

# Pioneering safe & inclusive LGBT+ specific retirement accommodation. Exploring models in the USA, UK, & Spain

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## **Abstract**

With significant advances in equal rights for lesbians, gay men, bisexual and transgender (LGBT) citizens, achieved across the western world during the past few decades, one group that continues to be overlooked is LGBT elders. This article examines the unique discrimination and homophobia faced by older LGBT people living in nursing and residential care homes. It investigates ways in which these environments construct and perpetuate heteronormativity by addressing the needs of heterosexual residents, while at the same time, failing to meet the specific preferences of their LGBT residents. The assumption of heterosexuality in residential care is the 'norm' whereby non-normative sexualities are negated. For those considering long-term care, the fear of alienation and having to go back into the 'closet' is of profound concern. The argument most frequently presented to counter this is training managers and care staff to deliver non-discriminatory health and social care practices, targeting the unique needs of LGBT residents. However, from within the gay community has come a solution to end the type of homophobic behavior often encountered in mainstream care environments. This has seen the radical and sometimes controversial growth in alternative forms of retirement housing for gay older adults, in the United States of America, the United Kingdom, and across Europe. This article explores these schemes, taking into account criticism that deems such positive discrimination is contrary to the principles of equality legislation and the spirit of social inclusion.

## **Keywords**

aging / health inequalities / lesbian, gay, bisexual and transgender / long-term care.

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## Introduction

For older lesbian, gay, bisexual, and transgender (LGBT) people in the United States of America, United Kingdom, and across Europe, legal processes together with policy changes have transformed their lives beyond recognition. From a position where same-sex acts were decriminalized in the 1960s, to same-sex marriage and equal rights around parenting, adoption, and surrogacy. In spite of this, throughout the decades the social environment has continued to be hostile. Antagonism towards gay men in particular was accelerated during the 1980s, with the onset of the HIV/AIDS epidemic. It resulted in devastating consequences for their wellbeing and depleted friendship networks (Kneale et al., 2021). The highly publicized linkage between the spread of AIDS and gay men, highlighted under the Thatcher administration, led to a significant rise in the belief among the public that same-sex relationships were 'wrong' (Park & Rhead, 2013). In more recent years, there has been a dramatic shift in acceptance of same-sex relationships, yet a fraction of the population continues to object to equality for LGBT citizens. An example would be the controversy that surrounds the idea of gay men as parents and adopters of children when it comes to debates on marriage and the family (Park & Rhead, 2013). Notwithstanding, for the first time there exists a generation of ageing LGB citizens who lived through the AIDS era and fought for gay rights, who now expect health and social care providers, commercial and publicly funded, to offer services that treat them with respect, dignity and as equals (Author, 2009; Kneale et al., 2021; Redcay et al., 2019). A sizable percentage of gay and lesbian people have been rejected by their families simply because of who they are. As a result, and with lower support systems in contrast to their heterosexual contemporaries, they are more likely to rely on formal care services as they age. There are hundreds of thousand of LGBT people in the UK and millions worldwide, growing older without the same family support systems taken for granted by the majority of heterosexual people. They face the bleak prospect of entering older age lonely and isolated (Kneale et al., 2021; Stonewall, 2011). Yet, equally, the idea of going into residential care causes most anxiety. Residential and nursing facilities are social spaces in which non-normative sexualities are regularly neglected in the delivery of everyday care. Places in which lesbian, gay and bisexual (LGB) uniqueness is frequently disregarded, particularly when contrasted to the attention paid to the needs of other residents (Willis et al., 2016). A separation between care and sexual identity occurs which fails to take account of the life stories of LGB residents, resulting in less responsive services (Author, 2009). Older age is imposed on men from within the gay community at a much earlier stage in their lives than would apply to straight men (Kneale et al., 2021; Schope, 2005). Consequently, LGB elders undergo a twofold discrimination arising from a presumption of heterosexuality by care staff, combined with ageism from a gay scene predominantly focused on youth and beauty.

This article reports on the findings of a review of the literature concentrating on the experiences of lesbians, gay men, and bisexuals and throughout, the ellipsis 'LGB' is used in reference to these identities. Even though many scholars specify LGBT in discourses concerning related areas of investigation (Simpson et al., 2018) this study had limited success incorporating the narratives of transgender people in receipt of long-term care. This is because studies have concentrated primarily on gay men, lesbians, and to a lesser extent, bisexuals, with

the result that the needs of transgender individuals remains for the most part undetermined (Addis et al., 2009). While the data available on the lives of LGB older adults has been characterized by small-scale studies (Musingarimi, 2008; Potter et al., 2011) information regarding the health and social care needs of transgender elders is virtually non-existent. Indeed, Simpson et al., (2018) noted in their study that while a third of care staff said a resident had come out as being lesbian, gay or bisexual, merely 7 per cent said a trans person had. This acute lack of knowledge hinders policy-makers and practitioners, in their attempts to plan and deliver services appropriate to a group of older people, who face exceptional levels of anxiety and social exclusion (Kneale et al., 2021; Williams & Freeman, 2007). But the growing number of surveys and studies are beginning to provide evidence to address health inequalities (Hafford-Letchfield et al., 2018). A fundamental barrier to LGB elders attempting to access health, social services, and housing is a fear of experiencing prejudice (Addis et al., 2009). The findings of a survey undertaken by Stonewall (2011) confirmed this, revealing that LGB adults over the age of 55 years in the UK, did not have confidence in statutory services. The data indicated that LGB older people are influenced by previous experiences of discrimination, which impact on their decision to take up offers of accommodation, along with a reluctance to engage with collaborated health and social services. Many claim these services have been unsuccessful in their attempts to realize non-discriminatory practices. Institutionalized heteronormativity remains widespread in residential care with a lack of diversity awareness fueling a homophobic mindset, not only among support staff, but also from other residents and their family members (Willis et al., 2016).

The value of connecting social theory on ageing to the experiences of LGBT elders is acknowledged and an analysis included (McMullin, 2000). The article uses theory to draw attention to how social care services have failed to be alert to non-heterosexual ageing. Moreover, it probes ways in which care homes institutionalize heteronormative practices where heterosexual relations, customs, and celebrations are typically favored above other sexualities (Willis et al., 2016). The advancement of gay rights across the USA, UK, and Europe has seen campaigners focus on issues such as marriage, parenting, and work place equality. Yet, it is only recently that matters regarding LGBT elders have grown in significance as many who were activists in previous decades reach older age. This is reflected in the growing number of retirement housing facilities that predominantly serve the LGBT community. This article takes account of alternative housing projects looking at examples in the USA, UK, and Spain, to consider how these schemes improve the lives of their residents. It also questions if they are the answer to combating discriminatory practices in health and social care, or whether they work against the ethos of equality and inclusion by heightening the divide.

### **‘We treat them all the same’: The illusion of equality**

The vast majority of older LGB citizens came of age during a period when the shame of being part of a sexual minority was more widespread than it is nowadays (Kim et al., 2017). The affects of this have contributed to LGB elders displaying higher than average poor physical and mental health. According to Fredriksen-Goldsen et al., (2013) LGB adults predominantly have raised levels of blood pressure, cardiovascular disease, diabetes, and can suffer from a range of negative psychological factors including, substance misuse, anxiety, depression, and suicidal

ideation. The prejudice encountered in the past has prevented many from developing supportive networks, and as a consequence they are exposed to higher rates of isolation and loneliness (Fredriksen-Goldsen & Espinoza, 2015). One reason for this is the current populace of LGB older adults lived through the HIV/AIDS pandemic, experiencing a loss of supportive kinships and social systems (Kim et al., 2017).

Disparities between the care of heterosexual older people and LGB elders are intensified by the inequalities which surface. Health inequalities stem from systematic variances in the health status among two groups. That is to say, when health inequalities cannot be justified by innately occurring variations, but instead are driven by social injustice and socio-economic disparities, they are regarded as health inequalities (Wagstaff et al., 1991). Based on heteronormative assumptions, many health and social care providers assume the care needs of older LGB people are equivalent to those of heterosexuals. It has been reported in studies that staff approach equality with the mantra of, 'we treat them all the same' (Simpson et al., 2018, 892). Yet against a backdrop of social injustice the reality is the specific needs of LGB older adults are neglected (Kneale et al., 2021). In the event an LGB identity is recognised, staff continually fail to acknowledge there are differences between LGB elders that require meeting their individual needs (Hafford-Letchfield et al., 2018). This validates the importance of recognizing diversity as opposed to treating gay people as a homogenous group. In seeing residents as 'all the same,' the potential to develop services that are culturally sensitive, appropriate, safe and inclusive is denied. It also implies a lack of empathy and perception while emphasizing the need for regular training. For these reasons, recent research conducted with LGB elders underscore a desire to 'opt out' of mainstream provision. Calls are being made for increased opportunities in the provision of custom-built LGBT facilities and tailored services (Stein, Beckerman & Sherman, 2010; Stonewall, 2011). Patrick and Edwin are an example of a couple who opted out by moving into LGBT+ friendly housing. Having been together for 37 years they planned to grow old together in their home state of Georgia, USA. But visits to senior living communities left them feeling uneasy. Edwin described them as 'very churchy,' and worried they would be condemned for their lifestyle. Patrick asked himself, 'Have I come this far only to have to go back in the closet and pretend we are brothers?' (Gorman, 2016).

LGB people aged 55+ are more likely to live by themselves and a significant percentage state they are not involved with their families, hence they cannot regard them as an automatic source of support (Heaphy, Yip & Thompson, 2004; Stonewall, 2011) Instead, LGB elders frequently rely on 'families of choice' to help meet their needs. Weeks et al., (2001) describes the importance of 'families of choice' emphasizing the bonds and friendship they create through shared experiences of intolerance and powerlessness. Evidently, LGB older adults will share many characteristics of the ageing process with their heterosexual contemporaries, including health problems and the loss of contact with significant others. Nonetheless, for LGB elders, there are additional and unique challenges brought about by the social divide between a heterosexual identity, and the distinctiveness that comes with being LGB (Willis et al., 2016). Since older gay women and men grew up during a time when homosexuality was discriminated against legally and socially, when it was listed as a psychiatric disorder, individuals could lose their jobs, or be prosecuted and imprisoned, 'coming out' was not a valid option (Weeks, 2017). Subsequently, due to past ill-treatment older LGB individuals may be reluctant to disclose their

histories to staff members. In this way, the voices of LGB people are suppressed in accordance with the privileged and dominant social and political status occupied by heteronormativity (Author, 2009). Queer theorists express concern about ideas that prevail around gender, sex, and sexuality, and which are maintained through dichotomous thinking as to the nature of self and identity. This includes an analysis of the social constructs that divide heterosexual and non-heterosexual identities—exposing the ways in which sex and gender boundaries are authenticated and fortified through language, power, and traditions (Brown, 2009; Willis et al., 2016). Lindsay founded Age of Diversity (UK) a group campaigning for the rights of LGBT elders. Reflecting the concerns expressed by Queer theorists, Lindsay stresses the everyday reality faced by LGBT older adults when considering living in long-term care.

The anxiety is really that, because people have usually experienced homophobia or trans phobia in their lives, they are concerned when you go into the care home, you are losing control over what people you're with. You're going to be with other residents who may be anti gay or anti trans. You are going to be with staff who may be inadequately trained or indeed may believe that your sexual orientation or the fact that you're gender has been reassigned is wrong. And they may conclude that they now have to go back in the closet (SCIE, 2021).

Yet caring necessitates an intimate interaction with another through a relationship grounded in politics, economics and morals. Caring is political in the sense it is a public activity and universal principle, involving all members of society, either as care givers or recipients of care (White & Tronto, 2004). Economically, it is an undervalued occupation delivered overwhelmingly by women, people from black and ethnic minority backgrounds, and reflects the wider societal inequalities of gender and socio-economic status (Sevenhuijsen, 2000). Furthermore, it is essentially located in morality, in other words, to engage in caring is for many to seek to be a virtuous person. Caring involves being attentive to the requirements of those being cared for, and avoid behavior that fails to take account of their anxieties. Responding to need demands the ability by the carer to be sensitive to the fact that the recipient's experiences, needs, and view of the world will differ from their own (Willis et al., 2016). Notwithstanding, a heteronormative mindset remains dominant in nursing and residential settings. As a result, maintaining heteronormativity as the social 'norm' leads to the reinforcement of silence surrounding sexuality (Weeks, 2017). Further, it contributes to the invisibility of LGB residents who feel they have no alternative but to conceal their true nature. This can have a direct and detrimental effect on the wellbeing of LGBT older people. Hatzenbuehler et al., (2014) discovered that LGBT individuals living in high-prejudice environments are at a greater risk of dying prematurely, than those living in more accepting communities. The effects were independent of other risk factors such as gender, ethnicity, income and age. According to the findings, the life spans of LGBT people were shorter by an average of 12 years where the person lived in highly prejudicial environments.

LGB seniors express their fears at the prospect of encountering just such hostility and daily prejudice in long-term care. Sue is a 72-year-old lesbian who spoke about her apprehensions once she reaches the point in her life when she needs residential care. Sue draws

attention to the illusion of equality in terms of the treatment she expects to receive, in comparison to that of heterosexual residents. She explains:

There's a great deal of silence because LGBT folk tend to go back into the closet when they are in need of care. They grew up in an era when to be LGBT was either criminal or sinful. If any staff have particular [anti-LGBT] faith or cultural beliefs that might impinge upon their care, they don't want to risk that – or saying anything to their peers. It's as if they're wearing a paper bag over their head that masks their true identity ... and it's oppressive because they're not being treated as a whole human being (Purvis, 2018).

Sue's unease about oppressive practices is based on the experience of discrimination LGB people face in daily life. This has led the majority who have participated in small-scale studies, to foresee similar negative behavior from care staff and family members. In their study Willis et al., (2016) found anxieties among LGB people ranged from a dread of verbal and physical abuse, to restrictions being imposed on partners, privacy, and relationships involving 'families of choice.' Participants shared their feelings of vulnerability and disquiet about the degree of control care staff might exercise over their daily life. In particular, lesbians held deep-seated fears about losing their identity. They worried care staff would coerce them into accepting traditional gender roles by dressing them in conventional feminine attire. Other concerns involved sharing spaces with male residents, and more distressing was the idea of being cared for by male members of staff. Over half those who contributed to the study said they would prefer to live in gender-specific facilities. For many gay women and men the idea of having to live in mixed-gender surroundings was greeted with an intense sense of alarm. Eleanor (54) expressed her wish to live in gender-specific housing stating, 'my ideal in terms of care would be to be in a sort of sheltered accommodation that was just for lesbians ... because I wouldn't particularly want men around, to be honest, gay men or straight men' (Willis et al., 2016, 294). A case in the USA, illustrates the extent to which intolerance by care staff can have a destructive impact on the resident. Leroy Martin (81) was living in a nursing facility in a mostly rural area west of Pennsylvania. He suffered from Parkinson's disease and used a wheelchair to get around. In 2019, Leroy was jailed for almost two years for having what he said was consensual sex with two other men living in the same nursing home. A civil lawsuit brought against the home, argued that the care staff had sought to label him a sexual predator. It stated nurses saw Leroy perform oral sex on a 43-year-old resident. Alarmed, they reported it to their manager who in turn called the police. Officials operating the nursing facility maintained it could not be consensual, because the younger man had suffered a traumatic brain injury. However, staff compelled this man to speak to police, and told them he had allowed Leroy to perform oral sex on him, because he 'hadn't been with a woman in 21 years' (Nark, 2021). The lawsuit claimed Leroy was falsely arrested, and the home had failed in its duty towards him, resulting in neglect and causing him emotional distress. It further highlighted that neither of the men Leroy had sex with approached staff to launch a formal complaint. Leroy's lawyer, a specialist in civil rights law, asserted:

This was consensual with both men. If it had been an Adam and Eve story, instead of Adam and Steve, they wouldn't have called the police ... They were hell-bent on falsely painting Martin as a sexual predator, and with a pink brush to boot. The nursing home lied to the state police that the men with whom Martin had sex were incapable of consent (Nark, 2021).

A national poll on healthy ageing conducted by the University of Michigan (2017) revealed around 40% of elders 65 to 80 are sexually active (<https://www.healthyagingpoll.org/reports-more/reports>). Leroy's lawyer pointed out that Leroy was among the 40% represented in the study, adding that, 'the Plaintiff's homosexuality was outrageously, egregiously ... and unlawfully treated as a crime by the Defendants' (Nark, 2021). Pennsylvania State Police charged Leroy with involuntary deviant sexual intercourse and indecent assault. He spent 22 months in prison during the height of the COVID-19 pandemic, before the district attorney's office decided against prosecution. On discharge, the care home refused to allow him to return. This case emphasizes the responsibility provider organizations have to equip their employees with comprehensive training. Training should provide an understanding of the prejudice endured by LGB people during the course of their lifetime, and how it impacts on their present-day outlook and wellbeing. Gaining an awareness of the lifestyles of LGB people, can aid in the deconstruction of heteronormative assumptions among the workforce (Fredriksen-Goldsen et al., 2013; Hafford-Letchfield et al., 2018; Heaphy, Yip & Thompson, 2004). It also entails a commitment to be responsive to instances where the mental and physical wellbeing of an LGB resident may be negated by the actions of staff, residents, or family members (Willis et al., 2016). Confronting the bigoted attitudes in the care home, notably when the rights of a gay person are endangered, is part of advocating for greater inclusivity in the delivery of care, as well as protecting the human rights of LGB older adults. Hindering sexual intimacy is of itself a violation of a human right. Nonetheless, LGB individuals continue to express fears about receiving future care in residential facilities, and the potential for discriminatory treatment. Leroy's case offers an explanation as to why there are growing calls from gay people for LGBT-specific accommodation (Heaphy, Yip & Thompson 2004; Stein, Beckerman & Sherman, 2010). At the heart of these calls is a belief that prejudicial treatment will be non-existent. Even so, critics assert that establishing segregated accommodation runs contrary to equality legislation, notably the Equality Act 2010 in the UK, requiring all provider organizations to deliver non-discriminatory services (Willis et al., 2016) and the Equality Act (United States) 2021. However, it is worth noting that throughout the USA, a mere 22 out of 50 states have unambiguously outlawed discrimination against the LGBT populace (see: <https://www.lgbtmap.org/equality-maps>).

### **Forging new models of LGBT+ specific retirement accommodation**

Internationally, a number of new retirement housing schemes have emerged catering entirely or predominantly to the older LGBT community. These innovatory projects offer the opportunity to LGBT citizens, to live out the rest of their lives with others from their family of choice, in an environment where the need to hide their sexuality for fear of homophobia, biphobia, or transphobia is eliminated. The following are three examples of retirement options

being developed for LGBT older adults in United States of America, United Kingdom, and Spain.

### *Los Angeles, United States of America*

In the USA, it is estimated there are ‘2.7 million adults aged 50 and older [who] self-identify as LGBT ... including 1.1 million who are aged 65 and older. By 2060, the number of older adults who self-identify as LGBT will exceed 5 million’ (Fredriksen-Goldsen, 2016, 1). The challenges facing LGB elders in the US, mirror those found in the UK and throughout Europe. The Office of Disease Prevention and Health Promotion, a data collection service that presents science-based 10-year aims for improving the health of all American citizens, recognised the additional barriers older LGB people encounter including; social isolation, prejudice, the lack of appropriate services, financial deprivation and health inequalities (ODPHP, 2020). For the first time in the USA, LGBT individuals have been classified as an at risk group and a health priority (Emlet, 2016). Strikingly, Black or African American LGB older adults are at a higher risk of poor health and chronic illnesses, yet they are often absent from policy forums that seek to develop services to meet their wellbeing (Harley, 2016). Furthermore, poverty among the older LGBT community in the US is radically higher than the average, with a quarter confronting financial difficulties at the point where they endeavor to access long-term care (Choi & Meyer, 2016; Emlet, 2016). Although the Equality Act, introduced in Congress in 2017—to amend the Civil rights Act 1964—incorporated strong protections against discrimination based on sexual orientation, or gender identity (Fredriksen-Goldsen, 2016) it achieved little in terms of preventing prejudicial treatment of LGB elders within nursing homes and residential care facilities. The aim of implementing safeguarding policies is to give legal defenses against all forms of discrimination in line with the Universal Declaration of Human Rights. Accordingly, as Redcay et al., (2019, 272) points out, ‘the now older community still lacks legal protection from the U.S. government and continues to face numerous forms of discrimination.’ By excluding protections for LGBT elders, the US administration is guilty of violating human rights. In light of this it comes as little surprise that forty-eight per cent of LGB older adults in the US, and a quarter of older trans individuals, continue to be concerned about encountering prejudice when moving into supported living (SAGE, 2015). In response, there has been a dramatic growth in the amount of affordable retirement housing options for LGBT elders across the USA. Additionally, the national non-profit organization SAGE: *Service and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders*, offers training to employees working in nursing and care homes, facilitating them to provide safe and supportive environments. SAGE aims to achieve this by increasing the general awareness and knowledge of the LGBT community among the workforce. It also recommends ways in which the housing associations can promote their services as LGBT-friendly (SAGE, 2015).

Triangle Square Apartments in Los Angeles was the first LGBT-friendly housing community for people aged 62+ to open its doors in 2007. Others have since followed, and are located throughout the country such as, the Bronx, NY, Philadelphia, San Francisco, and Chicago. All operate as a mixture of public-private partnerships with means-tested rental prices, and subsidizes (Lewis, 2014). Under the Fair Housing Act, housing schemes that seek

to cater for LGBT people cannot exclude heterosexuals. If they do, they forfeit federal subsidies they otherwise would qualify for (Romero, 2020). Hence, Triangle Square consists of 78 per cent LGBT elders as residents with other ethnic groups occupying the remaining apartments. Services are provided on-site by the Los Angeles LGBT Center (see <https://lalgbtcenter.org/>) supporting the health, social care and leisure needs of LGBT older adults. A community room is available as part of the building in which over seventy social, educational and health promotion activities happen each month. Ed (80) became a resident after the death of his partner, when he realized, he could not afford to pay the rent by himself. He said, ‘this was a godsend for me’ (Gorman, 2016, 4). His neighbor, Lee (74) ‘came out’ having raised three children, and has no intention of spending her later years hiding her true identity in the way she had to as a younger woman. ‘I was dishonest all the time before. Now I am who I am and I don’t have to be quiet about it,’ she said (Gorman, 2016, 5). Lee also asserts that as soon as she moved in, she discovered a whole new family. Barbara (79) a transgender activist who lives in Spirit Lake, a similar retirement housing complex serving LGBT elders in Minneapolis, believes:

This is an interesting time for the GLBT community because they are finally beginning to realize that age is something that presents some challenges. Whereas those already in their 70s to 80s may have lived in relative isolation, the baby boomers have lived more openly and they expect to be treated with respect and they will push for it (Lewis, 2014).

### ***Manchester, United Kingdom***

Manchester in the 1980s was a city directed by a vindictive neo-conservative ideology led by the Police Chief, James Anderton, a devout fundamentalist Christian, who pursued an antagonistic crusade against gay men living in the city. Anderton infamously depicted gay men as culpable victims of a deadly disease, the spread of which threatened the existence of ‘normal’ heterosexual life (Simpson, 2016). He declared those suffering with the virus were in a ‘human cesspool of their own making’ (Linton, 2012). As a consequence, Manchester witnessed a rise in homophobia fueled by a fear of AIDS contamination ‘created’ by gay men. It was against this backdrop of a city hostile to their identities, and with concern for their future care needs, that the current group of LGBT elders reached older age. But in 2014, and as a response to the anxieties of this group, the Manchester based LGBT Foundation in partnership with Stonewall Housing, began negotiations with Manchester City Council to pioneer accommodation options for older LGBT citizens. The Foundation embarked on a survey, commissioned by Manchester City Council, to assess the needs and hopes of LGBT older adults for their future housing. The report published, *Housing, Ageing, and Care*, based on the findings of the survey, signaled above average levels of loneliness and isolation among LGBT elders (LGBT Foundation, 2020). Pointedly, the outcomes showed that 74 per cent of those who participated in the survey articulated their desire for affordable, LGBT-specific accommodation delivered by LGBT friendly service providers, where they could be themselves. Further studies noted that 78 per cent of care home staff had not received any training related to LGBT people, and only 8 per

cent said their care home had any contact with LGBT organizations (LGBT Foundation, 2020). Bill (57) a retired prison officer, felt isolated as the only gay person in his block of sheltered flats in Salford. During the Covid pandemic his sense of loneliness was intensified. Single, without a family, and cut off from a social life in Manchester's gay village, he only had the TV for company. This is not the first time he felt such an intense sense of solitude. During the AIDS epidemic, Bill was deprived of the 'love of his life,' and at least 50 friends (Pugh, 2020). For many years Bill hid his sexuality at work, but now as an out and proud gay man he wants gay people to support him as he ages. Bill admits, 'I do feel isolated. I could just do with having LGBTQ+ neighbors to have a chat with. It would allow me to be myself. There are things you don't have to explain and things you can talk about that are impossible with straight listeners' (Pugh, 2020).

The site for the project is a former hospital in South Manchester, and is set to be converted into 150 apartments with 51 per cent allocated to LGBT+ people aged over 55, who need extra physical and mental support. The apartments are a mix of affordable rent and shared ownership. The 'Extra Care Scheme,' as it is known, will also provide on-site services, including catering amenities suitable to the needs of older people. Council officials acknowledge there is a growing number of older LGBT people in the city. More than 7,000 individuals over the age of 50 identify as LGBT, and is set to increase significantly during the next two decades (Manchester City Council, 2012). Inspiration for the design of the project came from similar retirement facilities in Minneapolis and Los Angeles. Ensuring the voices of older LGBT people were at the center of the strategic planning and policy development to co-produce the core principles of the scheme, and agree how it operates, as well as what care needs to be available to residents, was paramount. The report revealed that being offered the opportunity to move into LGBT affirmative housing was important to those who participated. For many, their existing accommodation was in poor condition and left them feeling unsafe (Pugh, 2020). For others, they could no longer manage living in their home, for example, climbing the stairs had become too difficult. One participant stated, 'I feel unsafe, isolated, not part of society, forgotten, abandoned' (LGBT Foundation, 2020, 15). Another, speaking about the future possibility of going into residential care, explained, 'I DO NOT want to sink into the world of a heteronormative old peoples' home, I have visited such places in my work and truly I would rather be dead than in the living death that those places encompass' (LGBT Foundation, 2020, 21, capitalization in the original). As the first accredited scheme of its kind in the UK, training and support will be available to provider organizations, to ensure awareness and consideration of the needs of LGBT residents. The employees are set to gain confidence and knowledge from the training provided by the Foundation.

### ***Madrid, Spain***

The recent history of homophobia in Spain is one that quite literally carries a deadly and profound warning of the consequences of intolerance. During the Franco dictatorship (1939–1975) a person discovered to be homosexual was confined to a concentration camp, where among the treatments administered to 'cure' the individual, were electric shocks. It was an age when citizens were taught that LGB people were mentally ill, immoral, and sexuality was policed by the state as dangerous (see Galeano, 2016). As the dictatorship ended, and just

as homosexuality was decriminalized in 1979, AIDS surfaced. Federico Armenteros (70) an LGBT activist, has campaigned for almost a decade to open Spain's first publicly funded LGBT retirement facility. Armenteros argued the case for a LGBT facility in Madrid, after finding himself shunned by other residents in a previous care home. Armenteros claims older gay people are forced back into the closet in Spain when they enter residential accommodation. The beliefs about gay people fostered during the Franco era, persist among Spain's older citizens to the present day, and is hard to change. Reflecting on his own experience, he explains his life was made miserable after other residents found out he was gay. Armenteros recollects:

They started to steer clear of me and insult me. They called me 'queer' and it made me feel awful. My room had two beds but no-one [wanted] to share with me. There are some people who are now 80-years-old and have never experienced the freedom of the LGBT movement because it didn't exist until 2005, when same-sex marriage law, saw homosexuality removed from the criminal code. Something had to be done so that these people could live out their last moments with as much dignity as possible (Nicholls, 2018).

Set up by Armenteros, the *26 December Foundation*, an NGO for the Spanish LGBT community, is named after the day in 1979 when the final law that had been used by Franco to imprison LGB citizens was abolished, and homosexuals were no longer regarded as dangerous to society. Armenteros adds:

Now we have [some] of the best laws in the world for homosexuals, but we didn't have enough time to change mentalities. It's too tough to make people who are suffering now wait until society changes and the discrimination ends. These things are shrinking but unfortunately, they exist (Rainsford, 2011).

The Foundation currently manages a range of services including therapy and healthcare, as well as running the residential home providing a safe social space for LGBT older adults. The residential facility is situated close to the center of Madrid, and offers accommodation to 66 permanent residents, with spaces for a further 30 people to use the adjacent day center. Susana Guimarães a psychologist working for *26 December Foundation* said, 'We want to give specialized care so that people don't have to go inside the closet again' (Smith, 2018). One of the first residents is a trans woman aged 65, who has lived and begged on the streets of Madrid for decades. Other residents requiring individual support include men diagnosed with HIV during the late 1980s, and who have lived a relatively normal life with the help of antiretroviral treatment, but now in older age, need specialist medical and care support.

## **Conclusion**

This article conducted a systematic review of the literature investigating the concerns and treatment of LGB individuals in long-term care. The literature describes ways in which the dominance of heteronormativity persists in the delivery of care within these settings. As a

consequence, heterosexual norms and conventions remain for the most part unchallenged, and are liable for LGB identities being obscured. While scholars underline the need for robust staff training programs, recognizing and protecting the human rights of LGBT older adults, the gay community have responded to homophobic treatment of residents by establishing LGBT-specific retirement housing options, within the limits of legal boundaries. This article draws attention to the discrimination experienced by LGBT elders, resulting in health inequalities, due to the unequal treatment they receive in mainstream residential and nursing facilities. Accounts of homophobic behavior have been included to illustrate reasons the gay community feel the need to pioneer new forms of care for older LGBT people. The narratives expose denials by staff about individual sexual identity, and instead, offer the claim, ‘we treat them all the same’ (Simpson, 2018). By contrast the caring environments being provided in Los Angeles, Manchester, and Madrid, have an ethos of liberation in settings that value and celebrate LGBT identities.

Social theories associated with LGBT ageing present opportunities to challenge social constructs that enable discriminatory practices, through the use of critical methods (Fabbre, 2019). Theories identify characteristics and help to illuminate ways in which LGBT elders are at an advanced risk of reduced health due to isolation, stigma and discrimination (Brown, 2009; McMullin 2000). They broaden the conversation around social support, networks and kinship, to provide an insight into mechanisms that generate social exclusion. Integrating social theory into social care practice is important because it allows for a greater awareness of the unique experiences LGB elders have in the care system. Minority Stress Theory, as an example, sees attention given to the resilience generated by LGBT older people, but simultaneously, offers ideas for policy and practices around safeguarding, through a challenge to heteronormative assumptions that exist in health and social care settings (Meyer, 2003; 2007). Much of the literature on which this article is progressed is drawn from qualitative studies, that reveal similar themes in the ageing processes of LGBT older adults, the results of which are framed within the Minority Stress Theory (Correro & Nielson, 2020). Of equal importance to this study is Atchley’s Continuity Theory (1989) which proposes the value of continuity between the past and present, as well as the Disengagement Theory, (Cumming & Henry, 1961) suggesting withdrawal or disengagement from life is part of ageing and independent of culture—but the form it takes is bound up in the locale within which the person operates. Applied to LGB elders in long-term care, the theory presents an explanation as to why they feel a need to return to the closet. Similarly, Dowd’s (1975) Social Exchange Theory can be applied in the same way, as it asserts the individual must assume a position of compliance by adapting their behavior to their environment to become accepted. These theories are meaningful to this debate because they offer a structure within which a greater understanding of the oppression and discrimination of LGB elders can be gained.

A significant amount of the literature contained the recurring themes of homophobia, discrimination and marginalization in mainstream health and social care settings. Anxiety about concealing a gay identity emerged as a core theme, whereby LGBT seniors chose to conceal their identity from care staff, other residents and their families. This contributed to feelings of isolation, invisibility and insignificance. However, studies make clear the importance for provider organizations to offer diverse and inclusive care services in environments that are welcoming of, and supportive towards, older LGBT individuals. While many show resilience,

other LGBT elders have failed to develop support systems, and kinships, hence their future care prospects are bleak (Kneale et al., 2021; Stonewall, 2011). The desire for LGBT+ specific retirement housing options is particularly widespread among older gay men who are HIV-positive. Likewise, lesbians overwhelmingly expressed a wish to live in gender-specific residential and nursing facilities. This is in contrast to the highly negative experiences documented in the lives of LGB older adults in mainstream long-term care. Instead, LGB elders express their wish to be part of a ‘majority’ with a shared culture and understanding—not having to explain themselves, while also sharing the same reference points. Aspects of life that are normal to heterosexual people and never need to consider.

This article enhances the debate around how provider organizations should plan and deliver health and care services to older LGBT citizens. The bigotry and prejudice many experienced in their youth, left unimpeded, can recur in care environments. Undeniably the evidence presented in this study, highlights that health inequalities and the discrimination of LGBT elders continues. Moreover, this article provides a platform on which future research activities can build by examining the growth in LGBT+ specific accommodation, and the impact these housing options will have overtime. The data generated by future research could facilitate policy-makers and provider organizations to improve the quality of services offered to LGBT elders. Research is essential for promoting health equality, directing social policy, and realizing the breadth of health inequalities. In addition, the data will enable inspectorates as regulators of residential care homes to design monitoring and assessment procedures, offering an insight into ways heteronormativity operates in social care—exposing the barriers that create and maintain discrimination. Partnership boards between health and social care providers, that include consultation forums with the wider LGBT community, will ensure better and more inclusive outcomes for older LGBT people in long-term care, as well as those who care for them.

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### **References**

- Addis, S., Davies, M., Greene, G. et al., (2009). The health, social care and housing needs of lesbian, gay, bisexual and transgender older people: a review of the literature. *Health and Social Care in the Community*, 17(6), 647–58.  
<https://doi.org/10.1111/j.1365-2524.2009.00866.x>.
- Atchley, R. C. (1989). A continuity of theory of normal aging. *The Gerontologist*, 29 (2), 183–190. <https://doi.org/10.1093/geront/29.2.183>.

- Brown, M. T. (2009). LGBT ageing and rhetorical silence. *Sexuality Research and Social Policy*, 6 (4), 65–78.
- Choi, S. K., & Meyer, I. H. (2016). *LGBT Aging: A Review of Research Findings, Needs, and Policy Implications*. Los Angeles: The Williams Institute. Retrieved December 10, 2021, from <https://williamsinstitute.law.ucla.edu/publications/lgbt-aging/>
- Correro, A. N., 2<sup>nd</sup> & Nielson, K. A. (2020). A Review of Minority Stress as a Risk Factor for Cognitive Decline in Lesbian, Gay, Bisexual, and Transgender (LGBT) Elders. *Journal of Gay & Lesbian Mental Health*, 24 (1), 2–19. <https://doi.org/10.1080/19359705.2019.1644570>.
- Cumming, E., and Henry, E. (1961) *Growing old: The process of disengagement*. Basic Books, New York. (Reprint: Arno, New York 1979).
- Dowd, J. J. (1975). Aging as exchange: A preface to theory. *Journal of Gerontology*, 30 (5), 584–594. <https://doi.org/10.1093/geronj/30.5.584>.
- Fabbre, V. D., Jen, S., and Fredriksen-Goldsen, K. I. (2019) The State of Theory in LGBTQ aging: Implications for Gerontological Scholarship. *Research on Aging*, 41(5), 495–518. <https://doi.org/10.1177/0164027518822814>.
- Fredriksen-Goldsen, K.I., Emllet, C. A., Kim, H. Y. et al., (2013) The physical and mental health of lesbian, gay male, and bisexual (LGB) older adults: The role of key health indicators and risk and protective factors. *The Gerontologist*, 53(4), 664–675. <https://doi.org/10.1093/gernt/gns123>.
- Fredriksen-Goldsen, K. I., & Espinoza, R. (2015) Time for transformation: Public policy must change to achieve health equity for LGBT older adults. *Journal of American Society on Aging*, 38(4), 97–106.
- Fredriksen-Goldsen, K. I. (2016) The Future of LGBT+ Aging: A Blueprint for Action in Services, Policies, and Research. *Generations*, 40(2), 6–15.
- Galeano, J. F. (2016). Is He a “Social Danger?” The Franco Regime’s Judicial Prosecution of Homosexuality in Málaga under the Ley de Vagos y Maleantes. *Journal of the History of Sexuality*, 25(1), 1–31.
- Gorman, A. (2016, October 18). LGBTQ seniors face discrimination in long-term care. *Kaiser Health News*. Retrieved January 4, 2022, from <https://www.pbs.org/newshour/nation/lgbtq-seniors-face-discrimination-long-term-care>
- Hafford-Letchfield, T., Simpson, P., Willis, P. et al., (2018) Developing inclusive residential care for older Lesbian, Gay, Bisexual and Trans (LGBT) people: An evaluation of the Care Home Challenge action research project. *Health and Social Care in the Community*, 26 (2), e312–e320. <https://doi.org/10.1111/hsc.12521>.
- Harley, D. A. (2016). African-American and Black LGBT elders. In D. A. Hartley & P. B. Teaster (Eds.), *Handbook of LGBT elders: An interdisciplinary approach to principles, practices, and policies* (pp. 105–134). Springer.
- Hatzenbuehler, M. L., Bellatorre A, Lee, Y, et al., (2014) Structural stigma and all-cause mortality in sexual minority populations. *Social Science & Medicine*, (1982) 103, 33–41. <https://doi.org/10.1016/j.socscimed.2013.06.005>.
- Heaphy, B., Yip, A. & Thompson, D. (2004). Ageing in a Non-Heterosexual Context. *Ageing & Society*, 24(6), 881–902.

- Kim, H. Y., Fredriksen-Goldsen, K. I., Bryan, A. E. B. et al., (2017). Social network types and mental health among LGBT older adults. *The Gerontologist*, 57(1), 84–94. <https://doi.org/10.1093/geront/gnw169>.
- Kneale, D., Henley, J., Thomas, J et al., (2021) Inequalities in older LGBT people’s health and care needs in the United Kingdom: A systematic scoping review. *Ageing and Society*, 41(3), 493–515. <https://doi.org/10.1017/S0144686X19001326>.
- Lewis, A. (2014). *The growth of gay retirement homes*. BBC News, Minneapolis. Retrieved November 29, 2021, from <https://www.bbc.com/news/magazine-26554710>
- LGBT Foundation. (2020). *Housing, Ageing, and Care: What Manchester LGBT residents want from the UK’s first purpose built LGBT Extra Care Scheme*. Retrieved November 25, 2021, from <https://lgbt.foundation/news/housing-ageing-and-care-what-manchester-lgbt-residents-want-from-the-uks-first-purpose-built-lgbt-extra-care-scheme/391>
- Linton, D. (2012, January 17). Politicians’ shock at government handling of James Anderton Aids storm after M.E.N reveals secret documents. *Manchester Evening News*. Retrieved March 3, 2022, from <https://www.manchestereveningnews.co.uk/news/greater-manchester-news/politicians-shock-at-government-handling-of-james-678915>
- Manchester City Council (2021) *UK’s first purpose-built Extra Care housing facility in Manchester moves forward*. Retrieved February, 2022, from [https://www.manchester.gov.uk/news/article/8733/uk\\_s\\_first\\_purpose-built\\_lgbt\\_extra\\_care\\_housing\\_facility\\_in\\_manchester\\_moves\\_forward](https://www.manchester.gov.uk/news/article/8733/uk_s_first_purpose-built_lgbt_extra_care_housing_facility_in_manchester_moves_forward)
- McMullin, J. A. (2000). Diversity and the State of Sociological Aging theory. *The Gerontologist*, 40(5), 517– 530. <https://doi.org/10.1093/geront/40.5.517>.
- Musingarimi, P. (2008). *Social Care Issues Affecting Older Gay, Lesbian and Bisexual People in the UK*. London: International Longevity Centre-UK.
- Nark, J. (2021, December 8). Older man’s sexual orientation landed him in a Pa. Jail for 22 months, his lawyer claims. *The Philadelphia Inquirer*. Retrieved February 28, 2022, from <https://www.inquirer.com/news/cumberland-county-nursing-home-lawsuit-20211208.html>
- Nicholls, S. A. (2018, August 24). Madrid to open LGBT-friendly retirement home. *Euronews*. Retrieved January 6, 2022, from <https://www.euronews.com/2018/08/24/madrid-to-open-lgbt-friendly-retirement-home>
- ODPHP, Office of Disease Prevention and Health Promotion. *Healthy People*. 2020. Retrieved February 17, 2021, from <https://www.healthypeople.gov/2020/>
- Park, A., & Rhead, R. (2013). Personal relationships: changing attitudes towards sex, marriage and parenthood. In A. Park., C. Bryson., E. Clery., J. Curtice, & M. Phillips (Eds.), *British Social Attitudes: The 30<sup>th</sup> Report*. London: NatCen Social Research. Retrieved October 26, 2021, from [https://www.bsa.natcen.ac.uk/media/38723/bsa30\\_full\\_report\\_final.pdf](https://www.bsa.natcen.ac.uk/media/38723/bsa30_full_report_final.pdf)

- Potter, C., Bamford, S. & Kneale, D. (2011). *Bridging the Gap: Exploring the Potential for Bringing Older and Younger LGBT People Together*. London: International Longevity Centre.
- Pugh, R. (2020, October 21). 'A game changer.' The UK's first LGBTQ+ extra-care housing scheme gets the go ahead. *The Guardian Newspaper*. Retrieved January 4, 2022, from <https://www.theguardian.com/society/2020/oct/21/uks-first-extra-care-housing-lgbtq-manchester>
- Purvis, K. (2018, October 27). The drive for better care for older LGBT people: 'I won't put up with prejudice.' *The Guardian Newspaper*. Retrieved March 28, 2022, from <https://www.theguardian.com/social-care-network/2018/feb/27/older-lgbt-people-inclusive-care>
- Rainsford, S. (2011). *A retirement home for gay people in Spain*. BBC News, Madrid. Retrieved April 16, 2022, from <http://www.bbc.com/news/world-europe-15131994>
- Redcay, A., McMahon, S., Hollinger, V et al., (2019) Policy Recommendations to Improve the Quality of Life for LGBT Adults. *Journal of Human Rights and Social Work*, 4, 267–274.
- Romero, A. P., Goldberg, S. K. & Vasquez, L. A. (2020) *LGBT People and Housing Affordability, Discrimination, and Homelessness*. Los Angeles: The Williams Institute. Retrieved May 29, 2022, from <https://williamsinstitute.law.ucla.edu/publications/lgbt-housing-instability/>
- SAGE, Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (2015) *Sage: Annual Report 2015*. Retrieved May 7, 2022, from <https://issuu.com/lgbtagingcenter/docs/sage2015annualreport>
- Schope, R. D. (2005). Who's afraid of growing old? Gay and lesbian perceptions of aging. *Journal of Gerontological Social Work*, 45(4), 23–39. [https://doi.org/10.1300/J083v45n04\\_03](https://doi.org/10.1300/J083v45n04_03)
- SCIE. (2021). *Working with lesbian, gay, bisexual and transgender people: older people and residential care: Roger's story*. Social Care Institute for Excellence. Retrieved June 8, 2022, from <https://www.scie.org.uk/lgbtqi/video-stories/older-people-residential-care>
- Sevenhuijsen, S. (2000). Caring in the third way: the relation between obligation, responsibility and care in *The Third Way* discourse. *Critical Social Policy*, 20(1), 5–37.
- Simpson, P. (2016). The resources of ageing? Middle-aged gay men's accounts of Manchester's gay voluntary organizations. *The Sociological Review*, 64 (2), 366–383. <https://doi.org/10.1111/1467-954X.12363>
- Simpson, P., Almack, K., & Walthery, P. (2018). 'We treat them all the same': the attitudes, knowledge and practices of staff concerning older lesbian, gay, bisexual and trans residents in care homes. *Ageing and Society*, 38(5), 869–899. <https://doi.org/10.1017/S0144686X1600132X>
- Smith, T. (2018). *Inside Spain's first LGBT retirement home*. Retrieved March 27, 2022, from <https://www.pinknews.co.uk/2018/11/29/inside-spains-first-lgbt-retirement-home/>

- Stein, G. L., Beckerman, N. L. & Sherman, P. A. (2010). Lesbian and gay elders and long-term care: identifying the unique psychosocial perspectives and challenges. *Journal of Gerontological Social Work*, 53(5), 421–35.  
<https://doi.org/10.1080/01634372.2010.496478>
- Stonewall. (2011). *Lesbian, Gay and Bisexual People in Later Life*. Retrieved June 14, 2022, from  
[https://www.stonewall.org.uk/system/files/LGB\\_people\\_in\\_Later\\_Life\\_2011\\_.pdf](https://www.stonewall.org.uk/system/files/LGB_people_in_Later_Life_2011_.pdf)
- Wagstaff, A., Paci, P. & Van Doorslaer, E. (1991) On the measurement of inequalities in health. *Social Science and Medicine*, 33(5), 545–557.  
[https://doi.org/10.1016/0277-9536\(91\)90212-u](https://doi.org/10.1016/0277-9536(91)90212-u).
- Weeks, J. (2017). *Sex, Politics and Society: The Regulation of Sexuality Since 1800*. (4<sup>th</sup> ed.) Routledge, London.
- Weeks, J., Heaphy, B., & Donovan, C. (2001). *Same Sex Intimacies: Families of Choice and Other Life Experiments*. Psychology Press, London.
- White, J. A., & Tronto, J. C. (2004). Political practices of care: needs and rights. *Ratio Juris*, 17(4), 425–53.  
<https://doi.org/10.1111/j.1467-9337.2004.00276.x>
- Williams, M. E., & Freeman, P. A. (2007). Transgender health: implications for aging and caregiving. *Journal of Gay & Lesbian Social Services*, 18 (3–4), 93–108.  
[https://doi.org/10.1300/J041v18n03\\_06](https://doi.org/10.1300/J041v18n03_06)
- Willis, P., Maegusuku-Hewett, T., Raithby, M. et al., (2016) Swimming upstream: The provision of inclusive care to older lesbians, gay and bisexual (LGB) adults in residential and nursing environments in Wales. *Ageing and Society*, 36(2), 282–30.

## Author biography

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