models~~[ABM](#) creates a computer simulation of a particular social problem. Agents in the model are given certain ~~properties and can~~[properties, can](#) make certain decisions and undertake certain actions. In the case of the Ageing Diversity project, this involves older LGBT ‘agents’ making decisions about care ~~providers-provision~~ that ~~are~~ [is](#) either ‘mainstream’ or LGBT-specific [and when the model is ‘run’, tracking these decisions across time and generations. Moreover, ~~Models-ABM~~](#) enables features of the social problem to be manipulated in ways that are not possible in the ‘real-world’, [for instance see what will happen if a new policy agenda is introduced that impinges on decisions](#) and therefore [it can be used to](#) help formulate future policy agendas, research questions and theoretical positions.

Several researchers advocate more participatory research could be used and for members of the older LGBT community to be co-researchers, especially to assist access to community members who will speak to known others, but not to unknown researchers (Traies, 2015). A note of caution is required here, as highlighted by King (2018), [in](#) that

those sorts of methods may prioritise and privilege certain members of ~~the~~ LGBT community communities, particularly around class and ethnicity, marginalizing others.

Areas for future research

In the process of writing this article, we reached out to our network of leading LGBT research colleagues in the UK to identify gaps remaining in our knowledge base and future directions for research.

An important gap to address is research with BAME LGBT older people which has proved to be a particularly hard to reach community. Research that doesn't rely on identity labels for recruitment may be one way forward here as well as engaging in a broader based collaboration between academia and specific LGBT communities in the early stages of research (Nagington, Dickinson, Hicks, & Pilling, 2017). Participative methodologies as mentioned above may be particularly helpful in accessing community members who will speak to known others, but not to unknown researchers. Other gaps include more research required to ensure that women's voices and bisexuality are not marginalised and work that focuses on the 'old-old; (as opposed to 'young old' i.e. people in their 60s) LGBT experience, interactions of LGBT ageing with class, religion, race, ill-health and disability, geographical and urban/rural location.

The primary focus of empirical work relating to the lives of older LGB&T people to date has been on issues of sexual/gender identity, human rights and barriers to accessing services. Moving forward, some researchers are starting to highlight the importance of investigating the sex lives and intimate relationships of older LGBT people (Harding & Peel, 2016). Broader topics relating to trans ageing are also identified including community, relationships, career/retirement and so on. Other gaps in our knowledge about trans ageing include very little research on older trans men and non-binary people, and little known about the long-term health impacts of hormone treatment.

As noted earlier, despite several attempts and the work of [Stonewall Housing](#) in particular, the UK does not have any LGBT-specific older people's housing. Taking an approach that looks beyond the UK, case study research on existing LGBT- friendly retirement facilities and care homes for older LGB&T people internationally may inform what might work in the UK and what facilitates the success of such initiatives.

Finally, LGBT ageing research could broaden out to incorporate a wider range of non-normative lives, including, for example, older individuals who are asexual, single and sexual, queer and/or polyamorous. This follows an argument to address the over-representation of 'sanitised' LGBT lives and the marginalisation of the 'other' (Harding & Peel, 2016). There has been significant progress in the field in the UK and beyond. The challenge remains to ensure representation of older LGBT voices are heard, paying particular attention to whose voices are being heard and whose are not.

We began this article by arguing that the legislative and policy context in which older LGBT live their lives and especially their later lives is important. In noting that there are still gaps in knowledge and areas for research we are assuming that the legislative and policy context will not radically alter. However, the UK is currently experiencing a period of profound social change – a decade of austerity policies have hollowed out many services used by older LGBT people and the implications ~~for~~of the UK's exit from the European Union are as yet unknown. LGBT ageing research, policy and practice in the UK has been extremely vibrant over the past ~~decade~~ten years, we hope that it remains this way for the next decade.

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ⁱ Local authorities provide a range of services in addition to their role in political representation; in England and Wales for example, services include social care, housing, youth work, arts and leisure services.