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Navigating LGBT+ ageing inequalities during challenging times

A case study of UK LGBT+ community organisations

The COVID-19 pandemic has had a significant impact on older people's lives on a global scale but for some marginalised communities have seen a marked exacerbation of health and other inequalities. Research has highlighted the impact of the pandemic on lesbian, gay, bisexual and trans (LGBT+) people's lives, but less has been documented about the experiences of LGBT+ older communities and how their specific needs have been mediated. Community-based advocacy organisations are central to promoting LGBT+ human rights in the UK through its social movements, and this paper explores their role and significance during a distinct period of the UK mandatory isolation. Drawing on a case study approach based on qualitative interviews with six key LGBT+ community organisations in the UK, we captured their insights into how they navigated support for older people when faced with limited resources and the challenges posed by mandatory physical and social distancing. We position these events in current discourse about structural and health inequalities for LGBT+ ageing in the UK.

Key words: advocacy, COVID-19, mandatory isolation, human rights.

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Ravnanje z neenakostmi v starosti LGBT+ oseb v času družbenih izzivov – Študija primera britanskih LGBT+ skupnostnih organizacij

Pandemija covida-19 je imela velik vpliv na življenje starih ljudi po vsem svetu, a nekatere marginalizirane skupnosti so povečanje zdravstvenih in drugih neenakosti občutile še posebej močno. Raziskave so podrobneje pojasnile vpliv pandemije na življenje lezbijk, gejev, biseksualnih in trans oseb (LGBT+), manj pa je dokumentiranega o izkušnjah starejših oseb v LGBT+ skupnostih in zadovoljevanju njihovih potreb. V Združenem kraljestvu so skupnostne zagovorniške organizacije s pomočjo družbenih gibanj ključne pri promociji človekovih pravic LGBT+ oseb. Članek obravnava njihovo vlogo in pomen v konkretnem obdobju obvezne izolacije v Združenem kraljestvu. Na podlagi kvalitativnih intervjujev s šestimi ključnimi britanskimi LGBT+ skupnostnimi organizacijami so prikazana njihova spoznanja o tem, kako so lahko zagotavljali podporo starim ljudem v izrednih okoliščinah omejenih finančnih virov ter obvezne telesne in socialne razdalje. Ti dogodki so umeščeni v aktualni diskurz o neenakostih starih LGBT+ oseb v Združenem kraljestvu.

Ključne besede: zagovorništvo, covid-19, obvezna izolacija, človekove pravice.

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Introduction

In March 2020, the UK government introduced severe restrictions in public and private life to reduce the risk of individuals contracting and spreading COVID-19. People aged over 70yrs or categorised as 'clinically vulnerable' were advised to 'shield' themselves from contact outside of their household (Department of Health and Social Care, 2020). Evidence demonstrates that these public health measures exacerbated pre-existing inequalities in the UK and globally (Griffith et al., 2021; Candrian, Sills and Lowers, 2021; Devakumar, Bhopal and Shannon, 2020), including the heightened impact upon older people from more disadvantaged backgrounds (Chatters, Taylor and Taylor, 2020; Vervaecke and Meisner 2021; Fraser et al., 2020; British Society of Gerontology, 2020; United Nations, 2020; Keys et al., 2021). These concern increased morbidities according to race and ethnicity (Ayoubkhani et al., 2020; Chatters, Taylor and Taylor, 2020); mental and physical health (Age UK, 2020; Bambra et al., 2020; Carethers, 2020); socioeconomic status (United Nations, 2020) and explicit and covert ageism (Scott, 2020; Age UK, 2020). However, less research has touched on older people from lesbian, gay, bisexual and trans and other less-articulated sexual and gender identities (LGBT+) whose voices were relatively 'unheard' during UK lockdown (Hafford-Letchfield, Toze and Westwood, 2021).

Lesbian, gay, bisexual and trans ageing

Some research findings into the experiences of LGBT+ older people during lockdown in the UK demonstrated that the impacts of COVID-19 have been mixed and differentiated for specific sub-populations (Hafford-Letchfield, Toze and Westwood, 2021; Westwood, Hafford-Letchfield and Toze, 2021; Toze, Westwood and Hafford-Letchfield, 2021). Lockdown appeared to have magnified LGBT+ older people's overall experiences, for example those people happy with their living circumstances prior to COVID, reported stoicism, adaptability and determined positivity and some even reported an improved quality of life, better personal relationships and increased neighbourly support (Westwood, Hafford-Letchfield and Toze, 2021). There were some gender differences in that gay men placed a stronger emphasis on independence, distinguishing between social contacts and the provision of support (Westwood, Hafford-Letchfield and Toze, 2021a). Specific issues for trans and gender non-conforming older people experiences, were again dependent upon the quality and availability of their family and support networks which often centred around friends and non-kin (Toze, Westwood and Hafford-Letchfield, 2021). One study identified increased risks for transgender and gender non-conforming people from a perceived rise in social intolerance and increasingly hostile environment as well as restricted access to gender affirming care (Hafford-Letchfield, Toze and Westwood, 2021; Toze, Westwood and Hafford-Letchfield, 2021).

These findings echo an established evidence base on health and structural inequalities for LGBT+ older people (Westwood et al., 2020; Kneale et al., 2021; Fish et al., 2021), which may be compounded by the cumulative effects of lifelong exposure to prejudice and discrimination (Fredriksen-Goldsen and

Muraco, 2010; Fredriksen-Goldsen et al., 2017) and risks linked to stress adaptation (Lehavot and Meyer, 2015). Other environmental factors nuanced by a wide range of intersecting identities, include socio-economic status, culture, race and ethnicity, disability and religion (King, Almack and Jones, 2019). The rapid growth in published work focusing on LGBT+ ageing is also developing more breadth and complexity in its substantive, theoretical, and methodological dimensions (Fabbre, Jen and Fredriksen-Goldsen, 2019) but with significantly less evidence on how the field is taking full advantage of theories and concepts from studies that challenge many normative, taken-for-granted aspects of contemporary societies.

Fabbre, Jen and Fredriksen-Goldsen (2019) argue for applying more theories from gender, sexuality and queer studies to research, policy and practice in ageing and later life to develop alternative understandings of the life course and its potential to transcend disciplinary boundaries. It remains a priority to understand how this body of research and its implications are informing developments to address the lack of appropriate and inclusive health and social care and support for LGBT+ ageing (Almack, Seymour and Bellamy, 2010; Fish, 2006; Hughes, Harold and Boyer, 2011; Higgins and Hynes, 2019; Hafford-Letchfield et al., 2018; Westwood et al., 2015; 2018; 2020; Toze et al., 2020; Willis et al., 2021).

LGBT+ social movements and advocacy

The UK has witnessed significant changes in legal rights for LGBT+ people including same-gender legal partnerships and marriage in England, Wales and Scotland (Gov UK, 2013). There is comprehensive protection in the UK Equality Act 2010, which applies to England, Scotland and Wales alongside more recent, broadly comparable, anti-discrimination provisions in Northern Ireland. The Act addresses employment, the provision of public services and specifies a duty to promote positive relations for individuals and groups with protected characteristics such as diverse sexual and gender identities (Crossland, 2016; Westwood, 2018). Lawrence and Taylor (2020) analysed how these legislative gains have been conceptualised as key moments of coming forward with new public visibility for LGBT+ citizens within a human rights framework and how such progress is discursively constructed and positioned in policy and political terms. The range and breadth of studies focusing on the lives, rights and realities for LGBT+ older people have confirmed many of the areas where progress could be made beyond such discourse towards more responsive service provision (Grossman, D'Augelli and Dragowski, 2007; Fredriksen-Goldsen and Muraco, 2010; Guasp 2011; Cronin et al., 2011; Hafford-Letchfield et al., 2018; Higgins et al., 2019; King, Almack and Jones, 2019; Willis et al., 2021). Such critique and scepticism is relevant to what happened in the COVID-19 pandemic where progress was halted (Buffel et al., 2021).

In Europe, there has been growing governmental interest in promoting an LGBT+ health inequalities research agenda, but with less specific reference to those in later life (i.e. those aged 50+) (ILGA Europe, 2019). This is despite the

fact that they are more likely to be users of healthcare services and the evidence on a range of health inequalities specific to their lives (Kneale et al., 2021; Westwood et al., 2020). Indeed, LGBT+ older people are affected by ageing issues common to all older people as well as issues specific to LGBT+ ageing (Gendron et al., 2013). LGBT+ people have lived in an era where they had to hide their identities and/or their lifestyles previously criminalised or subject to persecution (Knauer, 2009; Hughes, Harold and Boyer, 2011; Westwood, 2015). Unrecognised or invisible relationships where self-concealment, the fear of being 'outed' and its accompanying emotional toil, may lead to particular stressors, which are known to be a deterrent for many when seeking support in later life (Almack, Seymour and Bellamy, 2010). Lesbian, gay, bisexual and trans older people are less likely to see a member of their family on a regular basis than their heterosexual or cisgender peers (Guasp, 2010; Cronin and King, 2014). They are also more likely to be single, live alone, have not had children, and subsequently grandchildren whom they can rely upon (Fredriksen-Goldsen et al., 2013; Reilly, Hafford-Letchfield and Lambert, 2018).

These impacts on the availability of support have given rise to the establishment of communities and networking as a primary source of support and connectedness for LGBT+ people (Dietz and Dettlaff, 1997). Lesbian, gay, bisexual and trans networks have often been aligned with activist politics, for example the formation of the Gay Liberation Front in the 1960s had an explicit 'left' agenda and incorporated both socialist and feminist ideas. Lesbian and gay politics in particular have engaged with both polarised binary positions of reformism versus liberation (Cocker and Brown, 2010), and "lobbying versus 'in your face' direct action; reasoned passion versus raw passion" (Brown, 1991, p31). The 'reformist' tradition (see Hicks, 2006; Hicks and Jeyasingham, 2016) looks to achieving equitable treatment rather than the transformation of the accepted orthodoxies associated with sexuality, relationships and the construction of the family. Cocker and Brown (2010) have argued that the realisation of social and political change must include both radical and liberal positions.

The struggles and alliances of the LGBT+ community and its social movements are well-documented (Blasius and Phelan, 1997; Stryker and Whittle, 2006; Jennings, 2007; Cocker and Brown, 2010). Since 2011, the number of UK-based non-governmental organisations engaged in lesbian, gay, bisexual and trans (LGBT) activism have since notably increased as greater legal protections and policy has developed (Farmer, 2020). The UK space is continually evolving and given the complexity of LGBT+ identity politics at both local, regional and transnational levels, and encourages conceptualisations of solidaristic relationships beyond the LGBT+ identity spectrum such as in local government and in the Trade Union movement.

Cocker and Brown (2010) also refer to the second wave of the women's movement from the 1960s onwards, which brought together lesbian and feminist political discourses and gave rise to more radical thinking about social work and feminism. Their activism has transformed reproductive choice and sexual agency, autonomy around childbirth and sexual health, the fostering of positive body image and improving cultural representations of women's

bodies and sexualities. Feminist campaigns around these issues have led directly to changes in law with increasing input into issues concerning health and well-being supported by legislation (Hines, 2020).

Cooper (1994; 1995) also refers to the intersection of LGBT activist politics with institutionalisation of the new urban left; identity politics; and the developing influence of feminism within local politics, particularly the Labour party, in local government employment, and as elected council members. The forging of diverse expressions of solidarity throughout the 1984–1985 miners' strike in Britain, with the formation of groups such as 'Lesbians and Gays Support the Miners' demonstrated opportunities for solidaristic relationships not bound only by likeness (Farmer, 2020). Trans activists have been at the forefront of feminist and LGBT struggles for many decades, and the category of 'transfeminism' signals the articulation of these practices into a cohesive political standpoint (Garriga-López, 2016; Hines, 2020).

Research on the role of LGBT+ community advocacy has suggested that just knowing that support is available may boost self-esteem and autonomy (Krause, 2021), buffer against the impact of minority stress (Kuyper and Fokkema, 2010) and foster a sense of belongingness (Frost and Meyer, 2012) and connectedness (Formby, 2012). Wilkens' (2015) study of lesbians aged 55 years and over demonstrated the importance of belonging to a group based on sameness, which was exclusively for older lesbians and bisexual women. Further, the communication strategies of LGBT+ advocacy organisations at state level provides insights on how social advocacy can engage with and influence the democratic process (Munday, 2013). Munday also articulates their role in supporting the long-term pursuit of social change in a democratic society (p387). They have been involved in establishing a collective understanding and promotion of equal access to support for LGBT+ people at the heart of activism and social change (Ganesh, Zoller and Cheney, 2005).

Munday (2013) has conducted one of the few studies of the role of LGBT+ advocacy organisations focussing on how state-based organizations establish legitimacy and create collective understanding for movement issues and goals among diverse stakeholders. Munday's findings showed how these are mostly shaped around the 'equality agenda,' for example, pursuing inclusiveness, working together to develop a critical mass to build an organised ground-up strategy potentially contributing to addressing issues at a higher, possibly national level. Attending to the ways in which LGBT+ lives are shaped by intersections beyond sexual orientation and gender identity by UK-based community organisations, is important.

This context is relevant to exploring some of the challenges that arose in the UK during the COVID-19 pandemic. As a case study and snapshot in time, we draw on data from a mixed methods study of LGBT+ older people's experiences during the first 'lockdown' (mandatory isolation) period from March 2020. This was a time of extreme crisis requiring the innovative use of resources, the need for effective regional, combined authority and health and care system partnerships, the management of innumerable difficult situations, and dilemmas with no easy answers (Local Government Association, 2021).

Study design and methods

The findings reported here are part of a larger UK study, which explored the impact of COVID-19 on LGBT+ older people (Westwood, Hafford-Letchfield and Toze, 2021a). The aims of this arm of the study were to investigate how LGBT+ community-based organisations in the UK responded to the key challenges and adapted their provision and support during the initial crisis as result of UK first national lockdown from March to August 2020. At the time of interviews, participants had experienced three months of 'lockdown' restrictions in the first wave of COVID-19 in the UK, which were just then beginning to ease. The research team conducted interviews with seven professionals, from six LGBT+ community organisations working with older people. These organisations were part of a wider network of alliances in the UK and sampling was purposive and opportunistic.

The University of York research committee approved the study. We provided participants with an information sheet before obtaining informed consent. We recorded interviews digitally, and, after anonymising and data analysis, these were deleted.

The characteristics of the sample are summarised in Table 1.

Table 1: Region of participating LGBT+ organisations.

Code of organisational informants	Region	Key role
S01	Shropshire, Telford, Wrekin	Trans community networking and support
T01	Brighton and Hove	LGBT+ community with specialist ageing projects
T02	Scotland	LGBT+ health
M01	London	LGBT+ ageing
M02	North Wales and West Cheshire	Trans services
M03	Manchester	LGBT+ community with specialist ageing projects

Data collection

We conducted interviews virtually and synchronously with participants, using the participants' preferred method of communication (telephone, or online video-conferencing). Interviews averaged 45 minutes in length, and were recorded verbatim using a digital recorder. A broad topic guide was developed for the interviewees, which invited informants of LGBT+ organisations to talk about their professional experiences of lockdown and how they maintained and adapted their services. They described any initiatives that emerged and reflected on these experiences in the overall context of the role of the organisation with LGBT+ older people in the community during the pandemic.

Data analysis

As this was an unfunded study, resources were not available for verbatim interview transcription. Instead, data analysis comprised of making a detailed

summary of each interview by the interviewer. These summaries were produced through concurrent note taking at the time of the interview, reflective journalising immediately after the interview, and again after the interviewer listened back to the recording in order to amend and revise their field notes. Very few direct quotes were noted. Interview summaries therefore included thoughts and interpretations of the overall interview as well as listening to the audio recordings. The first author then conducted a content analysis across the six interview summaries and shared the broad themes with the team, who added further comments to them.

This process of less formal 'transcription' focused on interpretation and generation of meanings from the data. Having an original recording of the conversation allowed each researcher to recreate the nuances of the conversation, such as voice, tone, and phrasing, to assist in any complex analysis. Having access to the original recordings provided the authors with examples from participants to illustrate the written account of findings (Fasick, 2001) and to confirm common ideas instead of using verbatim transcripts (Seale and Silverman, 1997).

Findings

We discuss three themes discussed here, from the narratives of the LGBT+ organisational informants and partly driven by the discussion topics. Table 2 shows the overall description of themes and their subthemes.

Table 2: Description of themes from organisational informants.

Theme	Broad description	Sub-themes
Going forward, going backwards – opportunities lost and gained	There was a review and reflection on the opportunities lost and gained in the journey of the organisation during lockdown and how this both enabled them to go forwards as well as lose a lot of ground, or become thwarted in their primary mission.	- Increased demand with decreased capacity - Unanticipated additional costs (technology) - Transferability of community engagement methods to virtual means - Loss of ground where significant influences had been working - Recovery costs post COVID - Wider engagement and recruitment of community members in different roles
Crisis as a leveller in LGBT+ care and relationships	In the process of adapting and adjusting to the new environment, the organisation observed a levelling of care relationships and activities in their community members during lockdown with increased efforts in some areas where support was needed.	- Impact on community members making major care decisions - Active support from community members - Capitalising on existing networking - Provision of emotional connections - Capitalising on mutuality and reciprocity - Recognising own strengths for support of others
Navigating transitions at different levels and the role of advocacy	Organisation informants articulated their experiences and observations on their role as advocates for LGBT+ older people at different levels and how embedded they were or not in mainstream care and support.	- Exposing of weaknesses/gaps in existing care infrastructure, framed within wider society ageism - Silences on impact for some ageing groups - Heightened concerns about future care - Role of LGBT+ community in providing essential support - Gaps in wider delivery framework - Cisnormative/heteronormative features of government response - Opportunities and losses in maintaining and innovating

Theme One: Going forward, going backwards – opportunities lost and gained

The organisational informants provided mixed responses in their descriptions of how their service had adapted to lockdown and the severe restrictions resulting from social distancing. Many commented on the frustrations of beginning to make significant progress in some important areas, now thwarted, just as they were coming to fruition. They described beginning to embed or develop better infrastructures to address LGBT+ ageing needs, again superseded by a deluge of heightened and intense demand for support. For example, one organisation was in the early stage of launching a new project looking at extra care housing tailored to LGBT+ needs and moving some provision to new premises. They had already been working remotely for several months. However, they now felt that whilst this project was going ahead, there was little capacity in the sector for paying attention to new ways of working given their current return to crisis management. Other organisations incurred significant costs for protective personal equipment, licences and equipment to enable remote working and this had depleted any spare resources and capacity for innovation.

In relation to those positive experiences of remote working, and identifying where it can work and how to provide virtual support more speedily, some remained cautious about whom exactly remote working was effective for, and whether anyone was being overlooked. There were many clear examples of challenges and frustrations in some areas of work, for example in supporting carers and people living with dementia who were not able to use technology and/or lacked the motivation to do so, including feeling overwhelmed by the rapid learning required. They noted that older LGBT+ people varied in their confidence and ability with technology and being familiar with the internet and smartphones with the proviso that it was wrong to rely on stereotypes, which assumed they were all the same in this regard. Some older people struggled more with remote communications, and, with lockdown, it was not possible to assist them in this area.

Organisational informants expressed frustration on behalf of those people living in their own homes, who had made their own preferred informal care arrangements. Due to lockdown, some were having to substitute these with more formal care arrangement and were not able to have any choice regarding the carers supporting them. The mediation role of the LGBT+ organisation had been crucial here and fundamental to enabling pathways through care services. Reduced access to such mediation and advocacy sometimes manifested in individuals not wanting to call for help or go into hospital. This also resulted in some people taking greater risks in exposing themselves to COVID-19.

Some of the benefits of lockdown for organisational informants, involved being able to recruit volunteers more easily, particularly volunteers who had been put off by travel or being visible when visiting community members but were happy to offer telephone or online support. There were other advantages to moving services to virtual delivery by being able to reach a wider membership, which also went beyond their geographical boundaries. This was beneficial for those who preferred to use the service more anonymously or try things out if they were experimenting with support. Some activities were not

transferrable to virtual delivery or there were restrictions on the size of the group or extent of contact, due to the administration burdens involved. They had also been able to secure small pots of new funding from the Government COVID fund to help bridge some of the gaps or work more closely with the local authority Hubs. Another organisational informant said they felt very much consulted, included and valued by the local partnerships in their region, which was validating and rewarding.

One organisational informant talked about an initiative that they had been running for nearly five years that had successfully identified more than 300 people from diverse backgrounds who wanted to meet and connect with others. This was working very well with hosting events such as a regular group lunches in the local region and the organisational informant described this initiative as 'strengthening for the community'. The local authority who had been unsuccessful in including older LGBT+ people in their mainstream services funded this. The organisational informant noted however that in just in 3 months, there had been significant loss to their community networking, planning and their contribution to training for local services. They now felt invisible, as services had lost touch with this information, which was not easy to replicate in phone calls or virtual conferencing. One of the planned projects had been training services in the importance of monitoring and evaluating sexual and gender diversity in local mainstream services. However, with COVID the impetus was lost to other priorities. Not having those systems in place had also led to lost opportunities for advocating and meeting needs that are more diverse during lockdown and was extremely exasperating and frustrating for the organisational informant involved. They further reiterated the irony where LGBT+ people were not being counted or represented in the public statistics in relation to the impact of COVID-19 on sexual and gender identities. This exposed the history of poor monitoring of LGBT+ organisations to date in the UK.

Some organisational informants expressed wider anxieties that "equalities work in general and LGBT+ work in particular will get dropped down the agenda again". They referred to the notion of resilience – sometimes communicated as a sense that older LGBT+ people have lived through AIDS and discrimination and are therefore more resilient to hardship. Organisational informants were cautious about this, suggesting that present-day stressors could also trigger previous traumas, exacerbating poor mental health.

Theme Two: Levelling of care relationships and support

Organisational informants noted that in the early stage of the pandemic, people's focus was perhaps mainly on their own security and as a consequence it did not necessarily feel like the right time to be promoting community events. However, at the same time, there were many instances of LGBT+ individuals from different generations taking up a leadership role to support other older people. For one organisation, which was operating in a rural area, there were some difficulties faced in people getting practical support, such as getting food delivered. These gaps for some were bridged by active and proactive befriending by their peers.

There was an awareness of how people may feel more visible to neighbours, may become vulnerable to local harassment and may not want to contact neighbours or families of kin. These had led to innovative initiatives between community members such as initiating a letter-writing service and using skills to lead an online photography course.

Organisational informants noticed differences between LGBT+ groups – for example, that lesbians seemed more likely to be in couples, gay men more likely to be living alone. They gave examples of active outreach by some of those who were more secure in their environments, for example by supporting their peers to attend a funeral. What came to the fore in this situation was the nuances of how affected different members were within the LGBT+ community and the recognition of any vulnerabilities by their peers. Lockdown exacerbated poorer mental health, poorer physical health and lower socioeconomic status for some. One organisation in a rural area realised that some of their connections with older LGBT+ people in the locality were 'tenuous' and were not sure how they have been impacted.

Theme Three: Navigating transitions in different spaces and the significance of LGBT+ advocacy

Interviewees consistently referred to weaknesses in the system that potentially affects LGBT+ ageing. One example was not knowing where LGBT+ older people were and their needs and circumstances. This reinforced silence in reporting on how the community was being affected and did not recognise their heightened concerns about future care. The events also served as yet a further reminder of concerns about how ready services are to engage with older LGBT+ people. Informants' discussions with service users involved conversations about their ongoing fears of having to become dependent on services, particularly long-term care provision, which may not be able to recognise or meet their needs. Organisational informants felt that COVID-19 had magnified this sense of vulnerability and fear of future loss of control.

The organisational informants noted that there was little awareness of LGBT+ people within the newly formed 'community hubs' and a lack of active connection with themselves as providers of support to older people. This left them very much in the position of chasing and following up and asserting themselves to ensure that community members got essential support. They referred to common assumptions about how people were expected to connect and form 'bubbles' as described in the government guidelines regarding the gradual lifting of restrictions (Department of Health and Social Care, 2020). These failed to acknowledge the different relationships and friendship families of older LGBT+ people. Secondly, for those who were newly 'out', or perhaps questioning and looking for new partners and sexual contact, they were unable to make vital new connections and/or attend support groups. This was also a tension for those who may have been hiding or keeping a low profile about their personal relationships when it came to government policy on whom they were permitted to contact. Some people did not want to be in the prescribed

'social bubble' with relatives, particularly where they had not told their family about a romantic partner. This gave rise to dilemmas about coming out or being obliged to prioritise relationships that may have not been in the older LGBT+ person's best interests or given them choice. Secondly, the emphasis on contact tracing did not take account of the issues for LGBT+ people who live fully or partly concealed lives and may not wish to reveal their contacts.

Organisational structures in the LGBT+ advocacy organisations often comprised of part-time and disparate team members funded via a series of disparate new projects or transient funding arrangements. One organisation worked specifically with older LGBT+ people through three different projects for: older people with disabilities, trans survivors of trauma, and dementia services. This involved running several different groups at different times, meaning that the informant rarely overlapped with colleagues outside of her project teams. She then had to find some way of pulling these services together to prioritise support more centrally. Essentially many of the organisational informants key roles focused on bringing people together, which highlighted the gaps in their resources and ways of working. The practicalities of homeworking included how people handled confidential information in the absence of formal databases, inducting and supporting new workers and ethical issues for those providing counselling services not consistent with the protocols and disciplines normally used. Another organisational informant's situation was compounded by her personal experience of bereavement. She had returned to a job that she no longer recognised because of COVID-19, and was not able to get much-needed support from her colleagues due to lockdown. On top of this, she then had to provide outreach to people when grieving, some of whom were grieving themselves.

For some informants, they found the demand and way of working with vulnerable people with complex needs especially cognitive issues, exhausting. This could involve extensive regular phone contact with a large number of individuals, the work with whom would normally have been supplemented by peer support. They reported undertaking intensive work to keep in touch with people generally as being both distressing and unrewarding where many community members living alone were clearly deteriorating.

> I am working with one person with his partner with memory loss who is in a care home. He is deteriorating very rapidly, although staff set up a Skype meeting, it just does not work. Another does not understand and then she remembers and has a panic attack and has been calling ambulance several times a day. People cannot write things down for her. She does not understand about the food delivery, why she cannot get to the shops. Then if she has to go into a care home, what about her rights? (T01)

One organisational informants commented on how many known areas of potential discrimination and gaps they plugged in the system, had become magnified. In the past, their organisation were active in supporting both care providers and service users through a series of planned awareness raising, staff training and advocacy and support. They did much of this work through building local relationships, nurturing partnerships and being present. The restrictions meant

that some staff were unable to keep a keen ear to the ground, respond proactively to any difficulties, particularly in relation to how individuals were settling in to care homes (T01).

There were several accounts of very challenging and personally difficult situations that the organisational informants were dealing with. One involved an older man estranged from his family who was in poor physical health. His sister died and he took great personal risk to attend her funeral, an unpleasant experience involving extensive travel and personal challenges. This had a dramatic and adverse effect on his health resulting in a stroke. The organisational informant highlighted how isolated some community members had become. Another example involved situations where people were moved into hotels during lockdown with people they did not know or were at risk of being 'outed', resulting in violence for the LGBT+ person and in one case a suicide (T02). It was further noted that the trans community had felt more vulnerable due to the increase in trolling and blame discourses in wider society associated with the virus. Trans individuals were unable to access their normal support networks. This led to a potential increase a sense of isolation and feelings of being unsafe. There is a huge impact on access to trans-affirming services, including medical consultations and waiting lists to Gender Identity Clinics, which were already severely lacking (M02).

There were some regional differences in how organisational informants were emerging from lockdown. For example, in Wales there was greater trust expressed in the devolved national government. Some of the suggestions that emerged from the organisational informants reiterated the importance of having some dedicated guidance regarding LGBT+ issues for mainstream care organisations during a crisis. Organisational informants were mostly small voluntary groups who essentially arranged under the remit of their own assessment and within their own limited resources, they emphasised the need for more formal review and learning for any future crises. The nature of their small grant funding also jeopardised their potential for flexibility for example in being able to take out new subscriptions for virtual platforms such as ZOOM, being able to provide some of their more isolated service users with essential equipment or smartphones to enable them to survive.

Organisational informants said they would like to have seen a sense of strategic recognition of the challenges faced by the LGBT+ community, who had largely been rendered invisible. A key learning point was the observation that so many older LGBT+ people were living in unsuitable conditions, which became more problematic during lockdown. Where they had established strong relationships with local organisations, some organisational informants had capitalised on these and there were good examples of local organisations checking in with the organisational informants regarding the impact of lockdown for the users of their services. This was very dependent on arrangements locally as opposed to any national recognition in policies, public health measures and distribution of resources in relation to the specific challenges for the care sector.

Discussion

This qualitative study provides a snapshot of how older LGBT+ community based organisations responded to and adapted their provision during a specific period within the global COVID-19 pandemic. Listening to the voices of advocacy organisations provides opportunities for critical reflection on how far UK public services are engaging with LGBT+ ageing care and support and the implications for driving further activism and engagement between and within communities that were touched upon across the three themes outlined here. This study also provides some small insights into the transformative potential of the experiences of the community during the pandemic, the enablers and barriers for more joined up responses and the potential for solidarity in the response to the UK older population.

Understanding similarities and differences in health and wellbeing outcomes for LGBT+ older people's health within shifting structural and environmental contexts would help to articulate ways to promote equalities in ageing. It is important to recognize the potential tension between heterogeneous approaches given the diverse nature of these communities and the need for system-level changes, which often assume more homogenous needs.

Fredriksen-Goldsen et al. (2014) suggest that investigating sexual and gender identity-specific strengths and resources are equally important in the effort to understand LGBT+ health. These must utilise health-promoting mechanisms, which include their resilience and resistance. There were limitations and strengths in this respect according to the experiences of those LGBT+ advocacy organisations that were involved. Recognising difference in the impact on different ageing communities from COVID-19 requires understanding and appreciating the intersectionalities of lived experiences. This concerns how multiple dynamic factors inform experiences and identities and the commonalities around which complicate the practice of effective solidarity to help communities engage in more activism (see Farmer, 2020).

Researching and reflecting on the experience of COVID-19 has offered a further opportunity to politicise LGBT+ ageing. We need to understand how contested, shifting sociocultural and historical discourses shape the lives of older LGBT+ people (Fredriksen-Goldsen et al., 2014). In addition, professionals, practitioners, service providers and advocacy organisations must use their practice knowledge and commitment to social justice to advocate for policy change and equitable access to services.

Themes from Mundy's (2013) study referred to earlier, on how state-based LGBT+ advocacy organizations establish legitimacy and create collective understanding for movement issues and goals among diverse stakeholders, echoed some findings from this study. Mundy's focus on working together to develop a critical mass to build an organised ground-up strategy was evident in the way in which the LGBT+ organisations had been working up until the pandemic. They crafted positive, non-combative messages that communicate the importance of diversity that was issue specific, the breadth of diversity within the LGBT+ community, and how that diversity reflects society as a whole. It is important that these LGBT+ advocacy organisations are in a po-

sition to convey local, specific and authentic experiences of their community members during a crisis.

What happened during COVID-19 emphasised how LGBT+ issues require ongoing dialogue so that experiences during a public health crisis are not put aside but are actively recognised as being in common with the issues faced by other ageing communities. This 'spiral of advocacy' articulated by Mundy (2013) is an important narrative which allows advocates to discuss the core issues in a controlled yet strategic way, potentially contributing to the way in which society discusses these issues at higher, possibly national levels. Such a bottom-up strategy, Mundy argues, is the only plausible route to substantive social change that can be in tension with a top down, national strategy.

Conclusion

This paper has discussed some of the strengths and limitations in LGBT+ community-based advocacy drawing on a case study of navigating LGBT+ ageing inequalities during challenging times. In the UK, the adult social care sector has faced unprecedented challenges with under-investment in preventative and community-based services, severe cuts to social care funding and a range of workforce development issues that threaten to overwhelm the sector. These have posed many challenges for social workers.

The LGBT+ community sector has played a substantial role in the provision of essential services for many years and have made substantial gains to date and these have had a positive social and cultural impact on LGBT+ equalities more broadly. Whilst successful in its 'progressive localism' to provide 'more locally responsive, cooperative and mutualist visions' (Findlay-King et al., 2018, p158), this has constantly been undermined by austerity and more recently by the crisis which followed the COVID-19 pandemic. This meant the system entered the crisis already stretched to the limits. Whilst there is a role for LGBT+ organisations in opening-up spaces for more innovative support, they should not be expected to continue to replace the quality of provision and safe services that LGBT+ older people are entitled to.

These areas will need to be prioritised by the government in the pursuit of LGBT+ equalities agenda if it wishes to provide high quality health and care services, improve population health and make good on its promises to 'level up' society (Cameron et al., 2021). Change must sit in a wider strategy that supports investment in tackling LGBT+ health inequalities (Westwood, Hafford-Letchfield and Toze, 2021) and not least, the role of social workers in supporting community development and promoting the needs of vulnerable marginalised groups.

There are clear implications for social workers in this agenda:

- Continuing professional development that engages with LGBT+ ageing human rights and equalities.
- Working towards a step change on LGBT+ inequalities in assessment and provision of social work services.

- Embedding LGBT+ inequalities into social care reform and recognising and supporting fully the role and leadership of LGBT+ advocacy organisations in the UK and reshaping the relationship between LGBT+ communities and public services at all levels.

Sources

Age UK (2020). *The impact of COVID-19 to date on older people's mental and physical health.* London: Age UK. Accessed on 10. 1. 2022 from https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/the-impact-of-covid-19-on-older-people_age-uk.pdf

Almack, K., Seymour, J., & Bellamy, G. (2010). Exploring the impact of sexual orientation on experiences and concerns about end of life care and on bereavement for lesbian, gay and bisexual older people. *Sociology,* 44(5), 908–924.

Ayoubkhani, D., Nafilyan, V., White, C., Goldblatt, P., Gaughan, C., Blackwell, L., Rogers, N., Banerjee, A., Khunti, K., Glickman, M., & Humberstone, B., (2020). Ethnic-minority groups in England and Wales – factors associated with the size and timing of elevated COVID-19 mortality: a retrospective cohort study linking census and death records. *International Journal of Epidemiology*, 49, 1951–1962. DOI: 10.1101/2020.08.03.20167122

Bambra, C., Riordan, R., Ford, J., & Matthews, F. (2020). The COVID-19 pandemic and health inequalities. *Journal of Epidemiology and Community Health*, 74, 964–968. DOI: 10.1136/jech-2020-214401

Blasius, M., & Phelan, S. (1997) (eds). *We are everywhere: a historical sourcebook of gay and lesbian politics*. London: Routledge.

British Society of Gerontology (2020). *BSG Statement on COVID-19: 20 March 2020*. London: BSG. Retrieved on 10. 1. 2022 from https://www.britishgerontology.org/publications/bsg-statements-on-covid-19/statement-one

Brown, H. C. (1991). Competent child-focused practice: working with lesbian and gay carers. *Adoption and Fostering,* 15(2), 11–17.

Buffel, T., Yarker, S., Phillipson, C., Lang, L., Lewis, L., & Doran, C. (2021). Locked down by inequality: older people and the COVID-19 pandemic. *Urban Studies*. September 2021. DOI: 10.1177/00420980211041018

Buffel T., Yarker S., Phillipson C, Lang, L., Lewis, C. Doran, P. &, Goff, M. (2021). Locked down by inequality: older people and the COVID-19 pandemic. *Urban Studies*. Online first at DOI: 10.1177/00420980211041018

Cameron, A. M. , Johnson, E. K., Lloyd, L. E., Willis, P. B., & Smith, R. C. (2021). The contribution of volunteers in social care services for older people. *Voluntary Sector Review*. Online first at DOI: 10.1332/204080521X16244744548937

Candrian, C., Sills, J., & Lowers, J. (2021). LGBT seniors in the pandemic: silenced and vulnerable. *Annals of LGBTQ Public and Population Health*, 1(4), 277–281.

Carethers, J. M. (2020). Insights into disparities observed with COVID‐19. *Journal of internal medicine,* 289, 463–473. DOI: 10.1111/joim.13199

Chatters, L. M., Taylor, H. O., & Taylor, R. J. (2020). Older black Americans during COVID-19: race and age double jeopardy. *Health, Education & Behavior*, 47(6), 855–860.

Cocker, C., & Brown, H. C. (2010). *Social work with lesbians and gay men.* London: Sage.

Cooper, D. (1994). *Sexing the city: lesbian and gay politics within an activist state.* London: Rivers Oram Press.

Cooper, D. (1995). *Power in struggle: feminism, sexuality and the state.* Buckingham: Open University Press.

Cronin, A., & King, A. (2014). Only connect? Older lesbian, gay and bisexual (LGB) adults and social capital. *Ageing and Society*, 34(2), 258–279.

Crossland, J. (2016). Exploring the Care Act's potential for anti-discriminatory practice with lesbian, gay, bisexual and trans older people. *Quality in Ageing and Older Adults,* 17(2), 97–106.

Cronin, A., Ward, R., Pugh, S., King, A., & Price, E. (2011). Categories and their consequences: understanding and supporting the caring relationships of older lesbian, gay and bisexual people. *International Social Work*, 34(2), 258–279.

Department of Health and Social Care (2020). *Clinically extremely vulnerable receive updated guidance in line with new national restrictions.* London: Department of Health and Social Care. Retrieved on 10. 1. 2022 from https://www.gov.uk/government/news/clinically-extremely-vulnerable-receive-updated-guidance-in-line-with-new-national-restrictions

Devakumar, D., Bhopal, S. S., & Shannon, G. (2020). COVID-19: the great unequaliser. *Journal of the Royal Society of Medicine*, 113, 234–235.

Dietz, T., & Dettlaff, A. (1997). The impact of membership in a support group for gay, lesbian, and bisexual students. *Journal of College Student Psychotherapy*, 12(1), 57–72.

Fabbre, V. D., Jen, S., & Fredriksen-Goldsen, K. (2019). The state of theory in LGBTQ aging: implications for gerontological scholarship. *Research on Aging*, 41(5), 495–518.

Farmer, M., (2020). *Transnational LGBT activism and UK-based NGOs colonialism and power*. Basingstoke: Palgrave MacMillan.

Fasick, F. A. (2001). Some uses of untranscribed tape recordings in survey research. *Public Opinion Quarterly*, 41, 549–542.

Findlay-King, L., Nichols, G., Forbes, D., & Macfadyen, G. (2018). Localism and the big society: the asset transfer of leisure centres and libraries – fighting closures or empowering communities? *Leisure Studies*, 37(2), 158–170.

Fish, J. (2006). *Heterosexism in health and social care.* Basingstoke: Palgrave Macmillan

Fish, J., Almack, K., Hafford-Letchfield, T. & Toze, M. (2021) What are LGBT+ inequalities in health and social support – why should we tackle them? *International Journal of Environmental Research and Public Health*, 18(7), 3612.

Formby, E. (2012). *Connected lesbian, gay, bisexual and trans communities? A scoping study to explore understandings and experiences of 'community' among LGBT people*. Swindon: AHRC.

Fraser, S., Lagacé, M., Bongué, B., Ndeye, N., Guyot, J., Bechard, L., Garcia, L., Taler, V., & Adam, S. (2020). Ageism and COVID-19: what does our society's response say about us? *Age and Ageing*, 49(5), 692–695.

Fredriksen-Goldsen K. I., Kim, H. J., Bryan, A. E., Shiu, C., & Emlet, C. A. (2017). The cascading effects of marginalization and pathways of resilience in attaining good health among LGBT older adults. *Gerontologist*, 57(suppl 1), 72–83. DOI: 10.1093/geront/gnw170.

Fredriksen-Goldsen, K. I., Hoy-Ellis, C. P., Goldsen, J., Emlet, C. A., & Hooyman, N. R. (2014). Creating a vision for the future: key competencies and strategies for culturally competent practice with lesbian, gay, bisexual, and transgender (LGBT) older adults in the health and human services. *Journal of Gerontological Social Work*, 57(2–4), 80–107.

Fredriksen-Goldsen, K. I., Hyun-Jun, K., Hoy-Ellis, C., Goldsen, J., Jensen, D., Adelman, M., Costa, M., & De Vries, B. (2013). *Addressing the needs of LGBT older adults in San Francisco*. Seattle: Institute for Multi-generational Health.

Fredriksen-Goldsen, K. I., & Muraco, A. (2010). Aging and sexual orientation: a 25-year review of the literature. *Research on Aging*, 32(3), 372–413.

Frost, D. M., & Meyer, I. H. (2012). Measuring community connectedness among diverse sexual minority populations. *Journal of Sexuality Research*, 49(1), 36–49.

Ganesh, S., Zoller, H., & Cheney, G. (2005). Transforming resistance, broadening our boundaries: critical organizational communication meets globalization from below. *Communication Monographs,* 72(2), 169–191.

Garriga-López, C. S. (2016). Transfeminist crossroads: reimagining the Ecuadorian state. *Transgender Studies Quarterly,* 13(1–2), 104–119. DOI: 10.1215/23289252-3334271

Gendron, T., Maddux, S., Krinsky, L., White, J., Lockeman, K., Metcalfe, Y., & Aggarwal, S. (2013). Cultural competence training for healthcare professionals working with LGBT older adults. *Educational Gerontology,* 39(6), 454–63.

Gov UK (2013). Marriage (Same Sex Couples) Act 2013. Retrieved on 6. 12. 2021 from https://www.legislation.gov.uk/ukpga/2013/30/contents/enacted

Griffith, G. J., Smith, G. D., Manley, D., Howe, L. D., & Owen, G. (2021). Interrogating structural inequalities in COVID-19 mortality in England and Wales. *Journal of Epidemiology and Community Health*, 75(12), 1165–1171. DOI: 10.1136/jech-2021-216666.

Grossman, A. H., D'Augelli, A. R., & Dragowski, E. A. (2007). Caregiving and care receiving among older lesbian, gay, and bisexual adults. *Journal of Gay & Lesbian Social Services*, 18, 15–38. DOI: 10.1300/J041v18n03_02

Guasp, A. (2010). *Lesbian, gay and bisexual people in later life*. London: Stonewall. Retrieved on 10. 1. 2022 from https://www.stonewall.org.uk/system/files/LGB_people_in_Later_Life__2011_.pdf

Hafford-Letchfield, T., Simpson, P., Willis, P. B., & Almack, K. (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), 312–320.

Hafford-Letchfield, T., Toze, M., & Westwood, S. (2021). *Unheard voices: a qualitative study of LGBT+ older people experiences during the first wave of the COVID-19 pandemic in the UK*. Retrieved on 16. 3. 2022 from https://onlinelibrary.wiley.com/doi/10.1111/hsc.13531

Hicks, S. (2006). Genealogy's desire: practices of kinship amongst lesbian and gay foster-carers and adopters. *British Journal of Social Work*, 36(5), 761–776.

Hicks, S., & Jeyasingham, D. (2016). Social work, queer theory and after: a genealogy of sexuality theory in neoliberal times. *The British Journal of Social Work*, 6(8), 2357–2373.

Higgins, A., Downes, C., Sheaf, G., Bus, E., Connell, S., Hafford-Letchfield, T., Jurček, A., Pezzella, A., Rabelink, I., Robotham, G., Urek, M., van der Vaart, N., & Keogh, B. (2019). Pedagogical principles and methods underpinning education of health and social care practitioners on experiences and needs of older LGBT+ people: findings from a systematic review. *Nurse Education in Practice*, 40 e102625. DOI: 10.1016/j.nepr.2019.102625

Higgins, A., & Hynes, G. (2019). Meeting the needs of people who identify as lesbian, gay, bisexual, transgender, and queer in palliative care settings. *Journal of Hospice & Palliative Nursing*, 21(4), 286–290.

Hines, S. (2020). Sex wars and (trans) gender panics: identity and body politics in contemporary UK feminism. *The Sociological Review*, 68(4), 699–717.

Hughes, A. K., Harold, R. D., & Boyer, J. M. (2011). Awareness of LGBT aging issues among aging services network providers. *Journal of Gerontological Social Work*, 54(7), 659–677.

ILGA Europe (2019). https://ilga-europe.org/resources/thematic/multiple-discrimination/age-and-lgbti

Jennings, R. (2007). *A lesbian history of Britain: love and sex between women since 1500.* Oxford: Greenwood World Publishing.

Keys, C., Nanayakkara, G., Onyejekwe, C., Sah, R. K., & Wright, T. (2021). Health inequalities and ethnic vulnerabilities during COVID-19 in the UK: a reflection on the PHE reports. *Feminist legal studies*, 1–12. DOI: 10.1007/s10691-020-09446-y

King, A., Almack, K., & Jones, R. L. (2019). *Intersections of ageing, gender and sexualities: multidisciplinary international perspectives*. Bristol: Policy Press.

Knauer, N. J. (2009). LGBT elder law: toward equity in aging. *Harvard Journal of Law & Gender*, 32, 1.

Kneale, D., Henley, J., Thomas, J., & French, R. (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.

Krause, K. D. (2021). Implications of the COVID-19 pandemic on LGBTQ communities. *Journal of Public Health Management and Practice*, 27, 69–71. DOI: 10.1097/PHH.0000000000001273

Kuyper, L., & Fokkema, T. (2010). Loneliness among older lesbian, gay, and bisexual adults: the role of minority stress. *Archives of Sexual Behavior,* 39(5), 1171–1180.

Lawrence, M., & Taylor, Y. (2020). The UK government LGBT Action Plan: discourses of progress, enduring stasis, and LGBTQI+ lives 'getting better.' *Critical Social Policy*, 40(4), 586–607.

Lehavot, K., & Meyer, I. H. (2015). Minority stress and physical health among sexual minority individuals. *Journal of Behavioural Medicine*, 38(1), 1–8.

LGSM (not dated). Retrieved on 10. 1. 2021 from http://lgsm.org/about-lgsm

Local Government Association (2021). *Public health annual report 2021: rising to the challenges of COVID-19*. Accessed on 7. 12. 2021 from https://www.local.gov.uk/publications/public-health-annual-report-2021-rising-challenges-covid-19#references-and-resources

Mundy, D. E. (2013). The spiral of advocacy: how state-based LGBT advocacy organizations use ground-up public communication strategies in their campaigns for the "Equality Agenda". *Public Relations Review*, 39(4), 387–390.

Reilly, E., Hafford-Letchfield, T., & Lambert, N. (2018). Women ageing solo in Ireland: an exploratory of women's perspectives on relationship status and future care needs. *Qualitative Social Work*, 19(1), 75–92.

Scott, E. (2020). *Coronavirus, guidance for the over-70s and age discrimination*. London: House of Lords Library.

Seale, C., & Silverman, D. (1997). Ensuring rigour in qualitative research. *European Journal of Public Health*, 7, 379–384.

Stryker, S., & Whittle, S. (2006). *Transgender studies reader*. New York: Routledge.

Toze, M., Fish, J., Hafford-Letchfield, T., & Almack, K. (2020). Applying a capabilities approach to understanding older LGBT people's disclosures of identity in community primary care. *International Journal of Environmental Research and Public Health*, 17(20), e7614.

Toze, M., Westwood, S., & Hafford-Letchfield, T. (2021). Social support and unmet needs among older trans and gender non-conforming people during the COVID-19 'lockdown' in the UK. *International Journal of Transgender Health*. DOI: 10.1080/26895269.2021.1977210

United Nations (2020). *Policy brief: the impact of COVID-19 on older persons*. Retrieved on 6. 12. 2021 from https://unsdg.un.org/sites/default/files/2020-05/Policy-Brief-The-Impact-of-COVID-19-on-Older-Persons.pdf

Vervaecke, D., & Meisner, B. A. (2021). Caremongering and assumptions of need: the spread of compassionate ageism during COVID-19. *The Gerontologist*, 61(2), 159–165.

Westwood, S. (2015). 'We see it as being heterosexualised, being put into a care home': gender, sexuality and housing/care preferences among older LGB individuals in the UK. *Health and Social Care in the Community,* 4(6), 155–163.

Westwood, S. (2018). Which ageing 'families' count? Older lesbian, gay, bisexual, trans* and/or queer (LGBT*Q) – relational legal in/exclusions in (older age) family law. In B. Clough, & J. Herring (eds), *Ageing, gender and family law.* London: Taylor and Francis (pp. 176–180).

Westwood, S. (2020). The myth of 'older LGBT+' people: research shortcomings and policy/practice implications for health/care provision. *Journal of Aging Studies*, 55. DOI: 10.1016/j.jaging.2020.100880

Westwood, S., Hafford-Letchfield, T., & Toze, M. (2021). Physical and mental well-being, risk and protective factors among older lesbians/gay women in the United Kingdom during the initial COVID-19 2020 lockdown. *Journal of Women & Aging.* DOI: 10.1080/08952841.2021.1965456

Westwood, S., Hafford-Letchfield, T., & Toze, M. (2021a). *The impact of COVID-19 on older lesbian, gay, bisexual and/or trans+ (LGBT+) people in the UK: a rapid response scoping study: SUMMARY REPORT*. Retrieved on 10. 1. 2022 from https://covid19olderlgbt.files.wordpress.com/2021/02/older-lgbt-covid-19-summary-report-f-1.pdf

Westwood, S., Willis, P., Fish, J., Hafford-Letchfield, T., Semlyen, J., King, A., Beach, B., Almack, K., Kneale, D., Toze, M., & Becares, L. (2020). Older LGBT+ health inequalities in the UK: setting a research agenda. *Journal of Epidemiology & Community Health*, 74, 408–411. DOI: 10.1136/jech-2019-213068

Wilkens, J. (2015). Loneliness and belongingness in older lesbians: the role of social groups as "community". *Journal of Lesbian Studies*, 19(1), 90–101.

Willis, P., Raithby, M., Dobbs, C., Evans, E., & Bishop, J. A. (2021). 'I'm going to live my life for me': trans ageing, care, and older trans and gender non-conforming adults' expectations of and concerns for later life. *Ageing and Society*, 41(12), 2792–2813.