

Lesbian, Gay, Bisexual, and Trans Aging in a U.K. Context: Critical Observations of Recent Research Literature

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Abstract

In this article, we provide critical observations of empirical research from leading U.K. researchers relating to the lives of lesbian, gay, bisexual, and trans 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 lesbian, gay, bisexual, and trans people's perceptions and access to resources. With this contextual background, we then discuss the cutting-edge U.K. research in this field from 2010 onward. 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 research in this field which has relevance at national and international levels.

Keywords

LGBT older people, intersectionality, equality, inequalities, U.K. LGBT research

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Our focus in this article is on the burgeoning field of research that has developed in the United Kingdom from 2010 onward. This date was selected as the year that a new Equality Act came into force in Britain, providing a single legal framework to protect the rights of individuals and advance equality of opportunity for all. The Equality Act was designed to cover age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity. These are now called *protected characteristics*. The Act's public duty was a step change in Britain's legislative landscape; the duty to *promote* equal treatment in the delivery of public services; there was an increased need for evidence as to how public bodies could meet the needs of lesbian, gay, bisexual, and trans (LGBT) people in Britain, which in part motivated and facilitated increased research activity. Previously, there had been little U.K. research about older LGBT people, although pioneering work by academics and third-sector groups had begun a general exploration of the lives of LGBT people aged 50 years and older—including Age Concern (2006), Cronin (2006), Davies and River (2006), Fenge (2008), Heaphy, Yip, and Thompson (2003), Price (2005) and Turnbull (2001). Throughout we use the LGBT acronym except where other acronyms (e.g., LGB) are used by authors cited.

The aim of this article is to provide some critical observations of recent developments in the field of LGBT aging research in the United Kingdom. Before outlining the methods by which we developed these observations, we first contextualize our discussion of the United Kingdom by briefly outlining the (a) differing legislative landscape relating to LGBT rights in the United Kingdom and (b) U.K. health and care systems. This is intended to illustrate what is particular about the United Kingdom, as well as providing indications of global differences and similarities, in terms of LGBT people's perceptions and access to formal health and social care services. This contextual landscape has also informed the directions of research relating to the lives of older LGBT people in the United Kingdom, and our focus in this article will be to highlight key messages from the nature and findings of the research conducted in that national context.

The U.K. 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).

In the United Kingdom, older gay and bisexual men in their 60s and over would have known a time when homosexuality was criminalized; 2017 saw the 50th anniversary of a key moment in the history of sexuality in the United Kingdom, when homosexual acts between men were partially decriminalized

(partial in that criminalization still applied to men aged 21 years or younger and anywhere other than a private place) in England in 1967 (similar legislation passed in Scotland in 1980 and Northern Ireland in 1982).

Lesbian relationships were never illegal, but Traies (2017) emphasizes 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.

Another key piece of legislation that impacted on the lives of LGBT people in the United Kingdom was Clause 28 of the 1988 Local Government Act. While in statute (1988–2003), this clause explicitly prohibited the intentional “promotion” of homosexuality by local authorities¹ 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.

U.K. public services must now comply with the 2010 Equality Act. This made it illegal to discriminate against someone on the basis of the nine protected characteristics. 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 gender identity with professionals on whom LGBT older people might rely on for care.

Health and Care Systems in the United Kingdom

The wider cultural context in which health and social care is delivered also impacts on LGBT individuals’ experiences of aging. As noted, legal recognition and protections have advanced significantly in the United Kingdom this century, but health and social care provision has been slower to recognize an aging 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 United Kingdom, health care is largely delivered via a universal National Health Service, that is, available to all residents, and “free” although since the Health and Social Care Act 2012, there is increased privatization 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-centered 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-centered care is often “sexuality blind” (and, we would add, gender blind) in that providers often treat all older people the same.

Pertinent to the United Kingdom are issues of class—many older LGBT people are less advantaged in terms of socioeconomic status, particularly given the impact of a long period of austerity. In May 2010, the U.K. 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 underinvestment, 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 earlier context, we now turn to the empirical work in the United Kingdom, predominantly qualitative. A key feature of this corpus 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). U.K. 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.

Method

The authors are senior leading U.K. academics in the field of LGBT aging and old age. This article represents our critical observations which is principally informed by (a) detailed expertise of and engagement in the U.K. field and (b) reaching out to key LGBT aging scholars ($N=18$, responses received from 15). Those who we contacted come from a range of disciplines including sociology, social work, gerontology, and oral history. The majority have been involved in LGBT aging research for more than 10 years. We asked these individuals about their work related to LGBT aging. This included sending us information on (a) the key themes addressed in their work, (b) their key publications, (c) any forthcoming work or doctoral research they were involved in, (d) areas for future research specific to the United Kingdom or more globally, and (e) suggestions of other U.K. writers we should reach out to (this led to

contacting two further individuals, although we did not receive a response from either). Our observations and expertise are also informed by our leadership of a U.K. Research Council-funded project which engaged with over 250 people interested in LGBT aging (scholars, policy makers, and practitioners) in a series of workshops which focused on key gaps in knowledge about LGBT aging. These gaps were identified by a thorough review of the existing international literature and through feedback from U.K. academics, service providers, policy makers, and older LGBT people (for further detail, see King, Almack, Suen, & Westwood, 2018). The LGBT aging scholars who responded to our call for evidence for this article commended our approach. However, we acknowledge that this is not a systematic or critical review based on the searching of databases. Nevertheless, given that the number of active LGBT researchers in the United Kingdom is small, we are confident that we have captured a comprehensive range of literature dating from 2010 onward.

Representing Identities That Come Under “the LGBT Umbrella”

The LGBT acronym is acknowledged to be useful in terms of a political identity and campaigning as well as a level of sociocultural recognition, but, as Hughes and King (2018) note, it can obscure differences in experience. This has included the lives of many represented under that acronym, identified in U.K. work, including lesbians (Traies, 2015), bisexuals (Jones, Almack & Scicluna, 2018), and trans older people (Toze, 2018) as well as other diversities such as nonbinary 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 U.K. research that has addressed intersectionality (see Cronin et al., 2011) and explored 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 United Kingdom, 2009 to 2011. Her study included more than 400 lesbians ages 60 to 90 years, although the majority were aged between 60 and 70 years. She concluded that older lesbians have unique life course experiences which means generalizing from studies of younger lesbians or from studies dominated by gay men are problematic. Traies (2016) gives the example of differences in take up of civil partnerships; lesbians over the age of 60 years are less likely to register their partnerships than either older gay men or younger lesbians (Office for National Statistics, 2018). Traies' findings suggest that this trend is in part 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. Despite this, she noted 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. However, Wilkens (2015) observed in her qualitative study (35 lesbians classified as “young old” [p. 92], with an average age of 62) that financial support and bases for such networks are vulnerable due to ongoing austerity measures in the United Kingdom. She also identified concerns that as her lesbian participants’ age, reduced mobility could make access to traditional groups 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 U.K. gathering for bisexual people), most participants are younger than 40 years of age. Very few support groups for older bisexuals (aged 50 years and older) exist. Jones (2018) suggests that if the “B” in LGBT is ever to be more than tokenistic, it is important that we develop better theorizations 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 aging 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 aging trans communities and the wide spectrum of identities that fall within the category “trans.” This includes those who have transitioned (medically and socially) from male to female or female to male and others whose gender identity challenges binary definitions or cross dressers (Bailey, 2012). Pearce’s (2018) research identifies how a trans life course is 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. Recognizing this diversity presents challenges for quantitative research where minority identities may be merged to gain statistical power (Toze, 2018).

Despite legal advancements in the United Kingdom, trans people still face stigma and discrimination, recently evidenced by the consultation to reform the 2004 Gender Recognition Act (proposing changes to how individuals “prove” their gender identity—Anonymous, 2018; Government Equalities Office, 2018). To date, qualitative work has primarily focused on trans people’s access to and perceptions of health and social care services in later life, identifying concerns that their gender identity will not be respected and 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, and Access

U.K. 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, 2016a), 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 et al. (2018) identify how strategies of “successful aging” can be problematic and often measured by heteronormative standards. Rosenfeld et al. also identify strategies that help men prevent their HIV from dominating their lives and to manage the challenges to their mental health and well-being of aging 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 and King (2016) both draw upon queer theory to provide a critical framework 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. However, Nagington (2015) also picks up on issues of intersectionality that can problematize 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 (2016) suggests that taking an equalities perspective toward LGB people, and dementia alone is not adequate because it does not deconstruct how dementia is framed in relation to heteronormativity. For example, the gendered nature of very old age and age-related dementia means that older cisgender lesbians and bisexual women are disproportionately affected by associated issues (Westwood, 2016a). Addressing the intersections of aging, gender and sexuality for lesbian and bisexual women with dementia is important—Westwood (2016a) argues that at these intersections, the social exclusion of lesbians and bisexual women is compounded by the stigma and social marginalization associated with dementia. Furthermore, if services for LGBT people with dementia do not recognize, 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) emanating 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 among 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 (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, Hodson, Wee, Almack, Johnson, Daveson & Harding, 2018). For example, LGBT people may delay seeking treatment until disease is at an advanced stage due to previous experiences of discrimination by health-care providers. While dying at home is a common preference and one promoted within U.K. 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 toward issues of housing (with or without care) and older LGBT people in the United Kingdom. Despite a number of attempts and unlike many other Western countries, particularly the United States, Canada, and Germany, the United Kingdom 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, is seeking to develop a scheme. Several LGBT organizations exist which advocate for older LGBT people around housing issues, such as Stonewall Housing and Opening Doors London.

Until recently, the only other substantial study focused on housing per se, was by Hubbard and Rossington (1995). While 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 United Kingdom. One example is the SAFE Housing study, which explored the experiences, preferences, and concerns of older LGBT people (King & Stoneman, 2017). 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 men 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, building on the theoretical ideas laid out by King and Cronin, 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.

Qualitative research conducted by Westwood (2016b, 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 marginalized—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 operationalized 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 feature of U.K. research 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. Researchers have forged strong connections and partnerships with policy makers, third-sector organization, and charity organization, which have 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, utilizing research findings.

Gaps in Our Current Methodologies

U.K.-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 toward 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, for example, 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 coresearchers, especially to assist access to community members who will speak to known others, but not to unknown researchers (Traies, 2015). However, King has suggested that those sorts of methods may prioritize 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 modeling (ABM) for two projects (Aging 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, ABM creates a computer simulation of a particular social problem. Agents in the model are given certain properties, can make certain decisions, and undertake certain actions. In the case of the Aging Diversity project, this involves older LGBT “agents” making decisions about care provision that is either “mainstream” or LGBT-specific and when the model is “run,” tracking these decisions across time and generations. Moreover, 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. Indeed, attention to methodologies may help address some of the gaps we have identified as areas for future research.

Areas for Future Research

An important gap to address is research with Black, Asian, and other Minority Ethnicities LGBT older people, which has proved to be a particularly hard to reach community. Research that does not rely on identity labels which may be culturally insensitive 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 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 marginalized and work that focuses on the “old–old” (as opposed to “young old,” i.e., people in their 60s) LGBT experience, interactions of LGBT aging with class, religion, race, ill-health and disability, geographical, and urban/rural location.

From the observations we have outlined earlier and the input of our colleagues, we have identified that 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 (as noted at the start of this article, this was in part motivated by the legislative landscape in the United Kingdom from 2010 onward). 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 aging are also identified including community, relationships, career/retirement, and so on. Other gaps in our knowledge about trans aging include very little research on older trans men and nonbinary people, and little is 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 United Kingdom does not have any LGBT-specific older

people's housing. Taking an approach that looks beyond the United Kingdom, case study research on existing LGBT—inclusive retirement facilities and care homes for older LGBT people internationally may inform what might work in the United Kingdom and what facilitates the success of such initiatives.

Finally, LGBT aging research could broaden out to incorporate a wider range of nonnormative lives, including, for example, older individuals who are asexual, single and sexual, queer, and polyamorous. This follows an argument to address the overrepresentation of “sanitized” LGBT lives and the marginalization of the “other” (Harding & Peel, 2016). There has been significant progress in the field in the United Kingdom and beyond. The challenge remains to ensure representation of all older LGBT, paying particular attention to whose voices are being heard and especially to those who 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 United Kingdom is currently experiencing a period of profound social change—a decade of austerity policies has hollowed out many services used by older LGBT people and the implications of the United Kingdom's exit from the European Union are as yet unknown. LGBT aging research, policy, and practice in the United Kingdom have been extremely vibrant over the past 10 years, we hope that it remains this way for the next decade.

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Note

1. 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.

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Andrew King is professor of Sociology at the University of Surrey, UK where he is also Co-director of the Centre for Research on Ageing and Gender (CRAG). He has been researching LGBT ageing for over a decade and published widely in the field. Andrew's current older LGBT research concerns housing and he is the project lead on the CILIA-LGBTQI+ project which is exploring intersectional inequalities across the life course of LGBTQI+ people in four European countries.