

Social Work with Older Sexual and Gender Minorities in New Zealand

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of Doctor of Philosophy in Social Work**

by

David Betts

University of Canterbury

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ABSTRACT

Social workers aim to support all individuals within society, but not every individual or community is afforded the same recognition, validation, and protection. One such group of individuals are older members of the lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQ+) community. Older people from this community have lived through times when they have been treated with hostility from members of the public, ‘helping’ professionals, and politicians. In this research I have explored the experiences of older sexual and gender minorities; noting their reflections on legislative changes, supportive social relationships, contemporary accounts of stigma, alongside their concerns about the future. The findings in this thesis present a varied set of lived experiences, demonstrating strong community networks alongside experiences of inadequate social services. The research reported on in this thesis has focused on presenting the findings in a manner that can be used to inform social work practice, policy, and education in order to support the wellbeing of this cohort.

This qualitative based research is informed by the theoretical framework of critical social theory and critical gerontology. At the heart of this theoretical approach is the need for recognising and challenging hidden forms of social coercion that position older adults with diverse sexual and gender identities as minorities. The framework adopted in this research uses social capital as a model to identify the relationships and connections that older sexual and gender minorities prioritise, as well as the benefit these relationships can have for the wellbeing of this population. The design of this study incorporates semi-structured interviews with 31 older sexual and gender minorities from around New Zealand, and the collected data was then analysed using applied thematic analysis to present findings to answer six distinct research questions.

Analysis of the data suggested that older sexual and gender minorities have distinct forms of social capital, and highly value the role emotional support plays in their interpersonal relationships. Participant accounts suggest that while legislative changes in New Zealand regarding the rights of sexual and gender minorities have impacted on legal protection and feelings of safety, they have done little to alter experiences of discrimination for this population. Additionally, this research reports on findings that interpersonal relationships within the LGBTQ+ are filtered through social constructions of identity that mean not all sexual and gender minorities have the same level of access to social networks and social support. The development of these findings are used to present a conceptual model outlining the forms of social coercion impacting older sexual and gender minorities, as well as a paradigm of practice that social workers can use to support this population.

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1 INTRODUCTION

This thesis details my journey exploring the relationship between social capital and the wellbeing of older sexual and gender minorities in New Zealand. It is a broad area of inquiry, one that can, and has been, interpreted in many ways. Throughout this thesis I highlight how this doctoral research is as much a reflection of my own decisions and journey as it is a qualitative inquiry. Each journey needs a starting point, and here in this chapter I focus on describing what my thesis is addressing, how it developed, and why this particular topic is of interest to me. I also spend time reflecting and acknowledging the complexity of language, and what we need to consider when describing diverse and minority populations. I also acknowledge that my research is influenced by the context it is conducted in: in this case, within the social work profession in New Zealand. Finally, I argue that this topic is significant for social work in New Zealand due to an ageing population and the growing recognition of the specific needs of sexual and gender minorities.

1.1 What this thesis covers and addresses

The central question of this doctoral thesis is: “What is the relationship between social capital and wellbeing for older sexual and gender minorities in New Zealand?” This question contains multiple broad and encompassing concepts. Social capital can be used as a model for examining the interactions between individuals and communities, alongside the resources and benefits that accrue as a result of those relationships (Oxoby, 2009; Pawar, 2006). Wellbeing can refer to a variety of internal and external factors, and the use of wellbeing in social sciences can help in examining how individuals flourish in society (Seligman, 2011). The

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terminology of sexual and gender minorities refers to any identity that is not afforded the same social privileges as heterosexual and cisgender individuals.¹

These concepts relate to each other in complex ways. In order to explore this question in depth, it was necessary to develop sub-questions that supported the overarching research question. These sub-questions focus on areas of: legislative change; the relationships between different identities in the lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQ+) community; concerns around accessing age-based services; and the impact of the Christchurch earthquakes of 2010/2011.

To answer these questions, I used a research design that focuses on the lived experiences of older sexual and gender minorities by interviewing 31 different participants in New Zealand. The data was collected using semi-structured interviews, and I approached the collected data by using applied thematic analysis to distil key themes relating to the research question. These themes are presented in four distinct findings chapters later in the thesis that focus respectively on the areas of: unique and influential forms of social capital for older sexual and gender minorities; the influence, or lack thereof, of legislative change on the stigma impacting this population; how different relationships and identities form in shared LGBTQ+ community spaces; and finally, how age and ageism impact older sexual and gender minorities.

Both the research question and my overall thesis are designed to have implications for social work practice and policy. I therefore collate all of these themes in a final discussion that presents a conceptual model and a paradigm for practice for social workers supporting older sexual and gender minorities. Additionally, while the interviews in this research were conducted in 2015, the discussion at the end of this thesis considers the ways in which

¹ Cisgender refers to individuals whose gender identity matches the gender they were assigned at birth.

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contemporary New Zealand society is still perpetuating social stigma towards older sexual and gender minorities in 2018. For this reason, social workers need to remain vigilant in supporting this population.

How it developed

My research focus comes from a personal and professional interest in how wellbeing is supported in social work practice, alongside recognition that there is a lack of social work research relating to older sexual and gender minorities.

Prior to beginning this thesis, I was employed initially as a community support worker and then as a social worker in a hospital setting. Both positions involved working alongside older adults and supporting their wellbeing. I was intrigued by how wellbeing as a concept is addressed by social work practice, and how it can be further integrated into assessments and interventions with a diverse range of individuals. This interest influenced the direction of my doctoral research which I was formulating at the time. I had already decided to focus on older adults as a result of a Summer Research Scholarship where I was examining literature relating to social work education and older adults. In the process of that literature review I noticed a lack of material on sexual and gender minorities, both in a New Zealand context and in studies that had a qualitative focus. I therefore decided to combine my interest in wellbeing with the gap I had noticed in social work research. Social capital was included in my research as I needed a concept for examining social relationships and how they can be beneficial to wellbeing, and the model of social capital was appropriate for this purpose. The main research question of my thesis was established on this basis, and this question informed the development of the sub-questions.

As noted above, the core question guiding my research is: “What is the relationship between social capital and wellbeing for older sexual and gender minorities in New Zealand?”

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Supporting this research agenda is a series of sub-questions, designed to focus on particular areas of the interaction between social capital, the experiences of older sexual and gender minorities, and wellbeing. These questions are:

How were the social capital connections of the older LGBTQ+ community influenced by the political and legal changes that have occurred in New Zealand, such as the Homosexual Law Reform Act (1986), The Human Rights Act (1993), and the Marriage (Definition of Marriage) Amendment Act (2013)?

In what ways do different populations of the LGBTQ+ community take part and experience wider LGBTQ+ community and social spaces?

How do older sexual and gender minorities plan for the possibility of entering aged care facilities, and what concerns do they have about such facilities?

For those who were in Canterbury at the time, how did the 2010/2011 Christchurch earthquakes impact the social capital of older sexual and gender minorities?

These are the research questions I address throughout this research. Before then it is also important to discuss my use of the language in this thesis, and the impact it can have on diverse and marginalised communities.

1.2 Considering the use of language

The focus of my thesis is a population group that faces significant cultural, political, and legal discrimination. As with any group of individuals who have been the victims of prejudice, it is important to be careful and reflective with the language that is used to describe the population. For lesbian, gay, bisexual, transgender, intersex, and queer people, slurs and discriminatory language may have been used as a vehicle for social stigma and personal

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attacks directed against them. The impact of offensive or dismissive language can create long-lasting effects, such as reinforcing systems of power and privilege while also providing a justification for cultural forms of discrimination, such as ageism, sexism, and heteronormativity (Gendon, Welleford, Inker, & White, 2015; Smith, Shin, & Officer, 2011). The participants in my research were equally sensitive to the impact of stigmatising language:

I am sensitive to homophobic comments that people make, and occasionally [people] will make a homophobic comment and I just jump down their throats. I just can't resist it. So I don't disclose, but I do tend to come down heavily on people. Yeah, so I am sensitive to those comments from people (Milly, 62).²

The terms used to describe and identify with diverse sexual and gender identities have changed over time. Gay was once seen as a slur, but is now more commonly accepted; similarly queer has frequently been re-appropriated to refer to diverse sexual and gender identities (Fox, 2007). In trying to define groups of lesbian, gay, bisexual, transgender, and intersex people, social science researchers have faced the challenge of summarising the diverse and varied experiences of each cohort. The current convention in social work and broader literature is to refer to this population as the LGBT, or more recently, the LGBTQ+ community. Other labels such as the queer or rainbow community are also used. These terms fit common social conventions and reflect the self-identification of LGBTQ+ people and LGBTQ+ communities (Cronin & King, 2010).

However, in regard to referring to gender and sexuality, there is a growing criticism of the binary systems inherent in defining gender as either male or female, or attempting to define sexuality as either gay or straight. The binary categories of male or female, gay or straight, are socially constructed in the sense that they do not exist as immutable, natural states but rather are the creations of, and perceptions of, social structures and society (Markman, 2011; Smith, Shin, & Officer, 2011). The use of this socially constructed binary inherently places

² The participants in my research have all been allocated pseudonyms.

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individuals who do not conform to a specific gender or sexual preference differently from the norm. The base of homophobia, transphobia, and sexism come from this system that overtly privileges heterosexist and patriarchal values and thus negatively impacts on the social, political, and cultural needs of individuals who defy the perceived idea of ‘normal’ (Markman, 2011; Smith, Shin, & Officer, 2011).

Initial attempts to move beyond this binary system presented gender as a continuum with male on one end and female on the other, and similarly for sexuality with heterosexual at one end and homosexual on the other. The reasoning behind this was to represent all individuals, regardless of sexual or gender identity. The problem with this approach is it presents two identities and asks individuals to place themselves somewhere in-between. The action of identifying as neither male or female, or not gay or straight, still creates systems that privilege ‘mainstream identities’ as ‘normal’ (Smith, Shin, & Officer, 2011). Proposing two supposed opposite identities prioritises the straight and cisgender perspective by presenting normal versus abnormal and does little to critique socially constructed views of gender and sexuality (Henrickson, 2016; Markman, 2011; Smith, Shin, & Officer, 2011).

Sexual and gender minorities

A number of social work writers have challenged these binaries and argue that sex, gender identity, and gender expression can all best be understood as existing on a continuum that includes, but does not privilege, specific labels or identities (Henrickson, 2016; Markman, 2011). It is also worth noting that the critical social theory methodology adopted in this research asks that social workers challenge typical binaries in their workplace, profession, and critical thinking (Fook, 2002). In this thesis, I have therefore endeavoured to use terms suggested by these writers – either that of ‘sexual and gender minorities,’ or ‘diverse sexual and gender identities’ – rather than the more common acronym of LGBTQ+ (Henrickson,

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2016; Smith, Shin, & Officer, 2011). A problem with using acronyms such as LGBT and LGBTQ+ is that, without critical application and reflection, they can still reproduce the power dynamics of labelling the 'other' and as a result privilege heterosexual and cisgender people.

Through the use of this language I am attempting to highlight the inherent diversity of the people who participated in this research, while also adhering to a critical perspective of the social structures that position these groups of people as minorities (Smith, Shin, & Officer, 2011). There is, however, an inherent awkwardness of consistently referring to the participants of my research as sexual and gender minorities, due to the fact that my recruitment strategies often utilised LGBTQ+ communities as a way of connecting with participants. In addition, the responses given by the participants in the research interviews frequently used terms such as gay, lesbian, and straight in reference to themselves, others, and community groups.

Due to these factors I have decided to reflect on my use of language and how it applies not only to my participants, but also in the context of my research. When I discuss the individuals who took part in this research generally, or refer to the broader collection of older adults who identify as either lesbian, gay, bisexual, transgender, intersex, or queer, I will use the term sexual and gender minorities to reflect the diverse pool of people it can represent. The use of sexual and gender minorities is deliberate, intended to emphasise the fact that gender and sexuality are socio-political constructs, rather than biological or natural states (Smith, Shin, & Officer, 2011).

However, when I discuss specific groups, networks, and communities that are based around identities pertaining to sexuality or gender, I will use the term LGBTQ+ as a preface in order to reflect the fact that these informal and formal groups predominantly self-identify with this

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terminology. This use of the terms such as LGBTQ+ is further reinforced by the fact that a large majority of the social movements in support of sexual and gender minorities, such as Homosexual Law Reform of the 1980's, used these terms, and this language reflects the political and social actions of the time. Finally, I will refer to specific commonalities, exceptions, or experiences of different population groups, and therefore will use the terms of lesbian, gay, bisexual, transgender, and intersex as appropriate. This process is directed by the self-identification of the participants and is designed to accurately reflect the stories they chose to share about their lived experiences and identities.

Language and identity

It is important to acknowledge that for older sexual and gender minorities the use of language has a particular relationship with identity and expression. A large number of the participants in my research felt that when they were growing up and exploring their sexual and gender identities there were no words to describe who they were. For women, the term lesbian was often unheard of in New Zealand, and it took years of self-exploration or exposure to new environments before the term came to be used in popular expression:

With hindsight I think I probably knew. But there was no language to even think about it in. 'Lesbian' wasn't used. Because you had no language or no experience, you had nothing really to grasp on as to who you might be (Hannah, 72).

The same was true for many of the participants in this research. For Alexander this did not happen until he was in his twenties, and he reflected on the fact that language was an important part in the expression of their identity:

That probably didn't happen till my twenties. I didn't even see the word gay. I saw it on a TIME magazine cover in 1969. I'd already been gay or homosexual, and I went, oh so that's the word. I didn't know that word. I mean that shows you how, not in the closet, but just how I didn't have any idea of an identity as that (Alexander, 63).

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The emergence and common usage of these terms also coincided with the rise of activist movements dedicated to challenging heterosexist norms. Feminist circles, gay men's collectives, and broader LGBTQ+ communities rallied behind this terminology as a way of creating a positive collective identity (Prout, 2016). The language of gay, lesbian, bisexual, and transgender also provided alternatives to commonly used slurs and insults that were directed towards sexual and gender minorities (Fox, 2007). This historical context is important to consider when discussing the use of language relating to sexual and gender minorities today. Historical victories regarding the decriminalisation of sex between two men under the New Zealand Homosexual Law Reform Act 1986, the creation of civil unions under The Civil Union Act 2004, marriage equality under The Marriage (Definition of Marriage) Amendment Act 2013, and the recent decision to allow men convicted of consensual homosexual activity prior to Homosexual Law Reform to apply to have their convictions erased have all used the terms lesbian, gay, bisexual, transgender, and queer, and have all been celebrated as victories of the LGBTQ+ community.³

Additionally, the language I have used in this doctoral research was deliberately chosen to reflect a common theme from the findings: generationally, the language we use is shifting to be more inclusive of identity, expression, and multifaceted communities:

One of the things that has been very interesting to me when I did my own personal, very deep work around it, there was absolutely no alternative language - there was just nothing outside the binary. That's lovely for me working now with young people, and there's a whole new language coming out as their exploration, their lived reality (Rowan, 62).

The process of challenging gender and sexual binaries through the use of language is complicated, and no one set of rules will address all the limitations of socially constructed identities and rigid communication patterns. However, it is important that social work

³ The Criminal Records (Expungement of Convictions for Historical Homosexual Offenses) Bill was introduced to Parliament in 2017. As a result men who were charged for consensual homosexual behaviour are able to apply to have those convictions wiped.

practitioners and academics be reflexive in the decisions they make when referring to sexual and gender identities. Uncritical use of language runs the risk of perpetuating social discrimination, miss-identifying others, and distancing ourselves from clients and communities (Smith, Shin, & Officer, 2011).

1.3 Heteronormativity, cisnormativity, and the social positioning of academic terminology

A related process in being reflective about language is to critically consider the use of academic terminology, and how descriptions of social stigma and structural forces can also reproduce binaries and label certain population cohorts as ‘other.’ In this thesis, I examine the impact of social structures and forces on older sexual and gender minorities. These forces primarily refer to the privileging of heterosexual identity, cisgender experiences, and younger individuals over older adults. To refer to these forces, many academics use the terminology of heteronormativity, cisnormativity, and ageism respectively. The language of heteronormativity and cisnormativity results in some complications for my current research, as it has the potential to perpetuate social binaries.

Heteronormativity and cisnormativity are a convenient and easily recognisable way of acknowledging social structures that position individuals as privileged or oppressed based on their gender or sexuality. Yet an important reflection for this current research, especially considering my aims to move beyond static, binary-establishing language, is whether this terminology undermines those efforts. Language that from the outset of its use defines certain individuals as different from the perceived ‘norm’ can equally create boundaries and barriers in social participation. Even if this language is used in academic contexts, it may still contribute to perceptions about normality, mainstream identity, and how findings from academic studies are applied in social sciences.

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At the time of writing this thesis, I have not discovered a viable alternative, nor do I necessarily believe that there will exist a way of discussing social stigma, social positioning, and the construction of identity that does not run the risk of perpetuating binaries of identity. Rather, I have presented this acknowledgement in the beginning of this thesis to highlight that its use in describing social phenomena is not without consideration, and the use of language such as heteronormativity and cisnormativity needs critical and reflective application in social work research and practice.

1.4 New Zealand context

Just as my use of language is a consideration in this thesis, so too is the national context in which this research takes place. As this research is conducted in New Zealand, there are specific contextual factors that will influence how the participants respond to the research questions. New Zealand has a regrettable history in its treatment of sexual and gender diversity. Sex between two men was illegal when New Zealand became a British Colony in 1840. Punishment upon conviction of homosexual intercourse was the death penalty. Later in 1867, the punishment was changed to life imprisonment. While sex between two women was never illegal in New Zealand, non-heterosexual women were still negatively impacted by the social stigma towards homosexual behaviour (Brickell, 2008).

Throughout this thesis, I refer to a variety of legislative and social policy developments. These include: the Homosexual Law Reform Act (1986) which decriminalised sexual activity between two men; the Human Rights Act (1993) which included sexuality and gender under anti-discrimination legislation; and the Civil Unions Act (2004) and the Marriage (Definition of Marriage) Amendment Act (2013), which respectively recognised civil unions and marriage between members of the same sex. I discuss the experiences of the participants before these laws were in effect, the impact of these developments on the wider LGBTQ+

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community, and critique contemporary New Zealand society in its treatment towards older sexual and gender minorities. While I am not aiming to present a detailed historical account of the experiences of sexual and gender minorities throughout New Zealand history, the salience of these legislative changes can be felt throughout the participants' narratives and answers.

Social work

This research is also based within the discipline of social work, and I myself am a registered social worker. These factors shape this research and the implications of my findings. Social work practice in New Zealand is heavily influenced by the Aotearoa Association of Social Workers (ANZASW) and the Social Workers Registration Board (SWRB), both of which provide a framework for competent and ethical social work research.

ANZASW operates as a professional membership organisation for social workers in New Zealand. The Association was established in 1964 in Dunedin (ANZASW, n.d.), with subsequent branches being established throughout New Zealand. ANZASW aims to provide a forum for social workers to discuss collective issues and concerns, to act as a base for collective social work action, and to strengthen and support the professional identity of social work in New Zealand (ANZASW, n.d.). Supporting these goals is a Code of Ethics, which have been continually updated since the Association was founded. These ethical guidelines provide standards that shape social work practice as well as research. For ethical social work practice, the Code emphasises professional competencies and New Zealand's bicultural obligations, which are designed to underpin everyday practice and the continuing professional development of ANZASW members (ANZASW, 2015). For ethical social work research, the Code emphasises encouraging and supporting forms of research that inform social workers, demands that research also meets appropriate standards of professional

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competency, that research is sensitive to the wellbeing of participants, and that all research conducted by the Association's members use informed consent and are approved by an appropriate ethics committee (ANZASW, 2015). This research has been based on strong consideration of these standards and ethical obligations, with the specific relevant issues addressed in the chapter on research methods (Chapter Four).

The Association is a voluntary organisation; that is, to practice as a social worker in New Zealand membership is not required. However, as a member myself, and as the Association is the largest social work professional body in New Zealand, the Association's guidelines provide an important basis for ensuring my research is ethical and accountable to the social work profession in New Zealand.

The other body supporting social work in New Zealand is the Social Workers Registration Board (SWRB). The SWRB is the regulatory body responsible for the registration of social workers in New Zealand. The SWRB was established in 2003, when the Social Workers Registration Act was passed (Ministry of Social Development, 2003). The purpose of the SWRB is protect the safety of the public by holding social workers accountable for how they practice, and ensuring they follow competent procedures and methods for practicing (SWRB, n.d.). Guiding this system of accountability is the SWRB Code of Conduct, which contains principles regarding how social workers should act with integrity, respect the status of Māori as tangata whenua,⁴ and protect the rights and interests of their clients, alongside other broad principles (SWRB, 2016). Principle 11 of the Code of Conduct is "be responsible in research and publications," and makes explicit reference to gaining informed consent, utilising human ethics committees, protecting participations, and accurately acknowledging all sources of information (SWRB, 2016). Just as the ANZASW Code of Ethics guides how I approach this research, as a registered social worker with the SWRB, the principles under the Code of

⁴ Definition taken from MāoriDictionary.com: "Indigenous people, people of the land."

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Conduct also inform how I develop the research design, treat the participants in the interviews, and interpret the findings.

1.5 Significance of research

My research will add to the scholarship pertaining to older sexual and gender minorities, while informing social work practice at a time when there is a growing recognition of the importance of supporting this population.

The New Zealand population is ageing. The number of adults over the age of 65 was roughly 711,200 in 2016, but that number will approximately double by 2046, with an estimated 1.3 to 1.5 million adults over the age of 65 (Statistics New Zealand, 2013). It is not just the number of older adults that will change. Lower birth rates and longer lives mean that the ratio of younger adults to older adults will also change. The median age of New Zealand's population rose from 25.6 years in 1970 to 37.1 years in 2016, with a projected increase to 40 years in the 2030's (Statistics New Zealand, 2013). It is also predicted that this shift in demographics will not pass with time; rather it will reflect a new persistent reality for New Zealand society (Statistics New Zealand, 2013). This means that social work as a profession needs to be prepared to work with and support older adults, including older adults with diverse backgrounds. As the population ages, so too will the number of older sexual and gender minorities (Fredriksen-Goldsen & Muraco, 2010). As a result, the number of older sexual and gender minorities accessing social services and engaging with social workers will increase (Abendstem et al., 2012; Hughes, Harold, & Boyer, 2011).

In addition, previous research has shown that sexual and gender minorities suffer higher rates of compromised mental health, are more likely to be estranged from their biological family, and report previous experiences of incompetent or unprofessional social services (Croghan,

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Moone, & Olson, 2014; Fredriksen-Goldsen et al., 2011; Sharek, McCann, Sheerin, Glacken, & Higgins, 2015). Therefore, it is important that social workers have sufficient knowledge and insight to be able to support this population in a culturally sensitive manner, one that is mindful of the diversity and lived experiences of older sexual and gender minorities.

1.6 Thesis outline

This thesis is organised into nine distinct chapters. Following this introductory chapter is Chapter Two, where I review the literature relating to older sexual and gender minorities, both internationally and in New Zealand. I focus predominately on the social and cultural positioning of older sexual and gender minorities, the impact of heteronormativity and cisnormativity, professional competencies for working with older sexual and gender minorities, and wellbeing theory. After highlighting gaps in pre-existing studies, I then turn in Chapter Three to describe the theoretical framework that supports this inquiry. That theoretical framework consists of critical social theory, critical gerontology, and includes the model of social capital. In Chapter Four, I detail the research methods through an outline of the processes of developing, conducting, and analysing the research. Chapter Four is underpinned by a discussion about trustworthiness in qualitative research, and how I have used this paradigm to present the findings.

Chapter Five is the first of four chapters outlining the major results and findings. In that chapter I focus on particular forms of social capital that the participants in this research stressed as being important to them, as well as potentially unique components of social capital for older sexual and gender minorities. In Chapter Six, I discuss findings that relate to the participants' experiences of legislative and social policy changes in New Zealand, as well as their concerns about professional competencies. In Chapter Seven, I explore the multiple identities and relationships within the LGBTQ+ community, as well as conflicts that emerge

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over those identities in shared social spaces. Chapter Eight focuses on experiences of age and ageism, and I explain how older sexual and gender minorities often feel excluded from mainstream society and the rainbow community on account of their age. Lastly, in Chapter Nine, I draw together the findings of this doctoral research in order to specifically answer the research questions. On this basis, I then present a conceptual model and paradigm for practice that has been designed to support social workers when working with older sexual and gender minorities. I conclude that chapter and this thesis with discussions about the contribution this research has made to the social work profession and scholarship, and what I believe are the key recommendations for future research in this field, and reflections on this research journey.

2 LITERATURE REVIEW

Read not to contradict and confute; nor to believe and take for granted; nor to find talk and discourse; but to weigh and consider (Francis Bacon, 1625).

This chapter reviews the scholarly literature on older sexual and gender minorities. I focus predominantly on material that relates to the diversity of sexual and gender minorities, their wellbeing, and experiences of discrimination and stigma. It is important to note from the beginning of this review that each of these broad fields contain multiple avenues for assessing, measuring, or examining the content within. As this is social work research, it has therefore been necessary to focus on material that aligns with the research and practice ethos of this profession. The majority of the content covered in this review has, therefore, been chosen because it complements a qualitative, socially critical, and inclusive framework.

The notion of wellbeing is not new to social science research. Furthermore, research on the wellbeing of older sexual and gender minorities has also increased in complexity and in terms of the variety of theoretical lenses applied. For older sexual and gender minorities these lenses have tended to focus on: stigma and discrimination, social connectedness, mental health, and physical health. This thesis adopts contemporary terminology pertinent to understanding sexual and gender minorities to describe individuals with diverse sexual and gender identities. As discussed in Chapter One, the use of language such as gay or straight, male or female, carry with them the social assumption that sexuality and gender are binary constructs (Henrickson, 2016; Smith, Shin, & Officer, 2011). Due to the common usage of the term LGBTQ+ (referring to individuals who identify as lesbian, gay, bisexual, transgender, queer, intersex, and non-binary persons), this acronym will be used as appropriate when referring to community groups and personal identities. An important exception to the use of the generic LGBTQ+ label is when reference is made to studies with

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small samples of members of the community; in these situations the discussion will reflect the language used in the original publication.

In this literature review I primarily address research on older sexual and gender minorities. Yet the dearth of literature on older sexual and gender minorities means it is necessary to include broad gerontological content, as well as research with younger members of the LGBTQ+ community. In this chapter I will first examine the broader social structures that impact older sexual and gender minorities, such as heteronormativity, cisnormativity, and ageism, before exploring perceptions of aged care services and professional competencies. Following that discussion I cover research on wellbeing theory, mental health, and minority stress in relation to older sexual and gender minorities. The material in these sections will be broadly drawn from international literature, which is then compared in the second half of this review to material from New Zealand that relates to older sexual and gender minorities. Within this review there are a number of identified gaps in previous literature, including: research that includes the whole spectrum of sexual and gender identities, research that incorporates the views of older sexual and gender minorities living in the community, as well as material that is drawn from the professional background of social work. These gaps and insights are used to justify the research questions in this thesis, and the development of my theoretical framework in Chapter Three.

2.1 Social positioning of older sexual and gender minorities

When examining how older sexual and gender minorities are socially positioned it is important to acknowledge some limitations in research with this population. Researchers looking at issues confronting sexual and gender minorities have noted that it is difficult to estimate the size of this population cohort (Fredriksen-Goldsen & Muraco, 2010). This difficulty may be due to a number of factors, ranging from participants' fear of

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discrimination, unwillingness to take part in research, limited recruitment methods, or a lack of relevant identifying data (Brotman, Ryan, & Cormier, 2003; Croghan, Moone, & Olson, 2014; Gratwick, Jihanian, Holloway, Sanchez, & Sullivan, 2014; Kushner, Neville, & Adams, 2013).

Another consideration when looking at research with the LGBTQ+ community is that the majority of the cited studies in this review have been conducted in Western countries. Research from different cultural and national perspectives is likely, however, to produce different results when looking at the experiences of older sexual and gender minorities. It is also noticeable that certain groups within the LGBTQ+ community, predominately gay men and lesbian women, have been the focus of the majority of social work research (Henrickson, Neville, Jordan, & Donaghey, 2007). When considering the diversity of sexual and gender minorities it is concerning that other identities, such as bisexual, transgender, and intersex individuals are absent from the majority of social work research and literature (Jones, Almack, & Scicluna, 2018; Volpp, 2010).

The terms of sexual and gender minorities, as well as the LGBTQ+ community, do not just refer to expressions of sex and gender. They can also reflect personal identity, culture, and ways of living (Hughes & Heycox, 2010). Misunderstanding of the complexity of these terms can be due to the tendency for discussions around sexuality to become focused on the physical act of sex, rather than cultural identifiers or shared experiences (Chandler, et al., 2004). It is also necessary to acknowledge that shifts in language have occurred over time. Not all older persons will feel comfortable with the term LGBTQ+, and older men may, for example, feel ill-at-ease with the re-appropriation of the term queer (Fox, 2007; Sergeant-Shadbolt, 2015). It has also been suggested that those who came out before the civil rights movements began to focus on sexual and gender minorities may still be experiencing the impacts of a stigmatised discourse; in which case the stigma of homosexuality in their early

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years continues to impact on their wellbeing and acceptance of shifting terminology (Hughes & Heycox, 2010; Fronek, 2012).

Another way in which older sexual and gender minorities are socially positioned comes from their historic experiences and observations. Some research suggests that the impact of living through a period of rapidly changing societal recognition of civil and social rights has resulted in older sexual and gender minorities occupying a unique historical location (Wagenen, Driskell, & Bradford, 2013). One group of researchers in the United States interviewed older sexual and gender minorities (N=20) and argued that the participants had a distinct experience of ageing based on shared experiences from belonging to the LGBTQ+ community, a lifelong process of coming out, and the emergence of LGBTQ+ pride cultural events (Wagenen, Driskell, & Bradford, 2013). Similarly in New Zealand, older sexual and gender minorities will have a distinctive perspective on social change and how they have been positioned, and continually re-positioned again, through shifts in social policy and legislation.

It is also important to acknowledge the broad range of identities that are subsumed within the term LGBTQ+. While some research inadvertently positions this group as homogenous, with shared experiences and perspectives, the differences between sexual and gender identities of members need to be critically considered in social work research. An illustration of the different experiences of members of the LGBTQ+ community can be seen in the differential access to and use of shared spaces. Previous studies have indicated that various members of the LGBTQ+ community have different experiences in accessing and using those shared social spaces. For example, it has been argued that patriarchal privilege provides gay men with more financial power, freedom, movement, and resources to both create and occupy social spaces than lesbian women (Taylor, 2007; 2008). Bisexual individuals face barriers in accessing LGBTQ+ spaces, as they are often regarded as insincere, or 'pretending' to belong

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to the LGBTQ+ community (Alarie & Gaudet, 2013). Providing further evidence of the diverse experiences of members of the LGBTQ+ community, some authors have noted that transgender individuals have also historically felt excluded from broader LGBTQ+ environments (Fredriksen-Goldsen et al., 2011). It is clear then, that research that makes broad claims about the whole LGBTQ+ community needs to be assessed on the inclusiveness of participant pools and the lens through which participants' experiences are considered. As a result, I aim to include a strong focus on the multiple experiences and relationships within the wider LGBTQ+ community to explore how different identities develop social capital. However, it is important to note that despite the diversity present within the LGBTQ+ community, all sexual and gender minorities are impacted in some degree by heteronormativity and cisnormativity.

Heteronormativity and cisnormativity

Despite greater recent emphasis on the experiences of older sexual and gender minorities in social work research (Baines & Wang, 2018), the topic is still relatively overlooked in international and New Zealand literature. This lack of attention may be due to social misconceptions about the relationship between sexuality, identity, and the ageing process, where there is a "belief that older persons are not interested in expressing their sexuality" (Chandler et al., 2004, p.6). This perspective is further influenced by the tendency for older adults to be categorised as one single group (Brotman, Ryan, & Cormier, 2003; Hughes, Harold, & Boyer, 2011). Placing older adults in a strict one-size-fits-all category is counterproductive in discussions on sexuality, wellbeing, and ageing. This categorisation reduces the possibility of examining how the relationships between identity, social policy, and social structures all affect this older population (Brown, 2006; Chandler et al., 2004; Hughes & Heycox, 2010). The effect of seeing all older adults as a homogenous group, and

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in particular devaluing the importance of sexual and gender identity, is why older members of the LGBTQ+ community are sometimes described as “twice hidden” (Blando, 2001).

This social positioning of older sexual and gender minorities is due to heteronormativity and cisnormativity both creating and maintaining social structures that restrict the autonomy of this population. The basis of heteronormativity is the assumption that heterosexual orientation is the norm for human experiences (Willis, Maegusuku-Hewett, Raithby, & Miles, 2016). Similarly, cisnormativity refers to the assumption that a person’s gender identity is the same as the sex they were assigned at birth, or matches socially assumed physical characteristics (Fenaughty & Pega, 2016). Both heteronormativity and cisnormativity privilege individuals who adhere to those social assumptions, while disadvantaging individuals who do not fit those standards. While ageism has certain components that are experienced by all older adults, there are other facets that are unique to older sexual and gender minorities. These include fear of inadequate aged care support, discrimination from helping professionals, not having their intimate relationships acknowledged as they age, as well as stigma and discrimination in aged care settings (Hughes, Harold, & Boyer, 2011; Johnson, Jackson, Arnete, & Koffman, 2005).

One small scale Canadian research study (N=11) that interviewed participants who identified as sexual and gender minorities found that experiences of stigma were a common experience for this demographic (Kidd et al., 2011). Participants discussed hiding their sexual identities and their experiences of compromised mental health. While the authors determined that mental health concerns are not necessarily caused by heteronormative and cisnormative-based stigma, they were likely to exacerbated by it (Kidd et al., 2011). Findings such as these are why authors Mink, Lindley, and Weinstein (2014) suggest using an intersectional ecology model of LGBTQ+ health when working with sexual and gender minorities. An intersectional ecology model draws attention to the impact of stigma and discrimination on sexual and

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gender minorities, explicitly noting how the hypervigilance of sexual and gender minorities in a heteronormative society affects wellbeing through constant stress (Mink, Lindley, & Weinstein, 2014).

This intersectional ecology model is similar to what has been described as a hostile-world scenario.⁵ One study from Israel focused on a hostile-world scenario for gay men and lesbian women (N=219) to examine how individuals perceived threats to their physical and mental health (Shenkman & Shmotkin, 2016). These authors found that many of the participants were concerned about the acceptance of their queer identity, and the study specifically highlighted the victimisation of gay men. Participants who reported a higher level of these concerns were found to have lower wellbeing, higher rates of compromised mental health, and lower self-acceptance of their own sexual identity (Shenkman & Shmotkin, 2016). While cultural differences may affect the generalisability of these findings, it does indicate that the constant vigilance required by minority identities will also impact the wellbeing of sexual and gender minorities. Similar influences on the older population in New Zealand also need to be explored, along with the ways in which intersectional models of health that incorporate hostile-world theories can be used to understand the relationship between social capital and wellbeing.

Adding to the impact of interpersonal stigma and discrimination are findings that the social institutions and support networks for older sexual and gender minorities are less available than what is provided to their heterosexual and cisgender peers. Research from the United States with older sexual and gender minorities found that the participants (N=495) were less likely to have access to traditional forms of support such as family, and were also reluctant to

⁵ 'Hostile-world scenario' refers to the idea that members within a certain minority group are predisposed to perceptions that there are major threats to an individual's physical and mental health due to their membership in this group, and these perceptions exposes this group, or individuals within it, to stressors that adversely affect minority individuals and communities.

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seek professional services or disclose their sexual identity due to a fear of discrimination (Croghan, Moone, & Olson, 2014). As support from friends and family has been found to be a predictor of positive wellbeing, lower mental health concerns, and reduced homophobia (Masini & Barrett, 2008), the lack of these support networks for older sexual and gender minorities needs further examination in terms of how it impacts social capital and the wellbeing of this population.

A common finding from research has been that transgender individuals are at a disproportionate risk of compromised wellbeing compared to other members of the LGBTQ+ community. Research involving transgender participants has found that they are at a higher risk of poor mental health, substance abuse, and have limited access to formal care support (Hughes, Harold, & Boyer, 2011; Fredriksen-Goldsen, Kim, Shiu, Goldsen, & Emlet, 2015). It is also reported that transgender individuals have higher rates of unemployment and poverty (Conron, Scott, Stowell, & Landers, 2012), with less household and personal income (Rosser, Oakes, Bockting, & Miner, 2007). Additionally, a report from the United States found that transgender individuals are less likely to have positive feelings about belonging to the LGBTQ+ community, are less likely to have adequate social support, and are more likely to be denied health care based on their gender identity than other sexual and gender minorities (Fredriksen-Goldsen et al., 2011).

Findings such as those discussed above highlight the importance of actively incorporating diverse and overlapping identities in research with sexual and gender minorities, especially as the majority of social work and social science based literature on the LGBTQ+ community has focused predominately on gay men and lesbian women (Jones, Almack, & Scicluna, 2018).

Ageism

The intersection of age-related stigma and sexual and gender discrimination is also relevant for older sexual and gender minorities. Critical social work research with older persons needs to address the pervasive effect of ageism. Older persons can be affected by prejudice, bias, and are often the subject of “socially sanctioned ridicule” (Kane, 2004, p.767). Even small behaviours and language regarding older persons can be manifestations of discrimination, especially as “expressions of paternalism can occur where protection overrides self-determination” in aged care services (Allen, Cherry, & Palmore, 2009, p.126). Older persons are often seen as a drain on social and economic resources, coupled with the perception that they are, or will become, incompetent (Kane, 2004). As discussed earlier, ageist assumptions lead people to regard the older population as a homogenous group – losing all aspects of subjective experience and lifestyle (Duffy & Healy, 2011). This is of particular concern for older persons who do not fit into the heteronormative assumptions and assumed gender binary of mainstream society. Acknowledging and being mindful of the pervasive cultural impact of ageism is an integral component of my research and my critical gerontological analysis. It is also important to note that the actions and stereotypes of ageism do not fit uniformly into negative features, and can also contain what is described as benevolent ageism (Bugental & Hehman, 2007). The mixed components of ageism perpetuate policies, practices, and general social attitudes that contribute to the stigmatisation of older adults, and in doing so blur the components of ageism that directly and negatively impact older adults (Bugental & Hehman, 2007). This is why when considering this impact of ageism it is important to adopt processes of intersectional analysis which examine the interlocking components of oppression that may impact diverse older adults, such as older sexual and gender minorities (Calasanti & Giles, 2018).

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Research in the United States that surveyed gay men and lesbian women (N=183) found that socialisation between different sexual and gender minorities may be difficult due to ageist beliefs and perceptions, where intergenerational communication is filtered through age stereotypes (Schope, 2005). The research by Schope found that gay men had more negative views about growing older than the lesbian participants, and related this discrepancy to the heightened fear of negative evaluation by others on the basis of their age (Schope, 2005). Additionally, a qualitative study using interviews (N=10) and participant observation (27 hours) with gay men found that that these gay men perceived ageist stereotypes as being stronger in the LGBTQ+ community than in the general community (Fox, 2007). Further research on ageist stereotypes within the LGBTQ+ community could build on these findings by including participants who identify as bisexual, transgender, intersex, and non-binary.

Another pervasive impact of ageism is on employment. A study that used four case studies of Australian and United Kingdom public and private sector organisations explored how ageism impacted older workers (Brooke & Taylor, 2005). The authors determined that there was a persistence of widespread age-stereotypes in diverse workforces, and this hindered the ability of older adults to work comfortably or secure work. While this was a relatively small-scale study, it does indicate that ageism negatively affects how older adults interact within formal work environments. As employment can be useful in developing social capital, while also providing security and financial stability, it likely has a positive influence on the wellbeing of older adults (Fredriksen-Goldsen et al., 2015; Mental Health Commission, 2009; Oxoby, 2009).

There is also evidence that ageism impacts how older adults are treated by mental health and social service providers. Hughes and Heycox (2010) argue that symptoms of compromised mental health, such as depression, substance abuse, or suicidal thoughts, can be incorrectly diagnosed due to ageist beliefs resulting in the interpretation of these symptoms as signs of

ageing. In a text on community care, Brown (2006) argues that older persons are often regarded as non-persons, and that mainstream social services often fail to account for the needs of older adults.

2.2 Aged care services and approaches

A common theme in research with older sexual and gender minorities is how they perceive and access aged care services. As briefly touched upon at the beginning of this chapter, a major concern for older sexual and gender minorities is how aged care services will support and accommodate them.

There are two key reports in New Zealand that inform the direction and delivery of aged care services. These are the New Zealand Positive Ageing Strategy (Ministry of Social Development, 2001) and the Health of Older People Strategy (Ministry of Health, 2002). Both of these government strategies stress the importance of promoting the values, participation, and wellbeing of older adults, while also making explicit mention to the need for gerontological services to recognise and support the diversity of older adults (Ministry of Health, 2002; Ministry of Social Development, 2001). As such it is important to recognise the unique perspectives and experiences of older sexual and gender minorities in order to inform competent gerontological services.

Another favoured social policy approach in New Zealand is ageing in place. Ageing in place is a health policy focused on ensuring that older adults will be able to remain in their own homes in the community for as long as possible, without having to rely on residential or long term aged care services (Davey, 2006). Ageing in place is supported by the New Zealand Positive Ageing Strategy (Ministry of Social Development, 2001) and the Health of Older

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People Strategy (Ministry of Health, 2002), and as such is relevant for this research on older sexual and gender minorities.

Supporting this agenda in gerontology is the concept of successful ageing. Successful ageing is commonly used in gerontology to promote a health positive agenda for older adults, and has been widely adopted across gerontological circles (Katz & Calasanti, 2015). However, successful ageing has also been widely critiqued, primarily due to its emphasis on individual actions as opposed to structural barriers, its lack of critique of ageism generally, and the potential for it to moralise healthy ageing (Katz & Calasanti, 2015; Stephens, 2017; Stephens, Breheny, & Mansvelt, 2015). As a result of these criticisms many authors have suggested the use of a capability approach instead. These authors have argued that rather than supporting a view of ageing as trying to live up to an idealistic healthy image, ageing should be supported by focusing on the values, goals, and aspirations of older adults (Katz & Calasanti, 2015; Stephens, 2017; Stephens, Breheny, & Mansvelt, 2015). In doing so, it is argued that older adults have the capability to live health and fulfilling lives on their own terms, and that the social and structural barriers to achieving these capabilities is what gerontologists need to focus on. As such, the capability approach in gerontology can be argued as an extension of a social justice approach, where achieving individual capabilities requires social action to remove structural barriers (Stephens, 2017). Therefore for older sexual and gender minorities it is important not to focus on an idealised version of older age, but rather to focus on the structural barriers impacting them as they age and within aged care services. Additionally, a life course perspective adds to this goal as the life course model in gerontology considers the interplay of history, the place of social roles, and the interconnectedness of lives on older adults (Fredriksen-Goldsen, 2014). That is why in this research there is an active consideration of the capabilities valued by older sexual and gender minorities, the social structures restricting their success in achieving these capabilities, and a consideration of how

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their unique social position, social roles, and intersecting social connectedness influences their experiences of ageing.

The influences of heteronormativity and cisnormativity create unique challenges for this population. Two reports found that exposure to homophobia was a common experience for older sexual and gender minorities living in residential care facilities (Chandler et al., 2004; Ehrenberg, 1996). Furthermore, opportunities for sexual expression became increasingly limited due to ageist attitudes that imply older adults having sex is perverted, uncommon, or even non-existent (Chandler et al., 2004). A survey on the experiences of older LGBTQ+ individuals in residential facilities (N=210) found that that majority of the participants had experienced discrimination relating to their sexual and gender identity, as well as a lack of socialisation opportunities (Brennan-Ing et al., 2014). This lack of socialisation opportunities was also found in Canadian-based research that focused on lesbian and gay older adults that used focus groups with older sexual and gender minorities in addition to interviews with workers in aged care settings (Brotman, Ryan, & Cormier, 2003; Brotman et al., 2007).

Older sexual and gender minorities who were not residing in rest homes or other aged care services also perceive aged care services negatively. A survey conducted in a small metropolitan area in the United States showed that 73 percent of the participants (N=127) believed that discrimination towards sexual and gender minorities existed in aged care facilities, 74 percent believed that staff did not receive adequate training for working with this population, and 34 percent believed they would have to hide their sexual or gender identity if they entered aged care (Johnson, et al., 2005). Another survey in the United States (N=502) found that the participants' sexual identity was a factor in considering residential care, with 92 percent indicating that acceptance of their sexuality would be an important aspect in choosing a facility. In the same study, 25 percent of the participants reported that their sexual orientation would make them uncomfortable in accessing aged care services, and

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80 percent would be more comfortable accessing services if the provider was promoted as being gay-friendly (Gardner, Vries, & Mockus, 2014). Apprehension about potential service-related discrimination is relevant even for older adults who are not in a position to enter aged care services due to the impact of stress on their mental health.

As a result of discriminatory attitudes in aged care settings, and a sense of apprehension from community-dwelling sexual and gender minorities, some studies have reported on the prevalence of informal care networks amongst older members of the LGBTQ+ community. Authors Hughes and Kentlyn (2011) argue that older LGBTQ+ networks should be viewed as communities of practice where care is provided through informal support. Their justification for this approach is due to the tendency for sexual and gender minorities to rely more on a family of choice composed of close friends and connections, as opposed to a family of origin consisting of a biological family (Hughes & Kentlyn, 2011). This perspective is also supported by a secondary data analysis (N=371) that included gay men and lesbian women where the majority of participants expected they would need to, and be able to, rely on close friends and connections for support as they aged (Hughes, 2010). Previous research on LGBTQ+ caregiving is relatively limited (Orel & Coon, 2016), however what does exist show a complex set of experiences and challenges. Older sexual and gender minorities have a high rate of physical and mental health challenges compared to older heterosexual adults, meaning that older sexual and gender minorities in a caregiving role may be less able to provide support, or to provide it for an extended length of time (Orel & Coon, 2016). Additionally, LGBTQ+ caregiving needs to be understood as consisting of both families of origin and families of choice, where older sexual and gender minorities may be either receiving or providing care to biological family or a chosen family – both of which have particular stressors and benefits (Hash & Mankowski, 2017). As such it is important to question definitions and the use of the term family, especially in social work as dominant

discourses shape how knowledge is constructed and used in practice (Hicks, 2008b; Orel & Coon, 2016).

The relatively small amount of literature on older sexual and gender minorities who are living in their own homes and communities highlights the need for research to look into how this cohort may plan to rely on informal care networks as a means of avoiding aged care services.

2.3 Professional competency

Similar to the findings that older sexual and gender minorities are concerned about aged care services, previous research has reported that they are also apprehensive about the competence of helping professionals who work with diverse sexual and gender identities. A review in the United States on how sexual and gender minorities experience mental health services found that limited staff training, and a lack of connection with the LGBTQ+ community in discharge planning, often exacerbated mental health problems for sexual and gender minorities (Lucksted, 2004). A 2012 survey of United States-based social service agencies (N=320) also found that few provided specific support for sexual and gender minorities, and only one third provided staff training with a specific focus on LGBTQ+ people (Knochel, Croghan, Moone, & Quam, 2012).

Frustration at this perceived lack of knowledge among service providers was reported in a study mentioned earlier in this review (Kidd et al., 2011). Participants (N=11) reported that support services often questioned their sexual or gender identity when providing mental health services, and as a result, deterred participants from seeking future support (Kidd et al., 2011). Similarly, a study in Ireland with older sexual and gender minorities reported that only one third of participants (N=36) believed healthcare professionals had a suitable level of

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knowledge in LGBTQ+ issues, and only 43 percent reported feeling respected by professionals (Sharek, McCann, Sheerin, Glacken, & Higgins, 2015).

The area of professional competency is equally applicable to social workers engaging with the LGBTQ+ community. Fenge and Fannin (2009) have argued that, with specific reference to grieving, the needs of older sexual and gender minorities are not acknowledged by social workers due to the impact of ageism and heteronormativity both denying and downplaying the social support needs of older LGBTQ+ adults. This research used a combination of qualitative interviews (N=30) and surveys (N=300) to explore grief experienced by older gay men and lesbian women in England. Part of the authors' argument is that social service providers and social workers need to be more critically reflective when working with people with diverse identities by assessing their own expectations about older adults and relationships (Fenge & Fannin, 2009). Markman has argued that social workers needed to be better educated about the restrictive sexual and gender binary systems in society, and to incorporate that knowledge into their practice with sexual and gender minorities (Markman, 2011). Incorporating this knowledge can take many forms. These forms include: self-reflection, critiquing heteronormative policies in the provision of social services, as well as consideration of the fact that the majority of practitioners will identify as heterosexual. These considerations have implications for the delivery of social work services alongside the LGBTQ+ community.

In the previous sections of this review I addressed some of the ways in which social structures impact older sexual and gender minorities, as well as their concerns about social services and professionals. Next, and key to this current research, is a review on literature relating to wellbeing theory, and how it relates to older members of the LGBTQ+ community.

2.4 Wellbeing

The notion of wellbeing, which has been defined and labelled in a variety of different ways, is a central concept in this doctoral research. One way of examining wellbeing has been to focus on measures of positive emotions, social engagement, meaning, beneficial relationships, and accomplishment (Seligman, 2011). Alternatively, wellbeing has also been argued to consist of emotional support, social contact, participation, learning new skills and a sense of purpose (McDonald, 2010). Both of these approaches view wellbeing as a by-product of both individual and communal factors. These elements of wellbeing highlight the multiple ways in which wellbeing can be viewed as a subjective element. Authors Theurer and Wister in Canadian-based research looked at social capital and wellbeing using two dimensions of wellbeing – eudaimonic and hedonic (Theurer & Wister, 2010). Eudaimonic wellbeing is measured through self-reflective meaning and engagement, while hedonic wellbeing is assessed by individual happiness. As such, the authors examined the dimensions of belonging, community trust, and group activities as a way of covering both conceptualisations of wellbeing (Theurer & Wister, 2010). Similarly, a study that looked at how wellbeing has been measured and defined in previous research combined eudaimonic and hedonic wellbeing as a way of providing a comprehensive overview of individual and community quality of life (Kim, Lehning, & Sacco, 2016). The study concluded that while hedonic and eudaimonic components of wellbeing are conceptually distinct, they should be measured as a single construct. It is important to note that the research examined in this review uses a number of different dimensions and definitions of wellbeing, meaning that it is necessary to use caution when applying the results of one wellbeing study to different population cohorts or contexts.

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One of the goals of measuring and exploring wellbeing is to support individuals by increasing positive emotion, engagement, and relationships (Seligman, 2011). It is also useful to explore how resilience relates to the maintenance of wellbeing. High resilience in older persons has been associated with: living with others, independence in key tasks, few depressive symptoms, and self-rated good to excellent health (Hardy et al., 2004). However older sexual and gender minorities may not score well in relation to these factors. They may be reluctant to use, or are restricted from using community and institutional dwellings. They also have reported higher levels of depression in general than their heterosexual peers (Fredriksen-Goldsen, et al., 2011; Winter, 2011). Resilience is a commonly used term within social work and social science literature; yet resilience remains a poorly defined concept (Davydov, Stewart, Ritchie, & Chaudieu, 2010; Hildon et al., 2008). Research should be careful when adopting the term resilience, as it has the potential to put the emphasis for change or forbearance on the individual, and the use of the term needs to be accompanied by a critique of social structures that cause oppression rather than simply describing the potential for resilience to be an effective barrier against disruptive life events (Wild, Wiles, & Allen, 2013).

Reflecting the complexity of wellbeing conceptions described in social work literature, I decided to examine wellbeing from a number of perspectives, including: social contact, social participation, access to valuable resources, supportive social networks, and mental health. While the majority of these domains will be explored in relation to social capital in Chapter Three, in the next section of this review I focus on research about mental health for older sexual and gender minorities.

Mental health

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While I am exploring wellbeing from a variety of perspectives, primarily using qualitative self-reflections about social contact, fulfilment, and incorporating elements of eudaimonic and hedonistic wellbeing, the majority of research with sexual and gender minorities has focused on measures of mental health. Despite my reluctance to rely on psychologically defined measures of wellbeing, it is important to include this material as it provides a reference point against which I can compare the results of my research.

A common finding from research with sexual and gender minorities is that these populations are at a higher risk of mental health issues and complications (Brennan-Ing, Seidel, Larson, & Karprak, 2014; Hughes, Harold, & Boyer, 2011). Anxiety and generalised anxiety disorders are common mental health issues amongst sexual and gender minorities. The impact of persistent anxiety on older adults can include: detrimental effects on physical health, reduction of socialisation opportunities, and a negative impact on overall wellbeing (Cohen, Magai, Yaffee, & Walcott-Brown, 2006; Wolitzky-Taylor et al., 2010).

Of interest for research on older sexual and gender minorities is one internet-based survey on gay men and lesbian women over the age of 50 (N=220) that found that support from friends and family could act as protective factors against anxiety disorders (Masini & Barrett, 2008). While these results suggest that a strong social network may be protective, the diversity of the participant pool was not extensive, with the majority of the participants being Caucasian and of self-rated mid-level socioeconomic status. Not all older sexual and gender minorities will be able to access support from family, and in particular transgender, intersex, and non-binary individuals have reported a lack of family support (Fredriksen-Goldsen et al., 2011a; Fredriksen-Goldsen et al., 2014; Levitt & Ippolito, 2014).

Winter's commentary (2011) on transgender individuals and their social rights argued that the stigma experienced by transgender individuals often resulted in poor mental health,

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particularly anxiety. Consistent with this finding, a cross-sectional survey in the United States with older transgender individuals (N=2560) found that this population experienced significantly higher rates of anxiety disorders compared not only to cisgender adults but also to other members of the LGBTQ+ community (Fredriksen-Goldsen et al., 2015). These findings show that anxiety is not only more common for sexual and gender minorities, but that the diversity present within the LGBTQ+ community means that a more critical appraisal of how all older sexual and gender minorities experience compromised mental health is warranted.

A higher rate of depression has been noted for older sexual and gender minorities compared to heterosexual and cisgender individuals. Depression is often regarded as one of the most common mental health concerns for older adults, an issue with extra complications due to depression often being under-diagnosed in older adults (McDonald, 2010; Phillips, Ray, & Marshall, 2005; Tice & Perkins, 1996). Risk factors of depression for older adults can include: living in sheltered housing, disability, and adverse social and economic circumstances (Hughes & Heycox, 2010; Ray, Bernard, & Phillips, 2009). Loneliness is also closely linked to depression (Nygqvist, Cattán, Andersson, Forsman, & Gustafson, 2013).

A report completed in the United States on the ageing and health needs of older sexual and gender minorities found that one third of lesbian, gay, and bisexual older adults reported having depression (Fredriksen-Goldsen et al., 2011a). The same report indicated that 48 percent of transgender individuals were at high-risk of depression, the highest percentage within the wider LGBTQ+ community. The findings from this report also indicated that 71 percent of transgender adults reported suicidal thoughts (Fredriksen-Goldsen et al., 2011a). Similarly, a study that utilised interviews with transgender adults (N=515) in the United States found that experiences of discrimination in relation to their gender identity was a predicative factor for suicide risks for the participants (Clements-Nolle, Marx, & Katz, 2006).

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Other recent research has demonstrated that older sexual and gender minorities are at a higher risk of substance abuse when compared to older heterosexual and cisgender adults – perhaps indicating that people are self-medicating to cope with depression or anxiety (Fredriksen-Goldsen et al., 2011a; Fronek, 2012; Hughes, Harold, & Boyer, 2011; Klein & Ross, 2014).

An internet based survey on social support for older LGBTQ+ individuals (N=220) found that social support operated as a protective factor for individuals who had depression (Masini & Barrett, 2008). Another internet based survey, this time with lesbian women (N=265), also identified that social support networks can help protect against depression. This protective factor would indicate that factors associated with social capital may also provide potentially positive results for older sexual and gender minorities, which will be discussed in Chapter Three.

Minority stress

It is important in my thesis to explore the different social, cultural, political and individual factors that impact on the lives of older sexual and gender minorities. One promising way to do this is by using minority stress theory. Minority stress theory focuses on the variety of social forces that impact individuals of a minority group, which are commonly related to socioeconomic status, ethnicity, class, sexual identity, and gender. This perspective is focused on the excess stress minority's face due to belonging to one, or more, disadvantaged social groups (Meyer, 2003). Links between ethnic background, sexual and gender identity, and cultural identity have all been found in studies that utilised a minority stress theory analysis (Follins, Walker, & Lewis, 2014; McCarthy et al., 2014; Mink, Lindley, & Weinstein, 2014).

A United States survey on the mental health of multi-ethnic lesbian and bisexual individuals (N=116) found that the double jeopardy of facing stigma due to both their ethnic and sexual identity caused added stress that was linked to an increase of mental health risk (Craig &

Keane, 2014). Similarly, a study that used qualitative case narratives (N=32) found that members of the LGBTQ+ community with severe mental illness experienced double the stigma due to their sexual identity and their mental health diagnosis (Mizock et al., 2014). Additionally, a survey of the experiences of dual minority groups found that discrimination for sexual minorities who were of non-majority ethnic status (N=439) exacerbated their experiences of social anxiety (Cathey, Norwood, & Short, 2014). While these studies were all conducted in a North American context, it does suggest that older sexual and gender minorities with diverse identities may be more impacted by social stressors – a pattern likely to be evident in New Zealand.

2.5 New Zealand research with older sexual and gender minorities

While most of the research reviewed here has originated from international sources, it is important to assess New Zealand based literature on the topic of older sexual and gender minorities. As my research is based in New Zealand it can be expected that there are particular historic and cultural factors that will shape the experiences of the participants in this research. While the amount of research with the LGBTQ+ community in New Zealand could be more comprehensive, previous studies do provide an insight into how the national context of New Zealand may shape the findings of this research.

Like in most other OECD countries, New Zealand will also experience a trend of more sexual and gender minorities accessing aged care services and having contact with social services (Neville & Henrickson, 2010). However there has been little research into what factors may support the resilience of this community, or what unique experiences older members of the LGBTQ+ community may have when compared to older cisgender and heterosexual adults or younger members of the LGBTQ+ community.

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A key study in New Zealand with sexual and gender minorities was the Lavender Islands project (Henrickson, Neville, Jordan, & Donaghey, 2007). This survey included participants from around New Zealand (N=2269), and provided the first large scale insight into the LGBTQ+ community in New Zealand. This project included a 133-item survey which was distributed in both physical and digital forms and focused on a range of themes including: identity, families of origin, relationships, wellbeing, politics, and community challenges. The survey was distributed between the months of April and July in 2004. Overall the responses presented a highly educated, relatively high-income, and politically engaged community of sexual and gender minorities (Henrickson et al., 2007). However, of the 2269 responses only three participants (0.1 percent) identified as transgender and two (0.1 percent) as intersex. The majority identified as gay men and lesbian women, with only 5.3 percent using the term queer. As a quantitative study the Lavender Islands project provided the first overview of the LGBTQ+ community in New Zealand, but the experiences of transgender and intersex people remained largely unexplored.

The data from the Lavender Islands survey was used in other studies. A 2006 publication focused on questions from the survey that explored perceptions about primary healthcare (Neville & Henrickson, 2006). The authors found that more women than men highlighted the importance of the practitioner's attitude when choosing healthcare professionals; additionally, more women reported the assumption of heterosexuality was made by their healthcare provider and that they had disclosed their sexuality to the practitioner. While this study makes the conclusion that nurses need to be more inclusive when screening their clients, follow up qualitative examinations of how sexual and gender minorities relate to helping professionals would provide insights on how social workers can better engage with this demographic.

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The data from the Lavender Islands survey was also used for a secondary analysis focusing on educational attainment and discrimination against gay men and lesbian women (Henrickson, 2008). The author found that sexual and gender minorities in New Zealand were highly vulnerable to bullying, and that the influence of bullying was likely to have lifelong consequences as participants reported a lower lifelong satisfaction with an LGBTQ+ identity as a result of bullying (Henrickson, 2008). While this research did not focus on the experiences of older adults, it does potentially show how older members of the LGBTQ+ community may carry ongoing mental health and wellbeing concerns as a result of harassment and discrimination. Research is needed to explore the impact of historic events and changes on the wellbeing of older sexual and gender minorities in New Zealand.

Additionally, an examination of same-sex relationships in New Zealand using the Lavender Islands data found that participants in relationships were more likely to be out about their sexual identity than people who were single (Henrickson, 2010). Interestingly, one finding of this study was in contrast to international literature (Antonelli & Dettore, 2014), as Henrickson found that sexual and gender minorities in relationships were likely to receive emotional support from their family of origin, potentially indicating a cultural difference in New Zealand that needs to be explored in future research.

A more recent Christchurch and Auckland based study utilised focus groups to investigate the experiences of gay men (N=45) in regards to both physical health and mental health needs (Adams, McCreanor, & Braun, 2013). The authors reported that gay men were at a higher risk of suicide and mental health concerns compared to heterosexual adults, indicating a need for culturally sensitive support from mental health and social service providers. While this study was only focused on the experiences of gay men, it does highlight a potential vulnerability for sexual and gender minorities. The same study also reported that there was a lack of LGBTQ+ focused social and mental health policy in New Zealand, demonstrating

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how their experiences were often invisible in New Zealand (Adams, McCreanor, & Braun, 2013).

A similar study published at the same time focused on the mental health needs of sexual and gender minorities in New Zealand using an email survey with service providers (N=13), interviews with key informants (N=17), and an online survey of sexual and gender minorities (N=124) (Adam, Dickinson, & Asiasiga, 2013). The authors found that while sexual and gender minorities have similar needs to the heterosexual population, these needs are complicated by the ongoing experiences of stigma, discrimination, and a lack of support. It was also found that sexual and gender minorities are at a higher risk for suicide and other mental health issues than the general population, and again that there is a limited social policy focus on the mental health needs of older sexual and gender minorities.

A New Zealand study published in 2013 on perceptions of ageing as an older gay man used interviews with twelve participants, aged between 65 and 81. The authors reported on three main themes: the participant's exposure to homophobia throughout their lives, the importance of being in a relationship, and concerns over future care (Kushner, Neville, & Adams, 2013). The participants in this research noted the importance of a strong social network for their wellbeing, highlighting the role social capital can have in supporting older sexual and gender minorities. The authors also noted that the difficulty of estimating the size of the LGBTQ+ population is often due to the reluctance of governmental agencies and services to collect data about sexuality. Related to the importance of strong social networks found in the research by Kushner and colleagues, the same participants stressed they wanted to be in a close personal relationship; however only one of the twelve men was at the time (Kushner, Neville, & Adams, 2013). This could potentially mean that older gay men, as well as other older LGBTQ+ individuals, may lack a vital support person. This particular aspect needs follow up

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research in New Zealand with an inclusive range of participants, or in research that provides an in-depth focus on underrepresented populations such as transgender and intersex people.

In addition, a 2015 paper that used the same data from Kushner, Neville, and Adams' 2013 study focused on the coming out narratives of gay men (Neville, Kushner, & Adams, 2015). One of the key findings from this paper was that social service providers need to be providing ongoing support in the development of resilience for sexual and gender minorities by providing a person-centred approach. As such, it is important to explore how older sexual and gender minorities interact with social work and social service professionals. One insight that did emerge from these narratives was the fact that a number of older men initially denied their attraction to other men, got married, had children, and only then later came out about their sexuality (Neville, Kushner, & Adams, 2015). This delayed process of coming out could have implications for the social networks, wellbeing, and experiences of older adults in New Zealand. Older gay men in New Zealand may be more likely to have children than what is reported in international literature, and may have struggled to forge social networks in LGBTQ+ spaces as a result of coming out later in life. These potential considerations deserve follow up attention.

A recently published New Zealand study on the perceptions of care workers towards older sexual and gender minorities in residential care reported findings similar to those identified in international literature. Using hypothetical vignettes with seven focus groups, the authors reported that there were both subtle and overt forms of homophobia in a variety of New Zealand-based facilities (Neville et al., 2015). The authors reported that staff indicated they were unprepared and lacked specific knowledge relating to sexual and gender minorities. Questions about sexuality were included in assessment sheets in the facilities but were often not filled out or explored suitably to cover sexuality (Neville et al., 2015). As this lack of training is consistent with findings in international studies, it is equally likely that older

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sexual and gender minorities in New Zealand have the same fears about entering residential aged care services. Research is needed to explore this perception from older sexual and gender minorities, as this study included material from care workers and not older sexual and gender minorities. There is also a need to understand more about how a potential fear of residential care may delay older sexual and gender minorities from accessing support, or rely on other options, and what implications this may have for their wellbeing.

One author argues that it is important to continue to be critical about social developments regarding sexuality in this country. Schmidt (2017) draws attention to the Marriage (Definition of Marriage) Amendment Act 2013, and states that it still privileges relationships that follow a heteronormative model. The author asserts that changes in New Zealand law do little to challenge heteronormative models of sexuality, and more attention is needed to raise awareness of various forms of sexual and gender identities (Schmidt, 2017). As such, part of my research focus is the impact, or lack thereof, of legislative changes in New Zealand on older sexual and gender minorities.

One New Zealand study on bisexual women that used focus groups found that for many of the participants they felt they were unable to access or have the same level of visibility in the wider LGBTQ+ community (Sergent-Shadbolt, 2015). While this study only assessed views from bisexual women, and did not include older adults in the research, it does indicate the potential for older bisexual adults to feel excluded from shared social spaces. Follow up research with older bisexual adults would help address this gap in the literature.

The research that has been conducted with transgender participants found that they face a large amount of discrimination in New Zealand, and that there are substantial gaps in the provision of health and social services for this population (Human Rights Commission, 2008). This report, titled *To Be Who I Am*, indicated a range of different social and cultural

areas that needed to be developed to better support gender diverse individuals. These include: the barriers children and young people have in school, in accessing health services, and in participating in society; a need for a specific examination of the needs of intersex people; and the need for legal processes to better reflect the gender diversity present in New Zealand society (Human Rights Commission, 2008). The report also noted that gender confirmation surgery was hard to obtain in New Zealand and that there were limited options for transgender individuals seeking this pathway (Human Rights Commission, 2008). As there has been little research conducted with this population in New Zealand, in particular with older adults, further examination of their experiences of wellbeing, social capital, and ageing is needed.

2.6 Christchurch and the 2010/2011 Earthquakes

On the fourth of September, 2010, an earthquake measuring 7.1 on the Richter scale struck the city of Christchurch at 4:30 in the morning. No lives were lost, and minimal injuries were reported. However, there was substantial damage to the infrastructure of Christchurch and the surrounding area, resulting in many individuals and communities having no access to running water, power, plumbing, or public transport. A second earthquake occurred a few months later, on the 22nd of February 2011 at 12:51 in the afternoon. This earthquake was recorded as a 6.3 on the Richter scale. Despite being lower in magnitude, this earthquake was closer to the city centre, was shallower, and the infrastructure of the city was still being rebuilt after the September earthquake. As a result 185 lives were lost. The pre-existing damage to the city was compounded, and the ongoing disruption for the residents of Christchurch included continued loss of public services. Many individuals chose to leave the city. Seven years later, Christchurch is still in the process of rebuilding homes, roads, and communities, with the

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practical and psychological impacts of the earthquakes continuing to impact the daily lives of the city's residents.

The impact of the earthquakes on the wellbeing of older adults in Christchurch has been explored in previous research. One study looked at the impact of the earthquakes on older adults who were receiving care in their own homes by surveying the support staff who helped them (N=168). Five key issues emerged from this research: adverse effects on mental health, the difficulties of an unsafe location, emerging loneliness and isolation, difficulties coping with change, and poor access to support services (Hendry & East, 2013). These findings not only pointed to an increase in concerns related to wellbeing in the aftermath of a natural disaster but also highlighted structural difficulties in supporting individuals.

A qualitative exploratory study that assessed the stories from communities in Christchurch following the earthquake found that community bonding was a common occurrence for those who stayed in the city, a factor that provided support and resilience during that time (Gawith, 2013). Similarly, research that interviewed older adults (N=50) and informal caregivers (N=34) who were evacuated following the earthquake found that resilience was supported by both family and community support networks (Heppenstall, Wilkinson, Hanger, Dhanak, & Keeling, 2013). While this research has no information about the sexual or gender identities of its participants, it does show how community networks and social capital resources can support older adults in response to traumatic events.

While these studies have explored the initial impacts of the Christchurch earthquakes on older individuals there is still a large gap in the literature. There has been no attempt to explore the impact of the earthquake on the wider LGBTQ+ community in Christchurch, or to identify how their social capital was affected. However, recent research has looked at how the media can influence responses to disasters, and in particular included how the media

reported on, or failed to report, the experiences of sexual and gender minorities in Christchurch after the earthquakes (McKinnon, Gorman-Murray, & Dominey-Howes, 2017). The authors examined reports in mainstream newspapers and media outlets to examine whether sexual and gender identity was acknowledged, or comments around the wider LGBTQ+ community were included in media coverage of the earthquakes (McKinnon, Gorman-Murray, & Dominey-Howes, 2017). The authors conclude that the experiences of sexual and gender minorities were largely absent from mainstream reporting on the Christchurch earthquakes, and while specific LGBTQ+ community outlets did report on the impact, they were uneven in their representation of the diverse LGBTQ+ community (McKinnon, Gorman-Murray, & Dominey-Howes, 2017). The exclusion of queer disaster narratives could potentially contribute to the marginalisation of sexual and gender minorities, in particular in light of a traumatic event. While the study by McKinnon et al. does not include experiences from sexual and gender minorities, or older members of the LGBTQ+ community, it does speak to the growing interest in supporting diverse communities in the wake of natural disasters. More research is needed on how older sexual and gender minorities respond to natural disasters, and what social workers can do to support this population.

2.7 Limitations in research with older sexual and gender minorities

There are a variety of limitations in previous research with older sexual and gender minorities – some of which have been alluded to during the discussion of available literature. The majority of research with this population has typically been limited in terms of including diverse ethnic and socio-economic backgrounds (Sluytman & Torres, 2014). This limitation impacts examinations of how socio-economic conditions and ethnicity influence wellbeing, the development of social capital, and factors that determine how older sexual and gender minorities access the LGBTQ+ community. A critical review on resilience in black sexual

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and gender minorities found that the participants were more likely to experience violence than LGBTQ+ individuals of other ethnic backgrounds (Follins, Walker, & Lewis, 2014). Similarly, an online survey with lesbian women (N=265) indicated that socioeconomic status was a factor in disclosure of their sexual identity, with higher earnings and education being associated with higher rates of disclosure. Despite studies such as these, the lack of information of the relationships between ethnicity, class, age, and abled status limit our understanding of how social capital can operate in various social contexts.

As discussed throughout this review, another common limitation of research with the wider LGBTQ+ community is the tendency for most studies to focus on gay men and lesbian women, with little attention paid to bisexual, transgender, intersex, or non-binary individuals (Alarie & Gaudet, 2013; Burrill, 2009; Erickson-Schroth & Mitchell, 2009; Fredriksen-Goldsen & Muracro, 2010; Logie, James, Tharao, & Loutfy, 2012). Importantly, when research does include these more diverse identities it is often as a subset of a larger cohort, and does not include enough individuals to provide conclusive findings. Understanding the relationships between different identities in the wider LGBTQ+ community is vital for exploring how older sexual and minorities maintain social capital connections and support their wellbeing. Social work research needs to consider this.

It is also important that social work research with older sexual and gender minorities critiques the competency of the profession to work alongside diverse identities, and a key component of that resides in the training provided to social workers.

2.8 Social work pedagogy

The education of social workers is important to consider when developing research with diverse identities. While my research does not include the reflections or accounts of social

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workers working alongside sexual and gender minorities, how social workers are educated and trained may be one of the possible implications of this research.

Currently there is no material detailing the specific amount of LGBTQ+ related content covered in New Zealand social work programmes, or assessments of how competent social workers are to work with this population in New Zealand. However, there are international reports detailing limitations in how social work programmes prepare students to work with sexual and gender minorities.

One survey project on social work students' attitudes and knowledge in a United States social work school (N=173) found that, despite the students reported positive attitudes and low levels of phobia towards sexual and gender minorities, 42 percent of the participants lacked sufficient knowledge relating to this group (Logie, Bridge, & Bridge, 2007). The authors suggested that this high number could be due to the fact that students did not actively seek out training opportunities, and suggested integrating content throughout the course programme and providing specific practice placements to bolster the students' knowledge. It was concerning however that the survey reported higher rates of intolerance towards bisexual and transgender individuals, highlighting that social work environments can equally perpetuate the stigma directed against these individuals (Logie, Bridge, & Bridge, 2007). Additionally, a commentary from Australia on sexuality in social work education argued that in general content on sexuality was missing, and that unless social work education is prepared to critique heterosexuality, it is likely to fall victim to institutionalised heteronormativity in both practice and policy (Rowntree, 2014).

The importance of including material and providing sufficient training to work with sexual and gender minorities in social work schools is because educating social workers can be a first step in addressing inequality in society (Foremen & Wuinlan, 2008). In this study a

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partnership between a social work school and a gay men's health project was assessed in terms of student competency to work with sexual and gender minority groups. Following completion of their placement in the health project, students reported an increased understanding around the LGBTQ+ community, knowledge, confidence to work alongside this population, and a heightened ability to spot stigma (Foreman & Quinlan, 2008).

While social work schools should be places with low levels of stigma and discrimination, two nationwide surveys in the United States found that stigma towards the LGBTQ+ community was present in the staff of social work schools. One survey with social work faculty (N=161) found that while the majority were supportive of including material on sexual and gender minorities, and recognised societal stigma directed at the LGBTQ+ community, there were some that did not. These participants were against the inclusion of specific LGBTQ+ related material, while others provided responses that showed they were against social reforms such as gay marriage (Woodford, Brennan, Gutierrez, & Luke, 2013). Similarly, a nationwide internet survey in the United States (N=303) found that sexual prejudice was endorsed by 14 percent of the participants (Chonody et al., 2014).⁶ While these numbers are relatively small, they still highlight how stigma, discrimination, or a lack of consideration towards sexual and gender minorities are present in schools of social work to the detriment of the profession.

While in New Zealand there are no similar studies to report on, the Aotearoa New Zealand Association of Social Workers, as well as Social Workers Registration Board, both require that their members are trained in culturally competent practice, as well as to uphold a Code of Ethics. The Code of Ethics specifically includes sexuality and gender identity, and the description of culturally competent practice lists "age, sexuality, gender and transgender" in its description (ANZASW, 2015). Therefore, the competency of social workers to work with older sexual and gender minorities should be cultivated by all social work educational

⁶ Which was defined by negative feelings and intolerant views of the LGBTQ+ community.

facilities in New Zealand. While my research does not report on social work schools, students, or include material from practitioners, the implications of this research will include specific material related to social work education and training.

2.9 Gaps in the literature

As evidenced in this literature review older sexual and gender minorities are an often under-represented and invisible population in New Zealand social work research. Not only is this population lacking representation in research, but what does exist shows that older members of the LGBTQ+ community face a unique and varied band of challenges. These include: systematic oppression from heteronormative, cisnormative, and ageist views; potentially reduced social support networks; a lack of competent professionals to support them; and higher rates of mental health and wellbeing concerns.

Social capital is a prominent and frequently adopted model for examining and supporting the multiple relationships of individuals in diverse communities. In the next chapter of this thesis I outline a model of social capital and how it applies to older sexual and gender minorities, as well as linking it to the theoretical framework underpinning this research.

3 THEORETICAL FRAMEWORK

Research will only be as successful as the framework that it is built upon. For qualitative research, it is possible to lose focus, shift between conceptualisations of social phenomena, or lack purpose without an established set of guidelines. My focus in this chapter is the overarching theoretical framework that supports this research. While the literature review in Chapter Two discussed gaps in international and New Zealand research, it is the theoretical framework that shapes how those gaps are addressed through the research questions, study design, analytic approach, and the presentation of the findings.

There are two theoretical lenses guiding my research: critical social theory and critical gerontology. There is some overlap within each lens, as both are broad and eclectic theoretical perspectives. However the decision to separate the two relates to my goal of focusing on the social structures of heteronormativity and cisnormativity, while equally emphasising that age and ageing are central components of the life course. In addition to this theoretical framework, the notion of social capital is used as a model for exploring connections between individuals, communities, and wider social structures. Social capital supports the theoretical framework by examining how social connectedness and the exchange of valued resources can influence wellbeing – factors likely to be relevant in the examination of the impact of heteronormativity, cisnormativity, and ageism. While there are criticisms against the use of social capital in social sciences, such as it being a poorly defined model, too broad for practical applications, or simply being a new word for an old concept (Bryson & Mowbray, 2005; Fine, 2007), when combined with critical social theory and critical gerontology, it can be a useful model in social work practice and research.

3.1 Critical social theory

Critical social theory is a broad term, encompassing a range of perspectives and approaches for examining social structures. While it does not refer to a single theoretical approach, it does provide guidelines for adopting a critical perspective in social work and social science research.

Goals and aspirations

The use of critical social theory requires both a perspective and a goal. Critical social theory helps make explicit the notion that researchers are not just passive observers of social phenomena (Dant, 2003). In having a perspective, informed by personal, political, and professional factors, critical social researchers aim to explore how individual lives and communities are influenced by cultural and political forces. In doing so, this strategy of critiquing works to expose the cultural forms of social constraints, ensure their recognition, and promote their rejection (Dant, 2003; Torres, 2012). Therefore, an important assumption in adopting critical social theory is that before change can be achieved, power discrepancies must first be identified and acknowledged.

Broadly, critical social theory has a variety of aims that are in line with social work goals. These goals include individual and community emancipation, the highlighting of forms of hidden coercion, and advocating for personal liberty (Guess, 1981). One consistent theme is that using critical social theory is an inherently reflective and self-reflexive process, which requires the researcher to acknowledge that neither they, nor the research, exist in a vacuum (Guess, 1981; Morley, Macfarlane, & Ablett, 2014). Therefore the use of a critical social theory lens in this research necessitated a discussion about the ways in which the research process was influenced by my own actions and background, while also acknowledging how

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broader social events impacted the way I interpreted the findings. This research process is documented in Chapter Four, but is also included in the final discussion of the results, and their implications for social work, at the end of the thesis.

Critical social theory and power

When social work researchers utilise critical social theories, they often focus on the role of power. They use these theories to deepen their understanding of power inequalities between individuals, and of how inequalities are created and reproduced through processes of social interaction (Fook, 2002). It was therefore important as part of my research to look at how heteronormativity, cisnormativity, and ageism created forms of disadvantage and oppression for the participants, while assessing how these structures are reinforced through interpersonal connections. For the older sexual and gender minorities who participated in this research that included: lifelong experiences of stigma and discrimination; the impact of those forces on employment, community connections, and wellbeing; and how social capital either reinforced or protected against those factors. It is important, however, to refer back to the acknowledgment in Chapter One that the use of terminology such as heteronormativity and cisnormativity can equally perpetuate social binaries and systems of disadvantage that ‘other’ particular identities. While I will continue to use those terms in this examination of power and structural forces, caution needs to be used when considering how they can easily not acknowledge diversity across the lifespan, within communities, or in participant samples.

Binary language and ‘othering’

Using critical social theories and approaches also involves challenging the idea of binary concepts. For social work, these binary systems often include the dimensions of privileged versus disadvantaged with no account of context, the concept of professional knowledge against community-based experiences, as well as the divide between theory and practice in

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social work discourses (Fook, 2002). Another consideration for social work is how forms of knowledge and understanding are filtered through binary constructions of identity that create a privileged position through which knowledge is filtered. Author Stephen Hick has focused on the way social work understands the concept of sexuality, and has argued that the dominant version of sexuality in social work produces a heteronormative position, where from homosexuality sexual and gender minorities are examined from an outside perspective (Hicks, 2008b). As a result of this process Hicks has argued that many social workers and social work researchers perceive members of the LGBTQ+ community as coming packaged with a fixed and universal experience, with specific needs that should be attended to through social work practice (Hicks, 2008a). A result of this focus on need is an assumed homogeneity of sexual and gender minorities, an assumption that risks missing the diversity of experiences and inherent strengths of sexual and gender minorities. These considerations are relevant for my research, and are discussed in Chapters Four and Nine.

Another common binary, and one previously addressed in Chapter One, is the idea that sexuality and gender exist as a binary. Critical social theorists argue against this depiction as both sexuality and gender exist as social constructs, and static categories fail to capture the fluidity of experiences that all individuals might have (Crossley, 2005). This rejection of the binary systems of sexuality and gender is also supported by queer and post-structural feminist theories, which are also components of critical social theory. These perspectives view gendered positions as inherently flexible, and highlight the importance of individual narratives in critical social research (Agger, 1998; Morley, Macfarlane, & Ablett, 2014). The importance of highlighting individual narratives is why I chose to adopt semi-structured interviews as the primary way of collecting the data in this doctoral study. While structured surveys can be distributed to a much greater number of potential participants, and focus groups can allow for the participants to build off each other's responses, semi-structured

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interviews gave the individual participants the opportunity to focus on their own narratives and experiences. Emphasising individual narratives is important for a cohort who may have had their stories silenced or marginalised for much of their life (Ray, 2008).

Application in social work research

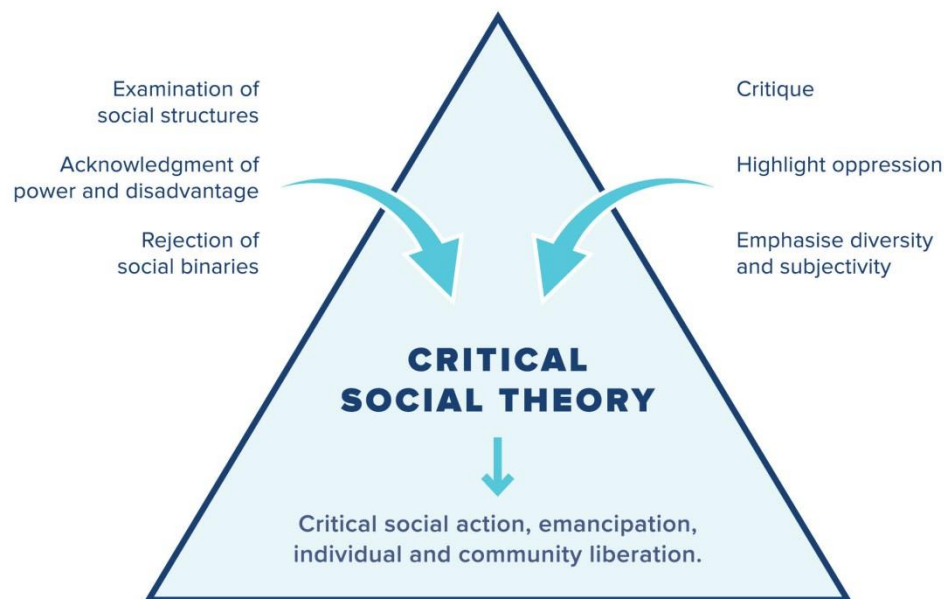
MacKinnon (2009) provides suggestions for social work research that were useful for developing the theoretical framework for this research and deciding on how to incorporate elements of critical social theory. MacKinnon (2009) argues that the best forms of critical social theory critique established norms and aim to stimulate social activism. These goals can be achieved by engaging in public discourses, involving front-line practitioners, and working alongside oppressed people and communities. While the dissemination of my research for practitioners and public discourses will occur at a later date, engaging with and incorporating older sexual and gender minorities as participatory stakeholders was an important way of adopting critical social theory principles for this research (Freeman & Vasconcelos, 2010; MacKinnon, 2009). In an effort to remain consistent with critical social theory's goals, prior to the beginning of the initial research interviews I engaged with a small number of sexual and gender minorities in order to pilot and seek feedback on the interview guide and study design. During the course of the primary research interviews, I also took the opportunity to ask each participant about suggestions for improving the research guide, and what subject areas they believed would benefit from inclusion in future interviews.

The theoretical foundation provided by critical social theory helps to shape this current research in a number of ways. Chapter Four, the research methods chapter, includes material relating to my own processes and decisions during the research process, as well as incorporating active and reflective feedback on the advice of the participants of this research. The analysis included a strong focus on the influence of cultural, social, and political forces

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on the lives of older sexual and gender minorities – which is found through the findings chapters in this thesis. The implications of this research are supported by the principles of critical social theory in regards to social action and highlighting the constraints placed on older members of the LGBTQ+ community.

It is also necessary to acknowledge critiques of critical social theory, in that, many critical social theorists do not offer a plan for effective social action despite their identification of inequalities and social constraints (Corradetti, 2018). As a result of this consideration, I have endeavoured to apply the goals and aspirations of critical social theory through the professional lens and practical opportunities afforded to social work. The aspirations refer to principles of social justice and human equality, while the practical opportunities can relate to a network of trained professionals and services across New Zealand and internationally (O'Brien, 2010). A simple representation of critical social theory, and how I incorporated it in this research, is shown in the figure below.

Figure 3.1 Critical Social Theory

3.2 Critical gerontology

Critical gerontology is another perspective that has played a strong role in the development of this theoretical framework and research. Critical gerontology is a theoretical lens that supports an examination of the ageing process, one that is critical of social structures, socially constructed ideas of ageing, and the social systems that impact individuals and communities as they age (Ray, 2008; Netting, 2011). Adopting critical gerontology in social work research is a way to study and evaluate the perception of age while also utilising a combination of physiological, sociological, political, and economic critiques (Chambers, 2004). In essence, critical gerontology can best be understood as an amalgamation of different research theories and perspectives, of which the central purpose is to highlight socially constructed perceptions of ageing.

Lines of inquiry

Critical gerontological theorists have argued that critical gerontology consists of two distinct lines of social inquiry: a structural perspective and an individual perspective (Minkler, 1996; Weiland, 1995). Structural forms of inquiry refer to critiques of the social, economic, and political forces that shape the process of ageing, in particular how these forces intersect with ethnicity, socioeconomic status, sexuality, and gender (Minkler, 1996; Ray, 2008; Weiland, 1995). The individual line of inquiry refers to research that highlights personal experiences and individual diversity within the lives of older adults (Chambers, 2004; Minkler, 1996; Ray, 2008; Weiland, 1995). The individual line of inquiry is also supported by the lifecourse perspective, which aims to explore how an individual's experiences can influence behaviour and expectations later in life (Komp & Johansson, 2015). Importantly, these two lines of inquiry cannot be separated from a critical gerontological analysis, and both are central to how the wellbeing of older sexual and gender minorities has been interpreted in this current doctoral study. These two lines of inquiry are directly supported by the use of a capabilities approach, as this discourse on ageing focuses on individual values for wellbeing in later life and the structural forces that limit older adults from achieving those values (Stephens, 2017). Therefore as part of using critical gerontology in this research there is a strong focus on individual reflections on wellbeing.

Critical gerontology is similar to social theories that actively challenge typical dimensions of identity, such as the heterosexual/homosexual binary. It provides a framework that allows emancipation from social and cultural dominance, like the impact of heteronormativity and cisnormativity, and also critiques the formal and informal structures that support older adults (Dant, 2003; Fook, 2002; Guess, 1981; Holstein, 1995; Netting, 2011; Weiland, 1995). As critical gerontological analysis actively incorporates overlapping perspectives in its examination of age, notably in relation to ethnicity, culture, sexuality, and gender identity, it

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is a suitable lens to adopt in the examination of the diversity of experiences that can emerge between age, sexual and gender identity, and wellbeing (Chambers, 2004; Freixas, Luque, & Reina, 2012; Ray, 2008). The suitability of critical gerontology as a lens for my research is further emphasised by the value placed on the relationship between emotional and social wellbeing (Freixas, Luque, & Reina, 2012). The focus placed by critical gerontology on emotional and social wellbeing supports my justification of the concept of wellbeing. As discussed in the literature review, wellbeing theory – relating to the areas of social contact, participation, and support – are the social domains I have chosen to explore in relation to social capital for older sexual and gender minorities.

Context and subjectivity

An important principle when using critical gerontology is that ageing does not occur in isolation. Rather, ageing is a subjective element that is dependent on culture, circumstance, and individual experience (Chambers, 2004). This acknowledgment of subjectivity, combined with the fact that critical gerontology incorporates analysis of multiple life facets associated with ageing, means that it is well suited to the goals of my research (Chambers, 2004; Freixas, Luque, & Reina, 2012; Ray, 2008). Expanding on this, a recent literature review discussed the importance of gerontological research utilising an approach that has an awareness of the multiplicity of identity, one that is mindful of how sexuality, gender, and ethnicity impacts upon older adults (Sluytman & Torres, 2014). In particular, these authors argue that this approach is necessary for contemporary social work research as social work and broader social sciences traditionally reflect wider social biases in their recruitment methods. For example, research on the rainbow community has predominately focused on gay men, followed by lesbian women, at the expense of recruiting other sexual and gender minorities. Adopting critical gerontology in this research is a way of stressing the importance

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of acknowledging the diversity of identities that traditional gerontological studies may overlook (Sluytman & Torres, 2014).

One study on gender confirmations in later life with transgender participants (N=22) showed the limitation of previous gerontological work. The authors noted mainstream gerontology's approach to gender and sexual identity was still largely based on heteronormative assumptions by drawing attention to the lack of gerontological material on gender transitions and gender diversity (Fabbre, 2014). Heteronormativity within gerontology can include attitudes that fail to account for diverse sexual experiences with older adults, an assumption of children and a nuclear family, as well as the denial of homophobic experiences. This heteronormativity in mainstream gerontology is a reminder that a critical gerontological analysis is suited to a broad research agenda, and that it is important to continue to critique how previous research, as well as social services, perpetuate dominant social discourses and power dynamics.

Fitting with social capital

Critical gerontology also provides a useful lens for exploring social capital. One way that critical gerontology can be used by researchers is by highlighting the ways that social capital may manifest differently for older adults with diverse identities. Using critical gerontology when exploring social capital provides a way for the researcher to actively look at how these forms of social capital may not be acknowledged by mainstream services due to dominant assumptions of age and ageing (Wild, Wiles, & Allen, 2013). As mentioned earlier, typical assumptions about older adults may not include the types of interpersonal and community connections that older sexual and gender minorities enjoy. These may include a reliance on a family of choice as opposed to a family of origin, a lack of contact with biological family members, and potentially a stronger reliance on community based social venues (Croghan,

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Moone, & Olson, 2014). Critical gerontologists actively reject the notion that all older adults are uniform with their social connections, and reject typical views of ageing that are based on a narrow, socially constructed model (Ray, 2008). This rejection of narrow notions of ageing, which are often manifestations of both ageism and heteronormativity, provide a critical theoretical base in which the exploration of social capital, the experiences of sexual and gender minorities, and wellbeing, can be examined from an open and inclusive perspective.

It is important to note that the use of critical gerontology does not deny the potential for the loss of function or capacity that may occur in older age (Freixas, Luque, & Reina, 2012; Netting, 2011). Rather, its use allows for a theoretical and research position that actively counteracts reductionist and ageist representations of older individuals that reduce the value of human experience to a narrow band of physical parameters (Freixas, Luque, & Reina, 2012). This is because gerontologists have a duty to critique the full spectrum of ageing experiences (Settersten & Hagestad, 2015). I aim to take account of all aspects of the ageing process for older sexual and gender minorities by including the recognition of loneliness, social isolation, as well as conflict within social networks for this population.

Eclectic considerations

As critical gerontology is a broad framework, researchers adopting this lens can also incorporate aspects of queer theory and intersectionality.

Queer theory has as its core the task of deconstructing categories of identity, as these categories often obscure differential experiences and have the by-product of re-affirming pre-existing inequalities (King, 2016). An assumption of queer theory is that categories of identity are inherently regulatory, that is, they both shape and constrain individual experiences, and that the construction of the categories are tied to dominant political and social discourses (King, 2016). The use of queer theory in social work is designed to

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challenge the notion of gender, which the binary view of gender is questioned, and the resulting impacts of that binary are critically considered at a micro, meso, and macro level (Hicks, 2015).

The use of queer theory in critical gerontology is often described as queer ageing. This perspective challenges social norms about heteronormativity and gender conformity as they relate to ageing (Fabbre, 2016). The aim of queer ageing is to incorporate queer concepts into gerontological practice, which is in line with critical gerontology's eclectic use of social theories. An important part of applying queer ageing in both practice and theory is the use of critical self-reflection, as it is impossible for practitioners or researchers to apply queer ageing to gerontology if they are not already reflecting on how heteronormativity and cisnormativity have embedded themselves in mainstream gerontological practices (Fabbre, 2016). I mainly use the terminology of critical gerontology to refer to the broad amalgamation of social theories about age, and queer ageing continues to be an important aspect of that theoretical lens. Queer ageing has been used in this research through critique and reflection on how heteronormativity and cisnormativity are present in social work gerontological practices, as well as through a consideration of how academic language can reinforce social binaries through heteronormative and cisnormative language.

A related concept to queer theory, and one that has direct implications when responding to the dichotomies in both gerontology and social work, is the theory of intersectionality. Intersectionality arose from a critique of feminist theory that used single inequality analysis to focus on the concerns of women generally, while not considering the unique and differing needs of African American women (Calasanti & Giles, 2018). Intersectionality theory examines the social divisions, identifications, and power relations that structure peoples' lives, while acknowledging that there is no hierarchy of oppressive systems that impact on marginalised people (Cronin & King, 2010). That is, forms of injustice come from

interlocking and equally impactful forms of oppression (Hicks, 2015). Intersectionality can help critical gerontologists to better understand the structural constraints that may impact older sexual and gender minorities by incorporating the multiple social locations these individuals may occupy (Cronin & King, 2010). Related to this, it is important to examine not only differences between groups, but within them as well, which is why this current research explores the different experiences and interactions of the wider LGBTQ+ community, as traditionally the majority of social work research is skewed towards the experiences of a gay male experience, silencing the voices of other sexual and gender identities (Westwood, 2017).

Since critical gerontologists actively assess how social structures and processes impact upon ageing, they are also influenced by the schools of social and developmental psychology. While I am not focusing on psychological measures of community, social capital, or wellbeing – discussed in Chapter Two's inclusion of literature on mental health – these measures are still important to acknowledge in critical gerontological analysis. Social psychology takes the stance that how individuals experience ageing is shaped by shared meaning and social phenomena, and that ageing is inherently a social experience (Settersten & Hagestad, 2015). The critique of objective experiences within social psychology research and writing also addresses sexuality, gender, and identity, and points to processes where sexual and gender minorities often form an identity as 'other' due to their being at odds with heteronormative and cisnormative values (Howard, 2000). This process of being labelled as 'other' is tied to the social construction of stigma shaped by assumptions of normality, and is inherently tied to socio-political patterns and structures (Howard, 2000; Major & O'Brien, 2005). Psychosocial theories of ageing assume normative trends and behaviours that are appropriate for people of certain age groups, and attempt to explore whether individuals change based on age or age-related variables (Montada, 1984). However, developmental

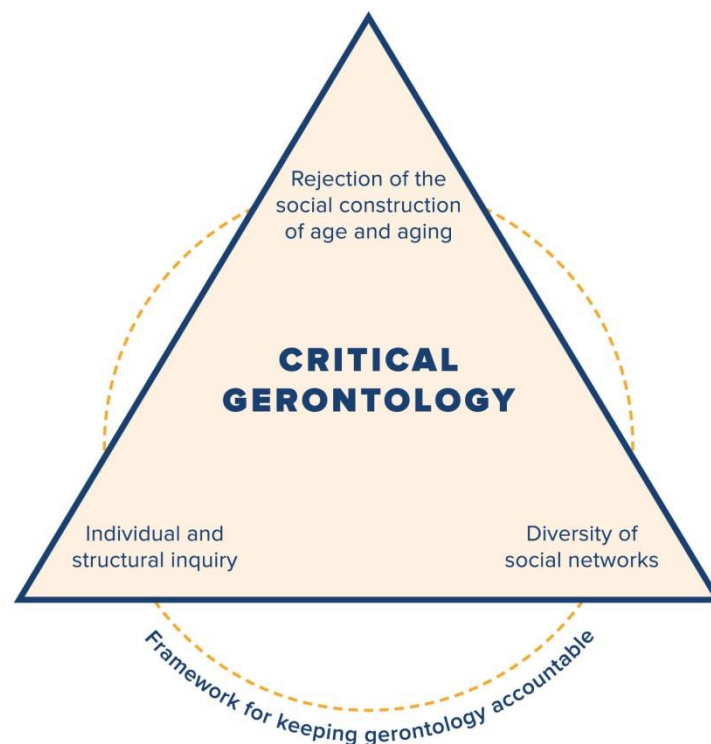
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theories of ageing are often based on the concept of ideal ageing, a presupposed process of internal and external changes that happen as people reach specific ages (Wadensten, 2006). These stages do not necessarily consider the differences between individuals, nor do they actively incorporate diverse people and cultures into their assessments of ideal ageing (Wadensten, 2006). Therefore, caution needs to be taken when applying psychosocial theories to the older cohort of the LGBTQ+ community.

Critical gerontology alongside critical social theory

The rationale for separating critical gerontology from critical social theory in this chapter was due to the need to emphasise thematic and analytic approaches that focused on age. While both critical social theory and critical gerontology contain a broad spectrum of perspectives and approaches, much of the research with the LGBTQ+ community is lacking in ageing content. As discussed in Chapter Two, there is a lack of substantial research explicitly on older sexual and gender minorities in New Zealand. While critical gerontology shares many components with critical social theory, highlighting the impact of age, ageism, and the process of getting older is vital to my research. As a result, critical gerontology was discussed separately from critical social theory to stress the importance of age-based experiences when exploring the wellbeing of older sexual and gender minorities.

As a comparison with Figure 3.1 above representing critical social theory, Figure 3.2 below provides a representation of the key elements of critical gerontology, and how they are integrated within this doctoral study.

Figure 3.2 Critical Gerontology

While both critical social theory and critical gerontology form the basis of the theoretical framework, a key model I am using alongside this framework is social capital.

3.3 Social capital

One of the central questions that my research is exploring is how, and in what capacity, does social capital impact the wellbeing of older sexual and gender minorities. Social capital has been embraced by some social workers as a flexible model for conceptualising the social connectedness of individuals and communities (Barker & Thomson, 2015; Fine, 2007; Healy & Hampshire, 2002). Historically, the use of social capital within social work arose as a way of criticising inflexible and unresponsive service delivery from government institutions (Davis, 2001). The goal of using social capital is to put the means for emancipatory

development in the hands of individuals and communities by not relying solely on external sources for change, resources, or advocacy (Davis, 2001; Healy & Hampshire, 2002).

Defining social capital

However, a criticism of social capital is that it is a broad and eclectic model, one that is used differently within various fields and by different theorists (Mohan & Mohan, 2002; Shortt, 2004). Any assessment of social capital needs to acknowledge the fact that there is conflict over use of the term, and what the model actually refers to (Pawar, 2006). This conflict is consistent with the fact that social capital is often considered as under theorised, with little to no consensus on universal ways of measuring social capital (Shortt, 2004). It is also possible that typical dimensions or processes demonstrating social capital may not take into account unique features of diverse communities, such as gender and sexual minorities, by failing to consider the impact of discrimination and stigma on the formation of interpersonal and community networks.

Despite this ambiguity, I have used the terminology social capital in a manner that is consistent with Healy and Hampshire's usage of; bonding, bridging, and linking capital (Healy & Hampshire, 2002). The notion of bonding social capital refers to connections between individuals within the same social sphere (Baum & Ziersch, 2003; Blair & Carroll, 2008). The second concept, bridging social capital, can be conceptualised as the connections between different social spheres and communities, while linking social capital relates to connections to outside spheres with valued resources (Barker & Thomson, 2015; Baum & Ziersch, 2003). What constitutes valued resources is subjective, can vary across communities and individuals, and can refer to a variety of economic, political, and social benefits. Previous research on social capital has often assessed valued resources as being: emotional and personal support, practical assistance, financial aid, specific knowledge and skills, as well as

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the ability to connect individuals with others who hold political or social power (Barker & Thomson, 2015; Blair & Carroll, 2008; Healy & Hampshire, 2002). As these dimensions constitute a broad collection of resources, this current research has focused on contextual factors that relate to subjective wellbeing and wellbeing theory, by ensuring the participants dictate what ‘valued resources’ meant for themselves in the research interviews.

One of the early and central theorists of social capital was Peter Bourdieu, who focused on the collective resources of groups which can be drawn upon by individuals (Bourdieu, 1986; Carpiano, 2006). While a later theorist, Robert Putnam, is more commonly associated with the use of social capital today – who focused more on features of social organisation, networks, social norms, and trust (Carpiano, 2006; Putnam, 1995) – Bourdieu’s work is particularly relevant within a critical social theory and critical gerontology framework. Bourdieu (1986) argues that forms of inequality are social reproduced, and that collective action can be a way of challenging that production by creating forms of resources upon which individuals of a marginalised group can draw on. This perspective actively acknowledges the structural forces that inhibit the participation and fulfilment of marginalised groups in society, such as older sexual and gender minorities, and therefore is appropriate when using critical social perspectives and the capabilities model adopted in this research.

Community or individual capital?

Social capital can also be conceptualised by reference to two distinct types of resources. One perspective argues that social capital is a community level resource with distinct social features, which may include factors such as social organisations and networks that allow for collective action for mutual and public benefit (Baum & Ziersch, 2003; Putnam, 1995). Another view argues social capital resources are accrued by an individual from memberships in community and social networks, and can consist of both material resources, such as

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practical and economic support, and symbolic resources such as membership, identity validation, and representation (Baum & Ziersch, 2003; Coleman, 1990). Most contemporary conceptualisations consider social capital as consisting of a combination of the two, with the individual and community benefits being inherently linked (Nygqvist, Forsman, Giuntoli, & Cattani, 2013).

Preconditions

Social capital is not just the presence of connections between individuals and communities. Theorists have argued that certain preconditions are essential for social capital to exist. While established relationships are a prerequisite of social capital, they are not sufficient in and of themselves to be considered social capital. Rather, social capital requires three distinct elements: contact between individuals or groups, the exchange of valued resources, and the establishment of trust, obligation, and reciprocity (Barker & Thomson, 2015; Wilson, 2006). Consequently, it was important that I looked beyond social connections and included in the interviews and analysis a focus on perceptions of trust, reciprocity, and obligation, and how different members of social capital networks perceived how they received and provided valued resources. While this process may be complex to describe in research, exploring how individuals perceive the value and role of trust, reciprocity, and obligation can add conceptual depth to the existing literature on social capital with older sexual and gender minorities, while addressing some of the limitations that have led some to argue that social capital is poorly defined (Pawar, 2006).

Bicultural considerations of social capital in New Zealand

Another consideration of examining social capital in New Zealand comes from social work's bicultural obligations. A paper written by two authors from the Programme on Civil Society based at Victoria University argued that models of social capital in New Zealand need to

consider how Māori values and experiences may alter what are considered typical definitions of social capital (Robinson & Williams, 2001). In this paper, the authors argued that social capital in a Māori context is less divided into separate, distinct groups. Rather, the concept of Whānau moves from immediate family to wider family networks, then to the tribe, and is where extended family becomes the community and the community is therefore made up of family.⁷ Subsequently, social capital is created through networks and relationships that are based in the expression of Whānau, and this extended family is the basis for all other relationships (Robinson & Williams, 2001). This consideration is relevant for older sexual and gender minorities, as previous research in a non-New Zealand context has shown that many sexual and gender minorities experience disrupted relationships with their biological family (Croghan, Moone, & Olson, 2014). Therefore, if any of the participants in this research identify as Māori, it will be important to explore not only how the concept of Whānau impacts social capital, but also if there is a potential conflict between Whānau and the expression of sexual and gender diversity.

Community development

Social workers who use social capital often try to resist top-down and external sources of change. Hence, social capital can be argued to have a close relationship with community development practices (Bridger & Alter, 2006; Dhesi, 2000). A core theme of community development is a commitment to empowering disadvantaged communities (Kenny, 2010; 2016). Part of utilising community development practices requires a mapping of communities and the need to understand their multifaceted features, as well as to understand how different members have various needs and interconnections which can function as sources of solidarity and support (Kenny, 2016). While in this current research I am not using the terminology of

⁷ Definition taken from MāoriDictionary.com: “extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members.”

community development, it is still relevant for implications that may arise from a social capital-based assessment, especially how forms of individual and community solidarity may be supported.

3.4 Social inclusion

Related to this notion of solidarity, and a central part of social capital, is social inclusion. The concept of social inclusion is related to social capital, and it is important for exploring the ways in which social capital is formed and maintained. Social inclusion is a broad term that covers the domains of family, employment, community participation, education, health, and broader areas of social policy (Mental Health Commission, 2009). Examining social inclusion was important for my research, not only because it refers to a basic condition for social capital to develop, but it also addresses how older sexual and gender minorities are included within mainstream social services and discourses (Barker & Thomson, 2015). Social inclusion for older sexual and gender minorities also includes how different members of the wider LGBTQ+ community access and participate in shared social spaces. For example, this can include how gay men and lesbian women experience LGBTQ+ social spaces differently, or how transgender and intersex individuals reflect on the inclusion of diverse gender identities in LGBTQ+ spaces. Looking at social inclusion within broad community groups requires a critical consideration of any differences that may exist between members, and how this can in turn create restrictions in social participation. For my research, this included going beyond perceptions of the LGBTQ+ community as a homogenous group, and as a result, I am incorporating a critical line of questioning and analysis that aims to interrogate the various identities and relationships within the wider LGBTQ+ community.

A report by the New Zealand Mental Health Commission (2009) argued that social inclusion is best understood as a relative concept, related to both individual rights and participation

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within society. For that reason, I include a strong focus on how older sexual and gender minorities perceive their inclusion in society. Inclusion in the context of my research refers to: representation in social metrics, such as the general census; how leaders and politicians supported the needs of older sexual and gender minorities; and how social services were able to work alongside diverse identities. In addition, a literature review focused on social inclusion noted that to examine inclusion, it was important to assess perceived levels of togetherness, differences in social and demographic characteristics, and whether these differences caused problems within communities (Wilson, 2006). These particular points mentioned in the review emphasise the importance of incorporating a critical perspective on relationships in wider groups as they relate to social inclusion.

While social capital is used by a wide range of disciplines, there are specific ways that social capital can be applied and used within social work. These include both theoretical and practical applications.

3.5 Social capital in social work

Jang and Canada's commentary (2014) on the use of social capital in social work argued that most existing social work research with older persons is largely atheoretical. These authors noted that for gerontological and social work research to be effective, it needed to adopt a consistent theoretical or conceptual model. Jang and Canada suggested social capital as a model as it provided a framework for social work that covers the dimensions of interpersonal relationships, ecological systems, and also had goals of macro social change and emancipatory action (Jang & Canada, 2014). The use of social capital can enable social workers to recognise the role social, political, economic, and community systems have in impacting the lifespan of individuals. Similarly, social capital is said to be guided by a mission statement of having "a commitment to the transformation of processes and structures

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that perpetuate domination and exploitation” (Healy & Hampshire, 2002, p.228), and as such, reflects social work’s social justice agenda.

In its conceptualisation of community networks, social capital places a focus on the relationships that enable both people and communities to work towards select goals (Healy & Hampshire, 2002; Oxoby, 2009). Therefore, social capital is not just a model that allows for analysis and explorations of the individual and community relationships of older sexual and gender minorities, but can serve as a model for practitioners working alongside this population.

The model of social capital can also assist researchers in focusing on areas that relate to the wellbeing of older adults. Research that used a cross-sectional survey with older adults (N=1402) found that a lack of social support, financial insecurity, and ill-health were all associated with lower levels of life satisfaction (Bratt, Stenstrom, & Renemark, 2017). In the same study, the authors found that in later life there is often less social support available and greater difficulty investing in or securing new relationships. These findings have implications for the wellbeing of older adults generally, and older sexual and gender minorities who face additional specific life stressors.

Part of the benefit of using social capital in social work is that the model values locally situated social networks, and the inherent connectedness that exists between individuals, communities, and wider society (Cronin & King, 2014). For older sexual and gender minorities that means exploring how they access social spaces where they can meet, socialise, and enjoy levels of social support. It also requires a critical consideration of how access and participation is facilitated through social norms, such as how accessing LGBTQ+ social spaces may be influenced by age (Cronin & King, 2014).

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A cross-sectional study completed in Sweden on the impact of social capital for older people that used a combination of interviews and assessments with participants (N=483) showed a positive relationship between social capital and self-assessed good health (Nyqvist et al., 2013). The study found that social capital improved perceived levels of reciprocity and trust in its respondents. However, as mentioned earlier, it is important to note that, conceptually, reciprocity and trust are often considered pre-conditions of social capital, rather than factors that can be improved by social capital. This point highlights some of the limitations of comparing various reports on social capital, and the authors did comment on this limitation by acknowledging that there is no gold standard for how to measure social capital, and that future research could benefit on focusing on micro, meso, and macro distinctions of social capital resources (Nyqvist et al., 2013).

3.6 Social capital and wellbeing

As mentioned in Chapter Two, I will examine wellbeing from a number of perspectives. Primarily, this will include social contact, social participation, access to valuable resources, and supportive social networks. Social capital can provide direct access to the majority of these forms of community support, and as a result is beneficial in exploring the wellbeing of older sexual and gender minorities.

Social contact and participation have long been considered a key element for wellbeing. Previous research has indicated that community participation increases quality of life, social wellbeing, and empowerment (Talo, Mannarini, & Rochira, 2014). An internet-based survey on the relationship between social support and wellbeing for older sexual and gender minorities found that social support can mitigate the risk of experiencing depression, anxiety, and internalised homophobia (Masini & Barrett, 2008). This study examined a sample of lesbian, gay, and bisexual adults (N=220) over the age of 50, and noted that the majority

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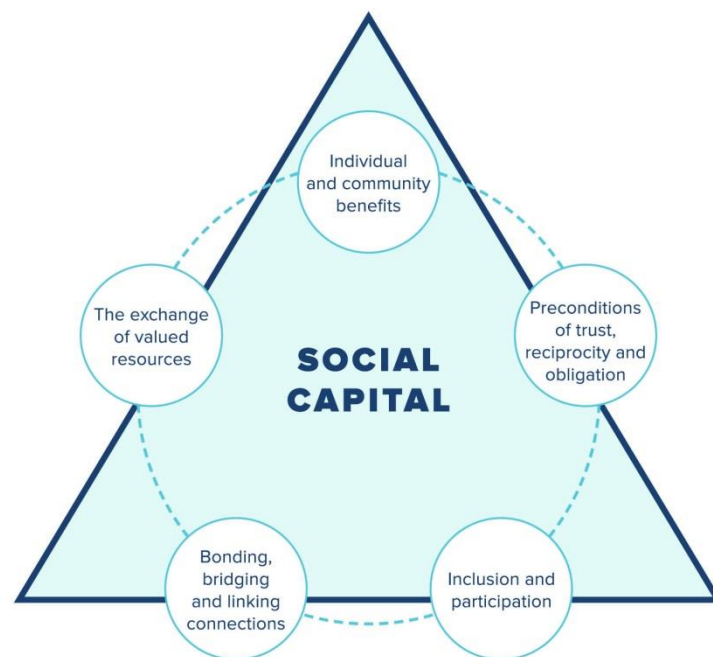
identified as well-educated and socio-economically comfortable. The authors found that the ageing process was less stressful for individuals who had a strong social support network. Masini and Barrett (2008) noted in this research, however, that the term social support is inconsistent across studies. Therefore it is important to build on these findings by identifying different types of social support. However a potential limitation in the study by Masini and Barrett (2008) is in relation to their research methodology. Internet-based surveys can access a wide range of participants, but not all older adults will necessarily have access to, or be capable of, participating in such a survey. It is important to add to the material developed from internet-based methodologies by adopting strategies to ensure all older adults have an equal or better chance of being included in the sample.

An evaluation with older gay men (N=182) found that the participants' perception of their own health positively correlated with a higher number of sources of emotional support (Ramirez-Valles, Dirkes, & Barrett, 2014). Similarly, in a meta-analysis on the benefits of social capital, social capital was found to increase odds of good health by 27 percent (Gilbert et al., 2013). Additionally, a study based in China with older adults (N=926) found that social capital can effectively mediate depression in the older age cohort (Cao, Li, Zhou, & Zhou, 2013). These reports indicate that social capital can be a useful model to inform social work practice with the view to supporting the wellbeing of older sexual and gender minorities. However, these findings are largely survey-based and more nuanced data through qualitative research would strengthen the literature on social capital by including in-depth narratives and reflections that are often missed through quantitative means. A discussion of how I am incorporating this 'in-depth' insight is included in Chapter Four.

A focus on social capital can also support wellbeing by highlighting the value of local social networks, such as connections between individuals, communities, and wider society, and in doing so, allow the examination of benefits that flow from these connections at an individual

and collective level (Cronin & King, 2014). This flow of benefits relates to another component of social capital, the exchange of valued resources. As discussed earlier, valued resources are contextual, and will differ depending on the individuals and communities in question. When looking at the relationship between social capital and wellbeing in this current research, the ‘resources’ I have chosen to focus on relate to wellbeing theory, the historical experiences of older sexual and gender minorities, and their contemporary concerns. Figure 3.3 provides a representation of the key components of social capital being considered in research.

Figure 3.3 Social Capital



These are just some of the ways in which social capital can be a model for exploring wellbeing. Social capital has the potential to highlight the unique and multiple factors of wellbeing in diverse population groups. Even so, there are robust critiques of social capital that need to be considered.

3.7 Social capital: A critique

Social capital, and how the model is applied in social work practice, has its fair share of critics. It has been argued that social capital fails to acknowledge potentially negative dynamics within communities, that it can obscure the physical and material realities of oppression, and that it places an unfair burden for social change on the community (Baum & Ziersch, 2003; Bryson & Mowbray, 2005; Hawkins & Maurer, 2012; Healy & Hampshire, 2002; Mohan & Mohan, 2002). One of the common criticisms of the theoretical conceptualisation of social capital is that it has tended to ignore the overlap between the state, class, and subsequent power dynamics, by focusing on smaller closed networks (Bryson & Mowbray, 2005; Evans, 1996; Fine, 2007).

State-based power

Social capital theorists have often been criticised for ignoring the role which the state plays in the creation, implementation, and control of social, political, and economic power systems (Bryson & Mowbray, 2005; Evans, 1996). This lack of acknowledgement can limit social capital's practical application, and is not in line with social work's wider agenda to challenge oppressive social and political dimensions of power (Healy & Hampshire, 2002). The influence of social and political forces is relevant for any individual or community, but it is especially significant for disenfranchised groups. Given this consideration, I deemed it important to explicitly examine how socioeconomic and political factors impacted the social capital of older sexual and gender minorities.

Applicable to practice?

Research using a social capital lens can also suffer from vague practice and policy recommendations. Some authors have argued that social capital as a concept is too

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conceptually broad with many, often conflicting, measures; that it is inherently contextual and subjective; and that it is a chaotic framework (Fine, 2007; Pawar, 2006; Shortt, 2004). However, the eclectic nature of social capital is not necessarily a limitation. Social capital needs to be inherently flexible if it is to be applied to a diverse range of communities and social networks. Also, the model of social capital does not assume the idea of a normative social network, and can encompass various types of communities. However, the aforementioned criticisms are relevant to discussions on social capital, and therefore in this research I aim to explore how social capital is formed, maintained, and how it impacts the wellbeing of older sexual and gender minorities.

Perverse social capital

Another common criticism against employing social capital is that many conceptualisations fail to acknowledge the potential for the presence of social capital to also stimulate negative outcomes. Often described as perverse social capital (Rubio, 1997), this refers to networks, relationships, and power structures that influence community networks to act in a way that are not inclusive or supportive of all individuals. If a community or collective group has interactions that do not support inclusive behaviour or positive wellbeing, or encourage activities that could cause detriment to others, then this would be an example of perverse social capital. Bourdieu's conceptualisation of social capital is useful when acknowledging perverse social capital. If forms of social inequality are socially reproduced, then groups that benefit from that production may both deliberately and unconsciously support that continuation of social inequality (1986). When looking at social capital for older sexual and gender minorities that means it is important to examine the diversity and group characteristics within the broader community, and how certain individuals and identities may continue to support perverse social capital within the LGBTQ+ community, such as patriarchal systems that benefit gay men, or cisnormative views that privilege cisgender individuals. Therefore

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deliberately exploring both positive and perverse forms of social capital in this research is vital in adopting a perspective that aims to critique and add to the scholarship on the use of social capital in social work.

Including diverse social networks

Another reason that social capital needs to be critically examined in relationship to older sexual and gender minorities is that social networks are becoming less entrenched in physical spaces (Forrest & Kearns, 2001). Typical assumptions about community, location, and physical access to spaces do not necessarily represent the realities of older adults. Rather, social connections for older sexual and gender minorities are more likely to be based on personal identities and experiences instead of physical locations (Forrest & Kearns, 2001). It is also important to explore how traditional forms of social capital, for example face-to-face communication, may have changed to reflect different forms of social contact facilitated by the greater use of social media, newspapers, and less direct avenues for social contact (Mohan & Mohan, 2002).

On a similar note, typical depictions of older sexual and gender minorities may not reflect the diversity and flexibility of their forms of social connectedness. This could be particularly relevant for transgender, intersex, and non-binary individuals, as some theorists have argued that they can be considered as independent subcultures within the LGBTQ+ community (Siverskog, 2014). Social capital has the ability to draw attention to the diversity of these forms of social connectedness; however it is only successful if this is done with a critical view of traditional models of communities (Healy & Hampshire, 2002; Siverskog, 2014; Sluytman & Torres, 2014).

Individual and community perceptions on social capital

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A limitation of research into social capital often comes from the way researchers assess whole networks and social connections. Authors Ayalon and Levkovich (2018) argue that while the term social network conveys the notion that individuals are embedded within a larger context, there has been little research that focuses on those wider social networks as a whole. The majority of research on social capital has tended to be based on a single individual point of view, rather than including the majority of individuals within a single social network. These authors argue that snowball-sampling can be a way of addressing this potential limitation, which allows researchers to include participants of various social degrees away from the original participant (Ayalon & Levkovich, 2018). In light of this consideration, I am using snowball-sampling within this research to try to access participants who shared social networks.

Methodological limitations

Most examinations of social capital have typically been in the form of quantitative studies (Baum & Ziersch, 2003; Pawar, 2006). The tendency to look for statistically measurable forms of social capital does not enable deeper understanding of how social capital is formed, maintained, and impacts individuals and communities. This is particularly true for demographics that might have non-typical forms of social connectedness. Previous authors have argued that research about the relationship between social capital and wellbeing would be better suited to self-reports and in-depth qualitative inquiry (Gilbert et al., 2013). Consequently, I will adopt a design that focuses on exploring both positive and perverse forms of social capital through in-depth interviews and thematic analysis. This exploration examines how individuals and communities connect, the relationships between communities and individuals, while looking at the association between social capital and wellbeing.

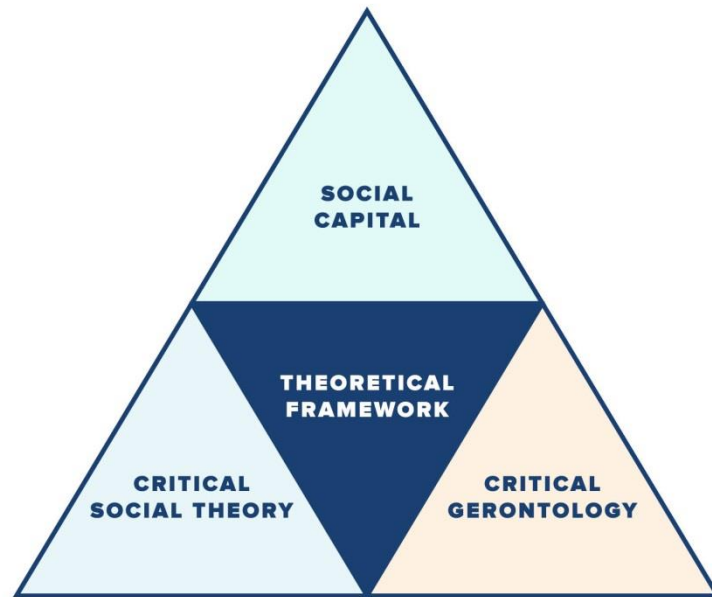
3.8 Theoretical framework on study design

The theoretical framework discussed in this chapter, consisting of critical social theory, critical gerontology, and social capital, provides the conceptual guidelines for this research.

Critical social theory and critical gerontology have shaped the questions used in the interviews with participants by promoting an examining of the role that social structures and forces have on the lives of older sexual and gender minorities. By focusing on the model of social capital, it was necessary to explore the networks and relationships between individuals and communities, as well as how smaller closed social networks navigate issues relating to diverse identities, which shaped the way I developed my research interviews.

The separate elements of critical social theory, critical gerontology, and social capital are each equally important in supporting the theoretical framework of my doctoral research, and this framework can be understood through the model below (Figure 3.4).

Figure 3.4 Theoretical Framework



The next chapter in this thesis highlights how this theoretical framework informed the development of the research questions and study design. I also focus on how the study design aims to present a “trustworthy” response to the outstanding issues identified in the literature review and this theoretical framework.

4 MAPPING THE RESEARCH DESIGN

Inspiration for research varies. Some researchers pursue their professional areas of interest and see an avenue for improving services. Others choose personal passion projects and develop their research around these ideas. Alternatively many researchers see a gap in existing literature and fields of inquiry and decide to address that limitation. Regardless of the source of their inspiration moving from an idea to implementing it as a practical and achievable project requires a framework for turning questions into answers. Researchers need a defined process outlining the steps they took to achieve their results, not only to provide consistency in their own work, but to present a sense of trustworthiness to the reader. It is possible for researchers without a defined plan on how to achieve their goals – that without a map to get to their destination – to get lost along the way. As Terry Pratchett noted:

Map-making had never been a precise art ... People tended to start off with good intentions and then get so carried away with the spouting whales, monsters, waves and other twiddly bits of cartographic furniture that the often forgot to put the boring mountains and rivers in at all (Terry Pratchett, *Moving Pictures*, 1990).

For researchers, myself included, the spouting whales, the monsters, the “twiddly bits of cartographic furniture” are what we want to talk about. It is our findings, the implications, the interesting bits of information that we found. Yet without proper context, without a map showing how these were found and developed, they lack weight and meaning. Therefore, in this chapter I discuss the approach I used to complete this research and present the map of my research. In particular I will discuss the areas of study design, the data collection process, and the analytic techniques used to arrive at the findings of this research. Supporting this process is the overarching framework of ‘trustworthiness,’ which was incorporated as a guiding philosophy when developing the research as well as conducting the inquiry. The purpose behind detailing the research methods, and framing them using the lens of trustworthiness, is

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to provide the reader with enough insight about the conduct of the research that they can feel confident the results are credible and the methods are possible to replicate.

To reiterate, the core research question for this research is: “What is the relationship between social capital and wellbeing for older sexual and gender minorities in New Zealand?” This question also influenced the development of these research methods. Supporting this overarching research goal are sub-questions that shaped how I approached the interviews, the study design, and data analysis. These sub-questions were:

How were the social capital connections of the older LGBTQ+ community influenced by the political and legal changes that have occurred in New Zealand, such as the Homosexual Law Reform Act (1986), The Human Rights Act (1993), and the Marriage (Definition of Marriage) Amendment Act (2013)?

In what ways do different populations of the LGBTQ+ community take part and experience wider LGBTQ+ community and social spaces?

How do older sexual and gender minorities plan for the possibility of entering aged care facilities, and what concerns do they have about such facilities?

For those who were in Canterbury at the time, how did the 2010/2011 Christchurch earthquakes impact the social capital of older sexual and gender minorities?

This discussion of qualitative research methods aims to hold the researcher and their findings accountable to an observable process. Rather than show data, findings, and interpretations as final products without context, I present a detailed account of the methods used to obtain those results and show the findings not just as arguments or facts, but as an ongoing story of subjective experiences with myself as part of that process. In conducting qualitative inquiry the researcher’s decision making needs to be made transparent. This transparency necessitates

documenting how interpretations and conclusions from the research data were made. Detailing this process as both an intertwined and debatably necessary part of qualitative research does not reduced the reliability of the study – rather it adds to the trustworthiness of the results (Elo et al., 2014; Lietz, Langer, & Furman, 2006). Since trustworthiness as a methodological concept is important in this research design I will elaborate more on how it can be applied in qualitative research.

4.1 Trustworthiness – a framing device for qualitative inquiry

Trustworthiness was an integral element in the creation and description of my research methods, not just as a consideration to strengthen the discussion of my results, but as a framework to support the research process (Lietz, Langer, & Furman, 2006; Williams & Morrow, 2009). Similar to the terms of rigour, validity, and credibility, trustworthiness refers to the strengths of the research design. However as Sandelowski (1993, p.1) argued, “there is an inherent inflexibility and an uncompromising harshness and rigidity implied in the term ‘rigour’ that threaten to take us too far from the artfulness, versatility, and sensitivity to meaning and context that mark qualitative works of distinction.” Further, applying terms such as rigour or validity to qualitative research makes little sense as the epistemological underpinnings, process, and procedures of the research are different (Williams & Morrow, 2009). Instead, using the term trustworthiness in qualitative research is done to support the argument that the findings are worth paying attention to (Lincoln & Guba, 1985).

In qualitative research trustworthiness typically refers to four criteria – credibility, transferability, dependability, and confirmability (Elo et al., 2014). The aim of credibility is to present a ‘true’ picture of the research phenomena. Transferability refers to the process of providing sufficient details of the context of the fieldwork or data collection so the reader can assess if they are applicable in other situations. Similarly, dependability is the detailing of

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enough information about the process for future researchers to repeat the study. Lastly, confirmability relates to the idea that the findings emerge from the data and not from research predispositions (Elo et al., 2014; Lincoln & Guba, 1985; Shenton, 2004). The process of aiming for trustworthiness relies less on presenting unarguable facts as it does on highlighting the researcher's decision making processes, reflecting upon the interviewing process, and the reciprocal nature of qualitative inquiry (Lietz, Langer, & Furman, 2006; Shenton, 2004).

Due to the fact that there is no universal or discipline-wide consensus on how to evaluate qualitative research it can be difficult to ensure that all four of the criteria for trustworthiness are met (Noble & Smith, 2015). To assist researchers in this regard previous scholars (Elo et al. 2014; Lietz, Langer, & Furman, 2006; Noble & Smith, 2015; Shenton, 2004; Williams & Morrow, 2009), examined these areas for application to qualitative research. I will be using their reflections and commentaries on the four areas of trustworthiness to show how they can be applied generally to qualitative research, and to demonstrate how I approached trustworthiness within my own research.

Credibility

To ensure credibility within qualitative research the researcher should aim to present an honest depiction of the sociological phenomena examined. A variety of approaches have been suggested for this. Primarily, using well-established research methods and methodologies – along with a justification for why that particular process suits the research – assists the reader in gaining confidence and insight into the development of the study and how 'accurate' the findings may be. It is also recommended that the researcher takes steps to familiarise themselves with the culture being studied early in the research design. Strategies to ensure honesty are also suggested, such as, giving participants the ability to refuse questions, actively building rapport, and that confidentiality is ensured to all who take part (Shenton,

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2004). Efforts taken by the researcher to examine reactivity when they interview and take account for bias aid in describing credible research (Lietz, Langer, & Furman, 2006), which can be done through the use of reflexive journaling (Williams & Morrow, 2009).

From the outset of this research I kept a reflective journal, detailing my own ideas, decisions, and the challenges faced during the process. This journaling, known as an audit trail, was used as I began to formulate and focus on the initial research question, and continued through the stages of developing a proposal, engaging with consultation, and as I collected the data and analysed it. Examining my own thought processes and decisions, an area I will focus on in more depth later in the chapter, was another step I took to strengthen the credibility of my research. Similarly, the process of engaging ‘consultants,’ primarily members of the community I was researching and academic colleagues, provided insights and familiarity with the community I was to be working with.

Transferability

Whereas credibility refers to displaying an honest and transparent picture of the sociological phenomena, transferability refers to the extent to which findings can be applied to other situations (Elo et al., 2014; Shenton, 2004). To develop the transferability of qualitative research it is important that the research design conveys sufficient information about the context of the study to the reader. To achieve this I am including in my account of the research – the number of participants and organisations who contributed to the research, the data collection method, the number and average length of the data collection sessions, and finally the overall period of time in which data sampling occurred (Elo et al., 2014). The breakdown of the interview and participant demographic details has been included and discussed later in this chapter.

Dependability

In a similar vein to transferability, dependability is where the researcher presents a clear and accurate picture of the research process so that the study can be replicated at another time by other researchers (Elo et al., 2014). However, dependability can be difficult to implement in qualitative research due to the inherently dynamic nature of the social conditions (Shenton, 2004). The difficulty of accurately representing this qualitative process is further exacerbated since observations are tied to a particular social situation and context. For example, this research would return different results if the participants were interviewed within another cultural context, or if the percentage of participants who identified as a particular cohort within the LGBTQ+ community differed from study to study. Further, even if the same study was replicated in the same cultural context and with the same participant demographics yet took place in twenty years' time that difference would alter the data.

Yet it is still possible to present the research process as dependable by accurately detailing the research design and its implementation. This can be done by demonstrating the operational details of the data gathering process while also including a reflective appraisal of what did and did not work well (Lietz, Langer, & Furman, 2006; Shenton, 2004). It has been argued that the dependability of a study can be considered high if another researcher or team can easily follow the decision making trail used in the initial research (Thomas & Magilvy, 2011). Dependability is also important for qualitative research as researchers are obligated to justify and show a clear description of the data collection procedures, the analytic methods, and an honest appraisal of their limitations and successes (Williams & Morrow, 2009). A clear description of my procedures, methods, and multiple appraisals of my research can be found throughout this methods chapter.

Confirmability

Lastly, confirmability in qualitative research requires that the researcher shows that the findings and results of the study emerged from the data, and not from any predispositions or bias on the part of the researcher (Shenton, 2004). Confirmability implies that the interpretations of the data are justified from within the data itself (Elo et al., 2014). For qualitative research that means the findings must reflect the participant's own narratives and experiences as a form of transparency (Lincoln & Guba, 1985). There are a few methods of improving the confirmability of qualitative research. One of these methods is to note, journal, and refer back to the beliefs and rationale underpinning the decision making process (Lietz, Langer, & Furman, 2006; Shenton, 2004; Williams & Morrow, 2009). These ongoing written reflections also benefit from including the justification for favouring particular methodological approaches. Drawing from these accounts allows the reader to evaluate whether the findings and interpretations come from the social phenomena itself, the research methods, or from the researcher (Schreier, 2012).

Another way of strengthening confirmability is to present the narratives of the participants as authentically as possible by staying close to the data by relying on the direct use of quotations, stories, and experiences presented (Elo et al., 2014; Noble & Smith, 2015). Doing so allows the research participants to be presented on their own terms, through the use of their language and context, rather than through those of a dominant social group (Liamputtong, 2009). Presenting the participants through their own terms is also in line with social work's ethical and professional responsibility to present the thoughts, feelings, and perceptions of participants as closely as possible (Lietz, Langer, & Furman, 2006). In this chapter I have included quotations from participants that reflect their experience taking part in the research, and their perceptions of myself as a researcher. I included these quotes as a means of moving away from my own appraisals to incorporate participant critiques and

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comments as a more balanced form of reflection. Including these comparisons is one of the ways I have addressed the area of confirmability throughout this and subsequent chapters.

Below is a table that outlines some of the key elements that come under the branching concept of trustworthiness. While this table does not present an exhaustive list of its components, nor all the ways it can be incorporated in qualitative research, it does highlight the overlap of its elements and the goals behind applying trustworthiness as a research model.

Table 4.1 Trustworthiness in the Research Process

Trustworthiness			
Credibility	Transferability	Dependability	Confirmability
Aims:			
To present a clear picture of the research topic	To show how the findings can be applied to other contexts	To provide enough information for future researchers to repeat the research	To show that the findings emerge from the data, and not from the researcher
Supported by:			
The use of well-established research methods and methodologies	Conveying sufficient information about the context of data collection	Detailing overall research design and its implementation	Journaling and referring back to the decision making processes
A justification of why the research methods and methodologies suit the research	Number of participants and organisations who supported the research	A reflective appraisal of what did and did not work well	Justifying the researcher's choice of methodological approach
Piloting research tools and devices for appropriateness	Sufficient details around the data collection method and process	Details around participant numbers and demographic breakdowns	The use of self in discussions around the research methods
	Sufficient details around the collected materials		Providing transparency by showcasing the historical development of research tools and the analysis process
Impacts the reader by:			
Supporting the reader in gaining confidence in the research and insight into the development of the study	Assists the reader in assessing if the findings can be applied to other contexts and situations	The reader can follow the decision making trail used by the researcher in the design, data gathering, and analysis stages for evaluative and repetition purposes	Allows the reader to evaluate whether the findings came from the social phenomena itself, the research methods, or from researcher bias

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Striving for trustworthiness should occur at all stages of research development and implementation, rather than as a separate stage or consideration after the fact (Elo et al., 2014; Lietz, Langer, & Furman, 2006). Moving beyond a description of trustworthiness I have presented the different stages of my research below. Initially I detail the study design, before moving on to explore the research context by looking more closely at the participants who took part. Finally I discuss applied thematic analysis, the approach used to identify the research themes, before ending with a conclusion summarising my attempts to incorporate trustworthiness as a research guide.

4.2 Study Design

An exploratory design is suited for areas like my research, where the topic is arguably under-researched, the understanding and documentation of the human experience is limited, and “there are many more questions than answers” (Yegidis & Weinbach, 2009, p.120). As such the design for this research was developed to reflect the need for exploratory principles and methods. One of the key components for the development of my research was to actively consider and incorporate my own social and cultural positioning in relation to the participants before I began the process of developing how I would answer the research questions.

Researcher positioning

The idea of researcher positionality, which is how I am positioned in reference to the socio-cultural factors – specifically age, gender, and sexuality – of the participants, was a relevant consideration in this research. Researchers who are outside the culture or experiences of their participants either due to experience, identity, culture, or a combination, should acknowledge their position as an outsider researcher in the development of their design (Elo et al., 2014; Shenton, 2004). This process can be incorporated in consultations with consumer reference

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groups, transparency during the interview process, and the journaling of researcher reflections that are included within the research report. I endeavoured to be as open and transparent about my positioning with participants during the interviews themselves.

This included discussions about my sexuality:

James: No, the only question I probably would ask you is, are you yourself gay?

David: No, I'm straight myself.

James: It doesn't matter. I mean, yeah just curious. Yeah, yeah, no, no just curious, that's all (James, 70).

Reflections about my age:

You're younger than what I thought you would be, but that's alright. That doesn't bother me - but I'm just saying (Jeff, 67).

Questions regarding my religious viewpoints:

Dylan: are you a Christian in any way?

David: No I'm not.

(Dylan, 73)

Actively acknowledging and talking about my own position in relation to these socio-cultural factors proved to be a beneficial part of the research process. The discussions this transparency prompted added to the authenticity of the interview, and aided in building rapport. The discussions around my identity also assisted the consistency of my data gathering, as I was laying the same groundwork about myself with each participant (Williams & Morrow, 2009).

There are ongoing debates about the benefits and perceived limitations of being either an insider or outsider researcher. The insider/outsider status refers to the degree in which a researcher is located either in or outside a group being researched (Gair, 2012). This location can be in reference to socioeconomic status, lived experiences, and active participation within

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communities. An insider can be considered as someone who has prior knowledge of the community and its members, while an outsider previously has no connection and potentially no common ground (Hellawell, 2006). As a straight, cisgender, and relatively young person I could easily be considered as an outsider to the participants of this research as I have had different experiences throughout my life and participated in different communities.

Arguments in favour of insider research note that those who do not share the same experiences as participants would not be able to have the level of insight, thus reducing their ability to bring forth deeper meaning (Gair, 2012). As well, insider status can be beneficial as it provides easier access to the community, and can also give the researcher a more credible status (Gair, 2012). However there are also those who argue that insider research is not always the preferred option for social research. Too much familiarity with the community in question can lead the researcher to make presumptions about their findings and interpret without sufficient abstraction (Couture, Zaidi, & Maticka-Tyndale, 2012). Further, being an outsider can allow the researcher to stand back and see the research material as separate from their own experiences and biases (Hellawell, 2006).

Overall there is no concrete position on the appropriateness of insider versus outsider research. The role of the researcher is to reproduce authentic, empathetic stories that best represent the people and communities being explored (Gair, 2012), and this can be achieved in a number of ways. Regardless of insider/outsider status the researcher needs to be reflexive of their own role in the process, to involve the participants directly in reflective commentaries on the researcher and discussions on identity, and to utilise the social work skills of demonstrating empathy in which the person being interviewed feels heard and understood (Couture, Zaidi, & Maticka-Tyndale, 2012; Gair, 2012; Hellawell, 2006). That is what I have aimed to do throughout my research by being open about my social positioning, and utilising the process of researcher journaling.

Researcher journaling

As part of developing the trustworthiness of my research I used a journaling process (Lietz, Langer, & Furman, 2006; Williams, & Morrow, 2009). This journaling occurred during the proposal development, the pilot study stage, post-interviews, during the analysis of the data, and while I completed writing the results. Journaling helped me to develop my ideas, reflect on problems conducting the research, and react responsively to new situations. One example of this is that journaling post-interview helped me to revise my interview questions and to improve upon the interview process. At the end of each interview, in both the pilot study and in the data collection stage, participants were asked to comment on the questions they were asked and how I conducted myself in the interview. The feedback I got resulted in me reducing the use of clinical and academic language during interviews, and notes about my personal style were taken into consideration for the following interviews. One example of feedback regarding my personal style and language from an early interview was my over-reliance on the word ‘brilliant’ as a response to the participants answers and comments.

Early on when you were asking questions, I think that settled down a little bit, but you used the word ‘brilliant’ and for some of the answers, it wasn’t brilliant. [laughs] That would be about it. Sorry, and I know that’s really hard to do where there’s a word we use, it’s hard not to, but just think what you’re answering. And your word might not be ‘brilliant’, it might be ‘thanks’; it might be ‘yes’; it might be something, but find another word (Alison, 60).

This self-reflective journaling process enabled participants to also influence the research design, and helped to keep me accountable to the participants and their community (Elo et al., 2014).

Journaling is a recommended strategy for building the confirmability of the research results (Lietz, Langer, & Furman, 2006; Williams & Morrow, 2009), and the importance of journaling my experiences did not end with the interviews. I continued to journal and reflect back on my decision making process through the coding and analysis stages. This journaling

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allowed me to see how my own ideas developed, changed, or remained consistent. Self-reflective journaling helped me to track the ways in which the codes, concepts, and themes were evolving throughout the coding and analysis process, and in reference to what decisions and ideas influenced those changes. For example – when I began to formulate the notes and ideas to build my initial codes during data analysis I focused on five distinct transcripts. These transcripts were re-read multiple times until I believed I had enough material to start forming basic codes and these codes were applied to the five transcripts in multiple runs. The purpose of focusing on five transcripts was that it allowed me to practice the process of coding interviews and developing my analysis technique. Once this initial coding run was completed I removed the applied codes and re-started the process on all of the transcripts. This decision was made in order to remove any potential pre-conceptions or biases I had developed prior to the practice coding process. I documented the process as it happened, with a section from my analysis journal being included in the appendices (**Appendix One**).

I also continued to journal throughout the ongoing code development, and coding stage, as well as the process of theme development. Later in this chapter I will draw out examples of these reflections when I discuss my analytic approach in greater depth. One area that journaling helped me navigate in this research was the ethical access to the LGBTQ+ community.

The ethics of access – hidden groups, informed consent, confidentiality, and community

The fact that the target population of this research, older sexual and gender minorities, have typically been regarded as an ‘invisible’ population by researchers (Chandler et al., 2004) meant that I needed to carefully plan how I would contact and recruit participants. As discussed within the literature review, certain subgroups of the LGBTQ+ community have been harder for researchers to access, or have not been included in previous studies.

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Transgender and intersex individuals have typically received less attention than gay men and lesbian women (Fredriksen-Goldsen & Muraco, 2010; Fredriksen-Goldsen et al., 2014). As a result there was a lack of information about contacting these population groups, and a chance that this lack of contact may be unwittingly replicated in this research. There was also the possibility that the chosen sampling method – snowball-sampling – would limit the range of individuals from various socio-economic and cultural backgrounds (Sluytman & Torres, 2014). These anticipated problems were accounted for by ensuring that a wide range of initial advertisements were distributed across different networks, including LGBTQ+ focused centres such as – GAYNZ, Rainbow Wellington, Body Positive – as well as age-focused communities like Age Concern and Eldernet. Advertisements were also distributed through mental health based services and resource centres, however, the majority of participants were recruited through the LGBTQ+ and ageing based networks. Another ethical issue to consider when using snowball-sampling is the risk that potential participants may feel obligated to participate due to their relationship with previous participants (Brace-Govan, 2004). To reduce this risk of obligation potential participants were informed via the research advertisements and during my correspondence with them that participation is fully voluntary and they could withdraw at any time.

As with any form of sensitive qualitative research it was important to ensure that my access to participants was facilitated in a safe, respectful, and ethical manner. There were a few ways I attempted to ensure this from the outset of my research. The first thing I did to ensure ethical and respectful research procedures was to complete a Human Ethics Application with the University of Canterbury. This document included my justification for the research, my background and skills to conduct the work, the interview guide, as well as my planned advertisement strategies. This application also documented how the research results would be disseminated. As a result of submitting the Human Ethics application I was required to

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respond to queries and clarifications from the Ethics Committee. These queries included comments such as, “Clarify the process for contacting and explaining the research to participants via the organisations,” and, “Please clarify that any use of snowball gathering of names needs to be firmly anchored in being just the establishing of a contact with no information on the potential participant beyond the name being given.” After responding to the comments of the Human Ethics Committee I was granted approval on the 19th January, 2015 (**Appendix Two**).

As part of the ethics application process, I created a list of potential support services that I could provide in case any of the participants experienced emotional distress at the time of interviewing. The justification for creating the list of support services is that the subject matter had the potential to focus on emotional experiences of the participant. However none of the participants requested or appeared to need referral to support services. Thirdly, as part of my recruitment process I was not to directly approach a potential participant. Participants would need to contact me directly, either from reading an advertisement or being passed my details by a previous participant. This was to ensure that I would not subconsciously coerce any individual into unwillingly participating in my research (Cohen & Arieli, 2011).

Providing the opportunity for participants to exercise informed consent was crucial to ensuring that access to participants was carried out in an ethical way. Providing participants with an information sheet and the consent form helped to ensure that the participant was aware of the subject material of the research, the ability to lay a complaint with the Human Ethics Committee or my research supervisors, and that participants were aware of the confidentiality assurances in taking part. Ensuring confidentiality is critical in research that is examining a small community, especially one that has historically been socially stigmatised. The possibility of identifying a participant from their narratives, or including their details in the research, could potentially put a participant or others at risk. As one participant noted:

Mark: Well it occurs to me that you could well be interviewing this guy that has these different views, for all I know – and I wouldn't expect you to confirm or deny that. But you will obviously get a very different view from him.

David:

I just thought I'd mention that again, to assure you.

Mark:

Yes, yeah, so we all need to be very careful about that.

David:

Yes, this process of interviewing multiple people –

Mark:

Yeah, in a small community, I'm bound to know some of the people you'll be interviewing, and some of them will know me probably. But you won't know necessarily (Mark, 75).

As such it was vital that participant information was kept secure and confidential, as well as considering how the information I presented in my research may be interpreted or viewed. Examining ethical considerations throughout the research has been a continuing process and was a central concern as I began to undertake my pilot study as well as the recruitment and sampling stage. I will go into more detail about the process of organising pilot interviews below, and why this stage was important in the development of the study design.

Pilot study – researcher familiarisation and consultancy

It has been argued that the researcher should take every opportunity to familiarise themselves with the culture and environment of the group being studied prior to commencing the research (Elo et al., 2014; Shenton; 2004). The process of familiarising myself with the participant culture occurred in a variety of ways beyond engagement with the literature. These included consulting with consumer reference groups, typically those who the research is aiming to benefit (Elo et al., 2014), through the use of a pilot study. Another benefit of the pilot study is that it allowed me to trial the interview guide to check its relevance and clarity,

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and to assess any concerns in my research focus. Part of adding to the credibility of my research was a process of seeking feedback on the semi-structured interview guide. Prior to the beginning of my data collection I sought feedback on the interview guide from academic staff and colleagues at the University of Canterbury as a means of checking for issues related to understanding and comprehension of the questions. The process of seeking feedback aimed to assess if there were multiple or contradictory interpretations of the questions, and is a recommended procedure for qualitative research to check for unanticipated problems (Hall & Hall, 1996).

After seeking feedback on the interview guide I utilised a small pilot study to examine whether the questions were understandable and applicable to the target population. Four pilot interviews took place with individuals who identified as sexual and gender minorities, but who were not over the age of 60. The decision not to include participants over the age of 60 was due to the small pool of potential participants and the desire not to disqualify any future participation. A pilot study with the interview guide had the benefit of checking both the language and ideas used in the questions for suitability, as well as providing me the opportunity to receive feedback about my interviewing technique (Fassinger, 2005; Knox & Burkard, 2009).

It is important within participatory research that consumer reference groups are used in the development of the research (Elo et al., 2014). The process of using a pilot study helped to strengthen the trustworthiness of the research as it added to the credibility of the study design (Elo et al., 2014; Shenton, 2004) and gave me an opportunity to further develop my interviewing skills. The feedback from the pilot interviews influenced the research design, and my personal notes and reflections after these interviews were used in the finalising of the interview guide. An example of this process was that after the pilot study it was suggested by a participant that I include demographic questions about living situations, and that I explicitly

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include questions on the impact of the 2011 Christchurch earthquakes for participants living in Canterbury. This feedback also allowed me to reflect on my own personal interviewing skills, with suggestions that I signpost the interview structure and provide detailed and easy to comprehend explanations of the topics I was covering prior to the actual interview. The initial interviews prompted significant changes to my interview guide and personal style, as I reflected on after the fact:

While she did comment that I came across as friendly, she mentioned that my language in response to some of her comments may not have been appropriate. It was suggested that non-vocal forms of encouragement, and more prolonged periods of silence, may suit the future participants more. I have another interview tomorrow and I will hopefully be able to incorporate her feedback (David, 16th March 2015).

Reflective appraisals such as the one above prompted me to constantly develop new questions, new ways of approaching topics, and reminded me to be responsive to the viewpoints and considerations of the research participants.

Recruitment and sampling

The selection criteria for participants in this research included the following requirements. Participants needed to identify as sexual and gender minorities. Participants also needed to be of or over the age of sixty. The rationale for including 60 as the cut-off age for participants was due to the desire to recruit Māori participants, and as there is a discrepancy in life expectancy for Māori in New Zealand (Ministry of Health, 2013), the age was lowered to 60 from New Zealand's retirement age of 65. Initially advertisements that were sent out to participants included the criteria of some form of experience with mental health complications, such as depression, anxiety, and substance abuse. This was due to the initial research focus including a strong emphasis on mental health. Throughout the course of the research process, including the interviews and analysis stages, this emphasis shifted to a more

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holistic form of wellbeing, as discussed in Chapter Two. However the criteria in the advertisements still reflect that initial focus on mental health.

The process of being contacted by the participants was initially instigated through the use of those advertisements which I sent out to different networks and sources. As mentioned previously, the range of contacted advertisers included LGBTQ+ focused networks, age and ageing based services, as well as mental health and wellbeing organisations. Colleagues who had potential connections with the participant demographics also shared advertisements either through email or social media sources. The advertisements themselves were varied, and were selected based on the appropriateness for the distributing network. Organisations that used newsletters or online advertisements were given longer, more detailed descriptions of myself and the research, while social media networks typically received shorter blurbs. Once the advertisements had been distributed I waited for participants to contact me, typically by email but on occasion this occurred over the phone, whereupon I would provide more information about the research process, and provide them with an information sheet and consent form. Once the participant had time to consider taking part in the research and decided to proceed we would arrange a time to have the interview.

After the initial wave of interviews that occurred due to my advertisements I recruited a second wave of participants through the use of a follow up sampling strategy. I chose to use snowball-sampling, which is a type of convenience, or purposive, sampling (Groger, Mayberry, & Straker, 1999; Yegidis & Weinbach, 2009). This particular method of sampling participants involves already interviewed participants passing information about the research on to other potentially interested and suitable participants. The use of snowball-sampling is also helpful in facilitating an open and trusting environment for the interviews, as the referral process allows potential participants the opportunity to be briefed about the nature of the research, the interview process, and the researcher by someone who has already experience

being part of the research (Cohen & Arieli, 2011). A few of the participants actively spoke about this process of snow-ball sampling:

Bella, who you interviewed in Christchurch, sent it [the information sheet] to me. Various other lesbian friends sent it on. They know that I'm interested in how we're perceived by the world and how we live our lives and it being more accepted within society - and that only comes if there's more knowledge, really. So, yes, I think there were some other people who sent it to me as well (Michelle, 73).

After organising the interviews I could begin the process of collecting the data, which also required a consideration what would influence this phase of the research. Next I will be discussing the various factors that influenced the collection of the data, including details about the specifics of the interviews, participant demographic information, and the process of the interviews. These details are incorporated generally under the title of 'research context.'

4.3 Research context

Interview details

The data collection process was informed and influenced by the context of the interviews – primarily the location and time of the interviews (Carr, 2011). Due to the potentially sensitive and personal nature of the research questions it was important when organising the interviews to consider how the setting might influence the responses of the participants. As a result the interviews with all of the participants took place in their own home. The presence of any other individual in the room or home at the same time was also a potentially influencing factor on the responses of the participants. The participants were all offered the opportunity to have a support person present during the interview, however only one of the 31 participants chose to do so. In the one interview with the support person present this person did not interrupt during the interview, and only interacted with myself and the participant at the beginning and end of the interview process. Of the 31 interviews the majority were

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conducted face-to-face. However two of the interviews were conducted over the phone as I was not able to visit the participants.

The majority of the interviews took place mid-morning, starting roughly between 10AM and 1PM. This time slot typically allowed for a more extended interview without interruptions. While some interviews took place in the late afternoon and early evening, these interviews generally took less time than the ones that occurred earlier in the day. The fact that these interviews were shorter may be due to the fact that the participants were feeling less engaged with the interview process at that time; however it is not possible to confirm this was the case.

The decision to conduct the interviews in the participants' own home also fitted with the aim that qualitative and participatory research should have the goal of minimising disruptions to the lives of participants – both from a practical and emotional perspective (Vaismoradi, Turunen, & Bondas, 2013). The familiar environment and lack of disruption aided the interviews by contributing to a more secure setting for the participants and helped me to build rapport. As one participant commented:

I'm not sure I could have done this in another environment. That's an interesting thought that suddenly comes into my mind (Liam, 68).

In order to help develop the transferability and dependability of my research I have detailed the information regarding the length, the dates, and the recording process of the interviews. In total 31 semi-structured interviews were carried out with participants from around New Zealand. The average length of the interviews was approximately one and a half hours; however there was significant variety in the length of the interviews – with the longest recording taking just over two hours and the shortest recording lasting only 39 minutes. Part of this variability appeared to be due to the willingness of some participants to divulge more information about their lives and circumstances than others. The combined transcriptions

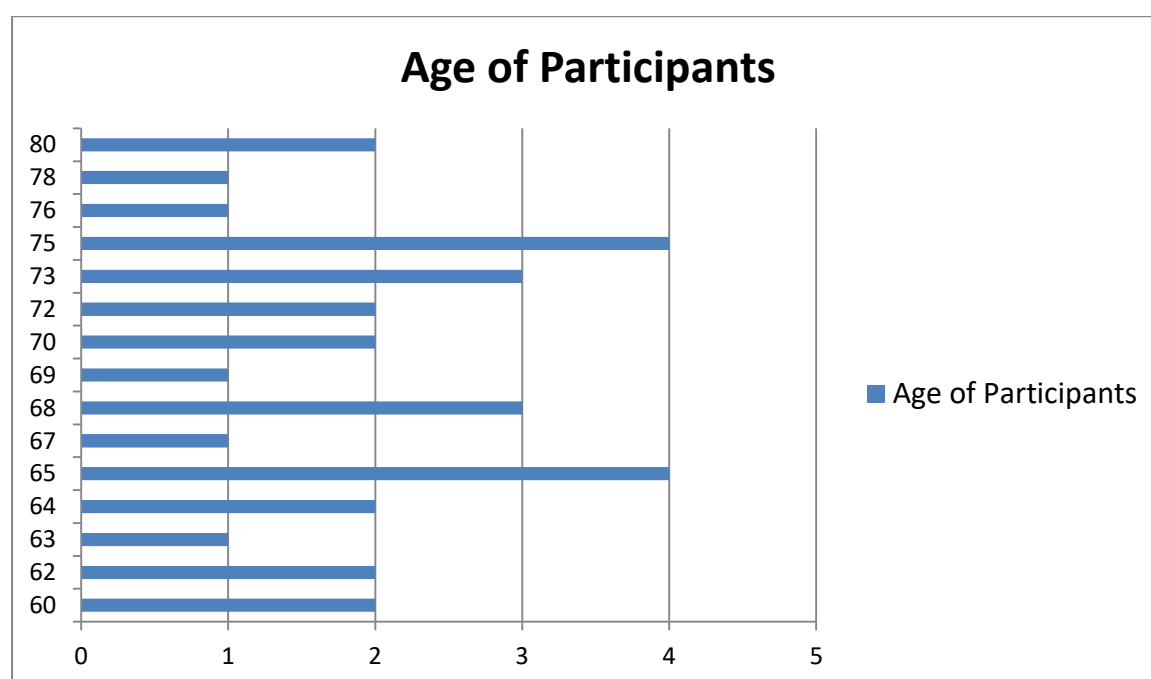
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came to a total of 924 pages. The date of the first interview was 02/02/15, while the last occurred on 12/06/15. There is however a discrepancy between the length of the recordings and the length of time spent talking with the participant. Part of these discussions revolved around explaining the interview process, introducing myself and my background, and general rapport building. I estimate that on average I spent between 30 and 40 minutes more with the participant on top of the recorded interview.

Participant details

The 31 participants who were interviewed for this research came from different demographic backgrounds. The youngest participant was 60 years old, while the oldest was 80. The number of participants of each age is shown below:

Figure 4.1 Age of Participants

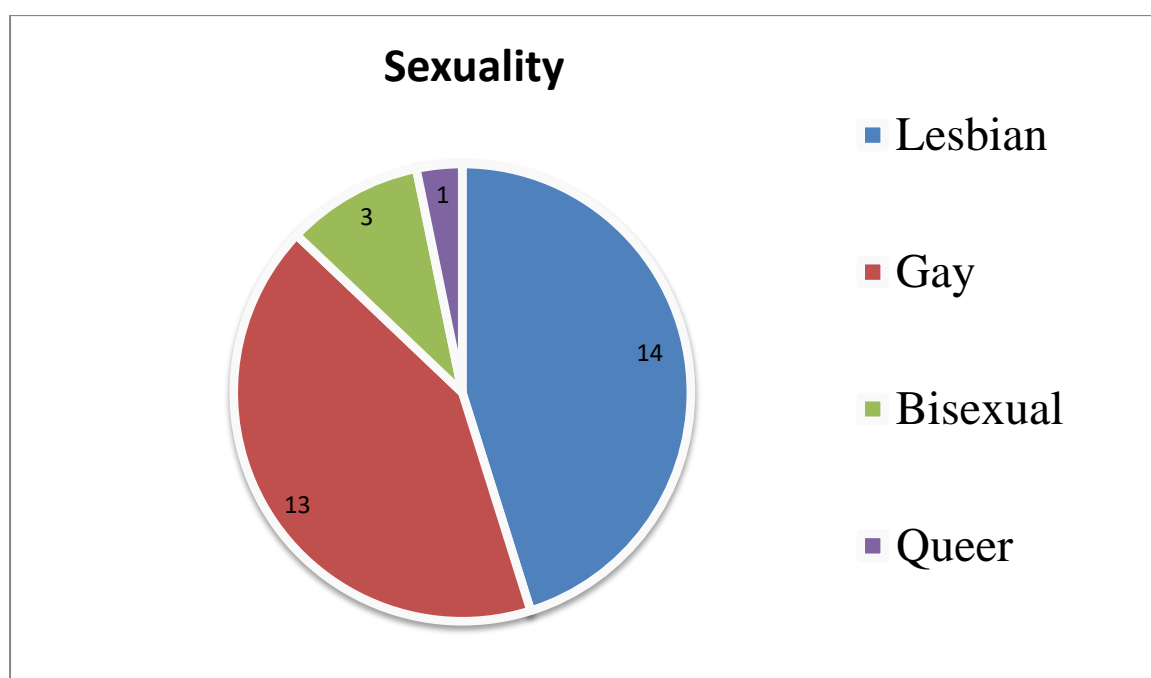


The vertical axis in Figure 4.1 refers to the participants' age at the time of the interviews; while the horizontal axis shows how many of the participants were that particular age in total.

In regards to gender identity 14 of the participants identified as male, 16 as female (three of these participants are transgender individuals), and one participant identified as intersex.

In terms of sexuality 14 participants identified as lesbian, 13 as gay, three as bisexual, and one as queer.

Figure 4.2 Sexuality



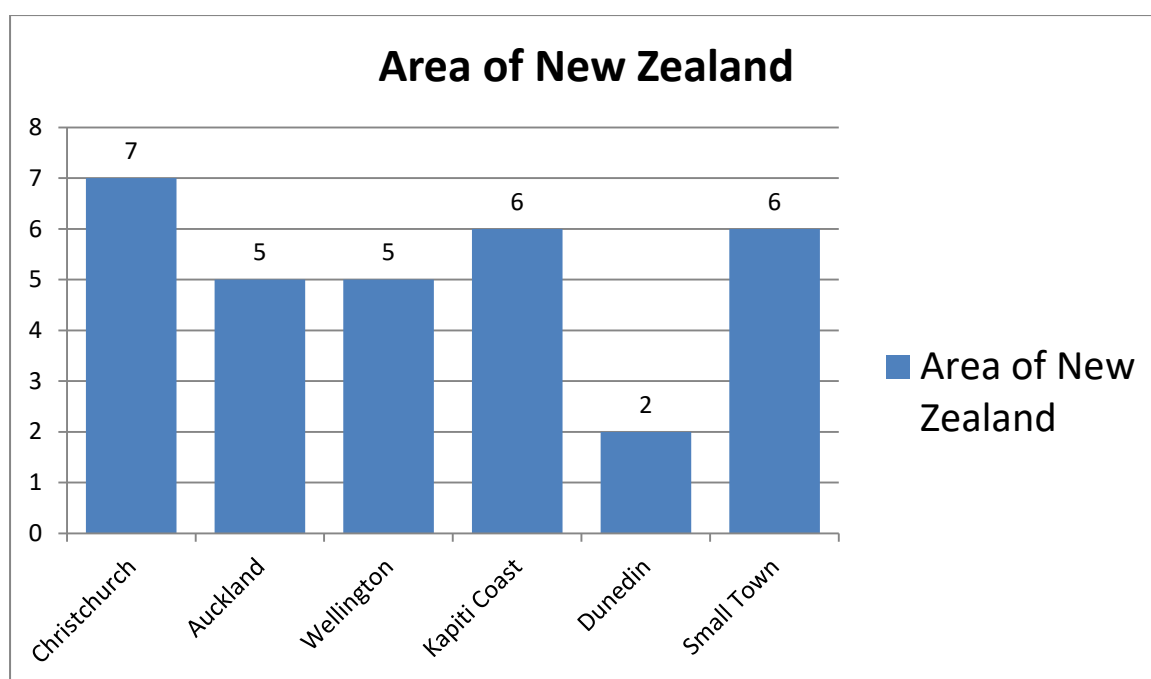
In response to the question on ethnicity 25 participants referred to themselves as Pākehā⁸, one as South African, two as English, two as American, and one as Canadian. On a similar note, 22 participants identified New Zealand as their place of origin, three as the United States, one as South Africa, three as England, one as Netherlands, and one as Canada. The breakdown of the participants' ethnicity does highlight one of the major limitations in this research, which is the lack of any participants from non-European descent. Attempts were made to advertise

⁸ Pākehā is the Māori word for New Zealanders of European descent.

and recruit through social networks and community groups that would include participants of non-European decent; however these attempts did not prove successful.

The participants lived in different locations around New Zealand. The largest group of participants were from Christchurch (seven participants), followed by the Kapiti Coast area with six. I interviewed five participants in Auckland and five in Wellington. Two participants were interviewed in Dunedin and another two were from a small town near Christchurch. Four other participants were from small towns around New Zealand.

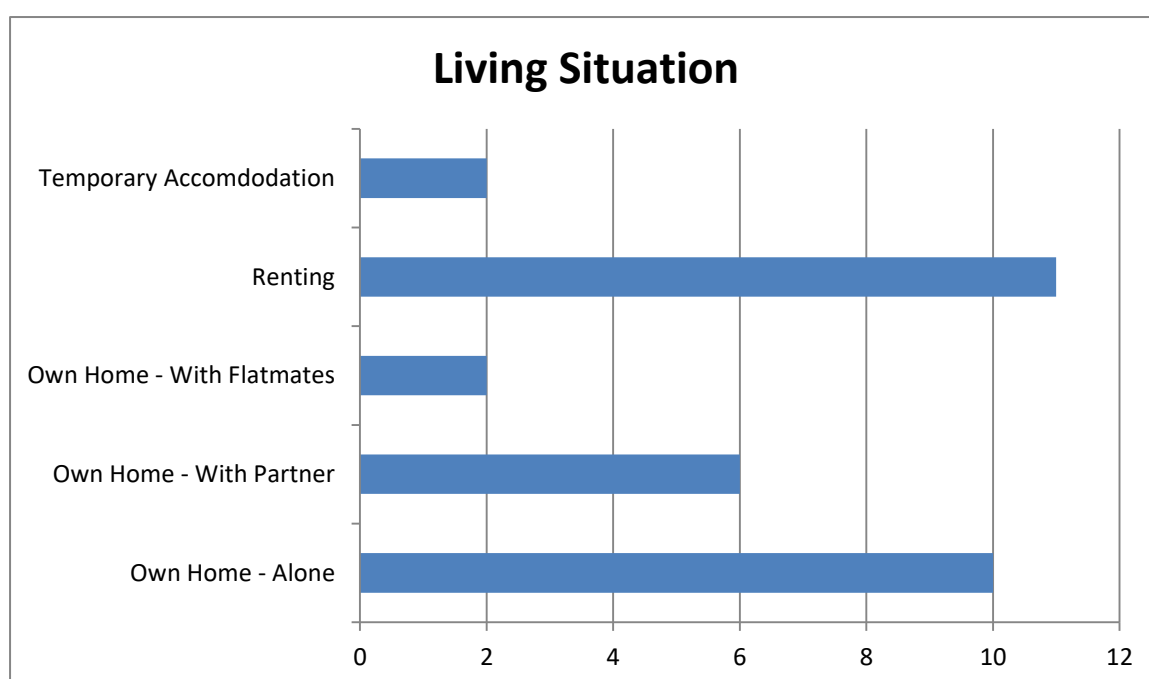
Figure 4.3 Area of New Zealand



One of the key demographic questions I asked the participants, and that was explored in greater narrative depth throughout the interviews, was whether or not they had children (of their own, or in any other capacity). Of the 31 participants 19 answered yes to that question, while 12 indicated they did not have any children or dependants. Similarly, it was important for me to ask and explore the participants' current status in regards to being in a relationship. 25 of the 31 participants reported being single at the time of the interview.

The final demographic factor addressed in the interviews was the current living situation of each participant. Six participants were living with their partner in homes that they owned. Ten were living in their own homes by themselves. Eight were living alone in a rental property. One participant lived in their own home with a flatmate, while one other participant lived in their own home with two flatmates. Two participants were renting a property while living with one flatmate, while one participant was renting and living with three flatmates. One participant described her living situation as ‘crashing with a friend,’ and one participant was residing in a campervan.

Figure 4.4 Living Situation



Semi structured interviews

In order to capture the wide range of lived experiences and perceptions that the research questions are concerned with, I decided to use semi-structured interviews to collect the data. Semi-structured interviews have a flexible design, one that allows for follow up probes, discussions and segues into other topics, and are typically based around a list of general

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interview questions and topics (Mason, 2004). The interview guide was a set of questions that functioned as an open framework for the interview, designed to encompass the concepts, concerns, themes, and ideas within the research questions (Mason, 2004). These questions were informed by the initial literature review for this research, and were revised during the process of data collection in response to the answers and comments of the research participants (Diefenbach, 2009). (See **Appendix Three** for a copy of the semi-structured interview guide). Follow up probes, comments, and queries to the responses of the interview questions allowed the semi-structured interview to explore a range of areas in-depth, and to uncover new aspects to focus on and include in future interviews. As a result of this process the interview guide was a constantly evolving document, which is argued as a sign of being successfully responsive in carrying out qualitative research (Braun & Clarke, 2013a).

One example of when the interview guide evolved as a result of the participant responses was the development of a specific focus on rest home and institutional care. While questions regarding rest home and institutional care were initially asked of participants in early interviews, the extensive responses with rich material resulted in a stronger focus on this area in subsequent interviews. I also took dedicated time after each interview to journal and document how each interview went. These reflections were not solely focused on the data gathered, but included my own personal reflections and feelings from the interview. For example, it was not until my eighth interview when I reflected that I was beginning to develop and feel more secure in my own interviewing technique:

The interview last night went surprisingly well, especially considering that she had forgotten I was coming and ended up both cooking and eating her dinner during the interview. We ended up building a good rapport and connecting, she commented as much at the end of the interview. I think the fact that she was a social worker helped this. The interview ended up exploring some really interesting material, especially in terms of being bisexual in the LGBT community and the role that support groups can play in wellbeing. Overall I was very satisfied with the interview. I am beginning to feel as if I have a good base set of interviewing skills (David, 23rd March 2015).

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These reflections were not limited to the positive experiences in my interviews, but also included examples of when the process did not go as smoothly as I had hoped:

In regard to the use of the phone, I found the process more difficult and less exploratory than face-to-face interviews. There was a limited ability to build rapport and explore conversational avenues over the phone (David, 2nd February 2015).

Notes such as these affected how I proceeded with future interviews. As a result of having difficulty with the two interviews over the telephone I made an increased effort to travel to meet participants. This active process of reflexivity was established as means of both improving my own practice skills and showing transparency during that process.

Once the interviews had been completed and recorded they were then transcribed into a written dataset.

Transcription

The interviews in this research were recorded using a dictaphone, and once completed they were transcribed through a professional transcription service. The transcription service operated with a formal confidentiality agreement that assisted in protecting the privacy of the participants (**Appendix Four**). The transcriptions had personal names and identifying information removed from them and replaced with pseudonyms in order to protect the confidentiality of the participants. The reason why I chose to use a transcription service is due to the fact that it presented the interview in a formatted text document, which allowed for a systematic approach to the data analysis and ultimately appropriate abstraction of themes between participants. Further the format of the transcribed interviews allowed me to organise the data within the software tool NVivo. A practical consideration of time management also influenced my decision to use a transcriber. As I am not a touch typist transcribing 31 interviews myself would have taken a considerable length of time.

Software tool

Due to the size, complexity, and breadth of the data analysed in this research I chose to use the software tool NVivo as it assisted in the management and storage of the data. The benefits of using NVivo was this system held the raw data from my research, was linked to external data sources and references, allowed for a consistent coding of the text, and provided multiple avenues of exploring, visualising, and representing the codes and themes within the data (Guest, MacQueen, & Namey, 2012). The use of this software also added to the trustworthiness of this research as Noble and Smith (2015) argue that meticulous record keeping helps in highlighting the decision making trail of the researcher. Through using this software I was able to keep the draft versions of my coding runs. However it is important to note that NVivo software merely assisted in the data management for this research. It did not formulate codes, themes, or findings from the transcripts themselves and that the use of applied thematic analysis was still a manual process (Guest, MacQueen, & Namey, 2012). The next part of this chapter will demonstrate the process of thematic analysis used for this research.

4.4 Applied Thematic Analysis

To analyse the transcripts I decided to use applied thematic analysis (ATA). ATA is a systematic analytical procedure that through a process of researcher familiarity with the data, note formation, and code development can organise textual information to represent themes, concepts, and patterns (Bernard & Ryan, 1998; Braun & Clarke, 2006; Guest, MacQueen, & Namey, 2012). In using ATA the aim is to describe and understand how individuals think, feel, and react within a specific context and in relation to a research question or questions (Guest, MacQueen, & Namey, 2012). It is due to these factors that I chose to use ATA as the

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analytic tool in this research, as it fits the methodological lens of this inquiry and is suited to the exploration of hard to reach populations.

ATA is an example of an inductive, non-mathematical approach to data analysis that I used to deconstruct and articulate the stories that participants provided in their interviews (Guest, MacQueen, & Namey, 2012). From these stories a rich, detailed, and complex account of the data was derived, and then common threads were identified and presented (Vaismoradi, Turunen, & Bondas, 2013). The process of ATA involved searching for themes and patterns within the data, organising and interpreting these commonalities within the context of the research question, and applying these findings to my research questions (Braun & Clarke, 2006; Guest, MacQueen, & Namey, 2012). One of the benefits of ATA is that it can assist researchers in comprehensively examining and organising a large dataset in both a systematic and transparent manner, which adds to the trustworthiness of the research findings (Elo et al., 2014; Guest, MacQueen, & Namey, 2012; Shenton, 2004).

For this research I followed the ATA procedures laid out by authors Braun and Clarke (2006, 2013a, 2013b, 2014) and Guest, MacQueen, and Namey (2012). This process of thematic analysis follows the general steps of researcher familiarisation with the data; the formation of initial notes, ideas, and patterns; the development of codes and a codebook matrix; a search of cohesive themes between codes, and a final review (Braun & Clarke, 2006, 2013b; Guest, MacQueen & Namey, 2012). A detailed breakdown of how I worked through these stages is provided below.

Familiarisation and note development

The first step of this process was to establish my agenda, that is, what is my research and analysis attempting to achieve. The previously established research question “What is the relationship between social capital and wellbeing for older sexual and gender minorities in

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New Zealand?” framed that agenda, and informed the development of initial notes, ideas, patterns, and codes. The secondary questions formed throughout the research process also assisted in the code development stage.

The formation of initial notes – which eventually developed into established and defined codes – required a valid and reliable approach for grouping content. ATA researchers tend to use a variety of approaches during this stage. Using the steps suggested by Guest, MacQueen, and Namey (2012) I approached this stage of the analysis by noting similarities within the data, making notes of the cause-effect relationships, identifying connections between components in the data, and highlighting the repetition of words, phrases, and experiences. Unusual comments or experiences were also noted as exceptions to any patterns noted in the data. Finally, links to relevant and informative literature also informed the creation of initial notes, ideas, and patterns (Guest, MacQueen, & Namey, 2012). It was important that during this stage of the analysis that I noticed and tagged information, comments, and phrases within the data that stood out and were relevant, but that I did not begin the process of coding until the codebook matrix had been developed and the textual boundaries of the codes set (Guest, MacQueen, & Namey, 2012). The primary purpose of this stage of analysis was to become intimately familiar with content of my interviews, and the formation of notes from this familiarity was primarily observational and casual, as opposed to systematic (Braun & Clarke, 2013b).

During the analysis process I kept a specific journal to note and reflect on the decisions and challenges I faced. At the stage of formulating initial notes I found it difficult to limit the initial amount of material I was recording. In line with the steps set out by Guest, MacQueen and Namey (2012) I aimed to address this issue by limiting myself to small phrases and singular words to represent material I was finding in the transcripts. That process allowed me to create a more succinct overview of the ideas and experiences present in the data, and also

addressed the practical issue of handling and digesting the large amount of material. Before I moved onto the second step of the ATA process I broadly categorised and grouped the notes I had collected under the following headings; wellbeing, social capital, sexual and gender minorities, stigma, structural factors, interview, and Christchurch earthquake. These groupings were a practical effort to divide the notes into similar areas, which in turn allowed me to move onto the stage of creating a codebook in a more systematic manner. However, these groupings did not influence the development of specific codes, and were not incorporated into the codebook or application of codes to the transcripts. The evolution of turning initial notes into a codebook and applying them to the data is recounted next.

Codebook development and coding

The second step of ATA is the development of a codebook and the coding process. Codes, the codebook, and the final development of themes are linked in how I used them to explore and extrapolate meaning from the data. A theme in qualitative research is a phrase or sentence that identifies what a specific aspect of the data is about and what it means in the context of the research (Saldana, 2009). Therefore a theme is a unit of meaning, while a code is a textual description of a component of a theme, and the codebook contains the textual description and boundary of the codes (Guest, MacQueen, & Namey, 2012). The early stages of coding required me to ask myself what the initial notes and ideas I made meant in the context of the research question. Some codes were created because they mimicked participant language, while others were formulated due to the theoretical framework I was using for this research (Braun & Clarke, 2013b). I then needed to identify specific instances of this code that existed in the data to see if there were patterns of relationship within the code. The codebook was then developed from these preconceptions of codes, which resulted in a

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document outlining the; name of the code, a short description of the code, when to use the code, when not to use the code, a justification of its inclusion, and an example from the data.

An example of one of my codes from the codebook can be found below:

Table 4.2 Example of Code from Codebook Matrix

Name	Description	When to use	When not to use	Justification	Example
Homophobia	Stigma, both personal, interpersonal, cultural, and structural that is related to having a diverse sexual and gender identity	To be used when the participant is talking about their own experiences of, or perceptions of, homophobia	Not to be used in generalised discussions about the LGBTQIA+ community or identity	A recent survey on the experiences of older sexual and gender minorities in residential facilities (N=210) found that the majority of individuals have experienced discrimination related to their sexual and gender identity	“But you won’t remember that I come from an era where being gay was to be psychologically mal-balanced and you needed to be cured”

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The development of the codebook was inductive and flexible, and required constant alterations throughout the course of the research process. Critically examining the definitions of codes, and when to and when not to use them, allowed me to further divide and/or combine codes to better reflect their suitability for the data. One of the primary benefits of the codebook, aside from providing reliability and consistency to the analysis process, was that during its development I was able to move beyond simple description, to begin to formulate an explanation of the relationships between codes (Guest, MacQueen, & Namey, 2012). Following the development of the codebook it was necessary to return to the data to reread and code the transcriptions using the predefined concepts and ideas. This process did result in changes to the definitions of the codes, and as such required regular re-coding of the transcriptions. One of the benefits of using ATA is that it is not prescriptive in how you apply codes to the data, that is, you can code in large sections or small sections depending on the suitability of the codes and/or transcript (Braun & Clarke, 2013b). This advantage gave me more flexibility as certain codes contained broader ideas, or could only be evidenced through larger narratives. One example of this was the use of the code ‘homophobia,’ which was often discussed in the context of a larger social situation or story.

In line with the concept of confirmability in qualitative research it is important to demonstrate how my thinking evolved as I began to formulate and develop the codebook. An initial entry in my journal as I started this process highlights the difficulty I had in ensuring that code development occurred separately as a defined process away from my preliminary theme categories, or theme development:

Today I only managed to give textual descriptions and boundaries for 5 codes in my codebook, and while that isn't near the number I was hoping to complete today I am beginning to develop a way of giving them enough information and contextual application. I have also figured out that keeping these grouped in the rough themes I had previously is counterintuitive – as theme development happens later. What I will do is continue to add the textual descriptions, and once I have finished with the list remove the theme

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component, re-organise it in alphabetical order, adjust NVivo to reflect the theme list as a 'post pilot-analysis theme list' then see if I need to expand/collapse any of the collected codes (David, 15th December 2015).

Notes and reflections in my journal also show how I began to more tightly define codes in how they related to the data:

I altered the label 'financial' into 'financial practicalities' in order to have it more clearly defined as referring to the issues that money and finances can have on maintaining social connections (David, 15th January 2016).

And similarly:

Deleted the code 'stigma' as it was too broad and not specific enough, the previously defined subcategories of stigma are more appropriate and useful (David, 15th January 2016).

These excerpts highlight that my own ideas of grouping and defining the ideas in the data were constantly evolving, sometimes resulting in stricter limitations in the application of a code, or deleting a code entirely if it was no longer relevant. While these are only two examples this process occurred consistently throughout the development and application of the coding process.

The development of these codes sometimes seemed obvious in retrospect, however it was only through the constant reapplication and critical consideration of their use did the final version emerge. An example of this evolution can be seen in the comparison between the initial version of my codebook and its final version. The first version of my codebook featured a broad, all-encompassing code dedicated to the participant's experiences of age and ageing. However while the process of ageing, the experiences of ageing, and the impact of ageism are all central components of this research – this code was too broad to be effective when breaking down concepts and examining the relationships between different codes.

Table 4.3 Codebook Matrix – initial draft

Name	Description	When to use	When not to use	Justification	Example
Age	Age related stigma, i.e. ageism	To be used when the participant is talking about their experiences of, or perceptions of, ageism	Not to be used in generalised discussions about another person's age	Older persons can be affected by prejudice, bias, and are often the subject of socially sanctioned ridicule (Kane, 2004)	“things like the dances we might put on. And someone will have arranged a dance, and of course it might not start till eleven o'clock. And for the older people they want to go a bit earlier, and probably be going by eleven or twelve o'clock. And so, even just talking about that it's like 'oh <i>what</i> , that's a bit early”

As a result of this consideration the code was broken down into different components, with an example in Table 4.4:

Table 4.4 Codebook Matrix – final version

Name	Description	When to use	When not to use	Justification	Example
Age	Refers to experiences, beliefs, and reflections on the process of age and ageing	To be used when the participant talks about the ageing process, reflections on ageing, and realities of being an 'older' individual	Not to be used when discussing experiences of age related stigma, see 'ageism'	As a central aspect of this research project	"No. No, it's funny. Because of my age, I get into these things. I got accepted to go into the New Zealand Burlesque Festival last year mainly because of my age and my act that I had."
Ageism	Age related stigma, i.e. ageism	To be used when the participant is talking about their experiences of, or perceptions of, ageism	Not to be used in generalised discussions about age unless the concept of ageism applies	Older persons can be affected by prejudice, bias, and are often the subject of socially sanctioned ridicule (Kane, 2004)	"things like the dances we might put on. And someone will have arranged a dance, and of course it might not start till eleven o'clock. And for the older people they want to go a bit earlier, and probably be going by eleven or twelve o'clock. And so, even just talking about that it's like 'oh <i>what</i> , that's a bit early"
Retirement	Experiences relating to the participant being retired,	Used when a participant discusses their own experiences,	Not to be used in discussions involving rest homes	As a regular occurring experience on the life course – may have	"Yes, I've turned 60; realistically I'm probably only going to

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	considering retirement, living with someone who is retired or wider discussions on retirement	perspectives, or impacts of retirement – also includes wider impact of others being retired	or retirement villages – separate code	intersection with older sexual and gender minorities due to possible restrictions on entering institutional settings and reports of statistically lower levels of income (Conron et al., 2012; Fredriksen-Goldsen, et al., 2011)	work for another seven years and then there's going to be another 20 years. What am I going to do? I'm not going to have a lot of money, because I haven't saved, ra ra ra. So there's not going to be a lot of money – what am I gonna do with my time? <i>That's</i> going to be a big thing, and especially living alone.”
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The process above shows how broad codes are deconstructed to refer to more specific experiences and situations. This development is necessary to ensure that the application of codes is relevant and applicable to the data. While this change may seem like an obvious choice, it is the move from large and generalised codes to more specific boundaries of meaning that show the analysis process to be developing organically, rather than coming from a top-down approach influenced by researcher predispositions and preconceptions (Elo et al., 2014).

Once the initial codebook was developed I then applied the codes to the data. There are two common approaches to coding within ATA – structural coding and content coding. Structural coding focuses on the similarity and/or differences between responses to prescribed and structured questions. Content coding examines the interaction between the researcher and the participants in response to more loosely organised questions (Guest, MacQueen, & Namey, 2012). Primarily I approached this analysis using content coding to inform the development of codes and themes as the inherent fluidity and conversational nature of semi-structured interviews and qualitative research lends itself to content coding. Content coding is also suited to the exploration of topics, ideas, and research questions where there is little previously established research (Guest, MacQueen, & Namey, 2012).

The next stage of ATA required me to move beyond applications of codes to the development of broader themes to answer the research questions.

Theme development

Once the coding process was applied to the data and refined through multiple runs of analysis it was possible to reduce the codes into similar components and develop overarching themes. Themes are often short phrases or sentences, developed through the analysis process, that highlight patterns, relationships, and meaning in relation to the research questions (Braun &

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Clarke, 2006, 2013b; Guest, MacQueen, & Namey, 2012). Themes need to capture something important about the data in relation to the research question, rather than simply capturing general findings (Braun & Clarke, 2013b). Within qualitative research these themes are then discussed in relation to the context of where the research was conducted, connected to relevant literature, and presented to either explain or question sociological conditions, experiences, and lived realities.

It is important to note that theme development is an active rather than passive process. This stage of analysis is often described using terms such as ‘searching,’ ‘finding,’ or ‘discovering.’ However, it is the role of the researcher to generate themes through a critical consideration of how the coded data relates to sociological theories and the context of the research goals (Clarke & Braun, 2013b). The basic process of generating the themes involved collapsing and clustering codes that seemed to share a common feature or experience so that they were able to reflect and focus coherent and meaningful patterns within the data (Clare & Braun, 2013b; Guest, MacQueen & Namey, 2012). Part of this process involved considering the relationship between preliminary themes as they developed in order to begin formulating an overall narrative. One way of pursuing this was to create thematic maps, which are visual tools to map out the areas of the developing analysis and assisted me in identifying key themes, subthemes, and interconnections (Braun & Clarke, 2013b). I began the process of developing thematic maps as I checked my coded data for clarity and consistency against my codebook. This step allowed me to start building an overarching picture of my research while ensuring the consistency of my codes. (See **Appendix Five** for an example of one of my thematic maps).

To move beyond thematic maps I created overarching clusters that linked to each other and allowed me to pull out concrete and definable themes to answer the research questions. It is possible to see how I moved from individual thematic maps, to thematic clusters, and finally

to the creations of themes with separate components. These can be viewed by looking at Appendices Five, Six, and Seven respectively. It was at this stage I generated the themes from this research, and began the process of presenting them within this thesis. However, the non-linear process of the research meant that I was consistently reviewing these themes as I discussed them.

Reviewing themes

After theme development one of the more important steps is reviewing and critically questioning the developed themes (Braun & Clarke, 2013b: Guest, MacQueen, & Namey, 2012). The reviewing stage is a reflective process where the themes are reviewed in relation to the coded data, the data as a whole, and my own questions and experiences from the analytic process (Braun & Clarke, 2013b). Key questions to ask during this stage are – Is this a theme? What is the quality of this theme? Where are its boundaries? Is there enough material to support this theme? Is this theme too diverse or wide ranging?

The challenge here is that there is no set ‘end-point’ for finalising a theme. It is possible to constantly revise, redefine, and re-work existing ideas and never end the analytical process. Reviewing themes is more a process of deciding “here is what I have now” and presenting that to the reader. Those themes will ideally answer the research questions, or highlight other avenues to explore. As a researcher it was necessary for me to trust in the voices of the participants, and the analysis process I took, and decide that I had created the distinct and distilled themes needed to answer my research questions. By presenting this process of the research design, data collection, and analytic process I have aimed to give the reader a sense that this process has been trustworthy.

4.5 Conclusion

As discussed, trustworthiness in qualitative research refers to a few broad areas that are concerned with research design, data sampling, analysis, and researcher positioning. It has been argued that a number of qualitative studies have previously failed to give a detailed account of their analysis process, or the rationale behind their methodological approach (Elo et al., 2014). It is potentially impossible to address all of the areas that qualify research as trustworthy in a study description, simply due to the nature of qualitative research. Yet it is still important to document these processes and reflections in the development and application of this research in order to justify that the findings are sound. The detailing of these research methods in-depth, as well as the inclusion of samples of my own decision making, will hopefully allow any consideration of the findings of this research to be considered in a trustworthy light. Ideally the goal of this chapter has been to present the idea that I have engaged in constant reflexivity throughout this research; that I have made every effort to incorporate and support the voices of the participants, and that the final themes have emerged from the stories told to me. It is this aim of transparency and trustworthiness that should allow the reader to see the map I used to get from my research question to the findings of this thesis.

5 WHAT IS SOCIAL ABOUT SOCIAL CAPITAL?

The fundamental law of human beings is interdependence. A person is a person through other persons (Archbishop Desmond Tutu).

Like Tutu's fundamental law above, this research is concerned with the interpersonal and community relationships of older sexual and gender minorities. I therefore adopted the model of social capital so I could better conceptualise the overlapping connections within the wider LGBTQ+ community. While the methodological lenses of critical gerontology and critical social theory inform the focus and analysis of the findings, it is through social capital that the participants' relationships are explored. As described in Chapter Three, there is more to social capital than just relationships between individuals and communities. Most theories of social capital have highlighted that the pre-conditions of trust, obligation, and reciprocity between individuals are required (Pawar, 2006; Shortt, 2004; Wilson, 2006). Other theorists have stressed that it is not just relationships that define social capital but rather it is the access to, and sharing of, valued resources (Barker & Thomson, 2015; Healy & Hampshire, 2002). While the practice of using social capital to explore community networks has increased across social sciences over the last few decades, it is not free from criticism. As discussed in Chapter Three, social capital has been critiqued for failing to account for the influences of class, power, and conflict (Fine, 2007). Social capital is also often measured through quantitative means, which potentially ignores the nuanced experiences that qualitative inquiry can provide (Pawar, 2006). Social capital is not a universally accepted model for exploring diverse communities but still provides a valuable insight into diverse and potentially invisible communities – such as the LGBTQ+ community. This thesis has endeavoured to address some of the limitations of previous applications of social capital, before shifting to the overlapping relationships of power, identity, and access to social spaces.

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The ways in which embedded social relationships function and provide resources for older members of the LGBTQ+ community is discussed in this chapter utilising the conceptualisation of social capital as consisting of bonding, bridging, and linking capital. Three thematic areas emerged as the participants talked⁹ about relationships and social connectedness: the elements of social capital unique or important to older sexual and gender minorities; the more common types of community and personal connections; and what ‘valued resources’ means for older members of the LGBTQ+ community.

5.1 Social capital for older sexual and gender minorities

What elements of social capital for older sexual and gender minorities appeared to be unique or were most important to the participants were important insights gained during my research. In the interviews, participants stressed the importance of trust and reciprocity by discussing these factors in relation to their experiences as sexual and gender minorities. In doing so they also highlighted the contextual elements that influenced the development of the LGBTQ+ communities they were involved in, such as the role that political activism and the rise of the gay liberation movement had had on personal and community relationships.

Building and gaining trust

The concept of trust is commonly cited as a key feature of social capital (Pawar, 2006), and the findings of this research support this claim as it applied to older sexual and gender minorities. It may seem obvious that trust would be an important foundation for both personal and community connections, but for older sexual and gender minorities the emphasis placed on trust was shaped by a variety of contextual factors. Growing up prior to and during

⁹ In this doctoral research I will be using the following terms when discussing the participants’ views and experiences. If it is only ‘one’ or ‘none’ of the participants then this will be stated, three to six participants will be described as a ‘few’, seven to twelve will be described as ‘some,’ thirteen to twenty-one as ‘many,’ and twenty-two to thirty as a ‘significant number.’

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Homosexual Law Reform (1986) and the Human Rights Act (1993), as well as experiencing marginalisation and discrimination, meant that trust was paramount to feeling socially connected with others. This emphasis was evident when one participant, Liam, talked about his close friend and primary confidant:

Liam: The primary one is a very, very important person in my life. We met about 20 years ago. They've been a great friend all those two decades. Jamie is quite a remarkable person, a very brave person, and I think probably the one person I could say absolutely anything to.¹⁰

David: So it's a very close personal relationship between the two of you?

Liam: With *deep, deep* trust, David (Liam, 68).

It was not just personal connections that relied strongly on the concept of trust. Melissa described her experiences after the 2010/2011 Christchurch earthquakes, and how the role of trust was integral in fostering community connectedness:

The whole neighbourhood after the earthquake, they lifted our sleepout for us. It's a really good example, actually, of our community. Our sleepout flooded. Of course, we're red-zoned so everybody's been in limbo, but our sleepout we wanted to raise it.¹¹ It was just on a concrete slab that cracked, so neighbours offered and we employed some guys to do it and another neighbour lent them the jacks to jack up the thing, cos we've raised it 0.4 of a metre. Another neighbour did the levels. We'd go out to work – I think we were both working – and come home and just find the next stage. But it was like you could totally trust them. And it was a real community effort (Melissa, 64).

It is likely that trust is particularly important in the formation of social capital for older sexual and gender minorities because of the frequency of hostile encounters experienced by this population cohort. As Dylan noted, while referring to incidents of repeated homophobia:

I prefer to live by myself, because I don't trust other people. After what I've been through in my life I don't trust anyone (Dylan, 73).

¹⁰ Name changed to protect anonymity.

¹¹ 'Red zone' refers to both the public exclusion zone in Christchurch City after the 2010/2011 earthquakes, as well as to refer to property and land that was deemed unsafe to rebuild.

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Previous work on social capital has included a strong focus on the role of trust. Trust in the context of social capital is typically described as an individual attitude, as opposed to social networks and co-operation which are based on community behaviours (Abbott & Freeth, 2008). This means that while there can be networks of individuals who are in contact, and who potentially work towards common goals, without the presence of trust there is no social cohesion or capital (Wilson, 2006).

For older members of the LGBTQ+ community trust played a central role in strengthening connections with friends, families, and communities. Trust could also support wellbeing, as the presence of trust protected against stress by reducing anxiety about the behaviour of others (Abbott & Freeth, 2008). However, measuring and defining trust also has its limitations. Torche and Valenzuela (2011) argue that the role of trust in social capital is temporary. They note that trust is presented in impersonal connections or relationships with strangers, but once those relationships are established trust ceases to become a conscious choice and is rather embedded in practices of reciprocity. However, that distinction was not supported by the discussions with participants in this research, as trust and reciprocity were commonly linked. While it may be possible to theoretically separate the two in discussions about social capital, for older sexual and gender minorities trust was a prominent feature in supportive relationships and did not cease to be an integral factor when reciprocal exchanges of resources began.

Reciprocity in action

The participants in this research frequently talked about reciprocity when discussing relationships. As opposed to trust, which was discussed as a more general, less specific idea, a significant number of the participants talked about deliberate exchanges involved in

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reciprocal relationships. These discussions included the practicalities of transport and companionship, where Hannah talked about a close friend:

The reciprocity there is that she hasn't got a car so I take her places and provide her with friendship in the form of a listening. So that's that reciprocity (Hannah, 72).

To financial support, where Mark discussed supporting his sister:

Oh, absolutely, very much so. And I think that I've been a support for her. She had a pretty rough time as a consequence of the earthquakes, and over the years she has run into financial problems and I've helped her with that. So we've been reasonably mutually supportive (Mark, 75).

The participants' responses in the interviews clearly regarded reciprocity as a way of articulating the exchange of resources. Social capital conceptualises networks and connections as a means of individuals and communities gaining access to valued resources (Barker & Thomson, 2015). The idea of a valued resource is inherently contextual, and while the valued types of resources will be discussed later in this chapter, exploring the way emotional support was exchanged highlights the inherent reciprocity present in the relationships of the participants:

For the early part of my life I was involved in what I would say now were some very violent relationships - the relationships were not healthy, I didn't have a framework for knowing what a healthy relationship was then. And so, once I learned about that myself and owned it, I've been pretty particular with the people who are my friends. They're high-functioning people, and I think it would be very fair to say that we as a group of people love each other, and that it flows both ways. So yes, sometimes you're supporting friends through tough times, and other times they're supporting you through tough times, so it's very mutual (Rowan, 62).

However, reciprocity was not always present in relationships. The participants expressed frustration when a close friend or family member did not respond in a way they felt they were obliged to. One participant noted that situational factors played a role in what level of support individuals could provide when asked about how their close personal friend returned support:

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Intermittent, depending on what's going on in whose lives. Yeah, what they're dealing with. But sometimes it goes the other way, doesn't it, obviously (Hannah, 72).

Other participants were more likely to express dissatisfaction with the state of their relationships if their perceived level of reciprocity was not met:

I've got to go in for an eye operation the beginning of next month and I've asked him, would he drive me there, cos I can't drive home. And he said yes, but now he's humming and herring about it, and I said – I don't know how I can manage to do it without him, but I suppose I could ask my son. He doesn't like being put out. He just thinks – himself. And it annoys me a bit, because I'm always available for other people. So it pisses me off if they're not available for me (Benjamin, 76).

Reciprocity helped to foster social capital for those who fulfilled the expectations of reciprocal relationships. Alternatively, a lack of reciprocity can also hinder the development of social capital for those who violate expectations (Mazelis, 2015), as highlighted by the frustrations expressed by Benjamin above. Reciprocity functions in two distinct ways. Direct reciprocity is when one person provides benefits to another, while generalised reciprocity is the more broad expectation that an individual can expect support from another (Mazelis, 2015). Previous research with older sexual and gender minorities has shown that both types of reciprocity are common in this cohort, as an Australian report found that found older sexual and gender minorities expected to gain emotional, physical, and financial support from their close personal and community connections as they aged (Hughes & Kentlyn, 2011).

For older sexual and gender minorities the importance of relying on personal and community connections is based on a variety of factors. As discussed in Chapter Two, members of the LGBTQ+ community have a higher rate of mental health related concerns (Brennan-Ing, Seidel, Larson, Karprak, 2014), and typically face exposure to discrimination that impacts on wellbeing (Mink, Lindley, & Weinstein, 2014). As older sexual and gender minorities may be considered as a vulnerable population due to this combination of stressors, the role of social capital providing support is especially important. Additionally, the process of ageing can

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create a further need for relying on others for support and assistance, a factor that will be addressed in Chapter Eight.

However, the role of reciprocity does pose some challenges when exploring social capital. It has been argued that reciprocity is commonly misunderstood, under theorised, and rarely even measured in examinations of social capital (Abbott & Freeth, 2008). This current research has shown that for older sexual and gender minorities reciprocity is an important component of social capital – both as an expected pre-condition and as a way of strengthening the exchange of resources. Along with trust, the presence of reciprocity fostered strong and cooperative social relationships. The next part of the discussion builds on the unique features of social capital for older sexual and gender minorities, and addresses how political and legislative movements have fostered the development of social capital.

Private troubles and public issues

It is impossible to separate the experiences of the participants in this research from the political and social changes that occurred throughout their lifetimes. This next discussion is focused on how collective political action or beliefs acted as a strengthening factor for many LGBTQ+ community groups.

When asking the participants about their close personal connections and key supports many were quick to point to relationships that developed from early political and social activism. Hannah noted the networks that emerged as a result of those collective actions were central to her sense of wellbeing:

Political activism, around the gay and lesbian movement, particularly the lesbian feminist movement. Those relationships, those friendships that were forged in that time have been really, really important for all of us, and we acknowledge that amongst ourselves. Except it's very hard to find a language to talk about that. It's like family but it's not family, but it's really important (Hannah, 72).

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In particular, some participants who identified as lesbian women noted strong connections that had developed as a result of participating in political and feminist groups. This emphasis may be related to the connection between groups that supported Homosexual Law Reform, and those that also addressed the broader needs of women. One participant noted that a number of services and supports for women were organised with a strong lesbian influence, highlighting the intersectional focus of these groups:

Well, at one point Rape Crisis was majorly lesbian, in the early days, and for a while I was really involved in that. I went to national conferences and stuff where the majority of women there would have been lesbians. So the whole structure that was being set up for Rape Crisis and everything was really, in those days, set up from a lesbian perspective in terms of politics and stuff.

That was early feminist days. We're talking probably before you were born. But also as they became more structured, like when I lived in Auckland when we first moved to New Zealand there was the [name of women's health organisation], and I became really involved with that, and that's where I got to know lots of New Zealand lesbians. So that was a place when I first came to New Zealand (Samantha, 72).

The stress placed on the importance of these groups by the participants could be due to their different gendered experiences. Many LGBTQ+ focused organisations during Homosexual Law Reform were male orientated (Brickell, 2008; Laurie, 2011a), and did not necessarily create welcoming spaces for lesbian, bisexual, and transgender women. Equally, organisations based around the emergence of feminist movements were not accommodating of non-heterosexual women (Laurie, 2011d), creating a gap where there was a lack of social spaces for queer women. As such, when they were able to participate in a social space that accommodated their political affiliations in terms of sexual liberation and women's equality, they created strong social bonds. This topic is covered in greater depth in Chapter Seven. These accounts of early political spaces do highlight how social capital forms in smaller, tight-knit groups, and the participants' experiences illustrates the importance of these spaces. These spaces provided not only access to close friends and the resources associated with

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social capital, they also facilitated an empowering environment where queer women were able to advocate for both gendered and LGBTQ+ issues.

Community groups were not the only social spaces that were influenced by similar political affiliations; Michelle discussed how being actively involved in early LGBTQ+ political movements formed the basis of close personal relationships:

We were both political activists and we did a lot of work around any Bills that came up before Parliament where we saw that as affecting lesbians. We generally made submissions either together or individually and always asked to present them orally as well, so we always supported each other if we did do that part of it. And I think we were very much on the same wavelengths politically. I probably had more of a – there's a saying 'the person is political and the political is the person'. I don't think she would think that she doesn't live her life that way, but if I look at her life I often think that she doesn't always measure up the personal with the political. She'd stand up and speak out about *anything* politically (Michelle, 73).

As mentioned earlier, it is impossible to separate the influences of the political reforms and social movements that occurred in the second half of the twentieth century from the early experiences of older sexual and gender minorities. However, not all of the ways in which political influences shaped social connectedness for this demographic were as overt as joining protest groups or making submissions to government. One participant described how political beliefs and behaviours shaped their social connectedness to others in more subtle ways:

I've never been a political person. It's just not been something that I'm interested in and it's not part of my makeup. Actually, I do remember discussing that with somebody a long time ago. I've always seen myself as being apolitical really – not interested in making social change. I *do* my thing – running [name of LGBTQ+ focused telephone service] as a telephone counselling service, and [name of LGBTQ+ focused website] as an information service – I guess it is political in a *way*. It's providing a service for gay people, and that's what it's about. But I've never seen myself as wanting to get actively involved in doing that stuff. But, as I started to say, a long time ago we were talking about this and I said to this guy – "Look, I just aren't interested in the political environment at all." And he said to me, "Mark, actually you're a very political person. It's actually you just don't realise it. It's just the way you live your life." So I don't know. I guess there's different ways of being political. I guess you can be advocating, you can be protesting, you can be doing all these sorts of things as *one* way of being political – going

to all sorts of parades and things like that; and the other way is just getting on with your life as you are. And that's the way I prefer to do it, as near as I can (Mark, 75).

Political actions, behaviours, and influences are just some of the unique ways in which social capital for older sexual and gender minorities can differ in comparison to older heterosexual and cisgender adults. As this research suggests, the role of trust and reciprocity has been vital in the development of social capital for older members of the LGBTQ+ community. While these aspects are important in any conceptualisation of social capital, for older sexual and gender minorities they are tied to their unique social and cultural positioning. Similarly, any discussion of social capital with older sexual and gender minorities needs to acknowledge the role that political influences have on their forms of social connectedness.

5.2 Social connectedness

While the previous section focused on the more unique or significant elements in the foundations of social capital for sexual and gender diverse older adults, this section examines types of personal and community connections identified by the participants. Social capital can be understood as both an individual and a community resource (Baum & Ziersch, 2003). Common descriptions of social capital often focus on relationships between individuals, and how communities can benefit as a result (Baum & Ziersch, 2003). The terms 'connections' and 'social connectedness' are broadly used to refer to these relationships, as well as how individuals connect, access, and partake in community social spaces. In Chapter Seven, the ways in which older sexual and gender minorities access and participate in the LGBTQ+ community is explored; here the focus is the common forms of social connectedness that emerged from the interviews. With an initial focus on community generally, this discussion now considers how key personal relationships fostered wellbeing and support for the participants.

Community

Community is a broad term, and when examining social capital for older sexual and gender minorities the use of the term 'community' is nebulous. During the interviews the term community was deliberately not defined in an effort to allow the participants to focus on what community meant to them, and to avoid the common critique of qualitative interviews as leading participants to a predetermined location (Kvale, 1996). As a result, a wide range of topics and examples emerged from the interviews that were linked to the concept of community.

Many of the participants maintained community connections through networks based around volunteering or providing services to others. One participant described in-depth the programme they worked for, and the benefits it had for others, as a key example of how they engaged with their local community:

It's the [name of organisation] and it goes into participating high schools every year and issues a survey to all of the year 10 to establish which kids are at risk of failure, low self-esteem, and identifies the 10 boys and the 10 girls, who are most likely to benefit from their programme. And then they invite them and their parents and then they take them on a three-week wilderness challenge with specialist educators. And then they come back to town and they have a three-week *community* challenge. And on the North Shore, which is where I do most of my work, there's of course the Wilson Home, so it's for physically handicapped kids. Or for old folks' home. And then they have a mentor or one-on-one same sex mentor for a year, and that mentor is like a big brother or big sister. It doesn't have a role of a parent or a teacher. They stand alongside them rather than above them or below them (Brian, 65).

Brian regarded this involvement in the community, and providing resources and support to others, as an important part of maintaining his own wellbeing:

I think a lot of my sense of wellbeing over the years has come from feeling I'm useful, so that's why I continue to volunteer in things where I feel I can be useful and where I can use the skills, the training that I have in the 42 years of practice and education. That sort of thing (Brian, 65).

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This theme of community connectedness based on giving back or providing support for others was consistent throughout the interviews:

I've always belonged to groups that are a mixture of social and campaigning. It's always been an important thing to me, so a group that's only social I have much less interest in. It's also entirely male and very much so. I've always valued... Even though certainly when I lived in Leeds there was very limited contact between gay men and lesbians, because the women tended to be rather separatist (Isaac, 68).

Isaac's comment regarding the limited contact between gay men and lesbian women is explored in Chapter Seven in relation to how different interactions based on sexual or gender identity create boundaries and barriers in the LGBTQ+ community. Due to the historical positioning of the participants in this research, being older sexual and gender minorities who lived through the process of legislative and social change, the influences of those events shaped the formation of their communities. Another participant discussed the same topic, and reflected on how his experiences with community development groups gave him a sense of empowerment:

Well, once a month, a couple of beers. We've got a pub night on the second Friday of the month or something like that, and I meet up with them. If they have a function I'd usually go along and support it. I don't need it for support anymore, but we've got a lot of kindred thoughts and, as I say, I was very active when they had the law change coming through and I appeared before the Select Committee several times on account of it – both for the law change and later on the Marriage Bill. In those cases they were quite involved with it and I supported any activity they had. And we had some of the marches through the streets in the very early days, and it empowered me a lot. It made me come out and march, because there was a good reason for it. It was an injustice and I thought it's crazy not doing that (Andrew, 80).

Previous research with older adults has shown that volunteering and being active in community organisations can have an array of benefits for both the individual and the community (Choi & Kim, 2011; Theurer & Wister, 2010; Narushima, 2005). These studies have highlighted the fact that older adults generally tend to be the most dedicated cohort of volunteers, and that a desire to volunteer is motivated by sympathy, altruism, a desire to do

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good deeds, as well as a sense of social responsibility (Choi & Kim, 2011). The extracts from interviews above highlight how the participants in this research were strongly influenced by their sense of social responsibility, both in regards to society generally as well as to the LGBTQ+ community.

A Canadian study with older adults found that while volunteering does support the wellbeing of older adults by offering positive social connections, some older people face challenges in accessing volunteering opportunities (Narushima, 2005). Narushima's research collected qualitative data through interviews and participant observation of senior volunteers (N=15). The study reports that the number of older adults volunteering in Canada has remained roughly stagnant for the last fifteen years, and attributes this stagnation to the fact that volunteering organisations are not necessarily able or willing to support older adults' generative inclination to work with younger generations. Narushima (2005) goes on to note that older adults can be effective service providers if society creates the structures that enable them to express and contribute their skills. While the participants in this research did not report instances of being turned away or being unable to volunteer their time and skills on the basis of their age, it could potentially impact how older sexual and gender minorities are able to contribute to their communities. However, it is important to note the difference between a lack of negative experiences being mentioned, and being explicitly asked about age- or sexual-based discrimination on volunteering. While volunteering was discussed in the context of social capital it was not an overt focus of this research. More dedicated questions on experiences of volunteering may have resulted in findings that show that older sexual and gender minorities are restricted in their volunteering opportunities based on ageism, as well as heteronormative and cisnormative views. While it is impossible to speculate from this research, follow up studies are required to explore this topic in greater depth and how that may impact the social capital of older sexual and gender minorities.

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The concept of contributing to communities featured in later Canadian research which looked at the relationship between altruistic behaviour and social capital on the wellbeing of older adults (Theurer & Wister, 2010). These authors measured social capital through the dimensions of belonging, community trust, and group activities, and compared social capital to altruism on reports of both hedonic and eudaimonic wellbeing. Theurer and Wister assessed this relationship by examining a sample of 4,486 Canadians aged over 65, who completed the Canadian General Social Services Survey in 2003. While both altruism and social capital were positively associated with increased wellbeing, the authors suggested that altruistic behaviour was mediated through social capital, as was its influence on wellbeing. That is, when one has a strong sense of social connectedness, volunteering can maintain that connection but is no longer significant when dimensions of social capital were present (Theurer & Wister, 2010). For the participants in this current research volunteering was equally associated with an increase of wellbeing, and was often a by-product of their existing community connections.

Of course, not all of the reflections on community connectedness were based around providing formal support and resources to others. The participants in this research were quick to list groups and organisations they actively engaged with, which provided them individually with a sense of wellbeing. These groups consisted of both LGBTQ+ organisations, as well as groups for the general population. As Alexander elaborated:

I have social connections through the Rainbow Club for gay friends, and I've been a member of that for, well since 2005, so a few years now. It's been 10 years I've been a member of the Rainbow Club and knowing all the people there. So I have those social connections. As far as community groups and stuff, I'm in choir. I guess you make contacts through swimming. I go swimming pretty much every day or the gym - not often enough obviously - but I do make social connections through that. So I have connections in the community (Alexander, 63).

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Another participant talked about the support they received from community connections made in the wake of a relationship breakup, and the unique resources that a LGBTQ+ friendly group could provide:

On the gay side it is mainly the Gay Dads' Group and the Rainbow Group. Although I belong to them, it's not exclusively – I belong to about 15 or 16 different organisations, from Progressive Association to the St Vincent de Paul Society to the Hall Committees – but mainly community-based. My main contact initially was through the Gay Dads' Group, because in those days, in the 1980s, it was just when the law change was being mooted when I became aware of my sexuality, and it caused the break-up of my family. I got *tremendous* assistance from them, and they're still going, but now it's just a social group where we meet once a month and have a shared dinner. But in those days it really was essential to have somebody that could tell you who a gay-friendly lawyer would be and how to go about some of the problems you had in your daily life (Andrew, 80).

So far, this discussion has focused on one of the key forms of social capital that emerged from the interviews: the role of community connectedness. In particular, it was noted by many of the older sexual and gender minorities in this research that the role of community was heavily tied to giving back to others and connecting with political movements. The role of communities and having access to a variety of community connections is a key feature of social capital (Baum & Ziersch, 2003). Not only is community part of the conceptual foundation of social capital, but previous research has also shown that community participation has a direct link to an increased quality of life, wellbeing, and social empowerment (Talo, Mannarini, & Rochira, 2014). Next, the role of close personal connections in developing social capital for the participants is addressed.

Close friends and family

The notion of 'close personal relationships' covers a broad range of personal connections, from long-time friends, partners and romantic relationships to both close and wider family networks. As with the concept of community connectedness, what constitutes a personal relationship was left open during the interviews for the participants to interpret. One of the

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more consistent themes to emerge from this research was the emphasis placed on close personal relationships that were not familial, as one participant described when talking about a close friend:

He is vital to me. He needs me and I need him, so it's a mutual sharing and I won't say his name for obvious reasons. But he's in the position of power and public identity, and so he *hasn't* got anybody to talk about issues that are coming up that you can't talk to anybody else about because it would get in the media. And so we've had that relationship for a long time. Mutual support (Jean-Luc, 64).

Part of the importance placed on close friends by the participants was the reality that many acted as a family of choice. In many situations it was the family of choice that was identified as the primary support network of the participants – and therefore was crucial to wellbeing:

I've got a really good network of friends support in the States. Which is a mixed bag of gays and straights and just everyone, they're all very close. And I said to them, I said that was one of the things I missed when I came to New Zealand, initially, especially, was that closeness and they went well, 'you'll have friends And I went, 'yeah, but you guys are kind of more than friends - you're actually like a family. If someone's ill, or something, you get together probably two or three times a month for meals and stuff, so it's more like a family' (Alexander, 63).

Alexander went on to describe the concept of a family of choice in more detail, mentioning both practical considerations and the way in which they supported one another:

A whole group of friends that don't physically live together but we're in close enough physical proximity that if someone becomes ill or care is needed, we all take care of that person till they... Generally we're thinking along that line. It doesn't *have* to be until they die, but if they do, and then move on until the last one's standing kind of thing. But I think that that's what we've agreed would be a good common goal for the future, so there's some care.

Because none of us have this large group of family, so, especially I think with a lot of gay friends. They don't really have any... They're old or their parents are not living obviously and they don't have children, some of them, and maybe they don't have good relationships, or don't have siblings.

So basically they rely on other friends and stuff who are like family. Nothing is set in stone – we don't have any written contracts – but I think that's the agreed upon thing that we'll do as we get older, is just take care of each other (Alexander, 63).

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This reliance on close personal friends rather than a family of origin has been similarly reported in previous literature (Hughes & Heycox, 2010). Here it highlights that social capital for older sexual and gender minorities has unique features when compared to what constitutes social capital networks for older heterosexual individuals. Being less able to rely on parents, siblings, or children reduces the amount of potential connections, and therefore impacts the amount of accessible support. For this reason, the participants were quick to acknowledge the importance and central role that close friends played in the maintenance of their wellbeing by acting as a family of choice.

An interesting theme that emerged from the discussions around family of origin versus family of choice was the terminology involved. In both cases the participants used the term family to highlight people they could rely on for support, that formed a close network, and provided the basis for a large number of social capital resources. While the term ‘family of choice’ is used academically to refer to these networks (Hughes & Kentlyn, 2011), the use of the term ‘family’ raises questions about how it is defined, and therefore used in practice. Obvious questions that arise from this are who defines family, what does it mean, and what is the criteria? Rather than just as a thought experiment, these considerations have a variety of implications for social work practice, social services systems, and implications for social policy. As ‘family’ is a term often used in these contexts to refer to a narrow band of experiences, primarily a biological and nuclear family, then what does this mean for older sexual and gender minorities who come across these services when they define and use the idea of family differently? The possible implications of this for practice, policy, and research will be addressed in greater detail in Chapter Nine.

However, it was not only close friends that provided a role in developing social capital for older members of the LGBTQ+ community. A significant portion of the participants in this research happened to have access to familial supports, unlike what is suggested in previous

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research (Antonelli, & Dettore, 2014; Hughes & Kentlyn, 2011). Children are typically regarded as a traditional support for older adults as they age (Evandrou, Falkingham, Gomez-Leon, & Vlachantoni, 2016). While previous literature has noted older sexual and gender minorities are less likely to have children (Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2013), a significant number of the participants in this research did have adult children and grandchildren. It could be a factor that once Homosexual Law Reform passed it is possible sexual and gender minorities may have felt more able to come out, potentially leaving partners who already had children. This context may potentially highlight why the number of participants in this research with children was higher than research conducted in international settings. Previous research in New Zealand has indicated that gay men often denied their sexuality, got married, had children, and then later came out (Neville, Kushner, & Adams, 2015). However, as that study used a relatively small sample further research is required to explore the impact social policy has had on the number of sexual and gender minorities with children.

Despite the higher number of participants with children, not all of the participants had positive relationships with their children. For those who did, these relationships proved to be a reliable source of support and social resources:

Both of my children who live in Christchurch have... at my age and my physical condition...I had a knee replacement and I went and stayed with my daughter after that. I stayed with her for three weeks. And I stayed with her after one carpal tunnel operation for a couple of weeks. My son and his wife, I had a Godawful shit of an experience last October. I got an infection in my knee replacement and it was cut open and scraped out and then two days later it was cut open and scraped out again. Wound up being in public hospital for a month, at Burwood Rehab for a month, and then I went and stayed at my son's place for about three weeks and learned how to walk again. So it is reciprocal (Sue, 75).

Yet there were also accounts of fraught relationships with children. James described how his adopted son cut him out of his life once he found out about his sexuality:

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I had a son – I adopted him. My wife was married before. I came on the scene when [he] was 18-months-old. We married when he was three, so he's only ever known me as his father. Anyway, he is now in a relationship, he's got two children, two girls he's got – I've never seen them. He has changed his surname and reverted to his birth father's name. He's totally homophobic, and so therefore we have zero contact (James, 70).

For older sexual and gender minorities in situations similar to James, fraught family relationships have the potential to negatively impact their wellbeing. Aside from the emotional consequences of being estranged from a child, a scenario like this could also alter who older adults are able to rely on for support. Having no connection to his son means that James also has no contact with his grandchildren, further reducing his wider network. Additionally, when relationships become fractured like in James' situation there is also the possibility of disrupting relationships with other involved people, such as shared friends and family members. For older sexual and gender minorities when family reject them on the basis of their sexual or gender identity the impact can include emotional hardship, loss of potential supports, as well as a divided social network.

Despite narratives such as this, the findings from this research suggest that some older sexual and gender minorities are still able to rely on their adult children as part of their social capital networks. Even so, it is important to acknowledge that only approximately half of the participants had children, meaning that those who did not were less likely to have familial social supports.

Secondary relationships

Perhaps not surprisingly, participants in this study had an idea of who they could rely on as back-up or wider support networks. In this thesis, this level of support is described as 'secondary supports,' and refers to the people and organisations that the participants knew they could rely on, despite the fact that they seldom needed to:

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There is that wider group of people who I know I could turn to in times of need. We don't *connect* that well in terms of socialising, but I know that they're there (Liam, 68).

Part of the reason why the participants referred to some connections as secondary supports was due to the practicality of location. Brian noted that most of his family resided outside of the city where he lived, impacting on perceived connectedness:

So those are the people that I see most often. And then of course there's the next tier up, the rest of my family. None of my other family lives in [city], so although I see them, they live in other countries or way down south (Brian, 65).

Some of the participants noted that awareness of their secondary support connections arose from occasions where they needed to rely on other people. In these instances, it became apparent who was able or willing to support the participants, and those who were not. Alexander explained that this difference in either ability or preference for providing support was not an inherently negative trait, but rather reflected the different levels of social connections people enjoy:

I think when my partner died it was a real sorting kind of thing because I'm a *very* social person. I thought, I've got hundreds of friends. No, not really. I've got hundreds of acquaintances, but when the hard yards come, you find out who your real friends are. And that's okay. You're gonna have the core group of friends who you really know you can rely on and then you're gonna have others who, yeah, you can call them up have tea and stuff, but you know you can't really *rely* on them. They wouldn't be there. Not that they're bad people or anything - it's just a different *level* of friendship. I guess that's the way you'd say it (Alexander, 63).

While it is apparent that older sexual and gender minorities have a variety of different forms of social connectedness, from this research it was evident that the sources of social capital most valued were close friends, community networks, and secondary supports. These connections represent the different dimensions of social capital. From the measures of bonding, bridging, and linking social capital, as well as the dimensions of social connectedness, participation, and group activities – each are present in the accounts of the

participants in this research. As it can be difficult to separate the different dimensions within social capital, a distinction was made to identify embedded relationships within social networks and how these provided access to valued resources. The implications of these particular connections will be discussed further in Chapter Nine in terms of how social work practices may support the positive wellbeing for older sexual and gender minorities. The next part of this discussion focuses on one element that has been consistent in the conceptualisations of social capital – the exchange of resources between individuals and communities.

5.3 Exchange of Resources

The development of social capital requires that networks and their members create various forms of resources to serve both individual and communal needs (Baum & Ziersch, 2003). The majority of social capital theories focus on the provision of financial goods and services (Blair & Carroll, 2008), which has led to criticism of its use in social sciences (Mohan & Mohan, 2002). This research presents an alternative focus. While financial assistance and support were discussed by participants as a by-product of social connectedness, the predominant focus throughout the interviews was on the role of emotional support. This part of the chapter explores the place and impact emotional support had in the personal and community lives of the participants, as well as addressing other resources that were important to them, primarily practical help and assistance with accommodation.

Emotional and personal support

The most important by-product of social capital for the participants in this research was how it allowed for the exchange of emotional and personal support. Across multiple interviews the participants noted that their social connectedness through communities and with other

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individuals provided direct and indirect emotional support. Partly these discussions focused on passive emotional support. As Beth described:

It's just somebody there to be able to talk to. You can be sitting in silence, but if you want to say something, there's something to say. You know that – comfortable. Like a pair of old shoes that fit well. So yeah – that's about it. It's just somebody there, who's comfortable to be with, and who cares about what happens to me, and I care about what happens to her. So yeah, we look after each other (Beth, 65).

Often, the participants indicated the capacity to off-load and vent formed an integral part of how emotional support is given and received:

Oh yeah, absolutely. But also that I can tell them all the dreadful stuff. I can off-load stuff too. To some friends I can off-load all the really awful stuff that's going on for me. And I think that's really important, to have that space with friends where you can just hang it out really, yeah, yeah (Hannah, 72).

In addition, many of the participants were able to discuss the exchange of emotional support:

Oh, yes, yes, you get a lot out of it. When you put any energy into anything – as you know, too, when you visit your people that have got their problems, you get far more love back out of it (Andrew, 80).

Part of the role this emotional support played for the participants was to hold each other to account, in ways that less personal relationships were unable. Michelle noted:

Yes, she's always been someone I can talk through things with. If something's bothering me or if I've been ill, she's been incredibly supportive. She's not afraid to tell me what I should do differently than what I do. She doesn't live in awe of me. I think we have quite an equal sort of friendship and she is a wise woman, and I respect that about her (Michelle, 73).

One participant discussed his own mental health, and how the emotional support he received from a close personal friend consisted of him highlighting cycles of negative thinking:

There was one very good friend of mine, for 30-odd years he was a friend – never a sexual friend, although he was gay and had his own partner. But we were more like brothers in the finish, and I could always go to him and say, you know, and he would never say, 'get over it.' He would point out flaws in my thinking (Benjamin, 76).

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Part of the reason why emotional support was highlighted by the participants as being a valued resource was its relationship to wellbeing. In various ways, participants in this study expressed an awareness that emotional support enhanced their overall wellbeing.

Theories of wellbeing include factors such as positive emotion, social engagement, self-assessed meaning, positive relationships, as well as accomplishment (Seligman, 2011). Participants reported that emotional support in the context of this research enabled increased wellbeing by including all of these features. The close personal and community connections that provided emotional support as a resource were highly valued by the participants in this research.

Emotional support for the participants in this research also acted as a form of identity validation. Having close personal and community connections that provided this valued resource indicated that the participants were accepted by other people as worthy of recognition, and in a way provided another form of supporting and developing wellbeing. This by-product of emotional support may not be universal for all members of the LGBTQ+ community, as it could reflect the experiences of older sexual and gender minorities who lived through decades of discrimination and social stigma. However, it does indicate that assessing the value of social capital simply by exploring the exchange of resources may miss the nuances that diverse communities may experience. This consideration is discussed later in this research, both as an implication for social work and as a suggestion for more focused future research.

Practical support and accommodation

Emotional support was not the only resource produced and exchanged in the social capital networks of older sexual and gender minorities. When reflecting on how they relied on others, many of the participants discussed the assistance they received that helped with

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practical day-to-day tasks. When seeking day-to-day practical support, a number of the participants highlighted how the presence of social capital gave them access to people with diverse skill sets, or those who were more physically able to complete certain tasks. One participant described his flatmates, and how their different skills complemented each other:

Well, really it's the four of us and we have different skills. Pete spends most of the weekend on a tractor going around cutting the lawns and weeding and things like that, whereas Kevin doesn't like the outdoors much at all. He's a big film buff and [city] in particular is *much* better for film than we experienced even living in large cities in Yorkshire (Isaac, 68).

Another participant was able to rely on her partner's sons for practical tasks, while acknowledging the reciprocity present in their relationship:

Well, if I need anything done, I would ask my two sons. I say two, because they're kind of like sons, both of them. In the line of having my computer fixed, I would ask my sons. In the line of having things done around the house I'd ask them, cos there are obviously things I can't do. And on the other way 'round, 'oh Mum, won't you come and baby-sit this week?' 'Yeah, sure.' So I do a lot of baby-sitting (Beth, 65).

The range of contexts in which practical support and assistance was exchanged varied for the participants in this research. While some reflected on incidents involving household tasks or helping with children, other cases required more intensive support. During his mother's illness, Mark was able to provide practical support for both his mother and his sister:

When my mother was in her last few years my youngest sister, she took the major role in caring for her, but it was me that would give her the relief from that. So I'd go down for periods of time when she needed a break, and live with my mother to support her, because she couldn't live alone. Yeah, and when I think about it, I have provided her quite a bit of support over the years. It's not needed at the moment, but when it has been needed (Mark, 75).

Practical support identified during these discussions also included the provision of accommodation. The participants in this research felt that their level of social connectedness allowed them to access this particular form of support. Sometimes this need would be due to life events, such as moving country:

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When I first came to New Zealand on my own, I spent seven months living with my brother, till I could afford to buy my own house. So we're very close. We share hobbies - we both cycle a lot. And we belong to the same cycling club, so we often do that together. So yeah, it's a reciprocal friendship, with my brother, believe it or not (Beth, 65).

Or due to more stressful circumstances:

My current living situation is parking up with a friend in the meantime, while I sort things out about where I want to go in the future. And that's just because I've come off my farm and I've sold it. I did that the end of last year, in December, and then I went to stay with my then-partner and the relationship broke up, separated, whatever. And so I'm kind of footloose and fancy free. I've no particular fixed abode, because I'm staying where I'm staying now. So it's an interesting time actually for me to be at my age and thinking I'm settled and I'm not. It's quite exciting sometimes and a bit overwhelming sometimes (Hannah, 72).

While conceptualisations of social capital often use the terminology of goods and services to refer to the resources exchanged between social networks, this research has focused on more qualitative perceptions of what is meant by 'resource.' The participants in this research reflected openly about the central role that emotional support has in their personal and community connections, while also acknowledging how accessing practical supports were often intertwined with emotionally supportive relationships.

5.4 Challenges within social capital

While critiques of social capital have been discussed in Chapter Three, it is still important to highlight how these relate specifically to older sexual and gender minorities. It has been argued that social capital fails to acknowledge potentially negative factors already present within communities, which can include unequal power distributions, social bias, or the way resources are distributed (Mohan & Mohan, 2002; Rubio, 1997). Chapter Seven of this thesis focuses on the relationships and connections of different members of the LGBTQ+ community and explores how the LGBTQ+ community is equally as capable of perpetuating

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a hetero-homo binary as wider society, as well as contributing to the stigma of compromised mental health. Chapter Eight goes on to address the way ageism and age-related bias is reinforced in the LGBTQ+ community. While social capital can allow access to valued resources through embedded social relationships, an uncritical presentation of social capital risks ignoring reproductions of inequality, and those chapters have aimed to address that limitation in social capital scholarship.

A further criticism of social capital is that it is a conceptually broad model. As discussed in Chapter Three, social capital has been conceptualised in multiple ways. While this thesis adopted an approach that includes an examination of bonding, bridging, and linking social capital, it also focuses more on the embedded relationships of the participants. It is a complex process to apply a qualitative approach to social capital, and to differentiate between the various types of social capital. This criticism does not necessarily undermine my findings, but it does complicate how to apply the insights from these relationships and turn them into suggestions for policy and practice.

On the topic of policy, another frequently cited criticism of social capital refers to its use by policy writers, social services, and by social workers. Social capital has been critiqued as a way of minimising structural supports for specific populations by placing the burden for change on communities themselves (Healy & Hampshire, 2002). For older sexual and gender minorities it could potentially be argued that due to changing social attitudes this population are no longer in need of specific support or services. Each of these challenges will be discussed further in Chapter Nine, specifically in terms of how they relate to the implementation of social policy, social work practice, and social work education.

5.5 Conclusion

The goal of this chapter was to examine what social capital means for older sexual and gender minorities. A particular focus was how social capital may have unique components for older sexual and gender minorities, and what historical and contemporary factors may have shaped their social capital. Beyond that, this chapter also aimed to highlight the more common forms of social connectedness expressed by participants, and discussed the idea of valued resources as they pertain to sexual and gender minorities.

My findings suggest that while trust and reciprocity are considered as foundational components of social capital, for older sexual and gender minorities their roles are amplified. Trust was crucial in the development of relationships and was often founded on the need to be fully open about personal sexual- or gender-identities. Similarly, reciprocity helped cement and strengthen established relationships, potentially reducing the participants' stress or worries about future support. Part of the heightened emphasis on trust and reciprocity was due to the fact that the participants had lived through a time of discrimination and stigma regarding social attitudes towards sexual and gender identities, both before and after changes in New Zealand legislation – meaning that trust in another person and the reciprocal exchange of support was vital to ensuring wellbeing. This research also attempted to address one of the common criticisms of research focused on social capital – the absence of inquiry into the nature of reciprocity. While it remains conceptually difficult to examine reciprocity separately from trust, the findings of this research do add to the growing literature on reciprocity.

In this chapter I discussed the common sources of social capital connections as identified by participants. From the interviews it was apparent that relationships and social connectedness formed the basic dimensions for the development of social capital. Broad community

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connections and networks were a strong foundation for the participants' social capital. Many of the participants relied on LGBTQ+ organisations, general social environments, or stressed the importance of belonging to a group that could help support others. However, this research also challenges findings about familial connectedness from previous studies that suggest older sexual and gender minorities are unable to rely on family. Accounts in this research provided numerous examples where participants were able to rely on, and in turn support, siblings, parents, and children. More broadly, the findings also showed that the participants in this research were aware of a tier of secondary supports they could rely on in times of need. These supports were often described as less social and more of a 'back-up system.' While the participants relied on a diverse range of social connections that formed the basis of their social capital, it was these personal and community connections that provided the strongest and most consistent way of exchanging valued resources.

Though valued resources can imply a wide range of different supports, goods, or services, for the participants in this research it was emotional and personal support that participants highlighted as the most important part of their social capital. Emotional support helped to assist the participants during times of stress, ill-health, bereavement, and also supported the general wellbeing of the participants. The role of emotional support also fulfils the key elements of wellbeing theory, and adds to the benefits that social capital can provide for older sexual and gender minorities.

Aside from emotional support, the participants were quick to provide examples of practical support and help they had received with accommodation. This particular form of support was related more to their own ability and competency – noting on occasion their inability to complete certain tasks may due to age-related factors, or that they were able to rely on someone else with more information and specific skill sets. While not as strongly related to

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wellbeing as emotional support, these resources did aid participant wellbeing by assisting them to remain independent and free from extra stressors.

Finally in this chapter, I briefly addressed some of the challenges in social capital for older sexual and gender minorities. While the majority of these challenges will be explored in Chapter Nine due to their implications for policy and practice, it was important to note how conceptualisations of social capital were not universally positive, and what this might mean for the participants in this research. The next chapter of this thesis further reflects on a topic briefly discussed in this chapter - the role and impact of legislative and social changes. Specifically, it examines how legislative and social policy changes that have occurred in New Zealand over the past thirty years have impacted older sexual and gender minorities.

6 CROSSING THE RIVER STYX: SHIFTING SOCIAL POLICY, DISCRIMINATION, AND PRACTITIONER COMPETENCY¹²

You're looking into Hades, you're looking at the homosexuals, don't look too hard you might catch AIDS (Norman Jones, National Party MP, 1985).

In 1985, comments like the one above were frequently directed at the LGBTQ+ community. Many people, including Members of Parliament (MP) like Norman Jones, were opposed to the passing of the Homosexual Law Reform Act 1986 which would legalise sexual relationships between two men. Such was the extent of Jones' feeling on the matter, he was recorded as saying:

Go back into the sewers where you come from...let all the normal people stand up ... we do not want homosexuality legalised. We don't want our children contaminated by those people (1985).

The Homosexual Law Reform Act 1986 did pass, and it was the first of several legislative Acts aimed at promoting the rights and social participation of sexual and gender minorities. This chapter focuses on exploring the theme that protective and inclusive social policy for older adults with diverse sexual and gender identities does not mean that discriminatory or hostile social attitudes, such as that referred to above, have vanished. The elements of social policy consist of; legislation, social service structures, as well as the recommended practices and leadership strategies within social service agencies. The historical and contemporary impact of social discrimination on older adults who identify as sexual and gender minorities is examined in relation to legislative changes and the professional competencies of helping practitioners engaged with this community.

¹² In Greek mythology, Styx is a river that forms the boundary between Earth and the Underworld/Hades - where Norman Jones suggests people with diverse sexual and gender identities reside.

Social work as a profession aims to promote social cohesion, empowerment, and the liberation of people (IFSW, 2017). It is this mandate that underpins frontline practice and the focus of academic inquiry. The key assumption of this thesis is that, for older adults who identify as sexual and gender minorities in New Zealand, the process of working towards social cohesion, empowerment, and liberation is ongoing. While it is possible to point towards the historic and contemporary developments in legislation within this country – from decriminalisation of homosexuality to the Marriage Amendment Act 2013 as proof of emerging equality – the daily experiences of the LGBTQ+ community present a different picture. While most individuals and communities who see these legislative changes as positive will recognise that the issue of discrimination continues for sexual and gender minorities, it is important that social work practice and policy recognises the dissonance between the evolution of macro attitudes regarding social institutions and micro attitudes towards individuals.

Therefore a prominent theme in this thesis is that the impact of social policy is not immediately reflected in societal attitudes and behaviour. For older sexual and gender minorities this means that the efforts of social policy to be inclusive and promote liberation are not necessarily felt on a day-to-day level. The complex relationship between legislative change and social development, as evidenced and reflected on by the participants' experiences of living through substantial legal and cultural change is examined in this chapter. The relevance of this relationship for social work is that assuming legislation and social policy supports the needs of every community denies our professional mandate to challenge law as a mechanism for control and to support the voices of marginalised people (MacKinnon, 2009; Morley, Macfarlane, & Ablett, 2014).

The likelihood that there is a length of time between the implementation of social policy and its impact within communities led a significant number of the participants to articulate a continual fear of being excluded. Similarly, the transitional period between inclusive social policy and the removal of social stigma influenced how older sexual and gender minorities chose and related to helping professionals. As such, the ongoing negotiation between advocating for inclusive and progressive social policy, while recognising that for social workers it is important to work beyond using legislation as a singular measurement for social development and change for the LGBTQ+ community, is a key part of this discussion.

There are two main parts of this chapter that address the differences between legislative actions and social attitudes. In the first half, the participants' reflections are used to reflect upon the relationship between historical changes in legislation and social policy and the impact this had on day-to-day experiences of discrimination. In the second half, I will examine experiences of stigma and the fear of being treated differently, specifically in the context of seeking supportive services.

6.1 Swings and roundabouts: Changing social policy and changing social attitudes

A triumph of hope over experience. Mind you it was in the 60s...

(Hannah, 72).

The first part of this chapter is focused on the relationship between legislative change and broad social attitudes. Specifically, in this chapter I have built on the commentaries and reflections of the participants who talked about shifts in New Zealand law relating to sexual and gender minorities. The inherent question addressed here is how these shifts have or have not impacted sexual and gender minorities in New Zealand.

Starting from exploring the generational and cultural positioning of older sexual and gender minorities I have looked at the relationship between legislation and personal attitudes, social stigma, and perceived generational changes. Comments on the difference a national context has on sexual and gender identity are used to draw attention to the current concerns of older sexual and gender minorities in New Zealand. Finally, participant reflections on this journey highlight the ongoing needs for the older members of the LGBTQ+ community, and why social workers need to be aware of the pitfalls of measuring social inclusion and safety solely through the lens of legislation and policy.

Generational and cultural positioning

Authors Van Wagenen, Driskell, and Bradford argue that older sexual and gender minorities share a unique historic location (2013). As “witnesses to dramatic, rapid, and ongoing social change in the construction of minority sexual and gender identity” (Van Wagenen, Driskell, & Bradford, 2013, p. 1), this location provides these older adults with a distinct perspective on ageing. This unique perspective on ageing comes from shared experiences in relation to belonging to the LGBTQ+ community, exposure to minority stress, marginalisation, and the emergence of LGBT pride and resilience (Van Wagenen, Driskell, & Bradford, 2013). Saturating these experiences is heteronormativity and cisnormativity, which are the cultural assumptions of heterosexuality and gender conformity (Hughes & Heycox, 2010; Willis, Maegusuku-Hewett, Raithby, & Miles, 2016). The dominance of hetero- and cisnormativity creates challenges in shifting legislation and policy to include sexual and gender diversity, and to observe that change in personal behaviour and institutional settings.

As discussed previously in Chapter Two, social work practice can include both heteronormative perspectives as well as underlying ageist beliefs (Fenge & Fannin, 2009). The generational and cultural positioning of older sexual and gender minorities means that

social work as a profession needs to be mindful of the structural forces that can impact this population (Fredriksen-Goldsen, & Muraco, 2010; Siverskog, 2014).

The difficulty in articulating the relationship between legislative change, social attitudes, and professional competencies underpins one of this thesis' sub-questions: does legislative change have a noticeable and tangible impact on the lives of older sexual and gender minorities?

6.2 Legislative change and visibility

In the interviews with the participants I asked how changes in New Zealand law influenced social attitudes towards the LGBTQ+ community.¹³ It was clear from the interviews that the participants had witnessed not only a shift in policy and legislation in relation to sexual and gender identities, but also a shift in their own expectations. As one participant indicated, the process of coming out began to happen within the context of broader social environments following homosexual law reform:

Oh, you never really come out – oh you do, you come out over a long period of time until just about everybody knows. I started when I was in my early 20s, when I was still at university, and then probably the main part of it followed the 1986 law. Because at that stage I was Head of Department in a large suburban co-ed school and I thought, shit, they can know now, and so they did. People ask, 'do you think you may have missed out on some promotions or opportunities because of it?' And I don't think I ever did. I know people who did, but I don't think I ever did. But then I was never very ambitious anyway (Brian, 65).

As Brian mentioned above, even though it felt safer to come out in the workplace after the law reform, that did not mean it necessarily protected sexual and gender minorities from discrimination or a lack of social advancement. In the context of employment this could mean

¹³ Homosexual Law Reform Act 1986, the Human Rights Act 1993, the Civil Union Act 2004, and the Marriage (Definition of Marriage) Amendment Act 2013 were common examples. Details of these legislative acts can be found in Appendix Eight.

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losing promotions, exclusion from workplace social environments, or direct abuse from colleagues. Previous literature has found that employment for older members of the LGBTQ+ community has a direct impact on their wellbeing (Fredriksen-Goldsen, Kim, Shiu, Goldsen, & Emlet, 2014). However, because of the limited protection that social policy offered, not all the participants felt that the legislative changes gave them the opportunity to be open in the workplace:

If I'd come out overtly gay when I was working in that senior position, I would never have been able to stay there. I would have been pushed aside (Mark, 75).

Mark went on to explain the difficulty of being in a senior position, even after law reform, by relating it to people's expectations of behaviour and general social attitudes towards people who identified as homosexual:

At work it just was not possible, being in a senior position, to share being gay with somebody. You had to hide that. I think in those days, in the main, people just sort of, if you didn't scare the horses, nobody cared too much about what was going on. If nobody else had to put up with your overt sexuality, it didn't matter to people. So my behaviour, I suppose on the outside, was always pretty straight (Mark, 75).

Mark's comment demonstrates the discrepancy between legislation and social attitudes; that the passing of legislation does not necessarily impact on micro experiences of discrimination. However other participants mentioned that the reform gave them a sense of confidence in the expression and openness of an LGBTQ+ identity:

I'm *happier* being this way than I was before. Yeah. I don't hide anything now. I don't have to. You can say what you like. Especially with the law change (Benjamin, 76).

The comments by participants about expectations and coming out both before and after the Homosexual Law Reform Act 1986 highlighted the complex ways in which legislation impacts internal thoughts and reflections. Previous authors had argued that older sexual and

gender minorities who came out before gay liberation and law reform can remain in a stigmatising discourse that originates from the criminalisation of homosexuality (Hughes & Heycox, 2010; Fronek, 2012). Yet whether the process of decriminalisation changed the experiences of older sexual and gender minorities is debatable, as a major thread throughout the interviews when discussing legislative change was the lack of impact these changes had on social stigma.

6.3 Social stigma and risk

The impact of social stigma and risk for older sexual and gender minorities is comparable to the concept of a hostile world scenario, where marginalised individuals face constant threats to their physical and mental integrity (Shenman & Shmotkin, 2016). The impact of constant risk – whether arising from the threat of physical harm, social isolation, or the inability to express an identity – exacerbates adverse impacts on mental health, limits opportunities for social connections, and is detrimental to the wellbeing of older sexual and gender minorities (Meyer, 2003). Although some of the participants reflected on how the decriminalisation of homosexuality began to build internal shifts in confidence and security, it was often dismissed as having a direct influence on the attitudes of the wider heteronormative society:

Yeah. So ... it didn't remove the social stigma, but it did remove the legislative stigma. The risk. And I'd lived in France for three years, where being gay's never been outlawed, but where the social stigma was just as strong as here. So I could see that having no law against it was no guarantee of it being accepted by the society (Brian, 65).

The Homosexual Law Reform Act 1986 decriminalised sex between two men above the age of 16. While it was never illegal in New Zealand for sexual relationships between two women that did not mean they were exempt from homophobia and social stigma. As authors Fenaughty and Pega noted, in New Zealand the “long-standing statutory discrimination and

criminalisation of men served to significantly marginalise and obscure the needs of gender- and sexually diverse minorities for many years to come” (Fenaughty & Pega, 2016, p. 229). As one participant mentioned, even while the Homosexual Law Reform Act 1986 was being passed they were still the target of active and public social stigma as a result of a relationship that was never technically illegal:

My first relationship with a woman, I was in Auckland Airport one day, it was probably my first personal experience. The relationship, it was clear, was just ending and like most of us, no matter whether we're in a heterosexual or a same sex relationship, the ending of a first relationship in particular is pretty traumatic. And so we were both at the airport: I was going home and I was crying and crying and these two guys just started circling around and around just going, “Dirty dykes. Dirty dykes.” That was back in 1986 (Michelle, 73).

The common occurrence of abuse shows why many participants agreed that sexuality being included under the Human Rights Act 1993 was a central turning point in feeling more secure. Brian, for example, noted:

So the second plank of the platform was that anti-discrimination... well, which didn't come through until '93. And that's when you could start complaining on the basis of explicit discrimination (Brian, 65).

However there was an acknowledgment that including sexuality within the Human Rights Act 1993 would not necessarily mean that discrimination and abuse were no longer experienced by the participants in this study:

I can see so many things identical to what was happening to me when I was growing up. And here we are, the law has changed, it's all legal and everything blah blah blah, but it's a load of crap, because education hasn't come along. It hasn't come along with the legality side of it. That is the most *annoying* thing – and it was annoying right from day one (Dylan, 73).

The frustration participants like Dylan felt at the lack of social change and acceptance despite legislative progress was a theme that came through in multiple interviews. International research has indicated that the implementation of pro-LGBTQ+ social policy can impact

general social attitudes (Kreutzer, Hamilton, & Tolbert, 2014). However, in that study the impact of pro-LGBTQ+ legislation was more likely to shift the views of individuals demographically inclined to already support LGBTQ+ rights, and not individuals who did not already support sexual and gender minorities.

Yet, the participants in this research talked about how social policy could provide a greater sense of social inclusion and participation. An experience of legitimisation, if not necessarily increased safety.

Inclusivity and participation

Sexual and gender diverse related social policy changes in New Zealand have not all been focused on anti-discriminatory measures. A few of the participants commented on the significance of the Civil Union Act 2004 and the Marriage (Definition of Marriage) Amendment Act 2013. One participant talked about their role in advocating and supporting the Civil Union Act 2004, and in doing so summarised the importance of such legislation:

Judith Collins was on quite early in the piece and she said, “so civil unions, it’s just gay marriage in another form isn’t it?” And I said, “no.” And she said, “well how would you describe it?” And I said, “as an option that people don’t have now that they really want to have.” And she said, “oh, so you think people should have things just because they want them, do you?” I said, “as a matter of fact I do.” I said, “for example, take the question of pensions.” I said, “I think people should have them, because we all want them, and I’m sure you do too,” I said. And she got really wild at that point. From that point on she kept referred to this as, “this amusing submission of yours” (Tom, 70).¹⁴

Another participant described the Marriage (Definition of Marriage) Amendment Act 2013 as a way of feeling more included in and accepted by society:

I think, in particular, one was very aware of being a second-class citizen. I think a lot of the arguments around marriage equality were to do with becoming a full citizen and having the full range of things that go with

¹⁴ Judith Collins is a National Party MP at the time opposed to the Civil Union Act 2004.

citizenship being available to us. And obviously looking back, that's probably why we were a lot more radical in the 70s, because there was no real likelihood that we would ever really fit in at that point. People would tolerate you and yes, most people tolerated me and accepted the fact I was gay. And I think I use the word tolerate more than full acceptance. But in those days there was really no sense that gay people would really ever fully fit in as full members of society. And as a result, we considered ourselves rather more radical (Isaac, 68).

Tom and Isaac referred to legislation that was passed despite being met with claims of 'special treatment,' or 'special rights.' Detractors of the Homosexual Law Reform Act 1986 and the Human Rights Act 1993 argued that these Acts set apart special categories where the LGBTQ+ community were afforded more rights than other citizens. Similar arguments were used against civil unions and marriage equality.

Multiple participants noted that despite continuing social stigma and abuse, the impact of legislative change might be more apparent to the younger generation. It seemed from the participants' perspective that younger members of the LGBTQ+ community tended to have different experiences and expectations of society in general. While this research does not account for this perceived shift as it does not include the perceptions of younger members of the LGBTQ+ community, it does highlight how older sexual and gender minorities view their community as changing and developing over time.

6.4 Perceived generational shifts

The participants in this research indicated that although legislative shifts may not have changed the minds of those with more entrenched discriminatory attitudes, it may be positively impacting younger members of the LGBTQ+ community and younger individuals in general:

My suspicion is it's generational. That older women and older guys have a problem, whereas the younger ones are more accepting. And that's not

surprising, really, given the changes in general society. I mean for goodness sake, up until 1986 it was illegal for me to be in the same bed as another man! (Jean-Luc, 64).

The possible difference in the attitudes of younger adults may also be associated with a shift in how social connections are formed and maintained – both within and outside the LGBTQ+ community:

I think that if you were to talk typically with older people, there would be a lot more stigma and shame. I think that younger people, it's different, and part of that is, I think, social media now. People have access to a lot more information and young people are incredibly computer-literate, and access to YouTube and Tumblr and lots of other things. I think there are conversations that young people have, probably that most older people have not had (Rowan, 62).

Rowan's comment highlights some of challenges in maintaining social connections for older sexual and gender minorities – that intergenerational communication is influenced by age stereotypes and patterns of communication that can create boundaries in the wider LGBTQ+ community (Fox, 2007). I have covered intergenerational relationships in the LGBTQ+ community in more detail in Chapter Eight. One participant commented on how changes in social policy may be affecting the younger members of the LGBTQ+ community and their experiences of fear. The same participant also related this experience of fear back to his own perception of more traditional LGBTQ+ community spaces:

There was more a closed society before that. It had to be, obviously. Now, the young ones, who are going out, have no concept of what it was to be frightened to be out in the street and doing all the things that they do. And they go to parties and they take their *girlfriends* with them, even though they're gay, and the girlfriends bring their *boyfriends* with them and it's a mess-up. Yeah, I don't like it. I preferred it if you went to a bar, it was all fellas (Benjamin, 76).

Building on the discussion of social change and development, and the attitudes of older versus younger adults, one participant talked of the difficulty of achieving substantial social change:

I look at the whole movement. Racism started to be tackled in the 20s and 30s. It's taken until now for racism... When I was a kid, to call somebody a nigger was perfectly normal. Everybody said it. If I said nigger now, I'd be ostracised from just about everybody. And that's the difference between the 1960s, say, and now. So it's taken, what, three generations for that. And to be gay we started probably 50s. The rights in America started. Stonewall was the beginning of the change. So that means we've got another 20 years to go before... Well it was put nicest by... There was an article in the paper talking about gay marriage in the States and they said, it's going to go to the Supreme Court, but it's not going to be socially acceptable until the old fogies die. And that's about what it comes down to: that people my age and older have more conservative upbringing on that issue, and so they have to die off before the younger ones, who *do* accept it (Jean-Luc, 64).

It is important to note that while the participants in this research felt that shifts in social policy had a beneficial impact on younger members of the LGBTQ+ community, no participants younger than 60 were interviewed, so this research is unable to corroborate that perception. However, other researchers in New Zealand have explored the impact of social stigma and discrimination on younger sexual and gender minorities and have found that it continues to be an area that impacts adversely on their wellbeing (Adams, Dickinson, & Asiasiga, 2013; Henrickson, 2008).

It is not just the perceived attitudes of younger individuals that are impacted by the presence or absence of inclusive social policy. In the interviews with participants who were born overseas, the influence of a national environment played a significant role in their experiences of social stigma and risk.

National contexts

It became apparent within the discussions on social change that national contexts influenced the participants' experiences of social stigma and access to support services. While this research took place in New Zealand, a few participants mentioned the impact of cultural differences alongside potential generational shifts:

I can't even begin to tell you the differences in social services – in the State of Missouri it's against the law to be gay.¹⁵ It's not a protected category, so if you went down to Housing and said my landlord's saying that I have to leave because I'm gay, or if you went to what we call – we have WINZ here - I can't remember what they call it now - where you get your cheque basically for services. And you announce that you're a homosexual, they'll cut you off of benefits because it's not a protected category, and they'll say, 'well you violated the law and no, we'll cut you off benefits and no, we can't provide you with any help in housing or any kind of judicial help at all'. Now does that always occur? No. But see there's the difference. It's written in the law that you're not a protected category so they've got an out. You can't file suit against them or bring forth any kind of complaint because they've got an out. It is not a protected category, your sexuality (Alexander, 63).

Alexander went on to explain further that the impact of a national context was broader than just social services; it also related to the attitudes of younger adults:

In America or New Zealand people your age [referring to me] are much more open and accepting, but then you take another leap when you come to New Zealand. A lot of the younger people are much more open about the issue (Alexander, 63).

The relationship between social policy, perceived generational shifts, and national contexts were not the only developments raised when legislative change and social stigma were discussed. The participants in this research reflected on how changes in social policy have impacted internal dynamics within the wider LGBTQ+ community.

6.5 Legislative change and internal dynamics

The previous discussion has focused mostly on how legislative developments have affected how wider society treats older sexual and gender minorities. However, a significant number of the participants reflected upon the impact of social policy developments on the culture within the wider LGBTQ+ community. As I asked questions regarding changes in legislation

¹⁵ In Missouri sexual activity between members of the same-sex was removed from its definition of sexual misconduct in 2006. However there is not explicit anti-discrimination protection on the basis of sexuality except for the protection against discrimination in public employment.

and its impact on cultural attitudes and safety, I expected participant responses to focus on issues of human rights, social participation, and experiences of abuse. Although these commentaries were common topics across all of the interviews, there were also some interesting themes about LGBTQ+ culture and community. One prominent theme was the impact legislative changes had on internal attitudes and relationships. One participant told me of their experiences, and reflected on the specific needs of older sexual and gender minorities:

There's been a significant change of attitude within the community in the sense that in *my* generation, we were forced to look after one another, because *most* of the gay community was behind closed doors, and we *had* to look after each other because the vast majority of society was not going to do that. But now it is *different*. The doors have opened, the windows have opened. A lot of society has opened its own closet doors. A lot of society itself has come out in different ways and I don't actually believe that law change has made a lot of difference. To a degree, it's made life *safer* for the gay community, but it's also changed an attitude in society in general that there's now... 'everything's okay'. Everything's okay. 'Well, you know, you've got your freedom, you've got your human rights' – yeah right – 'you've got your civil liberties, so what's the problem now'? The problem is that I think to a degree the gay community is not supporting itself anymore. In one sense it doesn't need to. Am I making sense? So there's an element of neglect. And there are some people who are just falling off the edge because of this social attitude 'well everything's alright' – and for some it isn't (Liam, 68).

As discussed in Chapter Five there are a variety of strengths, networks, and resources that make up the social capital connections for older sexual and gender minorities. One of the common reasons for the supportive nature of these networks is that these individuals may need to rely on strong and flexible social networks to provide safety and security from homophobic and heterosexist policy and cultural attitudes. As noted in the excerpt above, participants were worried that if there is less of a need, or less of a *perceived* need, then the mandate for strong social capital has potentially been made redundant for older sexual and gender minorities. Previous research has found similar findings. An Australian study that had

participants who were gay identifying men over the age of 50 (N=439) and responded to open-ended questions found that while many of the participants noted positive changes as result of shifting social attitudes towards sexuality, some reported feeling that the gay community itself was less supportive of its members. Some of the participants related this perception to the fact that younger sexual and gender minorities were not as aware or accepting of struggles that older sexual and gender minorities had faced, and that as a result community cohesion was falling (Lyons, Croy, Barrett, & Whyte, 2015). If the same situation is true in a New Zealand context, that could potentially weaken the social capital of older sexual and gender minorities.

The first part of this chapter explored participants' perceptions about whether changes in policy and legislation had an impact on stigma, abuse, and discrimination. The participants suggest they have had a mixed impact at best, and they note there are those who are dismissive of efforts to promote supportive and inclusive strategies for sexual and gender minorities. Those people point to decriminalisation, inclusion under the Human Rights Act 1993, and the Marriage Amendment Act 2013 as examples of equal rights and protection. As Liam stated earlier:

You've got your freedom, you've got your human rights' – yeah right –
'you've got your civil liberties, *so what's the problem now?* (Liam, 68).

For older sexual and gender minorities, changes in legislation and social policy do not automatically remove discrimination, stigma, and abuse. Social workers need to consider the idea that the removal of heteronormative policies does not equal social participation and safety. It is important to recognise that even if discrimination and stigma happen at a reduced level, there is still the fear of it occurring. The fear of being 'othered', of not being recognised or actively targeted still adversely impacts on the wellbeing of this older population (Hughes, 2009). For this reason, the next part of this chapter will address the fact that perception of

hostility is just as strong and impactful as hostility itself. In particular, I explore how this perception affects older sexual and gender minorities' engagement with and selection of helping professionals and social services.

6.6 Carrying bias and professional competencies

The doctor in this small town said, “Well, you’re not going to carry on with these practices here, are you?” I think that sort of influenced me to say, ‘well, actually I really do want to have a gay doctor’ (Mark, 75).

In the previous half of this chapter I discussed how shifts in legislation and social policy have, and have not, influenced the daily experiences of older sexual and gender minorities. Following a similar thread in this half of the chapter I look at how helping professionals have developed their attitudes and knowledge towards the LGBTQ+ community, as well as how previous experience of stigma affect the way older sexual and gender minorities seek supportive services. The rationale of this focus is not just because the participants frequently talked about how beneficial a knowledgeable and supportive practitioner could be, but also how detrimental a helping professional with dismissive or discriminatory attitudes was to their wellbeing. While ‘helping professionals’ is a broad term, encompassing social workers, counsellors, psychologists, and general medical professionals, it is important that all who work with historically marginalised populations are respectful and reflexive in their practice (Fabbre, 2016). New Zealand’s approach to gerontological practice is guided by a few key policies, including the New Zealand Positive Ageing Strategy, the Health of Older People Strategy, and an emphasis on ageing in place (Davey, 2006; Ministry of Health, 2002; Ministry of Social Development, 2001). These policies dictate that helping professionals who support older adults need to be mindful and inclusive of the diversity present in older adults, and the ways in which that diversity both supports and hinders their wellbeing as they age. By listening to the stories, voices, and concerns of older sexual and gender minorities this

reflexivity and awareness can be achieved. One of these common stories told to me in the interviews was how often the participants actively sought out a queer identifying professional.

6.7 Queer professionals

A consistent experience that participants reported was discrimination relating to either their sexual or gender identity. This discrimination occurred in various contexts, often at different stages of their lives. As a result of these experiences, the participants mentioned the hesitance they had disclosing their sexual and gender identity with professionals. It was easier to disclose when they felt safe, secure, and had built up a relationship with the other person. A challenge in waiting for this to happen is that in some circumstances disclosure is required before creating trust, such as engaging with health and support services. This concern is further complicated by the fact that research has shown that members of the LGBTQ+ community are less likely to seek supportive and helping services due to fear of identity-based discrimination (Croghan, Moon, & Olson, 2014; Neville & Henrickson). A common example is with helping professionals, in particular doctors and other medical practitioners. In response to this fear and hesitance it was reported on numerous occasions that the participants in this research actively sought out professionals who were part of the LGBTQ+ community. One participant explained the importance of this decision:

Well, I've chosen always, while I've lived in Wellington, to go to a gay doctor. And the reason for that is that being gay, sex is part of your life, and discussing aspects of your sexual behaviour, one needs to be comfortable about. And I've always felt more comfortable talking to a gay man than I would to a straight doctor (Mark, 75).

Mark then went on to explain that this idea of feeling more comfortable with a gay doctor came from early experiences and interactions with medical professionals:

I think probably my first experience talking to a doctor about sexuality was when I was a teenager and I was getting concerned about being gay. It wasn't called 'gay' in those days - it was 'homosexual' and some other bad words. And I went to the family doctor, because I was concerned about how I was feeling, and he said, "Oh, don't get mixed up with those guys - they'll never let you go." That was the sum total of his advice. As it turned out though, in subsequent years I realised that I was pretty lucky, because in those days a different sort of doctor would say, 'Okay, well we need to change you', and you would have been engaged in other things which today we recognise as being very harmful. So I guess that response was better than some responses I could have had. And he didn't tell my parents, which was important to me. Yeah, so, I think that experience, though, probably influenced me (Mark, 75).

This story fits with previous research. One study found that 13% of older sexual and gender minorities reported being denied healthcare or receiving inferior care on the basis of their sexual and gender identity, and that up to 20% did not disclose their identity due to a fear of reduced care (Fredriksen-Goldsen et al., 2011). The early experiences that the participants in this research had with medical professionals were not always obviously offensive. One participant suspected that his psychiatrist harboured homophobic beliefs, but lacked the language and self-identification to be sure:

When I was 17 or 18 the very first psychiatrist, I wasn't quite aware of it myself, so I didn't really know, but the sort of questions he was asking was a bit homophobic. But I didn't really understand *myself*, so I couldn't challenge it (Jean-Luc, 64).

Developing further on the statement about overtly offensive behaviour – it was common for participants to mention that it was not the directly homophobic comments and attitudes they noticed the most, but rather the dismissal of the importance of their queer identity.

6.8 Dismissive attitudes

Within the interviews the attitudes and actions of helping professionals were not all described as being overtly homophobic. Rather, it was common for participants to talk about the dismissive nature of practitioners when it came to sexual or gender identity. Professional

attitudes that do not consider the importance of sexual and gender diversity can be seen as a display of heteronormative and cisnormative values (Willis, Maegusuku-Hewett, Raithby, & Miles, 2016). The assumption that sexual and gender identities were not considered as important by professionals is troubling given the historical experiences of this population group. As discussed earlier, stigma, discrimination, and abuse have been commonly directed at sexual and gender minorities throughout their lifetimes (Brennan-Ing, Seidel, Larson, & Karprak, 2014), and this was similarly reported by the participants. For practitioners who focus on wellbeing, psychological distress, or day-to-day health it is important to be mindful of all influencing factors. For older members of the LGBTQ+ community their sexual and gender identity and related experiences are central components of their wellbeing. As such, one participant discussed the need to change doctors when they were not considerate of the impact of sexual identity:

I've had doctors who, yeah, definitely I've had to change because they've been very much ... just dismissive of it more than anything, I think. Like not seeing it as an important part of me, of who I am. That it's not something that they want to put into the conversation – where my doctor now, very much it would be part of the conversation, where some it's like, 'oh no, that's not important, you know that's not...' where actually your lifestyle and who you are is important to whatever you're talking to your doctor about. So yeah, I've had that in the past (Alison, 60).

However, Alison went on to tell me that one of the benefits of ageing was the confidence in being vocal in articulating the need for professionals who were accepting of this aspect of her life. I asked if she had ever felt uncomfortable disclosing her sexuality to professionals she engaged with:

That's probably because I picked my doctor, for that to work. Like I know, you get to a doctor and you see how that goes, and you change if it doesn't, very much – again that comes with age. Realistically, as I've got older, I want whoever I have as a doctor to be someone that I'm comfortable with, and she's fantastic. Counsellor – same thing. I made sure it was a counsellor that was very good with that, and I straight away was who I was, and they either had to

be okay or, if it wasn't, I was going somewhere else. So again, it comes with age, being able to do that. Where again, someone younger, you go to a counsellor, are you going to have the balls to say 'actually no, this doesn't work'. It's hard, that sort of stuff – where I will, now that I'm older (Alison, 60).

It is not just the attitudes of helping professionals that impacted how comfortable older sexual and gender minorities are with accessing services. It was often the level of knowledge about specific needs that determined how participants felt about the quality of care and support they received.

6.9 Lack of knowledge

A strong theme that emerged in the interviews was the lack of practitioner knowledge around the LGBTQ+ community and LGBTQ+ needs. In particular, the participants who identified as transgender noted that their interactions with medical professionals were influenced by a lack of practitioner knowledge, a finding also reported in international literature (Siverskog, 2014). This knowledge included the difference between pre- and post- gender confirmation surgery, the process of hormone treatments, and the importance of referring to patients by the name that corresponds to their gender identity. As one participant mentioned, when she was in hospital she had been placed in a male ward despite identifying as female:

I've been up in the hospital; I think I've had a bit of discrimination up there. I've noticed that they put me in a male ward instead of a female one (Katheryn, 78).

A lack of knowledge for working with transgender individuals was not a new finding, as previous research has shown a dearth of trained workers in this field (Veldorale-Griffin, 2014). This was evidenced in this research, as one participant told me about their interactions with psychiatrists and needing to seek private services as a result of a lack of knowledge:

Bella:

What I found is ... when I had something to do with [name of service]¹⁶ people, they don't know anything about transgender people.

David:

So there's a lack of knowledge there?

Bella:

It's quite sad. You've got to go out to... My therapist was a private company. Those connected with the crisis teams and the hospital groups don't seem to know about us and they don't know how to deal with us. That's my personal experience (Bella, 68).

As discussed in the literature review, a general lack of knowledge about diverse sexual and gender identities from health professionals has been reported in international literature (Sharek, McCan, Sheerin, Glacken, & Higgins, 2015). Yet despite the comments about a lack of training and knowledge a large portion of the participants reported situations where they had supportive, well-trained, and open professionals.

6.10 Competent professionals

A common narrative from the research interviews was about experiences with helping professionals who were supportive of their diverse sexual or gender identity. A participant who reflected on their process of transitioning said:

When I first started my transition, I had a doctor who was in the gay community, and he was the best doctor for those that were transitioning. He knew exactly what was going on. I think it was easier, because, when I talked about things he *knew* actually what I was talking about (Kathryn, 78).

Similarly, when I asked another participant about potential discrimination from professionals:

No, hell no. No, John was really good because he had worked in Australia and he had done a lot of work - I think he told me he'd worked with about 700 trans-people, so he had a really good understanding of that situation. Yeah, he was excellent. He was excellent. It was funny, just about every time I had an

¹⁶ Name removed of organisation to protect anonymity.

interview with him he had one of his students there, so there was a student there every time, so it was quite an educational thing for the students. Because from what I understand there's virtually *nothing* taught about trans-stuff in med school (Jessica, 60).

The final point from Jessica, about a lack of training and education for medical professionals on the subject of diverse sexual and gender identities, was a strong element that emerged in these discussions. The final comment in the quote above touches on a concern many of the participants raised – the lack of wider LGBTQ+ education for helping professionals. As discussed in the literature review international studies have shown that social work education fails to include sufficient material focused on the needs of LGBTQ+ people (Rowntree, 2014) or to challenge heteronormative views of students (Logie, Bridge, & Bridge, 2007). These findings were support during one discussion with a participant regarding their work in the LGBTQ+ community:

The other part of it is actually challenging the professionals who work with us, to become more skilled, challenging transphobia, homophobia – the sorts of things that make it difficult for people to be healthy and well ... There's not enough people that do this work, and there's certainly not enough people who are GLBTI-friendly in New Zealand (Rowan, 62).

Due to Rowan's background in therapeutic work with the LGBTQ+ community I was wondering if participants had noticed a generational or cultural shift in the attitudes of professionals. I asked Rowan about how professional knowledge and competencies may have changed over the last 20 years:

That's a good question. I think that there is a lot of people out there who are genuinely respectful, warm, intelligent people, but this issue is not covered in most of our training still. I'm involved in a wonderful new programme at the Auckland Medical School: it's an elective paper for fourth-year medical students that was developed last year, and it's being taught this year and we now know it's going to be taught again next year. That's the first time in the history of medical training in New Zealand that this issue has been addressed (Rowan, 62).

Expanding on this, Rowan clarified that lack of knowledge is not due to the discriminatory attitudes of professionals, but the fact that there is a lack of specific LGBTQ+ content in training and education in New Zealand:

So when we say that professionals in this field are not very *skilled*, it's not because they don't want to be – it's because the issue hasn't been addressed. Now, I work very closely with an organisation in Australia called the GLBT Health Alliance, and the research that's coming out of Australia is that our community, our rainbow community, is somewhere between 12 and 15% of the general population. So if you think 12%, 15% of the population is not being well looked after by the caring professions – and I'll sort of open that up to doctors, mental health workers, social workers, everybody – yeah, we're talking about a *huge* number of people (Rowan, 62).

The obvious concern here is stated by Rowan – if helping professionals are not trained in the specific needs of sexual and gender minorities then there is a large number of people not being adequately supported in our communities.

While the majority of this chapter has focused on the concerns and experiences of the LGBTQ+ community, there are other interactions that impact the wellbeing of older sexual and gender minorities. As mentioned earlier in the literature review, the overlap of ageism with heteronormativity creates ongoing problems for older sexual and gender minorities (Johnson, Jackson, Arnette, & Koffman, 2005). Primarily, the impact of ageism compounds how these individuals are treated by professionals.

6. 11 “There, there dear”

An experience reported by participants in this research was that medical professionals could often be, or at least seemed to be, dismissive of the views of older adults. One participant recounted their experience of trying to talk to her mother's general practitioner and feeling as if they were not taken seriously on account of their age:

I think it's there, for sure. I experienced it with my mother's GP recently when he wouldn't really take seriously what was going on with her. My sisters and I had a really difficult time. My mother was really unwell and couldn't get help for her medical issues from her GP. So that was pretty horrible (Milly, 62).

Dismissive and patronising responses towards older adults are a typical sign of ageist attitudes (Gendon, Welleford, Inker, & White, 2015; Kane, 2004). It is not just in the context of health and medical professionals where this can happen – one participant talked of their experience at Work and Income and the language used by the service worker:¹⁷

The language. Yes, he was talking his language. He was talking the language of a teenager, not even a man in his 20s. His whole demeanour and approach was – when our eyes first met, it was like 'oh grief, a granddad'. You could see it in his face – and he didn't want to *engage*. It was very clear he didn't want to engage with anybody who wasn't in his age group, which – and I say this with absolute respect – was pretty immature and I wondered why he was in the role quite frankly, but there you are. But towards the end of the interview, which I actually terminated, because I was beginning to feel quite alarmed – is probably the politest word I can use – towards the end of the interview, the attitude was steadily getting worse and the expression came out "Well you can expect that. You're an old man." And at that point I was only 62, yeah. Excuse me, I'm not an old man (Liam, 68).

If older people who identify as sexual and gender minorities feel as if they are not welcomed into or respected by services, they are less likely to engage them in the future. The compounding impact of adverse treatment from having a diverse sexual or gender identity with patronising ageist attitudes can drive older sexual and gender minorities further away. As it has been reported that the older LGBTQ+ community typically have higher levels of mental health, wellbeing, and financial concerns compared to their older heterosexual peers (Brennan-Ing, Seidel, Larson, & Karprak, 2014; Levitt & Ippolito, 2014), a hesitance to access support services can create further risk.

¹⁷ Work and Income provides financial assistance and employment services throughout New Zealand. They offer a single point of contact for New Zealanders needing job search support, financial assistance and in-work support.

6. 12 Conclusion

In this chapter I have examined how changes in New Zealand social policy regarding sexual and gender minorities have impacted the LGBTQ+ community. More specifically, in the first part of the chapter the participants suggested that the impact of social policy changes on their experiences of stigma and discrimination is negligible at best. While the participants' reflections note a general improvement in their feelings of safety and security in comparison to their earlier experiences, they dismiss the idea that social discrimination is no longer impacting members of the LGBTQ+ community in New Zealand. Comments on perceived generational differences highlight the inherent complexity in trying to measure or assess a relationship between legislation and stigma, but the reality for older sexual and gender minorities is that homophobia and cisnormativity adversely impacted, and continues to impact, their social experiences.

As addressed in Chapter Three, a central component of critical social theory is to challenge law and legislation as a control mechanism (Morley, Macfarlane, & Ablett, 2014). In the context of this research the control mechanism can be how the development of inclusive and protective social policy can be used to argue against the need to further develop supports and systems for the LGBTQ+ community. As Liam and other participants stated in this chapter, the problem of looking at legislation as the sole measure of social development is that it removes the emphasis on supporting older sexual and gender minorities both in and outside the LGBTQ+ community. An uncritical acceptance of the relationship between legislative improvements and social needs being met can silence the voices of vulnerable members of the community (Morley, Macfarlane, & Ablett, 2014), and social work as a profession needs to be vigilant that it does not perpetuate the same attitude.

International literature shows the implementation of protective social policy does not necessarily protect members of the LGBTQ+ community from discrimination, or efforts to remove protective legislation. One study found that in Canada and the United Kingdom a range of organisations consisting of charitable trusts, legal defence funds, Christian organisations, think tanks, and political groups were actively engaged in either removing legal protections for sexual and gender minorities, or reinforcing heteronormative and cisnormative values (Brown & Nash, 2014). At the time when the research was conducted, both countries had protected categories for sexual and gender minorities, and Canada recognised marriage equality. While this research has not examined organisational behaviour and actions, reports like this do support the participants comments about the lack of impact legislation has had on social or organisational attitudes.

In New Zealand, even after homosexual law reform and marriage equality, there are practices that confirm some of the participants' fears and reflections. Conversion therapy, a psychologically harmful attempt to change the sexuality of gay, lesbian, or bisexual individuals is still legal in New Zealand, despite being banned in other countries (Panozzo, 2013). The International Federation of Social Work advocates for the discontinuation of conversion therapy under its aim to stop the pathologising of the LGBTQ+ community (IFSW, 2014). However, the Aotearoa New Zealand Association of Social Workers has not to date released a statement condemning conversion therapy. The lack of a clear statement by the Association provides an example of how the relationship between legislative change and social development can be seen as slow-paced or ineffective.

Additionally, the comments and actions of politicians in New Zealand continue to confirm the beliefs of older sexual and gender minorities interviewed in this research by showcasing the gap between social policy and behaviour. As examples, former National Prime Minister

John Key made a public homophobic joke on the radio in 2012 by attempting to make fun of the host of the show by referring to his “gay red top” (Stuff, 2012). In 2013, Labour Party MP Willie Jackson made the public statement that New Zealand was not ready for a gay prime minister and went on to describe himself on another occasion as “uncomfortable with gay men” (Farrar, 2017). Former Labour Prime Minister Helen Clark, who was in office from 1999 to 2008, was frequently called a lesbian as an insult by those opposed to her political actions (Stuff, 2009). More recently, in 2015 the Health Minister Jonathan Coleman described the idea of free publicly funded gender confirmation surgery for transgender people as “a bit nutty” (Moir, 2015). In 2017 National Party MP Alfred Ngaro made a speech at a National Party conference where he made a joke which has been commonly interpreted as homophobic (Wilson, 2017). While these comments by public figures may not seem to directly reinforce discrimination against sexual and gender minorities, the link between stigma and language is well established in literature (Robinson & Rubin, 2016). As critical gerontology analyses the extent to which political actions and systems influence the experience of ageing, including how it intersects with all aspects of life such as sex, sexuality, and gender, the comments and so-called jokes of politicians require a critical response (Freixas, Luque, & Reina, 2012). Likewise, an examination of social capital needs to explore how political structures influence social connections and potentially exacerbate exclusion from social spaces (Healy & Hampshire, 2002; Oxoby, 2009). From the participants’ perspective, if the major political parties in New Zealand are espousing homophobic, heteronormative, and cisnormative rhetoric, then this reinforces their fears, and demonstrates how older sexual and gender minorities are often a hidden population.

The final focus of the chapter explored the participants’ comments that legislative change did not protect them from the stigmatising or dismissive attitudes of helping professionals. Previous encounters with professionals led a few of the participants to selectively engage

practitioners with a queer background. That helping professionals were (still) discriminatory or dismissive was of particular concern, although the participants noted they felt in many cases an absence of knowledge and training was the main contributor to a lack of inclusive services. The participants' concerns about helping professionals were not just related to having a diverse sexual or gender identity, but intersected with ongoing exposure to ageist attitudes. If older sexual and gender minorities are hesitant to seek supportive services due to the overlap of heteronormativity and ageism, then there is a significant portion of the population not being supported. In New Zealand it is recognised that in order to support the ageing population social policy and social services need to be aware of the diverse needs and experiences of older adults (Davey, 2006; Ministry of Health, 2002; Ministry of Social Development, 2001). However if older sexual and gender minorities are choosing not to engage with helping professionals due to previous experiences of stigma then New Zealand's agenda of supporting older adults is not being met.

It is argued that social workers have the unique knowledge, values, skills, and role to advocate on behalf of individuals whose voices have been silenced or are not supported adequately (MacKinnon, 2009; Morley, Macfarlane, & Ablett, 2014). Therefore incorporating and listening to the voices of individuals who are impacted by the intersections of oppression specific to the older LGBTQ+ community is vital for critical social debate. In the context of this research that translates to regarding the voices of older sexual and gender minorities as experts in examining the influence legislative change has on social attitudes and experiences of discrimination (Freeman, & Vasconcelos, 2010). Critical gerontology also articulates the importance of including the voices of older adults in research to advocate for social change (Ray, 2008).

Chapter Six: Crossing the River Styx

The theoretical foundation of this thesis stresses the importance of highlighting the perspectives and experiences of older sexual and gender minorities in any efforts to promote social change. In this chapter, I presented findings based on the participants discussing their experiences of heteronormativity and cisnormativity both historically and contemporarily. The impact social policy has had on their experiences as older adults who identify as sexual and gender minorities has been examined through the lenses of social attitudes and engaging with helping professionals. The findings presented in this chapter align with what has been found in previous international literature; however the findings also highlight the gaps in policy and service delivery that social workers need to address, as well as uniquely focusing on the valuable insight older adults who identify as sexual and gender minorities can offer social work. The specific implications of this chapter for social work as a profession and practice will be discussed further in Chapter Nine. The next chapter is focused on looking at specific connections and relationships within the wider LGBTQ+ community, and how they impact the development of social capital and personal wellbeing.

7 WITH FRIENDS LIKE THESE: SOCIAL INTERSECTIONS, THE QUEER UNWANTED, AND MENTAL HEALTH WITHIN THE LGBTQ+ COMMUNITY

If you deny any affinity with another person or kind of person, if you declare it to be wholly different from yourself – as men have done to women, and class has done to class, and nation has done to nation – you may hate it or deify it; but in either case you have denied its spiritual equality and its human reality. You have made it into a thing, to which the only possible relationship is a power relationship. And thus you have fatally impoverished your own reality (Ursula K. Le Guin, 1969).

The relationship between sex and gender in culture and society has been a frequent topic of discussion and debate. The quote above by Ursula K. Le Guin is from one of the key texts in the genre of feminist science fiction¹⁸, which is focused on the intersections between gender, sexuality, identity, and community. This thesis on the social and community connections of older sexual and gender minorities has also touched on similar themes. One such theme, the focus of this chapter, are the multiple ways in which different members of the LGBTQ+ community access, and therefore experience, shared spaces based on identity.

It is clear that different members of the LGBTQ+ community do not have the same level of access to social spaces. Boundaries and barriers exist, often on the basis of sexual and gender identity or on perceptions of wellbeing. By understanding these perceived barriers, it is possible to explore the difficulty some members of the LGBTQ+ community have had in accessing shared social spaces and networks.

By looking at the relationships between gay men and lesbian women as distinct groups, the issue of bisexual erasure, and the challenges faced by individuals with diverse gender identities, the first part of this chapter challenges the view of LGBTQ+ social networks as homogenous spaces. In addition, the added difficulty of mental health stigma from within the

¹⁸ The Left Hand of Darkness, first published in 1969.

LGBTQ+ community creates further complications for individuals with compromised mental health. As this thesis explores the impact social capital has on the wellbeing of older sexual and gender minorities, it is important that the multiple overlapping and interacting identities of this community are explored.

7.1 Access and identity

The first half of this chapter includes participant views and reflections on the relationships between different identities in the wider LGBTQ+ community. More specifically, the chapter considers how relationships between participants who identify differently can cause disagreements and conflict, and as a result restrict certain individuals from fully accessing LGBTQ+ social spaces.

This discussion starts by expanding on reflections about the historical relationships between gay men and lesbian women. By exploring the relationship between sexuality, gender, and power this chapter presents some of the historical and contemporary conflicts between gay men and lesbian women. Building on those narratives, the chapter then examines the experiences of the participants who identify as bisexual, and notes that the LGBTQ+ community also plays a role in perpetuating binary ideas of sexuality. Moving from sexuality to gender identity, the participants who identified as transgender discussed the difficulty with terminology and labels, and how access to the LGBTQ+ community is often filtered through the use of restrictive language about gender and gender identity. Similarly, the participants who identify as intersex and queer noted the difficulty of challenging binary constructions with language. The chapter also highlights the importance of supportive and inclusive social spaces. The purpose of this discussion on LGBTQ+ spaces is informed by Yvette Taylor who promotes “an awareness of the multiple meanings these have for many different occupants

with a desire to class, rather than castigate, these spaces and their occupants, while paying attention to intersecting identities, inclusions and exclusions” (Taylor, 2008, p. 526).

‘You’re you and I’m me’

As part of exploring the intersections between the LGBTQ+ community, social capital, and wellbeing, many of the participants discussed their experiences of disagreements or conflicts within LGBTQ+ spaces. One of the more frequent observations was the historical and sometimes contemporary animosity between gay men and lesbian women. One participant noted:

Gay men and lesbians. There’s an *animosity* which I’m trying to understand but I haven’t yet quite come to terms with it (Jean-Luc, 64).

The focus of this discussion is on the participants’ reflections on the relationship between gay men and lesbian women, with a strong emphasis on how this impacts broader LGBTQ+ spaces and reinforces systems of social oppression. As Jean-Luc went on to say:

Partly it’s the, ‘you’re you and I’m me and ne’er the twain shall meet’, and partly it’s a lack of *our* understanding and *their* understanding. It’s just something that happens (Jean-Luc, 64).

Jean-Luc relates this animosity to a lack of communication or understanding, but it is also possible to link this notion to the privileges afforded to gay men from their gender identity, as well as the general invisibility of lesbian women in the LGBTQ+ community. Despite this noted animosity, early LGBTQ+ spaces and gay liberation movements were born out of shared experiences of discrimination and stigma:

In the earlier stages there was a very close relationship between lesbians and gays. But now there’s quite a barrier between them, because lesbians – well really it’s ridiculous that there should be a close relationship, because men that love men and women that love women – why should there be a close relationship between a gay and a lesbian person? But at that stage it was

combined suffering because we were both oppressed on account of the law recognition – although it wasn't as bad for the lesbians as for us (Andrew, 80).

Part of this focus on relationships is to challenge the notion of LGBTQ+ spaces and environments as being homogenous. There are continual shifts within the LGBTQ+ community which may not be matched with how the LGBTQ+ community is viewed by wider society. As one participant commented, these shifts can refer to the complex relationships between social, political, and cultural forces that influence relationships in the LGBTQ+ community. In particular, the participant reflected on whether the divide between gay men and lesbian women was influenced by political views or social attitudes:

Not as much as there used to be in the 70's when we set up our own lesbian groups, because we didn't want to work with the men. But that's all a long while ago. So there are still pockets of it. I've got friends in Australia. There's pockets of lesbian separatism there and there are pockets in New Zealand of lesbians who want to go on their own stream. What do I think it is? It's more social than political I think, yeah. But I don't know to what extent (Hannah, 72).

These reflections match some of the findings in previous literature. Both gay men and lesbian women reported a preference in socialising with others who have the same sexual and gender identity (Henrickson, Neville, Jordan, & Donaghey, 2007), although the reason for this preference has not been explored in great detail. The participants in this current research suggest that this separation may have resulted from a lack of communication and a hesitance to share social spaces, despite both gay men and lesbian women experiencing discrimination and similar political and social goals. Previous research in New Zealand has touched upon this subject. The Lavender Islands project found that of the surveyed participants (N=2269), 29 percent of the gay men who responded socialised with lesbians “never, or as little as possible,” while 16 percent of the lesbian participants socialised with gay men “never, or as little as possible.” However, the same study also found that only three percent of gay men socialised exclusively with other gay men, and eight percent of lesbian women socialised exclusively with lesbian women (Henrickson, Neville, Jordan, & Donaghey, 2007). While the

Lavender Islands study does not offer an explanation for this hesitancy to socialise, it does indicate a potential discord within the wider LGBTQ+ community. It is also worth noting that the data for this study was collected in 2004. Furthermore, the mean age of all participants was 38, and included a range of participants aged between 12 and 80. Fourteen years have passed since this data was collected, meaning that a significant portion of those participants would be considered older adults now. This may mean that as those participants have aged their same attitudes towards socialisation in larger LGBTQ+ social spaces may impact on their social networks in later life. While my current research is unable to explore how the participants in the Lavender Islands have aged, the comments from the participants in this research show similar socialisation trends and attitudes.

In Brickell's history of gay men in New Zealand (2008) it was hypothesised that while initial LGBTQ+ liberation movements depended on the relationship between gay men and lesbian women, some lesbian women were eventually turned off by the gay male sexism they encountered. Oral historian Alison Laurie relates this gay male sexism to the increased social acceptance and visibility of the gay liberation movement, which had the result of more conservative gay men joining and lesbian women feeling as if their voices were no longer being heard (Laurie, 2011b). Lesbian women also set-up women only groups, such as Sisters for Homophile Equality,¹⁹ in order to be able to focus on broader issues that also impact women, such as rape, violence, and abortion (Laurie, 2011b; Willett & Brickell, 2016).

Taylor argues that the divide between gay men and lesbian women could be a result of how social environments, or scene spaces,²⁰ inevitably became dominated by a male presence due to inherent gender inequalities that privileged men's ability to occupy social spaces (Taylor,

¹⁹ Sisters for Homophile Equality was the first national lesbian organisation in New Zealand, established in Christchurch in 1973.

²⁰ Scene spaces are defined as a range of city venues, such as cafes, pubs, and clubs, frequented and recognised by the LGBTQ+ community as safe, accessible, and commercially available (Taylor, 2008).

2007; 2008). In research that interviewed lesbian women in the United Kingdom (N=53) about their experiences accessing scene spaces, the participants reported that gay men were afforded more economic power and flexibility, meaning there were more scene spaces available to them and that specifically catered to them (Taylor, 2008). Early LGBTQ+ spaces in New Zealand were also segregated by gender, primarily due to the fact that the spaces available to men, such as pubs and public toilets, were not necessarily available to women as women at that time could not have too much of a public life (Laurie, 2011a; 2011d). Even more formalised LGBTQ+ organisations, such as the Dorian Society,²¹ were not welcoming of women as it was a space for men (Laurie, 2011a). While a lot of these authors discussed the nature of LGBTQ+ social spaces in the gay liberation period²², one participant in this research talked about their recent experiences of LGBTQ+ social spaces still being dominated by a male presence:

That was another reason I didn't go to the dance, it was open to guys too. I do sometimes go to both dances in Nelson, but by the end of the evening, no offence to the guys, they're starting to take out off the shirts and prance themselves and everything else. I find that all too much. That was another reason I decided... When I talked to some of the women about the party, when they left, they said, yes, it was getting to be where the men just take over the whole dance floor. You feel like you're being pushed aside and they're performing and there's like little cockfights and stuff like that. And I just didn't want to have that too. If it had have been totally a women's dance, I might have gone (Laura, 65).

Part of this reflection on how LGBTQ+ spaces may be dominated by a male presence could be due to the preference of either gay men or lesbian women to choose to socialise in mixed LGBTQ+ spaces. The Lavender Islands Study reported that eight percent of lesbian women socialise exclusively with other lesbian women, compared to the three percent of gay men who only socialise with gay men (Henrickson, Neville, Jordan, & Donaghey, 2007).

²¹ The Dorian Society existed between 1962 and 1988, and was New Zealand's first organisation for homosexual men.

²² Described as a movement from the late 1960's to the mid 1980's.

However, as author Mark Casey argues, “to theorise gay urban spaces as gay male and lesbian ... is to forget that both men and women, regardless of their sexual identity, continue to have unequal access to economic and cultural resources and power within public and semi-public spaces” (Casey, 2007, p. 129). These resources inherently privilege access to social spaces, and mean that it is particularly difficult to separate what factors might be influencing the relationships between gay men and lesbian women. Casey (2007) also suggested that several factors such as dependent children, fear of violence, and the limited investment in lesbian women’s economic potential has impacted on lesbian women’s ability to create their own spaces. As suggested earlier (Laurie, 2011b; Willett & Brickell, 2016), these elements could also be factors in the formation of lesbian spaces, and this is supported by the findings of my research. As examined in Chapter Five, many of the lesbian participants in this research talked about their involvement in political and feminist organisations as their early forays into the LGBTQ+ community. As one participant noted, a lot of these organisations and efforts were focused on the specific needs of women:

With Women’s Refuge I was part of the Lesbian Workers and Refuge Group and I did a lot of work there in Wellington. Also, when I worked for Stopping Violence Services – which I missed that bit out – but I worked for them for years doing co-gender facilitation programmes, and another woman and I initiated programmes for women with issues of violence and abuse too. It was the first one I think. So that was an extension of my work with Women’s Refuge. And because my thinking around and being part of lesbians’ communities and what was being provided for lesbians who were either abusers or abused or bringing up the issues really, I guess, yeah, because it was not being talked about (Hannah, 72).

On a similar note, in a United States review of hate crimes committed against members of the LGBTQ+ community, gender differences played a role in the impact of hate crimes, with lesbian, bisexual, and transgender women reporting more frequent and severe cases than gay, bisexual, or transgender men (Dunbar, 2006). These findings are supported by authors Cronin and King, who argue against discourses that view the wider LGBTQ+ community as

homogenous. Some members of the LGBTQ+ community, by nature of their social location, may lack particular types of power – based on a sexual identity – while simultaneously holding other forms of power – such as ones based on gender (Cronin & King, 2010). The relationship between gender identity and sexuality as it impacts on lesbian women in the LGBTQ+ community needs to be acknowledged, or it risks ignoring various systems of oppression (Meyer, 2010).

The impact of patriarchal privilege is not only noticeable in how the lesbian women participants in this research felt shared LGBTQ+ spaces were dominated by gay men, it is also reflected in legislation, research outputs, community initiatives, and what has been deemed the ‘queer unwanted.’ Casey (2007) argues that the term queer unwanted refers to those members of the LGBTQ+ community who do not fit a mainstream image of sexual and gender diversity, and therefore are not catered for socially, culturally, or economically. He suggests that age, disability, gender, and gender nonconformity all register certain individuals as unwanted. The impact of this for lesbian women can be seen in the fact that sexual activity between two women was never illegal in New Zealand, as it was not considered as socially or culturally relevant. These dynamics have influenced research priorities, as can be seen in the limited number of HIV and AIDS awareness strategies or interventions involving lesbian, bisexual, transgender, or queer identifying women (Logie, James, Tharao, & Loutfy, 2012; Wapenyi, 2010). Wapenyi argues that lesbians are underrepresented in HIV research generally, while Logie et al suggest that it is the combination of HIV-related stigma, homophobia, heterosexism, and transphobia which accounts for the lack of research (2010; 2012). In New Zealand, the New Zealand AIDS Foundation developed its HIV prevention strategies in 1996 from a study that only involved cisgender gay and bisexual men (New Zealand AIDS Foundation, n.d.), while the more modern HIV awareness campaign “Love Your Condom” is predominately directed towards gay and bisexual men (Love Your

Condom, n.d.). The relevance of this information to my research is that it represents the invisibility of women's needs, in particular non-heterosexual women (Teti & Bowleg, 2011), and this invisibility is also present in the wider LGBTQ+ community.

As this research engaged with participants of various sexual and gender identities, additional accounts of difficulties in accessing LGBTQ+ spaces developed from the analysis. While the discussion in the thesis has focused on the differences between gay men and lesbian women, primarily by highlighting the intersection between sexual diversity and sexism, the next part of this chapter acknowledges another invisible population. The issue of bisexual erasure and the treatment of bisexual individuals within the wider LGBTQ+ community is the focus of the next debate, with particular attention paid to the privileging of the homo-hetero binary that bisexual erasure encourages.

7.2 Never mind the 'B'

As the majority of the participants in this research identified as either gay men or lesbian women, it was inevitable that the relationship between the two groups would be a focus of conversation. However, the participants also noted the prevalence of discrimination against bisexual individuals in the LGBTQ+ community. Despite being included in the LGBTQ+ acronym, bisexuality was either ignored or met with dismissal by the wider LGBTQ+ community. Rather than describing this phenomenon as biphobia, it is often called bisexual erasure, which highlights the invisibility of this sexual identity. The issue of bisexual erasure, or the absence of a bisexual presence in many discussions on sexual and gender diversity, has been addressed in previous literature (Alarie & Gaudet, 2013; Burrill, 2009; Erickson-Schroth & Mitchell, 2009). Bisexual erasure comes partly from the socially constructed myth that bisexual individuals have not made up their mind or are simply pretending to belong to

the LGBTQ+ community (Alarie & Gaudet, 2013). As one participant commented, this attitude made her feel pressured to hide her bisexual identity while in LGBTQ+ spaces:

Well just what I said earlier, about being bi. A friend of mine is bi and she's really positive about it and sometimes, I think why can't I decide one way or the other. Actually in the lesbian community *particularly*, lesbians can be very negative about bisexual women. I have experienced that. When I've been to lesbian stuff, I've not tended to say I'm bi. I've just pretended I was lesbian. Some lesbians can be totally negative about bi women. So, yeah, I have tended to be cautious around lesbians that I know that are quite political and staunch. Not that I have a lot to do with them, but just, yeah, cautious about sharing that. So yeah, because of that kind of reaction, I've tended to be, "oh God," you know (Milly, 62).

Part of this negative attitude could be a result of what some authors have termed, the hetero-homo divide (Cronin & King, 2010). By placing homosexuality and heterosexuality as opposites or on a sliding scale, it inherently positions either end as being a more stable identity. Even terminology and perspectives that acknowledge various sexual identities still place value on how close an individual is to either a heterosexual identity or a homosexual identity. The Kinsey Scale,²³ a popular sociological test used to measure a person's sexual orientation, measures people as either a 0 – exclusively heterosexual – or a 6 – exclusively homosexual. The flaw of this measurement is that the scales between 0 and 6 are described by using the terminology of hetero- and homosexual, negating valid bisexual and sexually fluid identities. This flaw was unintentionally highlighted when one participant in the current research was describing their own sexual orientation:

A little sliver of bisexuality in there, but I'm gay. I'm – if you're using a Kinseyan thing, I'm 75% gay. I stray occasionally, but I'm gay (Alexander, 63).

Even though Alexander used the term bisexuality, it is still expressed from a perspective that views bisexuality as a percentage of homosexuality rather than as a distinct and separate

²³ Alfred Kinsey and other authors first published the Kinsey Scale, which is also called the Heterosexual-Homosexual Rating Scale, in 1948. While the scale is often critiqued on the grounds that sexual identity consists of more than just sexual orientation (biological sex and gender identity being other components) it is still frequently cited academically and socially as a valid sociological instrument.

identity. While another participant's views had changed over time, his belief that bisexuality was a preface to admitting homosexual orientation persisted:

Bisexuals, well my attitude's changed to them over the years. I used to think that they were just queers who wouldn't admit it, and I think some of them still are, but we accept that there are people who can swing one way or the other now (Brian, 65).

Binary perceptions of sexuality can create difficulties for bisexual individuals when accessing wider LGBTQ+ spaces. Binary perceptions of sexuality suggest people are either gay or straight, ignoring fluidity and diverse sexual identities (Erickson-Schroth & Mitchell, 2009). This attitude towards bisexuality adversely impacts bisexual individuals, in particular in regards to their mental health, wellbeing, and social inclusion (McLean, 2008; Volpp, 2010). As Milly reflected, dismissive and hostile attitudes towards bisexuality can result in internalised biphobia, and shows members of the LGBTQ+ community are also capable of perpetuating the hetero- homo divide:

But, yeah, I have been negative to myself about it, because it's like sometimes I'll be attracted to a man and I think, "oh aren't you done with men yet?" And then I'll be attracted to a woman and, yeah ... I can be negative to myself (Milly, 62).

The fact that the LGBTQ+ community is equally capable of reinforcing binary perceptions of sexuality is reflective of the general heteronormativity within New Zealand society. On those grounds, similar to the previous discussion, the impact of bisexual erasure is broader than just how it impacts bisexual individuals. Volpp (2010) suggested in a review of mental health related studies with sexual and gender minorities that while bisexuality is frequently included in the LGBTQ+ spectrum, it is infrequently discussed separately (Volpp, 2010). He goes on to critique these studies, highlighting their use of convenience sampling and the lumping together of bisexuality with gay men and lesbian women:

We also need to pay more attention to the intersections of sexual and gender identities to help us answer questions about what might make bisexuals more

vulnerable to mental health issues than people who identify as gay and lesbian. By grouping bisexual people in with the gay and lesbian population, we are obscuring potentially important differences involving this sexual minority population (Volpp, 2010, p. 48).

A limitation of this current research is that the majority of the participants identified as gay men and lesbian women. Further research is needed to fully explore the social capital connections for older bisexual individuals, but by separating their narratives in this research it is possible to begin to address the issue of bisexual erasure.

Bisexuality is not the only area where wider diversity in the LGBTQ+ community has been met with restricted access to social spaces. Another group of people who have also faced historic and contemporary challenges in accessing the LGBTQ+ community are transgender identifying individuals.

7.3 Gender diversity and cisnormativity

Transgender older adults are impacted by a complex interplay of social forces, including but not limited to, ageism, transphobia, and cisnormativity. For transgender individuals it can be hard to separate the influence of each of these social forces into separate factors. As Meyer (2008) noted in research that examined interpretations of hate crimes, queer people often determined that violence against their gender identity was rooted in homophobia, relating it to social processes that conflate gender nonconformity with homosexuality. The relationship between sexuality and gender identity can be multifaceted, and how this is negotiated within LGBTQ+ spaces can be challenging. Related to this, the process of finding appropriate and relatable language, terminology, and labels can be difficult for older transgender adults. The participants in this research who identified as transgender frequently commented on the importance of terminology when referring to their own gender or sexual identity, and how

other members of the LGBTQ+ community often met those efforts with hostility. As Jessica commented:

Sexually, well I'm attracted to women. Definitions are always fraught. If I said lesbian, you can guarantee that there'd be a whole pack of radical lesbians that would attack me for it. I guess I probably am. I'm certainly not interested in relationships with men, so yeah, I guess so (Jessica, 60).

Another participant, Bella, linked this hostility to the cisnormative belief that transgender adults are lying about their gender or aiming to deceive others. In Bella's discussion she noted the relationship between toxic masculinity and violence towards transgender women, but also confirmed that violence and hostility could come from within the LGBTQ+ community:

You'll find with males in particular, and with the activist lesbians, activist lesbians hate us, because they think we're *false women*. And macho men in particular, if they're of the violent type, their first reaction will be anger and then maybe violence. There's quite a high murder rate around the world of transsexual people, who are doing *no* harm to them whatsoever – they just think that we don't deserve to exist, so they take us out (Bella, 68).

Violence, stigma, and discrimination towards members of the LGBTQ+ community is not a new occurrence, however for people who identify as transgender it is proportionately much higher than what is experienced by cisgender individuals (Fredriksen-Goldsen et al., 2011). The impact of physical abuse, psychological distress, and social stigma is fundamentally detrimental to the wellbeing of transgender older adults (Fredriksen-Goldsen et al., 2011; Fredriksen-Goldsen et al., 2014; Levitt & Ippolito, 2014). However, what potentially exacerbates these situations are the barriers older transgender individuals face in accessing the LGBTQ+ community supports. Jessica talked about the fact that even though transgender older adults have been an active part of the LGBTQ+ community for a long time, they still feel as if they are not fully accepted or acknowledged:

We interacted a lot with the gay community. We considered ourselves part of the bigger picture. For years we took part in the Gay and Lesbian Fair in

Wellington, which turned into Out in the Square and then Out in the Park, and so on. So, we considered ourselves part of that community. Sometimes it got frustrating because there's a lot of people in the gay community that just don't quite get trans (Jessica, 60).

International research has found that people who identify as transgender feel excluded from and discriminated by the LGBTQ+ community (Fredriksen-Goldsen et al., 2011; Parker, Garcia, & Munoz-Laboy, 2014). One participant, who identified as cisgender male, brought up this exclusion when discussing how the LGBTQ+ community had shifted over time:

So yes there is still a divide. I think it's less of a divide than there used to be, but there's still a divide between men and women. And transsexuals, transgender - they're not gay anyway, or lesbian anyway. Not per se. So they're only with us really because they're queer. They need different considerations, I think, and I'm much less judgemental about it. I'm much less judgemental about anybody than I used to be (Andrew, 80).

However, Andrew's comment still demonstrates an attitude of 'othering,' or of viewing transgender individuals as separate and not fully included in the LGBTQ+ community. Despite acknowledging that his own views had changed, and that in general the LGBTQ+ community was more inclusive, if internal perceptions towards transgender identities are still 'othering' it creates barriers in building social networks. Experiences of violence and hostility towards non-conforming gender identities are often rooted in the processes of homophobia (Meyer, 2008). If transgender adults are being discriminated through social forces that combine heteronormativity and cisnormativity, yet are excluded from the social networks that can provide support, resources, and resilience in the LGBTQ+ community, there exists a double jeopardy for this demographic.

Even though Andrew's comment above does suggest that attitudes towards gender diversity can change within the wider LGBTQ+ community, the participants in this research also discussed the work that is required to support all older adults with diverse identities. In particular, there appears to be little understanding of intersex identities in both international and New Zealand contexts.

7.4 ‘Hedspace, willingness, and bravery’

A key theme that emerged in discussions around intersex experiences in New Zealand was the absence of terminology, language, or even the acknowledgment of those identities. When discussing the process of identifying as intersex, Rowan shared their own personal journey:

I've been queer-identified ever since my late teens, and then this whole process and journey to learn about my intersex reality, which was a fact that was hidden from me as a child, and claiming that and then working out how to hold onto that. So I didn't do that until my 40's. So I don't see myself as male or female exclusively, but a wonderful blended combination of both and neither. So absolutely my sexuality as queer, and my gender identity is fluid and non-conforming (Rowan, 62).

Rowan's comments highlight a few key topics and themes. Firstly, in their discussion they mention the fact that their intersex identity was hidden from them, a common narrative that has been reported by a large number of individuals around the world (Keir & Lahood, 2012). The process of identifying, reclaiming, and acknowledging fluid gender identities can be a long and difficult process. Rowan expanded on this difficulty by specifically discussing the constraints in binary gendered language:

Twenty years ago there was no narrative. There was not even references to other people like myself. It was a profoundly life-changing event to meet other people like myself and to end that extreme isolation that I felt (Rowan, 62).

Rowan added to the previous comment by highlighting the importance of community and shared identity. In particular, Rowan reflected on having social connections built on shared experiences, and how that impacted their wellbeing:

And I think what I would say about that – and I'd say it to you as a social worker and myself as a therapist – we know that community, a sense of belonging is so *paramount* to good health, and I have a lived experience of that. I don't think we talk about this enough ... For quite a long period of doing this work, most of the people that I work with saw themselves within the binary way of looking at things. To step outside that social construction both required a head-space, a willingness to do that, and an immense amount of bravery. I think most people conform to what society expects them to - it's

just intellectually too hard to think about doing something differently (Rowan, 62).

Although research incorporating intersex individuals is not common in New Zealand or within international literature, what is available shows that this population face difficulties accessing certain social spaces (Behrmann & Ravitsky, 2013; Carpenter, 2016). In particular, LGBTQ+ community spaces are not always welcoming of these individuals, nor are they necessarily attuned to their needs (Carpenter, 2016). However, one participant in this research praised the work done by one LGBTQ+ organisation that supports intersex individuals,²⁴ and the welcoming environment it provided:

I think one of the great joys that I've seen through the development of the [organisation] is that diverse groups within the 'queer umbrella' if you like, have begun to mix much more. And the Trust itself is *so* strongly anti-discriminatory in every sense of the word, the expression, because it simply *will not* close the door on anybody. Of *course* the focus of the [organisation] is intersex, but it would never *exclude* anybody because they are primarily gay or primarily lesbian or whatever (Liam, 68).

Comments like these highlight the importance of inclusive and welcoming social spaces for all members of the LGBTQ+ community. Accessing safe and supportive communities is vital in the maintenance of social capital and supporting wellbeing for older members of the LGBTQ+ community (Hughes, 2010). As long as there are boundaries and barriers in accessing community networks for diverse sexual and gender older adults, there are potential gaps in the support available to this population.

When utilising critical social theory it is important that the intersections in the lives of older sexual and gender minorities are acknowledged as intertwined and impactful on their wellbeing (Dant, 2003; Fook, 2002). Previous research has shown experiences of violence, access to social spaces, and cultural visibility for sexual and gender minorities differ along lines of race, class, gender, disability, and sexual identity (Casey, 2007; Cronin, & King,

²⁴ That name of the organisation was removed to preserve the confidentiality of the participant and the organisation members.

2010; Dunbar, 2006; Meyer, 2008; 2010; Taylor, 2008; Volpp, 2010). It is important to acknowledge and view the diversity present in the LGBTQ+ community. As such the limitations of this research not including significant details of some of these factors needs to be acknowledged. The racial and ethnic diversity present in this research is not representational of wider New Zealand society, nor does the demographic information obtained in the data collection stage include material on socioeconomic factors. While the focus of this research has been on wellbeing holistically, and social capital has been critiqued in the past for relying too much on economic measures for success (Healy & Hampshire, 2002), it is still important to consider these factors as limitations. The impact of these limitations on the research will be addressed in greater detail in Chapter Nine.

The second half of this chapter will focus on another component of wellbeing and the LGBTQ+ community, the impact of compromised mental health and mental health related stigma. As established in Chapter Two, members of the LGBTQ+ community face disproportionately high rates of compromised mental health. Next, the participant's reflections on mental health, their own wellbeing, and how attitudes in the wider LGBTQ+ community towards mental health create another group of the queer unwanted is addressed.

7.5 Boundaries and barriers

So far in this chapter I have focused on specific barriers that can restrict certain members of the LGBTQ+ community in accessing social spaces. In particular, it has explored the participants' reflections on how individuals with different sexual and gender identities relate to one another. As Liam summarised:

What I'm saying is, there are boundaries. There are boundaries created within the gay community. And there are signs of those boundaries being pushed away, pushed aside, broken down, knocked down – whatever expression you

want to use, but they're still there for a lot of people. They are there - those walls (Liam, 68).

This half of the chapter focuses on the impact of compromised mental health on older sexual and gender minorities. Aside from examining experiences of depression, anxiety, and other mental health issues, this chapter also explores how perceptions of mental health create barriers with the LGBTQ+ community. By exploring the relationship between mental health, wellbeing, and the influence of mental health related stigma, it became apparent that for members of the LGBTQ+ community mental health issues raised additional complications.

The first part of this discussion will focus on some of the general comments on the participants' reflections on mental health and wellbeing. Some participants could clearly relate their experiences to their sexual and gender identity, while others focused on stronger links to situational factors.

7.6 Mental health and wellbeing

As established in Chapter Two, sexual and gender minorities are more susceptible to suffering from mental health issues than heterosexual individuals (Brennan-Ing, Seidel, Larson, & Karprak, 2014). This is due to social stigma, discrimination, exclusion, and minority stressors (Hughes, Harold, & Boyer, 2011; Winter, 2011). While this research contains no comparison between older sexual and gender minorities and older heterosexual individuals, it explores the impact of compromised mental health on this population. In particular, it looks at the impact that these stressors have on individuals' wellbeing, as well as what supports they relied on. The importance of looking at mental health and wellbeing comes from the use of a capabilities approach under the critical gerontology perspective used in this research. Rather than viewing mental health as an individual problem that reduces a person's ability to achieve a sense of successful or ideal ageing, it is important to

acknowledge mental health concerns that both emerge as a result of structural barriers, and reduce an individual's capability to live to their own values (Breheny & Mansvelt, 2015; Katz & Calasanti, 2015).

A common theme that emerged from the interviews was the fact that the participants actively related their experiences of mental health distress to their diverse sexual or gender identities, while others discussed it in more general terms, noting situational events or family histories. The impact of heteronormativity is one such way in which mental health was linked to the participants sexual and gender identity. One participant noted that the pressure to get married, have children, and live a heteronormative life caused her to experience depression:

I think when I was married, because he played mental games with me, just before I left him ... Cos of being Catholic, I didn't feel I could leave him to some degree and I said, 'When you shoot me, just kill me. You're killing me now. Would you just take a gun or something and kill me and end it.' And I realised then that was probably the first time I was so depressed that I thought okay, I've got to do something. I had a son – I thought I was always going to have a daughter, because my brother had had two girls and my younger sister had had a girl, and I thought, I'm gonna have a girl, that's what I wanted. So I had this boy who was three and realised that this marriage was never going to work ... I realised that I was a lesbian and what was I doing? (Laura, 65).

Laura's story is an example of a common narrative for older members of the LGBTQ+ community, where the pressures of heteronormativity often denied sexual and gender minorities the opportunities to be open about their identity. As mentioned earlier however, not all of the participants related their experiences of depression to either stigma or social pressures, as Jean-Luc described their own experience:

I was diagnosed as a teenager as bipolar, cos my father was bipolar. And for years I was on bloody lithium, which is a poison and wrecks your liver, but for 40 years I was on that, and I realised I had the downers but I never got the highs, real highs. And so I went back to the psychiatrist and said, 'please can you re-diagnose me and tell me what I'm doing,' and I got diagnosed as unipolar. So now I sometimes – not very often – go into deep depression and then haul myself out of it. It's a chemical thing - it's nothing to do with *me* (Jean-Luc, 64).

Additionally the participants were quick to relate their experiences to situational events, such as grief and stress:

To start off, I didn't *know* I was depressed. I'd started studying for my degree the year before my husband died. And so when he died, it was two weeks after he died that I had to write my year-end exams. It was terrible. Anyway, I started to get constant, *constant* headaches. And then there was a precipitating factor. I'd been in charge of a facility which provided medical services to the navy, and I hated it. I hated it. But, you know, I always had this headache, so I assumed it was the environment. And then one day I got called in to my boss's office, and said, 'look, you're not performing down there, we're going to relieve you of your duties'. And – sorry, but this is not very nice to talk about it - because they actually called me in on the day before the first anniversary of my husband's death, that was when I went to see the psychologist, and then, after talking, I realised the headaches a) were not headaches per se. It was a somatic headache. I wasn't wanting to face whatever the hell was going on. And so I was off work for six and a half months, with quite severe depression (Beth, 65).

Beth's comments highlight one of the difficult aspects in researching mental health and wellbeing, in that it can be hard to separate and define moments of psychological distress, chronic cases of mental health issues, or situational events. The relationship between grief and depression in Beth's case appears to be significant, and not an unusual or unexpected link (Fenge & Fannin, 2009). Another participant mentioned the same process, although they did highlight the influence grief can have on other behaviours:

Well, I think I was on a real roll with depression after my partner died. That would be, I mean that's not a mental health issue in terms that that's unusual I guess, but that may have continued a bit when I came here, because I tell people especially about my drinking. I can do a really good job when I set my mind to. I keep bottles up on the bench and my one partner from the Rainbow Club came around and goes, oh what are all these bloody bottles on the bench? And I said, 'well they're mine'. He said, 'from what period of time'? And I went, 'I don't think it's really any of your business'. He goes, 'well seriously how much are you drinking?' I said, 'I don't know - two or three bottles a day,' and he went, 'oh that's a lot of alcohol, Alex,' and I went, 'mm, yeah well'. But it did make me stop and have a ponder (Alexander, 63).

While previous research has reported higher rates of substance abuse in the LGBTQ+ community (Fronek, 2012; Klein & Ross, 2014), participants in this research did not report significantly high levels of substance abuse, nor was it a strong focus in the research

interviews. On the topic of situational events impacting wellbeing, another participant disclosed how the 2010/2011 Christchurch Earthquakes exacerbated a pre-existing anxiety and post-traumatic stress disorder:

Yeah, I have post-traumatic stress disorder from my childhood and that was exacerbated by the earthquakes around anxiety and around ... I've got a very, very strong flight reflex. The anxiety around the earthquakes and the combination of my post-traumatic stress disorder affected me quite hugely. The disorder I have is around noises and smells and sensations, and so the rumble of the earthquakes started something in me and I became very young (Natalie, 65).

The comments by Natalie are in line with research into both post-traumatic stress disorder and the impact of natural disasters (Hendry & East, 2013; Lapp, Agbokou, & Ferreri, 2011). Additionally, another participant when talking about his previous suicide attempt – which is reportedly higher in the LGBTQ+ community than it is for heterosexual individuals (Levitt & Ippolito, 2014) – related the incident to a combination of health issues, financial stress, and loneliness:

I had a stroke. I'd kicked my partner out. I was feeling incredibly lonely and I was also under financial pressure a bit – and I self-induced – tried to kill myself. And fortunately after three days in intensive care and a month in hospital, I came out of it, but it was close. So the word 'survivor' is very important in that sense (Jean-Luc, 64).

A few of participants related their experiences of mental health to a variety of factors not connected to their sexual and gender identity, highlighting the difficulty separating day-to-day life stressors and minority stress factors. Despite this difficulty, participants were also able to make definitive links between their experiences of homophobia, heteronormativity, and direct events that impacted on their mental health and wellbeing. One participant described their public outing as a gay man in a local newspaper, and how it influenced him to consider taking his own life:

Oh, I suppose the day I read about myself on the front page of the [small town newspaper]. Because I felt that stage of my life was destroyed. In fact, I got to

the stage, I got on the bench in the garage with a view to hanging myself. Then I didn't have the guts to, because I thought 'when my wife comes in, in her car, that'll be the first thing she would see. So I didn't do it. I didn't have the guts (James, 70).

One of the difficulties of trying to present the idea that members of the LGBTQ+ community are at increased risk of compromised mental health is that such an analysis presents a risk-focused perspective and ignores other demographics and social factors that may be equally pertinent. One such relationship, while not discussed at great length in the interviews but is still thematically relevant, was the influence of ageing on mental health and wellbeing generally.

7.7 Age and wellbeing

A common narrative that emerged from the interviews was about how ageing, and the process of being reflective on ageing, provided participants with a greater ability to be resilient in relation to their mental health. Previous literature has talked about the process of successful ageing, or about building resilience through successful life stage transitions (Hildon, Smith, Netuveli, & Blane, 2008). While not an extensive topic in the interview guide, the idea of age providing a resource in the context of mental health and wellbeing was discussed:

But yeah, looking at that helps me to think, oh look all this other shit, just leave it for now and deal with this, cos it's just too big a picture if you take it all at once. But that comes with age. That comes with age and learning what you can and cannot change and what you want to battle that day (Alexander, 63).

However sometimes the reverse finding was reported, with one participant talking about their tendency to worry more, and to drift towards more depressive tendencies, as they aged:

I suppose I do, because I worry a lot. Yes I tend to find a pattern that I often – again I'm told this happens as you get older – I wake up rather early and then I start thinking about something and that stops me going back to sleep again. I don't know whether depression is too strong a word probably - I tend to find

myself feeling more negative in the mornings and then gradually getting better during the day. And I'm told this is quite *common*, once you start to get older. But there's nothing major. I've never had anything that's been considered a nervous breakdown or anything like that. I think as one gets older, a lot of older people, certainly I remember my mother telling me this - which is why I am amazed at how well she has adjusted to this completely sedentary, immobile lifestyle – that you got depressed fairly easily (Isaac, 68).

It is difficult to separate out what factors support some individuals to be more resilient to mental health than others. One aspect that these accounts do support is the idea that proactive reflection can be beneficial for older adults (Wadensten, 2006), and also that perceptions of older sexual and gender minorities should account for the diversity of experiences that age provides.

Despite the limited discussion during the interviews on the topic of how ageing affects mental health and wellbeing, it is useful to consider what influences age may have in regards to individuals and their processes of seeking support.

Seeking support

I asked a range of questions focused on how individuals had accessed formal and informal supports as a way of discussing wellbeing with the participants. Of the participants who actively talked about their experiences with mental health, not all had chosen to engage with formal, or more loosely organised support groups; however, many of those who had discussed their positive experiences. One participant talked about their experiences attending peer support groups:

Basically it's an opportunity for people to share. There might be a specific topic that we share and all that stuff. So Overeater Anonymous on Tuesday nights and then on Friday I go to two meetings. One is WA – Workaholics Anonymous – and I get a lot of support there for my overworking, high expectations and all that kind of stuff. The other one I go to is Al Anon and that's for families and friends of alcoholics. I think my stepfather was an alcoholic. My grandfather was an alcoholic. My partner that I mentioned, that volatile 5-year relationship, he was an alcoholic, is an alcoholic still. My husband was a workaholic. So Al Anon is for family and friends, people who

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have been around workaholics, alcoholics. It's about our behaviour in terms of coping, and rescuing and all that sort of stuff. So those meetings really help me just be clear about meeting my own needs and not focusing on other people and stuff, which I need today, not because I'm surrounded by alcoholics, but more at work, particularly my job is very demanding. So I have to set boundaries and limits and not give too much of myself. So Al Anon helps me with that (Milly, 62).

Other participants discussed their experiences of engaging with one-on-one services, primarily in the form of counselling. Here the participants discussed the experience in relation to their own wellbeing. One participant talked about their process of working through the death of their twin brother, and the role of counselling services in that regard:

I had a wonderful few sessions with the free counselling service, because when I discovered that I [had a twin], my head was not in the right place for a wee while. What I actually found quite hard to come to terms with was this strange knowing that somebody here has always been not here. It's a very, very hard thing to actually explain, even with a good counsellor. It's very, very difficult, but you've always known that there is somebody in your life missing. And it's not just that a friend is missing or a member of the family - well it is a member of the family missing but not somebody that you've grown up with - is missing. But it is actually somebody you've grown up with, because spiritually and psychologically they're there. They're there because they were part of you right at the very beginning (Liam, 68).

Another participant talked about the importance of a counsellor who could relate to their own experiences, noting:

When I go up to see this Christchurch counsellor, I could relate because he'd been in the same - well, he hadn't been in the same position - but he was gay, and I felt more at home, able to be more open. Because you can't be totally open with someone who cannot really understand your position (James, 70).

Not every participant had positive experiences with professional services. Sean noted that when a professional was less engaged, or not connected with the process, then they were less likely to continue accessing those supports:

A couple of years ago, when I was settling in here I had an issue that I thought I needed a bit of help with, and I approached a local practising psychologist, and I had one session. And I thought that she was completely disengaged and uninterested, so I didn't go back (Sean, 69).

The obvious implication here is that professional competency is not necessarily tied to previous experiences of working with the LGBTQ+ community, but it is rather the fundamental ability to engage with clients and service users. Social workers and other professionals need to be aware of this not only because of their basic mandate to provide a competent service, but due to the increased likelihood of sexual and gender minorities accessing their services due to the impact of social stigma and discrimination (Fredriksen-Goldsen et al., 2014).

One specific form of social stigma and discrimination that emerged from the interviews needs to be addressed in relation to mental health and wellbeing: the impact of mental health-related stigma from within the LGBTQ+ community.

7.8 Mental health stigma

A common theme that emerged in discussions around boundaries and barriers in the LGBTQ+ community was the attitude towards individuals who had compromised mental health. I asked one participant if they had ever felt that there was a stigma towards mental health in the LGBTQ+ community, and whether that ever inhibits helpful discussions around compromised mental health:

Absolutely, and I would say that that's one thing that hasn't been resolved. In the therapeutic and training work that I do now, we talk about that and I'm very out about myself and my own experiences of mental health issues. Because I think that's really, really important in terms of both making it visible and giving some models for people to talk about it. I think that our community has swallowed what wider society has, that mental health issues are seen as problematic, as something that should be hidden and absolutely stigmatising (Rowan, 62).

That final note about how the LGBTQ+ community reflected wider societal views on mental health is similar to the dynamic discussed in the first half of this chapter, that the LGBTQ+ community could reflect social and binary perceptions of sexuality and gender. As there

exists an established, ableist perception about mental health in society generally (Kidd, Veltman, Gately, Chan, & Cohen, 2011; Mizock, Harrison, & Russinova, 2014; Shipherd, Green, & Abramovitz, 2010), that same stigma can be equally reinforced in other communities. As another participant noted, talking about mental health in the wider LGBTQ+ community could feel like a second coming out. This participant, Michelle, brought up the issue in the process of describing her conversations with close friends who also identified as lesbian women:

Well I was just repeating this example to somebody recently. I did programmes on [New Zealand media],²⁵ and when it was Mental Health Awareness week one year, I asked two friends who experience mental health issues, one, severe anxiety and depression, and the other one with multiple personalities, so quite different mental health issues. The one with the multiple personality issues, she was *exhausted* by her mental illness. It physically and mentally exhausted her so that she would have to sleep and then she studied – she’s a highly, highly intelligent person, in fact topped the social work class *forever*. She had the highest marks ever. But anyway, has gone on to be able to cope and do a very responsible job. And both of them, when I was interviewing them, I said to them, which was most difficult, to come out about your mental illness or about being lesbian? And they *both immediately* without any thought: far harder to come out about mental illness (Michelle, 73).

Michelle went on to detail other experiences in discussing mental health with members of the LGBTQ+ community, highlighting how many felt they were not accepted as equal members within those social spaces due to mental health related stigma:

I also did some talks and different educational things attached to the [mental health organisation].²⁶ They had a Rainbow Group that used to meet and I went and met with them sometimes and talked about different things, and they felt very discriminated against within LGBT community. They didn’t find there was an easy place for them except with each other. So I think there’s a huge amount of education to do within our community and the wider community (Michelle, 73).

Previous literature has also found that both older adults and individuals with diverse sexual and gender identities felt stigmatised by their mental health status (Kidd, Veltman et al.,

²⁵ The name and nature of this media forum was removed to protect the participant’s privacy.

²⁶ An organisation which set-up community services and therapeutic communities for individuals requiring mental health support. The name was removed to protect the privacy of the participant and the organisation.

2011; Mizock, Harrison, & Russinova, 2014; Preville et al., 2014). The comments by the participants also reveal the extent to which individuals with mental health issues lack supportive social connections, demonstrating the LGBTQ+ community has not always reflected an inclusive understanding of identity, privilege, and oppression. As touched upon earlier, the intersection of gender, sexuality, and age can be complex and hard to separate. Adding in the social stigma associated with mental health exacerbates that problem and creates further challenges to the wellbeing of older sexual and gender minorities. In particular, one participant stressed the impact exclusion and stigma could have on older sexual and gender minorities:

And even more worrying - if that's the right expression; I'm not sure it is – I've experienced recently through an organisation that I am involved with - well there's an increasing realisation that one area that is virtually completely neglected is mental health in the gay community, especially mental health amongst older people. Which, as age progresses, so does the mental health situation, invariably (Liam, 68).

These comments and reflections highlight the complications and limitations of viewing the LGBTQ+ community as a homogenous group, or assuming that exposure to one form of oppression results in an awareness of other forms of social stigma. As Rowan comments below, the processes of stigma and discrimination in the LGBTQ+ community are complicated and related to intersecting power dynamics; but importantly the persistence of these processes also highlight the very real consequences for vulnerable individuals:

I've experienced it personally. It's very common behaviour in any minority community. It's much easier to hurt each other than it is to hurt those with power and privilege, because it's often beyond people's capacity to do it. I understand it clinically, I understand why it happens, but when I'm observing it and seeing the awful damage that it does... And I'm committed now to calling it out and challenging people, because the consequences are – well, in an extreme sense, they can, of course, result in death. And you will be aware that the suicide rate in our community is much higher than the normative population, and with our young people I think that a certain cohort of our youth that end up taking their own life, that is a result of bullying, and sometimes that's within the community and sometimes it's outside the community (Rowan, 62).

There exists an overarching societal and cultural stigma towards mental health issues, and the LGBTQ+ community is no exception. The focus of the above discussion was not simply to critique the existence of those attitudes in the LGBTQ+ community or draw attention to the false assumption that just because one demographic is oppressed then they equally understand all forms of oppression. Rather it was to highlight that sexual and gender minorities, who already face varying forms of social stigma, may not always be able to rely on the wider LGBTQ+ community for support in regards to mental health. While this potential lack of support is not universal in all LGBTQ+ social spaces, it does highlight a potential risk for these individuals, and creates more members of what was previously described as the queer unwanted.

7.9 Conclusion

The major theme throughout this chapter has been that relationships and connections in the LGBTQ+ community are still filtered through social constructions of identity. As a result of these social categories, not all members of the LGBTQ+ community have been afforded the same ability to access social spaces. For older sexual and gender minorities, that can mean that potential support networks and social connections are not universally available. The purpose behind this chapter was not to present an overtly critical view of the LGBTQ+ community, but rather to challenge assumptions that all individuals who identify under the LGBTQ+ acronym are the same, and to draw attention to the need for strategies that can support all sexual and gender minorities.

As discussed early on, multiple participants talked about an animosity between gay men and lesbian women. It is possible to relate this finding to a few areas. Previous research has talked about scene spaces, and how gay men are afforded more access due to economic flexibility (Taylor, 2007; 2008). Other authors have suggested that a variety of social factors

contribute to the fact that it is more difficult for lesbian women to attend social events (Casey, 2007). It seems apparent that lesbian women suffer the effects of patriarchal privilege and invisibility, impacting not only on their ability to occupy LGBTQ+ scene spaces but to have their voices heard in research outputs and community initiatives.

Similarly, the binary view that sexuality exists as either gay or straight results in the erasure of bisexuality. Not only does this occur within broader society, but this research indicates that erasure is also experienced within the LGBTQ+ community. Bisexual erasure in the context of the LGBTQ+ community refers not only to a lack of acknowledgement, but also to negative views and perceptions that result in internalised biphobia. The message from the participants was that the LGBTQ+ community can be equally rigid in its viewpoint towards sexuality as heteronormative societies, potentially excluding some individuals.

A similar theme emerged when discussing perceptions towards transgender and intersex individuals in the LGBTQ+ community. It was frequently mentioned by the participants that they felt that their identities were not acknowledged by other members of the LGBTQ+ community, or were on occasion met with hostility. As one participant noted, breaking through and challenging binary perceptions about gender requires a combination of headspace, willingness, and bravery, and that work is still ongoing in the LGBTQ+ community.

It is not just perceptions around sexuality and gender that can cause conflict in the LGBTQ+ community; compromised mental health can also create boundaries. As discussed in the second half of this chapter, many of the participants had experienced episodes of poor mental health, including anxiety, depression, substance abuse, and suicide attempts. This research has also shown that it can be difficult to separate what influences the development of, and resilience to, poor mental health. From situational events, such as stress and bereavement, to

the impact of ageing, it can be hard to pinpoint precise causes. However, despite that difficulty, the fact that older sexual and gender minorities are potentially at risk of compromised mental health is alarming given the stigma towards individuals with mental health concerns in the LGBTQ+ community. As participants noted, there exists both a negative and discriminatory attitude towards mental health in the LGBTQ+ community, as well as a lack of recognition of the risk it poses for older adults. The combination of higher rates of mental health issues mixed with stigma from a community that could provide an extensive support network creates challenges for older sexual and gender minorities.

The overarching thread of these findings is that the relationship between identity, access to social spaces, privilege, and oppression is complex. It can be hard to separate and define what influences individual and community relationships. However, despite this challenge, it is evident that the wider societal views about sexuality, gender, and mental health can be equally present in the LGBTQ+ community. The implications of this for social work practice and for future research will be covered in Chapter Nine. It is nevertheless important to continue to critique perceptions of the LGBTQ+ community as a homogenous group. The next chapter of this thesis will pull together threads that emerged in other chapters. By looking at the importance of social capital, the impact of social stigma, and the existing intersections within the LGBTQ+ community, the next chapter highlights a concern common for older sexual and gender minorities – “where are our spaces?”

8 SOCIAL SPACES FOR OLDER SEXUAL AND GENDER MINORITIES

If you are pining for youth I think it produces a stereotypical old man, because you only live in memory, you live in a place that doesn't exist... I think ageing is an extraordinary process whereby you become the person you always should have been (David Bowie, 1999).

David Bowie's quote above touches upon a common process that emerged in the course of this research: the reflection and engagement of participants with the idea of how age and ageing had changed them. While not uniformly positive, ageing was a journey of reflection and growth for the participants in this research.

Related to this journey of reflection, a key theme throughout this research has been the emphasis placed by the participants on the importance of social spaces. In discussions on how communities facilitated the development of social capital, how LGBTQ+ spaces both emerged from and supported political movements, and on the various social relationships within the wider LGBTQ+ community, the role and place of social spaces was important. This chapter focuses on the concerns raised by the participants in relation to accessing social environments. In particular, it notes that the participants felt they were no longer included or catered for on the basis of their age. Age-based exclusion is a process worth addressing for a variety of reasons. Participating in communities has been noted as a key predictor of personal and community wellbeing (Kim, Lehning, & Sacco, 2015), and the participants have expressed similar thoughts throughout the interviews.

The findings reported in the previous three chapters have all pointed to the need for carving out social spaces for older sexual and gender minorities. Chapter Five established that social capital connections and resources provide important benefits for developing the wellbeing of older members of the LGBTQ+ community. Chapter Six explored the impact that legislative

change and social policy developments had on social and professional attitudes towards members of the LGBTQ+ community. In particular, Chapter Six documented that while there have been improvements as a result of legislative change, sexual and gender minorities still struggled with stigma and discrimination. In Chapter Seven, the idea of looking at the LGBTQ+ community as a homogenous group was challenged, highlighting how different identities are either privileged or excluded in their access to social spaces, and how wider forms of societal bias – such as mental health related stigma – can still be perpetuated in these environments. Those chapters established that social capital connections provide important benefits for the participants and that those benefits continue to be needed within New Zealand society, especially as all identities are not afforded equal access to wider LGBTQ+ spaces.

In this chapter I explore the impact of age and ageism on the participants in this research. By addressing general perceptions on ageing, the first half of the chapter has examined how a youth-centric culture, the invisibility of ageing sexuality, and a lack of practical considerations, hinders how older sexual and gender minorities access social spaces. The second half then examines the participants' plans for the future, exploring how the combination of ageism, heteronormativity, and cisnormativity has impacted their views of aged care services. The reflections of the participants in this chapter highlight a growing concern for social work practice and policy – how do we support older members of the LGBTQ+ community in light of age-based exclusion, discrimination, and fear?

8.1 Where are our spaces? Age, ageism, and the LGBTQ+ community

The participants in this research all shared one common characteristic: they were 'older adults'. Despite the socially constructed and subjective nature of ageing, all of the participants are considered as older adults by most standards in social science literature

(Settersten & Hagestad, 2015). As each participant was aged between sixty and eighty, the components of ageing and ageism intersected with the discussions on social capital, LGBTQ+ social spaces, and wellbeing. Some of the concerns expressed by the participants related generally to the idea of ageing in society, rather than specific issues connected to their sexual or gender identities. For example, one participant noted that some concerns regarding ageism are common in both heterosexual spaces as well as those belonging to diverse sexual and gender identities:

There is an emphasis on youth. It's probably a societal thing, not just the gay and lesbian community, but the 'life's a party' sort of mind-set. I think they tend to look down their noses a little bit at the older generations, which is a shame because there's stuff that they could learn, I think (Jessica, 60).

Brian also expressed a similar perspective:

No, I just think it's in the nature of being young. You're just looking for people like yourself, and I think probably that young straights are much the same as well. So older people don't really exist for them (Brian, 65).

Not all of the participants' comments on ageing were focused on the attitudes of others, as some reflected on internal perceptions and thoughts about getting older. One common reflection was on the internalised stigma relating to ageism:

I have insecurities like every other human being: getting older. You're not the pretty young thing anymore and all that kind of stuff and there's all those insecurities, but those don't have a thing to do with your sexuality. That's just around ageing and all those other issues that everybody in the world deals with (Alexander, 63).

Internalised ageism can have compounding impacts for older sexual and gender minorities. While internalised ageism may be present for a lot of older adults, for sexual and gender minorities it can combine with internalised homophobia – resulting in additional stressors (Wagenen, Driskell, & Bradford, 2013). Another potentially influencing factor is that some of the participants stressed that ageism was more common in LGBTQ+ circles than it was in general social settings, a consideration which is explored in more detail later in this chapter.

Although some participants acknowledged internalised ageism, not all of the reflections were negative. These alternative comments were related to the idea of the capability approach to ageing, which can result in reinforced confidence, a stronger sense of self, and a renewed focus on personal goals (Lee & Quam, 2013; Van Wagenen, Driskell, & Bradford, 2013). These by-products of a capabilities approach were apparent in a discussion with Bella:

As you get older, you care less and less about what people think about you. Especially when you're retired, the work pressure goes, and when you retire or when I retired, I didn't realise how much stress and pressure there was with work requirements or what people expected of me. It gave me time to just focus on myself for a while, and not care as much (Bella, 68).

Alexander also mentioned that the societal perceptions of older adults being bored, having nothing to do, or not participating socially are not based in fact, and do not represent the reality of older adults in New Zealand:

In New Zealand older people are busy. They've got lawn bowls and they've got bridge club and they've got choir and they've got library club and they've got a club for every fucking thing in the world in this country. And that's great because it doesn't mean you have to sit around when you get old, you're busy. They're all very busy and I'm surprised that most of them get a night off choir because they're all going here and there – and that's good. That's good (Alexander, 63).

Despite these and other positive comments the theme of ageism and exposure to ageist attitudes occurred throughout the interviews. The next part of this discussion documents participants' experiences of ageism in day-to-day society, and how this restricted their ability to occupy social spaces.

8.2 Dismissal and ageism

Ageism is the belief that older adults do not, and cannot, participate positively in society (Kane, 2004). Ageism devalues the experiences, perceptions, and positive social impact of older adults. In this part of the chapter I have explored the general impact of ageism on the participants in this research, in particular ageism that is non-specific to sexual and gender

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identity. However, it is important to recognise that the overlap between ageism and other social forces can be difficult to separate. As one participant noted, ageism is experienced differently depending on a variety of factors. For example, Fiona felt her own experiences of ageism were influenced by gender:

You can say it's paranoia, I suppose, but there's just sometimes in some situations less consideration, I think, for the older woman's opinion. I think our society is still geared for the young and I think it's still male-dominated a lot (Fiona, 73).

As previously addressed in Chapter Seven, the intersections of identity within the LGBTQ+ community mean that different members are afforded a variety of social privileges and disadvantages. As with the point made in that chapter about gay men being able to occupy social spaces more readily due to patriarchal privilege, experiences of ageism are coded differently on the basis of gender. Like Fiona, Anna noted that there were different expectations placed on women as they age:

I think ageism is built into our society, so that for women what is promoted is the youthful and the beautiful, and that the old and the wrinkled are rather beyond the pale (Anna, 75).

Comments like the one from Anna highlight the complex nature of exploring ageism along with sexual and gender identity. For women growing older is often associated with a lack of acknowledgment, or being seen as invisible by wider society (Lemish & Muhlbauer, 2012). When this intersects with stigma and discrimination from a sexual identity it poses further challenges for the wellbeing of older lesbian, bisexual, and transgender women. Unpacking all of the minority stressors that impact on older sexual and gender minorities can be a complex process, which requires that practitioners and academics not only be critical of social structures but also of their own biases and privileges (Fabbre, 2016).

Despite the intersections between social stigmas, experiences of ageism were common in all of the participants' experiences, regardless of demographic background. Several participants

experienced ageism in the form of the frequent dismissal of older adults and their opinions. This patronising attitude disregarded the idea that older adults could contribute or help, or that their prior experience was relevant. Jean-Luc expressed his frustration at the prevalence of this attitude:

As you get older, ‘oh you old fuddy duddy’, ‘oh you don’t know anything’. ‘You don’t know what’s happening’, whereas in fact it’s the reverse. I’ve been there, done that. I *have* seen what’s happened and I *continue* to see what’s happening and the problem belongs to you, not to me (Jean-Luc, 64).

Tom also described the phenomena as:

I have noticed that people sometimes don’t take me as seriously as they used to. And I think that’s got something to do with being older. People think that if you’re old you must be soft in the head. People have a stereotype of older people too. I’m aware of that. I don’t think I look quite as old as I am and so that probably gets me over that hump a bit. But now and again somebody will refer to me in the third person as being old and it always comes as a bit of a surprise and shock to me. I was in a bar one afternoon, talking to one of the bar staff that I know, and there was a guy down the bar with his girlfriend and he must have been listening in to our conversation. And something I said made him laugh and his girlfriend must have said, what are you laughing at, and he said, “I’m laughing at something the old guy said.” So you run across that. You suddenly see yourself as *others* see you (Tom, 70).

On the topic of negative comments in public spaces, Mark detailed his experiences of pervasive, day-to-day ageism:

One that really *bugs* me the most was probably about five years ago, walking down Courtenay Place here on a Friday night – or a Saturday – not too late, round about 9 or half-past 9 or something like that. And there were a couple of young kids – young kids to me – probably 17, 18 or something like that – sitting on the pavement. One of them yells out to me, “Go home Grandad, it’s time you were in bed.” You know, that sort of thing – ageism, and it’s often (Mark, 75).

Ageism often presents itself in the form of patronising or condescending attitudes (Gendon, Welleford, Inker, & White, 2015). When Anne was asked if she had noticed whether or not people treated her differently as she aged, she described the experience of having neighbours and friends assume she needed constant assistance. While not an overtly negative experience, for Anna it did speak to the assumption of inability:

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Neighbours come and offer to do things for you, because you're old, and you don't really want... I mean you don't not appreciate the fact that they're offering to help you, but you don't really want it. You're still capable yourself. It's so current in this society (Anna, 75).

While these comments do cover the attitudes and dismissive views of individuals, another common way that ageism manifested was in terms of employment. Previous research has shown that older adults struggle to be taken seriously in the workplace and are more likely to be denied employment on the basis of their age (Brooke & Taylor, 2005; Davey, 2007). This process of ageism often begins with comments that suggest older adults should be actively leaving the workforce when they reach a certain age:

I think it's a little bit of, mm, 'Aren't you retired? Didn't you want to retire? Why don't you *stay* retired' (Liam, 68).

Another challenge faced by older adults is in entering the workforce after a period of not working, or having left a previous role. As Jessica reflected, she had a suspicion that her job applications were turned down on the basis of her age:

One thing I have noticed, and it's not related to being transgender or anything, it's just age, period. When I handed in my notice at work I applied for a number of jobs and the job market is difficult. I applied for a few jobs that I thought were within my capabilities and what have you, but I never even heard anything. My suspicion is that they look at your age and you just get put into the discard pile automatically. When you're pushing sixty it's a whole different ball game. It was interesting, I was listening to Michele A'Court, she's a comedian and actress and writer and stuff, on the radio yesterday and she was saying that the roles on either stage or screen that she used to do, she doesn't get offered them anymore. It's age, and it's a reality that you just have to accept to a degree. But it makes life a hell of a lot more difficult (Jessica, 60).

Similarly, another participant talked about an experience she had when she moved to New Zealand from Australia. The frequent exposure she had to dismissive attitudes and being denied employment led her to conclude she was no longer able to seek future work:

Even coming back since then, I had four job interviews when I came back, cos I was on leave without pay with no guarantee of work when I came back. I had four job interviews, was unsuccessful. They are jobs that I could have done really easily and really well. Every job they employed somebody a lot younger

than me - and to the extent that I have decided I'm never ever gonna apply for another job, go through an interview process, if you know what I mean. I'm past my use by date (Natalie, 65).

Employment can offer many advantages in supporting wellbeing. Aside from the financial benefit of a regular income, it provides access to social spaces and networks, and can be beneficial for older adults seeking social engagement, meaning, and a sense of accomplishment (Fredriksen-Goldsen, Kim, Shiu, Goldsen, & Emlet, 2015; Seligman, 2011).

As the participants noted in this research, some of the more insidious impacts of ageism were not the attitudes and comments from others, it is the restriction it can create in accessing social institutions and spaces. While this part of the chapter has focused more on the broader impacts of age and ageism, in the next I examine specific ramifications of ageing within the wider LGBTQ+ community.

8.3 Adding silver to the rainbow

While older adults with diverse sexual and gender identities experience ageism in multiple areas of their lives, a common concern expressed by the participants was the restrictive attitudes towards age in the LGBTQ+ community. This concern was related to two distinct areas: an emphasis on youth within the LGBTQ+ community, and the perception that sexual identities cease to matter once you are regarded as old. Specific questions used in the research interviews focused on the impact of age and ageism in the LGBTQ+ community. As such I inquired whether or not the participants had felt a sense of ageism in LGBTQ+ social spaces:

Oh huge. That may be a bit of overstatement. Well it's a very youth-oriented... Look at the media; look at any of your gay publications and all that kind of stuff. Everybody's young and they look like a model and you're not gonna see a lot of older people in those, because "*gay people are never gonna get old.*" Somehow they think that (Alexander, 63).

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Here Alexander highlighted one of the key themes that emerged from the interviews. Frequently a lot of the participants were met with the attitude that LGBTQ+ social spaces were not meant for them, and that as a whole the wider LGBTQ+ community only catered for younger individuals. While this may not be universally true, as many LGBTQ+ community groups and networks are explicitly designed for older members, that does not deny the dismissive attitudes experienced and felt by the participants.

In some of the interviews in this current research the divide between younger and older members of the LGBTQ+ was expressed as preferences for different social spaces. As Jean-Luc noted, the tendency for younger sexual and gender minorities to frequent nightclubs and similar locations resulted in less contact between different generations:

Yes, well that's an unfortunate reality that younger people tend to socialise in nightclubs and so on. Older people tend to have done that, been there, and no longer are interested (Jean-Luc, 64).

Part of this comment by Jean-Luc about older members not wanting or willing to socialise in nightclubs and other similar venues is addressed in a later part of this chapter; however the idea that it is only the type of social space that divides different generations within the LGBTQ+ community was rejected by other participants. Benjamin noted that when older members did attend shared social venues they were often met with outright hostility by younger sexual and gender minorities:

It can be vocal as well. I've been at the sauna and elderly chaps come in and try to make contact with somebody. They say, 'fuck off, you old bastard,' that sort of thing (Benjamin, 76).

However, it was not just spaces designed for socialisation where the participants encountered ageism, but also in communal areas that were designed to promote pro-LGBTQ+ awareness:

It can crop up. When I was on the Board of [organisation that supports LGBTQ+ individuals],²⁷ we always had a stall out in the square and you could hear it occasionally amongst the younger generation. There would sometimes be an age tension about, ‘well that was then when you were all living in the closet’, ‘this is a young person’s party, why don’t you oldies just go away. You had your time’ (Liam, 68).

One participant noted that the impact and influence of age related stereotypes in the LGBTQ+ community is a frequently discussed topic by older sexual and gender minorities:

It’s something that gay people around the world talk about, and the old ‘if you’re over 30, you’re in a different category’ sort of thing (Sean, 69).

Clearly the impact of ageism and age-related stigma is noticeable for older members of the LGBTQ+ community. However, it is not just overt offensive forms of ageism that the participants noticed and felt. Another common experience of ageism in the context of the wider LGBTQ+ community was the feeling of being invisible or not noticed. In contrast to the previous comments about detrimental experiences, some of the participants felt that they were not considered as present or worth acknowledging by younger adults:

I’m just invisible there. No one’s unkind or anything, but just invisible. You walk through the door and everybody’s young. I’m not upset by that. It’s kinda silly. You could have a much better time if you had a whole range of people, but that’s the case. Yes it’s a very youth-oriented kind of culture. Have I been discriminated against? That’s a hard one, because in those cases like, say, a bar or something like that where I possibly could be... I don’t wanna be there anyway. I don’t feel comfortable. It’s not where I’d look for having a... It’s just not a group who I wanna be with – nothing against them, but obviously they don’t want me and I wouldn’t feel comfortable being there, so I couldn’t say that they would (Alexander, 63).

Brian talked about similar situations:

I just think that the pretty young things don’t even see us. We’re just not there. Because they’re only looking for people like themselves (Brian, 65).

Older members of the LGBTQ+ community have reported that age is often regarded as a barrier to successful intergenerational communication (Fox, 2007). From a critical

²⁷ The name of the organisation was removed to protect the confidentiality of the participant and the organisation.

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gerontological perspective, having age act as a barrier to social spaces is another example of the social forces that detrimentally impact the wellbeing of older adults and is of particular concern for older sexual and gender minorities as social spaces for the LGBTQ+ community are already scarce (Casey, 2007; Chambers, 2004; Goltz, 2014; Kim, Lehning, & Sacco, 2015).

Exploring how ageism operates and is facilitated in the LGBTQ+ community can be a complex process. While it is easy to point to stereotypes of older adults, the invisibility associated with age, and instances of direct abuse, ageism also operates in more subtle ways. One of these other types of insidious ageism comes in the form of recognising sexuality. In particular, the notion that one of the participants described as, “once you get old you cease to be gay.”

Part of the challenge for older members of the LGBTQ+ community is that society generally views older adults as non-sexual beings (Chandler et al., 2004). This perspective does not recognise the sexual history, experiences, and ongoing impact sexuality has on the identity of older adults. As such, older adults generally lose an aspect of their identity, and older sexual and gender minorities can find themselves not acknowledged in broader discussions around and within the LGBTQ+ community. As Samantha summarised:

Nobody thinks about your sexuality if you're an older person, older woman - there's just the assumption. You have to make a very definite statement to people that you're a lesbian if you want that to be known at all (Samantha, 72).

Beth also described the lack of acknowledgment about her sexuality:

That's another thing about getting older: you don't get asked anything that has anything to do with sexuality. Oh dear, yeah, so it just never comes up (Beth, 65).

While the idea of not acknowledging or recognising the sexuality of older adults may not seem a serious issue to younger adults, the importance of sexual identity is how it relates to a

person's whole sense of self (Hughes & Heycox, 2010). Not acknowledging the sexuality of older sexual and gender minorities is also in stark contrast to the way in which sexuality was a defining part of many of these people's identity during times of activism and social change. While ageism and ideas that older people are not being sexual beings is widespread, there is likely to be a differential impact on members of the rainbow community. In addition, many people in the rainbow community will not be married to their same-sex partner or have had a civil union because these were not available to them – which means that the social symbols for a sexual relationship, such as the titles of Mr and Mrs or wedding rings – may not be present. In order to support the wellbeing of older sexual and gender minorities, all parts of their identity and how it relates to their ability to access social spaces needs to be supported and recognised. Fiona eloquently addressed the importance of this topic as she reflected on the relationship between age, sexuality, and identity:

Across the board, older people can lose their sexual identity. It can be seen by younger people that they mightn't have any interest or any ability to feel sexual. I've read books, not necessarily about lesbians or gays, but I have read some of them in the older age group and they do have a sexual identity still and they may want to explore that. They may want to be in a sexual relationship. So if you're not in an environment that's comfortable and safe, then you put all of that down and then the person you were, you're already losing a whole lot of parts of yourself because of your ageing, and then you lose another part as well (Fiona, 73).

Clearly ageism plays a key role in restricting older members from accessing a large portion of wider LGBTQ+ social spaces. Whether it takes the form of LGBTQ+ spaces being youth-focused, or due to the perception that sexual identity is no longer relevant for older adults, it is harder for older sexual and gender minorities to have access to the same level of social opportunities. The implications for social work practice and policy will be discussed in the next chapter; it is also necessary, however, to look at other contextual factors that influence how older sexual and gender minorities access social spaces. In particular, difficulties with transport, location, and the practicalities of ageing are covered.

8.4 Accommodating older sexual and gender minorities

A frequent finding in this research was that the participants struggled to gain access to LGBTQ+ social spaces due to practical considerations. Physical limitations from ageing, difficulties with location or transport, or the inability for social events to cater for older members were all factors the participants in this research noted as frustrating. Some participants who were living in Christchurch after the 2010/2011 earthquakes talked about how social events were disrupted and transport was unreliable. It was not just the aftereffects of the earthquakes alone that resulted in Hannah losing contact with LGBTQ+ social spaces, but due to a combination of factors including those related to her age:

So I had a long commute to work when I was working in Christchurch. In the latter years I was there I wasn't going into town very often at all for social things and certainly not close to the earthquake, because it fragmented everything. I used to like dancing. We had a lot of really great women's and lesbian dances. I used to enjoy going to those. But as I get older and tired and the trip in was a long way for social things, so I didn't go. So I got a bit out of touch really with things that are going on in Christchurch (Hannah, 72).

Samantha, who had moved to Christchurch prior to the initial earthquake, felt frustrated that her expected transport options restricted her access to social spaces. Even so, Samantha also related her frustration to the fact that many social events occurred in the evening, a time when she felt too tired or unable to attend:

Right, well this is another thing that I expected was going to be a lot more possible when I moved here, but I really had to come to terms with that I'm a lot older, slower and I don't like going out in the evenings very much anymore and especially without my own transport and stuff. I just don't like going out in the evenings very much anymore. I've made some attempts. There were some lesbians that were setting up a book group, a reading group. I never got to that, because once again the transport, but also the things that they were reading and stuff just didn't really interest me. So there's been a lot of *failures* kind of. I tried a choir for a while. The ones I'm trying next, starting next week, I'm going to an exercise group in [suburb] for the oldies. So I'm going to try that. The library system is now trying to set up book groups again, so I've signed up to see whether there's one that's during the day that I can go do. So I'm not involved in any groups at the moment. The same thing

happened with the [name of Christchurch social organisation]. It would be sort of fun to go, but I'd feel conflicted, I'd feel a bit shy, but also it's in the evenings. So nothing happening really and that's really interesting. I've been here now just about four years, so it's taking a lot longer; when I was younger it used to be it'd take a year before you'd start connecting with these things. Now it's taking longer (Samantha, 72).

The participants in this research commonly addressed the topic of social events not considering the needs of older adults. In particular, the participants related this restriction to the time events were held. Yet when Alison talked about the timing of events, she noted a backlash to her suggestions:

Even things like the dances we might put on. And someone will have arranged a dance, and of course it might not start till eleven o'clock. And for the older people they want to go a bit earlier, and probably be going by eleven or twelve o'clock. And so, even just talking about that, suggesting that we start a bit earlier, it's like 'oh *what*, that's a bit early' (Alison, 60).

The impact of these restrictions in accessing social spaces can be significantly detrimental to the wellbeing of older sexual and gender minorities. Whether it comes from a lack of consideration of the needs of older adults, or due to physical and personal restrictions from the process of age – being unable to access supportive social environments raises concerns about the ongoing wellbeing for the older LGBTQ+ community. A particular example comes from an account by Michelle, where she discussed her own challenges in seeing close personal friends and the impact it has had on her life:

One of the things is that I get invited to go and visit them where they're living, and I find that it's harder for me to travel and that has to do with age, but also I was very ill for a lot of my life, and so it's really slowed me down as well, but now age as well. They'll be encouraging me to come and have a visit with them, which would be good, but then I can't quite get myself to do it. A lot of them work in the fields of health and social work and so forth, so they might be a bit more aware than other people of some of the issues for older people, and they do try to keep tabs on how I am, but sometimes I can be kind of reticent about saying things. I really do *miss* what I've had at other times in my life, which is a group of women who are having the same experiences that you can talk with, like support groups. I really, really am missing that, because there's a lot of stuff about getting older that would be really great to know, whether it's my own personal experience or whether it's a shared experience

that's a part of getting older. And I don't have that, and that has been hard to access (Michelle, 73).

The comment here by Michelle about professionals in the fields of mental health and social work needs particular attention. A common thread throughout this research has been about recognising the needs of older sexual and gender minorities, and how society as a whole tends to downplay the concerns facing both older adults generally and members of the LGBTQ+ community.

Chapter Six highlighted that while progress in New Zealand legislation and social policy regarding sexual and gender minorities has occurred, it did not mean abuse, stigma, and discrimination had ceased. Here it is important to note the concerns of older adults, and how general societal attitudes still encourage either active discrimination or inhibit participation in social environments. The intersection of ageism, sexual and gender-based discrimination, and a lack of resources for rainbow communities means that social stigma is still perpetuated against older sexual and gender minorities. As a result, more mainstream ageing and generic LGBTQ+ services may get priority over physical spaces and funding. Social workers need to be aware of this ongoing discrepancy and the results it can have for the wellbeing of older sexual and gender minorities, while actively contributing to efforts that promote positive inclusion for all older adults.

In the next half of this chapter I have built on the concerns from the participants about age, ageism, and feeling excluded. Specifically, I address the participants' views about the future, and how they plan, consider, and are apprehensive about aged care services for older sexual and gender minorities.

8.5 The perception of hostility: Homophobia and cisnormativity on planning for aged care

Care anticipated ... more accurately care dreaded (Willis, Maegusuku-Hewett, Raithby, & Miles, 2016).

The quote above, from a study in Wales exploring what older sexual and gender minorities expect from care providers, touches on a central theme of this thesis: that for older sexual and gender minorities the prospect of relying on aged-care care services is actively dreaded. This dread begins with the concerns of older adults generally in relation to a loss of independence, lack of autonomy, and a fear of isolation (Johnson, Jackson, Arnette, & Koffman, 2005), but is compounded further by specific fears that relate to diverse sexual and gender identities. This fear or apprehension is important to explore in New Zealand due to the emphasis on ageing in place within gerontology and social services in this context (Davey, 2006), and what impact this fear may have on older sexual and gender minorities.

The participants talked about their experiences of witnessing social and cultural changes. While these conversations began as broad topics, allowing for the participants to explore their own ideas in the context of the research, universally the discussion moved to a particular topic – planning for the future. More specifically, planning for a time when the participants might need to rely on either formal or informal care.

In Chapter Six, two intertwining themes emerged from the interviews: that legislative changes did not directly impact social attitudes towards sexual and gender minorities, and that, despite reflections about beneficial social change, older sexual and gender minorities still feared they would be treated differently. Furthermore, in this chapter the impact of ageism generally, and from within the LGBTQ+ community, was discussed in terms of how it fostered exclusionary attitudes. Both of these aspects are relevant in understanding how older sexual and gender minorities plan for care needs. Care needs in the context of the older

adults interviewed for this research typically referred to situations when they needed to rely on others for personal, practical, and social support. Not all of the interviews with the participants focused on rest homes and residential care providers, but most considered the implications of age and potentially required more assistance to remain independent. Branching off these topics, this half of the chapter examines the relationship between ageism, heteronormativity and cisnormativity, the specific fears that older sexual and gender minorities had about entering this stage of their lives, how the participants addressed areas of informal care, and the role small communities may have in meeting participant needs as they age.

8.6 Ageism and heteronormativity

The relationship between ageism and hetero- and cisnormativity was often described by the participants as manifesting in the form of language and attitudes. Previous authors have stated that older sexual and gender minorities experience a double jeopardy from the combination of heteronormativity with ageist attitudes and behaviours (Hughes, Harold, & Boyer, 2011). One participant in this research, Beth, who worked in a rest home at the time of the interview, had insider reflections on how ageist and heteronormative language infiltrated the culture of aged care facilities. These reflections from her work included broader concerns than just fears relating to sexual and gender identity. More precisely, she focused on how staff would talk about residents and how gossip infiltrated these environments. Beth was initially asked if she had much experience with residents who were out about their sexuality, and it developed into her speculation about staff behaviour:

Beth: I think so, yes. Very much so, in fact, because this is my third facility I've worked in and being gay as a resident – I've never spoken to anybody who has said, "I'm a little bit..." I've just never met anybody. Everybody has identified as being heterosexual...

David: Do you think that's a fear of coming out or just a coincidence? I know that's speculation...

Beth: It's probably both. I think that probably I would avoid coming into a place like this with [name of participant's partner]. I know how these girls talk about the residents behind their backs. So I would probably avoid it, at all costs, coming into a facility like this with her (Beth, 65).

Following on from the discussion above Beth talked about how the lack of private spaces and a patronising attitude contributed to her aversion to entering a rest home. It was not just about expression of a queer identity or being in a queer relationship, but rather the fact that any expression of intimacy from older adults was treated as an adorable, cute action, or as a novelty factor for staff - as opposed to the valid and central part of an older person's life (Hughes & Heycox, 2010). This is a frequently reported concern for older adults and is a manifestation of patronising ageist attitudes that strip older adults of their autonomy and personhood (Chandler et al., 2004). This eldertalk, or the language of ageism (Gendon, Welleforn, Inker, & White, 2015), exists both overtly and covertly. It is why the fears of older sexual and gender minorities are not just related to queer experiences – they are inherently tied to the broader social construction of ageism (Johnson, Jackson, Arnette, & Koffman, 2005).

It is important for social work to promote inclusive LGBTQ+ facilities and services, but also to integrate that work with a critical gerontological lens that regards intimacy, relationships, and sexuality as central parts of an older adult's life (Ray, 2008). This consideration is particularly relevant as previous literature has found older sexual and gender minorities describe themselves as 'twice hidden' due to intersection of ageism and heteronormativity (Blando, 2001). Yet despite the general fears associated with age, ageing, and the attitudes towards older adults, the participants gave examples of their specific fears that related to their sexual and gender identities.

8.7 Specific fears

An obvious question that arises when considering the fears and needs of older sexual and gender minorities is how they differ from those of older adults generally. Previous research has found that older sexual and gender minorities experience homophobia in rest homes (Ehrenberg, 1996; Fronek, 2012; Johnson, Jackson, Arnette, & Koffman, 2005), and identity-based discrimination also limits socialisation opportunities in residential care settings (Brennan-Ing et al., 2014; Brotman, Ryan, & Cormier, 2003; Chandler et al., 2004). As one participant explained, their fear about going into care was related to both specific and general concerns. These fears ranged from having to re-enter the closet, losing socialisation opportunities due to a queer identity, to broader losses of independence from ageing:

It's something that I increasingly think about - not quite on a daily schedule, but pretty frequently. My former neighbour here at No.2 is in [retirement village] just along the road here and I go and see [him] fairly frequently. And my immediate reaction, as *nice* as it is, David, and as well-kept as it is, etc. etc - *God forbid* that I end up in a place like this. Because as a *gay* person I don't think I would fit in here. I *really* don't. I would probably stay in my little apartment and never come out again, except to see like-minded friends, and that scares me. Yes, growing old as a gay person, I don't *know* that there would actually at the end of the day other than what I've just said, be a lot of difference in just growing old as any other person actually. It's a hard one to answer really, other than to say yes, I do have deep concerns about growing old and what quality of life I will have, especially if I do grow old on my own (Liam, 68).

The participants' fears that identifying as a sexual or gender minority would alter the experience of being in a rest home or accessing aged care services often came from instances of visiting friends and family in care settings. One participant talked about how their visits to a gay friend highlighted the problems that they themselves might face in the future. These potential problems were related to the idea that not all residents of a rest home would necessarily be accepting of same-sex partners, or same-sex dating while in care, and that this

could result in discrimination or necessitate going back in the closet and hiding their sexual identity:

A friend that I used to sail with a lot, he ended up in his last couple of years in a rest home as well. And I used to go and see him twice a week – I did this *religiously*. We'd been friends for a long, long time and I'd made it my mission to make sure that he had plenty of encounters with the outside world. And his behaviour in the home was very much keeping it secret, because he didn't feel safe there to be openly gay. And it's not so much the staff, but it's the other inmates, if you want to call them that. They've been brought up – of that age – brought up where homosexuality is really bad, and if you're gay or if you're a homosexual, you're a bad person. If he had come out in that environment, then those people, who didn't have the same restraints in terms of their own behaviour because of their age, could have become very hostile. And so his life amongst the other people could have been very unhappy, and so he chose to keep his sexuality to himself. To me that was sad. Obviously I had to respect it. And that really made me start thinking that actually there is an issue here – that it doesn't matter how much the rest home itself tries to be safe for gay people, it relies *very much* on other people who are living there as older people accepting gayness as being okay (Mark, 75).

These discussions around aged care and the concerns of the participants are important for a few reasons. As mentioned in this thesis New Zealand social policy emphasises ageing in place as the preferred option for older adults. However, research in New Zealand has shown that there are certain factors which make ageing in place more feasible. One component that supports ageing in place is social connectedness, and the ability for older adults to form supportive relationships. These relationships assist with social isolation and also provide access to forms of support which can enable ageing in place, such as practical assistance to modify homes, communal support in the form of cooking and cleaning, and access to wider community knowledge and support (Davey, 2006). However as demonstrated in this thesis older sexual and gender minorities may be excluded from certain social groups on the basis of their sexual and gender identity, previous experiences with mental health complication, or due to the influence of ageism. Therefore older sexual and gender minorities may not have

access to the level of support required to live in their own homes or communities, and therefore this expression of fear regarding aged care warrants investigation and critique.

An additional component which may influence how older sexual and gender minorities navigate ageing in place strategies comes from another finding in that New Zealand research. In the work by Davey (2006) it was suggested that older adults who were able to make alterations to their own homes were able to reside there for longer, and the author also makes the statement that older adults are generally likely to own their own homes than younger adults. However thirteen of the participants in this research were either renting or in temporary accommodation at the time they were interviewed. These participants would be less likely or able to make alterations to their living space to support ageing in place, and as such would need to rely on aged care services earlier. While this research has not included another demographic data or included interview questions exploring the relationship between sexual and gender identity on home ownership, further research could explore this avenue to see if older sexual and gender minorities are at a heightened risk of being left behind in ageing in place strategies.

An interesting comment Mark made above is that the fear associated with aged care services is not necessarily tied to entering a rest home, but rather that it is impossible to escape the general discrimination and abuse that is found in the wider community. This is why a common thread in the interviews was about the need and desire for specific LGBTQ+ retirement and rest home facilities.

8.8 “Wouldn’t it be nice?” LGBTQ+ facilities

Another common point in the interviews was that it is not necessarily an issue of the rest home/retirement facility itself or the attitudes of staff – but that the beliefs of the other

residents in the facility might impact how queer residents were treated. Many of the participants experienced abuse and discrimination from peers throughout their lifetime. They expected that older adults of their generation would still be carrying those same biases and attitudes. There is a similarity here with what was discussed about legislative change where one participant noted that as much as social policy could impact the lives of older sexual and gender minorities, they still believed the true difference would occur when – as one participant put it – “*the old fogies die.*”

Participants strongly believed that heterosexual adults of their generation would still carry strong homophobic and heteronormative biases. This belief echoes what other authors have found when exploring how older sexual and gender minorities perceive rest home care (Johnson et al., 2005; Hughes & Heycox 2010; Fronek 2012). While the participants in this research often chose, or tried to choose, LGBTQ+ friendly communities and networks to associate with, it can become more difficult when considering entering a rest home or relying on care providers. As a result of these reflections, participants considered whether specific queer-based rest homes and retirement options were better suited to their needs and experiences:

Every dinner party of older queers gets to talk about this at some stage. It's always along the lines of, 'wouldn't it be nice if we could buy a block of flats together and have one flat for a carer, that they could live in rent-free, and we'd all chip in to buy,' – that sort of thing. Just recently a lesbian retirement home project has just fallen over here in Auckland. I don't know how far it got, but it's just fallen over. I was involved in a housing co-op many years ago, and we paid some money into it for a feasibility study and it didn't get off the ground in the end. The property, which was in Ponsonby/Freemans Bay, was sold to a developer who developed units on it, much the same as we would have put on. There's a Jewish old folks' home and there's a Dutch old folks' home in Auckland, and I quite like the idea of there being a queers' old folks' home, but I don't think it's going to happen (Brian, 65).

Discussions around rest homes specifically for the LGBTQ+ community occurred not only in informal groups and social settings. More formalised networks also considered the need for appropriate facilities:

Yeah, one of the big issues, we've had a group set up in OUTLine to look at gay retirement places – I won't call them villages – but somewhere where gay people can go and not be anonymous. Because a standard residential rest home, there is a certain amount of discrimination, and what I've heard is that gay men suddenly are hidden again. Their orientation is not allowed - and that's wrong. A gay man should be allowed to have a man in his room, and a woman in her room. That will change over time. As I say, thirty years in the future it won't be an issue, but right now with older people mixing with other older people who have *dissimilar* attitudes, you'll have discrimination (Jean-Luc, 64).

One interesting topic brought up in these discussions about rest homes and specific LGBTQ+ needs was who these facilities might cater for. As discussed in Chapter Seven, historical and contemporary divisions and connections within the wider LGBTQ+ community have been a point of contention for some of the participants. Specifically, for gay men and lesbian women there have been arguments about generalist versus specific spaces for sexual and gender minorities. These points were carried over into the interviews about creating LGBTQ+ friendly rest homes:

Well, it would be nice to be around other lesbians, gays or alternatives, in a communal setting but I don't know that the population's big enough to sustain it really. And I don't know, see it's interesting, because there's always been that separatism. So I see the lesbian elders going off as a separatist kind of movement – when I think I was always part of that too in my younger days, wanting that for lesbians and lesbians only and all that stuff. But I don't know now whether it's better to be working towards integrating so we can get some services within the broader framework and I think probably that's the way to go, because of the population (Hannah, 72).

Currently in New Zealand there are no rest homes or retirement villages dedicated to supporting sexual and gender minorities. In 2011 a group called the Gay Retirement Association was established by older members of the LGBTQ+ community who felt there

was a need for LGBTQ+ specific aged care. The group was disbanded in 2014 after the founder moved on, without having implemented the group's initial goals. Despite the lack of success by the Gay Retirement Association, the participants in this research still believe that a dedicated facility could be an important resource for their community. However, similar to the point made by Hannah about working together on behalf of the whole LGBTQ+ community, another participant highlighted the important distinction between a rest home for gay men, and a gay-friendly rest home:

No, I wouldn't want it to be just gay men. But it would need to be a gay friendly place. Yeah, it would need to be gay friendly (Brian, 65).

Brian explained that gay friendly, in this context, referred to an environment where sexually diverse individuals could be open about their identity without facing consequences from staff and other residents. Facilitating the development of LGBTQ+ friendly environments requires that care staff are trained in working with and respecting diverse identities, that the physical environment promotes positive LGBTQ+ spaces, and that stigma and discrimination within facilities is not tolerated.

There has been some work in New Zealand in promoting pro-LGBTQ+ environments in residential care. Silver Rainbow, an initiative to increase education for rest homes and other aged care services in caring for LGBTQ+ community members, was developed by Kāhui Tū Kaha in Auckland.²⁸ While this service is currently based out of Auckland and has limited nationwide scope, it is still providing a framework for expanding the service to other parts of the country and developing new training programmes.

²⁸ Kāhui Tū Kaha, known as Affinity Services until 2017, is a not-for-profit provider of housing and mental health services that offers LGBTQ+ related services such as; LGBTQ+ liaison and training for mental health services, the Rainbow Tick accreditation service, as well as Silver Rainbow training.

Referring back to the topic on different identities within the LGBTQ+ community and aged care needs, some participants discussed their specific concerns about a lack of knowledge and training in such facilities to support gender-diverse and non-binary older adults.

8.9 Gender diversity in aged care

Previous research has tended to focus specifically on gay men and lesbian woman when considering how rest homes would cater for the needs of older sexual and gender minorities. However, as the participants in this research included a broader spectrum of identities – such as transgender and intersex individuals – discussions on potentially unique challenges for gender-diverse older adults were brought up:

I'm on my own basically for everything, so I have no idea. I'd just have to keep looking after myself as long as I possibly can. I understand where they're coming from because the systems that are in place for looking after elderly people have no conception about trans-people or gay people. Well, they have a little bit more understanding of gay and lesbian people I think, but trans-people is just way off their horizon. And I can only deal with my own situation, which is probably not dealing with it at all, simply because I don't have the resources to deal with it. But there are other trans-people that will have the resources and they're gonna have to face it and, to be honest, it's something that the society as a whole has to learn to deal with. This sort of work is important to make those changes happen because otherwise nobody's ever going to change anything. But it's a tall order. It's a tall order (Jessica, 60).

The concern raised by Jessica about a lack of knowledge about transgender needs in rest homes and residential care facilities is similar to what has been reported in other studies. Reports have shown that transgender older adults are less likely to access support services due to previous experiences of stigma and a lack of knowledge by staff (Cook-Daniels & Munson, 2010; Fredriksen-Goldsen et al., 2015). These findings are similar to those discussed in Chapter Six about a lack of practitioner competency and knowledge to work with sexual and gender minorities.

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Jessica went on to talk about the fact that for transgender older adults in residential care there would be no ‘one-size-fits-all’ approach to working with and supporting those older adults.

Jessica described why this would be the case, as well as talking about her own desire to be involved in training and upskilling residential care staff:

Trans-people there’s differences within the community as well, with the individuals, because there are post-operative or pre-operative or non-operative people. And when you’re dealing with an elderly person, those are things that you’re gonna have to be aware of. You’re not just dealing with somebody that’s in one body or the other; sometimes there are both there. So they need to be aware of it. If I had the energy at the moment, I would be quite happy to talk to people in the staff situation so they had a better understanding of it, but right at this point – well, I’d be happy to go down somewhere and talk to somebody. I don’t have the energy to organise it. If somebody said, ‘There’s a group here that needs talking to; can you come and do it?’ Yes, I’d do it, no problem. But it’s just the organisation that’s off-putting. But, yeah, it needs to happen. It needs to happen. Over the last couple of years I’ve heard talk of things happening within the gay and lesbian community but not in our community. And we’re going to be the trickier one for them to deal with because, at the end of the day, an old folks home is going to be dealing with somebody that’s still male or female regardless, whereas with the trans-community, not necessarily so (Jessica, 60).

Another participant talked about the work they were currently doing in supporting a transgender woman who had recently entered residential care, and in doing so described their observations:

I’m supporting at the moment a transgender woman that I’ve worked with for a number of years who’s just recently gone into an aged care facility. And these things have been on my mind somewhat because I’m observing both her experiences of going into this facility and just watching how people are treated in there, and it *horrifies* me. We should be looking after and treasuring our old people and valuing them, and I’m not sure that we’re doing that as a society. I know we do that individually with some families, but as a selective society I think we’ve got some huge work to do there to improve the situation (Rowan, 62).

It is important to note the relatively small size of the transgender and intersex participants in this research. As such it is hard to present as clear a picture on the concerns and needs of these individuals if they were to need or rely on residential care. This particular limitation is addressed in Chapter Nine.

8.10 Informal care networks

Calling on informal care networks as a way of avoiding or delaying using formal supports was occasionally brought due to the concerns raised by the participants. Some participants said that their initial plans for avoiding residential care were focused on organising personal connections and networks to support one another. These loose groups are often described as informal care networks and refer to friends, neighbours, and communities supporting each other with practical and often personal care needs (Hughes & Kentlyn, 2011). As evidenced in the excerpt below these informal care networks sometimes develop out of a lack of traditional supports and a reluctance to rely on formal care:

Actually a whole group of friends that we don't physically live together but we're in close enough physical proximity that if someone becomes ill or care is needed, we all take care of that person till they... Generally we're thinking along that line. It doesn't *have* to be until they die, but if they do, and then move on until the last one's standing kind of thing. But I think that that's what we've agreed would be a good common goal for the future, so there's some care. Because none of us have this large group of family or stuff, so, especially I think with a lot of gay friends. They don't really have any... They're old or their parents are not living obviously and they don't have children, some of them, and maybe they don't have good relationships, or don't have siblings. So basically they rely on other friends and stuff who are like family. So that's where I am with my brother. We've talked about that and talked about it with other friends. We've sat around and talked about it. Most of us plan to kind of do that. Nothing is set in stone – we don't have any written contracts - but I think that's the agreed upon thing that we'll do as we get older, is just take care of each other (Alexander, 63).

While informal care networks provide more flexibility and culturally appropriate support they do come with some drawbacks. They are dependent on having a close network of personal relationships that will provide a level of support beyond what most individuals will have available. It is fortunate that most of the participants interviewed in this research maintained strong interpersonal connections; however, such assurances are not universal even in this sample pool.

If older sexual and gender minorities do not have access to informal care networks, and are in a position where they must rely on formalised care, then they might become stuck in stressful situations where they may need to access medical or other formalised support in a timely manner. There is a risk here that they may then refuse formal help, potentially putting themselves at risk of injury or isolation. This risk is similar to the reported findings that older sexual and gender minorities delay seeking support services due to past or current experiences of stigma (Hash & Rogers, 2013). While the topic of relying on informal care networks was not universally discussed by the participants in this research, it does speak to the hesitance of older sexual and gender minorities to rely on formal providers of care. The general attitude of the participants towards residential care facilities and formal care providers was best summarised in the way Tom talked about how he would advise others on the subject:

Well, my advice to them would be to stay away from retirement villages. I can imagine it would be difficult to suddenly find yourself dumped down in the middle of a bunch of National Party²⁹ homophobes (Tom, 70).

The implications of older sexual and gender minorities relying on informal care networks is discussed in Chapter Nine, as well as the need for further research to explore this topic in greater depth. Until then, the words of Tom speak to ongoing social, political, and structural forces that shape how older members of the LGBTQ+ community see their possible future.

8.11 Conclusion

The ordering of the analytical chapters in this thesis was designed to present a narrative demonstrating the role, impact, and importance of social capital for older sexual and gender

²⁹ The National Party is a New Zealand political party that has traditionally had centre to centre-right political leanings.

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minorities. By exploring how social capital works to support wellbeing for older members of the LGBTQ+ community, Chapter Five highlighted the benefits and unique features of social connectedness for this population. Chapter Six aimed to draw attention to the ongoing needs of older sexual and gender minorities in New Zealand society, by looking at the impact of legislative and social policy changes, while emphasising the ongoing stigma still experienced by the participants in this research. Building on those discussions, Chapter Seven focused on the intersections of sexual and gender identity within the LGBTQ+ community, and how as a result those identities can privilege individuals' access, and in turn benefits from, social capital networks. Chapter Seven also discussed the continued reproduction of mental health related stigma in the LGBTQ+ community, observing that it reduced the options for potential support for sexual and gender minorities with mental health concerns. This chapter was designed to examine the universal feature of the participants in this research – the impact of age and ageism on how members of the LGBTQ+ community develop social capital and supported their wellbeing.

As discussed in the beginning of this chapter, ageism is a universal feature experienced by most older adults. Ageism relates to how others perceive and treat older adults, but it also manifests as insidious internalised oppression where older adults question their own sense of self. A strong part of this process is the continued dismissal of older adults' worth and value to wider society. Yet the participants also noted components of ageism that were unique to sexual and gender minorities. The participants in this research discussed the youth-centric culture present in wider LGBTQ+ spaces, and the generalised feeling that they were not catered for or considered. Similarly, this point was also related to the assumption that sexual identity is not a pertinent concern for older adults, and the participants in this research noted how this form of ageism removed part of their identity. Finally, a common frustration among the participants was how consideration for how physical spaces could cater for older adults

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was not present in certain LGBTQ+ environments. Either due to restrictions in location and transport or to the timing of events, many of the participants discussed the practical barriers that hindered their capacity to participate in LGBTQ+ social spaces.

Emerging out of discussions about the impact of age and ageism, the interviews in this research all touched upon a common concern of the participants – how they would be treated by aged care services. As in the first half of this chapter, these concerns were worries that a large portion of all older adults will have. However, there were concerns specific to the participants' sexual and gender identities. Primarily, it was not the fear of how staff would treat them, but how other residents in aged care services would react to their identity. The participants in this research believed that older heterosexual and cisgender adults would carry the same biases as they had experienced throughout their lifetime. As a result of these beliefs, the participants were actively fearful of entering residential care. As such, the participants frequently discussed with peers the possible benefits of specific LGBTQ+ facilities, or the need to provide upskilling and training to staff and facility managers. Alongside these discussions, some of the participants talked about using informal care networks as a way of delaying the need to rely on residential care. All of the participants were living in the community, so these conversations were all hypothetical, but it does speak to the concerns that older adults have about aged care services and whether they would be suitable social spaces for them as they aged.

Barriers and challenges for older members of the LGBTQ+ community in residential care facilities have been identified in the literature review. Sexuality itself is often ignored, and is associated more with the physical act of sex rather than as a way people identify and form communities (Chandler et al., 2004). Individuals who identify as transgender and other genders such as intersex and non-binary are less likely to utilise support services in the form of residential care due to previous experiences of discrimination and a lack of practitioner

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knowledge (Cook-Daniels & Munson, 2010; Fredriksen-Goldsen et al., 2014a). Similarly, as discussed in the literature review, older members of the LGBTQ+ community do commonly experience homophobia in residential care settings (Fronek, 2012; Johnson, Jackson, Arnette, & Koffman, 2005).

Using a critical gerontological lens in this research enables an analysis of how political and socioeconomic factors interact to shape the experience of ageing (Freixas, Luque, & Reina, 2012). For the participants, these factors include their sexual and gender identities and experiences as a result. Participants were vocal in their belief that as a result of belonging to the LGBTQ+ community they would be treated differently by other older adults in residential care facilities, and more specifically would prefer a different environment to their heterosexual and cisgender peers. As critical gerontology is concerned with identifying opportunities for social change, including progressive ideals for the latter stages of life (Weiland, 1995), then it is necessary to use the participants' stories and reflections to consider how we can best support older sexual and gender minorities as they begin to engage with more formal support systems.

The key theme running throughout this chapter is how age and ageism impacts on older sexual and gender minorities' access to social spaces. From general attitudes experienced in the community, to specific LGBTQ+ environments, the participants in this research felt that age was a barrier to partaking in and benefiting from social networks. The implications of these results, as well as the implications from previous chapters, are discussed in the next chapter. There, the focus is on what the findings from this research mean for social work, social policy, and the ongoing support for older sexual and gender minorities in New Zealand.

9 DISCUSSION AND CONCLUSION

We should indeed keep calm in the face of difference, and live our lives in a state of inclusion and wonder at the diversity of humanity (George Takei).

This quote by George Takei speaks to the central message I have tried to portray in this thesis, which is that inclusion and diversity are at the heart of social work.³⁰ Specifically, fighting for the inclusion of older sexual and gender minorities through practice, policy, and research should be an ambition for all social workers. I have used this doctoral research to aid in that fight, by highlighting the lived experiences of a group of older sexual and gender minorities, and critically considering how social work can support this population through a series of research questions and discussion about their implications.

In the previous four chapters of this thesis I have presented the central findings of my research. Here, in the discussion and conclusion chapter, I link the key components of those chapters, and answer the research questions initially presented in Chapter One. Drawing on the findings of this research, I have developed a conceptual model and a paradigm for practice designed to inform social work practice at micro, meso, and macro levels. These models translate the findings of this research through social justice aspirations, in order to support older sexual and gender minorities.

My doctoral research project formally started on the 1st April, 2014. However it began to develop much earlier. Over the course of the preceding summer I participated in a Summer Research Scholarship, during which I assisted on a larger research project examining literature relating to social work education with older adults. The process of investigating literature on social work pedagogy, older adults, and the impact this had on social work services inspired me to examine related topics. Over the course of this exploration I began to

³⁰ George Takei is an actor, director, and LGBTQ+ activist.

notice a lack of material on older sexual and gender minorities, in particular a shortage of content based in New Zealand that included a social work focus.

The emphasis on wellbeing in this research came from my experiences as a social worker, working as a community support worker, and from considerations about what the notion of wellbeing could mean on a practical level. I was interested in seeing how wellbeing could be explored and supported, and decided that social capital as a model would assist me through that process. It was these developments that resulted in the final research topic and questions, which continued to impact my thesis throughout its development. The process of choosing this research topic was also discussed with the participants I interviewed:

Liam: So what drew you to the subject in the first place?

David: Well I have a professional and personal interest in older persons' health. I've worked there for a couple of years. The work I do as a community support worker is mostly with people sixty-five and above.³¹

Liam: Mm.

David: And so when I was coming to really focus on a topic, and I've always been interested in wellbeing, but especially over the last few years I've shifted to a more holistic interest in wellbeing. And as I mentioned, there was a lack of material in the social work curriculum when I went through and I thought, I need to do something that's not just of interest to me. I needed something that was actually going to be beneficial. And one of my supervisors has done a lot of work with the LGBT community and she suggested, 'this is an option for you to actually make a difference to the social work curriculum.' And looking at the broader New Zealand context of social work and social work research, I started doing some background searches and I found there's nothing here.

Liam: No.

David: There was no material. There's some stuff that's done internationally, but it's mostly survey-based. There's nothing that captures people's stories and experiences more than just ticking a box. And I felt, well that's not right. Obviously we've got an ageing population and that's gonna increase the amount of people who access social services.

Liam: Yeah.

³¹ Referring to my employment as a Community Support Worker for New Zealand Care and as a Social Worker for the Canterbury District Health Board.

David: And so I felt if we don't hear the stories, we don't document this, what's going to happen when people come up with stuff they don't know. And so that journey really took me six months to come up to this. But when I first started, I was thinking, "oh how am I going to settle on one thing?" And so it slowly developed.

The intersection of wellbeing, social capital, and older sexual and gender minorities is not just of interest for myself. The social work profession in New Zealand also benefits by addressing this topic. As discussed in Chapter One, New Zealand's population is ageing (Statistics New Zealand, 2013; SuperSeniors, 2016). This ageing population means that older adults will access social services in greater numbers than ever before, including those services provided by social workers (Abendstern et al., 2012). Social work needs to be prepared to engage with this growing cohort, by showing greater competency based on sufficient knowledge, experiences, and culturally sensitive practice (Bergh & Crisp, 2004). As the population ages, so too will the number of older sexual and gender minorities who access social services (Fredriksen-Goldsen & Muraco, 2010). As older sexual and gender minorities carry with them historical and contemporary encounters with stigma resulting from heteronormativity and cisnormativity, social workers need to be aware of the overlapping and intersectional needs that this demographic may have. Through this research I have provided an insight into the experiences of older sexual and gender minorities, highlighting their concerns about professional services and competencies as they age. The purpose behind exploring this topic was to provide a greater insight into how social work practice and policy can best support this population.

9.1 Questions and responses

I have addressed one overarching research question in this thesis: "What is the relationship between social capital and wellbeing for older sexual and gender minorities in New Zealand?" However, it quickly became clear, both through a review of related literature and

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the development of the theoretical framework, that this question would require additional sub-questions to properly address the subject area. As a result, I developed the following sub-questions:

How were the social capital connections of the older LGBTQ+ community influenced by the political and legal changes that have occurred in New Zealand, such as the Homosexual Law Reform Act (1986), The Human Rights Act (1993), and the Marriage (Definition of Marriage) Amendment Act (2013)?

In what ways do different populations of the LGBTQ+ community take part and experience wider LGBTQ+ community and social spaces?

How do older sexual and gender minorities plan for the possibility of entering aged care facilities, and what concerns do they have about such facilities?

For those who were in Canterbury at the time, how did the 2010/2011 Christchurch earthquakes impact the social capital of older sexual and gender minorities?

These questions provided a foundation for the interviews as well as focus areas to explore using applied thematic analysis. As evidenced throughout the previous four chapters, the findings of this doctoral research present a complex-set of lived experiences, ongoing fears, and multi-dimensional relationships for older members of the LGBTQ+ community.

The political-social dynamic in social capital

A frequently reproduced sentiment in this thesis is that older sexual and gender minorities occupy a distinctive social perspective, in that they have lived through significant periods of legislative and social policy changes regarding sexual and gender diversity (Van Wagenen, Driskell, & Bradford, 2013). It is important to note that the intersectional theory used within critical gerontology draws attention to the differing experiences and reactions that the various

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identities within the wider LGBTQ+ have had to these legislative developments (Hicks, 2008a). As a result, it was important to explore how changes in New Zealand legislation impacted social capital for the participants in this research.

I found that older sexual and gender minorities perceive their social capital networks as operating in different ways than older heterosexual and cisgender individuals. Historic events have shaped the social connectedness of older sexual and gender minorities, as well as the types of valued resources exchanged through their relationships. For the participants in this research that meant a reliance on close supportive connections with a strong emphasis placed on the exchange of emotional support, especially in times of personal distress. The justification for this emphasis came from the experiences of living in a time where homosexuality was illegal and socially unacceptable, and as a result strong-knit small communities were formed to support each other. Similarly, this process of community bonding also highlighted the role of reciprocity and trust in the social capital networks for older sexual and gender minorities, as the participants found both factors to be vital in the development and maintenance of positive social relationships.

However, the impact of legislative and social policy changes and their value for older sexual and gender minorities was negligible at best. A significant number of the participants acknowledged that legislative changes did little to curb social stigma, and even protection under anti-discrimination laws did not change the day-to-day experiences of this marginalised population. That is not to say the participants did not reflect on the impact of broader social changes over the last few decades. A few participants noted that general societal attitudes towards sexual and gender minorities have tended to improve, even if experiences of abuse, discrimination within social services, or derision of diverse sexual and gender identities were still frequent.

The largest impact of the legislative changes in New Zealand for older sexual and gender minorities has been on feelings of identity and citizenship. One participant noted that the arguments for civil unions and eventually marriage equality were founded on the idea of being equal citizens – being able to enjoy the same cultural rights and participate in the same activities as heterosexual individuals. While the impact of these more recent legislative changes on the social capital connections for older sexual and gender minorities do not appear to have been significant, these developments have been important in how the participants saw themselves taking part in New Zealand society.³²

Identities and experiences within the LGBTQ+ community

It is possible that the primary question of my doctoral research includes a singular, broad, generalisation. That is, asking “What is the relationship between social capital and wellbeing for older sexual and gender minorities?” risks an assumption of sameness that removes all the identities embedded within the term ‘sexual and gender minorities,’ a risk that has been reported as existing in broader social work discourses (Hicks, 2008b). As this tendency to assume homogenous features of the LGBTQ+ community is common in social science research (Cronin & King, 2010; Hicks, 2008b), it was important for me to ask: how do different members of the LGBTQ+ community experience shared social spaces, and what impact does this have on the wellbeing of potentially excluded individuals?

Results from my research show that relationships and connections in the LGBTQ+ community are filtered through social constructions of identity that privilege certain individuals over others. Just like intersectionality theory, these constructions include the domains of sexuality, gender identity, and age (Cronin & King, 2010; Hicks, 2015). What this means is that certain demographics within the LGBTQ+ community are afforded more

³² The Civil Union Act was established in 2004 and the Marriage (Definition of Marriage) Amendment Act was in 2013.

visibility, consideration, and influence due to historical and contemporary views about who LGBTQ+ spaces belong to. The most prominent discussion around this particular subject was focused on the divide between gay men and lesbian women. A significant number of the participants reflected on how patriarchal privilege continues to provide men – regardless of their sexual identity – the economic, cultural, and social resources to both create and occupy social spaces. Examples of this included how social events were often dominated by a male presence, or the fact the many early political movements in New Zealand supporting the decriminalisation of homosexuality became unwelcoming of lesbian participation (Laurie, 2011a). It was not just the participants who identified as lesbian women making these statements, a few of the men who took part in this research also noted a divide between gay men and lesbian women. Yet the men in this research were less likely to acknowledge their own male privilege, focusing more on the fact that sexual activity between two women was never illegal while for men it was. The fact that the participants in this research were not necessarily aware of how other members of the LGBTQ+ community experienced shared social spaces contributes to the difficulty in examining the multiple ways in which people share and interpret social environments. For older sexual and gender minorities that can result in boundaries for both creating and welcoming people into social networks, which in turn can negatively affect the wellbeing of both individuals and communities.

Related to the discussions around the divide between gay men and lesbian women, participants also noted that privilege is not just a passive force, as many of the women participants discussed their experiences of sexism – both historically and contemporarily – within the wider LGBTQ+ community. It is also important to note that the impact of privileging male experiences extends beyond social environments, with previous studies pointing towards an invisibility of women in research around HIV or inclusion within HIV prevention programmes (Logie et al., 2012). This lack of inclusivity is why it is important

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that social work research incorporates a diverse range of participants from the LGBTQ+ community, so that practice interventions and policy developed as a result of said research does not unfairly favour particular identities and experiences.

Identities within the LGBTQ+ community can equally reflect the same binaries that are embedded in wider social structures. What this means is that, just because particular individuals in the LGBTQ+ community may not adhere to views of sexuality, gender, or gender identity that conform to a binary, it does not mean binary views towards these identities are not present in LGBTQ+ community spaces. As a result, stigma or dismissal that develops from such views can impact individuals within LGBTQ+ social spaces. For example, binary views of sexuality that view it as a linear relationship between gay and straight run the risk of assuming that bisexual identities are less valid or legitimate than heterosexual or homosexual orientations. This same attitude was identified in my research, with bisexual individuals feeling excluded or looked down upon because of their sexual identity. Binary systems also impact perceptions of gender. Cisnormative views that see gender as a divide between male and female often disregard the experiences of transgender, intersex, and non-binary persons. The participants in this research reported similar experiences in the LGBTQ+ community, resulting in feelings of exclusion, isolation, and sometimes hostility. As queer theory was part of the theoretical framework of this research, it was important to focus on how the notion of gender itself is constructed and contested in LGBTQ+ spaces (King, 2016), and this research has found divisions over this identity category continue to create barriers for sexual and gender minorities.

An additional barrier that existed in general LGBTQ+ community spaces was the stigma directed at individuals with compromised mental health. While mental health was not a strong focus in this thesis, the participants who had experiences with mental health concerns talked of the stigma they experienced from other members of the LGBTQ+ community, with

one participant describing the process of talking about her mental health as harder than coming out about her sexuality. As previous research has reported higher rates of mental health concerns for sexual and gender minorities, as reported in Chapter Two, this may mean that sexual and gender minorities may face reduced support systems in regards to seeking assistance with their mental health.

Finally, the presence of ageism, a universal experience of the participants in this research, created another boundary of identity, in which personal preferences, needs and practical considerations were not considered in many LGBTQ+ social spaces. This means that for older sexual and gender minorities broad LGBTQ+ social spaces may not be accepting of their needs or background, which decreases options for social support.

In addressing this particular sub-question, I have explored the intersection between identity, access to social spaces, privilege, and oppression. Articulating and evaluating the impact of these relationships on social capital and wellbeing is complex, but necessary in order to advocate against social work services and practices responding with a one-size-fits-all approach for members of the LGBTQ+ community and to reduce the risk of single inequality analysis biasing social work practice (Calasanti & Giles, 2018; Hicks, 2008b).

Aged care and aged concerns

Planning for the possibility of relying on aged care services or entering a residential care facility is a process many older adults go through (Yeung, Good, O'Donoghue, Spence, & Ros, 2017). While not all older adults need to rely on such services, it is common for older adults to express concerns about such a transition (Sharek et al., 2015). As research on residential aged care services has argued that gerontological practitioners should adopt a person-centred approach emphasising individual choices, feelings, and experiences (Bentrott & Margrett, 2011), it is important that this research aims to incorporate these perspectives of

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the participants. For older sexual and gender minorities these concerns relate to worries about losing independence and autonomy, and anxieties relating from their experiences as sexual and gender minorities.

For the participants in this research aged care services presented a fearful intersection between their experiences of ageism along with stigma resulting from heteronormativity and cisnormativity. The participants believed that they would suffer the double jeopardy of services not catering for their needs as sexual and gender minorities, along with a lack of consideration that is often directed at older adults (Duffy & Healy, 2011). As noted in previous chapters, legislative changes do not necessarily impact on social attitudes or the competence of professional service providers. The inevitable extrapolation of this acknowledgment is that residential care facilities and general age-based services will carry both individual and professional bias against diverse sexual and gender minorities. While the participants in this research were all living independently in the community at the time of the interviews, which was a choice I made at the beginning of this research in order to focus on the development of social capital in the community, the expression of fear does speak to the concerns held by older sexual and gender minorities.

These concerns commonly included apprehension about staff attitudes, fears about having to re-enter the closet, the attitudes of other residents, and losing a central aspect of their identity. Suggestions raised by the participants in this research included ongoing training and education for aged care workers, the development of more inclusive policy for aged care services to adopt, as well as a few conversations around the development of specific rest homes and services for older sexual and gender minorities. These suggestions are in line with previous research on lifecourse models, the capability approach, and utilising a person-centred perspective in aged care (Bentrott & Margrett, 2011; Cook, Schouten, Henrickson, & McDonald, 2017; Gopinath, 2018; Komp & Johansson, 2015). Not all of the participants who

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brought this final suggestion up were serious; a small number raised the topic as a ‘joke,’ as a way of expressing frustration with the state of current aged care services. Of the participants who did bring up the suggestion, they mostly concluded that a specific LGBTQ+ rest home would not be a successful venture due to limited funding, and smaller numbers of potential residents. The viability of a specific LGBTQ+ rest home has not been widely tested in New Zealand, and as discussed in Chapter Eight, the Gay Retirement Association was set up in 2011 but eventually disbanded in 2014 without having developed a service model for LGBTQ+ based rest homes. While such a venture may not emerge in the foreseeable future in New Zealand, it would be beneficial for social work research to follow any developments in this area, and to explore their impact on the wellbeing of older sexual and gender minorities. Rather than focusing on the possibility of LGBTQ+ based age care services, the participants were hopeful that staff training and competencies could be improved, while a portion talked about wanting to rely on informal care networks as an alternative to formal providers of care. However, as discussed in Chapter Eight, informal care networks may not be a viable option for all older sexual and gender minorities.

Older sexual and gender minorities have both specific and general concerns about aged care facilities and services, relating to their experiences as both older adults and over their lifecourse as individuals with diverse sexual and gender identities. As discussed above, these concerns meant participants wanted to rely on close-knit informal networks as an alternative, were interested in the potential of establishing LGBTQ+ specific facilities, and believed that aged care services could be improved by further training and education. While not all older sexual and gender minorities will require the use of aged care services, it was clearly a concern for this cohort of older members of the LGBTQ+ community that potentially impacted upon their wellbeing.

Natural disasters and social networks

The 2010/2011 Christchurch earthquakes had a significant impact on the social capital of older sexual and gender minorities in the Canterbury region. This impact was due to both the significance of the initial earthquakes for the region as a whole, as well as the ongoing effects that continue to resonate in Christchurch in 2018. As discussed earlier in this thesis, the earthquake resulted in the deaths of over a hundred people, devastated the city's infrastructure for years, and continues to impact the wellbeing of residents. As a number of the participants in this research either lived in Christchurch at the time of the earthquakes, or moved there in the years following, it was important to explore the impact of this natural disaster on the social capital of the participants. I also had a personal interest in exploring the impact of the Christchurch earthquakes as I was living in Christchurch at the time, and continued to live in the city throughout its recovery and response to the disaster. As a result, I was keenly aware, both from personal experiences and from witnessing it in the community, the earthquakes could easily disrupt social networks and negatively impact a person's wellbeing.

One of the key ways in which the earthquakes impacted the social capital of the participants was by disrupting their access to social networks. Participants discussed how the compromised public and private transport infrastructure meant that they were unable to visit community organisations or close friends. This inability to access social spaces affected how the participants managed and benefited from their social capital networks and was not just isolated to the events immediately following the earthquakes. During the interviews that took place in 2015, participants still mentioned that their social contact was diminished as a result of community organisations lacking venues, or due to the fact that close contacts had permanently moved away from the city.

Another impact of the earthquakes was that participants placed a greater emphasis on relationships of trust and the support that they could get from their social networks. This trust

developed on the basis of support received from communities and interpersonal relationships; the participants often reflected on how the disaster solidified pre-existing connections or facilitated the establishment of new relationships. Findings such as these can be used to build on previous research on natural disasters and communities (Gawith, 2013; Heppenstall, Wilkinson, Hanger, Dhanak, & Keeling, 2013), and can be used to explore the impact of natural disasters on diverse and invisible populations with the view to developing supportive social work responses and initiatives. These responses would need to consider the potentially unique forms of social connectedness that older sexual and gender minorities may have, as well as their hesitance to engage with social services.

Social capital, wellbeing, older sexual and gender minorities: A useful avenue?

I used the sub-questions in this research to examine particular parts of the overarching research goal: to explore the extent to which social capital supports the wellbeing of older sexual and gender minorities, and if the model of social capital has a practical application in social work with this demographic.

Previous research on social capital has suggested that it can provide access to a significant range of resources that support wellbeing (Talo, Mannarini, & Rochira, 2014; Wilson, 2006). As well as impacting individual happiness, these resources include social participation and contact, fulfilment, community and solidarity (Talo, Mannarini, & Rochira, 2014; Theurer & Wister, 2010). Social capital is also a model that can assess whether relationships and networks provide valuable resources as well as interpersonal and community resilience (Oxoby, 2009). The results discussed in this doctoral research show that for older sexual and gender minorities the presence of social capital – examined through connections between individuals, the presence of trust and reciprocity, as well as the exchange of valued resources – does have a positive impact on self-perceived measures of wellbeing.

However, the discussions that have emerged within this thesis go beyond demonstrating narratives and experiences highlighting diverse communities, interpersonal relationships, and unique perspectives on social and legislative change. It is important to demonstrate how an application of a social capital informed practice model could impact on the wellbeing of older members of the LGBTQ+ community. To do that, an exploration of the relationship between social justice, power systems, and social work in New Zealand is first required, along with an examination of how these relationships lend themselves to the development of a practice model incorporating micro, meso, and macro components.

9.2 Social justice, power systems, and social work in New Zealand

Supportive social work practice can be an expression of social justice (MacKinnon, 2009). Social justice consists of a framework of political, social, and cultural objectives – objectives that are pursued through policies and actions based on a celebration of diversity, meeting basic needs, fairness, and equality of treatment and outcomes (Craig, 2002). This framework is inherently linked to social work practice and capability perspectives, and is in line with the International Federation of Social Workers definition of social work as well as the principles and code of conducted supported by the Aotearoa New Zealand Association of Social Workers and the Social Workers Registration Board (ANZASW, 2015; Gopinath, 2018; SWRB, 2016).³³ This means that social work – whether it takes place in the domain of front-line practice, advocacy and policy development, or involves the education of students and practitioners – is guided by the mandates of social cohesion, empowerment, and the liberation of all people (Brown, 2006; Fook, 2002; Forres & Kearns, 2001; Nygqvist et al., 2013).

³³ The International Federation of Social Workers definition of social work, as adopted in 2014, reads “social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledges, social work engages people and structures to address life challenges and enhance wellbeing. The above definition may be amplified at national and/or regional levels.”

These perspectives and goals are key principles in the application of critical social theory and critical gerontology (Fook, 2002; Freeman & Vasconcelos, 2010; Komp & Johansson, 2015). As discussed in Chapter Three, the purpose of this doctoral study is to take the findings from the research questions and apply them to the goals suggested by critical social theorists. These goals were individual and community emancipation, addressing hidden forms of social coercion, and the promotion of personal liberty (Guess, 1981). For social workers supporting older sexual and gender minorities, working towards these goal needs to be considered in the context of their historic experiences and contemporary concerns. Emancipation for both sexual and gender minorities requires a reflexive acknowledgment of New Zealand's legislative and social policy history – an acknowledgement that recognises that the social, economic, and political rights of older sexual and gender minorities have historically been undermined. This process of aiming for emancipation also needs to recognise that these historic experiences continue to impact on the individual wellbeing, community connectedness, and citizenship of older sexual and gender minorities in contemporary New Zealand society. Recognising hidden forms of social coercion also requires social workers to examine how the social representation of sexual and gender minorities, such as comments made about sexual and gender diversity by prominent media figures and politicians, continues to contribute to their marginalisation. I have presented some examples of this coercion for discussion in Chapter Six, yet they represent only a small sample of the ways in which older sexual and gender minorities face daily forms of stigma. Finally, promoting personal liberty can be approached by incorporating the feedback and suggestions of older sexual and gender minorities into all levels of social work services, while actively critiquing the influences of heteronormativity, cisnormativity, and ageism in wider society and within social work itself.

Social justice and the profession of social work

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The social work profession has two broad purposes – to promote both social justice and human wellbeing (Keenan, Limone, & Sandoval, 2016; MacKinnon, 2009). Similarly, in this research I pursued similar goals of promoting social justice and wellbeing for older sexual and gender minorities in New Zealand by conducting research, giving prominence to the concerns of the participants, and considering the implications of the findings.

Keenan, Limone, & Sandoval (2016) argue that, rather than seeing these two goals as separate, they should be seen as a unifying purpose, one that aims to achieve a ‘just’ sense of wellbeing. These authors focused on identifying how front-line social workers incorporated social justice principles into their practice by interviewing 18 social workers in the United States (Keenan, Limone, & Sandoval, 2016). Three themes emerged from their research that provide an insight into how social work incorporates elements of social justice, which have relevance for how the findings in this thesis can support older sexual and gender minorities.

The first theme from that study was the need to challenge injustice on every level. Every level in a practice context can relate to the domains of micro, meso, and macro intervention (Keenan, Limone, & Sandoval, 2016; O’Brien, 2010). The second theme that came from the study was the importance of constructing justice through relationship and resource organising. This particular theme can be supported through an application of the social capital model, as social capital can highlight the relationships that exist between individuals and communities, as well as the exchange of valued resources from those relationships (Barker & Thomson, 2014). The final theme from the study by Keenan and colleagues (2016) was how social workers can construct justice through the creation of accepting environments. An accepting environment refers to the organisational structures and policies of service providers, but also extends to wider social environments.

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Keenan, Limone, and Sandoval (2016) found that while social workers often used the terminology of social justice to describe their work, it was more commonly recognised as occurring on a practical, or micro, day-to-day level. That is not to argue that social workers do not aim for, and achieve, social justice goals on a meso and macro level, but that it is easier to recognise and practice micro level social justice principles. This apparent ability to recognise social justice on a practical level may be due to the more direct feedback from individuals, while attempts to incorporate social justice on a meso and macro level requires substantially more time, enhanced collective action, and must contend with the impact of such efforts being less immediately obvious.

The themes from that study have possible implications for the results from this current research. In particular for older sexual and gender minorities it means that efforts to support their wellbeing and promote social justice will only be effective if they are incorporated across all levels of practice. For example, supporting members of the LGBTQ+ community through front-line practice is only as effective as the services and policies providing the support, which can equally perpetuate social bias if left unchallenged. Additionally, critiquing social services and advocating for more inclusive policies is dependent on larger government systems recognising and including sexual and gender diversity in their allocation of resources, which requires advocacy from the social work profession. While I have developed and presented a practice model exploring the importance of micro, meso, and macro level social work later in this chapter, it is important to recognise the inherent complexity and scope of practice required to adopt social justice principles.

Power systems in social work

The relevance of these findings for my research is that they suggest it is important to acknowledge how social workers practice social justice at a front-line level, while developing

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conceptual models and practice strategies for social justice at meso and macro levels, ones that acknowledge the power systems impacting on older sexual and gender minorities. In order for social work to incorporate social justice principles, practitioners first need to recognise and challenge power systems that impact on individuals and communities (Dant, 2003). The findings chapters of this thesis provide a discussion of the various social, political, and cultural power systems impacting older sexual and gender minorities. Primarily, these systems included heteronormativity, cisnormativity, and ageism.

Part of recognising these power systems is acknowledging the difficulty in reducing their impact, either through legislative changes or practice and professional strategies. For example, a key theme from this research was that the changes in New Zealand legislation in regard to sexual behaviour, anti-discrimination laws, and equal recognition as citizens had little impact on the day-to-day experiences of sexual and gender minorities at the time – or on the experiences of older members of the LGBTQ+ community contemporarily. While there were general improvements in safety, shifts and changes in social attitudes were significantly slower. As a result, it is important to recognise that these power systems are not static forces, and that the term historical in the context of heteronormativity, cisnormativity, and ageism is misleading. That is, it is premature to assume that legislative and social policy changes will impact the lived experiences of older sexual and gender minorities, and that same fact needs to be considered when social workers engage with older sexual and gender minorities. Related to this, the practice competence of helping professionals for older sexual and gender minorities still needs development.

Therefore, it is important that social workers and the broader social work profession moves beyond seeing legislation as a way of measuring social progress and begins to internally reflect and critique their own practice. Continual advocacy and critical engagement with disenfranchised communities is important, but unless that same critical process is applied to

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reflect on the social work profession then it fails to take account of the same power systems the discipline may inadvertently reproduce (Fabbre, 2016). This process of professional critical reflection has specific implications for work with older sexual and gender minorities in New Zealand. For example, as discussed earlier in this thesis, New Zealand has not banned conversion therapy practices, and yet the Aotearoa New Zealand Association of Social Workers has not officially taken a stance against the practice. The message this inadvertently sends to sexual and gender minorities is that the social work profession in New Zealand is not actively engaged with the macro level issues facing the LGBTQ+ community.

On a similar note, research examining the role of social justice in social work in New Zealand sampled 191 social workers and concluded that the social justice component of social work is weakening (O'Brien, 2010). O'Brien argued that the social justice dimensions of practice are being reduced by an emphasis on individual identity and neo-liberal policies that move the focus of the profession away from examining wider social structures (O'Brien, 2010). As such it is important that models of practice include ways of advocating for macro level change. The social work profession also needs to be mindful of how it operates in, and can influence, power systems in society. A current debate on this topic in New Zealand revolves around the Social Workers Registration Legislation Bill which was submitted in 2017.³⁴ The purpose of this bill is to strengthen the regulatory regime of the social work profession. However, a contentious point in the bill is that it removes a scope of practice in defining of social work, and the role of defining who a social worker is up to employers (ANZASW, 2018). This means that social workers will no longer be defined by what they do, or the values used in the profession, but rather who employs them. This is concerning for the discipline of social work as the profession has occupied a unique position, defined by social justice aspirations (MacKinnon, 2009). Social workers are often in conflict with government

³⁴ At the time of writing this thesis the bill is currently before a select committee for consideration.

agencies when working towards social justice goals. If they are employed by the organisation that they are critiquing, the social workers professionalism and independence may be compromised. The removal of a scope of practice in the definition of social work also undermines the professional body that supports practitioners, as the ability to act collectively is potentially at risk from employing organisations diminishing the scope of social work. While the Aotearoa New Zealand Association of Social Workers is opposed to this change (ANZASW, 2018), and has made submissions in favour of removing that component of the bill, it is an example showing why the profession needs to remain vigilant about how the discipline both acts within and is influenced by power structures in society.

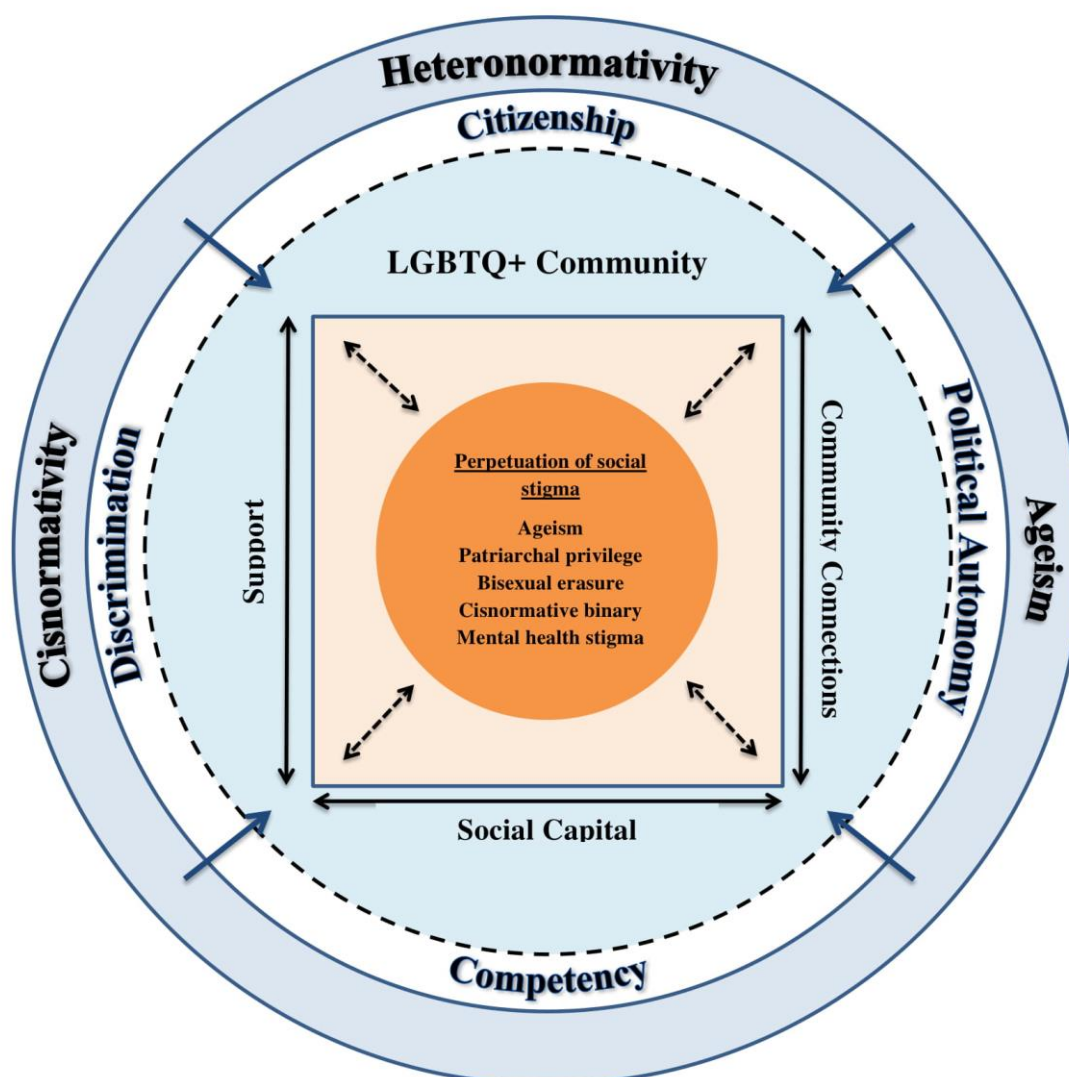
Social work using social capital

Research on social work in New Zealand has provided suggestions for incorporating the principles of social justice at a range of levels. In a study which surveyed social workers in New Zealand, it was suggested that social justice has importance in the dimensions of micro, meso, and macro systems (O'Brien, 2010). O'Brien argued that micro-level practice consists of working with individuals and families to enable the fulfilment of their immediate needs in systems that do not necessarily cater for them. Meso systems of practice need to incorporate social workers in their daily work challenging organisational policies, procedures, and practices that are not designed to support disenfranchised people. Macro systems of practice include writing to politicians, making submissions to government, arguing, advocating, and lobbying for change, and collective action from professional bodies and organisations (O'Brien, 2010). For older sexual and gender minorities in New Zealand, these dimensions of practice are influenced by specific considerations, and the model of social capital provides a way of both identifying and working within those dimensions of social justice practice (Barker & Thomson, 2014; Baum & Ziersch, 2003; Healy & Hampshire, 2002; Mental Health Commission, 2009). In following discussion, the findings of this research, combined

with the theoretical framework, are presented in the form of a conceptual model that outlines some of the structural forces impacting older sexual and gender minorities.

9.3 Micro, meso, and macro: Practice, policy, and pedagogy

The conceptual model below is designed to show the dynamics between structural forces impacting the older members of the LGBTQ+ community, the impact these can have on the ability of this cohort to participate in society, as well as internal relationships that can both support and encumber older sexual and gender minorities.

Figure 9.1 Political and social influences on older sexual and gender minorities

For older sexual and minorities, cisnormativity, heteronormativity, and ageism all influence how this population can participate in society. These social structures impacted the citizenship and political autonomy of the participants, informed the competency of professionals to work with this population, and created forms of discrimination.

Citizenship and political autonomy

The domain of citizenship in Figure 9.1 refers to the ability of older sexual and gender minorities to have access to the same level of human, social, and cultural rights as

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heterosexual and cisgender individuals (Ewijk, 2009), and is often concerned with access to education, employment, and social protection. While developments in legislation and social policy have provided older sexual and gender minorities with more social and cultural rights, citizenship also includes participation in society without the risk of abuse, consideration of sexual and gender identities by government services and departments, and equal levels of visibility. Political autonomy refers to similar factors, but also includes the ability of older sexual and gender minorities to have an impact on political systems and to be respected by those same systems. In New Zealand, the political autonomy of older sexual and gender minorities is reduced by the lack of recognition by the New Zealand government – as seen by the 2018 census not including identifiable information on diverse sexual or gender identities – as well as the actions and behaviour of Members of Parliament, which was discussed in Chapter Six. The older sexual and gender minorities in this research were acutely aware of the impact of heteronormativity, cisnormativity, and ageism on their citizenship and political autonomy, and the social work profession needs to support this population to achieve equality in both of these domains.

Professional competency and discrimination

The impact of these structural forces also influences the competency of professionals and social services. As cisnormativity, heteronormativity, and ageism all devalue the experiences of older sexual and gender minorities, it is possible that the educational providers of helping professionals, as well the agencies in which they practice, can equally perpetuate those biases. In this research I have presented reports and experiences of older sexual and gender minorities that support this finding, as a significant number of the participants described their experiences with professional services that were hostile, as well as displaying a lack of knowledge and skills to work with this population.

A more direct impact of these forces is discrimination. For older sexual and gender minorities in New Zealand, this discrimination occurs in both overt and subtle ways. Experiences of discrimination were common for the participants in this research. These experiences occurred throughout their lives, and while the participants reported more frequent accounts of verbal abuse as opposed to physical threats as they aged, the impact of continual discrimination on their wellbeing and feelings of safety is evident in this research.

The LGBTQ+ community: Supportive relationships and internal dynamics

As seen in Figure 9.1 above, the LGBTQ+ community has ways of supporting and protecting itself from these structural forces. Community connections, the presence of social capital, and interpersonal support provided a way of developing resilience to these forces, but also provided a base from which communities and individuals could challenge structural forces. My findings emphasised the importance of interpersonal connections, community, and the exchange of emotional support as central components to the maintenance of wellbeing. The model of social capital was used to highlight the different processes underlying these forms of support, while drawing particular attention to the unique components of the social networks that older sexual and gender minorities belong to.

The impact of these structural forces also influenced internal dynamics within the LGBTQ+ community. The participants in this research study articulated the challenge of occupying multiple identities, and when those identities were met with negative attitudes. Examples of this intersectionality in the LGBTQ+ community included historic relationships between gay men and lesbian women, dismissive views of bisexuality, as well as disregard for gender diverse individuals. Mental health stigma was also reported as a challenge for the participants who had compromised mental health. Age was another common factor impacting on relationships for the participants. Ageism was a common experience for the older sexual and

gender minorities in this research, impacting on their relationships both outside and within the wider LGBTQ+ community. As examples of perverse social capital, these attitudes and behaviours can further create tensions within the LGBTQ+ community, limiting the support networks for individuals who are already negatively impacted by wider social structures – thus creating a group sometimes described as the ‘queer unwanted’ (Casey, 2007; Bourdieu, 1986). It is also important to continually critically engage with the idea that multiplicity of identities, access to social spaces, and the relationship between privilege and oppression is complex – and my development of this conceptual model aims to include a critique of homogenous views of the LGBTQ+ community.

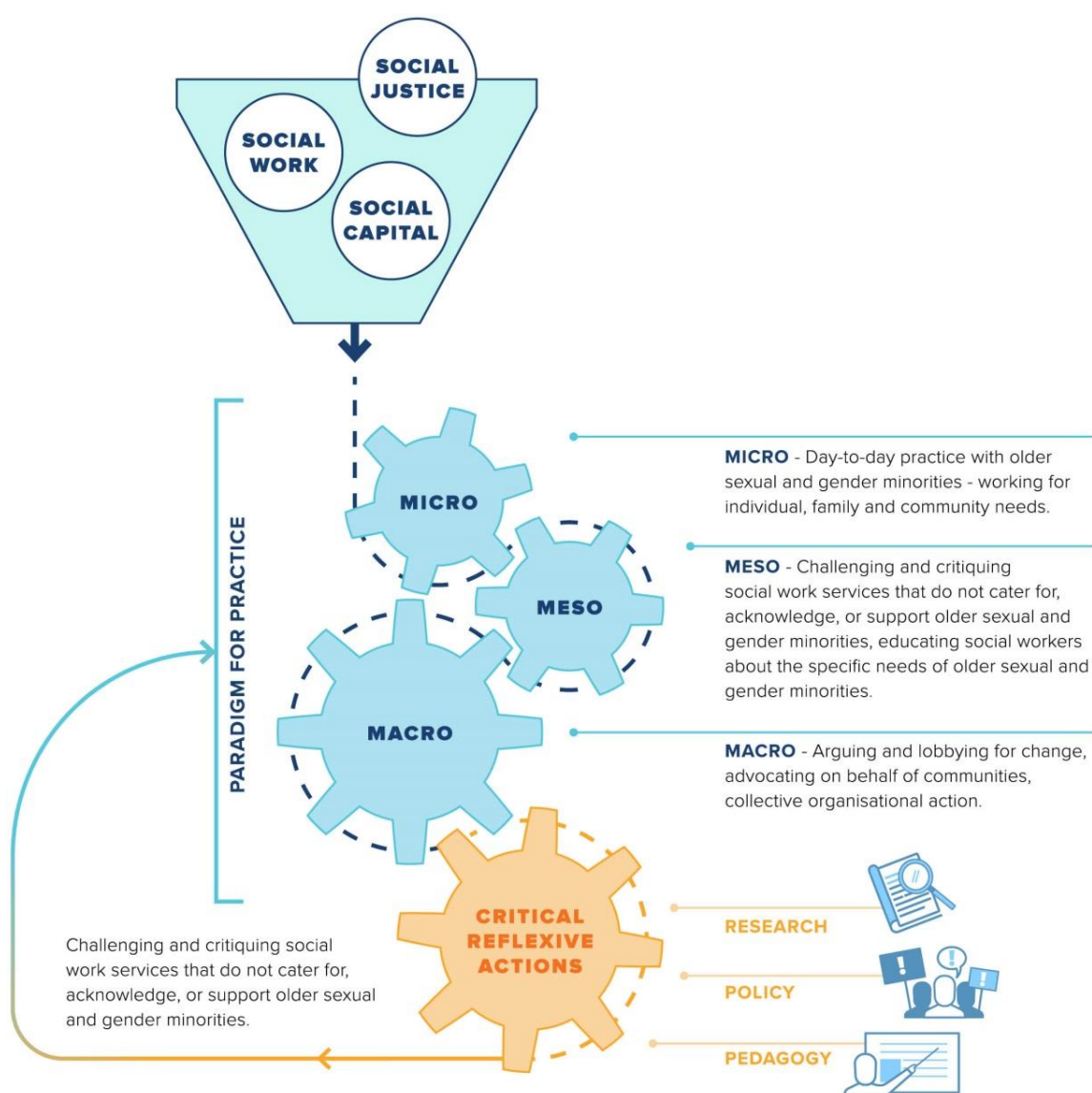
Goal of developing the conceptual model

The purpose of the Figure 9.1 ‘Political and social influences on older sexual and gender minorities’ for social work is to highlight the impact of wider social structures, and in doing so present a base from which to challenge and critique those social structures. The mandate of critical social theory and critical gerontology, in which social forces that negatively impact on vulnerable individuals must first be recognised before they can be challenged (Dant, 2003), requires practitioners and researchers to acknowledge diverse identities within communities. The next step from this recognition is applying those insights into practice. Using the principles of social justice, and in particular social justice within the profession of social work, it was possible for me to develop a practice paradigm out of the findings from my research that is informed by the model of social capital. I use the conceptualisation of social capital as consisting of bonding, bridging, and linking capital – while incorporating the findings – to highlight areas of micro, meso, and macro level practice that can be developed to support older sexual and gender minorities.

9.4 Paradigm for practice with older sexual and gender minorities

Figure 9.2 presents a paradigm for practice that is informed by the findings in this thesis. In developing this paradigm, I used the theoretical framework of critical social theory and critical gerontology, utilised the model of social capital to emphasise supportive and unique relationships in the LGBTQ+ community, while also aiming to meet the goals of social justice informed practice.

Figure 9.2 Paradigm for practice with older sexual and gender minorities



As discussed above, social justice can be used to inform all areas of social work practice, research, and education. It provides a base for international, national, and locally-led practice (Keenan, Limone, & Sandoval, 2016). In doing so, social justice has universal aspirations that are applicable across all levels of social work; however, the application of those aspirations differs by context. As seen in Figure 9.2, for older sexual and gender minorities those areas of practice can be broken into micro, meso, and macro layers.

Micro

Micro dimensions of practice include working with individuals and families in order to secure their direct and immediate needs (O'Brien, 2010). For older sexual and gender minorities, those needs come from their experiences as a minority population in a society that does not particularly cater for their specific requirements, or necessarily acknowledge the discrimination they experience on a interpersonal and structural level. Social capital can enable practitioners in this context to highlight supportive interpersonal relationships, work on strengthening community connections, and develop strategies to enhance the exchange of valued resources in this context. Social work practice at this level also needs to acknowledge the difficulty of maintaining or developing social capital – whether that is due to practical factors, isolation, or internal dynamics within the LGBTQ+ community – and developing strategies to assist individuals as a result (Bratt, Stenstrom, & Renemark, 2017). Working at this micro level is the first step towards incorporating social justice principles, as it acknowledges the failures of wider society to cater for all individuals (O'Brien, 2010). It has been argued that in the context of aged care services social work practice should adopt a relational care model (Rockwell, 2012). This model argues that rather than just adopting a person-centred approach that emphasises the individual in aged care practice, care should be taken to include and facilitate links of older adults in all forms of aged care to connect and engage with their wider communities. While this model is based in the context of residential

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aged care, it does have ramifications for social work practice with older sexual and gender minorities. That is, it is vital when working with this population, regardless of context, to support connections that a service user has with their wider community. As this research has demonstrated that older sexual and gender minorities both value and recognise the resources they gain from their social connectedness, this relational care model can be used to emphasise those social connections (Rockwell, 2012).

Meso

The next area for social work to concern itself with is the meso level of practice. As reported in this thesis, the participants discussed their experiences with service providers that did not acknowledge their identities, have the necessary skills to work with sexual and gender minorities, and at times were actively hostile as a result of the participants' identity. Part of meso level practice is to challenge these systems internally as social workers. Social work has a social justice mandate to ensure that the profession itself is inclusive and supportive, and as such that requires that we challenge and critique our own profession and institutions when they fail to meet that benchmark (O'Brien, 2010). Social work should also not get complacent that once anti-discrimination legislation is introduced, or has been introduced, then specific services and intervention strategies are no longer needed for diverse and potentially vulnerable communities. The capability approach that is embedded within the critical gerontological framework of this research also stressors that human diversity must be central to practices supporting older adults, and recognition of this diversity needs to include a critique of the social structures that inhibit older adults with diverse identities from achieving their own capabilities (Gopinath, 2018).

Adopting social justice principles in working alongside older sexual and gender minorities at a meso level should also incorporate elements of critical pedagogy to support this endeavour

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to be aware of the ongoing needs of all members of society. Social workers need to be actively engaged in educating and teaching their colleagues about the specific needs of older sexual and gender minorities, incorporating both research and practice reflections as a way of challenging complacent social work practices. Part of this critical pedagogical approach requires that social workers both learn from and promote the role of older sexual and gender minorities as educators – involved in and guiding the way that social service professionals respond to the needs of their community (Hafford-Letchfield, 2014). This process aims to both promote responsive and reflective learning, but also to empower older sexual and gender minorities as advocates for social change.

Macro

The following stage is the macro level, which refers to social work practice that is concerned with broader structural and social change. While this is the level that is more typically described by reference to social justice terminology, the tenets of social justice inform the entire spectrum of social work practice. For social workers supporting older sexual and gender minorities at this level it can include collective political actions, such as work done on behalf of the Aotearoa Association of Social Workers, lobbying for governmental change, and advocating for specific services or forms of intervention. There are some specific areas highlighted in this thesis that social workers could choose to pursue when working at a macro level. The lack of material on sexual and gender diversity in the 2018 census is concerning, and speaks to the disregard of non-heterosexual and non-cisgender identities by government agencies. The absence of compensation included in the current Criminal Records (Expungement of Convictions for Historical Homosexual Offences) Bill fails to appropriately acknowledge the harm caused by New Zealand's historic laws on homosexuality. The ongoing insensitivity to sexual and gender minorities expressed by Members of Parliament, as discussed in Chapter Six, is also worthy of a collective professional response.

There are challenges for social work operating at a macro level. There are issues of funding and collective responsibility, where the resources needed for widespread collective action are not available to individual social workers, nor is the profession of social work necessarily incorporating sufficient macro level strategies in their pedagogical practices (Rothman & Mizrahi, 2014). Social workers operating in governmental services or services reliant on centrally funded contracts may be hesitant to engage in collective action that puts their employment or the work of their agency at risk. Another substantial barrier, as mentioned earlier, is the proposed Social Workers Registration Bill, which if passed in its present form will reduce the ability of social work as a profession to define their own scope of practice and collective identity. Issues such as these are not easy to overcome, nor is there an appropriate solution that would assist all practitioners to work on a macro level. However, it is important that social workers and the profession as a whole continue to be engaged politically and seek opportunities for effective and critical social action as they arise.

Critical reflexive actions

It is vital that social work efforts to bring about transformative change occur not only in social work practice, but through research, policy advocacy, and pedagogy. Part of the framework of critical social theory and critical gerontology is to incorporate critical reflexive actions from practice into other dimensions of social work. As reflected in the paradigm for practice, the use of critical reflexive actions from practice experience is needed to inform all levels of social work practice.

The first critical reflexive action is the use of research, specifically, the use of discipline appropriate and contemporary research to inform social work practice. Practitioners and social services need to be incorporating recent findings into their service and practice models if they are to be engaged with contemporary debates, social issues, and the concerns of

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service users. One method of supporting the process of incorporating research reflexively into practice can be through the use of practitioner-researchers. Practitioner-researchers have a unique skill set where they can draw upon their experiences working with clients and within services, alongside utilising research skills and techniques to inform service delivery.

The second reflexive action is concerned with policy and advocacy. Alongside incorporating research into front-line practice, social workers should utilise the findings from research and their practice experiences to inform individual and collective social action directed at policy. If social workers are to be successfully engaged with macro social issues they need to be informed through research and practice experiences. Additionally, critical social research and critical social work practice will not be effective unless social workers adopt the reflexive action of incorporating experiences and insights into advocacy and policy submissions.

The third critical reflexive action is focused on pedagogy. It is important that findings from social work research and practice are incorporated into social work education. This process of incorporating research findings needs to occur in social work training facilities, such as tertiary education programmes, as well as being incorporated within ongoing professional development undertaken by social workers in New Zealand. Registered social workers in New Zealand are required to commit to Continuing Professional Development (CPD). CPD is concerned with the ongoing maintenance and enhancement of social workers' knowledge, expertise, and competences (SWRB, n.d.). Registered social workers are required to complete 20 hours of CPD per year, and the training they engage in needs to address one of the ten core competencies – which include working with diversity in a culturally competent manner (SWRB, n.d.). It is important that findings from research and practice experiences are reflexively drawn on and incorporated in CPD programmes in New Zealand in order for social workers to continue to be engaged with contemporary social issues.

The paradigm for practice in Figure 9.2 may not be universally applicable in social work practice as I have designed it from the findings of this research that are based on the experiences of older sexual and gender minorities. However, the application of the paradigm for practice is inherently contextual and will reflect the social worker and the social work service in which it is adopted. As such, it is equally possible for the paradigm for practice to be altered to better reflect the needs of other population groups.

9.5 Limitations

In the following discussion, limitations of this research will be addressed while noting how future research can expand upon the findings presented and explore avenues that I was unable to in this particular study. The limitations in the study design need to be acknowledged as they impact the application of findings in wider social work discourses.

The sample pool of participants who took part in this research is a clear limitation to acknowledge. Throughout the literature review and discussion chapters, I commented on the fact that the majority of research with the LGBTQ+ community has typically been focused on the experiences of gay men and lesbian women. While this current research aimed to address those criticisms through its recruitment strategies, that same bias towards gay men and lesbian women is still present in my research. Out of the 31 participants I interviewed 14 lesbian women, 13 gay men, with only three participants who identified as bisexual and one who identified as queer. The same bias was present in the gender of the participants, with only three identifying as transgender women and one as intersex. The impact of this discrepancy is that the majority of the experiences discussed in this research reflect those of gay men, lesbian women, and cisgender individuals. Previous research has noted that transgender, bisexual, and intersex individuals all have vastly different experiences of the LGBTQ+ community compared to more 'mainstream' identities, and those dynamics were

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also reflected in the findings of this research (Carpenter, 2016; Erickson-Schroth & Mitchell, 2009; Parker, Garcia, & Munoz-Laboy, 2007). Having more participants who identified with some of these population groups would have suitably addressed the limitations of previous research with the LGBTQ+ community. While efforts were taken to address the experiences of these individuals in this research, caution should be applied when transferring these findings to a group with different sexual and gender characteristics.

Another limitation in the sample pool of this research is the lack of diversity in regards to ethnicity. Of the 31 participants 25 identified as Pākehā, two as American, two as English, one as Canadian, and one as South African. None of the participants in this research identified as Māori, despite efforts to advertise and recruit participants of this ethnicity. At this time I am unable to state clearly why this limitation occurred. It is possible that my recruitment strategies were not sufficiently compressive, or individual factors such as my own ethnicity may have resulted in a lack of Māori participants. This particular limitation has specific considerations for the application of these findings in a New Zealand context. Social work in New Zealand is supported by the Aotearoa Association of Social Workers, as well as the Social Workers Registration Board, both of which include competencies about the ability of practitioners to work with Māori communities (ANZASW, 2015). These competencies are a result of social work in New Zealand being guided by bicultural principles that recognise the need for supporting Māori interests at all levels of New Zealand society – which includes the provision of social work services. As this thesis does not include any participants of Māori descent, there is a gap in the application of the findings, as well as in how they reflect the wider goals and aspirations of social work in New Zealand.

A possible limitation is that this research has not included any material or substantial inquiry into the socio-economic background of the participants. While questions were asked about whether the participants were working, and if so where, this was mostly in order to explore

their social networks. The inclusion of information about socio-economic background potentially could have allowed for an exploration on how access to financial and practical resources facilitates the development of social capital. This particular limitation is not necessarily vital in the application of the findings or their relevance to social work practice, but it would have added a further layer of analysis to incorporate in the findings and the scholarship of social capital and wellbeing (Bryson & Mowbray, 2005).

9.6 Recommendations for future research

As this doctoral study concludes, I have a number of recommendations for future research. A foregone conclusion is that ongoing research on this topic in New Zealand needs to address the limitations outlined above. These future studies do not necessarily need to incorporate the whole spectrum of identity in the LGBTQ+ community, but rather could focus on one particular aspect that is often missed in social work research. This could include focusing on the experiences of older Māori members of the LGBTQ+ community, or on the experiences of often ignored identities in the LGBTQ+ community, such as intersex individuals. Incorporating material on socio-economic status and how that impacts the development of social capital could also add to the literature on older sexual and gender minorities.

Future research would benefit from an exploration of how social workers perceive and reflect on working with older sexual and gender minorities. While this doctoral research is more concerned with the experiences, social networks, and wellbeing of older sexual and gender minorities, the findings and implications of this research have been framed through a social work lens. As such, it would be interesting and beneficial to compare results to studies that examine the professional competencies, as well as suggestions of, social workers who practice in this area. Further, while this research did not look at organisational norms and behaviour, the results suggest that heteronormative, cisnormative, and ageist attitudes are

present within social service agencies. As such it would be beneficial to know more about the attitudes within social work workplaces. This suggestion is also supported by the recommendation of O'Brien (2010), who in his research with practicing social workers about social justice, argued future research on the topic of social justice would benefit from exploring broader institutions rather than just practitioners.

The findings in this doctoral research would also benefit from a comparison with other age groups in the LGBTQ+ community. This research has deliberately focused on the experiences of older sexual and gender minorities due to the ageing population, and to explore the participants' unique historical and social positioning. However, a comparison with younger members of the LGBTQ+ community could add to the knowledge base on the perceived impact of legislative and social policy for this population cohort.

9.7 Contribution to the wider discussion, the social work profession, and New Zealand

Part of the goal in conducting this doctoral research was to increase social work's knowledge on the topics of older adults, sexual and gender minorities, and the potential application of a social capital model. In addition, through the discussions present within this thesis, I have also endeavoured to highlight contemporary issues, concerns, and debates regarding identity and older sexual and gender minorities – to stress that 'historical' is often a misleading term in social science discourses.

Social capital

One area that I have added a more nuanced perspective to has been in the discussion around social capital. As addressed in Chapter Three, social capital is often under-theorised, used inconsistently, or is critiqued as a smokescreen for less institutional support (Bryson &

Mowbray, 2005; Mowbray, 2005). One particular point in these critiques is that the domains of trust and reciprocity – described as necessary pre-requisites for the presence of social capital – are often afforded less attention in social science research (Abbott & Freeth, 2008; Baum & Ziersch, 2003). Through the findings from this research, I have addressed that limitation, by including a strong emphasis on reciprocal relationships and the presence of trust. In doing so, I have concluded that both components are vital in the social capital networks of older sexual and gender minorities, and that they have a role in both establishing and strengthening pre-existing relationships. While these findings were based in the context of social capital for older sexual and gender minorities, it is hoped that they can contribute to debates around social capital and strengthen the attention that trust and reciprocity are paid in future research.

An additional finding in this research on older sexual and gender minorities and their social networks challenges a large portion of earlier international literature on this subject. A number of previous studies have suggested that older sexual and gender minorities need to rely on a social network consisting of non-biological family members, or a ‘family of choice’ (Antonelli & Dettore, 2014; Croghan, Moone, & Olson, 2014). This reliance on a family of choice was often related to stigma and rejection experienced by older sexual and gender minorities from their biological families. In this research, the majority of the participants listed biological family members as key components of their support networks, whether they were children, grand-children, siblings, or other relatives. While this was not a universal finding, as a few participants reported experiences of rejection from their family, it does run contrary to views of older sexual and gender minorities as not having traditional support networks.

Another finding from this research relates to the by-products of social capital. As discussed in Chapter Five, social capital for older sexual and gender minorities can have the benefit of

supporting identity validation, which is a process that is important for individuals who have faced marginalisation throughout their lives. While this finding was not anticipated prior to the development of the study design, and as a result was not incorporated into the interview guide or examined extensively through the applied thematic analysis process, it does add evidence to the notion of supporting social capital being a means for strengthening identity formation. Future research could benefit from exploring this possible relationship in greater depth, especially because it may not be universal for all members of the LGBTQ+ community, although it does suggest that the value of social capital goes beyond the exchange of valued resources and community connection.

The language of relationships and family

A related point that emerged in this thesis was about the use of the term ‘family.’ Participants described both their biological family, and family of choice, using the same terminology. While the use of the term family of choice emerged from the necessity of creating a close-knit support network (Hash & Mankowski, 2017; Hughes & Kentlyn, 2011), it does raise questions about how language regarding family is used in social work practice and discussions. Family is a term often used in social work assessments as a way of identifying supports, but the consideration raised in this thesis means it is important to critically consider who defines family, and when is it used in practice (Orel & Coon, 2016). While developments in New Zealand legislation mean that it is easier to apply the same terminology to non-heterosexual relationships as it is for heterosexual relationships, it is worth considering how social attitudes towards the definition of family may make this application more complex. At this stage, I cannot present a definitive response to how use of the term ‘family’ is filtered through social stereotypes or services in New Zealand based on my research. Examples of this process can include how the term ‘family’ is utilised in social work assessments with clients, especially in situations where social workers are attempting to

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locate or identify support networks. If the term ‘family’ is inherently linked to biological factors, then this association may result in social workers overlooking other potential sources of support. It is important that social workers are aware of how language can be loaded with assumptions relating to relationships, support networks, and identity – even with terminology that is not explicitly related to those factors. It would be beneficial for future social work research to explore how language such as ‘family’ is utilised by practitioners, and how language impacts how diverse communities respond to social work practice.

There and now

A particular theme that I have tried to stress in this thesis is that the discriminatory experiences of older sexual and gender minorities do not rest in the past. A common question I was asked when pursuing this research was, “Why focus on this topic, if homosexuality has not been illegal for decades, and marriage equality has passed?” Questions like this came from social work colleagues, personal acquaintances who were members of the public, as well as social work students who I was engaged in tutoring. This attitude emerged due to the belief that sexual and gender minorities do not continue to experience discrimination, stigma, or exclusion from mainstream society. A common assumption is that progressive legislation has ushered in transformed social norms and behaviours. This has not proven to be the case.

The problem, as discussed in Chapter Six, is that a lot of the same attitudes that were present prior to legislative reform are still expressed in New Zealand. These attitudes and behaviours can be in forms of direct abuse or discrimination, a lack of recognition, and even internal identity politics within the LGBTQ+ community. These examples are evident when examining contemporary New Zealand society.

As mentioned previously, the recent 2018 New Zealand census did not include any information about sexuality or have the option for diverse gender identities (Matthewson,

2018). Debates around the topic of including diverse sexual and gender identities in the census are often shut-down by dismissive arguments stating the LGBTQ+ community are simply wanting attention (Matthewson, 2018). However, the benefits from such inclusion would be widespread for the LGBTQ+ community in New Zealand. There are no statistics about the numbers of sexual and gender diverse people in this country, but if there were it could support organisations and communities to secure funding for LGBTQ+ based services (Matthewson, 2018). Inclusion of sexual and gender diversity in the census would also be affirming for people who belong to this group, as it provides evidence that you are counted and acknowledged by the political system in New Zealand (Matthewson, 2018). This particular point about acknowledgement ties back to the domains of political autonomy and citizenship discussed in Figure 9.1 and highlights the ongoing need for social work to be active in this debate.

It is not just the New Zealand census data collection that has focused on the rights of sexual and gender minorities recently. A decade ago the *To Be Who I Am* report was published after a Human Rights Commission inquiry on the experiences of transgender individuals in New Zealand (Human Rights Commission, 2008). To reflect on the changes over the last decade two of the original participants who were profiled in that report were re-interviewed about what the last ten years has been like for them (Harris, 2018). One of the interviewees believed discrimination has worsened, citing her experiences securing life insurance and being quoted a higher rate due to her “high risk” as living as a transgender woman (Harris, 2018). The same interviewee discussed her experiences avoiding bathrooms, being misgendered by medical professionals, and the extra challenge that social media added for transgender individuals, and especially younger transgender people. While the other interviewee identified that there had been a slow development in equality, he stressed that it was not nearly enough. He concluded his thoughts by saying “We definitely know more now than we

knew then [in 2008] but we have to keep learning more. Otherwise we're not on the right track" (Harris, 2018). This article highlighted the point that experiences of discrimination and abuse continue, and do not exist just in the past, and that the social work profession needs to be constantly active in these conversations if positive social development is to occur.

A contemporary event that highlights the contemporary stigma directed at sexual and gender minorities are the recent comments by Israel Folau, an Australian professional rugby player. On the 4th of April 2018 Israel made a social media post where he stated that God's plan for homosexuals was "HELL.. Unless they repent of their sins and turn to God" (Thompson, 2018). Israel's comments have attracted significant media attention, and while they have been widely criticised by prominent public and sports figures, statements such as this highlight how stigmatising social attitudes towards sexual and gender diversity still exist. Importantly for older sexual and gender minorities, comments like the one from Israel could prove to be triggering, reminding them of their previous experiences of abuse and discrimination. While this statement and backlash occurred after the interviews, which were conducted in 2015, this incident serves as a reminder that older sexual and gender minorities will continue to be exposed to homophobic abuse unless it is challenged.

One point that has been made frequently throughout this thesis is that there is not a linear progression between legislative change and reformed social attitudes. However, legislation itself is not necessarily static. In 2018, the territory of Bermuda abolished same-sex marriage less than a year after it was adopted (Bever, 2018). While same-sex unions were replaced with 'domestic partnerships' (Bever, 2018), this slippage sent a message to sexual and gender minorities in the territory that their relationships are not recognised as equal to heterosexual relationships. This has not occurred in New Zealand, yet it does present the possibility that not all changes in New Zealand legislation and social policy that support sexual and gender minorities will continue to be recognised. Changes such as those demonstrated in Bermuda

do signal the importance of social work continuing to be critically engaged with government policy, not only in working towards future advancements for marginalised populations, but to protect the ones already established.

Working within communities: Recognising and supporting diverse identities

Another way in which I have contributed to the social work profession through this thesis, and wider discussions around the LGBTQ+ community, is in critiquing perceptions of the LGBTQ+ community as homogenous. In particular, throughout this research I have highlighted the diverse overlapping identities for older sexual and gender minorities, which has been supported by the use of lifecourse theory and the capabilities approach (Gopinath, 2018; Komp & Johansson, 2015). In Chapter Seven, this multiplicity of identity was discussed in relation to how particular individuals had an easier time accessing social spaces on the basis of their sexual and gender identity, while in Chapter Eight, age was discussed as a barrier in social participation. These are necessary considerations for social work practitioners and policy makers, as a one-size-fits-all approach to working with the LGBTQ+ community inevitably privileges more mainstream identities.

While the participants in this research discussed these overlapping identities and their impacts in general broad terms, there are recent examples of these barriers being present within New Zealand. Earlier this year at the Auckland Pride Parade two protestors, who referred to themselves as activists, walked in front of the parade holding a sign that read “Stop giving kid sex hormones, protect lesbian youth” (Express, 2018). The two protestors were supposedly arguing that hormone therapy for transgender youth and individuals, alongside gender diversity in LGBTQ+ community spaces, was destructive to feminism and women’s rights. While the organisers of the Pride Parade did not associate with the protestors, it does show that particular identities, such as transgender, intersex, and non-binary people, face

greater barriers in having the same level of recognition or safety at LGBTQ+ community events. This example also demonstrates how broad homogenous views of the LGBTQ+ community run the risk of ignoring conflict and difference between identities and perspectives. If social work services and research do not consider the multiple identities and experiences present within the wider LGBTQ+ community, then it is not possible to support every member.

A similar incident occurred at the Christchurch Pride Week during 2018. One of the events organised for the Pride Week was initially advertised as being for cisgender men only. The event held at Mensfriends was originally described as being for cisgender men due to safety concerns, and therefore transgender people were excluded (Vizcaino, 2018). There was a significant backlash to this advertising, with the organisers of the Christchurch Pride Week responding with public statements, meetings, and a defence that argued it was unable to alter the decision of the event organisers. Eventually Christchurch Pride Week and Mensfriends agreed to include transgender participants, but examples such as this illustrate how certain identities are afforded greater privilege in wider LGBTQ+ social spaces. It is important that the social work profession continues to be mindful of such diversity of experience and adopts a critical stance when supporting broad social platforms.

The subject of gender diversity, both broadly in New Zealand society and within the LGBTQ+ community, is attracting increasing interest that will have ramifications for the social work profession over the years ahead. Incidents like the commentaries surrounding New Zealand's first transgender athlete Laurel Hubbard competing in the Commonwealth Games in early 2018 may become more common. Such discussions may be a double-edged sword, in that they have the potential to expose this group of people to negative comments

but also highlight the role gender diverse individuals have in our society.³⁵ Additionally, gender diverse members of the LGBTQ+ community will have a vastly different experience of accessing shared social environments in ten years' time compared to now, and in twenty years' time compared to ten. In this research, I have presented findings that discuss how gender diverse members of the LGBTQ+ community experience the LGBTQ+ community, but it is important that social work research continues to be engaged with this topic as binary views of gender identity continue to be further challenged in society.

Thoughts about language

One reflection that I have been focused on as this doctoral study concludes, and one where there is no easy response, is in regard to the use of language. I discussed the use of language at the beginning of this thesis, where in Chapter One I described my rationale for relying on the terminology of sexual and gender minorities, while also acknowledging the inherent flaws with language such as heteronormativity and cisnormativity. In making those decisions, I inevitably created a conflict of intention. The use of sexual and gender minorities was intended to reflect the inherent diversity present within the LGBTQ+ community, critique the fact that the majority of previous research has focused on gay men and lesbian women, and establish at the forefront of this research that minority status is socially constructed. Yet, the language of heteronormativity and cisnormativity potentially undermine those efforts. It was necessary to establish a framework that explored how social structures based around expectations of sexuality and gender create a system of privilege and disadvantage, and previous research has leaned heavily on the terminology of heteronormativity and cisnormativity to define those relationships (Smith, Shin, & Officer, 2011). However, the

³⁵ Laurel Hubbard is first transgender athlete to represent New Zealand at international level and she competed in the over-90kgs weightlifting category. Australia's Weightlifting Federation CEO Michael Keelan wanted Laurel Hubbard banned from competing at the Games, stating she had an unfair advantage.

application of those terms in themselves create a binary system, a them versus us, or haves and have nots.

This disjuncture between wanting to acknowledge diversity and the flaws of binary thinking, yet still applying binary language became more obvious to me throughout the course of this research. I do not believe at this stage that I can present a viable alternative, or that such an alternative currently exists. Yet it was important for me to include this reflection because the theoretical framework of this research requires a reflexive critique of self. What I believe this adds to social work discourses is an increased awareness about the potential use of language in practice, policy, and research – and in particular to acknowledge when there is no easy way to describe social structures. Language is a powerful force, especially for minority groups in society (Gendon et al., 2015; Oliver, 2012), and a consideration for how we use terms so easily taken for granted is important for all forms of social work. This consideration reflects the suggestions of authors Smith, Shin, and Officer (2011p. 190), who argued that practitioners need to develop “an awareness of the constitutive power of language, the pervasive language that reproduces this binary, and the paradox of socially constructed identity categories.” Reflecting on this consideration is important for future research, but also in the development of practice strategies and policies that are designed to support sexual and gender minorities.

9.8 Conclusion

The objectives of my research were two-fold – to answer the research questions, and to show how social work can support older sexual and gender minorities in New Zealand. To do this, I examined the relationship between social capital and wellbeing, while exploring more specific avenues related to; legislation, social relationships, and the practicalities of age. I analysed the responses from the participant interviews using applied thematic analysis, and

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grouped the results in related themes to generate the findings. Using the findings and discussion around those themes it was possible for me to provide a response to each of the research questions, before moving on to addressing how the social work profession may support this group of people. In order to develop these findings in a way that was applicable for practitioners, policy makers, and researchers, I developed a conceptual model detailing the structural forces impacting older sexual and gender minorities. Alongside this model, I developed a paradigm for practice, designed to reflect social justice informed practice – one that would articulate the findings of this research in a way that was applicable with micro, meso, and macro levels of intervention.

Success?

Evaluating whether or not I have achieved these goals throughout this thesis is a difficult process, and one that requires constant reflection. I believe that the findings as presented and discussed throughout this thesis have answered the research questions, yet as described in the limitations section of this chapter, there are a number of gaps in the research design – in particular related to the sample pool. The suggestions for future research cover those limitations, but also present recommendations that only developed after the analysis of the results. Those proposals do not necessarily mean that my doctoral research has not been successful, as wider scholarship depends upon building from previous research – just as I have done with this thesis. Rather, this inquiry contributes to the available literature and knowledge base, while highlighting gaps that would benefit from future consideration by social work researchers.

Success in the domain of supporting practitioners and service providers is more difficult to assess. Dissemination of research findings, and their adoption by practitioners, educators, and policy makers, can be a long process – one where outcomes are not immediately obvious.

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However, I do believe that the conceptual model and paradigm for practice provide a foundation for social workers working with older sexual and gender minorities, one that can be adapted to suit specific services, or developed to highlight other structural forces as appropriate.

Reflexivity

Research is a personal journey. Qualitative research in particular is a reflection of that journey, and the relationship between the research topic, the researcher, and the participants (Kvale, 1996). Throughout the course of working on this thesis, from developing the initial proposal, contacting and interviewing participants, to analysing the findings, I was constantly learning, reflecting, and journaling what I was experiencing. The topic of this research required me to be critical about my own privileges, as well as the responsibility I had to present the findings as honestly and sensitively as possible. Part of this process occurred throughout the research interviews, as participants talked about my own identity, noting my age and sexuality. As a result, I found myself not only being more aware of how I interpreted the discussions I had with the participants, I found myself being more aware of these topics in the wider society.

My own interpretations and potential assumptions were not the only influencing factor on this doctoral research. In one discussion I had with a participant, he talked about his own thoughts and feelings prior to the interview, and who he believed I would be based on my recruitment advertisements and previous correspondence:

One of the things I tried very hard to do, and I think I succeeded, was not to get any pre-conceived ideas about yourself and what you were doing and what you were going to ask. So this morning, after breakfast, I just shut off and thought, no I'm going to go into this completely open and blind and awaken. So I didn't want to formulate any questions other than the obvious ones about safety and confidentiality and all that stuff (Liam, 68).

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The advertisements that I distributed for this research had minimal information about myself. It described this research project, its goals, as well as mentioning that this was a social work research project (**Appendix Nine**). Some recruitment advertisements were edited by distributors to include my sexual orientation, but aside from those alterations, the advertisements were consistent. If there had been more information about my own background and identity it is possible to assume that the sample pool of the participants in this research might have been different. Additionally, a different researcher with a dissimilar background may have recruited an alternative sample pool, potentially had access to insider connections, as well as interpreted the findings of this research differently. I have referred to this debate about insider versus outsider researchers in greater detail in Chapter Four. While Liam mentioned his efforts to remove any assumptions about myself prior to the interview, it is likely that the state of this doctoral research as it stands on publication was influenced by the assumptions and expectations made by the participants.

Influence on practice

During the course of working on this thesis, I was also practicing as a social worker. An unexpected outcome of these dual roles was that I felt my own ability to engage, practice, and work with clients was enhanced by the interviews I conducted with the participants in this research. The participants I talked with were all honest, open, and provided a complex set of lived experiences and insights. As James disclosed to me:

As I say, I've been totally open with you, because I've got nothing to lose now, I'm at that time of life when these things are no longer such a major issue, because I'm in the twilight years if you like (James, 70).

While another participant touched upon the multitude of stories they had, and the inherent reflexivity the interview process provided:

There's millions of stories David. It's really interesting doing this process, for me, because it stimulates my memory. And I'm thinking, oh there's so much in there, yeah, of life stories about that time (Hannah, 72).

Occupying a researcher role, and engaging with the participants of this thesis, gave me more insight into how I could work alongside clients of a variety of backgrounds. I did not expect to receive such benefit from the openness of the participants, but I believe all social work research offers opportunities to researchers, ones that go beyond answering research questions. As I reflected in a journal entry after my fourth interview:

This interview process reminds me a lot of the social work assessment I do on the wards. Different questions, but the process of exploring social networks, wider support systems, individual concerns feel very similar. And the process of engagement and assessment takes the same steps. I've also found that it makes me more confident talking to clients. If I can arrange to meet and interview strangers, while discussing their lives and intimate histories, I can do the same at the hospital (David, 16th March, 2015).

This research has as much been a personal journey for me as it has been about exploring the social networks and wellbeing of older sexual and gender minorities. While every effort has been made to present a transparent description of the research design, analysis process, and presentation of the findings, this thesis is influenced by my own experiences over the last four years. The personal and reflexive nature of this type of research is not a limitation; rather, it is just an acknowledgement of the nuanced dynamics that are always present within qualitative social research.

Concluding thoughts

There is no denying that there is substantial future work required in order to support all older sexual and gender minorities. Ongoing experiences of discrimination and stigma, concerns around professional competency and services, as well as the internal dynamics within the LGBTQ+ community that exclude certain identities need consideration from social workers. I have aimed in this doctoral research to provide a step in the right direction by bringing

attention to the experiences of older sexual and gender minorities, highlighting their voices, and advocating for a more critical stance from the social work profession. The future work required needs to involve all areas of social work: practitioners at the front-line level, the organisational structure of support services, professional bodies, and the research that informs the future development of practice strategies. As Liam reflected at the end of our interview:

One of the things that our conversation has brought more and more home to me, is that how big this issue is actually. It's a very important one. I think mental health, or health, or wellbeing in general for this increasingly aging group of people, is huge in this country. And we need to support each other (Liam, 68).

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APPENDICES

Appendix One: Section from analysis journal exploring coding runs and node development

The process that I took for the first five transcripts followed these basic steps:

I went through the transcripts one by one, selecting key phrases and paragraphs and coding them as I felt they fit with the already created list of notes. At this point I was using language that was either informed by direct quotations or phrases, based in background literature reading, or occurrences that were either common place or seemed unusual.

I carried on through the five in order, adding more codes as I went.

After I had gone through the five I went back to the start and re-began the process, adding in new codes that I developed through the coding process.

The initial run through saw the following:

Table 4.2 ‘Coding Run-Through: First Attempt’

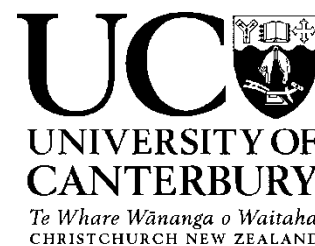
Transcript	Number of separate codes	Total number of codes applied
1.	24	86
2.	36	169
3.	48	232
4.	51	254
5.	48	174

The second run through saw the following changes:

Table 4.3 ‘Coding Run-Through: Second Attempt’

Transcript	Number of separate codes	Total number of codes applied
1.	33	154
2.	49	238
3.	53	264
4.	52	274
5.	49	186

I expect that these will continue to develop and change (not necessarily increase) as I continue to add, alter and adjust my coding as I get new transcripts and further develop my codebook.

Appendices**Appendix Two: Confirmation of Human Ethics Application**

HUMAN ETHICS COMMITTEE

Secretary, Lynda Griffioen
Email: human-ethics@canterbury.ac.nz

Ref: HEC 2014/160

19 January 2015

David Betts
Department of Human Services &
Social Work UNIVERSITY OF
CANTERBURY

Dear David

The Human Ethics Committee advises that your research proposal “The ageing LGBTQ+: the relationship between social and mental health” has been considered and approved.

Please note that this approval is subject to the incorporation of the amendments you have provided in your email of 16 January 2015.

Best wishes for

your project.

Yours sincerely

A handwritten signature in black ink, appearing to read 'L MacDonal'.

Lindsey MacDonal
Chair
University of Canterbury Human Ethics Committee

Appendices

Appendix Three: Semi-Structured Interview Guide

Semi-Structured Interview Guide



College of Arts

Human Services and Social Work Department

School of Social and Political Sciences

Email: david.betts@pg.canterbury.ac.nz

Interview Guide

PhD Research by David Betts

Email: david.betts@pg.canterbury.ac.nz

Prior to the beginning of the interview the purpose of the research will be discussed and any questions the participant has about the project or the nature of informed consent and confidentiality will be answered.

The list of support services will also be discussed if the participant wishes to access professional or community based support.

Information sheets and informed consent forms will be distributed to participants and returned to the researcher before the commencement of the interviewing process.

The interviewee will also be reminded that any person they talk about in the interview, or any names that are mentioned, will be replaced with a pseudonym. All identifying information about other individuals will also not be included in the transcript.

Explain the overall structure of the interview, and describe what social capital is.

Questions:

1. Warm up questions
 - a. How has your day been so far?
 - b. How did you hear about this research?
 - c. Do you have any questions about what I am doing?
 - d. Before we get started I just need to get some demographic information
 - i. Age?
 - ii. How do you identify with a gender?
 - iii. How do you identify sexually?
 - iv. How out are you about your sexuality?
 - v. How do you identify culturally?
 - vi. Which ethnic group do you belong to?
New Zealand European. Maori. Samoan. Cook Island Maori. Tongan. Niuean. Chinese. Indian. Other, please state:
 - vii. What is your current living situation? (Alone, spouse, flatmates, family, number of, rural or urban)
 - viii. Occupation/Job.
2. Related to Social Capital
 - a. Who are the key people in your life at the moment? Can you describe your relationships with them? (Friends, family members, people you live with, etc.)

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- b. Can you tell me about the kinds of support you receive AND give to these people?
 - c. Can you tell me about the sexual identities and ages of your close personal relationships?
 - d. Could you tell me about your connections with communities or groups? (i.e. church, hobbies, support groups, social networks)
 - e. Have you ever connected to any form of social services or support? Could you describe this experience?
3. Related to Mental Health
 - a. I am interested in hearing about people's experiences of stress, anxiety, depression or other mental health concerns. Can you tell me about your personal experiences with any of these?
 - b. How would you describe the impact of your key relationships either negatively or positively on your own wellbeing? This can include emotional wellbeing, social wellbeing, physical wellbeing etc.
 - c. *If Applicable*. What has the impact of having children been for you on your sense of wellbeing?
 - d. How did the experience of the earthquakes in Christchurch impact your sense of wellbeing and on your social relationships?
4. Related to lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQ+)
 - a. What would you say has been the impact, if any, that being LGBTQ+ has had on your relationships with others? Both over your life and currently?
 - b. Identifying as LGBTQ+ would have had both positive and negative impacts on your sense of mental wellbeing, such as positive community connections or potential discrimination. Could you talk to these experiences?
 - c. Have you had any connection to political or advocacy based groups around LGBTQ+ issues?
5. What experiences of discrimination or stigma have you had over your lifetime? Tell me about the ways in which this has impacted on your social relationships, your LGBTQ+ identity or your sense of mental wellbeing? (LGBTQ+ stigma, ageing stigma, mental health stigma).
 - a. LGBT stigma in mental health field
 - b. Mental health stigma in LGBT community
 - c. Ageism in LGBT community
 - d. Ageism in mental health field
6. Can you talk to the experience of forms of stigma may have resulted in internalised homophobia or internalised stigma?
7. Can you tell me about the ways you actively engage and identify with the LGBTQ+ community? Has this been the same both historically and contemporarily?
8. What are your thoughts and expectations about having to rely on aged services in future if that is necessary? Do you have any concerns about aged care services in regards to your sexual and/or gender identity?
9. Do you have anything further to add that may have come up as part of this interview?
10. Would you be able to make any suggestions for my next interviews in terms of questions or ideas?
11. If you remember anything else, or want to add or clarify a point, please feel free to contact me again either via cellphone or email.

Appendices**Appendix Four: Transcription Confidentiality Form****TRANSCRIBER CONFIDENTIALITY AGREEMENT**

I (Full Name - printed)
 agree to keep confidential all information concerning the project

I (Full Name - printed) agree to
 transcribe the recordings provided to me.

I agree to keep confidential all the information provided to me.

I will not retain or copy any information involving the project.

I will not make any copies of the transcripts or keep any record of them, other than those required for
 the project.

Signature:

.....

Date:

.....

Appendix Five: Example of thematic map



Appendices**Appendix Six: Example of Thematic Cluster**

Appendix Seven: Example of Theme Creation

What is the relationship between Social Capital & wellbeing for the older LGBTQ+ pop?

How does the older LGBTQ+ pop feel about and plan for aged care services?

How did the COVID earthquakes impact the social capital of the older LGBTQ+ pop?

How has political, legislative, and cultural changes impacted the wellbeing and social capital of older LGBTQ+ adults?

In what way do different LGBTQ+ groups take part & experience the wider LGBTQ+ community?

Q. on professionals?

Q. Broadly on ageing

Generational

Change from parents, to children to grand children
link to language
Coming out tied to social/political environment
different attitudes towards LGBTQ+ integrated spaces
reduction in need for specific LGBTQ+ spaces?
impact on social capital
tied to self-reflection

Cultural

difference in NZ vs. other
relation to health care staff
Coming out process
Still living in a straight world

Political, legislative, Cultural changes

Political

living through law reform
connection w/ social activism
LGBT+ rights
Continuation of pre-existing social stigma
connection to visibility
human rights - gender identity protection
relation to seeing homosexuality as illness

Legal

law reform impact on legislation not on social stigma
Prior to: police targeting, loss of employment, fear of coming out
active in law reform movement
social activism

Homophobia

relation to political, legal, cultural - slow process
relation to slow decrease in heteronormativity
hypocrisy of second desired
generation experiences differ

Language

no historical language
tied to political representation
no narrative to relate to
tied to stigma
identity expression

Social Capital

historical formation of social/community connection
less emphasis on contemporary spaces
loss of activist spaces?
not always the case

There has been legal & political improvement but still work to go
Generational/cultural improvement but so does
lack of a "explicit" need impacted on community group support
Historical community built on political activism & identity expression

Well being

noted improvement
Still dealing w/ homophobia, transphobia, heteronormativity
legal changes are nice but social stigma such
happy for generational improvement
worrying lack of awareness of need
Still need the social support

"A signed piece of paper is nice, but being treated in the street still sucks"
acknowledging political change but advocating for more & practical impacts

"Community groups may not be about life and death anymore but that doesn't mean they're not needed"
Explicit community support/advocacy may not been seen as vital, but need for supporting well being remains

Appendices

Appendix Eight: Legislative Acts in New Zealand Regarding Sexual and Gender Minorities

The Homosexual Law Reform Act 1986

The Homosexual Law Reform Act 1986 legalised consensual sex between men aged 16 and older. The Act removed provisions of the Crimes Act 1961 that had previously criminalised sexual activity between two men.

The Act was introduced in 1986 by Labour MP Fran Wilde. It initially had two parts. One that decriminalised sexual activity between two men, and another that provided anti-discrimination protection for gay men and lesbian women. The first part of the Act passed, however the second part was unsuccessful.

The Human Rights Act 1993

The Human Rights Act 1993 governs the work of the New Zealand Human Rights Commission, and outlaws discrimination on the following grounds:

Sex (including pregnancy and childbirth)

Marital status

Religious belief

Ethical belief

Colour

Race

Ethnic or national origins

Disability

Age

Political opinion

Employment status

Family status

Sexual orientation

The Civil Union Act 2004

The Civil Union Act 2004 made it legal for individuals in a same-sex relationship, as well as individuals in a heterosexual relationship, to enter into a civil union, which is a recognised relationship that provides rights, benefits, and obligations to the parties in the relationship.

The Marriage (Definition of Marriage) Amendment Act 2013

The Marriage (Definition of Marriage) Amendment Act 2013 allowed same-sex couples to legally marry in New Zealand.

Appendices

Appendix Nine: Advertisements

Advertisement for Relevant Facebook Groups:

Social work researcher is seeking older people who identify as LGBTQ+, who are prepared to discuss their social relationships and experiences of mental health in confidence. This is a Canterbury wide study with personal interviews being conducted as part of my research for a PhD at the University of Canterbury. It has been reviewed and approved by the University of Canterbury Human Ethics Committee. To take part or enquire further please email researcher: david.betts@pg.canterbury.ac.nz. Thank you.

Advertisements for Fliers, Newspapers and Internal Distribution

1)

A social work researcher from the University of Canterbury would like to talk to older LGBTQ+ individuals about your experiences with social connections and mental health. The researcher is interested in anyone who identifies as LGBTQ+, is of the age of 60+ and has some form of personal experience with mental health, such as; anxiety, stress, depression or substance abuse. If you are or someone you know might be interested in taking part, or want if you want to know more, please feel free to contact the researcher by emailing,

david.betts@pg.canterbury.ac.nz

In order to obtain an information sheet or ask any specific questions.

2)

LGBTQ+ Ageing and Mental Health Experiences

Social Connections and Resources

A social work research from the University of Canterbury is seeking older LGBTQ+ individuals who are willing to talk about their personal social connections and experiences with mental health concerns.

This is a Canterbury and Christchurch based study that is looking to explore how older LGBTQ+ individuals form and use personal relationships and how these relationships might impact on their mental health. We are looking for any individual of or over the age of 60, who identifies as LGBTQ+ and how has some personal experience with; anxiety, stress, depression or substance abuse.

If you are interested or want to know more please feel free to contact the researcher at david.betts@pg.canterbury.ac.nz in order to obtain an information sheet or ask any specific questions.

If you know of anyone who also might be interested in taking part please feel free to send this information to them.

Appendices

This study is being conducted as part of a piece of Doctoral research at the University of Canterbury, and has been reviewed and approved by the University of Canterbury Human Ethics Committee. If you have any concerns or questions regarding participation in this study you can feel free to contact the research supervisors, Dr. Jane Maidment (jane.maidment@canterbury.ac.nz) and Nikki Evans (nikki.evans@canterbury.ac.nz) who are in the Social Work Programme of the School of Social and Political Sciences at the University of Canterbury, Private Bag 4800, Christchurch 8140 New Zealand.