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Unheard voices: A qualitative study of LGBT+ older people experiences during the first wave of the COVID-19 pandemic in the UK

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Abstract

This paper reports findings from a qualitative study into the immediate impact of social distancing measures on the lives of lesbian, gay, bisexual and trans (LGBT+) older people (≥60 years) living in the UK during the first lockdown of the COVID-19 pandemic. It draws on in-depth interviews with 17 older people and 6 key informants from LGBT+ community-based organisations, exploring the strategies used to manage their situations, how they responded and adapted to key challenges. Five themes emerged related to: (1) risk factors for LGBT+ older people and organisations, including specific findings on trans experiences; (2) care practices in LGBT+ lives; (3) strengths and benefits of networking (4) politicisation of ageing issues and their relevance to LGBT+ communities and (5) learning from communication and provision in a virtual world. The findings illuminate adaptability and many strengths in relation to affective equality and reciprocal love, care and support among LGBT+ older people. It is vital UK that the government recognises and addresses the needs and concerns of LGBT+ older people during emergencies.

KEYWORDS
ageing, care practices, COVID-19, LGBT+, lockdown

1 | INTRODUCTION

In March 2020, the UK government introduced restrictions in public and private life to reduce the risk of contracting and spreading COVID-19 during the pandemic. People aged 70+ or categorised as 'clinically vulnerable' were advised to shield themselves from contact outside of their household (Gov UK, 2021). Multiple studies have examined the impact of government restrictions on different groups of older people in the UK (Age UK, 2020; Brown et al., 2020; Fraser et al., 2020; Webb, 2020) impacting their physical and mental health and well-being. Those in complete isolation experienced exacerbation of cognitive decline by lack of mental stimulation, loss of social contact and vital relationships to provide sustaining support (Palattiyil et al., 2021). These studies documented the profound effect of increased levels of fear, anxiety and loss on older people's lives. People from Black, Asian and other minority ethnic backgrounds experienced higher risks of morbidity and mortality associated with demographic and socioeconomic factors (Moorthy & Sankar, 2020; Office for National Statistics, 2020) and structural racism (Ayoubkhani et al., 2020; Patel et al., 2020).

The COVID-19 pandemic, and governmental and societal responses, brought health inequalities into sharp focus and exposed structural disadvantages and discrimination faced by many marginalised communities (Bambra et al., 2020; Bibby et al., 2020;Candrian et al., 2021; Carethers, 2020; Devakumar et al., 2020; Griffiths et al., 2021; Keys et al., 2021). There is limited research on the experience of older people who are lesbian, gay, bisexual and /or trans (LGBT+), whose voices were not promoted in the general media response (Candrian et al., 2021; Krause, 2021; Perone et al., 2020). LGBT+ people report poorer health than the general population (Kneale et al., 2019; Westwood et al., 2020), associated with minority stress (Correro et al., 2020; Fredriksen-Goldsen et al., 2020; Frost et al., 2015; Lefevor et al., 2019), the cumulative effects of lifelong exposure to prejudice and discrimination (Fredriksen-Goldsen et al., 2017), and increased health risk behaviours linked to stress adaptation (Bryan et al., 2017; Correro et al., 2020; Emlet et al., 2017). These inequalities are compounded by discrimination and fear of discrimination when accessing health and social care services, including inadequate understandings of LGBT+ older people's needs among care providers (Fredriksen-Goldsen et al., 2014; Hafford-Letchfield et al., 2018; Higgins et al., 2019; Toze et al., 2020). In response, this paper explores the experiences of LGBT+ older people and reports thematic findings from a qualitative study of data gathered from seventeen LGBT+ older people and key informants in seven LGBT+ community organisations working in England, Scotland and Wales, during July–August 2020. The data reported here form part of a larger survey-based project exploring the impact of COVID-19 on LGBT+ older people (Westwood et al., 2021). The aims of this study were to investigate individual in-depth narratives on:

- the immediate impact of social distancing measures on the lives of LGBT+ people (≥60 years) living in the UK during the COVID-19 pandemic.
- UK LGBT+ older people's subjective experiences of 'lockdown' and the strategies used to manage their situations.
- how UK LGBT+ community-based organisations responded to the key challenges and adapted their provision and support during the initial crisis.

2 | STUDY DESIGN AND METHODS

Quantitative and qualitative questions were incorporated into one online survey questionnaire, which resulted in 375 respondents between 1 June and 7 August 2020 (Westwood et al., 2021). Survey respondents indicated whether they would be willing to participate in an individual interview to explore their experiences in more depth. We selected a convenience sample of seventeen people based on age, gender, sexuality and circumstance. While not necessarily representative of the entire sample, these comprised a group of community-dwelling LGBT+ older people from diverse backgrounds who were willing to share their experiences. At the time

What is known

The coronavirus (COVID-19) pandemic, and the wider governmental and societal response, brought health inequalities into sharp focus, exposing the structural disadvantage and discrimination faced by many marginalised communities in the UK and globally. LGBT+ older people are known to experience health inequalities compounded by anticipated or poor experiences of accessing health and social care services.

What this paper adds

An exploration of LGBT+ older peple, their communities and social networks and how these were adapted in the COVID-19 context. Trans older people have been affected in very specific ways. The findings illuminate adaptability and many strengths in relation to affective equality and reciprocal love, care and support among LGBT+ older people. It is vital UK that the government recognises and addresses the needs and concerns of LGBT+ older people during emergencies.

of interviews, participants would have experienced three months of 'lockdown' restrictions in the first wave of COVID-19 in the UK, which were beginning to ease. A table showing the characteristics of the overall sample is in Table 1.

The study was approved by the University of York's Economics, Law, Management, Politics and Sociology (ELMPS) research committee. We provided participants with an information sheet before obtaining informed consent and participants were matched with one of the authors for interview. Following the interview, we provided LGBT+ older participants with information on national resources for support.

Simultaneously, the team conducted interviews with seven professionals, from six LGBT+ community organisations across the UK working with older people. We provided written participant information to obtain prior consent. The characteristics of the sample are in Table 2.

2.1 | Data collection

We conducted interviews virtually and synchronously with selected participants, using the participants' preferred method of communication (telephone, or online video-conferencing). Interviews averaged 45–90 min in length, and were recorded verbatim using a digital recorder. We developed a broad topic guide for both groups of interviewees. For older people, we explored their individual survey data in more detail to clarify and expand information about their characteristics, relationships and living circumstances, and then facilitated the person's narrative on their experiences of

TABLE 1 Characteristics of Interviewee's sample

CODE	Age Band	Gender	Gender same as assigned at birth?	Sexuality	Disabilty Disabilty	Long-term health condition	Self-defined ethnicity	Living alone/ with others
SINM1	60–64	Female	No	Pansexual	No	Yes	White British	Alone
SINM2	60–64	Female	No	Lesbian	Yes	Yes	Caucasian	With mother
SINM3	70–74	Female	No	Bisexual	No	Yes	White	Alone
SINM4	60–64	Male	Yes	Gay	No	No	White	Alone
SINM5	70–74	Male	Yes	Gay	No	No	British	Alone
SINM6	65–69	Male	Yes	Gay	No	No	Irish	With
SINT1	65–69	Female	No	Asexual	Yes	Yes	White	Alone
SINT2	75–79	Female	Yes	Lesbian	No	No	British	Alone
SINT3	60–64	Male	Yes	Gay	Yes	No	White Welsh	With partner
SINT4	60–64	Male	Yes	Gay	No	No	White British	With
SINT5	65–69	Woman	Yes	Lesbian	No	No	White British	With partner
SINT6	60–64	Female	Yes	Lesbian	Yes	Yes	White	With spouse
SINS1	65–69	Female	Yes	Lesbian	Yes	No	White	With wife
SINS2	60–64	Female	No	'Attracted to women'	Yes	Yes	White British	Alone
SINS3	75–79	Female	Yes	Lesbian	Yes	Yes	White British	Alone
SINS4	70–74	Female	Yes	Lesbian	Yes	Yes	White British	With sister
SINS5	70–74	Female	Yes	Lesbian	No	No	White British	Alone

TABLE 2 Region of participating LGBT+ organisations

Code	Region
PINS01	Shropshire, Telford, Wrekin
PINT01	Brighton and Hove
PINT02	Scotland
PINM01	London
PINM02	North Wales and West Cheshire
PINM03	Manchester

lockdown and their coping strategies. The second half of the interview explored any nuances or differences in their experiences relating to their sexual and gender identities and other characteristics (e.g. age, disability, ethnicity and other cultural factors) and the perceived effect on their physical, emotional and psychological well-being. Participants reflected on these experiences in the context of the lockdown in their neighbourhood, communities and the support available to them. They were invited to raise other relevant topics and several did so.

We invited informants of LGBT+ organisations (OIs) to talk about their experience of lockdown and how they maintained and adapted their subsequent provision. They described any initiatives that emerged and reflected on these experiences in the overall context of the role of the organisation with LGBT+ older people in the community during the pandemic.

Interviews were recorded digitally, and, after anonymising and analysis, were deleted.

2.2 | Data analysis

The three researchers conducted data analysis using the following steps:

Step 1: Concurrent note taking at the time of the interview.

Step 2: Reflective journalising immediately after an interview.

Step 3: Listening to the recording and amending/ revising field notes and researcher reflective observations on the data.

Step 4: Preliminary content analysis and writing-up of each interview as a detailed summary. This resulted in fuller summaries combined with the use of written field notes to capture researchers' thoughts and interpretations during the interviews and while subsequently listening to the audio recordings (Wengraf, 2001).

Step 5: Sharing the summaries with other team members followed by a team discussion and liaison to identify and agree themes across the whole data set.

As a small team, the researchers had first-hand knowledge from their involvement in the interview process, expertise in the interview subject, and the advantage of having participated in online verbal and nonverbal exchanges with the participants. This process of less formal 'transcription' focused on interpretation and generation of meanings from the data as opposed to obtaining a verbatim transcription. Having an original recording of the conversation allowed each researcher to recreate the nuances of the conversation, such as voice, tone and phrasing, to assist in any complex analysis (Halcomb & Davidson, 2006). Reference back to the original recordings provided the authors with examples such as participant quotations, to illustrate the study findings in its written account (Fasick, 2001). The

use of analysis techniques such as thematic analysis seeks to identify common ideas from the data in relation to the research questions and, therefore, does not necessarily require verbatim transcripts (Seale & Silverman, 1997; van Teijlingen & Ireland, 2003).

3 | FINDINGS

Five themes emerged across the interview data from LGBT+ older people and organisational stakeholders. Table 3 illustrates these themes and sub-themes related to; (1) risk factors for LGBT+ older people and their organisations and the specific findings on trans experiences; (2) care practices in LGBT+ lives; (3) strengths and benefits of networking; (4) politicisation of ageing issues and their relevance to LGBT+ communities and (5) learning from communication and provision in a virtual world.

4 | RISK FACTORS FOR LGBT+ OLDER PEOPLE AND THEIR ORGANISATIONS

4.1 | Risk factors experienced by LGBT+ older people

Participants highlighted a diverse range of concerns, often mediated by other aspects of their experiences and identity. Those who lived alone lamented the loss of physical contact and socialising (such as hugs or meeting loved ones, intimacy or sex) and sought to find a new structure to support the existing relationships they valued and/ or depended upon.

Another OI observed that COVID-19 could be difficult for those gay men who engage in casual sex who may be taking risks during lockdown and for bisexual people who 'feel pretty invisible anyway' (PINMO3).

Some people felt more visible during lockdown. For SV13, neighbours had made contact with her and she was feeling more self-conscious about the possibility of hostility. Similarly, one OI (PINS01) noted that people might feel more vulnerable or concerned about contacting neighbours where there had been pre-existing harassment. There was a concern for people in unsuitable circumstances—for example high-rise blocks, basements or inappropriate house-shares (PINM01), with LGBT+ people in rented accommodation potentially at risk of discrimination 'under the pretence of COVID-19'. One example was given of a person living without lighting for several weeks (PINT01) and in a more extreme example;

> People have been moved out of their accommodation into hotels with people they don't know.... a gay man committed suicide, community members know of several that have attempted suicide. They are feeling pretty marginalised and vulnerable and you see what people are writing on the chat pages (PIN202).

Informants from three organisations (PINM01; PINT01; PINT02) gave explicit examples of discrimination and unmet need where formal home-care provision had ceased. Social distancing rules undermined the fragility of individual's pre-pandemic chosen arrangements. Interruption to informal care arrangements preferred by LGBT+ older people for confidentiality and choice meant some were referred to care providers for an assessment without advocacy or support.

> That's a big thing for people who are preferring to stay in their own home and, not having any say on the carers who are treating you. They would much rather fall over and die on the floor, as they don't want to go into hospital. When you get into that nitty gritty, it's pretty terrifying (PINT01).

This same OI, who were active in training care home providers on inclusive LGBT+ care, reported their distress in hearing that one of their members, a gay man, had moved into a care home (PINT01). They had tried to keep in touch but restrictions made this near impossible. The man had no direct contact with community members during this transition, having previously relied on such support. They had also referred to a gay man whose estranged and unaccepting sister had died. He travelled from the South of England to Wales and back in one day to attend her funeral, culminating in a stroke. The informant commented:

> "He needs to talk to someone, tell his story, it hits people, he is so distressed.......we need to hear these stories". (PINT01).

Another OI (SINT02) observed deterioration in people with dementia previously supported in the community, whose needs could not be addressed virtually. They described a community member as having panic attacks and calling ambulances several times a day and another could not comprehend restrictions on shopping, thus placing her at risk.

Other OIs highlighted issues regarding people's mental health, anxiety and isolation, especially among those shielding alone with examples of people drinking more alcohol (PINT02). OIs expressed caution about notions of resilience sometimes attributed to older people who have lived through AIDS and discrimination, thus diminishing their needs (SINM03).

4.2 | Specific risks for trans people

Specific risks for trans people were related to a perceived increasingly hostile environment and restricted access to support. There were worries about being outed because electrolysis services for facial hair were halted during lockdown (SINM1). Ironically, this was helped by wearing a mask, which hid hair growth. Another trans woman (SINT02) lived with post-traumatic stress disorder and suicidal ideation from earlier career experiences. She had few coping strategies but lamented the loss of contact with the person closest

TABLE 3 Themes from the data across older people and organisations

Themes	Sub-themes – older people	Sub-themes - OIs
Risk factors for LGBT+ older people and organisations	*1.1 Risk factors experienced by LGBT+ older people* Loss of physical and social contact Lack of opportunities for intimacy/sex Heightened visibility Lack of trust in track and trace Fragility of basic needs (housing/income/care) Loss of community advocacy and support Impact of Covid on loved ones Reduced family support **1.2 Specific risks for trans people** Increased opportunities for harassment Cessation of Gender Identity Clinic and medical services Increase in anti-trans environment Exacerbated mental distress	*1.3 Risk factors for LGBT+ organisations* Reduction in campaigning/training/advocacy work Less visibility in Local Authority response Lack of information in health and social care about LGBT+ community Increased fragmentation of services
Care practices in LGBT+ lives	Secure relationships/partnerships Offering accommodation to partners Increased visibility of concealed relationships Active outreach to family/friends Effect of rurality on networks Reconnecting/repairing relationships Fear of formal care	Increase in volunteers Advocacy in transfer to formal care
Strengths and benefits of networking	Opportunities to connect with neighbours Kinder communities Being aware of other's needs	Increase in volunteers Increase take up of services online Role of anonymity
Politicisation of ageing and their relevance to LGBT+ communities	Loss of community advocacy and support Perceived ageism Invisibility Lack of inclusive services Active outreach to family/friends Effect of rurality on networks	Reduction in campaigning/training/advocacy work Less visibility in Local Authority response Lack of information in health and social care about LGBT+ community Increased fragmentation of services Lack of inclusive services Exclusion from contingency planning Access to additional funding
Learning from communication and provision in a virtual world	Improved virtual service for trans New peer networks	Increase in volunteers Increase take up of services online Stretched resources Costs and benefits of adapting services to virtual delivery New peer networks

to her, who would normally notice her mood unsolicited. She also noted reduced opportunities for practicing her usual coping mechanisms, such as nature and exercise.

Participants noted the effect on gender identity clinics and services. Building relationships with different GPs online (SINM3), the move to teleconferencing for gender identity appointments and access to medication and cancelled surgeries all caused concern (PINS01). One OI in Wales reported that GPs appeared increasingly confident in trans healthcare and had improved their online support. One participant unable to transition until her 70s, had waited 2 years for assessment and was now worried about becoming too old.

> "I am mentally impacted by the medical interventions, the gender clinic, and its appalling treatment of me over the period of years and on thinking that I've

made a breakthrough and my next step was to have surgery and of course go all the way but now em, my appointment has now been delayed". (SINT02).

Loss of contact with trans friends with whom people could share experiences was lamented (SINT1). One trans woman had experienced family estrangement and harassment in a rural area and she felt extremely isolated, and failed by the LGBT+ community. Another reported a sense of relief from a reduction in pre-lockdown experiences of daily harassment;

> I am not getting the face-to-face stuff I get, deliberate misgendering, abuse, threats, especially on London transport. I am not having to deal with that shit at the moment (SINT1).

Wider LGB participants noted 'anti-Trans stuff' (SINS3) during the pandemic, with more extreme behaviour, less tolerance and increased trends towards populism and reactionary views (SINM4). Some identified other examples of hostility to out-groups, for example the blaming style language and discourse such as the 'China virus' (SNIM6).

> I'm very active on twitter, not just on trans issues but on intersectionality, such as Abelism. I hate Trump ..... People say stay away from Twitter but I have to standup (SINT1).

Organisation informants also noted ongoing heated discussions about trans issues, and the impact of online harassment on isolated people. However, people's living arrangements appeared to make a difference:

> "Those on their own, living the life that they want, are very robust...unlike younger clients experiencing distress around gender assignment surgery cancelled in the younger population.... Most of my members are doing really well, might be on the edge of not doing well, willing to make decisions to improve things" (PINT01).

4.3 | Risk factors for LGBT+ organisations

Community-based LGBT+ organisations described many positive adaptations made in the pandemic environment but stressed their concerns about how Black, Asian and other minority ethnic backgrounds and/or disabled LGBT+ people were disproportionately affected, and the increasing importance of addressing diverse needs. Organisation informants (PINM03) noted the importance of LGBT+ monitoring in all spheres relating to the pandemic. The long awaited plan for the UK Census to capture sexual orientation and to a limited extent, to capture gender identity in the general population for the first time was cited as important to address data gaps. Campaigning work continued throughout the pandemic, although remote working constrained much of their COVID-19 advocacy. Informants noted the potential of remote delivery to facilitate wider engagement, but were conscious of those who might miss out.

Nearly all of the OIs observed disproportionate effects on LGBT+ older people not accessing health screening during lockdown. Contact-tracing was a potentially sensitive issue for some LGBT+ older people, with poor trust in statutory services potentially affecting willingness to disclose contacts.

Organisation informants highlighted symbolic value in knowing that dedicated and tailored LGBT+ support exists, even if it could not be accessed during lockdown. Older participants noted a perceived potential fragmentation in LGBT+ communities during the pandemic, with a need for greater responsiveness, clarity on roles and visibility (SNIM6; SINT1). Some connections built up over time were now disrupted and starting to projects starting to drift.

> My project has been funded by the council. They didn't know where older LGBT people were and we have since found and identified 300 people who want to meet each other.... People are really mixing well with each other in the LGBT community....it's been diverse here, and strengthened that community. In just 3 months, we have lost that, presence in cafes, community planning, training, because it's all had to happen so fast. We are a bit invisible really. (PINT01).

Organisations reported mixed local authority and health service awareness of LGBT+ older people's needs, meaning that the potential support offered by LGBT+ organisations was sometimes overlooked.

5 | CARE PRACTICES IN LGBT+ LIVES

Much was revealed about LGBT+ care practices and how relationship status and caring responsibilities determined experiences of lockdown and social distancing. Some interviewees described established relationships within comfortable living surroundings, financial ease and access to local support (SINS03; SINT3; SINT4; SINT6).

Of the eight people that lived with someone, six lived with their partner. For those, in a relationship but living apart, two gay men described how lockdown forced a choice between moving in together or maintaining their relationship online.

> I haven't felt isolated, the guy I was seeing moved in with me a couple of weeks before the lockdown. He had to move as his landlady was selling, I had been living on my own for 25–30 years. I looked at the alternative places with him. I own my own home, so it was a big decision for me and I went to see this room with him and it was just – well. I am glad I made the decision and to give up my total independence (SIV17).

Key concerns about privacy and concealment surfaced for some. One cis lesbian couple together for 17 years (not married or in a civil partnership) and not 'out' to one partner's adult children, were anxious about what would happen if one of them died from COVID.

> '"I've lied to my children for 17 years'" (SINT5).

Due to their tenancy rules, the partner's children would have a claim on their home if she died, potentially leaving her partner homeless. They were also concerned about hospital visiting arrangements during COVID, which might prioritise legally recognised 'family'.

> "living with that kind of anxiety can be really unhealthy in itself" (SINT5).

Another cis woman (SINM2) was temporarily cohabiting with her mother, who needed care. SINS04 a cis lesbian was the sole live-in

carer for her sister who had dementia—'*this wasn't the retirement I had so looked forward to*'. Since COVID-19, she felt trapped at home with her sister, with no access to day centres or respite care, and no opportunities to get out by herself, even for a couple of hours. This was exacerbated by fragile connections with their extended family, who had not accepted her sexuality. She missed her sister's friendship and found care giving repetitive and draining, compounded by the isolation of lockdown. Whilst low in mood, she remained fiercely loyal to her sister and determined not to let her down.

One lesbian's father had died from COVID (SINSO1) and she expressed guilt in not being able to support her bereaved mother. Others had friends whose partners had died prior to lockdown and they regretted not being able to physically support them.

Participants expressed strong caring and anticipation of the needs of others and were active in local networks with neighbours and made efforts to actively outreach to friends.

> At the beginning, I felt this huge urge to communicate. I wrote cards and sent books out to everyone I know, doing lots of outward communication. Then I had a phase of being inward (SIV22).

Another lesbian (SINS3) made a point of regularly checking in with an older gay man from Pilates, to offer support and friendship. A cis lesbian couple provided instrumental support to a trans woman who lived nearby as well as an older cis disabled, lesbian friend in her 80s who recently split up with her long-term partner (SINT6).

> Last year a friend of ours died of a respiratory infection and it's been a bit weird so we have tried to support her partner once a week, meeting on zoom, as it was the anniversary and it was just a very difficult time, getting through the firsts (SIV24).

A gay man who volunteered with an LGBT+ carers group continued to provide online support. He highlighted carers' isolation in rural communities, the impact of any previous hostility from locals, and the associated importance of LGBT+ outreach services.

Examples were given by one OI (PINM03) of people mending and reconciling relationships with their families. One trans woman reconnected with a previously estranged family while arranging her mother's care during the lockdown. However, one cis lesbian had no contact with her family (SINS03). She was desperate to maintain her autonomy, and described a plan to end her life should she get dementia and/or need to go into care home. She described how she had placed a 'Do Not Resuscitate' (DNR) above her bed '*so they know not to resuscitate me*'.

6 | STRENGTHS AND BENEFITS OF NETWORKING

Many participants described strong networking, empathy and peer support, often without accessing formal services. Participants in established relationships commented on how COVID-19 had brought these comforts to the fore and '*counted their blessings*'...(its) "*like working-class childhood in the 1950s or 60s – spending time at home, not travelling far afield*" (SNM16). Some (SINT2/2/4/6) were enjoying lockdown, aware that they had everything they needed, possessing company and security with their partner and valuing their lifestyle.

> Covid has affected our relationship (with partner), we spend some really positive close time together and support each other a lot. We have also been very preoccupied with our mothers and this takes us apart, so time is precious together (SIV22).

SNIM6 linked his coping strategies to being active, enjoying time outside and focusing on sustainability issues brought to the fore in the pandemic. He was very reflective:

> I never really came out until I was about 40, I lived a bit in the shadows really, wasn't really living life to the full. I regret not coming out earlier, because I would have had more fun. I think I find it easier to be happier now because I was so unhappy earlier.

Others observed that their locality had become '*kinder*'. SINM2 reflected on spirituality, with social distancing in church generating a more equitable and meditative feel. Others capitalised on strengthened international friendships (SINS01). One, however, commented:

> "How can you express yourself and keep a sense of belonging. Getting that feedback, a sense of whom you are. Which is why the tele-friendly service is help, they don't have to censor what they say, ie gay older person saying they want a hot man etc. Just to be able to be yourself" (SINT4).

Some participants enjoyed taking a leadership role such as SNIM5 who started to host a free photography group online. One OI commented that online groups might reduce barriers and allow individuals to try out groups in a way that felt safer.

7 | POLITICISATION OF AGEING ISSUES AND THEIR RELEVANCE TO LGBT+ COMMUNITIES

Not unlike the general population, participants spoke of the political impact of COVID. Some were outraged at the perceived incompetence of Government management of risk in care homes and the devaluing of older people through ageism compounded by their ignorance of LGBT+ issues (SINT01/02):

> "There needs to be a campaign on older people to include diversity.... They weren't even counted in the

statistics. Those in a care home, weren't even counted, we protect NHS staff but not people in a care home or give them PPE. If that was a nursery, there would be an outcry, but because it's older people. There needs to be a campaign or proper discussion that older people's lives matter. LGBT+ community has gone right back. How do they assert themselves in this environment?" (PINT01).

Participants perceived insufficient contingency planning for supporting vulnerable and isolated people from LGBT+ communities during emergencies. LGBT+ organisations were perceived to be the only ones signalling the need for support. They also highlighted the disproportionate impact of COVID on the service sector, where more LGBT+ people work (SNIM6). Participants engaged in political discourse that aligned with their own experiences as a marginalised group and expressed empathy for other communities adversely impacted. They feared LGBT+ services being seen as a luxury during the recovery period (SNIM6).

> There's a great chunk of every day that gets spent ranting, I never had high hopes but this is absolute utter incompetence, me shouting at the news (SIV22).

Two organisations accessed local additional funding to work remotely and help bridge gaps in services. Adapting was specifically challenging for small organisations. Not all of the reflections were negative, however, as one gay man in a long-term relationship and financially secure commented;

> I feel that society is much more tolerant, it's important to make a good network of friends and hopefully, family. You build a network of substitute family don't you? And to talk a lot, that's really important. My parents got used to the idea of me being gay, they had never met a gay person, or so they thought, and now they have an Indian son in law. For most people once you meet an individual, then it's different it's no longer a them and us thing (SIV63).

Similarly, one lesbian perceived that the pandemic was highlighting political regimes;

> Lots of things that have come to the fore, that are good and I feel hugely encouraged by Black Lives Matter and people willing to protest. That felt quite hopeful..... There are possibilities for making connections globally and this can be important for the LGBT movement. (SIV63).

8 | LEARNING FROM COMMUNICATION AND LGBT+ PROVISION IN A VIRTUAL WORLD

All participants noted their learning from the experience of working and interacting virtually. For a relatively small trans charity, moving training and consultations online resulted in a wider reach and improved connection with other organisations and community members, especially members and volunteers (often older themselves) who preferred not to travel. Befriending services found some existing volunteers were unwilling to work online, but gained new ones who were. People were often grateful for online support, and there were pockets of high activity such as making videos for PRIDE events. One organisation gave an innovative example of a virtual rather than a walking tour of the urban enclave they referred to, as the *'local gay village'*, which could be recorded as a sustainable digital object and reach more people, particularly those permanently confined to home (SINM03).

However, OIs reported tiredness from longer meetings, the challenges for those not comfortable engaging online and stretched resources in response to increased needs for support. OIs providing online training recognised the limits for experiential and quality learning (PINT01; PINM03). A trans poetry performer lamented the loss of valuable self-expression;

> I have missed being valued and the feedback that I get from my audience, the cudos and thanks ... And that is the most damaging thing to my self-esteem, telling me, you know, you are alright (SINT03).

Not all activities were translatable online (e.g. a transswimming group) or required too much coordination (SIV4). This particularly affected community members running peer networks. One project worker who had experienced bereavement, (SINT02) found it extremely difficult to work and it impacted on her ability to get support from her colleagues. Her grief made it difficult to provide outreach.

> It's a strange time, complicated by losing my mum. Not having a timeline, to know when go back, so up and down, it's so weird. It's very tiring doing meetings with people, its unnatural, looking at the screen (PINT01).

One organisation estimated that a fifth of older LGBT+ people lacked sufficient skills or equipment to be able to capitalise on virtual communications (PINM03). Their organisation improvised with letter-writing and telephone outreach to more vulnerable community members (PINMO3/T01) and lending IT equipment.

Some organisations commented on the implications of the Governments 'bubble' model, and the lack of scope for making new connections.

> "Based on the idea of meeting up with one household you already know, for those newly out who may be looking to find and get to know new people with similar experiences – this doesn't work" (PINM03).

9 | DISCUSSION

This study provided a snapshot of the impact of restrictions on the lives of LGBT+ older people living in the UK in the context of the

pandemic. Some participants presented a positive narrative of increased social kindness and inclusion: 'we are all in this together'. However, counter-narratives revealed tensions with perceptions of reactionary narratives, social inequalities and intolerance towards stigmatised groups, particularly trans people. Combined with the lack of usual LGBT+ community networks, and restrictions on other social and support contacts, this had potentially severe consequences for some.

This study confirmed many positive aspects of LGBT+ practices of care. Participants described significant and varied practices of caregiving, rising to the challenge of COVID with an explicit demonstration of empathy, insight, reciprocity and active outreach. There were strong narratives of self-agency, rather than passive receipt of care and support. Despite very clear disadvantages, discrimination and invisibility documented by participants, our findings illuminate many strengths in relation to affective equality and access to the resources of love, care and support and informal caregiving within the LGBT+ older community. The literature highlights the invisibility of LGBT carers (Cronin et al., 2011; Manthorpe & Price, 2006), and challenges for those living with dementia (Price, 2012; Westwood, 2016). However, the broader ecology of care in LGBT+ communities (Grossman et al., 2007; Willis et al., 2020) illuminated a sense of community-building and its maintenance together with resilience against a very unusual event. These findings highlight the strength and range of care practices and networks already in place. These were both formal, in terms of community-based organisations responding to the need to tailor or supplement mainstream services (Perone et al., 2020), and thriving at the informal level through the awareness and consciousness of community members supporting those whom they recognised as being more vulnerable. Furthermore, there was evidence of long-term capacity building by those who have nurtured and enriched relationships not only with their families of choice (Clunis et al., 2005; Traies, 2015) but also among other family members who had previously rejected them.

As reflected in the wider UK population, there were many opportunities afforded to break down barriers in local areas through mutual exchange and support. Some participants reflected on a range of strengths, including established relationships and drew on their own experiences and self-knowledge to support others (Cronin & King, 2014). They showed significant awareness of personal health, a sense of self-sufficiency in later life, and recognition of their own strengths and potential (Fredriksen-Goldsen, Kim, Bryan, et al., 2017; Traies, 2016). This variety of care networks through LGBT+ specific organisations, informal friendships with other LGBT+ people, and with neighbours and local communities demonstrated great adaptability and echoed what was seen in their heterosexual and cisgender peers. Further research is indicated however, regarding the impact of bereavement and loss and the impact of political activism on LGBT+ ageing coping strategies. Not surprisingly, there was potential for greater vulnerabilities in trans individuals' experiences. For some, their connections with LGBT +communities felt more fragmented or harder to access.

COVID-19 posed risks to LGBT+ older people who can become marginalised in hetero- and/or cis-normative services (Westwood et al., 2020). These failed to acknowledge those who may not be out and/or those hiding their relationships, particularly when having to prioritise contacts in restricted circumstances, and being dependent on default carers. Participants' highlighted intersecting discrimination on the basis of gender and sexual identities in an ageist environment. They expressed a lack of trust and our findings stress the importance of outreach from organisations with grass roots knowledge. An ecostructure of predominantly small LGBT+ groups, surviving on small grants, may have posed resource challenges in adapting to COVID and supporting community members to connect. There is a need for strategic commitment to LGBT+ community provision and acknowledgement of the challenges faced by the community and their expertise in responding.

10 | LIMITATIONS

This study drew on a snapshot of experiences during the first UK lockdown. It describes the experience of those who were willing and able to participate. The sample is predominantly White, which is significant given the unequal experiences of Black, Asian and Minority Ethnic older people reported earlier. Given the diversity of the community and its intersectionalities, it may not reflect the experiences of the whole population whose voices were not heard.

DATA AVAILABILITY STATEMENT
Data are available on request by contacting author three, due to privacy/ethical restrictions.

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