



# *Lesbian, Gay and Bisexual Lives over 50*

*A report on the project 'The Social and Policy Implications of Non-heterosexual Ageing' (funded by the Economic and Social Research Council -Award Number: R000223465)*

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## Summary

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The aim of the research was to investigate the social and policy implications of lesbian, gay and bisexual ageing. The study explored the experience of self-identified lesbians, gay men and bisexuals aged between 50 and 80 plus, and generated cross-sectional, prospective and retrospective data on ageing and living as an 'older' non-heterosexual. A mixed-method approach was adopted, combining a questionnaire, group discussions and individual interviews. The fieldwork for the study took place between June 2001 and September 2002.

Preliminary analysis suggests the following:

1. Diverse possibilities exist for how lesbians, gay men and bisexuals experience, approach and negotiate ageing.
2. The meaning attached to ageing and 'old age' by lesbians, gay men and bisexuals is as fluid and context-dependent as it is in the broader culture. However, lesbians and gay men aged over 50 *are* likely to describe themselves as 'older' when referring to their sexual identities and lifestyles. This reflects the significance of age in shaping how one sees oneself, and is seen by others *as* a lesbian or gay man.
3. In some circumstances being non-heterosexual can mean that individuals are less aware of the ageing process. However, many men (and notably fewer women) indicated that being gay had made them more conscious of the ageing process. In doing so, they were mostly referring to what they believed to be excessively youth-orientated non-heterosexual cultures.
4. Ageing can have a significant impact on how individuals live their lives *as* lesbians, gay men and bisexuals. While many participants indicated that they chose to be less involved in non-heterosexual community activities and commercial scenes as they aged, a significant number of gay men indicated that they felt excluded from some activities and scenes because of their age.
5. Living outside the heterosexual norm can have a significant influence on individuals' lives– in both positive and negative ways. However, there is a complex interplay of sexuality and other factors in (a) shaping the diverse possibilities that exist for non-heterosexual ageing, and (b) determining the capacities and resources that lesbians, gay men and bisexuals have access to in responding to the challenges that come with ageing.
7. The degree to which participants were confident and open about their sexuality is striking. However, there was also evidence of the resilience of internalised sanctions against homosexuality, and of the significant risks (often of violence and harassment) that being open about one's sexuality can entail.

**8.** Lesbian, gay and bisexual explorations in ageing can be viewed as an indicator of the uneven consequences of wider social change. While older non-heterosexuals often demonstrate the creativity and agency that results from living outside given supports and guidelines, this creativity is not so evenly demonstrated when it comes to *planning* for old age.

**9.** As in the broader society, financial security is a primary determinant of the choices that participants have in how they live - now or in the future. As mothers and carers, lesbians may have had diminished chances of accumulating financial security through an adequate pension and savings. Despite this, some women indicated that their lesbianism facilitated greater financial security and independence. Financial security can also be hampered by prejudice against marginal sexualities in the workplace. Only half of participants believe they have made satisfactory plans for old age.

**10.** A particularly high proportion of participants lived alone. This raises important questions about support networks and social care when it is required. In contrast to other studies, there was very limited evidence of collective planning for living arrangements in old age.

**11.** Couple relationships are highly valued by participants. In general, the younger the participant, the more likely she/he was in a relationship. While some participants – more likely to be men - appeared to draw on dominant (gendered/heterosexual) models in managing their relationships, ‘gender sameness’ means that couples must, to some degree, negotiate roles and domestic tasks.

**12.** The study revealed that the relationships older lesbians gay men and bisexuals have with their families of origin tend to be more important than is suggested in the existing literature. Relationships with children are also significant. The degree to which regular contact is maintained with family, depends heavily on the quality of the relationship

**13.** The value placed on friendships by our participants is striking. Participants often described friends as ‘the most important people’ in their lives, and approximately half agreed with the statement that they ‘viewed friends as family’.

**14.** The study documented how solo living and the negotiated nature of support relationships can have implications for day-to-day support and care in times of crises. Friends are on a par with partners and family when it comes to material supports in times of need, and come into their own when it is emotional support that is required.

**15.** There is overwhelming emphasis on partners as the most likely providers of care in times of chronic illness; and partners and health professionals in the case of care in old age. Few expect family members to assume this responsibility. Few participants have actually made plans for care in health crises or old age.

**16.** The study found local (geographically based) community relationships to be important to lesbians, gay men and bisexuals aged 50 and above, but overall, participants had very limited expectations of community support in a context of recognition and respect for who they were.

**17.** The study indicates the importance of lesbian and gay communities in supporting non-heterosexual identities and ways of living. However, these community supports are unevenly distributed in geographical terms. Age itself can form the basis of exclusion from community activities not specifically targeting older lesbians, gay men and bisexuals.

**18.** The study revealed a number of issues that are relevant to policy and practice. Only one third of older non-heterosexuals believed health professionals to be positive towards lesbian, gay and bisexual clients, and a notably smaller percentage believe health professionals to be generally knowledgeable about non-heterosexual lifestyles.

**19.** Participants generally believed that health and care service providers (a) operated according to a heterosexual assumption, and (b) failed to address their specific needs. Considerable concerns were expressed about care provision and special housing. There was notable distrust about respect for their sexual identities and relationships in such contexts.

**20.** A key finding of the research is the complexity of social exclusion in relation to older non-heterosexual lives. Participants broadly shared the view that lesbians, gay men and bisexuals are discriminated against in society – evidenced in a range of ways. The majority supported registered (or civil) partnerships as a means of validating and protecting their relationships and a small minority favoured marriage.

**21.** Older lesbian and gay experience highlights the complexity of social inclusion and citizenship in contemporary social contexts. It also raises questions about the ways in which social policy acts to limit or facilitate these.

## Full Report

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### *Background*

The aim of the research was to investigate the social and policy implications of lesbian, gay and bisexual ageing. Through exploring the experience of self-identified lesbians, gay men and bisexuals aged 50 and above, we intended to identify the specific issues that arise for 'older' non-heterosexuals, explore strategies developed in negotiating everyday living outside established norms and supports, and identify key issues that arise for policy. The research was shaped by an interest in the challenges that contemporary social change pose for ageing populations themselves and for policy makers. The research viewed these challenges from two perspectives:

#### *1. Developments in the non-heterosexual world*

Despite the often remarked upon 'invisibility' of older lesbians and gay men, non-heterosexual ageing is becoming a more visible social issue as consequence of a number of developments in the non-heterosexual world (cf Cahill et al. 2000; Smith and Calvert 2001). In the first case, living one's life *openly* as a lesbian, gay man or bisexual is a relatively recent possibility that has its roots in the politics of sexual liberation of the 1960s and 1970s (Weeks 1995). This means that openly ageing as a lesbian, gay man or bisexual is a new social phenomenon, and this raises new dilemmas for non-heterosexuals themselves, and for policy makers. Second, the increasing strength and cultural confidence of non-heterosexual communities are provide the context for establishing fairly distinctive non-heterosexual ways of living (Plummer 1995; Weeks et al. 2001). This means that ageing lesbians, gay men and bisexuals are likely to find their lifestyles at odds with social provision and policy that has been established with the heterosexual norm in mind. Finally, stronger non-heterosexual identities and communities provide the basis for political organisation that vocally asserts the validity of newly established ways of living – particularly through the claim to 'lesbian and gay rights' and 'intimate citizenship' (Plummer 1995; Weeks et al 2001). These claims are beginning to focus on social policy and rights issues in relation to ageing.

#### *2. Broader developments*

While non-heterosexual ageing is an issue worthy of investigation in itself, we believed it could also have more general insights for ageing in rapidly changing social and cultural contexts. A defining aspect of non-heterosexual experience is challenge of developing ways of living outside of the institutional supports and cultural guidelines provided in the dominant culture (Blasius 1994; Giddens 1992; Weeks 1995; Weeks et al 2001). Lesbian and gay individuals, therefore, are faced with developing innovative strategies for living outside of the norms and supports of this culture - precisely the issues that are now becoming relevant for the general population.

Several theorists have argued that processes of detraditionalisation and individualisation are having a profound effect on all aspects of everyday life (Beck 2000; Beck and Beck-Gernsheim 1995; Giddens 1991). Old models of living, working and relating are under increasing pressure from these processes. Theorists like Beck (2000), for example, argue that traditional supports of family and community are ‘disappearing’. These developments have major implications for the contexts in which people are now ageing, the social and economic resources that older populations have access to, and for service provision and social policy. It was in understanding and clarifying these implications that we believed research on lesbian, gay and bisexual ageing has considerable value. In this sense, the case of non-heterosexuals was viewed as an *indicator* of experience that increasingly cuts across the homo/heterosexual dichotomy.

### **Objectives**

- a) To provide new quantitative and qualitative data on the life circumstances (including socio-economic, domestic, family and general living circumstances) of ageing non-heterosexuals.

*The research involved a survey which produced quantitative data on the living circumstances of 266 lesbians, gay men and bisexuals aged between 50 and 80 plus (see Appendix 1). Twenty in-depth interviews and 8 focus groups provided qualitative data on the dynamic and changing nature of living circumstances.*

- b) To illuminate the negotiation of ageing by non-heterosexual women and men, and to document innovative strategies developed in relation to this task.

*The quantitative and qualitative data illuminate negotiations of ageing, and strategies developed. Survey participants provided information about: personal meanings and experiences of ageing; responses to life changes; specific plans and strategies developed (or not) in relation to ageing (see Appendix 1). Interviews explored individual narratives of negotiating ageing in more detail. Focus groups explored both personal and collective stories about non-heterosexual meanings and negotiations of ageing.*

- c) To identify distinctive policy issues that arise in relation to ageing non-heterosexuals and to ascertain the extent to which existing policies cater for this population.

*The data allow the identification of a range of issues that are relevant to policy. Survey participants answered a range of questions about their circumstances, views and experiences that are relevant for policy – about resources, pensions, work, housing, care, service provision, interactions with health and social care professionals, social and legal exclusions and so on (see Appendix 1). Focus groups and interviews also specifically focussed on policy issues as they concerned participants.*

- d) To address an important gap in our knowledge about both older and non-heterosexual populations, providing insights into the social and policy implications of ‘new experiments in living’ that these populations undertake in contemporary British society.

*The data provide significant insights into: the influence of sexuality on the life course and on shaping meanings and experiences of ageing and old age; the impact of age on non-heterosexual identity, lifestyle, and community belonging; the individual, social and policy implications of living and ageing (i) outside of the heterosexual norm, and (ii) in social contexts where ‘given’ supports, meanings and resources are increasingly less available.*

## **Methods**

### *The research design*

The study focused on the experience of lesbians, gay men and bisexuals age 50 and over in generating cross-sectional, prospective and retrospective data on ageing. A mixed-method approach was adopted, combining quantitative and qualitative methods. The quantitative aspect of the study aimed to capture the range of experience across the sample. The qualitative aspect was integrated throughout the research process and provided depth.

### *The sample*

At the outset it was recognised that the research could only be exploratory, as a representative sample is impossible for ‘hidden’ lesbian, gay and bisexual populations (Heaphy et al. 1998). We relied on ‘self-definition’ in terms of sexual identity, and in building the questionnaire sample, we adopted the approach that was used in successfully researching non-heterosexual ‘families of choice’ (Heaphy et al. 1998; Weeks et al. 2001). This entailed utilising a wide range of networks and media, and liaising with national and local community groups and organisations to recruit participants. Copies of the final questionnaire were mailed to respondents to adverts, notices and flyers.

The total number of 266 questionnaire participants surpassed the recruiting target of 200. However, the final sample is not as balanced in terms of gender as had been aimed for (just under 40% women, and over 60% men). While accessing women in their 50s proved relatively unproblematic (78% of the female sample), difficulties were experienced in recruiting women over 60 (see Appendix 2, p.1). The research itself suggested several possible reasons why this age group was difficult to access: few organised networks exist for older lesbians compared to gay men; older lesbians may have particular concerns about ‘going public’ about their sexuality, and experience greater pressures to conceal their sexual identities. The data also suggest there is a greater reliance on informal, local and ‘hidden’ networks amongst these women. As two participants put it:

F11, 64: ...[older lesbians are] out there but...

F9, 56: [In a] women’s world but not homosexual

While the questionnaire data include limited information women's actual experience of old age (only 11% are above retirement age) (see Appendix 2), women over 60 were more evenly represented in the qualitative aspect of the research.

Following a preliminary analysis of quantitative data, 20 respondents were selected for interviews (10 women and 10 men – 5 each were originally proposed). Individuals were identified to reflect a range of possibilities for non-heterosexual ageing as they applied to gender and age.

Eight focused group discussions were undertaken (2 were originally planned) – 3 with men, and 5 with women. Participants in focus groups were recruited through a number of formal and informal networks. Group discussions took place in 4 different locations and in total, 16 women and 14 men took part in. Some preliminary focus group data were collaboratively generated with Liz Bassett of Brighton University.

### *Ethics*

The study was conducted in accordance with BSA guidelines on ethical research practice. Issues of anonymity and confidentiality were of prime importance in the research. All data have been anonymised to protect confidentiality.

### ***Results***

#### *1. Non-heterosexual explorations in ageing*

A notable feature that emerged from this research was the diverse possibilities that exist for how non-heterosexual women and men experience, approach and negotiate ageing. As one participant succinctly pointed out: 'everybody's exploring it and finding their own way to deal with it' (RF8, 66). There are several points that can be made about these 'explorations':

(i) The meaning attached to ageing and 'old age' by lesbians, gay men and bisexuals is as fluid and context-dependent as it is in the broader culture (Featherstone and Wernick 1995; Blaikie 1999). Some existing studies imply that non-heterosexuals aged 50 and above are inclined to view themselves as 'old'. However, the quantitative data show a starkly different picture. Around 45% of our sample (50 women and 68 men) defined 'old age' as being 70s and above, while 23% (16 women and 46 men) defined it as 60s and above (see *Appendix 2*, p1). Nevertheless, non-heterosexuals aged over 50 *are* likely to describe themselves as 'older' when referring to their sexual identities and lifestyles. This reflects the significance of age in shaping how one sees oneself, and is seen by others, and how one lives *as* a lesbian, gay man or bisexual.

(ii) Being non-heterosexual can sometimes mean that individuals are less aware of the ageing process. Female participants often commented that the privileging of youth was less of an issue in lesbian communities than it was for women in mainstream cultures:

I think in the lesbian community...things like age and various things like this matter far less than they do in the heterosexual world. (RF7, aged 68).

Some men also felt that living outside the heterosexual norm allowed them to feel younger for longer:

I've not had the signposts that maybe married men have... So in that sense you might sort of stay young. You don't see yourself getting old. (RM9, aged 72)

However, many men (and notably fewer women) indicated that being gay had made them more conscious of the ageing process (*see also* Kimmel and Sang 1995; Berger 1996; Pugh 2002). In doing so, they were mostly referring to the consequences of excessively youth-orientated non-heterosexual media and commercial scenes (*i.e.* bars and clubs). This points to significant gender differences in the meanings lesbians and gay men attached to ageing.

(iii) Ageing can have a significant impact on how individuals see themselves, and live their lives, *as* lesbians, gay men and bisexuals. In the survey, 42% of women and 44% of men indicated that age made a difference to how they see themselves as lesbians, gay men or bisexuals, and 39% of women and 52% of men said this was the case for how they lived as lesbians, gay men or bisexuals (*see* Appendix 2, pp.2-3). While many women and men indicated that they were inclined to *choose* to be less involved in organised activities and commercial scenes as they aged, a significant number of men indicated that they felt excluded from commercial gay scenes because of their age (*see* Appendix 2, pp. 4-5).

(iv) The research found living outside the heterosexual norm to be a significant influence in our participants' lives— in both positive and negative ways. For instance, although 80% of women and 62% of men said that their sexuality had enriched their life, 29% of women and 27% of men felt that being non-heterosexual had had a negative consequence on their personal feelings of well-being (*see* Appendix 2, pp. 6-7). However, the research also observed the complex interplay of sexuality and other factors (relating to individuals' material, social, and cultural positioning) in (a) shaping the diverse possibilities that exist for non-heterosexual ageing, and (b) determining the capacities and resources that lesbians, gay men and bisexuals have access to in responding to the challenges that come with ageing (*see* the section below on *Life Circumstances*).

(v) Many participants demonstrated the creativity that several studies have argued is central to lesbian and gay experience (e.g. Blasius 1994; Dunne 1997; Weeks 1995; Weeks et al 2001). One outstanding example of this is the ways many participants formed and maintain strong non-heterosexual identities despite the social and legal sanctions with which most grew up.

The degree to which participants were confident and open about their sexuality is striking. The vast majority (253, 95%) was partially or totally 'out' (open about their sexuality) to friends, 69% were out to at least some family members (more often siblings than parents) and 51% were out to some neighbours.

(vi) That not all participants are ageing with a confident and open sexual identity is significant. For example, 37% of men (particularly older ones) and 23% of women had hidden their sexuality throughout their life - indicating the resilience of internalised sanctions against homosexuality, and of the risks (often of violence and harassment) that being open about their sexuality is perceived to entail. These risks place limits on individuals in living their everyday lives, and can be accentuated with age.

(vi) Lesbian, gay and bisexual explorations in ageing can be viewed as an indicator of the uneven consequences of wider social change. In some respects, our participants demonstrate the creativity and agency that can arise from living outside given supports and guidelines (cf Giddens 1991; Weeks 1995; Weeks et al 2001) - particularly evident in their negotiation of identities, relationships and everyday living circumstances (see below). However, this creativity is not so evenly demonstrated when it comes to *planning* for old age.

## 2. *Life circumstances*

### Financial Security

The research studied a range of experience in terms of financial security, a primary determinant of the choices that participants have in how they live - now or in the future. Not surprisingly, those who had the lowest incomes rated finances as their most significant concern about ageing.

(i) As in the broader society, gender is an important factor in influencing material security in old age. While 110 men (67%) felt they were currently financially secure, 51 women (50%) felt this was the case (see Appendix 2, pp.8-9). As mothers (42%) and carers, many lesbians have had diminished chances of accumulating financial security through an adequate pension and savings (cf. Ginn and Arber 1995). Despite this, some women (mostly never married) believed that their lesbianism facilitated greater financial security and independence - as there was no expectation that a male partner would provide for them.

(iii) Some participants indicated that their financial security has been hampered by prejudice against their sexuality in the workplace. Of the 47% women and 33% of men who believed their sexuality to have influenced their working lives, well over one third felt vulnerable to homophobic discrimination in the workplace. Some indicated that discrimination had resulted in a lack career progression – or even losing a job.

(iv) In terms of financial security in old age, over half (56%) of male participants, and a third (37%) of women, believe they have made satisfactory plans for this (see Appendix 2, p. 10). Qualitative data indicate two competing beliefs about planning for old age: that being lesbian or gay encourages pre-planning, as an insurance against a reliance on heterosexist services/support in old age; being lesbian or gay and childless can result in a diminished sense of the importance for financial planning for old age until it is too late.

### Domestic Circumstances

As in the broader society, the majority of participants own (or co-own with a partner) their homes: 81% of women and 76% of men. Two other points are worth noting:

(i) While solo living is on the increase generally (Ginn and Arber 1998), a particularly high proportion of participants lived alone: 41% of women and 65% of men (see Appendix 2, p. 11). The likelihood of this increases with age gradually. The tendency is for couples to live together – though this is more likely for women (over 80% of the 60% in couples) than men (roughly 60% of the 40% in couples). Partners choose *not* to live together for a range of reasons (to protect independence, to conceal the nature of the relationship; the relationship is

in its early stages). Whatever the reasons, solo living raises important questions about support networks and social care when it is required (Harper 2000).

(ii) Research on ‘families of choice’ (Weeks, Heaphy and Donovan 2001) has documented non-heterosexual people as young as their 30s planning for collective living in old age. There was very limited evidence of this kind of planning amongst our participants. Only a minority (29%) had specific plans for living arrangements in old age: mostly living at home or with a partner. Only 4 women and one man had plans to live with friends, and 3 women and 6 men had plans for sheltered housing (see Appendix 2, pp. 12-13).

### Partnerships

Couple relationships were highly valued by the sample. There was broad agreement, however, that it was increasingly difficult to meet a partner as they got older.

(i) Almost 60% of women in the sample were in couple relationships (all same-sex) compared to approximately 40% of men (9 of 61 were cross-sex relationships) (see Appendix 2, p. 14). In general, the younger the participant, the more likely she/he was in a relationship.

(ii) Several studies have argued that same sex relationships tend to operate according to an ‘egalitarian ideal’, that is underpinned by a friendship ethic (Dunne 1997; Weeks et al. 2001). Qualitative data showed different influences on how same sex couples view and structure their relationships. On the one hand, many participants – particularly women with feminist identities – emphasised the greater opportunities that same sex relationships offered for emotional fulfilment and role negotiation. On the other hand, some participants – more likely to be men – appeared to draw on dominant (gendered/heterosexual) models in managing their relationships. Despite this, ‘gender sameness’ does mean that couples must, to some degree, negotiate roles and domestic tasks.

### Family and Friendships

(i) The study revealed that relationships older non-heterosexuals have with their families of origin are likely to be more important than is suggested in the existing literature. While 34% of women and 22% of men reported that their sexuality had distanced them from their families of origin, the majority (62%) felt that their relationships with at least some family members were important (see Appendix 2, p 15).

(ii) Relationships with children are also significant to many participants - 42% of women and 24% of men have children. However, qualitative data indicate that the valuing of relationships with adult children (as with family of origin generally) and the degree to which regular contact is maintained, depends heavily on the quality of the relationship (*cf.* Finch and Mason 1993).

(iii) The value placed on friendships by our participants is striking: 96% of women and 93.3% of men consider friendships as ‘important’ or ‘very important’. Further, 76% of

women and 67% of men lived close to friends, compared to the one third of women and men who lived close to family members. Participants also described friends as ‘the most important people’ in their lives:

My support networks come from people I count as friends...and those definitely before my birth family, my straight family, if you like, definitely. (RF1, aged 50)

(iv) The study found the kinds of chosen families describe by Weeks et al. (2001) to be crucially important for participants, with 53% of women and 49% of men agreeing that they see friends as ‘family’ (see Appendix 2, p.16). As one participant put it, ‘So my family in the classic gay phrase are my friends...so I do have a network which I rely on’. These families are best understood as the most radical end of broader social developments described by Finch and Mason (1993), where family relations, responsibilities and obligations are increasingly open to negotiation (Weeks et al. 2001).

### Care and support

The study documented how solo living and the negotiated nature of support relationships can have implications for day-to-day support and care in times of crises.

(i) Friends are on a par with partners and family when it comes to material supports in times of need. In financial crises, partners (32%), friends (30.8%) and family (25.2%) were identified as the first port of call. Friends come into their own when it is emotional support that is required: 59% of the sample identified friends as the first port of call, and only 9% family of origin.

(ii) There is overwhelming emphasis on partners as the most likely providers of care in times of chronic illness, and partners (38%) and health professionals (49%) in the case of care in old age (see Appendix 2, p.17). Few expect family members to assume this responsibility. Qualitative data reveal that friendships can be an *unexpected* source of care in this context.

(iii) Few participants have actually made plans for care in health crises or old age. Only 20 women (20%) and 18 men (11%) have planned for care in the case of serious illness; and only 9 women (9%) and 14 men (9%) have made plans for care in old age (see Appendix 2, pp. 18-19). The general tendency appears to be to delay planning, often due to the anxiety such planning generates, as one participant put it: ‘The thought...petrifies me... I think the whole issue of care for older people is a minefield’ (RF11, aged 64).

### Community Belongings and Supports

(i) The study found local community relationships to be important to non-heterosexuals aged 50 and above, with 65% of women and 55% of men feeling some sense of belonging to a local community.

(ii) Despite commitment to local communities, evident in voluntary and community work, the study documented an acute sensitivity amongst participants to the risks presented by being open about their sexuality in these contexts. A notable 35% of participants indicated

that they felt vulnerable to homophobic violence. Overall, participants had very limited expectations of community support in a context of recognition and respect for who they are: ‘certainly don’t stand there saying, “I’m gay and we can call me Ms”’ (RF8, 66).

(iii) The study indicates the importance of lesbian and gay communities in supporting non-heterosexual identities and ways of living (cf. Blasius 1994; Plummer 1995; Weeks et al 2001). These provide a context for the formation of friendships, and social groups and organisations where individuals can ‘be themselves’. In total, 50% of women and 48% of men were involved with some kind of group or network. Further, 29% of women and 18% of men had some involvement with networks - sometimes internet based - specifically for ‘older’ lesbians and gay men (mostly defined as over 50, sometimes younger).

(v) Despite the value placed on non-heterosexual community supports, groups and organisations, they are unevenly distributed in geographical terms. Also, the research documented that age itself can be the basis of exclusion from groups not specifically targeted older at lesbians, gay men and bisexuals. 34% of women and 54% of men (spread evenly across the age ranges) indicated that they feel less welcome in lesbian, gay and bisexual places and spaces as they get older (see Appendix 2, p.21, and pp.20,22). Importantly, the study indicates that the creativity demonstrated by non-heterosexual community responses to the AIDS crisis, has not yet been matched in community responses to the support needs of older – and particularly old – lesbians, gay men and bisexuals.

### *3. Policy and practice*

The study revealed a number of issues that are relevant to policy and practice:

#### Health and Social Care Provision

(i) Only 35% believed health professionals to be positive towards non-heterosexual clients. A notably smaller percentage (16%) trust health professionals to be generally knowledgeable about non-heterosexual lifestyles (see Appendix 2, pp. 24-25). Participants often recounted experiences of hostility, differential treatment and a generalised lack of understanding by health professionals. Hence, only half of survey participants (53%) are ‘out’ in this context.

(ii) Participants generally believed that health and care service providers (a) operated according to a heterosexual assumption, and (b) failed to address their specific needs. There was wide support for specifically targeted health services and /or sources of information – notably more from women (62%, compared to 45% from men) (see Appendix 2, pp. 26-27).

(iii) Considerable concerns were expressed about care provision and special housing: 78% of women and 63% of men see care/residential homes as an undesirable option. There was notable distrust about respect for their sexual identities and relationships in such contexts. However, only 30% of women and 24% thought that care should be provided by non-heterosexual providers only. The large majority (77%) want provision that was lesbian, gay and bisexual friendly. Not many, however, are convinced that this would be the case.

#### Social Policy and Citizenship

(i) A key finding of the research is the complexity of social exclusion as it applies to older non-heterosexual lives. Dynamics of exclusion in overlapping spheres (relational, community, institutional, legal) can produce a profound sense of invalidation, and are not

accounted for in contemporary policy (and political) discourses on ‘social exclusion’ (cf Levitas 1998).

(ii) Participants broadly shared the view that non-heterosexuals are discriminated against in society (71%) (see Appendix 2, pp. 28-30). Age often accentuates ‘that you haven’t got the same right[s]’ (RF6, 54). Many participants recounted their own ‘exclusion’ from what they believed should be automatic rights (regarding tenancies; pensions and survivor entitlements; next of kin issues; inheritance). As such, policies often reinforced a feeling of ‘second class’ citizenship, even if 61% did feel that society was becoming more equal in terms of sexual difference. Importantly, only 19% believed there was an increasing equality where age was concerned – implying a belief that one’s citizenship is significantly compromised by age.

(iii) Participants often expressed their frustration about having to make ‘special provisions’ for protecting their relational rights (e.g. living will, power of attorney). As one participant put it: ‘our relationships should be accepted as they are ...[w]ithout having to make special arrangements...we should have those equal rights (RF6, 54). The majority support registered (or civil) partnerships as a means of validating and protecting their relationships - 65%, compared to 16% who are in favour of marriage (see Appendix 2, pp.31-32).

(iv) As with the contemporary discourses of ‘social exclusion’, traditional discourses of citizenship cannot fully comprehend the kinds of ‘rights’ that our participants are arguing for. Discussions of ‘sexual citizenship’ (cf. Donovan et al 1999; Plummer 1995; Weeks 1995) are beginning to clarify some of the issues at stake - particularly as they raise new questions about the relationship between the public and the private. However, viewed from the perspective of our participants it is not only validation as sexual citizens that is at stake, but also how life choices, identities and ways of living can be invalidated with age – and particularly old age. Our participants are therefore highlighting the complexity of social inclusion and citizenship in contemporary social contexts – and raising questions about the ways in policy can act to limit or facilitate these.

### ***Future Research Priorities***

1. Further research on experiences of old age by lesbians – and the development of research strategies to access this particularly hard to reach population.
2. Further research on experiences of special housing amongst lesbians, gay men and bisexuals.
3. Research on developing non-heterosexual community responses to the issues of ageing and old age.
4. Further research on the impact on the complexities of dynamics of social exclusion (and implications for policy) as they apply to older people generally in ‘detraditionalised’ contexts.

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## Appendix 1

### Questionnaire Themes

- 1) *'About you'*: demographic and self-identification information
- 2) *'Where you live'*: home and community life; plans for living in old age; desirability of various living situations in old age.
- 3) *'Work and leisure'*: employment status; attitudes to and experience of work; attitudes towards, and plans for, retirement; actual and planned involvements with clubs and groups.
- 4) *'Relationships'*: partnership status; parenting; attitudes to relationships; disclosure in relationships; definitions of relationships; influence of sexuality on relationships.
- 5) *'Care and support'*: definitions of next of kin; sources of financial and emotional support and physical care; provision of support and care; plans and expectations for care; concerns about support and care.
- 6) *'Finances and resources'*: sources of income; perceptions of security; plans and attitudes in relation to finances; concerns about finances.
- 7) *'Health'*: state of health and health concerns; frequency, nature and experiences of interactions with health professionals; openness and disclosure in interactions; perceptions of professional attitudes; sources of information.
- 8) *'Social services and policy'*: frequency, nature and experiences of interactions social service agencies and voluntary agencies as a client; openness and disclosure in interactions; perceptions of providers attitudes; support for non-heterosexual community involvement in service provision.
- 9) *'Sexuality'*: perception of impact of sexuality on life, well-being; self-identity; experience of prejudice and discrimination; perceptions of societal attitudes to non-heterosexuality and same sex relationships.
- 10) *'Becoming older'*: impact of age on self-identity, sexual identity and lifestyle; attitudes to getting older and bodily signs of ageing; impact of age on non-community involvements and socialising; perception of attitudes to age and old age in mainstream and non-heterosexual cultures.

## APPENDIX 2

Table 1

Participants' Sex

[By Age Group]

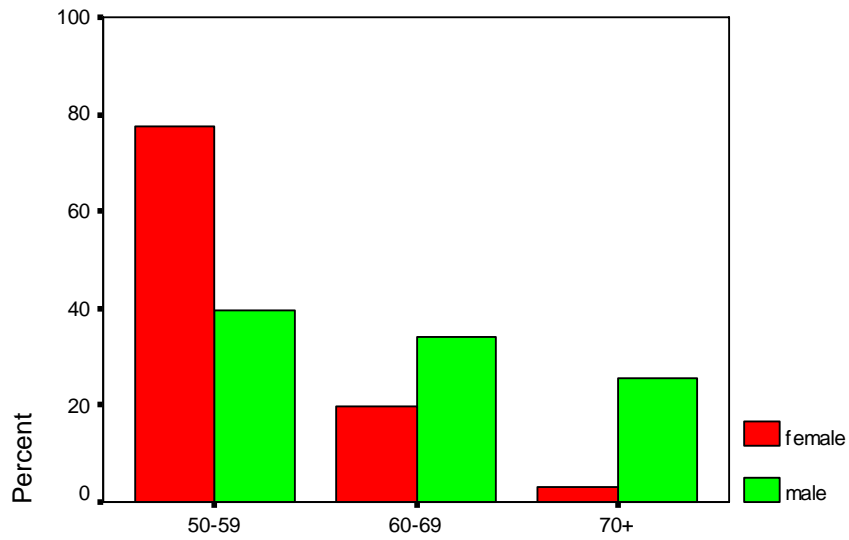


Table 2 Definition of Old Age

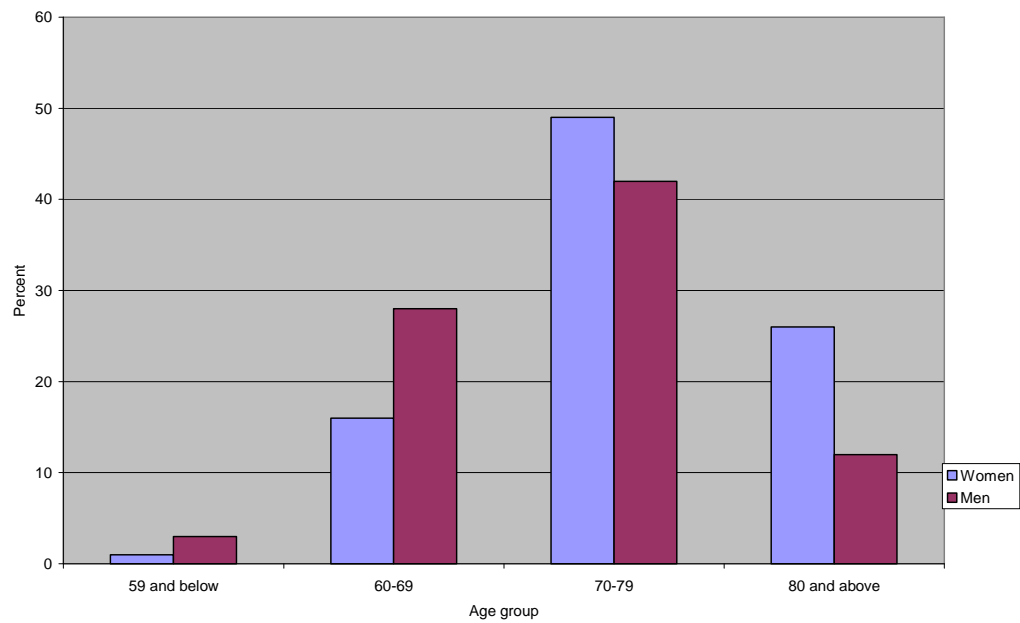


Table 3.1

Age Makes a Difference to How I See Myself as a LGB

[By Sex]

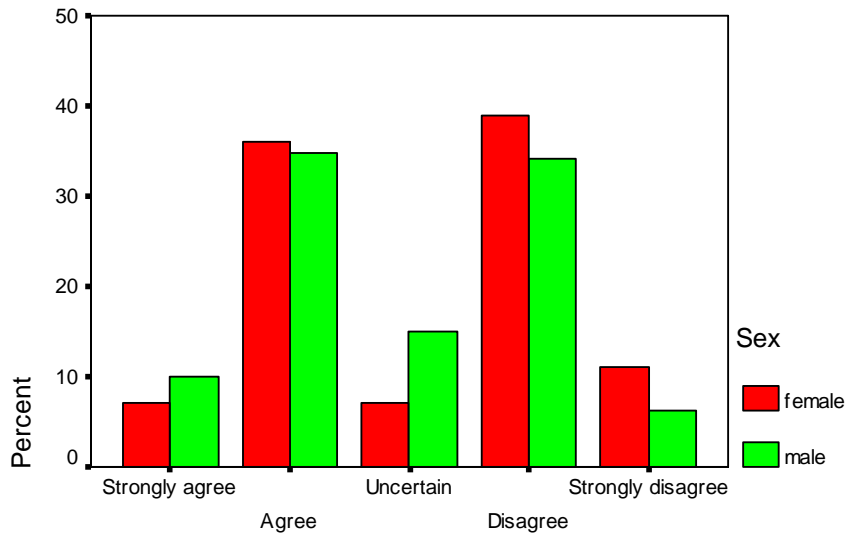


Table 3.2

Age Makes a Difference to How I See Myself as a LGB

[By Age]

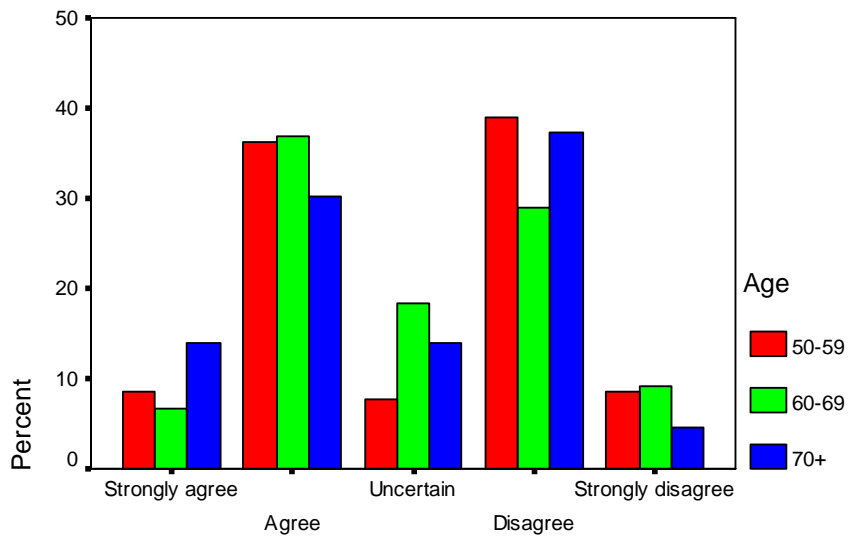


Table 4.1

Age Makes a Difference to How I Live My Life as a LGB

[By Sex]

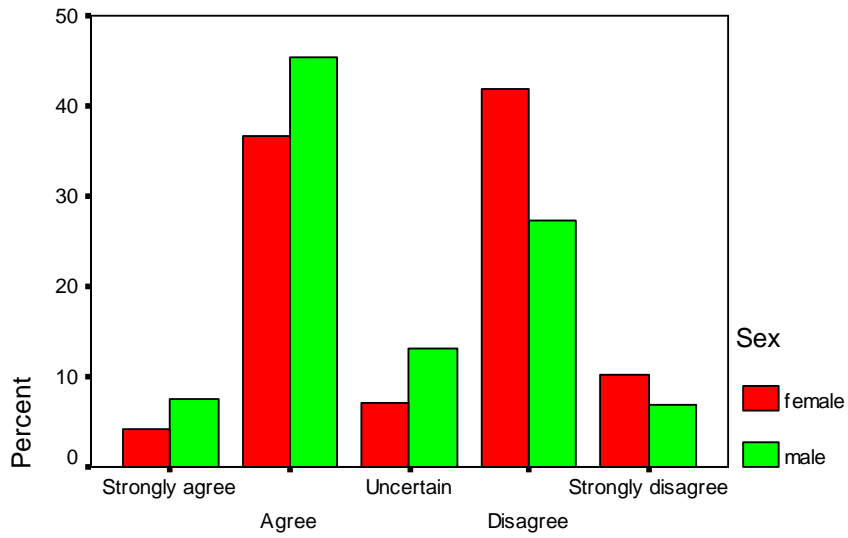


Table 4.2

Age Makes a Difference to How I Live My Life as a LGB

[By Age Group]

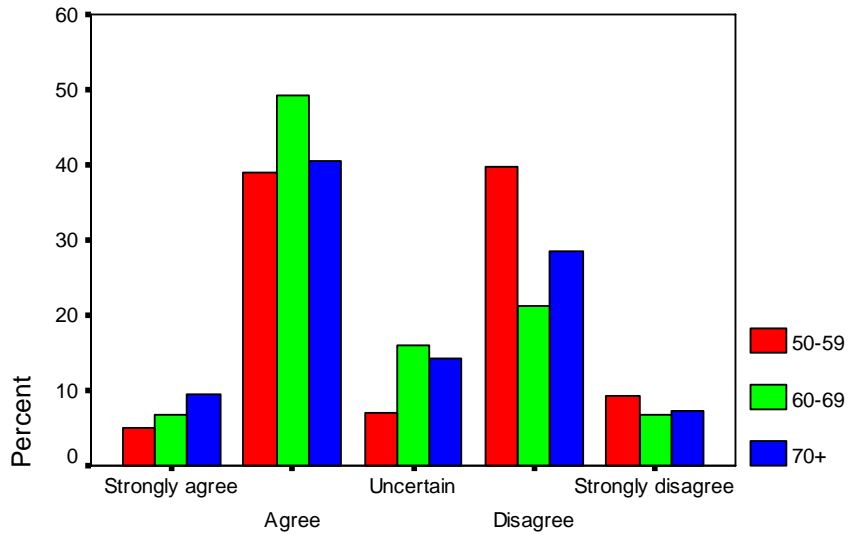


Table 5.1

I Feel Less a Member of the LGB Community as I Get Older

[By Sex]

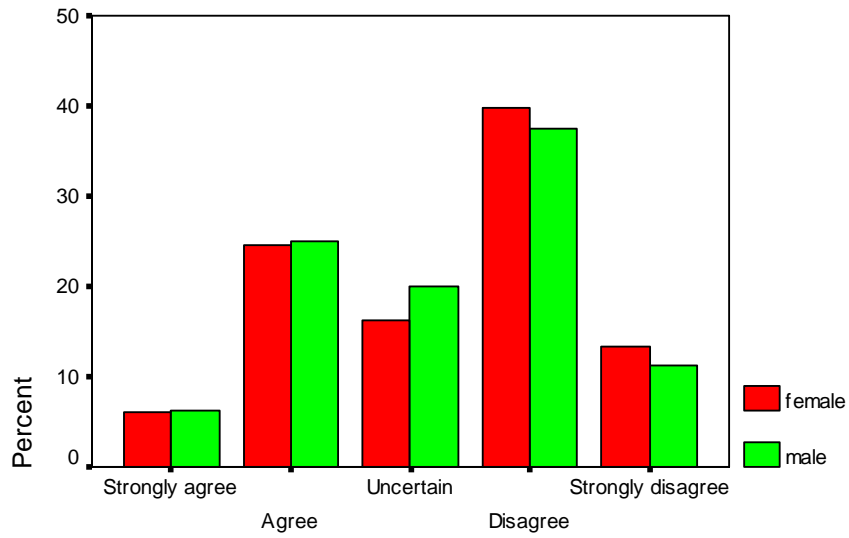


Table 5.2

I Feel Less a Member of the LGB Community as I Get Older

[By Age Group]

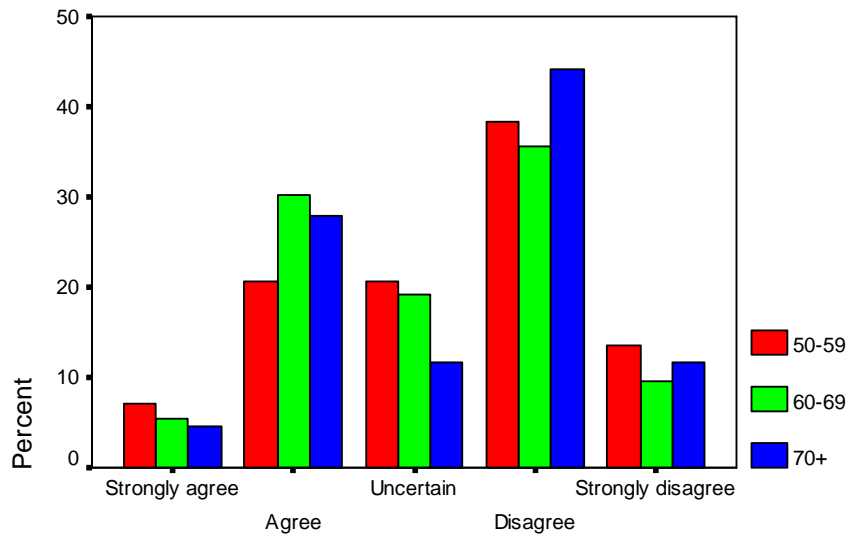


Table 6.1

I Find LGB Places and Spaces Less Welcoming as I Get Older

[By Sex]

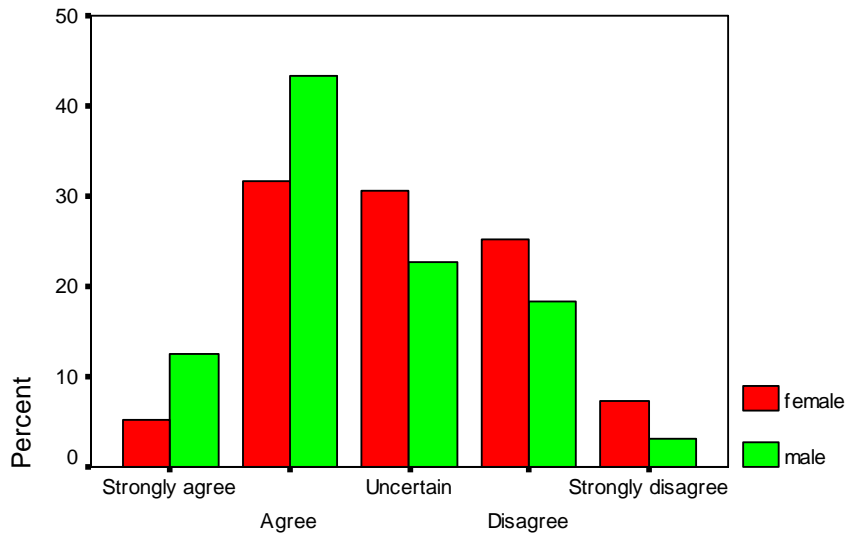


Table 6.2

I Find LGB Places and Spaces Less Welcoming as I Get Older

[By Age Group]

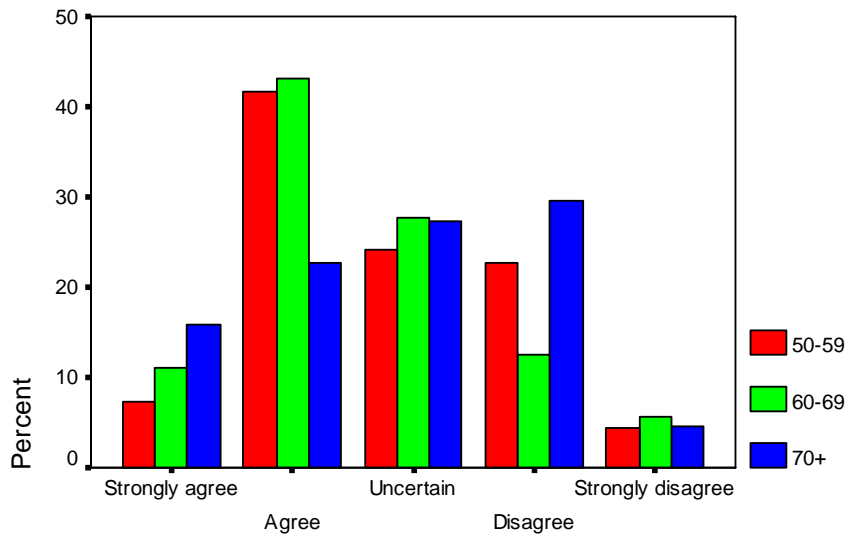


Table 7.1

Being LGB Has Enriched My Life

[By Sex]

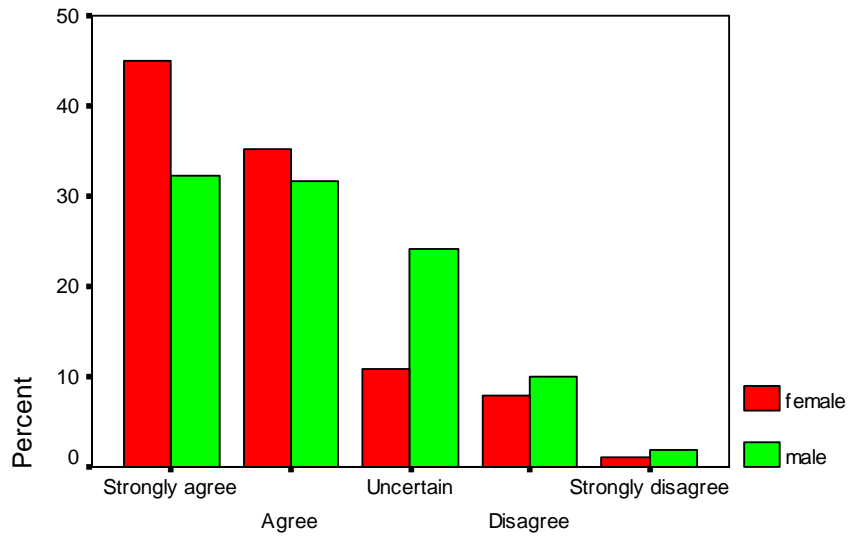


Table 7.2

Being LGB Has Enriched My Life

[By Age Group]

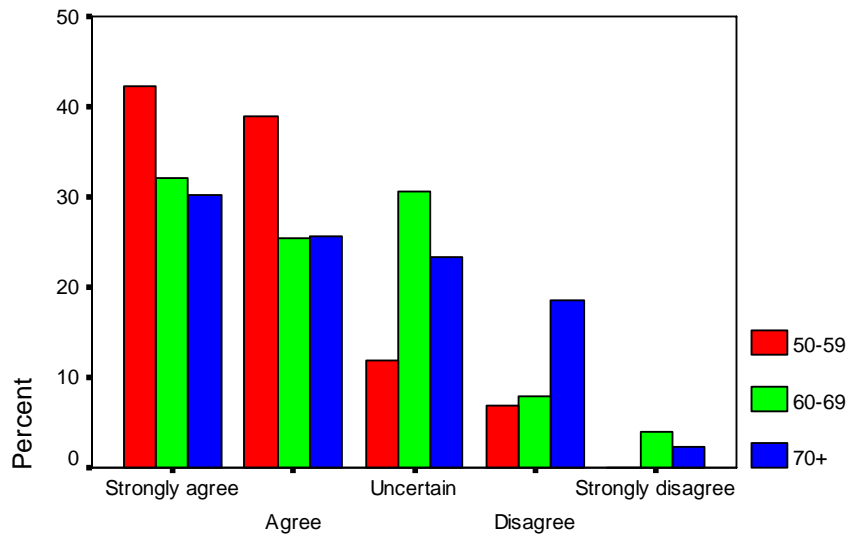


Table 8.1

Your Sexuality Has Had Negative Consequences on Your Personal Well-being

[By Sex]

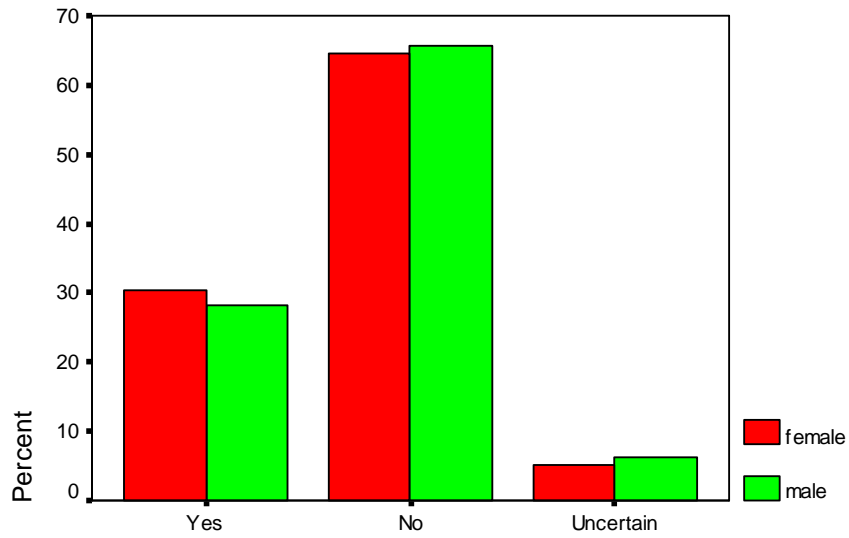


Table 8.2

Your Sexuality Has Had Negative Consequences on Your Personal Well-being

[By Age Group]

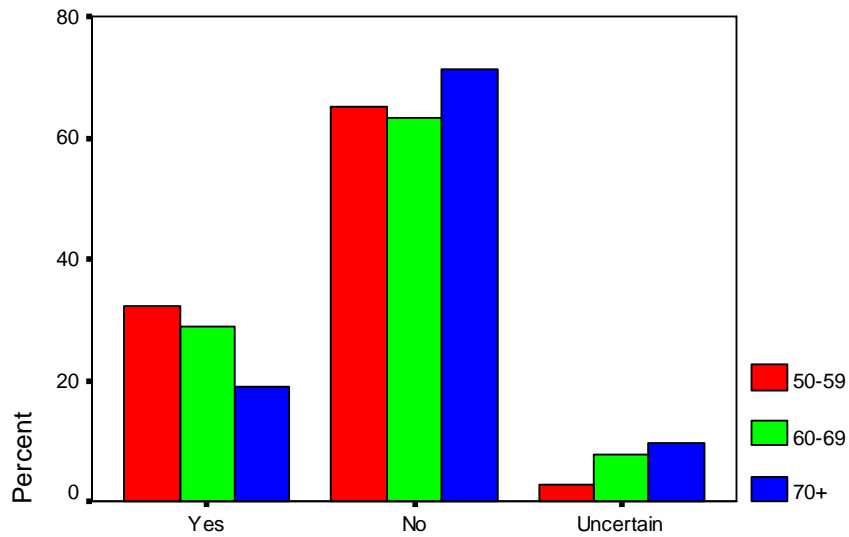


Table 9.1

Gross Annual Income

[By Sex]

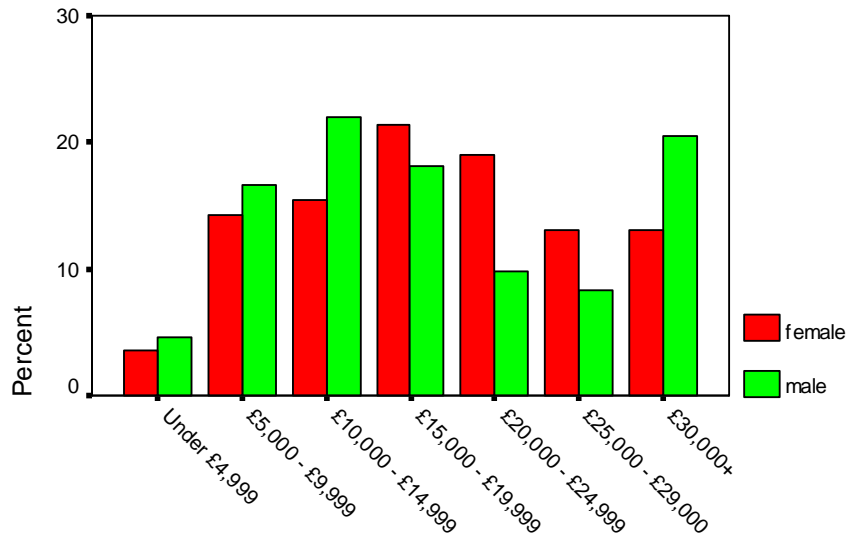


Table 9.2

Gross Annual Income

[By Age Group]

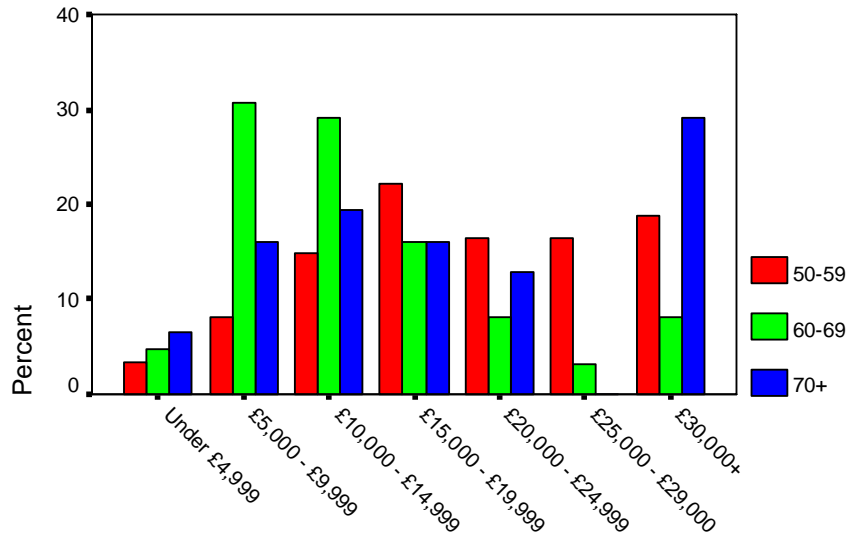


Table 10.1

I Am Financially Secure

[By Sex]

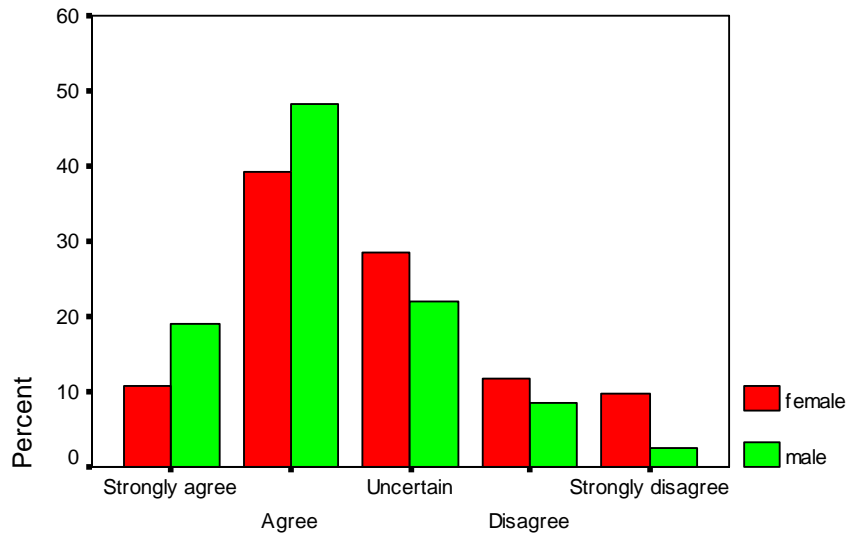


Table 10.2

I Am Financially Secure

[By Age Group]

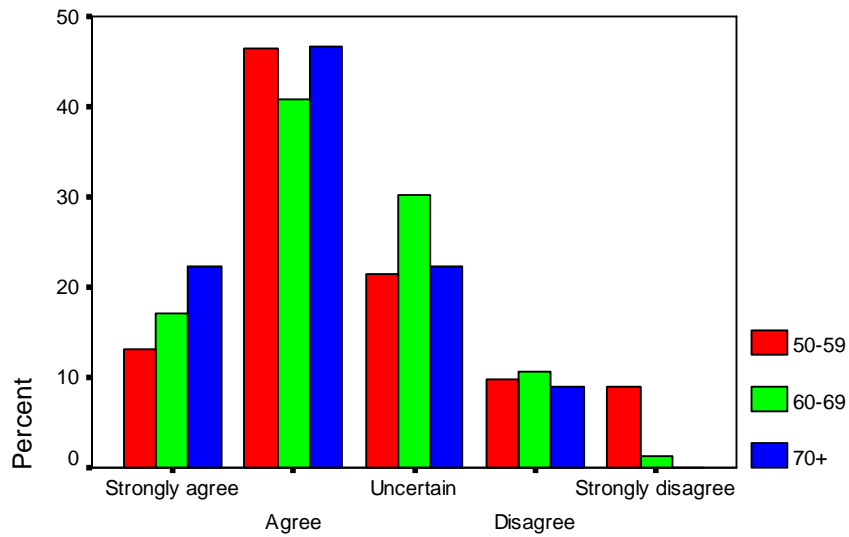


Table 11.1

I Have Made Satisfactory Financial Plans for my Old Age

[By Sex]

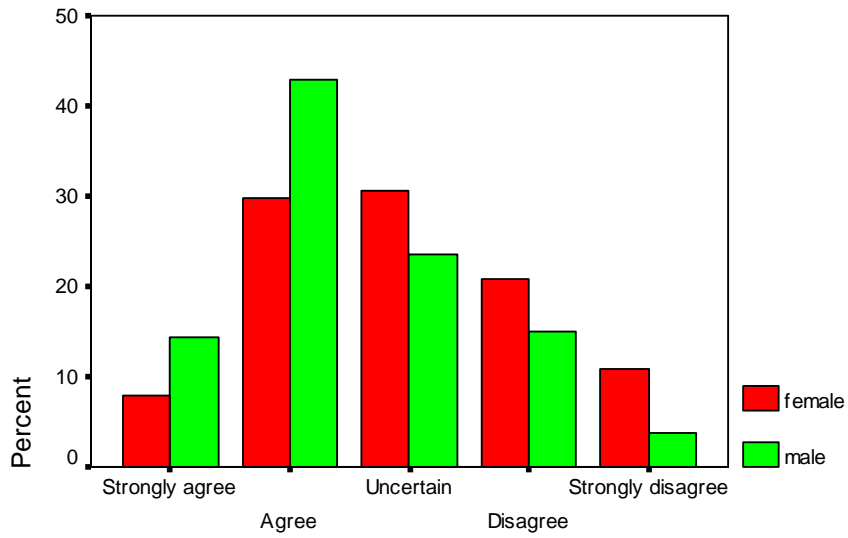


Table 11.2

I Have Made Satisfactory Financial Plans for my Old Age

[By Age Group]

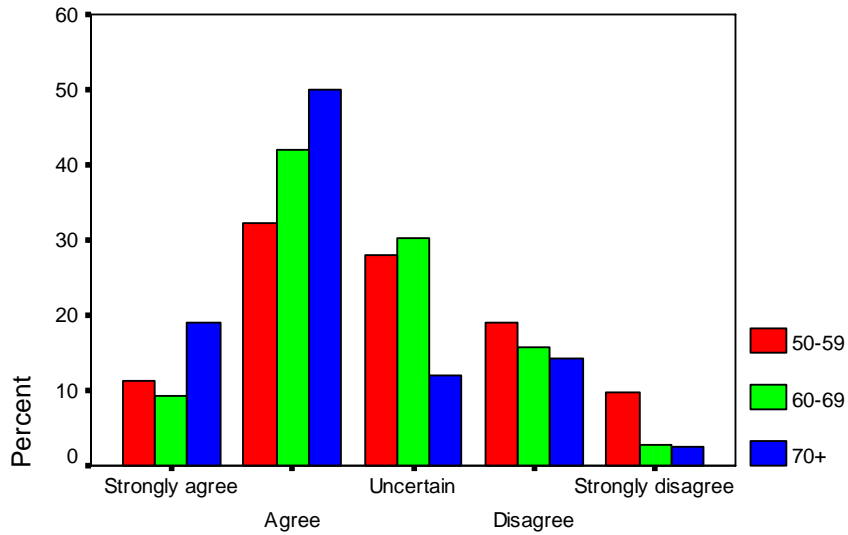


Table 12.1

Current Living Arrangement

[By Sex]

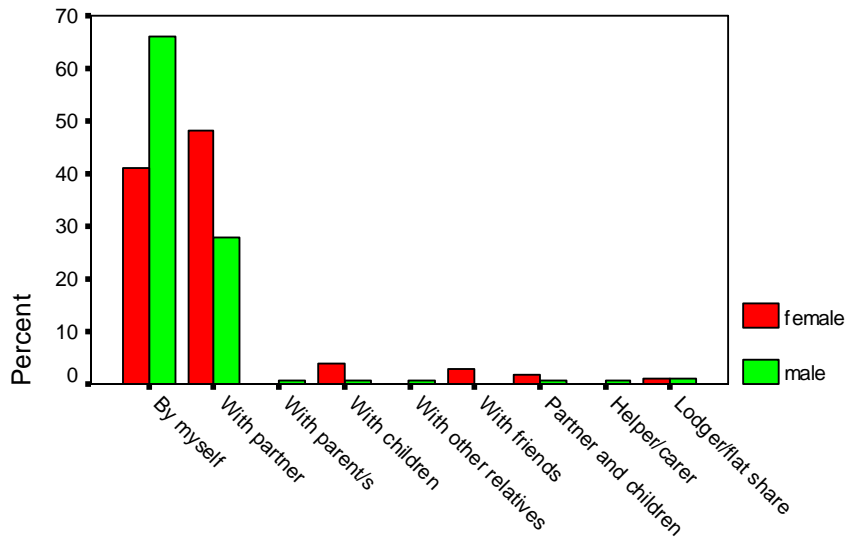


Table 12.2

Current Living Arrangement

[By Age Group]

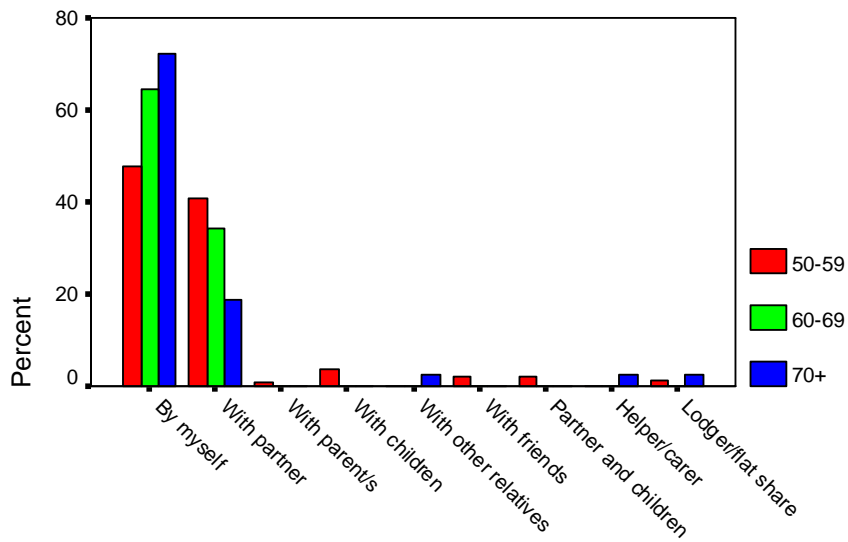


Table 13.1

Any Plans for Living Arrangement in Old Age?

[By Sex]

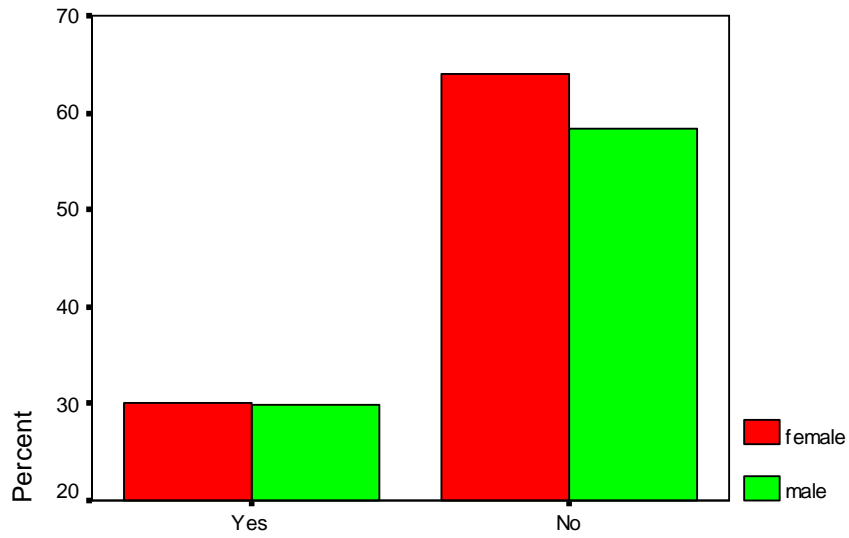


Table 13.2

Any Plans for Living Arrangement in Old Age?

[By Age Group]

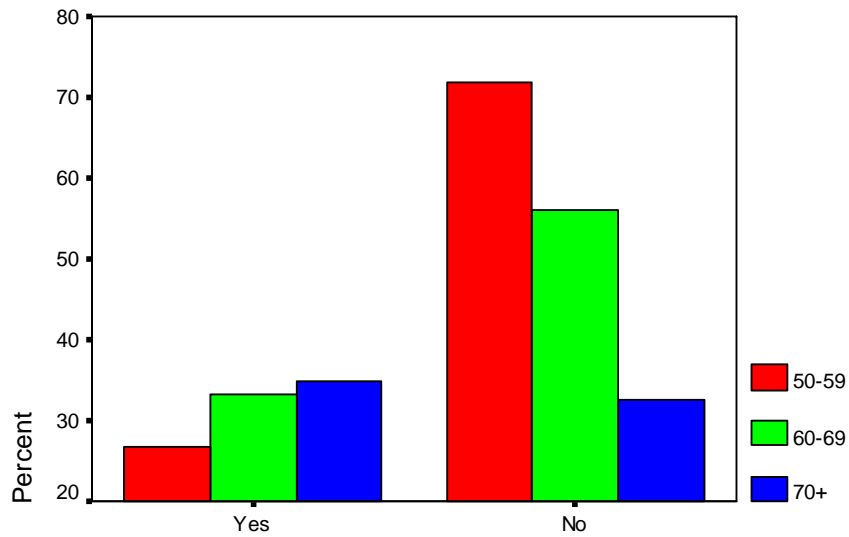


Table 14.1

Types of Plans for Living Arrangement in Old Age (Top Four)

[By Sex]

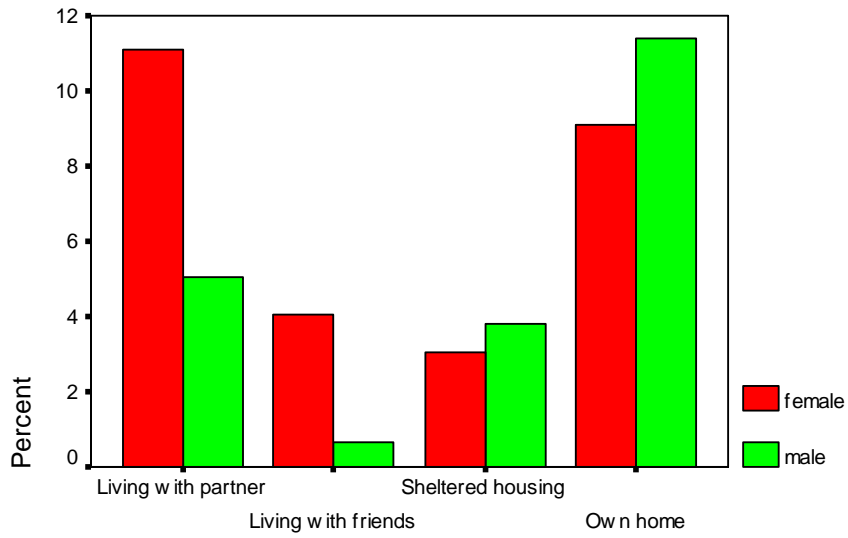


Table 14.2

Types of Plans for Living Arrangement in Old Age (Top Four)

[By Age Group]

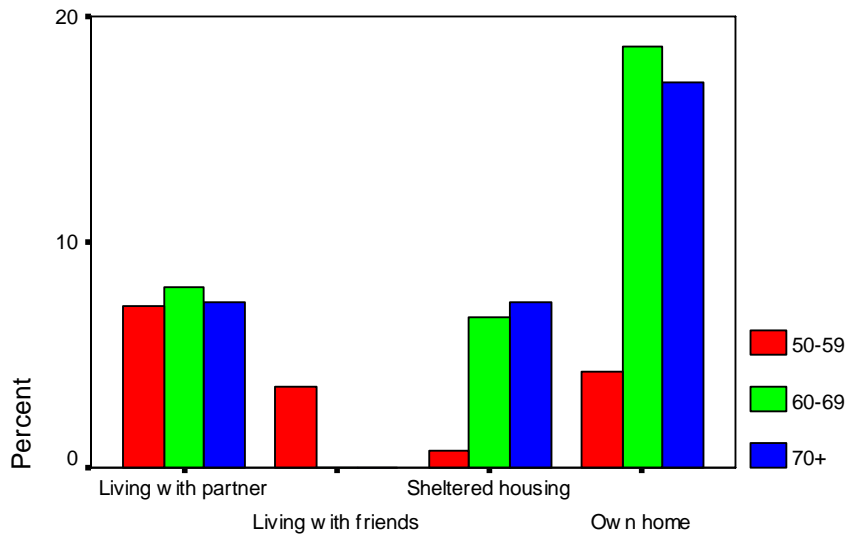


Table 15.1

Current Relationship Status

[By Sex]

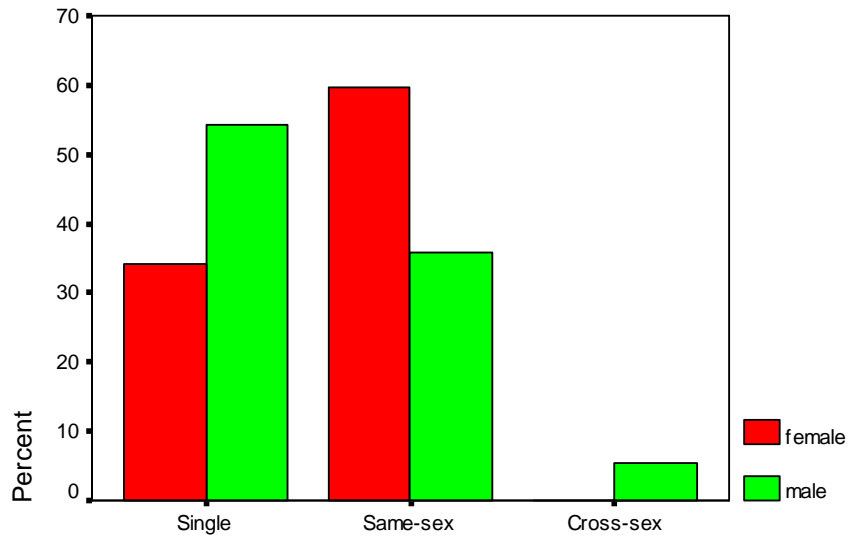


Table 15.2

Current Relationship Status

[By Age Group]

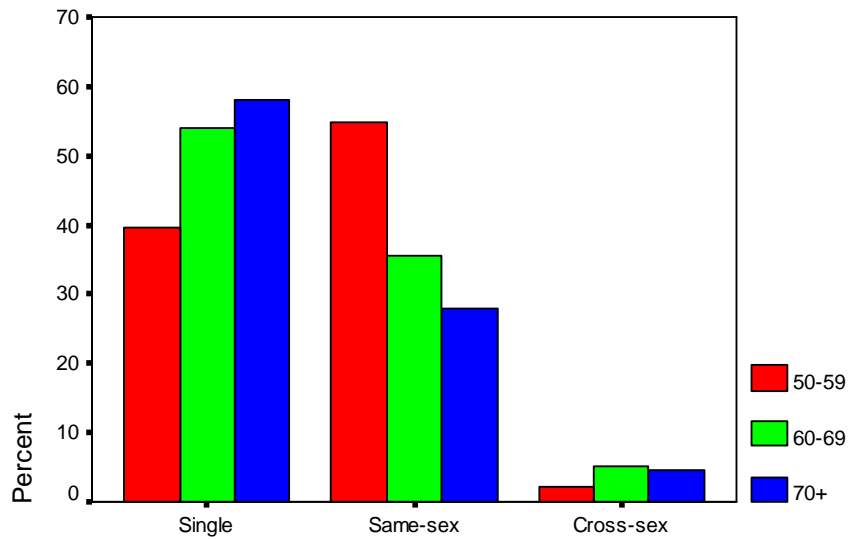


Table 16.1

My Sexuality Has Distanced Me from My Family

[By Sex]

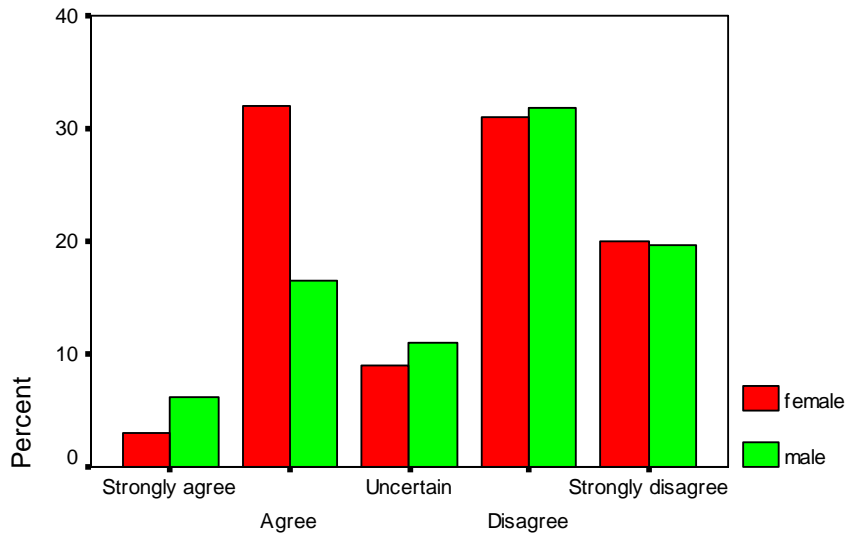


Table 16.2

My Sexuality Has Distanced Me From My Family

[By Age Group]

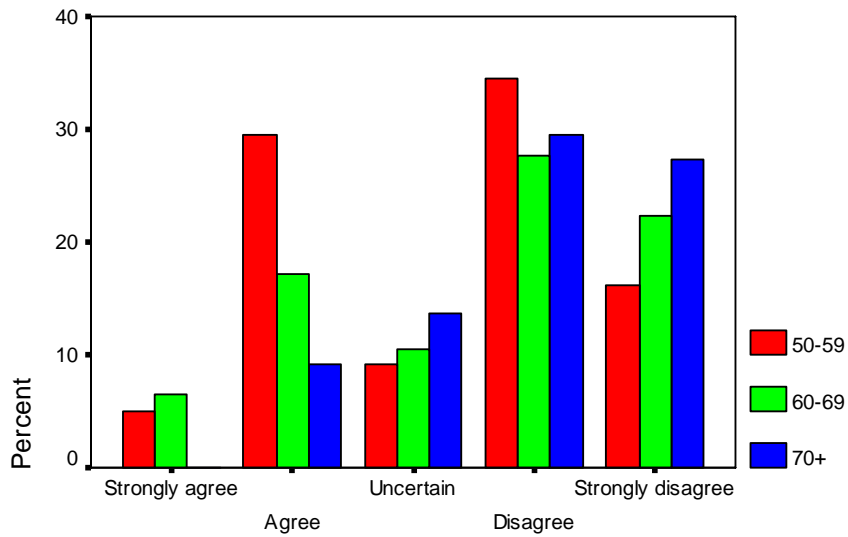


Table 17.1

My Friends are My Family

[By Sex]

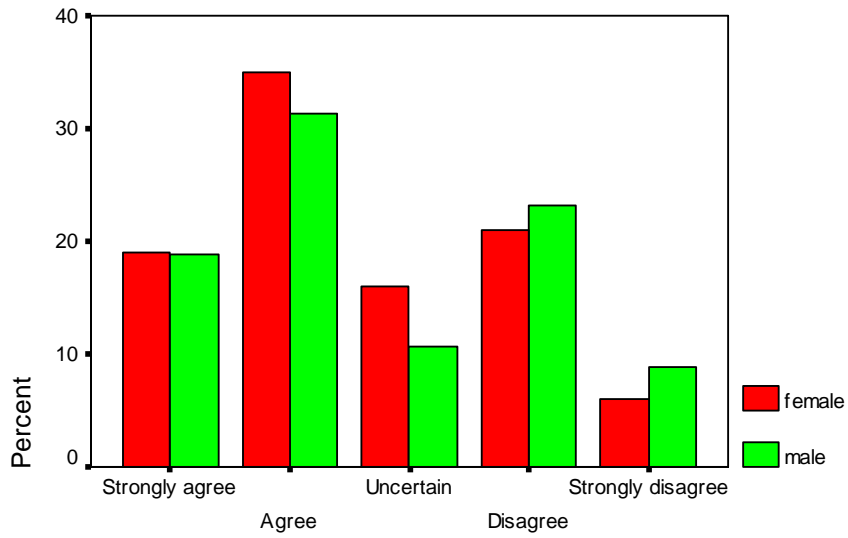
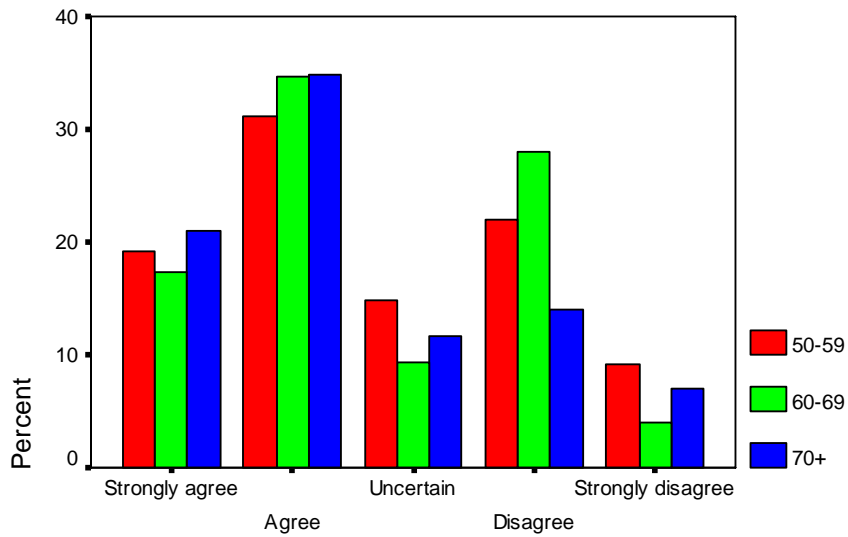


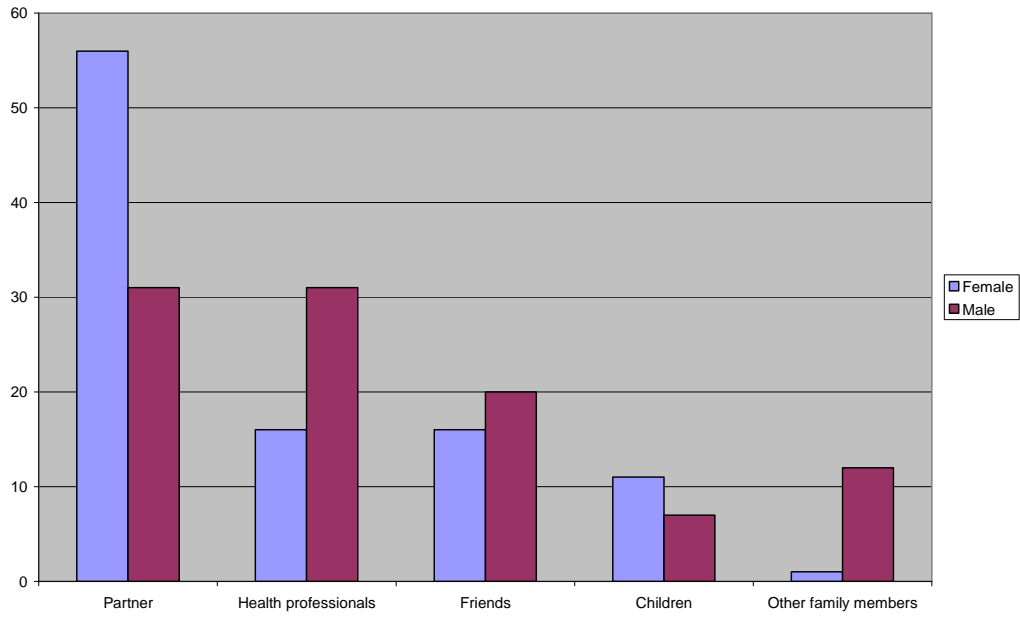
Table 17.2

My Friends are My Family

[By Age Group]



**Table 18.1 To Whom They Most Likely Turn if Seriously or Chronically Ill [By Sex]**



**Table 18.2 To Whom They Most Likely Turn if Seriously or Chronically Ill [By Age Group]**

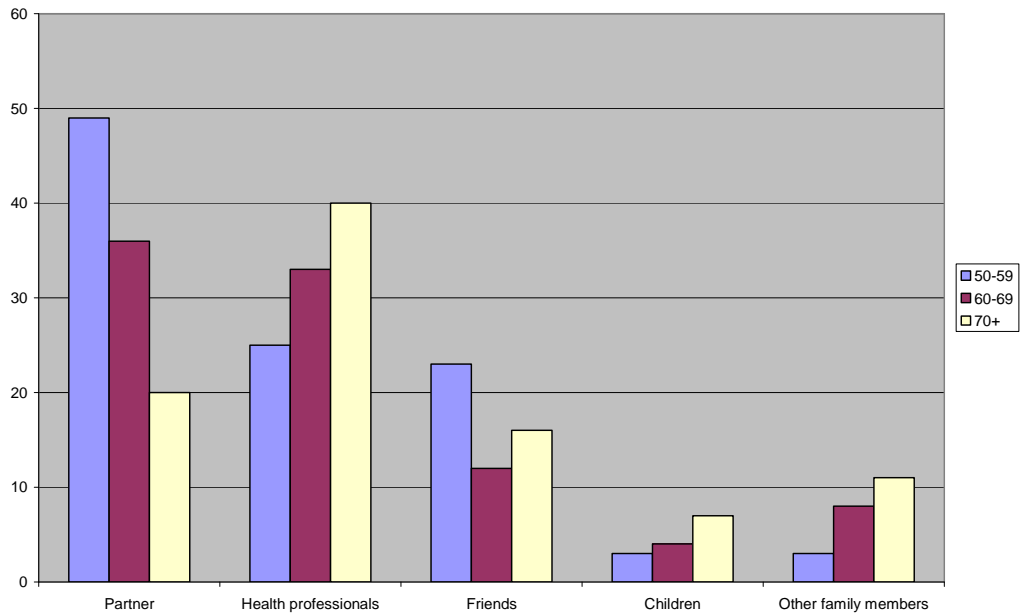


Table 19.1

Any Plans for Being Cared for in Old Age?

[By Sex]

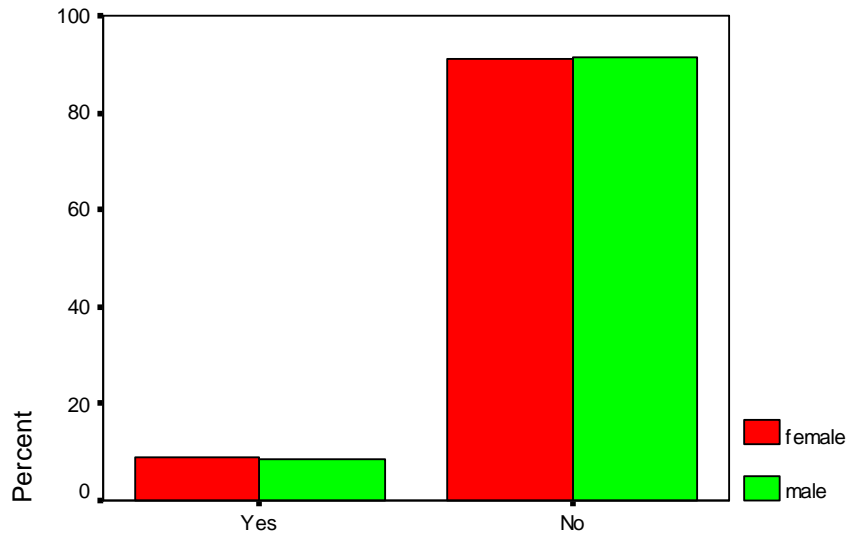
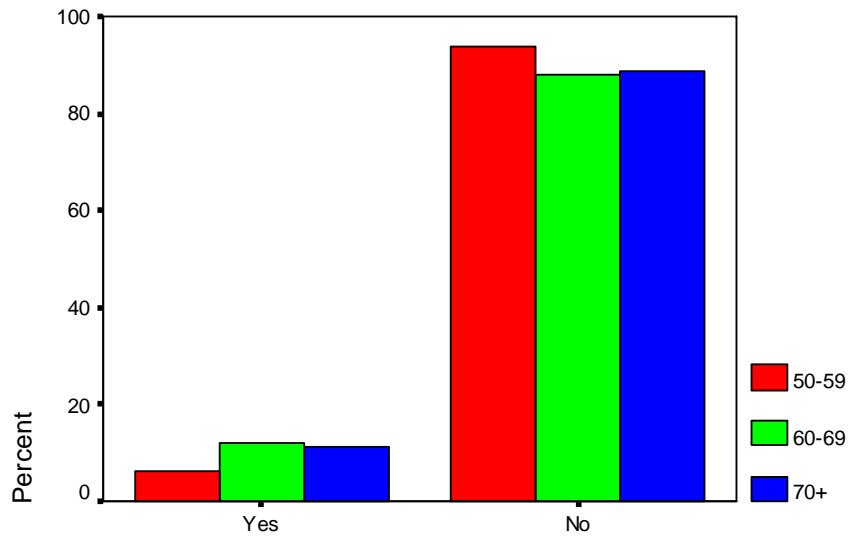


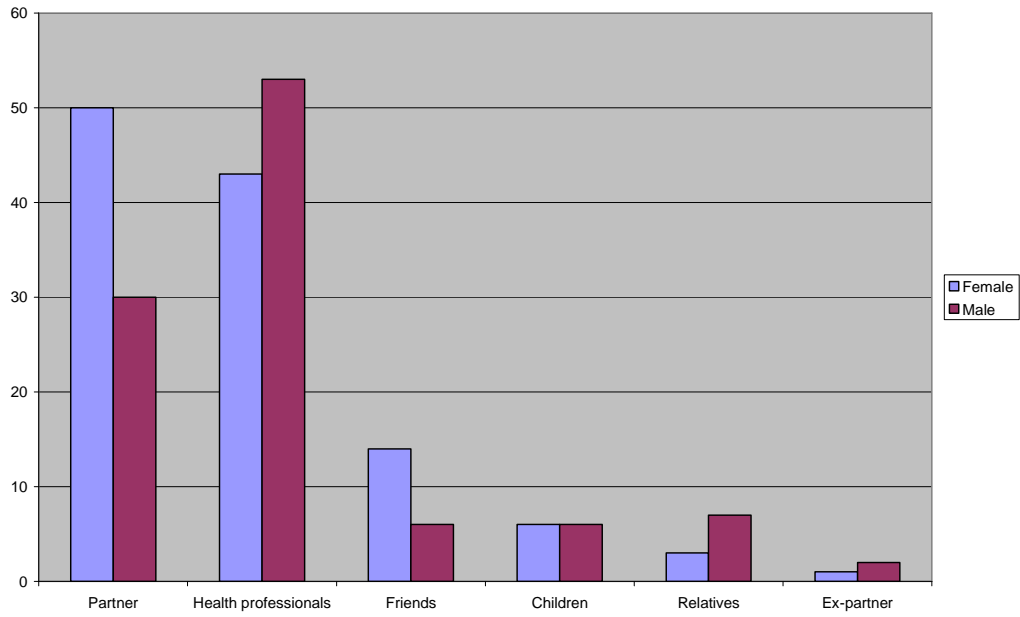
Table 19.2

Any Plans for Being Cared for in Old Age?

[By Age Group]



**Table 20.1 Who Most Likely Would Care for Them in Old Age**



**Table 20.2 Who Most Likely Would Care for Them in Old Age**

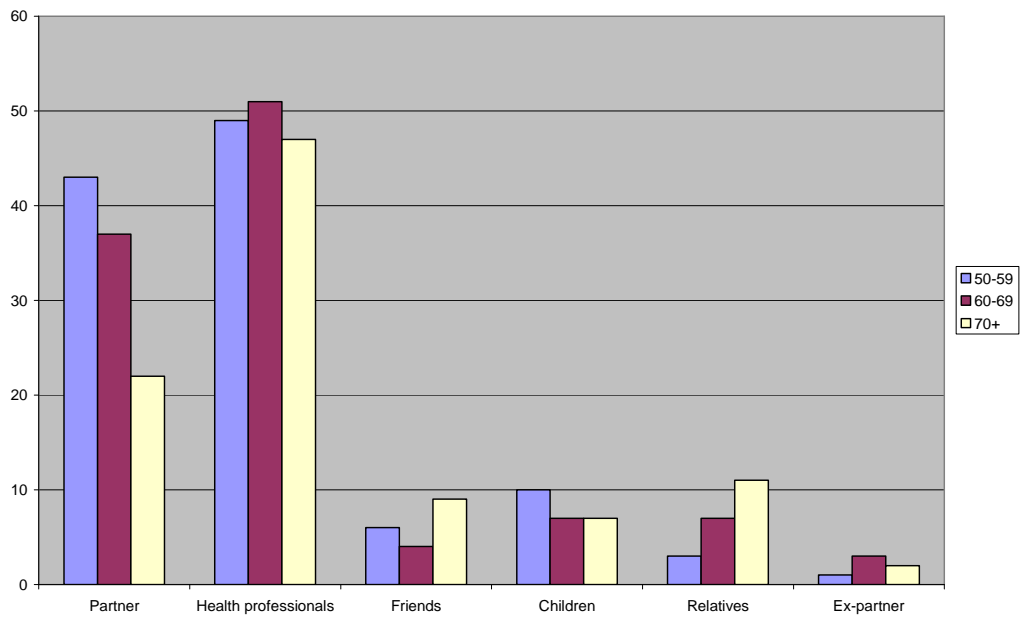


Table 21.1

I Feel Less a Member of the LGB Community as I Get Older

[By Sex]

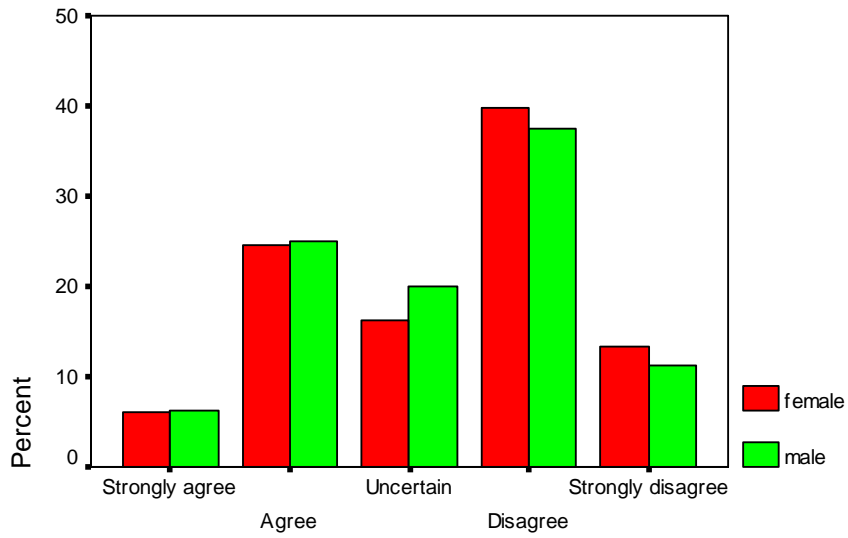


Table 21.2

I Feel Less a Member of the LGB Community as I Get Older

[By Age Group]

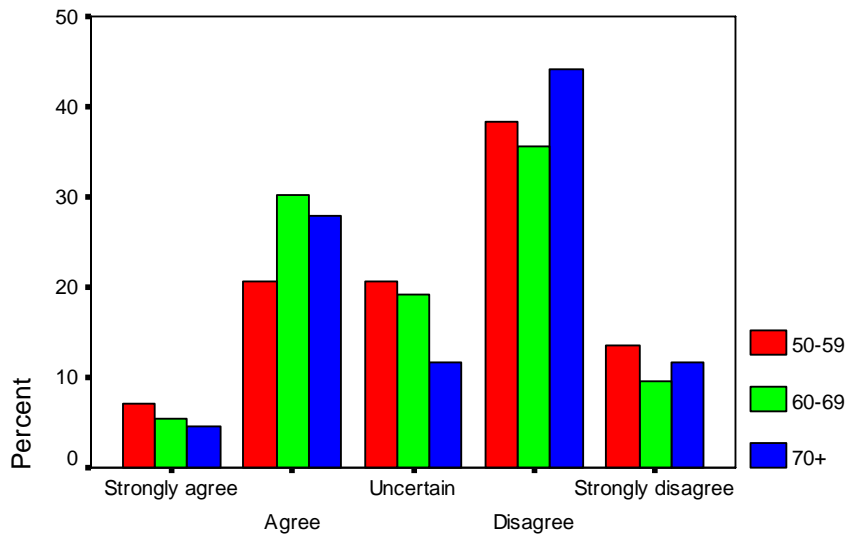


Table 22.1

I Find LGB Places and Spaces Less Welcoming as I Get Older

[By Sex]

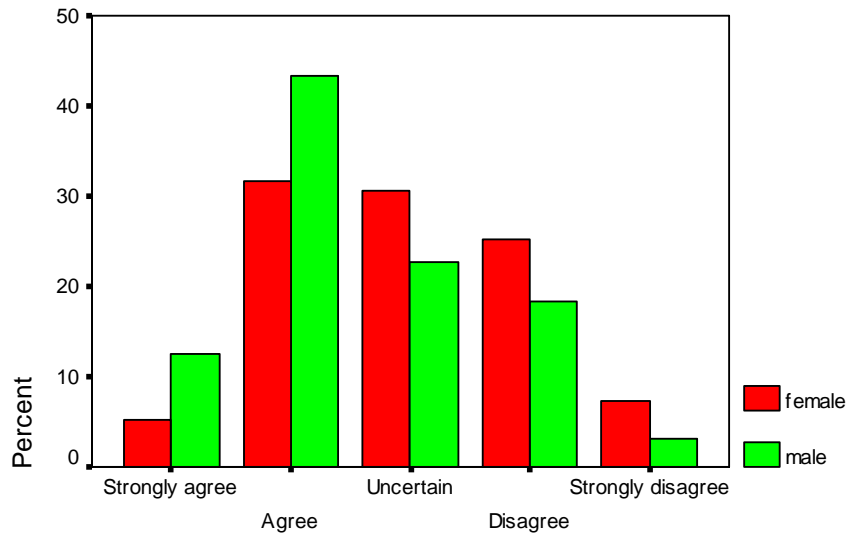


Table 22.2

I Find LGB Places and Spaces Less Welcoming as I Get Older

[By Age Group]

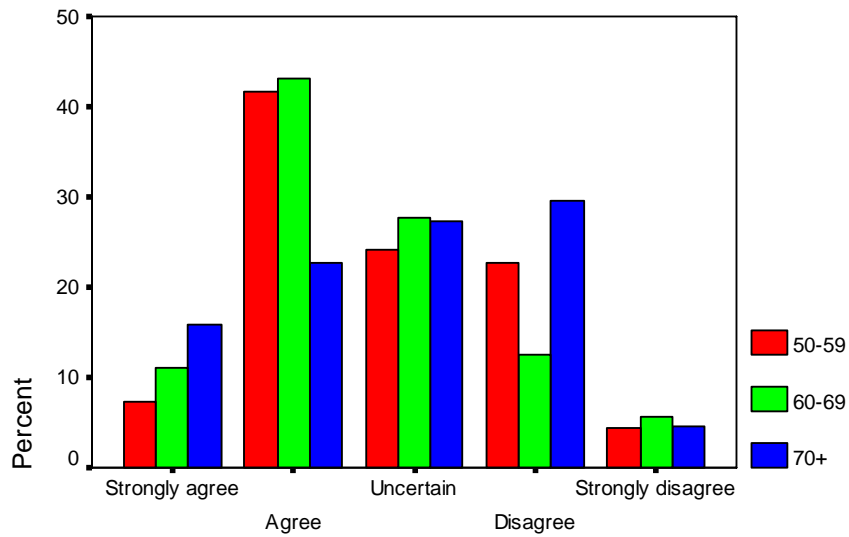


Table 23.1

The LGB Community Does Not Cater for the Needs of Older Members

[By Sex]

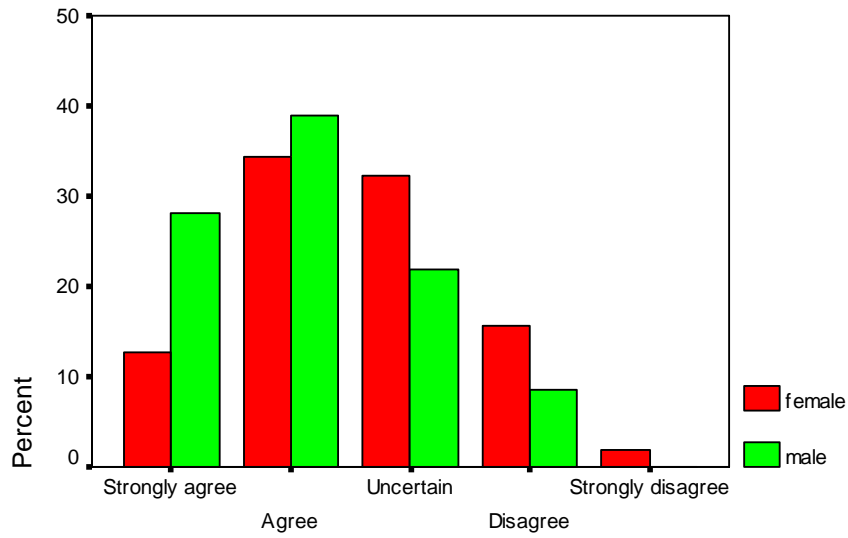


Table 23.2

The LGB Community Does Not Cater for the Needs of Older Members

[By Age Group]

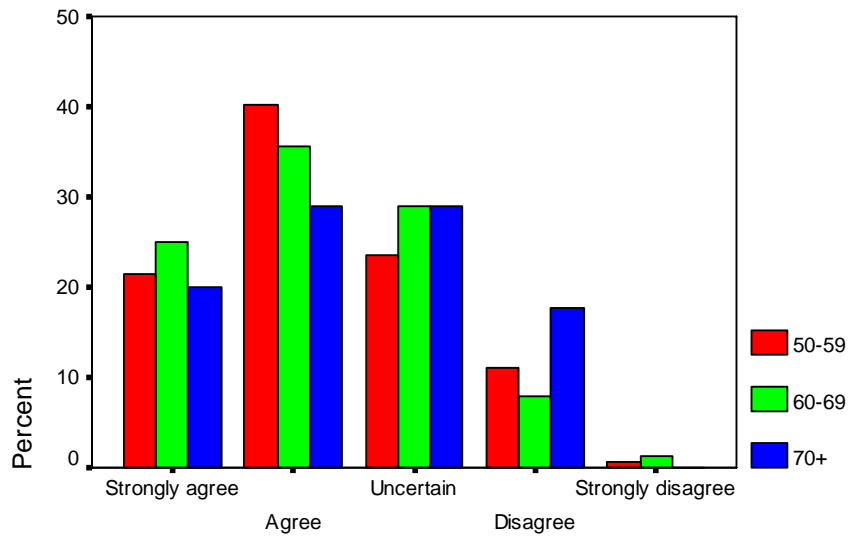


Table 24.1

There is a lot of Ageism in the LGB Community

[By Sex]

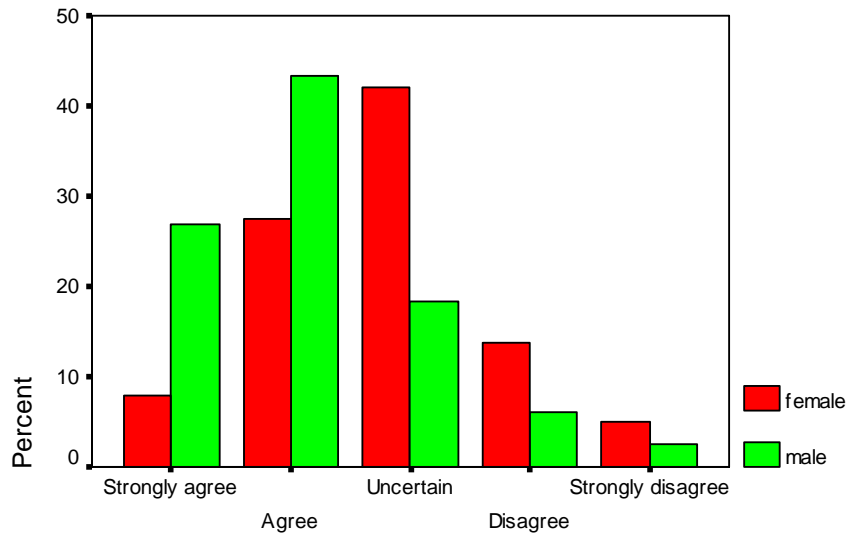


Table 24.2

There is a lot of Ageism in the LGB Community

[By Age Group]

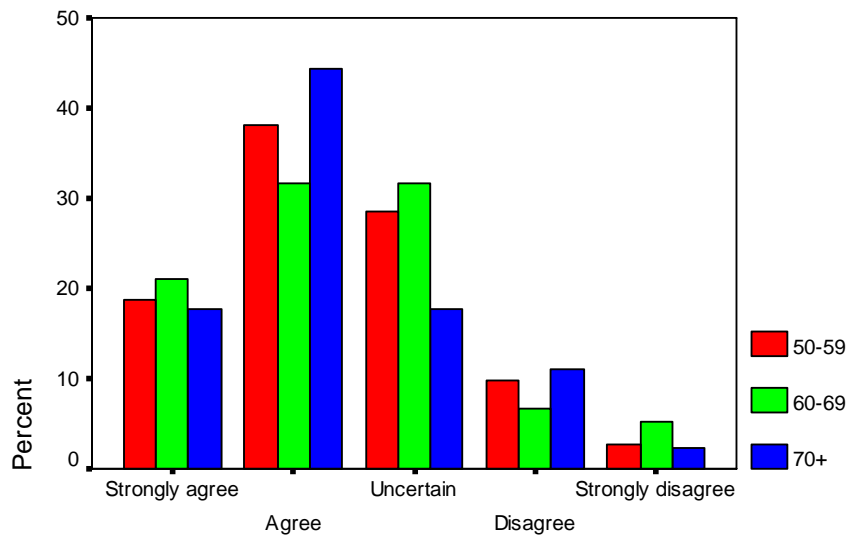


Table 25.1

Health Professionals are Generally Positive towards LGB Clients

[By Sex]

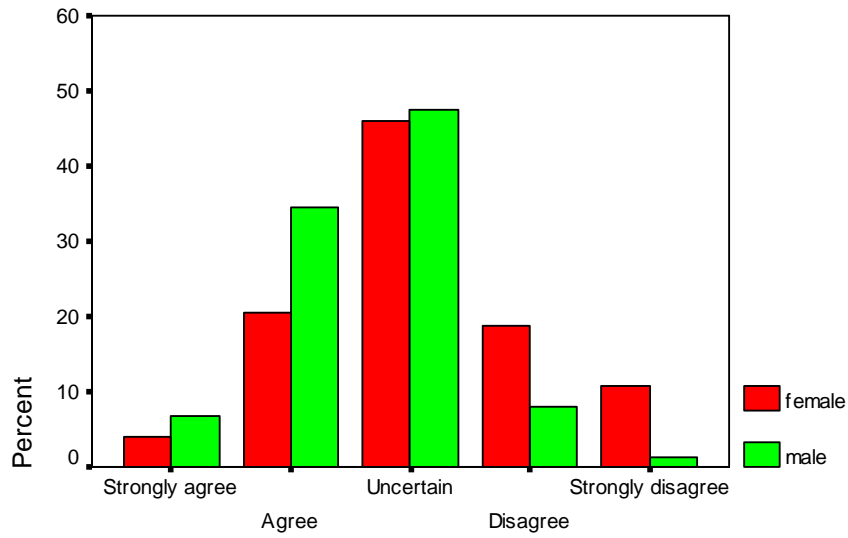


Table 25.2

Health Professionals are Generally Positive towards LGB Clients

[By Age Group]

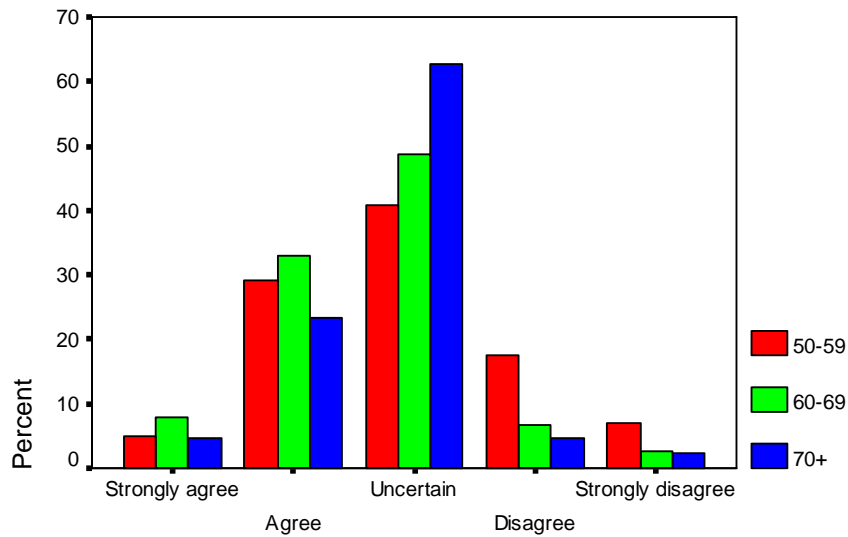


Table 26.1

Health Professionals are Generally Knowledgeable about LGB Clients

[By Sex]

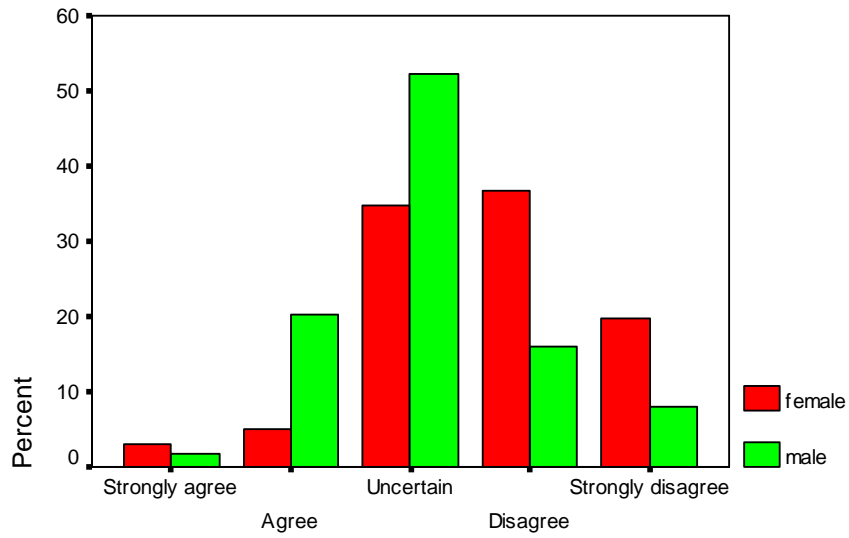


Table 26.2

Health Professionals are Generally Knowledgeable about LGB Clients

[By Age Group]

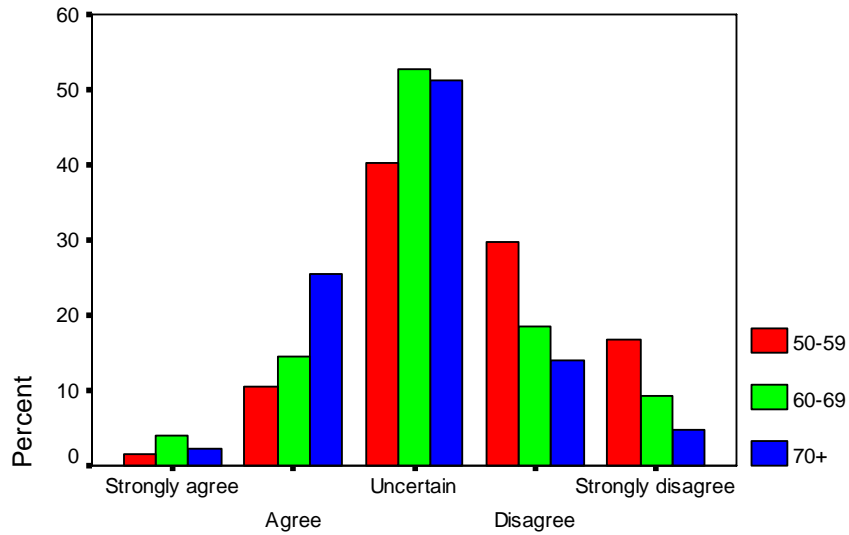


Table 27.1

There Should be Health Services/Sources of Information for LGBs

[By Sex]

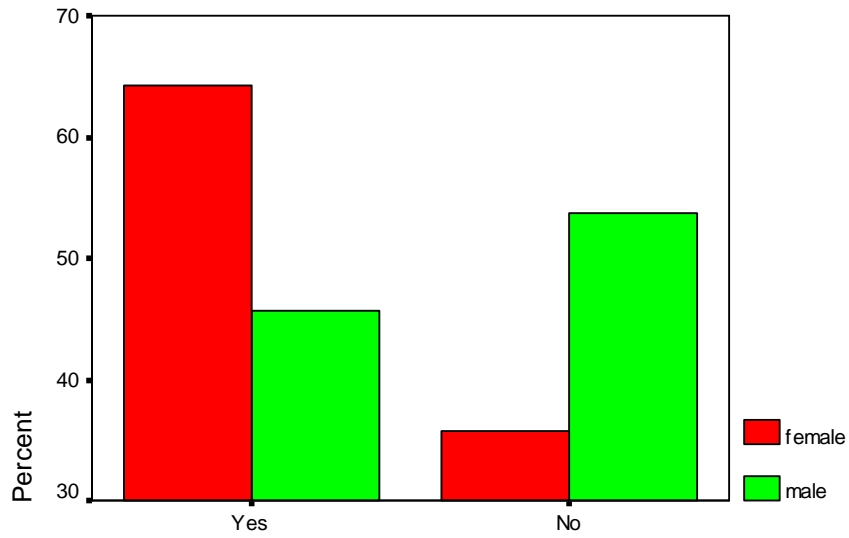


Table 27.2

There Should be Health Services/Sources of Information for LGBs

[By Age Group]

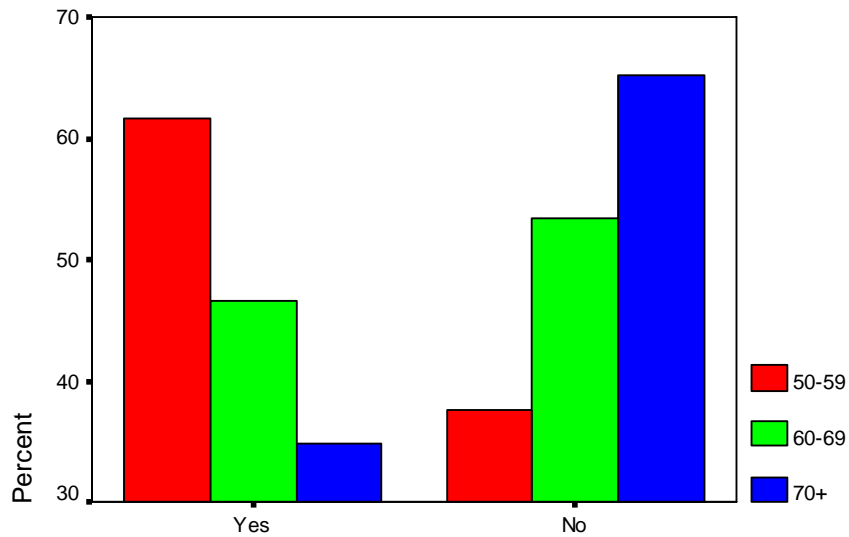


Table 28.1

Types of Health Services/Sources of Information for LGBs

[By Sex]

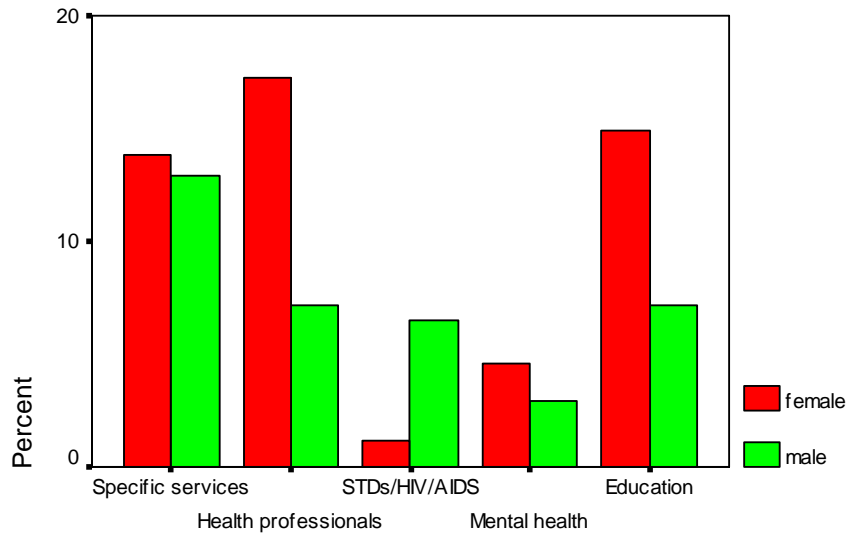


Table 28.2

Types of Health Services/Sources of Information for LGBs

[By Age Group]

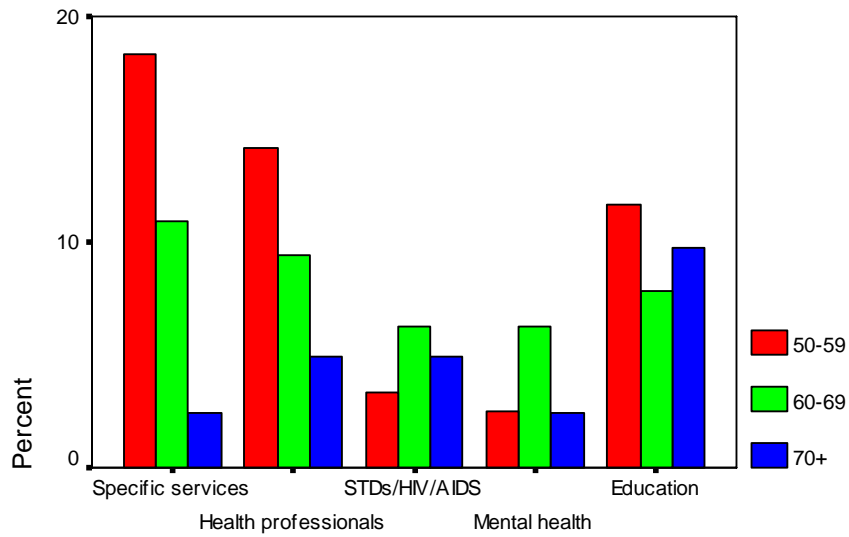


Table 29.1

LGBs are Broadly Discriminated against in Society

[By Sex]

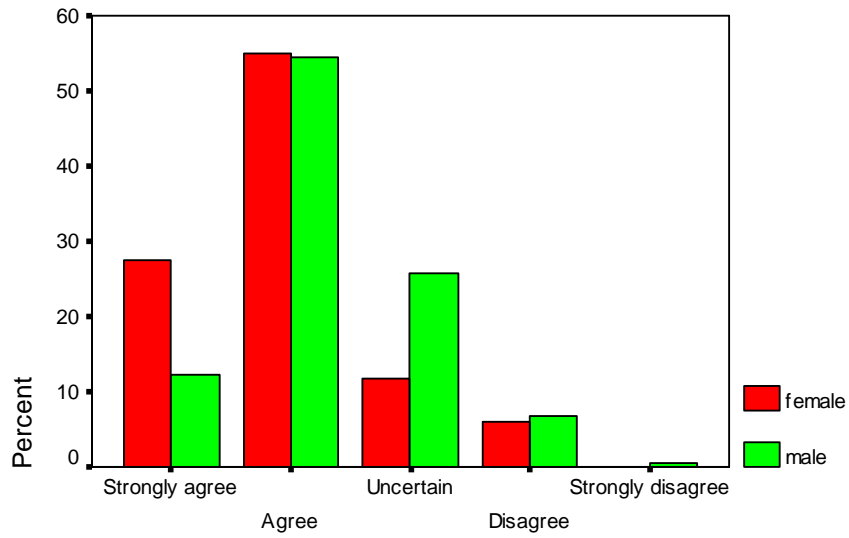


Table 29.2

LGBs are Broadly Discriminated against in Society

[By Age Group]

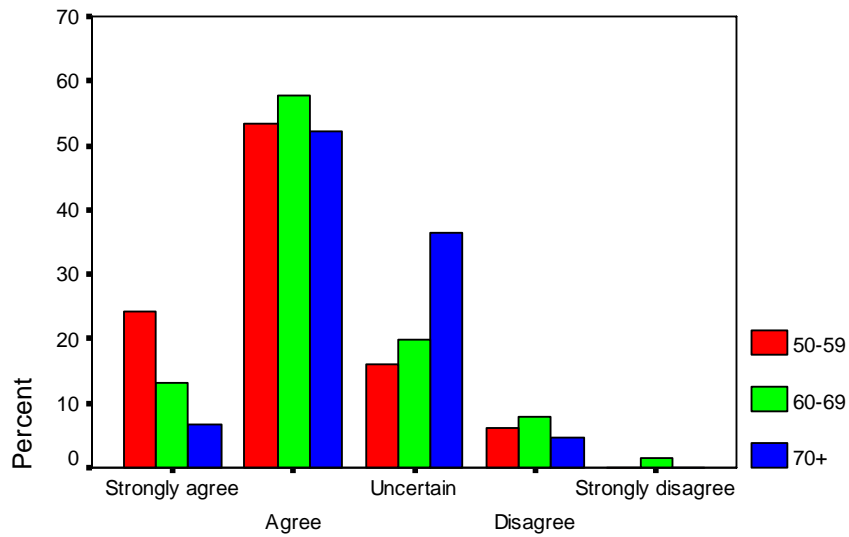


Table 30.1

My Relationships w ith My Partner(s) are Not Validated by Society

[By Sex]

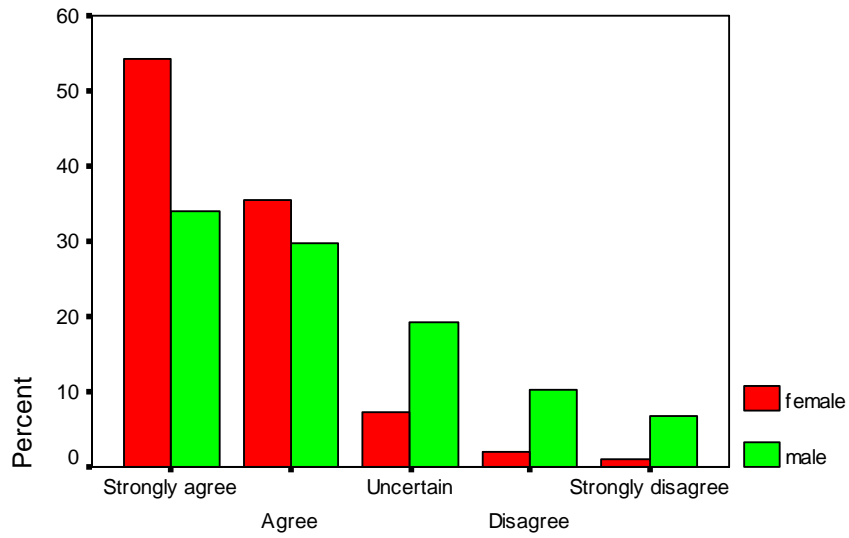


Table 30.2

My Relationships w ith My Partner(s) are Not Validated by Society

[By Age Group]

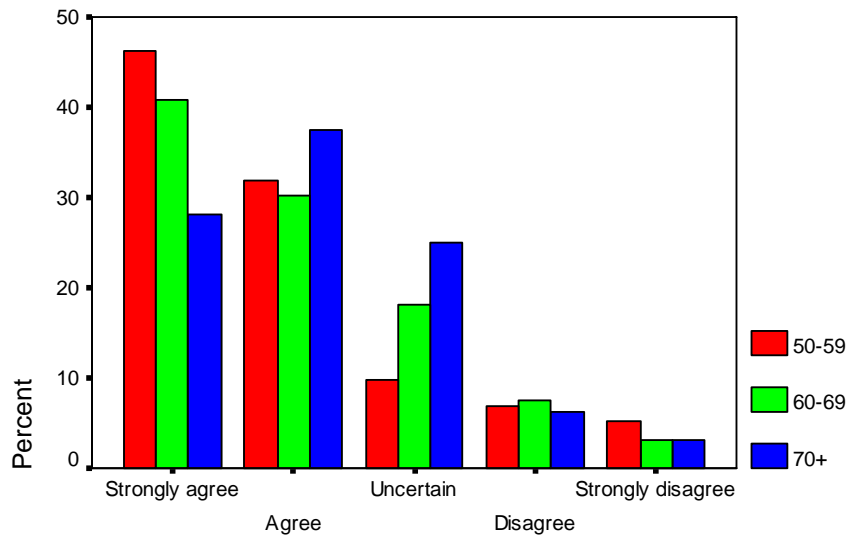


Table 31.1

My Support Network is not Entirely Validated by Society

[By Sex]

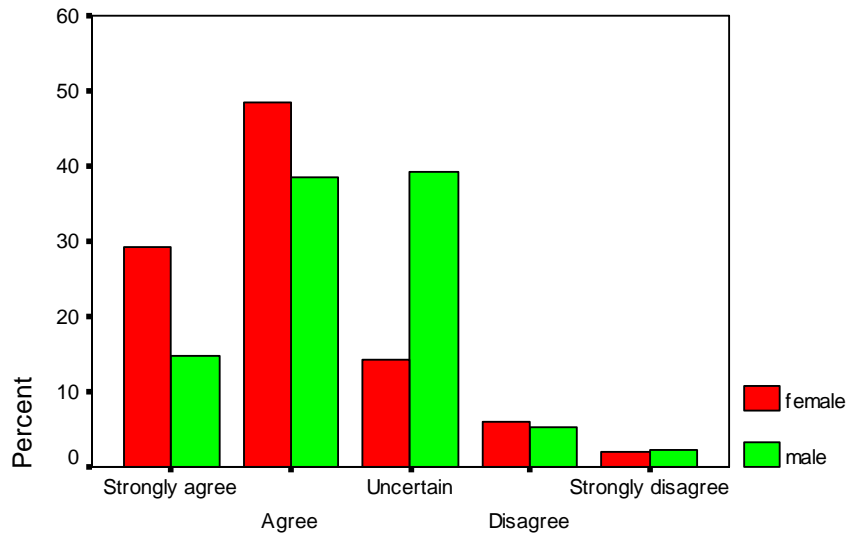


Table 31.2

My Support Network is not Entirely Validated by Society

[By Age Group]

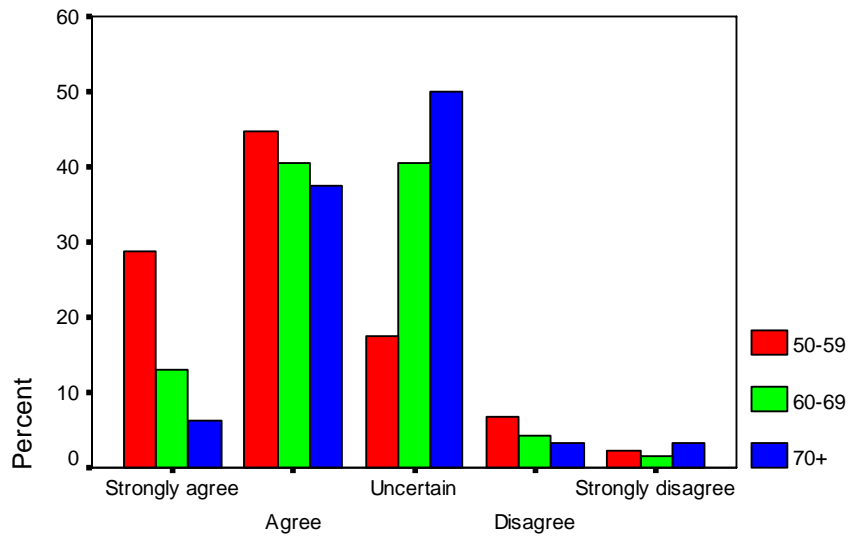


Table 32.1

Registered Partnerships are the Best Way to Validate LGB Relationships

[By Sex]

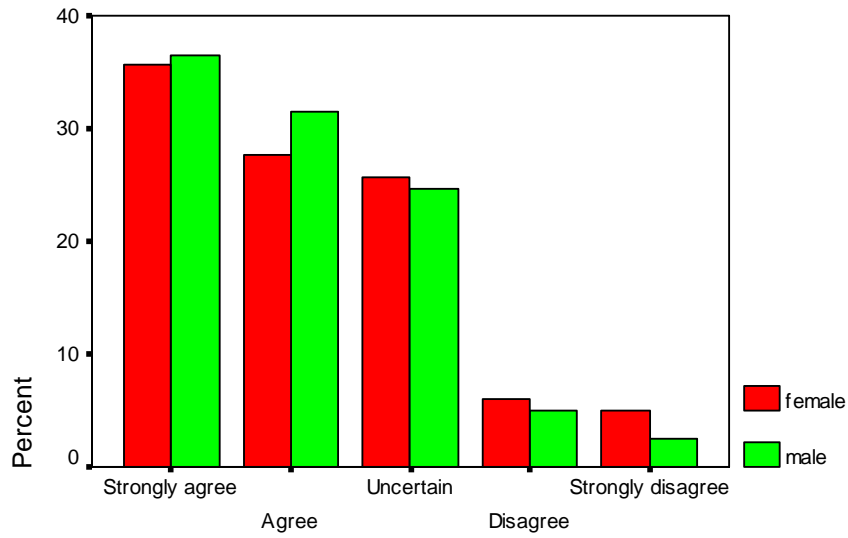


Table 32.2

Registered Partnerships are the Best Way to Validate LGB Relationships

[By Age Group]

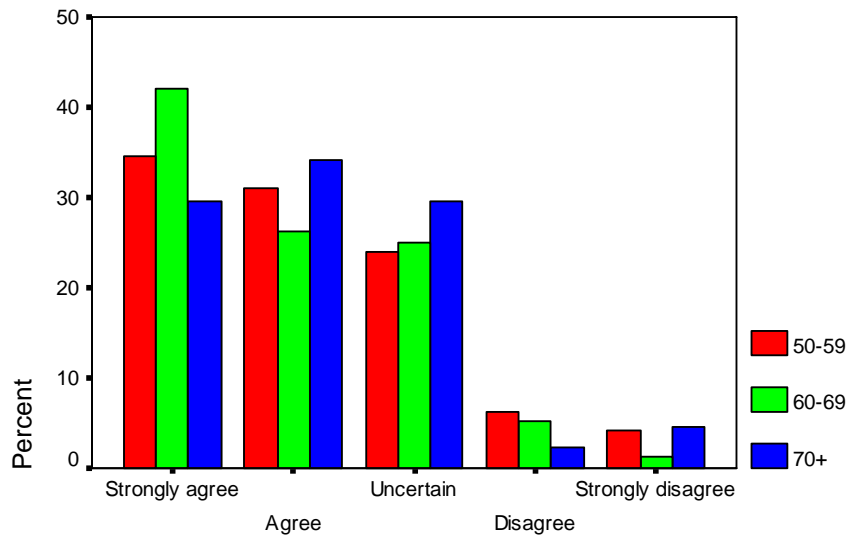


Table 33.1

Marriage is the Best Way to Validate Same-sex Relationships

[By Sex]

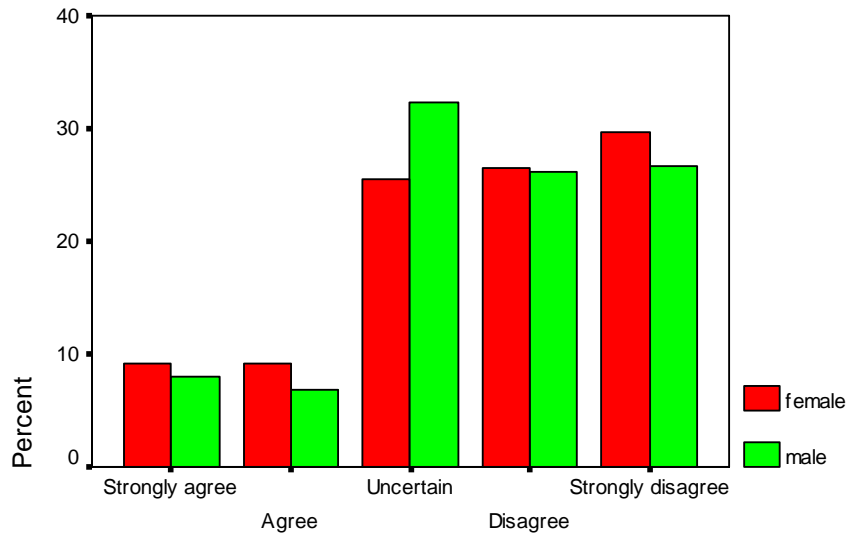
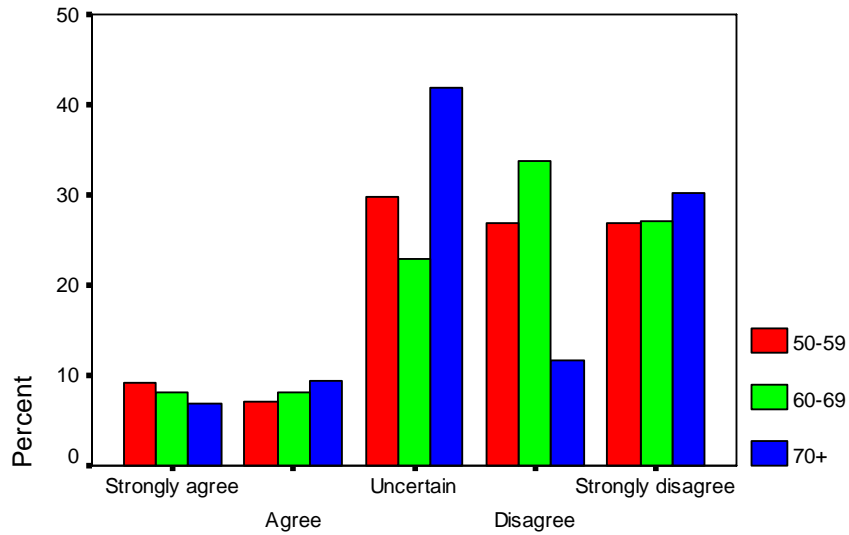


Table 33.2

Marriage is the Best Way to Validate Same-sex Relationships

[By Age Group]





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