

ASSESSING CURRENT AND FUTURE HOUSING AND SUPPORT OPTIONS FOR OLDER LGB PEOPLE

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What's the Issue?

The choice of housing and support for older lesbian, gay and bisexual (LGB) people is currently inadequate or even unsafe. What types of accommodation and support could help them to have a better life, now and in the future? How can personalisation, co-production, mutual support and international innovations contribute to our thinking on this question?

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Background

Over the past 10 years the concerns and needs of older LGB people have become clearer through UK research and reflection on practice in social care and housing (Cronin *et al.*, 2011; Ward *et al.*, 2012). Now there is a compelling evidence base on the challenges for the present generation of older LGB people who need care and support, ranging from home care to residential care for those with high support needs. The most relevant findings here concern how older LGB people perceive or experience mainstream social care and support and accommodation options. The Equality and Human Rights Commission (EHRC) has identified some common themes across studies which affect both service users and carers:

- Accessing services – discrimination and negative treatment;
- Service delivery – invisibility and assumed heterosexuality;
- LGB specific health and social care issues – mental health, HIV, dementia and end-of-life care (Ward *et al.*, 2010, p13).

Surveys of older LGB people have shown they fear using mainstream housing and support arrangements (particularly home care or residential care); have concerns about the safety and cultural appropriateness of support; and are worried about discrimination and becoming disconnected from their communities and friendship networks (Knocker, 2012; Stonewall, 2011). Fear may drive some present generation older LGB people to not engage with services at all:

“I do my best to avoid public services as I fear a wall of hate”
Philip, older gay man (Knocker, 2012, p11).

This is obviously an unacceptable situation for the present and offers a challenge for the future provision of support and accommodation for new generations of older LGB people. This Viewpoint seeks to contribute to this discussion.

Key points

- The present choice of mainstream housing and support for older LGB people is currently experienced as inadequate or perceived as unsafe.
- Personalisation has potential to improve choice and control for older LGB people who should be recognised as complex and diverse individuals.
- Older LGB people need to feel safe to share their identity and life history in assessment and support planning, particularly for dementia.
- Older LGB people should be involved with local strategic planning and able to choose from safe 'mixed' mainstream and specialist LGB community options.
- LGB communities have a tradition of mutual self-help, supportive friendship networks and 'chosen families' which need to be understood and nurtured for older LGB people. This includes intergenerational work.
- Younger LGB people prioritise maintaining independence and combating social isolation in older age.
- Younger LGB people are exploring their own options for collective living to maintain independence, identity and community in older age.
- International innovations show how formal, larger housing and support initiatives for older LGB people can grow from and nurture community support and friendship networks.
- Emerging 'mixed' alternatives are characterised by LGB people remaining in control of the culture and environment and stipulating shared values.

Introduction

The authors are from the LGB community and the question is of personal relevance. We begin with our own perspectives and then examine some of the relevant literature on the potential of personalisation, co-production, mutuality and concepts of the family. We present the findings of an online survey of younger LGB adults (30–69) who were asked to consider how and where they would like to live in older age, particularly if they have high support needs. Thoughts from a discussion day held by the Stonewall Housing ‘Insights’ Older LGBT People’s Housing Group Manchester Forum are also presented. Then we briefly explore some examples of emerging international innovations in housing and support for older LGB people. Our conclusion draws together some of the key themes and messages about alternatives to traditional support and housing that enhance the lives and promote the independence of LGB people as they grow older. The scope of the Viewpoint excludes transgendered (T) people, as, while there may be issues in common, they also have different concerns and experiences.

A personal note

We have strong personal motivations to write this Viewpoint, as we are LGB older people of the future. Underpinning this Viewpoint are our personal experiences and hopes. In this section we share our own personal reflections.

Paul

As a young bisexual man I experienced considerable isolation in secondary school. I didn’t know why I actively excluded myself, it may have been because I was coming to terms with my sexuality. The experience helped me to understand my need for independence and individuality. I used ‘choice’ to empower and make myself feel safe and in control.

These feelings of independence and control are key as they make me who I am today and who I will be in 20 years time. So in my older years, I would like to continue to be independent through a choice of support; from services, my family of choice and the wider community.

Sarah

I had a very close relationship with my maternal grandmother. Through her I learnt about ageing and independence. She showed me how an unconventional woman could grow older without being reduced to a traditional role or stereotype.

I don't think I'm afraid of older age, but like my granny, I am afraid of losing my independence and control. My partner and I have concerns about developing inherited conditions like dementia and macular degeneration. Having lived through fear and isolation in childhood and early adulthood, it is unthinkable to return there in my final years. What is most important to me is that no one else is in a position to restrict who I am and what I should do, particularly after a life of overcoming isolation, social discrimination and marginalisation.

Literature review

The potential of personalisation

The wider future of older people's care and support, including traditional support, housing and community activity is currently being shaped by public sector personalisation reforms. The promotion of person-centred support, personal budgets, choice and control and building community capacity (TLAP, 2011) has distinct implications for housing provision (ADASS, 2010) and support for LGB people as they grow older (Ward *et al.*, 2012).

Diversity and biography

It is important to begin with the recognition that older LGB people are not a homogenous group:

"LGB&T people are diverse; they can be young, old, women, men, black and minority ethnic, of any class and any faith. LGB&T people may be homeless, living in poverty, asylum seekers, refugees and / or prisoners. The living situations may vary in terms of whether they are in civil partnerships and if they have children." Consortium of LGB&T Organisations, 2010, p9.

Therefore, when thinking about providing support and accommodation options it is important to remember that 'the biographies of older LGB people do not reflect one idea or image of what it is to be lesbian, gay or bisexual. Rather they suggest a multiplicity of ways of living, reflecting individual circumstances and life experiences' (Cronin *et al.*, 2011, p423). If all LGB people are considered

to have the same needs, based on their sexual identity, this can result in a situation where 'generalities may replace "complexities" in the assessment of, and intervention in, LGB people's lives' (ibid, p425). Such complexities may relate to faith, ethnicity, disability, mental health, refugee status and gender (Carr, 2010). Feeling safe and able to disclose sexual identity and life history is vital for person-centred planning for support to live at home or in a residential setting: 'In the absence of such elements of an individual's identity being routinely identified [through assessment], it is clear that those important aspects of identity cannot meaningfully feature as part of the care planning process' (Rainbow Project/ AgeNI, 2011, p17). For older LGB people living with dementia, this is especially crucial, particularly if they are to benefit from life history assessments, reminiscence therapy or memory boxes (Mental Health Foundation, 2011).

Mainstream or specialist? Choice and control

One point echoed in many LGB housing reports is a need for specialist housing and home care services (CIH, 2011). Such specialist options are not yet fully operational in the UK. Having a provider which specialises in culturally appropriate support or accommodation for older LGB people will not be contravening the Equality Act 2010 if they do not discriminate against others. It is also acceptable for mainstream providers to offer types of specialist services to LGB people such as Age UK's Opening Doors Project in London and Anchor Homes' LGBT tenants group. Such 'positive action' is described by the EHRC as being steps a provider can take to 'address the different needs or past track record of disadvantage or low participation of people who share a particular protected characteristic' (EHRC, 2012).

Despite the lack of options currently available, local social care and housing markets should diversify in response to greater degrees of choice and control (including 'consumer' activity), and specialist services should be commissioned for the needs and preferences of local populations (IPC, 2011). Local voluntary and community sector providers have recently been the remedy for older LGB people living in areas with high LGB populations, but their funding is often very fragile. Research shows that the current generation of LGB people have very negative expectations of traditional residential and home care provision and would like the option to choose specialist LGB accommodation. A 2006 study of older LGBT people in Brighton showed that even in a city with a high LGBT population, nearly 63 per cent of all respondents would be interested in residential care

specifically for the LGBT community, with the figure rising to nearly 72 per cent for respondents between 55 and 65 years (Browne *et al.*, 2012).

However, some LGB people are ambiguous about this 'either / or' situation. A broader range of choices, including mixed living arrangements and other forms of supported community living, need to be available: 'LGBT-specific accommodation as the only place for older LGBT people to live is not seen as desirable because it restricts individual choice and prevents interactions with other people' (*ibid.*, p177).

Older LGB people should have the option to be safely supported to remain independent and in their own home environment for as long as possible, because that is often the preferred option (Neville and Henrickson, 2010). Increasing choice and control and expanding the overall housing and support market for all older people should mean that LGB older people should be able to choose from a range of options which meet their individual requirements for a better life in older age. These are the same as those evidenced for all older people:

- Continuity, personal identity and self-esteem;
- Meaningful relationships;
- Personalised and respectful support;
- Autonomy, control and involvement in decision making;
- A positive living environment: security, access, privacy and a choice;
- Meaningful daily and community life;
- Good accessible information to optimise health and quality of life (Blood, 2010, p6).

The elements that constitute housing and support for a 'better life' should account for individual needs, preferences and perspectives, including those specific to older individuals who may be lesbian, gay or bisexual. Building up trusted relationships with consistent staff that respect and understand who they are and what their needs and preferences are is immensely important to older LGB people, particularly if they have high support needs and require intimate, personal care (Brown, 2008; Pugh, 2012; Sharif *et al.*, 2012).

Housing, co-production and collectivity

As the use of personal budgets as well as self-funding increases, options to improve supported, independent living for older LGB people are being mapped

out. The Housing Learning and Improvement Network (LIN) has described possible scenarios for using personal budgets in extra care housing. The proposed models could have implications for LGB older people wishing to exercise control over their living environments. Using a co-production approach where scheme tenants collectively purchase a service or commission a provider to deliver care and support services, a group of LGB people living in extra care housing could pool budgets to jointly purchase support which fits with their particular needs (Skidmore, 2010).

Other proposals from the Housing LIN describe the potential of co-operative and mutual housing options, so areas with a high density population of LGB citizens could directly shape their neighbourhood housing options (Simpson, 2010). The Association of Directors of Adult Social Services (ADASS) Housing Network is clear that personalisation should mean collective purchasing and co-housing 'where a group of older people buy or rent a home together' (ADASS, 2010, p5). Options like co-operatives have been cited as having the potential to provide innovative and appropriate support for older LGB people 'who could use this approach to choose and control services that are safe, accepting and culturally or socially appropriate' (Blood, 2010, p11).

Local councils such as Brighton, Sheffield, Leicester and Cumbria have published housing strategies based on needs assessments of their local communities which acknowledge that many older LGB people want to remain supported in their homes for as long as possible. Including the older LGB population within these local assessments and strategies takes place through the Joint Strategic Needs Assessment (JSNA). Other concerted efforts to collect local data to inform decisions occur through partnerships with LGBT organisations (LGF, 2011). For example, Stonewall Housing provides housing information and advice to LGBT people of all ages and has recently set up 'Insights', an older LGBT people's housing group. The group has a dedicated co-ordinator and aims to 'confront developers and commissioners with [older LGBT people's] preferences for housing, care and support services and seek to improve the evidence base of need' and 'influence what services will be developed in the future, e.g. a new co-housing project for older LGBT people or LGBT people of various ages' (Stonewall Housing, 2012).

While there is a market for new and innovative ways of approaching support and housing for an evolving population of older LGB people in the UK, innovative schemes such as co-housing and intentional communities do not yet exist. The

UK Cohousing Association is seeking to establish a group of interested people, and some housing associations and private developers have started to investigate the demand for and interest in LGB retirement communities. Many ventures have been stalled because of economic uncertainty.

Mutuality and caring networks

Mutual support

While much UK research on older LGB people highlights the danger of isolation (measured by being 'single' or 'childless') (Stonewall, 2011), there is a tradition of mutual support that exists in certain LGB communities which has relevance for understanding some older LGB people's support networks and patterns of care (Hughes and Kentlyn, 2011). Research findings on mutuality and reciprocity, enabling older people with high support needs to receive and give support (Bowers *et al.*, 2011), reflect some of the broader patterns of social capital use and peer support often present within LGB communities. The general concept of building mutual support and social capital in retirement communities is also of relevance here (Blood and Pannell, 2012).

Some sociologists have argued that LGB people have been especially good at using their social resources: 'Many studies suggest that lesbian and gay networks and communities are central to generating social connections that give rise to caring responses in times of personal crisis' (Heaphy, 2009, p132), as demonstrated by the early support networks and community responses to HIV and AIDS. This sort of individual-level social capital mobilisation is becoming apparent for older LGB people, sometimes in the shape of what could be called a 'circle of support':

"I have a friend who's gay and he had a stroke a few years ago... there's a group of us [who] help him and we all do different things. In a sense [he was] lucky I suppose, [for] he has a group of people who can help him, who he knows...Again I think it's back to having a circle of people that you know"
Mark, aged 68 years quoted in Heaphy *et al.*, 2004, p892.

This type of responsive 'D.I.Y' approach to support fits with the types of mutual support described in wider research (Bowers *et al.*, 2011). Research on ageing in a 'non-heterosexual context' has revealed that LGB older people are often engaged with supportive collective networks and groups: 'Making it ourselves' suggests

active engagement in community building that utilizes the members' varied abilities and skills' (Heaphy *et al.*, 2004, p895). It also highlights the importance of maintaining an affirming 'community of identity' for LGB people (Weeks *et al.*, 1999). This sort of spontaneous 'mutuality and reciprocity' remains distinct from the formal service support infrastructure. Indeed, such community self-sufficiency can be a response to being marginalised by or fearing discrimination from traditional, mainstream options. It reflects the wider phenomenon of LGB people developing innovative or experimental ways of living as they fall outside the dominant heterosexual life patterns and institutional and cultural norms (Weeks *et al.*, 1999). Recent research into older LGB people ageing in place showed that:

"regardless of housing provider, there were calls for support for sustained community networking so that older LGBT people could contribute to and benefit from each other's support and skills...Supporting the generation of networks by 'us' requires that services and policy makers recognise the value of, and resources within, [local] LGBT communities and offer proper support to undertake meaningful changes" Browne *et al.*, 2012, p178.

Concepts of the family

Some argue that although there is a lot of discussion about LGB specialist residential care 'the reality is that for most LGB people – as with other older people – care will be delivered through networks of community-based providers, including informal caregivers' (Hughes and Kentlyn, 2011, p1). In order to understand more about these informal care networks for older LGB people, it is important to know about the various constructions of 'family' that exist in LGB communities and for LGB individuals. It is also important to bear in mind the diversity of those familial networks and constructions, as one study of LGB kinship ties concluded: 'In attempting to generalise the findings of this study, we found that the only clear thing we can say is that it is not possible to generalise. We found that LGBs have a wide array of both biological and constructed kin ties' (Neville and Henrickson, 2008, p854).

Nevertheless, mainstream housing and support services have been criticised for making 'heteronormative' assumptions about older LGB people's families and / or carers (Neville and Henrickson, 2008). The concept of 'friends as family' is often very important for LGB people of all ages, particularly when their families of origin have been rejecting or distant. 'Chosen families' made up from partners, friends and members of the family of origin who are accepting (including children) may be involved in informal care giving. These chosen families have been described for

older LGB people as ‘flexible but often strong and supportive networks of friends, lovers and even family of origin which provide the framework for the development of mutual care, responsibility and commitment for many lesbians and gay men’ (Weeks *et al.*, 1999, p44). As examples of mutuality and reciprocity show, it is often friends rather than family of origin who may take on caring or support roles for older LGB people. However, as LGB people and communities evolve within society according to degrees of social acceptance and legal protection, future generations of older LGB people may have different ‘chosen family’ patterns and informal care networks.

Intergenerational work

Despite the very positive examples of mutual support between older LGB people, intergenerational relationships between younger and older LGB people may need fostering. The International Longevity Centre’s exploration of three groundbreaking projects to bring older (65+) and younger (under 25) LGB people together showed promising results for both parties. The projects, each of which focused on a particular activity, ‘aimed to share and learn new skills, improve understanding between younger and older people, foster mutual support and celebrate LGBT heritage’ (ILC-UK, 2011). Positive outcomes included improving the cohesiveness of the LGBT community; reducing ageism and stereotypes; giving younger LGBT people access to older LGBT role models; sharing life course experiences, particularly ‘coming out’ experiences; and increasing awareness of LGBT history and heritage.

Such intergenerational work has the potential to be replicated, and could have powerful implications for older LGB people who live in residential care settings or who are too frail to leave their homes, where they may be at risk of isolation from the LGB community. Intergenerational work is also being seen as an important challenge for fostering mutually supportive relationships between younger and older gay and bisexual men living with HIV (Rosenfeld *et al.*, 2012).

Findings from the online survey/Stonewall Housing Insights Forum

What do younger LGB adults think about growing older?

In order to get some first-hand data on younger LGB adults' perspectives on growing older, we conducted an online survey (via www.surveymonkey.com) of 18 LGB people aged 30–69, with half being in their 40s and a quarter being in their 30s. Nine women and nine men responded and 30 per cent were from black and ethnic minority (BME) backgrounds. A third self-identified as disabled under the definition given by the Equality Act 2010, with 17 identifying as lesbian or gay and 1 reporting they were bisexual. Fifty-six per cent said they currently had a partner.

The survey respondents could be classified as potential future users of social care support and accommodation for older people. While this survey does not claim to be representative, it provides an insight into the perspectives of older LGB people of the future.

People were asked to consider two 'free text' questions and give their thoughts in their own words.

1. How would you like to live in older age?

Independence

Nearly every respondent to the first question prioritised maintaining their independence, which they saw as crucial. For most this meant links to their community and / or family, the importance of friendship and social activity. This was true of disabled people as well as non-disabled people:

"Independently, in my own home / with a partner...I would like to be able to participate fully in social and emotional life and have access to a range of social and cultural opportunities"

"I want to keep fit and active for as long as I can. I have a lot of interests, hobbies and want to keep it that way until I cannot maintain it"

Community and mutual support

However, maintaining independence clearly did not mean being alone or isolated, and nearly a third of answers mentioned the importance of community or even

forms of communal living, provided there was space for the individual and for privacy. Ideas and aspirations for communal living ranged from living with other LGB people or friends to broader notions of living in a mixed, safe, supportive and welcoming community:

"I'd... like to be part of a community as well and that community needs to be welcoming and supportive to everyone – and takes people from all...walks of life rather than exclusively one category"

"In a "commune" with other gay men and women"

"In my own home or within a mixed older community with facilities that match my ageing needs"

"I would like to live close to good friends, with privacy and space of my own... and a garden I can potter in...I'm not sure whether it needs to be my own home. If it is space where friends also live, there's space to gather...but plenty of my own private space..."

The opportunity to live around people who understood you as a whole person with specific needs was very important, particularly for one respondent from a BME background:

"I would like to live around others that have an understanding of my needs, both surrounding my ethnicity and my sexuality"

Friends and family

The concept of family arose and reflected some of the understandings of friends as family; friends as well as partners were also mentioned frequently as being part of a reliable support network:

"...my loved ones...this includes my friends whom I consider to be my extended family"

"strong links...to a reliable network of friends"

Some spoke of wanting to live in a 'supportive family environment', which included children; just under a quarter of respondents had children while others wanted children, so this figured in their thinking about the future:

"I would like to live independently with my [gay] male partner...I would...hope to have grown-up children and even some grandchildren and hope that they lived near"

2. If you need extra care and support in older age or lost the ability to live independently (through illness or disability), how would you ideally like to be supported or accommodated?

Independent living at home

Independence remained the most significant theme in the responses to this question. Most respondents said they would prefer to stay in their own home, surrounded and / or supported by people they knew and trusted:

"I would ideally like to be supported in my own home, by those who already know and care about me"

However, some respondents felt they didn't want to make 'too many demands on loved ones' and were concerned not to 'compromise' relationships and friendships with caring responsibilities:

"I would prefer any personal care needs to be provided through trained staff rather than lose dignity and compromise relationships by burdening loved ones with it"

"In terms of assistance although I have a partner who is semi-retired...I don't want to be totally reliant on her. It unbalances hard fought-for equity in a relationship"

Trust, familiarity and continuity emerged as a particular concern when a number of respondents considered the possibility of needing or choosing home or personal care. Several people expressed a wish to be given the option to choose an LGB carer:

"By a good LGB carer supporting me in my home environment"

Others were clear that staff had to be respectful, sensitive and capable of giving personalised support, be they from the LGB community or not:

"I would like to be in a safe, supportive environment looked after by people who are sensitive to my needs as a gay man"

"I would ideally like to be supported by social care staff of my choosing, who get to know me...I would want to be able to be "out" to those supporting me and feel accepted as an LGB person"

Two respondents specifically mentioned the idea of employing a personal assistant (PA) (including a live-in PA) in preference to residential care, to ensure they had some control over who was supporting them in their own home. One disabled respondent already had experience of using a self-funded PA, and anticipated this support would need to increase as she grew older with a long-term condition. She was also concerned about the health of her partner who is experiencing hearing loss and how the dynamic of their disabilities would impact on their relationship. Her solution for them was to use her expertise to design a specific package of PA support for older age:

"Issues of loss of capacity – physical, intellectual and emotional – are difficult to manage and have a big impact. I want to have...a maximum of three people who provide me with support... who through their work enable me to live with independence, agency, privacy, respect and dignity"

Residential options, choice and control

Regarding the majority desire to remain in their own home, residential care was generally seen as only being an option if 'the worst came to the worst'.

Respondents had different understandings and ideas of the possibilities for supported living in older age, with most mentioning care homes or sheltered housing. When thinking about the care home option alone, nearly a third wanted to be able to choose an LGB specific or 'queer friendly' home:

"...my preference would be to live in a mixed (albeit gay friendly) environment"

"Ideally I would like some or all of the other residents to be LGB so that I can feel a sense of community around me and not feel marginalised"

One respondent hoped that in thirty or forty years time there would be no need for specialist facilities as 'society would have reached a stage that my sexual

orientation would be a non-issue' and all residential options should be safe and accessible to LGB people.

Living in a mixed environment both in terms of sexuality and ethnicity was important to one BME respondent:

"I would like to be in a mixed environment, by that I mean with others from a range of backgrounds and ethnicity. I would not like to live with just black people or just lesbians. I will want to be surrounded by a variety of people"

It was apparent from some of the answers that LGB people in their 40s are thinking about creative ways to address the potential need for personalised, supported living in later life. Three respondents intended to take full control by mobilising social and financial capital to create their own semi-communal, supportive environments to maintain identity and combat social isolation. One respondent reported their ideal plan in this way:

"Ideally my partner and I would sell our home. Some close friends would do the same and we would buy a larger property so that we can all have a room of our own but share other communal spaces. We would create a trust so this would allow us to be cared for in our own home"

Finance

Several of the respondents anticipated the need to finance their own support and accommodation. This was generally in relation to taking full control of their environment through using money from their estate, selling their property and / or pooling funds with others to create self-determined semi-communal living arrangements. One respondent was concerned about ensuring that LGB older people had safe, affordable options if they were not in a financial position to 'opt out' in this way, suggesting a 'sliding scale of size / service based on income / wealth'

End of life and mental capacity

Significantly, end of life and mental capacity issues arose from three of the responses unprompted. Both appeared to stem from the desire to remain in control. Two respondents specifically mentioned that they wanted the right to die, while one spoke in detail about their concerns regarding loss of mental capacity and maintaining 'outness' as part of the duties of the person nominated to act in their best interests.

Stonewall Housing 'Insights' Older LGBT People's Housing Group Manchester Forum: thoughts from a discussion day

Responses from the Manchester Forum of the Stonewall Housing 'Insights' Older LGBT People's Housing Group shared many of the aspirations and concerns of the survey respondents. The Forum members were asked what, in their ideal world, older LGBT housing would look like. They wanted mixed or 'integrated' opportunities for meeting and socialising, communal areas for activity and conversations, the opportunity for intergenerational socialising and the support to enable 'continuation of lifestyle and identity'. Some felt that housing should support them to maintain 'networks / connections with family of choice' and enable them to 'create new networks'. Members also recommended developing supported housing options as 'centres of excellence but not LGBT ghettos', emphasising the importance of 'equality of access to all services but acknowledging LGBT existence and diversity to foster a positive sense of inclusiveness and equality of opportunity' (Wathern, 2012).

International innovations and future alternatives

Innovations in support and accommodation arrangements for older LGB people are emerging from various countries with developed welfare systems such as Australia, US and Europe. National and local conditions relating to LGB community infrastructure, history, demographics, consumer demand and the overall national legislative context influence the circumstances in which these initiatives are developing.

Specific infrastructure organisations focusing on LGB elders (such as Services and Advocacy for GLBT Elders [SAGE] in the US or GLBTI Retirement Incorporated in Australia) and public, philanthropic and different forms of private investment (including collective purchasing activity) appear to be influential factors. However, whatever the nationally or locally-specific response is, it is often to universally-shared challenges. The emerging result is often a drive towards different forms of collective living which create the circumstances for mutual support, shared values, cultural respect, understanding, dignity and safety – whatever people's sexual orientation or identity.

Some of the examples below are in the planning stage while others are in operation. It is important to note the effect of the global economic crisis on private LGB retirement havens in the US.

SAGE Naturally Occurring Retirement Community (NORC), Harlem, New York, USA

The SAGE Harlem Program in New York was started by Services and Advocacy for GLBT Elders (SAGE) in 2004 at the request of older LGB black and minority ethnic people living in the neighbourhood. SAGE had prior experience of establishing similar neighbourhood programmes for older LGB people in Manhattan's Upper West Side. The project received philanthropic trust foundation funding to start up and is designed on the general model of the NORC which focuses on ageing in place: 'a community development model of formal and informal home and community-based support' (Bronstein *et al.*, 2011, p104). The majority of older people are African-American or Hispanic and services are provided in both English and Spanish.

Because it has a large neighbourhood base where people live in different types of accommodation and housing, SAGE Harlem NORC does not have specific housing providers like some NORCs (see Bronstein *et al.*, 2011). However, the Program offices provide a safe meeting space. The Program offers infrastructure and support for the community, outreach, social and mutual support activity (including HIV support groups), volunteering opportunities including those for Program participants, bilingual case management services, legal and financial clinics and bilingual nursing services. The Program information is clear about the importance of mutuality for the success of the work: 'the SAGE Harlem NORC could never accomplish a quarter of what it does without the help and support of its volunteers, most of whom are also program participants' (National Resource Center on LGBT Aging, 2011).

'Sanctuary Cove LGB Retirement Community', Florida, USA¹

'Sanctuary Cove' in Florida is an example of an 'intentional community' where 'a gay and lesbian community brings residents together, facilitates family and enables openness about sexual identity for the first time in many respondents' lives' (Merrick, 2010, p31). Founded in 1998, the development contains 21 homes and 18 villas and is described as 'America's first gay and lesbian retirement community'. Many are drawn to the value-based approach and the chance to live with 'people who share the same values and beliefs'. Interested parties are informed that the community has an LGB focus with everyone agreeing to share the same values in community and mutual support. Many residents socialise with each other and feel confident that the community is a safe haven to openly express their lives and relationships: 'We didn't buy a house – we bought a community' (Merrick, 2010, p27).

Triangle Square Senior Living, Hollywood, Los Angeles, California, USA

Triangle Square is an LGB affordable housing complex in Hollywood, Los Angeles, which opened in 2007. Designed for low income LGB seniors, 34 per cent of the 104 units in the building are reserved for those who are living with HIV, or are homeless or at risk of homelessness. The building complex has 24-hour gated security, an internal courtyard and a public LGB community centre to 'provide social and recreational services to the gay, lesbian, bisexual and transgender community', including older people, so the space is used by the wider local LGBT population. This initiative was founded by a not-for-profit organisation, the Gay and Lesbian Elder Housing Group (GLEH). GLEH's aim for Triangle Square is to 'provide high-quality affordable residential communities that provide a safe nurturing environment for LGBT elders and others'. The budget for Triangle Square combined funding from a variety of public and private funders, to supply homes to LGB individuals on low incomes who would not normally be able to afford to buy into such schemes.

LGB Co-operative Retirement Community, Rivas-Vaciamadrid, Spain

In early 2012 a non-governmental organisation from Madrid, Spain, called 'Foundation 26 of December' succeeded in securing land to build their own co-operative retirement community which would welcome everyone regardless of sexual orientation or gender identity: 'What we want is a space of tolerance, where anybody can come'. The co-operative community is planned to have 30 staff supporting 230 residents in 120 apartments and studios, with a percentage being especially set aside for those living with HIV. Proposed facilities include a gym, a library, a launderette, a conference room and a shop and restaurant. 120 likeminded people are needed to pay the mortgage deposit and while potential residents are not limited by age, younger people 'will be expected to lend a hand in the co-operative's work'. Interest has come from across Spain and from further across Europe, with the hope that the co-operative will be in operation by 2014.

Linton Estate Retirement Haven, Yarraville, Victoria, Australia

Linton Estate is Australia's first planned LGB 'retirement haven' which is open to all who respect other people's sexual orientation. Due to complete in 2014, the rurally-situated complex will contain 120 environmentally- friendly single story independent living units. It is being planned as a gated village with a service infrastructure, entertainment and communal facilities, with permission for the future provision of an 'aged care facility' being sought.

Conclusion

This Viewpoint shows that independence and staying in control are crucially important for older LGB people now and for those thinking about their future older age. These factors relate to feeling safe, maintaining identity, personal dignity, privacy and respect for relationships and preferences. For LGB older people now and in the future, independence does not mean isolation or being alone. Maintaining links with affirmative communities of identity (particularly LGB communities), friendship networks and 'chosen family' are vital.

Currently mainstream services are not offering LGB people the type of safe, welcoming accommodation and support they need. Personalisation determines that people are individuals who should have choices and citizens to whom services are accountable. However, in the UK at present 'mixed' or specialist options for LGB older people are as yet rare or non-existent. The EHRC see the provision of housing and support to older LGB people as a 'litmus test' for all minority groups (Ward *et al.*, 2010).

LGB people are beginning to respond to service marginalisation by exploring ways of doing things for themselves, often building on some of the traditions of mutual support that can exist in LGB communities. Some younger LGB people are considering taking full control by pooling funds with friends to set up semi-communal living arrangements to support independence, maintain identity and community and combat social isolation.

International innovations demonstrate how formal larger-scale housing and support initiatives for older LGB people can grow from and nurture mutual and community support and friendship networks. They also show the potential of planning to include spaces for use by the wider community and support services, thereby ensuring the housing initiative is an integral part of the neighbourhood. There is an emphasis on shared values, tolerance and respect so although a living arrangement may be 'mixed', LGB older people set standards and remain safe and in control of the culture and environment.

There is no doubt that LGB communities and lives will continue to change and in the future it is possible that more LGB older people will have formally recognised relationships and children, potentially strengthening support networks further. Expectations about accommodation and support and confidence about sexual identity may also change, creating more confident, demanding older LGB

'consumers'. However, at present the housing and support market is failing those consumers. If mainstream housing and support in the UK continues to marginalise older LGB people, future generations will opt out and do things for themselves to remain independent and in control.

Notes

1. 'Sanctuary Cove' is the fictitious name for Palms of Manasota LGB retirement community, Palmetto, Florida given in Merrick J (2010) Comparative study of intentional communities Graduate School Theses and Dissertations Paper 3628 (University of South Florida)

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About the project

This paper is designed to contribute to the emerging knowledge on housing and support for older LGB people. It is written by two younger LGB people who examine future possibilities and the perspectives of their generation.

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