NARRATIVES OF OLDER LESBIAN AND GAY PERSONS:
Exploring disparities within social and health care support in Malta

Christian Vella

A dissertation submitted in partial fulfilment of the requirements of
the Master of Arts in Ageing and Dementia Studies

Department of Gerontology and Dementia Studies
Faculty for Social Wellbeing
University of Malta

February 2019

L-Università ta' Malta

FACULTY/INSTITUTE/CENTRE/SCHOOL Faculty for Social Wellbeing

DECLARATIONS BY POSTGRADUATE STUDENTS

Student's I.D. /Code 509186(M)

Student's Name & Surname Christian Vella

Course Master of Arts in Ageing and Dementia Studies

Title of Dissertation
Narratives of Older Lesbian and Gay Persons: Exploring disparities within social and health care support in Malta.

(a) Authenticity of Dissertation

I hereby declare that I am the legitimate author of this Dissertation and that it is my original work.

No portion of this work has been submitted in support of an application for another degree or qualification of this or any other university or institution of higher education.

I hold the University of Malta harmless against any third party claims with regard to copyright violation, breach of confidentiality, defamation and any other third party right infringement.

(b) Research Code of Practice and Ethics Review Procedures

I declare that I have abided by the University's Research Ethics Review Procedures.

As a Master's student, as per Regulation 58 of the General Regulations for University Postgraduate Awards, I accept that should my dissertation be awarded a Grade A, it will be made publicly available on the University of Malta Institutional Repository.

Signature of Student

CHRISTIAN VELLA
Name of Student (in Caps)

13th May 2019
Date

ABSTRACT

The purpose of this study is to uncover the stories of older LG persons, and seeks to analyse how this cohort go about their everyday lives when living in Malta, in particular where health care and social support are concerned. The collection of six narratives, administered by using the Biographical Narrative Interpretative Method (BNIM) formed the basis of this qualitative narrative study, which provided an in-depth look into the lives of older lesbian and gay persons (LG). As the ageing population increases, so will the ageing lesbian, gay, bisexual, transsexual and intersex (LGBTI) population, a situation which shall bring with it different realities with specific needs. Even though in Malta the social and health care support for older persons is available to all Maltese nationals, irrespective of any form of intersection, it is worth noting that this system is built round a heteronormative framework. Although many of the older LG require the same basic needs with regards to health and social support, they may lack community support, understanding on behalf of health care professionals, as well as others, who, due to homophobic tendencies may be unwilling to serve them. By adopting a narrative methodology this study highlighted the new phenomenon of the *gayby boomers*, namely that for the first-time social policy is faced with LG persons who are affirmative and are seeking recognition, understanding and integration in older age. These narratives were later analysed using a thematic analysis. Issues which emerged show that there is an unconscious conflict between living the life of an older LG person, and the inherent need to conform to heteronormativity. The testimony of the participants showed that confirming to a heteronormative reality may be the most effective route of securing the stability and wellbeing which they desire in their old age, such as the availability of support services without judgement, and a healthcare system which is better targeted towards their needs. However, at the same time, participants also felt the need for more visibility within local gay spaces in order to alleviate loneliness. It resulted that the denial of their true selves arose in conjunction with a fear of living their later life in institutionalised care which is built around a heteronormative culture. This study brought to light the lacunae in Maltese policy that would better enable older LG persons age in a safe and dignified place that is free from discrimination and abuse. Findings also elicited ways in which policy recognition could have a ripple effect onto service provision, an area where understanding of, and sensitivity training towards, the lives of LG persons is paramount. As a recommendation, future research ought to inquire into the lives of other older identities which fall under the full LGBTI spectrum, in order to take into account realities that go beyond the gay and lesbian identity.

Keywords: LGBTI, LG, heteronormativity, queer, old age, health care, social support, long-term-care, later life, policy, ageing, Malta

DEDICATIONS AND ACKNOWLEDGEMENTS

It gives me pleasure to acknowledge a number of people, who all played a crucial part in making this study possible.

I would like to start off by thanking my supervisor Prof. Marvin Formosa, for his constant support and guidance through the entire process.

A heartfelt thanks to the participants, who accepted in taking the time to share their experiences and narratives for the purpose of this study. Without them this study would not have been possible. They have provided me with great insight and understanding which I will treasure forever.

To my son Sebastian Charles, thank you for understanding that papa had to spend some time away from you to write. I promise you that I will make this up to you with many adventures yet to come. Clayton, my husband, I know the time spent away at my desk and not with you and Sebastian may have seemed to be the hardest for you, and for this I thank you for your patience and support. To my mother, for not only providing your unconditional love but also for your continuous support in all this. To my dad who I know is watching over us.

Lastly to my dear friends, Daniela Grech and Mario Gerada, thank you so much for showing interest in this study and in lending your critical eyes, I truly am grateful.

Table of Contents

LIST OF GRAPHES, TABLES AND FIGURES

LIST OF APPENDICES

LIST OF TERMS AND ACRONYMS

AGE Platform Europe: is a European network of around 165 organisations of and for people aged 50+ directly representing over 30 million older people in Europe. The purpose of its work is to voice and promote the interests of the 150 million inhabitants aged 50+ in the European Union and to raise awareness of the issues that concern them most. AGE seeks to give a voice to older and retired people in the EU policy debates through the active participation of their representative organisations at EU, national, regional and local levels, and provides a European platform for the exchange of experience and best practices. AGE has applied for consultative status with the Council of Europe. AGE is a member of the Platform of European Social NGOs, the European Anti-Poverty Network and the European Public Health Alliance. AGE was established in 2001. http://www.age-platform.eu/en. European Commission Register of interest representatives identification number: 16549972091-86 (AGE Platform Europe and ILGA-Europe, 2012)

***ARC*:** Allied Rainbow Communities (ARC), a local non-governmental organisation (NGO) was established in mid 2015, arc's motto "belong grow and contribute" reflects arc's mission to foster a sense of belonging and growth within the LGBTIQ+ community leading to a positive contribution to general society (Allied Rainbow Communities, 2016). ARC was the main gatekeeper of this study.

Antiretroviral therapy: has brought about a substantial decrease in the death rate due to HIV-1 infection, changing it from a rapidly lethal disease into a chronic manageable condition, compatible with very long survival (Broder, 2010, p.1).

BNIM:. Biographic -Narrative Interpretative Method (BNIM)is a research tool used to collect data, “assuming that ‘narrative expression’ is an expression of both the conscious concerns and also of unconscious cultural, societal and individual presuppositions and processes, BNIM supports research into the lived experiences of individuals and collectives. It facilitates both the ‘inner’ and ‘outer’ worlds of ‘historically-evolving persons-in-historically-evolving situations’ (Wengraf, 2008, p. 1). The BNIM was the tool used to collect the data for this study.

Coming out: is the process where one personally accepts the sexuality they subscribe to and telling others. The coming out process is different for every person. Some experience anxiety, pain, and anguish while others find acceptance easier (Johnson, 2017).

Gay: refers to a person who is sexually and/or emotionally attracted to people of the same gender. It traditionally refers to men, but other people who are attracted to the same gender or multiple genders may also define themselves as gay (ILGA Europe, 2018).

Gayby boomers*:* is a term used in addressing a new phenomenon in gerontology, that of for the first time we are faced with persons of the baby boomer generation who identify as gay, who have reached middle or older age, and are 'out' and seeking recognition, understanding and integration in older age like no other generation before (MetLife, cited in Ramirez-Valles, 2016). For the purpose of this study the 'Gayby boomers' incorporates both the lesbian and gay identity.

Gerontology: is the scientific study of old age, that deals with the process of ageing and is addressed by various disciplines, such as researchers, practitioners and scholars (de Medeiros, 2014).

GU Clinic:. Genitourinary clinic (GU Clinic) located within Mater Dei hospital, provides the service of diagnosis and treatment of Sexually Transmitted Infections, counseling and testing for HIV as well as other genital conditions not necessarily sexually acquired (Government of Malta, 2019)

Heteronormativity:. is the product of historical social constructs which promotes heterosexuality as the normal, ideal type of sexual orientation, mapping heterosexuality as the privileged social norm. Such discourse is reinforced in society by power institutions such as the church, state, capitalism and science in dictating various rights, duties and obligations such as marriage, taxes, employment, among many others. Heteronormativity is viewed as a form of power and control that privileges some individuals and not others. (Foucault, 1987)

Heteronormative Culture: Emerging from the definition of 'heteronormativity' reflecting the need for inclusive non-binary language, a need to adopt and incorporate LGBTI persons within any given cultural system (Singh, 2018).

Homophobia: is the fear, unreasonable anger, intolerance or/and hatred directed towards homosexuality (ILGA Europe, 2018).

ILGA-Europe: the European Region of the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA-Europe) is a European NGO with 391 European, national and local lesbian, gay, bisexual, transgender and intersex (LGBTI) member organisations in 45 European countries, and works for human rights and equality for lesbian, gay, bisexual, transgender and

intersex people at European level. ILGA-Europe enjoys consultative status at the Economic and Social Council of the United Nations (ECOSOC), participative status at the Council of Europe and receives financial support from the European Commission and other funders. It is also a member of the Platform of European Social NGOs. ILGA-Europe was established as a separate region of the ILGA in 1996. http://www.ilgaeurope.org/. European Commission Register of interest representatives identification number: 11977456675-84. (AGE Platform Europe and ILGA-Europe, 2012, p.1)

***Internalised homophobia*:** happens to gay, lesbian and bisexual people, and even heterosexuals, who have learned and been taught that heterosexuality is the norm and "correct way to be". Being exposed to negative depictions of LGB people can lead to internalise, or take in, these negative messages. Some LGB people suffer from mental distress as a result. Examples of this include and is not limited to: denial of one's sexual orientation to self and others; attempts to change or alter one's sexual orientation; disrespect to more obvious or open members of the LGB community; and the feeling that one is never good enough (The rainbow project, n.d.)

Lesbian: a woman who is sexually and/or emotionally attracted to women. (ILGA Europe, 2018)

***LG:*.** acronym for lesbian and gay persons (ILGA Europe, 2018). The focus of this study was on LG persons.

LGB: acronym for lesbian, gay, bisexual people (ILGA Europe, 2018)

LGBTI: Acronym for lesbian, gay, bisexual, trans and intersex people (ILGA Europe, 2018)

Narrative Inquiry:. Donald Polkinghorne defines narrative as " the process of making a story, to the cognitive scheme of the story, or to the result of the process -also called 'stories', 'tales', or 'histories'" (p.13 , cited in de Medeiros, 2014)

Nearing the end of the rainbow: by incorporating the idea of a rainbow, another symbol used for the LGBTI community, denoting the realisation that participants are slowly entering into advanced age. This definition was coined by the researcher and used as one of the subtitles in the results chapter.

Queer: previously used as a derogatory term to refer to LGBTI individuals in the English language, queer has been reclaimed by people who identify beyond traditional gender

categories and heteronormative social norms. However, depending on the context, some people may still find it offensive. Also refers to queer theory, an academic field that challenges heteronormative social norms concerning gender and sexuality (ILGA Europe, 2018).

Queer gerontology/ageing: is a strategy more than a concept, to raise questions, develop methodologies, gather data, and create new theoretical tools. It works as a set of lenses to look at ageing. The goal is to unmask the ways in which heterosexual dominant norms define what it means to be an older person -from the decline of our bodies to retirement, support communities, and living conditions. It implies making visible the same-sex desire, love, and relationships in old age, and documenting the manner in which older queer people live (Ramirez-Valles, 2016, p. 21).

Queer theory: established since 1990s, has emerged as an academic tool, from gender and sexuality studies and feminist theory. As a theory it serves in acting as a critique and challenging the notion of defined and restricted identity categories, as well as the set norms that create a binary of deviant and non-deviant sexualities. Queer theorists argue that norms are not set, but ever changing, which people may or may not subscribe to, making queer theorists' call for action to challenge such binaries in hopes that this will eradicate difference and inequality. (Illinois University Library, 2019)

Re-entering the closet: The tendency of LGBT people to hide that part of their identities when they enter nursing homes or receive at-home care (Rychter, 2017).

Stonewall riots: also referred as 'Stonewall uprising', is a series of violent confrontations that began in the early hours of June 28, 1969, between gay rights activists and police outside the Stonewall Inn, a gay bar in the Greenwich Village, New York City. As the riots progressed, an international gay rights movement was born (Encyclopedia Britannica, 2019).

Successful ageing**:** defined by Rowe and Kahn (1997) as having active engagement within society. Attributes of successful ageing is when a person possesses high physical function and low risk of disease. The key factors to successful ageing is autonomy and social support.

The pink route travelled: The colour pink is a symbol used for the LGBTI community, which sets to explain the life journey travelled by the participants, in reaching where they are today. This term has been coined by the researcher in explaining the first subtitle in the Results section.

CHAPTER 1: INTRODUCTION

1.1 Population ageing: A new demographic emerges

The global population is increasing. This is not however attribute to an increased fertility rate, but mostly to increased longevity. Because people are living longer, it is estimated that by the year 2050, persons aged 60 and over will amount to two billion worldwide (World Health Organization, 2017). Hence, Governments and nations have to be prepared for such a reality, which will have to involve a review of the current healthcare and social welfare systems. Moreover, as the ageing population grows so will the ageing lesbian, gay, bisexual, transsexual and intersex (LGBTI) population which shall bring with it different realities with specific needs (Erdley, Anlam and Reardon, 2014). Within this reality, the 'gayby boomers',LG persons subscribing to the baby boomer generation who are 'out' and seeking recognition, understanding and integration in older age (MetLife, cited in Ramirez-Valles, 2016), have brought about a new demographic to population ageing in Malta, like no other generation before. Reaching past the stage of middle age and entering into older age may be exciting for some, but this can't be said for all (Stonewall, 2011). Lesbian and Gay (LG) persons undergo a different life experience than their heterosexual counterparts and, over the past years, gerontological research has claimed central focus over the disparities found within the healthcare system, including that of persons who identify as LGBTI (Witten, 2012). In fact, it is stated that minority groups remain invisible in policy reports on healthcare (ibid.).

Similar to those found in developed countries, policies and initiatives in Malta, which are aimed towards the mapping and overall betterment in quality of life of the older Maltese population, make no reference made towards LG persons. If the academic community is to better understand the ageing process of LGBT persons, it must reach out and listen to their narrative and engage them in the research process (Pugh, 2012). Even though there might be an increase in interest on LGBT medicine and health concerns, research literature is limited when it comes to focusing on the needs and disparities in experiences of older LGBT persons (Witten, 2012).

1.2 Location of self in study

Apart from the fact that research on older LG persons is a relatively recent subject to the field of gerontology, my interest in this research study further developed from my undergraduate dissertation which delved into the narratives of older gay men. Identifying as a gay man myself, I was further intrigued into better understanding how older LG persons adjusted into older age, which is still, built around a heteronormative framework, the issues and challenges faced, and whether they have managed to successfully integrate their sexual identity with age. Furthermore, the study seeks to identify measures that could be taken in order to shift the policy lens onto this sub population, and which would then enable them to age with dignity.

1.3 Identifying the research agenda

The premise of this study is that every person has a story to tell, even those who identify as older lesbian or gay men, and seeks to analyse how these persons manage their everyday life in particular where health care and social support are concerned. This study aimed at inquiring into the lives of older LG persons above the age of 58 and living in Malta, by asking one broad research question, followed by more specific questions, throughout the sequential interviews as in line with the BNIM methodology:

“Can you please give me a detailed picture of what life is like at your age, as a lesbian/ gay person? how you have come to experience ageing? how you manage your everyday life in Malta, now that you are of older age, keeping in mind your health care needs as well as social support”

"What is your experience when accessing health care and social support (if any) services? Do you feel that, as an ageing gay / lesbian person, your physical needs - that is, when you are physically ill - are adequately catered for, irrespective of your sexual orientation? Have you ever sought either psychiatric or psychological services? If yes, how was the experience? You are most probably befriended with many peers of a gay /lesbian sexual orientation who are aged 65-plus? Did any of these peers ever apply or receive health care and social support services? What was their experience? Looking towards the future, how do you envision and anticipate your ageing life to be like?"

In doing so, the study sought to better understand the needs and disparities lying within healthcare and social support of this minority group. Even though in Malta the social and health care support for older persons is made available to all Maltese nationals, irrespective of any form of intersection, it is worth noting that this system is built round a heteronormative framework (Berlant and Warner, 1998). Although many of the older LG persons require the same basic needs with regard to health and social support, they lack community support and understanding by health care professionals, as well as others, who, due to homophobic tendencies, who may be reluctant to serve them (Kelly and Robinson, cited in Witten, 2012).

1.4 Methodology and research design

The proposed study adopted a qualitative methodology, specifically that of the Biographic-Narrative Interpretive Method (BNIM). Narrative gerontology is the chosen strategy for this study as it focuses on the subjective development of ageing, and builds on, the premise that humans are fundamentally narrative beings, as much biographical, as they are biological (Randall and Kenyon, 2004). Ultimately, narratives not only provide a voice to those rendered invisible, but help in gaining meaning and understanding of how people interact with others and the systems around them (ibid.). The data was gathered by means of one-to-one in-depth interviews. Data was analysed using a thematic analysis approach which brought out the similarities and differences of the stories told by the participants.

1.5 Significance of the study

Over the past years, research on older LG persons has brought to light stories containing narratives of hope whilst confronted with oppression; gaining visibility and building communities whilst challenging the myths of being lonely and depressed, and championing the right to age successfully while battling social stigma (Ramirez-Valles, 2016). The reality is that the very notion of "successful ageing" is often seen through the heteronormative lens, making the life stories, relationships and culture of older LGBTI people invisible and overlooked by those responsible in promoting wellbeing in later life and responsible for service provision (Sandberg and Marshall, 2017).

Older LG persons may still be going through the internal battle of expressing their true identity, yet they are very much aware of the social stigma attached to gender nonconformity, old age,

and perhaps AIDS and HIV (Ramirez-Valles, 2016). Many are single, without any family ties, however over the years, they have managed to create their own support network by establishing their own 'family of choice' (Bennet, 2008).

Research on sexuality and ageing is relatively considered limited (Simpson, Horne, Brown, Wilson, Dickinson, and Torkington, 2017). It is therefore unsurprising that the needs of older adults remain generally unknown. Indeed, many service providers are unaware that LGBTI persons are also potential users of their services (Hughes, et al., cited in Fredriksen-Goldsen, Hoy-Ellis, Goldsen, Emlet, and Hooyman, 2014). This notion has resulted in older LGBT persons to becoming medically underserved and at a higher risk of health problems than their heterosexual counterparts, thus calling for a much-needed enquiry into making these services accessible (Erdley et al., 2014). It is argued that one cannot properly provide an adequate care plan if both history and future fears of the older persons are disregarded. This specifically applies to older lesbian, gay and bisexual (LGB) people, who hold such concerns (Pugh, 2012) and view themselves as people living on the margins of society (Green and Grant, 2008). Proper care requires a life course or a biographical approach (Pugh, 2012). Establishing a growing acceptance of the LGBTI population in the Western world is not enough to secure an environment in which the identity of the person can continue to develop and flourish in a space that is free from negative attitudes, stigma and discrimination (de Vries, 2015). Efforts were made to review data on the sexual identity of older Maltese women and men. To date no such data is available, however what is known is that approximately 7 % of the population is gay (Malta Independent, 2011), however it is unsure as to how much fall under the age of 65. A narrative approach which was undertaken in this study hopes to provide a glimpse into the life stories of older LG persons, as well as to enable understanding in guiding policies, and affirmative service provision in meeting their needs.

1.6 Outline of chapters

The following chapter delves further into the literature of the subject under study. It starts of by introducing the heterogeneity that lies among older persons, followed by a close look at sexuality in later life in particular to the lives of lesbians and gay men, queer theory and its presence within the field of gerontology followed by a critical-sexual critique on ageing policies, including ageing policies in Malta. The chapter ends with an overview of innovation

and good practices in ageing policies for lesbian and gay persons. Chapter three provides a comprehensive description of the methodology, research design and methods use to analyse the data. Chapter four presents the findings, as derived from the data collection, Chapter five provides a detailed discussion of the results in comparison to the literature reviewed. The conclusions drawn from this narrative study on the experiences of older lesbian and gay persons, in relation to health care and social support are found in chapter six. The latter chapter highlights the implications of health care and social support to older LG persons, recommendations for future research as well as policy, practice, service development and education. This chapter ends by underling the strengths and limitations of this study.

CHAPTER 2: LITERATURE REVIEW

2.1 Older persons: A heterogeneous and diverse population

Population ageing has become a rapid global phenomenon, increasing at a faster rate than ever before. Globally, people aged 60 years and older in 2015 totalled to 900 million and it is projected to rise to two billion by the year 2050 (World Health Organisation, 2017). The experience of ageing largely depends upon the social context and cultural meaning given to it, together with predetermined notions that others have towards it, even more so when dealing with those who belong to a disadvantaged or underrepresented group. Over the years, gerontology has learnt to consider feminist, as well as queer theories and their critique of socially constructed binaries, as well as the need to acknowledge diversity and the different ageing experiences and identities. Feminist and queer notions of abject bodies and identities, and their focus as to why some bodies are excluded and stigmatised have much to contribute to the field of gerontology (Sandberg and Marshall, 2017). Service providers offering care to older persons who belong to a minority group, need to consider the possible history of oppression and exclusion as experienced by LG persons when accessing healthcare. It is by being mindful of such possible histories and experiences, including the trauma these may have caused, that service providers can offer a personalised service, while remembering to check if LG persons are experiencing any similar prejudices in their present life (Cronin, Ward, Pugh, King and Price, 2012). This critical strand in cultural gerontology aims at recovering the individuality of older lives and pinches at the roots of poststructuralism and postmodernism. In general, society is viewed as a web of signs which are constantly analysed, interpreted and deconstructed (Twigg and Martin, 2015). This notion has brought about a shift from 'structure' as viewed in terms of grand narratives as expressed by Marxism, placing more focus on 'agency' (the whole person), encompassing themes of identity, individuality and reflexivity as stated by Giddens (ibid.).

Heterosexuality viewed as the privilege social status, has been heavily discussed and criticised by second-wave feminist and sociologists which seems to structure the western world (Richardson, 1996). The concept of heteronormativity emerged as the result of the enmeshment of heterosexuality in everyday life, leading to a dominant heterosexual culture. Queer theory, defines heteronormativity as the cultural saturation of heterosexual norms and values which composes the environment of contemporary socio-political life (Berlant and Warner, 1998). Queer theorists criticise the divisions that lie between heterosexual and homosexual identities and the limited ways in which different sexualities are represented in everyday discourse

(McPhail, 2004), primarily that of the heteronormative experience being the all-encompassing human experience. However, queer theorists have also been criticised for not delving into the voices of older LGBTI persons in account of the varied dynamic ageing process (Brown, 2009).

Fusing sexual minority identities into a convenient grouping (e.g. LGBTI) or in the case of this study LG, may prove problematic as even though a person may identify with a particular sexual identity by means of virtue in membership, their needs may very well be different, making this difficult to define (Cronin, et al., 2012). What may be seemingly a homogenous group, may very well constitute into a heterogeneous one (ibid.). Labelling people and in seeing categories as being both fixed and unchanging may cause confusion within both practice and policy measures (ibid.). Over the years the life course perspectives has gained popularity as being a dominant approach in uncovering the differences in ageing, and how individual biographies make sense of their ageing experience as they interact within a context of social structure and historical circumstance (Wilson, 2007).

2.2 Sexuality in later life: Lesbian and gay older persons

Over the past years, research on older LG persons brought to light stories containing narratives of hope whilst confronted with oppression; gaining visibility and building communities whilst challenging the myths of being lonely and depressed, and championing the right to age successfully while battling social stigma (Ramirez-Valles, 2016). The Baby Boomer generation, has brought about a new emerging demographic, that comprising of LG persons who have reach middle or old age with a sense of self coupled with the gay identity like no other generation before (MetLife, 2010). Many are single, without any family ties. However, over the years have managed to create their own support network by means of establishing their own 'family of choice' (Bennet, 2008). It is predicted that the effect of this particular older LGBTI generation group, might be as world-shattering as that of the gay liberation and Aids movements (Heaphy, 2007). It is argued that older LG persons may yet be going through the internal battle of expressing their true identity yet are very much aware of the social stigma attached to gender nonconformity, old age, and perhaps AIDS and HIV (Ramirez-Valles, 2016). A threat to one's overall wellbeing is that of homophobia: "We're going to be like living with the same bigots who hated us when we were younger" (Ramirez-Valles, 2016: pg. 3).

There is a growing area of empirical evidence that highlights the intersection of multiple identities in LGBTI ageing coupled with risk factors which include significant health disparities, heightened exposure to discrimination and victimisation, and the fear of potential challenges in accessing culturally responsive environments (Higgins, Sharek, McCann, Sheerin, Glacken, Breen and McCarron, 2011; Hafford-Letchfield, Simpson, Willis and Almack, 2018). The LGBTI and gerontological research community, have come to acknowledge that older lesbians in particular are an ignored and invisible sub-population, placing them at a triple threat of marginalisation and oppression (Averett and Jenkins, 2012). The UK government recognised that care homes failed to provide LG persons with a supportive environment and stated in its action plan an exercise to identify what further measures could be taken to support older LGBTI persons (HM Government, 2011), albeit such measures seem to have never been published. Civil society also plays an important part; the Dementia Action Alliance (2016) issued a report on dementia and the LGB population. The report states how the current older lesbian and gay population in the UK had been subjected to unequal and unfair treatment and this had an effect to their current wellbeing and care.

> What is already difficult is made worse as health and social care professionals frequently reinforce this by assuming everyone in care is heterosexual. In fact, many care providers and carers report never encountering anyone with dementia who is LGBTI. This risks further silencing LGBTI people and makes it more difficult for them to feel able to come out (Dementia Action Alliance, 2016 ,para. 6).

Older persons who came of age, experience an environment which attempted to "normalise" them by means of psychological or medical treatment, physical and psychological abuse and denial of health care access. This has resulted in many to have difficulty in accessing or totally denying the access to care and support services due to their own past negative experience, or that of their friends (Witten, 2012). Ageing is not simply about the biological aspects but also about social aspects, which are complex and involve challenges such as reduced income, adapting to reduced physical capabilities as well as limited social network support that seems to decay with age (ibid.). In comparison to heterosexual counterparts it has been argued that due to a history of living with stigmatised sexual identities, older LGBTI persons are seen as being better equipped in facing ageing problems, mastering a sense of 'crisis competence' along the years (Heaphy, Yip and Thompson, 2004). Although many of the LGBTI older persons have the same needs as regard to health and social support they may lack community

support as well as understanding on behalf of the health care professionals or the unwillingness to serve them (Kelly and Robinson, as cited in Witten, 2012), making them invisible within healthcare environments and pushed into further marginalisation (Kushner, Neville and Adams, 2013). Historically, older LGBTI persons have faced a number of general negative assumptions, by the general public, as well as those within the professional field, which has led many of them to choose a covert route and conceal their identity (Neville and Henrickson, 2006), by repressing their sexual orientation, resulting in depression and isolation in old age (Dorfman, Walters, Burke, Hardin, Karanik, Raphael and Silverstein, 1995). Witten and colleagues, showed that a poor social support and isolation doubled the risk of Alzheimer's disease, in comparison to persons who were in receipt of support (Witten, 2012).

Older LGBTI persons do not have to suffer when in need of health care or support services because of a history characterised by discrimination and persecution (ibid.). It is also noted that socio-economic status and educational background does influence the interaction towards such arrangements. Discrimination occurs on multiple levels, and is not only experienced externally within healthcare environments and attitudes, but also internally within the LGBTI community, due to issues on ageing (Kushner et al., 2013). LGBTI organisations have traditionally focused on the youth (Witten, 2012; Heaphy, et al., 2004) and in so doing dealing with issues which are faced at the earlier life stages, such as coming out, building a support network, HIV awareness, and parenting, with very few initiatives targeted towards the challenges faced by the older population (ibid.). Morover older gay men in particular, through their involvement within the gay community are subjected to ageism as they interact with younger members (Heaphy, 2007), such as holding the sterotype of a ‘sad, old, lonely, bitter queen’ (Albo, 2018). The general idea of being old is seen as bad, ‘and to be seen as younger than one’s chronological age is good, such pressures to fit in and feel part of the gay community has lead them in taking a covert route in “passing” as being that of younger age (Slevin and Linneman, 2010). Age relations seem to place the body as a site of struggle and ambivalence, in obligation to consume products and lifestyles (ibid.).

Older LG persons may be reluctant in discussing their sexual history with care professionals, due to a history based on discrimination and persecution (Willis, Miegusuku-Hewett, Raithby, and Miles, 2014). The life-course development model is crucial in understanding the historical context and environmental factors that influence the overall wellbeing of older LGBTI persons. Noteworthy to state that most LGBTI persons came of age in a time where homosexuality was

heavily stigmatised and criminalised (Fredriksen-Goldsen and Kim, 2017; Price 2010). Just 50 years ago, there was no laws which could protect the person from discrimination and prejudice, let alone that of having same sex relationships acknowledged, by means of a civil union or marriage. Many lived in constant fear that somehow their sexual identity may be exposed, which may run the risk of losing their housing, employment and families (Knocker, 2012, Haber, 2009, Vella, 2013). Even more extreme, some were subjected to counselling as well as conversion therapy in order to 'normalise' them into leading the socially accepted lifestyle of the time, that of a heterosexual lifestyle (Dickinson, Cook, Payle and Hallett 2012). A way of concealing one's sexual identity was by engaging with heteronormative milestones such as marriage, which held many meanings; that of hiding homosexual identities and desires, following heteronormative expectations (Vella, 2013) and attempting to resist same-sex attractions (Willis et al., 2014). The HIV and AIDS epidemic, is a key feature in the history shared by the current LGBTI ageing population (Fenge, 2014) one which greatly impacted the gay community, mostly gay men, both in terms of premature bereavement as well as in giving rise to further stigma related to ignorance and fear of contamination of getting close to a gay person (Knocker, 2012). The three-day protest and battle with the police during the Stonewall riots in America in 1969, became a symbol of the gay liberation movement, providing hope to many (National Association of Social Workers, 2012). Such life experiences are bound to impact older LG persons in comparison to non-older LG persons, which can have a lasting effect on the perceived trust towards health and social care providers, as well as in being confident in approaching agencies for support and being open about their sexuality in later life (Fenge, 2014). Looking at the history, understanding may unfold as to why some LGBTI older people may be political about their identity and others prefer not to be. Experiences of having to conform to heteronormativity, the disassociation of sexual identities with mental illness; criminality, the experience of gay liberation, activism and positive engagement with the LGBTI community all impact on the coming out process (Hafford-Letchfield, 2016).

General prejudicial attitudes towards the LGBTI population, may have instilled what is known as internal homophobia to the acceptance of one's sexual orientation (Meyer and Dean, 1998). Therefore, it is argued that along the years gay men may have internalised societies stereotypes towards the LGBTI community. Even though research states that gay men do come to terms with and integrate their sexual orientation with their total identity, a degree of internalised homophobia remains somewhat ingrained within the psyche (Troiden, 1989 as cited in Reilly, Yancura and Young, 2013). Other research shows how both heterosexual and gay persons

shared the exact same stereotypes of gay men, that of being effeminate (Simon, Glassner-Bayrl, and Stratenwerth, cited in Reilly et al, 2013).

In line with minority stress theory (Meyer, 2003), research clearly outlines the stressful implications of experiencing a history of stigma and discrimination, which may give rise to negative adaptive behaviours such as depression (Albo, 2018; Shippy, Cantor and Brennan 2004), loneliness, alcoholism, drug use and anxiety (Masini and Barrett, 2008). Henderson and Almack (2017) argued that LGBTI individuals are likely to have higher incidences of life-limiting and life-threatening disease attributed to risk behaviours, and are disproportionately at risk for sexually transmitted infections including HIV/AIDS, in addition to body weight problems, and certain cancers (Driscoll and Gray, 2017). Furthermore, over 50 percent of older gay men suffer from some form of mental health issue (Lyons, Pitts and Grierson, 2014), including suicide and self-harm (Knocker, 2012). Developing an understanding to the intersectionality within the LG identity, allows one to examine the social divisions and identifications which may make a person visible at times and invisible during others. For instance, in the case of living dichotomous lives, where an LG person may be out in some settings but not in others (Rawlings, 2012), such as in the case of never disclosing a relationship with a partner, to family and friends, which would only complicate matters should one require additional support or health care services (Fenge, 2014).

Experiences of hostility and lack of understanding to their lifestyle (Price, 2010), has enabled LG persons to establish a family of choice and good support network, as a sense of fostering overall wellbeing (Snyder, Jenkins and Joosten, 2007; Heaphy, 2007; Kusher et al., 2013). This is also seen as the most age-related concern which LG persons face, the fear of not having an adequate support system as they further age (Houghton, 2018). Interesting to note is that lesbians tend to include former lovers as their support system (Dorfman et al., 1995), which does not seem to be the case for gay men when reaching older age as distinctions between friendship and lovers are maintained (Vella, 2013). However gay men are more likely then lesbians to be single and living alone as well as having a smaller support network (Houghton, 2018), in fact securing support networks are even important for gay and bisexual men as they seem to struggle in maintaining family ties and meaningful relationships (Shippy et al., 2004). In understanding the general importance of relationships which define family of choice, respondents in a study carried out by Gabrielson and Holston (2014), state that such relationships (a) replace relatives roles; that is those who are related by blood such as ‘siblings’,

(b) are characterised by longevity; that of having a long history with the person, relationships of 25-30 years, (c) providing safety and intimacy and commonality; common understanding and values (c) which holds great trust and reciprocity in support. Social networks are seen as comprising social support which is derived from individuals, communities and agencies both public and private (Skemp and Kelley, 2005). In this regard social support seems limited to one outlet as LGBTI seniors are five times less likely to access community and public services due to fear of discrimination and harm (Portz, Retrum, Wright, Boggs, Wilkins, Grimm, Gilchrist, and Gozansky, 2014).

LGB people above the age of 50, in comparison to heterosexuals of the same age group, report a higher rate of nine out of twelve chronic conditions (Fredriksen-Goldsen and Kim, 2017), similarly in a study carried out by openHouse in San Francisco, it was found that gays and lesbians above the age of 60 reported higher levels of chronic disability (38 percent lesbians, 36 percent gays) in comparison to their heterosexual counterparts (25 percent women and 16 percent men) (Sullivan, 2014). Like the general population fewer depressive symptoms and better overall health benefit LGBTI couples from being partnered (Goldsen, Bryan, Kim, Muraco, Jen and Fredriksen-Goldsen, 2017). Challenging matters are feared as their social network starts diminishing which comes at a threat to their own wellbeing and sexual identity (Albo, 2018; Raws, 2004). In comparison to heterosexual persons, older gay and lesbian people are more likely to be single and living alone (Alzheimer's Society, 2017), at approximately one-third to a half of older gay and bisexual men live alone, without family support structures and adequate support services that heterosexual persons enjoy (Fredriksen-Goldsen et al., 2014; Houghton, 2018). Poverty is also not new to this target population, as contrary to the myth that LGBTI people are living comfortably, enjoying an upper middle-class lifestyle, it is more likely that they are in a poorer state then their heterosexual counterparts, with nearly one-third of older LGBTI adults above the age of 65 living at or below the poverty line (Albo, 2018). A major contributor to support structures is that of parenthood. Older persons who are childless, experience a smaller social network, lower financial security, poorer health outcomes and a reduced contact with extended family members (Dykstra, 2006). According to a recent survey carried out by the AARP, a non-profit, non-partisan organisation based in the US, dedicated in empowering Americans over the age of 50 to choose how they live as they age, found that senior services also seem to be inaccessible for LGBTI adults, a service which is highly desired but lacks in adequate LGBTI-specific senior care and services (Houghton, 2018). Perceptions

alone of having weak social support system is seen as being directly correlated with poorer mental health (Cornwell and Waite, 2009).

When in later life and in seeking long-term care, even within this sub-population, diverse issues may be encountered as homosexuality may seem accepted and tolerated, but not understood in traditional settings, leaving the person to strip of any behavioural mannerisms, which may be deemed abnormal by others, and potentially being targeted as a sight of humiliation (Margolis, 2014). In this regard the AARP survey, found that most are concerned of neglect, abuse, limited access to services as well as verbal or physical harassment (Houghton, 2018). As a result, some may choose to 're-enter the closet' (Purvis, 2018; Fredriksen-Goldsen et al., 2014) as means of safeguarding themselves leading to losing their cultural and sexual identity to assimilation (Margolis, 2014). Others who lived with the stigma, and battling with internal and external homophobia throughout their life, may come to reach acceptance in later life and would require that additional support when "coming out" (Altman, 1999). Psychological adjustment, is found to be a direct correlation with "coming out" such as the fear of further stigmatisation and discrimination, which may hinder the older LG persons not to seek further health care (Rosario et al., 2011). Fears of hostility and homophobia are not directed solely from care staff, but from all fronts including other residents (Knockel, Quam and Croghan, 2011). This is further laminated by a study on Australia's care environments, which suggests that heteronormative attitudes are still prevalent within residential homes (Willis et al., 2014). In a study carried out by Pereira, Serrano de Vries, Esgalhado, Afonso and Monteiro in 2017, the majority of respondents, believe that in order for change to happen and for the situation to improve, they must gain courage and 'come out of the closet'. Exposing their sexual orientation would help in counter-acting the heteronormative idea of ageing, as well as soften any homophobic attitudes held by the caring staff (Dickey, 2013). Such stance may however seem insensitive towards their socio-legal history of discrimination and social exclusion (Willis et al., 2014).

2.3 Queer theory in gerontology

The entrance of the current lesbian and gay cohort into the sphere of ageing population, brings about a certain twist to gerontology, which is aligned in accordance to the heterosexual life course (Brown, 2009). Ageing is rooted in number of assumptions about the self, community, desire, coupling, family and the life course, all deriving from a white heterosexual middle-class

world (Ramirez-Valles, 2016). Queer theory is an approach used to inquire the way in which discursive practices create identities and the very essence of how heteronormativity shapes our lives, society and its institutions (ibid.). Queer gerontology is more of a strategy rather than a concept. It aims to challenge people in raising questions, develop methodologies and creating the necessary theoretical tools, as it unmasks the heteronormative way of what it means to become of older age; from the decline of the body, to retirement, supportive communities and that of living conditions. This entails in making the invisible visible, in capturing same sex love, desires and relationships, and documenting the way of life of queer people (ibid.).

Successful ageing is a growing concept within the field of gerontology, which is built on a heteronormative cultural framework (Fabbre, 2015). This has in turn paved the way for contemporary discourses which have shaped the concept of positive gerontology (ibid.). Rowe and Kahn, define successful ageing as holding active engagement within society, having high physical functioning and is of low risk disease (Rowe and Kahn, 1997). The key factors in achieving successful ageing is that of autonomy and social support. The former refers to having control over our destiny and striving to remain self-sufficient, while the latter is about the support you have around you especially in fighting disease, but also in the sense of companionship as well as financial means (Ramirez-Valles, 2016). In our consumerist and populist culture, the images which society portrays of successful ageing is that surrounding an active fit body, having a sense of sex appeal, travels and is financial independent (ibid.). Baby boomers, both men and women have championed the idea of deferring old age as much as possible (Higgs and McGowan, 2012), by manipulating their bodies and lives through this consumerist cultural means. Once belonging to the women's domain, body enhancement products as well as surgeries, over the years have also been adopted and consumed by men (Leonard, Duncan and Barrett, 2012). Biomedicine and other tools have placed greater emphasis on staying sexually attractive and active, which has altogether contributed to an even greater preoccupation with youth, sex and consumerism especially within the gay culture (ibid.). Furthermore, this can influence access to gay spaces, sexual partners as well as social support, which older gay men are compelled to sustain (Ramirez-Valles, 2016). Many gay men above the age of 50 base their self-worth on their body image, physical attraction, sex, financial security and in conquering younger men (Hajek, 2014).

Mainstream gerontological research, however state that older gay men present a unique ageing experience, one surrounding negative health outcomes which prevents them from reaching

successful ageing. This is assumed to be the cause of having a small support network especially in later life, contributing to a spiral of negative health outcomes (de Vries and Hoctel, 2004). This concept has been scrutinised by feminist scholars in particular due to its disregard to gender, race, class and structural inequality within the successful ageing paradigm (Calasanti, 2004), calling for the need of a more culturally realistic framework (Torres, 2003). There are many modes through which culture prescribes as the 'appropriate' lifestyle. Heteronormativity is one such mode which pairs biological sex, sexuality and gender roles in such a way which lays out the formatting of social expectations, such that if you are assigned female at birth, you must be feminine and attracted to men, and if you are assigned male at birth you must be masculine and be attracted to women (Wilkinson and Kitzinger, 2010). Scholarly discourse on successful ageing has ignored the confining effects of heteronormativity, homophobia as well as transphobia in the lives of LGBTI individuals in older persons, making them conform to gender identities in later life, ignoring the diversity within the LGBTI community (Fabbre, 2014). The queer standpoint asks us to undo the idea of natural life course, the progression of coupledom and historical time as it is fused with heterosexuality (Castiglia and Reed, 2011).

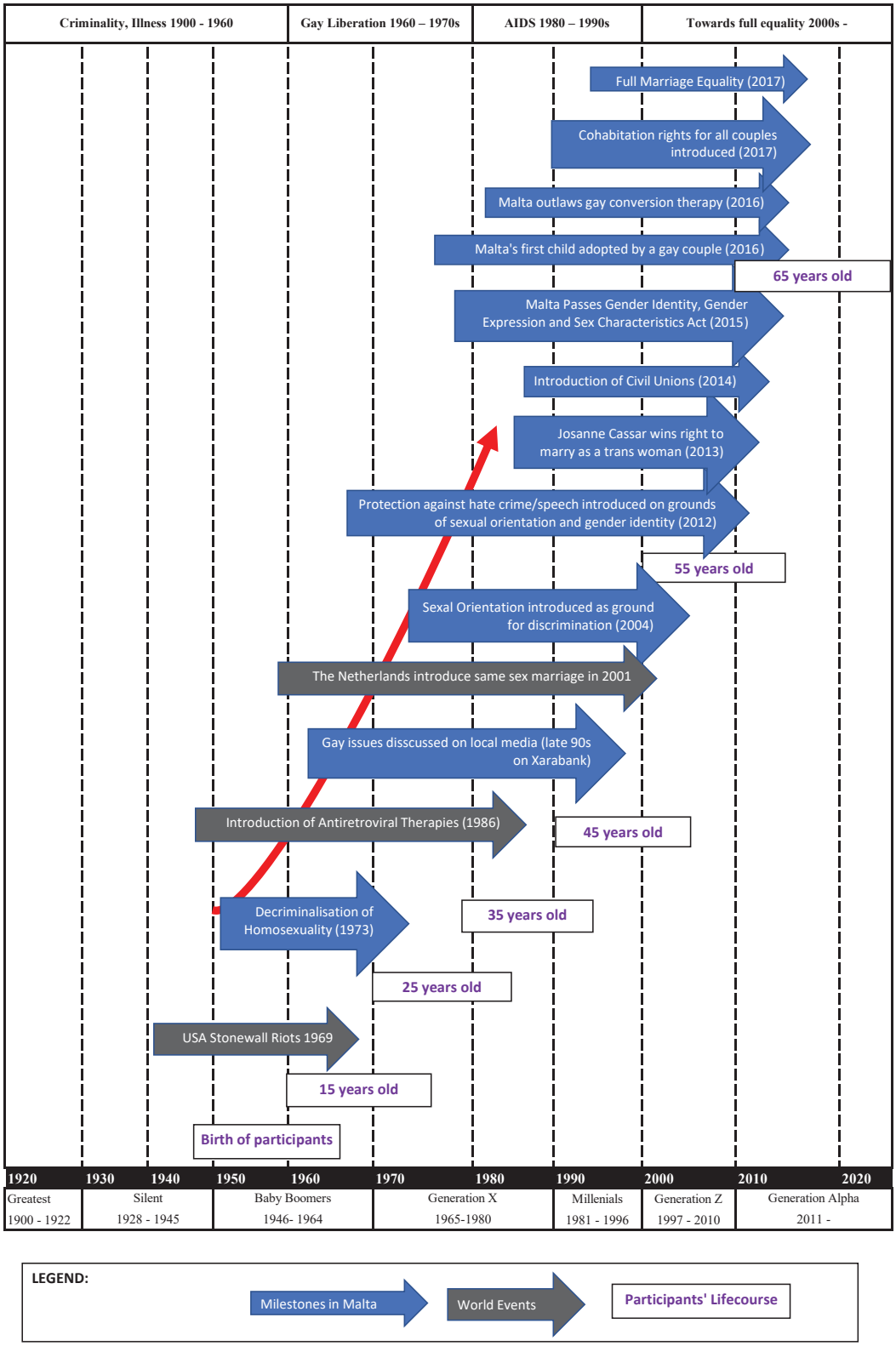
The heteronormative life course perspective may have had an impact on the LGBTI community, in striving for equality in accordance to the heteronormative rite. For instance, the gay marriage movement in the US brought forward a lot of critiques from the gay community itself by making use of queer theory arguing against seeking social justice by means of replicating an institution based by and for heterosexual counterparts, in union of monogamy and reproduction (Fabbre, 2014). The argument made by queer persons is that such notion strips away at the heart of being unique and non-conforming, sustaining certain expectations of sexuality, identity and gender expression (Ramirez-Valles, 2016). The queer culture is seen to hold a diverse array of gender expression, sexualities and relationship structures, both romantic and platonic intimacies which do not tie up with traditional marriage structures (Warner, 1999). Similarly, one cold argue that older LG adults are a highly heterogeneous group, with several pathways to their own idea of ageing well, which are not accounted for within the successful ageing paradigm (Fabbre, 2014). It is only when gerontologists separate their view of LGBTI ageing and that of older adults as seen within the heterosexual context, that they may understand LGBTI ageing and assist LGBTI persons in embracing the notions of queer ageing (Fabbre, 2014). Another facet of queer theory, is to reject the existence of the subject and its politics (Green, 2007), omitting totally the material reality and social nature of

identities (Ramirez-Valles, 2016). This could be seen as taking such a theory to an extreme, which strips the persons role in society as a social actor, a subject able to make decisions (ibid).

Older LG persons must be accounted for not as isolates, but as members of a much wider community, living within a particular historical time while interacting with political and social change which surrounds them, through which circumstances, and life choices are made (Rosenfeld, Bartlam and Smith, 2012). This approach contradicts queer theory, as its focus is placed on the social actions carried out by the subjects in a linear time where sequence of historical events are drawn up. However, it is only when bracketing historical time and space together with the interplay of social change and biography, that one is able to acknowledge the existing divergences to the normative life course (Binnie and Klesse, 2012). Graph 2.1 as indicated below, provides a snap shot of this very notion. This graph indicates how the generational cohort 'baby boomers', as indicated by the average age of the participants, experienced, over time, major LGBTI milestones across the western world, with the inclusion of milestones achieved in Malta. The graph starts at the bracketing of the period 1900-1960 where such identities were considered as a criminal offence and an illness, moving on to 1973, where at the approximate age of 25 the participants witnessed the decriminalisation of homosexuality in Malta, right up to the sudden - but yet constant - affirmative shift in LGBTI legislation which came in effect over the past 7 years, and which culminated in marriage equality in 2017. . It is through the notion of 'generational narratives' as proposed by Plummer (2010), that bridges the life course perspective and queer lives (Ramirez-Valles, 2016).

Graph 2.1

Progression of LGBTI milestones in the 20th and 21st Century during the participants' lifecourse



Sources: Computed by the author; Dalli 2017; Vella et al., 2012.

2.4 Ageing policies: A queer critique

Research suggests that although ageing occurs in a similar fashion, to that of heterosexual counterparts (Equality and Human Rights Commission, 2010) the experiences of LG persons differs as this is characterised by homophobia (irrational fear towards gay or lesbian people) and heterosexism (the assumption that everyone is heterosexual making this the only viable sexuality type) (Price, 2010; Pereira et al., 2017). Resulting in LGBTI people being discriminated twice over due to ageism and homophobia (Simpson, et al. 2017, National Senior Citizens Law Centre, as cited in Fredriksen-Goldsen et al., 2014). Moreover lesbians are seen as being more 'hidden' as regards to how they manage their support networks, holding reservations about their identity in 'going public' (Heaphy, 2004). There seems to be an issue with futurity and gay ageing which may hinder appropriate policy formulations. Golts specifically speaks about such disassociations of futurity and gay ageing, going to the extreme of stating that the future for gay ageing is depicted as a sight of sacrifice, in the sense that ageing and future are constructed as a form of punishment and sacrifice which awaits the gay male (Glotz, 2010).

In the provision of services, and in drafting adequate ageing policy measures inclusive towards LGBTI persons, in accordance to the findings from the AARP, the three biggest concerns among older LG persons which policies should be made aware of and cater for is that of providing access to LGBTI sensitive and specific care, as well as the provision in long-term facilities, in particular concern to neglect, abuse, that of limited access to services and verbal or physical harassment and thirdly that of not having adequate social support to rely on (Houghton, 2018). In this regard an understanding towards their unique type of support system is crucial, especially that of LG caregivers which may bring about another sense of invisibility towards informal caregiving, as heteronormative practice looks at the heterosexual spouse or adult child-parent dynamic (Muraco and Fredriksen-Golsen, 2014). Within the population of LGB ageing, it is the committed partner who acts as the caregiver (Albo, 2018), followed by friends as the second common type (Cantor, Brennan, and Shippy, 2004). Partner as the caregiver is expressed as being the best type as there is a loving bond between the couple, and greatly attuned to the needs of one's partner, even though becoming a burden, is of great concern (Muraco and Fredriksen-Goldsen, 2014). When friends act as the caregivers there seems to be an expressed sense of boost in self-esteem and benefit gained from providing help to a friend (ibid.). The communal relationship framework also plays a crucial role in offering

daily care to LGB relationships, however it is argued that such diverse caregiving relationships are not recognised with caregiving services offered and not legally addressed within policy measures. Most policy measures are developed for supporting legally married spouses or biological relatives who are providing care (ibid.).

Bereavement and end-of-life is also an area of concern for LG older persons as little is known, which seem to leave the person at a disadvantaged position (Fenge, 2014). The experience of bereavement and loss comes with a multitude of factors, depending on one's gender, age, sexual orientation, culture, ethnicity and class, to which some factors may complicate the process further, pushing a person further into isolation and ultimately closeted lives (ibid.). An older LG person may be going through bereavement, impinging on one's own mental health, while not receiving the same social support a grieving heterosexual counterpart receives, because gay relationships may not be considered of the same status as a heterosexual marriage, leaving the surviving partner carrying the pain of grief in silence (Knocker, 2012). At times, rights which a widower would automatically receive, are denied (Fenge, 2014). When such loss is overlooked by the wider society, and the relationship is not viewed on of equal importance, grieving becomes also a disenfranchised experience (Jenkins, Edmundson and Yoon, 2014; Doka, 2002).

Disenfranchisement is defined as a loss which cannot be publicly acknowledged, therefore not socially supported (Doka, 2002). This highlights the resiliency of many older LG persons, in finding support elsewhere, primarily through means of having a good social network (Fenge, 2014). As the LG older population increases so will the number of people experiencing the loss of loved ones (Fenge, 2014). The lack of understanding of grieving gay relationships and friendships, constitutes to the inadequate training of care professionals in understanding LG issues (Martinez, 2011). Lack of acknowledgement of same sex relationships and friendships, because of the heterosexual assumption may lead to the failing of providing an adequate response to care (Fenge, 2014). Apart from receiving no support, the bereaved partner may not even be given the rights to rituals, which are granted to heterosexual spouses (Jenkins et al., 2014). Marriage equality should protect the couple as the importance of having the relationship recognised by the state may save many legal financial issues over the resources of the diseased spouse by the immediate family, in doing so making sure that the partner is fully recognised as the significant other (ibid.). In absence of a will, the law will look at the next of kin for inheritance rights (Albo, 2018). The assumption of heteronormativity, remains with LG

persons until their very last days, as this may mean that not even their end-of-life care needs would be catered for. In a UK survey on palliative care, it was found that many LGBTI persons were concerned that they will face discrimination once again from the health and social care service when dying, as well as worry for the type of bereavement support their partner would receive (Fenge, 2014). In acknowledging such concerns, the NHS National End of Life Care Programme (2012), have produced guidelines for improving end-of-life care, specifically in relation to LGBTI persons, which also encourages LGBTI persons to feel confident in being open about their significant intimate relationships at the end of their life (Fenge, 2014).

Over the past years, gerontological research has claimed central focus over the disparities found within the healthcare system (Vitoria, cited in Witten, 2012), including that of persons who identify as LGBTI. Disparities implies 'a lack of equality or similarity, especially in a way that is not fair'. It is stated that minority groups remain invisible in policy reports on healthcare. An example of this is the '2010 Healthcare Disparities Report', within which, no mention of the LGBTI population is made in terms of the disparities (Witten, 2012). In another report entitled 'The Healthy People 2020' (cited in ibid.) it was noted that even though over the past decade, the United States improved its awareness on LGBTI health issues, the disparities faced by LGBTI persons in health care is still linked to social stigma, discrimination and the denial of their human rights. The inclusion of the LGBTI community in the healthcare agenda and the importance of research and policy has been addressed in the '2011 Institute of Medicine report', and this matter should no longer be left in the dark (ibid.).

On a European level, such issues were highlighted in a joint policy paper entitled *Equality for older lesbian, gay, bisexual, trans and intersex people in Europe, November 2012* (AGE Platform Europe[1] and ILGA-Europe[2], 2012). This paper was drawn up as part of the *2012 European Year for Active Ageing and Solidarity between Generations,* to serve as a call for the development of adequate and inclusive policy provision in support of older LGBTI persons in Europe (ibid.). Following the pillars of this paper which tackled mainly the need for: (i) social protection and denied rights for same sex couples, (ii) health care concerns and needs of older LGBTI persons, including the reluctance to seek care and ongoing stigmatisation, (iii) isolation and social exclusion of older LGBTI persons, including the social support system and the non-

[1] AGE Platform Europe is a European network of around 165 organisations of and for people aged 50+ directly representing over 30 million older people in Europe.
[2] The European Region of the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA-Europe)

inclusivity of mainstreaming of products and services, (iv) long-term care, reluctance towards residential care, ensuring the responsibility of care home managers and that of wanting to age in place, in one's own home (ibid.). The following policy recommendations have been made:

(1) For the European Commission to monitor the implementation of the directive of equal access to goods and services[3] and, within the framework of the policy on active ageing, ensure the facilitation of best practices exchange across all EU member states, while encouraging research projects on older LGBTI within the field of health care and long-term care (ibid.).
(2) For the Council of the European Union to adopt the directive[4] on equal treatment - irrespective of sexual orientation, disability and religion - in the field of social protection (including health care and social security), education and the provision of goods and services (ibid.).
(3) For national and local authorities to respect and promote Article 23 of the revised European Social Charter[5], which requires the enabling of older persons to live autonomous and independent lives, in the surroundings of their choice for as long as they wish and are able to, while also guaranteeing that older persons living in care homes are given the appropriate support and respect to privacy as well as direct involvement in decisions concerning their living conditions while in residential care. (ibid.). Furthermore, national and local authorities are also required to investigate and follow through on cases of various abuse affecting older LGBT persons, to amend the legislation to ensure that succession rights and joint tenancies are available to all couples; and to ensure that public health campaigns are inclusive and reflective of the needs of older LGBTI persons. They are also responsible to ascertain that institutes and universities that teach medical and social care students are well exposed to the understanding of health and care needs of older LGBTI persons; while establishing standards of care which are inclusive to the needs of older LGBTI persons and promoting a positive inclusive message; making sure that support services are inclusive to older LGBTI persons (ibid.).

[3] Council Directive 2004/113/EC of 13 December 2004, implementing the principle of equal treatment between men and women in the access to and supply of goods and services.
[4] Proposal for a Council Directive implementing the principle of equal treatment between persons irrespective of religion or belief, disability, age or sexual orientation, COM(2008) 426.
[5] European Social Charter (revised)
http://www.coe.int/T/DGHL/Monitoring/SocialCharter/Presentation/ESCRBooklet/ESCRBooklet_en.asp

(4) Health and care services providers are to assess whether the services are accessible to all, with no judgement and assumptions in relation to the gender identity or sexual orientations individuals; ensuring that a next of kin is established in the case that the older LGBTI person is unable to make healthcare decisions, including end-of-life and palliative care. Such services should also ensure that ongoing gay affirmative staff training is provided to all staff and promotional materials, which incorporate images of older LGBTI users, are on display. Moreover, the use of sensitive open language is recommended to ensure older LGBTI persons are made comfortable and feel safe to disclose certain information (ibid.).

(5) Civil society organisations are to better identify inclusive ways of reaching out to older LGBTI persons, in order to foster intergenerational dialogue. A programme should be set up to promote visits and reconnection with those older LGBTI persons who are most vulnerable, facing serious issues of health problems (HIV/AIDS, disabilities and mental health issues, etc). These organisations should also raise awareness of the challenges faced by older LGBTI persons in order to break the silence and empower older LGBTI persons, as well as their family and friends, to speak out and report any form of abuse affecting them (ibid.).

Similar to the United States and the European context, Malta despite having national policies and initiatives aimed towards the mapping and overall betterment in quality of life of the older Maltese population, such as the *National Strategic Policy for Active Ageing, Malta 2014-2020* (Parliamentary Secretary for Rights of Persons with Disability and Active Ageing, 2014), *Empowering Change: A National Strategy for Dementia in the Maltese Islands 2015-2023* (ibid., 2015) and the *Minimum Standards for Care Homes for Older People* (ibid., 2015), no policy reference is made towards older LGBTI persons. Malta has reached its first generation of LGBTI persons who lived their adult life following the decriminalisation of homosexuality in 1973, and the legal developments and took place more recently. This generation are now transitioning to older age but no policy is addressing this. The older LGBTI community is repeatedly forgotten even within a context of gay affirmative policies, and Malta rating as first among European countries by the ILGA Rainbow Index (Vella, 2017).[6] Following the author's undergraduate dissertation, *The Narratives of Older Gay Men: The Intersection of Sexual*

[6] The ILGA Europe Rainbow Index – is a European index representing the advancement in LGBTI rights in terms of the legal, political and social systems among a total of 49 Council of Europe Member States found Malta, for the second year running, to sustain a first ranking (Vella, 2017).

Identity with Age, the Malta Gay Rights Movement, stepped in to publish a booklet containing narratives of members of the LGBTIQ community whose ages range from 53 to 73. The stories highlight the struggles the local LGBTI community went through and is still experiencing with the aim of creating a platform for discussion (Malta Gay Rights Movement, 2015) for future policy developments. To date there are no exact figures which could indicate the number of local older LGBTI persons

Despite having policies that have shifted towards outcome-focused needs assessment and providing choice and control over the arrangements of care, it is argued that one cannot properly provide an adequate care plan if both history and future fears of the older persons are disregarded. This specifically applies for older lesbian, gay and bisexual (LGB) people, who hold such concerns (Pugh, 2012) and view themselves as people living on the margins of society (Green and Grant, 2008). Proper care requires a life course or a biographical approach (Pugh, 2012). Establishing a growing acceptance of the LGBTI population in the Western world is not enough in securing an environment in which the identity of the person can continue to develop and flourish in a space that is free from negative attitudes, stigma and discrimination (de Vries, 2015).

Left with no choice, LGBTI persons are likely to rely on social care services (Doward, 2011). Health and the social care system are built on a heteronormative culture, assuming that all users are heterosexual (Price, 2010). Over the years, research has identified health disparities, highlighting the need for greater support services for LGBTI persons (Fredriksen-Goldsen, 2017). It remains unclear as to whether providers are ready to work with older LGBTI persons and accept that they may be unprepared to address the needs of this group (Albo, 2018; Knochel et al., 2012).

Research has shown that in comparison to their heterosexual counterparts older LGBT persons endure more stress, which lead to health disparities (IOM report, 2013). Older LGBT persons face health and social disparitis, similar to other populations coming from disadvantaged backgrounds (Emlet, 2016). Recent research has also shown significant differencences not only in comparison with heterosexual counterparts, but also with the LGBT population itself, which is often seen as a whole cluster within research, policy and service delivery (ibid.).

Health disparities of older LGB persons in comparision to their older heterosexual counterparts indicates higher rates of smoking, poor mental health and limitations to activities of daily living (Dilley et al., Conron, Mimiaga and Landers, cited in Emlet, 2016).However, within the same studies it was found that older lebsian women have higher rates of risk behavior, including excessive drinking, compaired to their older heterosexual counterpars. In another study, data from the Washington State Behavioral Risk Factor Surveillance System (BRFSS), on health outcomes and conditions outlined that older lesbian women above the age of 50, in comparison to their older heterosexual counterparts had greater odds of poor mental health, disability and obesity (Fredriksen-Goldsen et al., 2013).While obseity for older gay men was at low risk (ibid.). Those older LGBT perosns who are living with HIV are at a greater disadvantage of health outcomes, with an overall poorer menatal and physical health, and at higher risk of experiencing stressors to health care as well as social support (Choi and Meyer, 2016).

Social disparities occur from barriers faced by older LGBT persons mainly from the fear of being discrimintaed against due to their sexual orientation, as reported by reasons of delaying health care (ibid.). Morover a life time of victimaisation as well as internalised homophomia were associated with greater disability and depression (Fredriksen-Goldsen et al., 2012). In comparison to their older heterosexual counterparts older LGBT persons have fewer options for informal care, as they are more likely to be single or living alone, and less likey to have children to act as their informal caregivers. In compensaton to this, research has outlined that older LGBT persons rely on ‘families of chocie’ as their primary means of social support (Choi and Meyer, 2016). Socail support and and incresed social network, were associated with lowering the risk of overall poor mental abd physical health (Fredriksen-Goldsen et al., 2012). Research also outlines that older LGBT persons are at an economic disadvantage when compared to their ageing heterosexual counterparts, marking financial instability and legal issues, as a major concern to their overall wellbeing (Choi and Meyer, 2016), in particualr that of discriminatory access to social and legal programmes which were traditionally set to cater for ageing heterosexual persons, placing older LGBT perosons at greater financial risk (ibid.).

If we are to better understand the ageing process of LGBTI persons we must reach out and use critical gerontology to empower and give them a voice (Kushner et al., 2013), to listen to their narratives and engage with them in research processes (Witten, 2012; Pugh, 2012). Critical gerontology aims to discuss how historical influences and sociocultural categories manifest themselves within today’s political meanings, and in turn how such political and social

symbols, impact one's experience of ageing within the heteronormative general framework (Pereira et al., 2017). The reality is that the very notion of "successful ageing" is often seen through the heteronormative lens, making the life stories, relationships and culture of older LGBTI people invisible and overlooked by those responsible in promoting wellbeing in later life and responsible for service provision (Sandberg and Marshall, 2017). Even though there is a growing interest on LGBTI medicine and health concerns, research literature is still limited in relation to the needs and disparities in experiences of older LGBTI persons (Witten, 2012).

2.5 Innovation and good practices in ageing policy for lesbian and gay persons

LG ageing seems to come at a huge cost for one's mental health needs. This indicates that there are implications for policy makers, and social care services. To enable a better understanding of the needs of older LG persons, a number of initiatives are taking place both in European countries and the rest of the western world. In the United States, the implementation of a cultural competency training curriculum developed by an LGBTI roundtable which directly involves their senior counterparts took place. The training curriculum aims at improving the service providers' knowledge as well as skills in targeting the needs of older LGBTI persons. Participants who attended such training programmes reported that they have learned new skills, especially in creating a more inclusive environment (Leyva, Breshears and Ringstad, 2013). This puts emphasis on the need for specific training for service providers, particularly social workers (Meyer and Johnson, 2014). Concerned that their sexual orientation would not be recognised in later life, LG older persons retiring in a residential care home surrounded by a heteronormative setting, may experience the reawakening of certain anxieties, making them reluctant to be open about their sexuality, life history and significant relationships (Margolis, 2014). Research suggests that many would prefer to age in a place within their home, living in freedom surrounded by their loved ones (Knocker, 2012). Followed by living in LGBTI-specific residences, which would provide a more inclusive and safe space for older LGBTI persons (Knocker, 2012; Barrett, cited in Willis, 2016). Other alternatives are those of a mixed gay-friendly residential care settings (Neville and Henrickson, 2010). Interestingly this comes to show that even with the older LG population there is no 'one size which fits all' (Averett Robinson, Jenkins and Yoon, 2014), having a totalitarian perception of older LG adults as having a set of fixed needs, would ultimately eliminate the differences which lie among the older LG population (Cronin et al., 2012). Best practices of retirement homes which cater towards the needs of the older LGBTI

population established both in Europe and in America, are seen as viable options, and trend setters, in recognising the needs and concerns of older gay persons when reaching older age. Some of these examples are listed below:

Tonic Housing, United Kingdom is seeking to secure sites in London or Brighton, to cater for more than a-million LGBTI people over the age of 60, proposing a concept of LGBTI hub regardless of age, where people could enjoy the various activities and events projecting to be held within the residence. Such events would include a film club as well as exhibitions. In avoiding the home in becoming a 'ghetto', open minded heterosexuals can form part of the proposed residence, as long as a minimum of 51 percent residents form part of the LGBTI population (Strudwick, 2015).

Regnbagen, or 'rainbow house', Sweden, which opened its doors in 2013, is a home specifically catered for the older LGBTI people. This community welcomes intergenerational solidarity projects where they can reach out to young people, making their narratives heard. This home is one made for affordable living, with such positive demand, it hopes that it can serve as a model for retirement communities elsewhere (Margolis, 2014).

The Anita May Rosenstein Campus, *Los Angeles*, forming part of the LGBTI Centre is set to build a community which brings together generations and to open by 2019. This new campus would be composed of affordable living for seniors as well as affordable beds for homeless youths, with a kitchen to cater for all. This space would also act in bridging the gap between generations as the younger generation would be able to learn about the history of their seniors. The need for such premises which ultimately offers a safe base for LGBTI persons, was taken up shortly after the call for applicants was opened, leaving hundreds of others heartbroken and fearful as to where they could go. Noting the high demand for such residences, brings to light the importance of having current traditional care settings who offers training for their staff to understand and become culturally competent in caring for LGBTI groups (Albo, 2018).

It was disclosed in recent news that in the near future, Madrid (Spain) is also to open the doors to its first LGBT retirement home. Such a residence is set to provide a home, together with care and support to most vulnerable LGBT older persons, namely those with limited financial resources, such as the homeless, who otherwise would die on the streets. This project is also

claimed to be the first of its kind worldwide as this is to be publicly funded, and part financed by Madrid's regional government (Smith, 2018).

2.5.1 Considerations for the local scenario

Locally there is no residential care setting which specifically markets itself as LGBTI friendly, or any form of residence which caters exclusively for older LGBTI persons. In a recent survey carried out in the US by the AARP, it was reported that nine out of ten respondents would opt for LGBTI welcoming residents if they could afford it, as this means that they could live among people with whom they share a common bond of age and experience (Houghton, 2018).

Research indicates that residential care settings are still not prepared in handling the care needs of persons who identify as LGBTI (Albo, 2018; Kushner et al., 2013), even though current studies indicate that due to relative isolation, LGBTI older adults will form a greater part of the residents' population (Leyva et al., 2013). In a 2014 study, the Equal Rights Centre found that 48 percent of same-sex couples who applied for residential care, experienced discrimination, through differential treatment, such as being quoted a higher rate or being denied availability (Albo, 2018). In a study by Willis et al, 2014, participants expressed their hopes for equal treatment to heterosexual residents when in need of future care, one which holds a sense of humanity, respect and dignity. In response to this fear, a number of senior housing facilities in the United States have invested time and energy into becoming more LGBT-friendly. In particular, SAGECare is an example of training programmes, providing tools that will enable businesses, non-profit organisations and housing facilities to support older LGBTI adults. This programme has resulted in the establishment of Illinois's first LGBT-friendly senior housing facility to use SAGECare in Chicago (Zewe, 2018).

Equal care should also be reflected by (a) welcoming any partners and friends to the residence and a respect towards one's privacy (b) placing signs of LGBTI affirmations such as incorporating images of same sex couples within the home's culture and placing a rainbow sign at the front of the door (c) making residence feel safe in discussing their sexual history and lives with other residents and staff. It is important that the nursing staff are made aware and sensitive towards the understanding of the life histories experienced by this group (Purvis, 2018; Knocker, 2012; Kushner et al. 2013). In doing so they must be prepared to examine their

own prejudices and ideas of people who are attracted to the same sex, in order to be able to deliver person centred care which is deemed safe (Kushner et al. 2013). The finding from the AARP survey also showed that LGBTI older persons would be more comfortable if providers were specifically trained for LGBTI patient needs, as well as to have care providers who themselves identify as LGBTI (Houghton, 2018). No one should go back into the closet to get their basic needs met in the last chapter of their life. All older persons deserve to live their golden years by bringing their "whole selves" to the table. In ensuring comprehensive care and provided a safe environment free from prejudice and discrimination assessments carried out may include questions about their sexuality (Knocker, 2012) together with the sexual orientation of the person being clearly stated (Leyva et al., 2013) as well as to include information of the persons support networks (Kushner et al., 2013). In order for older LG persons to divulge such personal information and histories, it is argued that a level of trust and confidence must be established with the care providers, and that such discussions are kept ongoing in order to ensure that person-centred care and wishes are maintained (Willis et al., 2014). In gaining the trust of an older LG person means ensuring that action is taken should their safety and wellbeing become compromised by any actions from others, such as staff and visitors. Leadership from management is deemed as crucial in ensuring positive staff attitudes (Knocker, 2012). Management are also to be prepared to challenge any oppressive views which may be expressed by other residents, that ultimately compromise the safety of others (Willis et al., 2014). Unfortunately, cases have been reported where older LG persons suffer discrimination, harassment and violence caused by other residents and reported to the residential home to no avail (Albo, 2018). Advanced directives, may also be considered as a particularly important legal mechanism in ensuring that certain wishes that the person may hold are respected and maintained (Knocker, 2012).

Enabling connectivity with the LGBTI community, by means of group meetings, gives older LG persons something to look forward to as well as a sense of purpose and structure in their week (Knocker, 2012). Understanding how the gay identity has evolved over the years, and how the experiences differ from those of today's current socio-political sphere is crucial in building bridges between the young LG person with the older LG person (Leyva et al., 2013). Offering a safe space for older LGBTI persons is of utmost importance, even more so when such persons are affected by dementia. Opening Doors London, a United Kingdom charity organisation, offering information, support and guidance to the LGBTI community is a perfect example of such space, which has recently launched a 'rainbow café' for people living with

dementia. It is recognised that a dementia diagnosis can be a very daunting and isolating experience, even more so if the people involved identify as LGBTI (Kotecha, 2017). Through such understanding Opening Doors London, has organised informal regular café meetings, which happen over tea, coffee and cake, where a support system is established together with information and experience sharing by the attendees themselves. The importance of such groups may be further outlined by an attendee of the café who stated: "We've been through a lot, but the Rainbow Café will be a wonderful opportunity to share our experiences with other gay people and to feel we can really be ourselves" (Kotecha, 2017, p.1).

Education on the LGBTI identity should be made of primary importance to social workers and people who work within the health care and service provision, as well as policymakers and students studying within the helping field (Jenkins et al. 2014). One cannot expect such inclusivity within service provision for older persons, which includes housing, social care and other community-based service provision that are provided without any recognition or acceptance of different sexualities, as services offered could be perceived as unsafe by older gay men (Clover, 2006). To further outline this need, in 'a recent study by Stonewall, it was reported that a quarter of the staff in health and social care heard colleagues make offensive remarks about LGBTI people in the past five years' (Stonewall, 2011). The distribution of materials found in health centres could represent older persons of different sexualities, enabling LG older persons to trust those same services. Such initiatives promote the clinic's inclusive approach by establishing an atmosphere of acceptance and making sure LG older persons know the clinic is a safe space for them as well (Clover, 2006). Research shows that only 35 percent believed health professionals to be positive towards gay clients and only 16 percent trusted health professionals as being accepting of their sexual orientation, relationships or past sexual history (Ward, Pugh and Price, 2010). Environments which are empathic, while respecting differences is crucial in offering support for LG older person's overall wellbeing by adopting a person-centred approach in the provision of health care and support services (Pugh, 2012).

2.6 The Maltese context

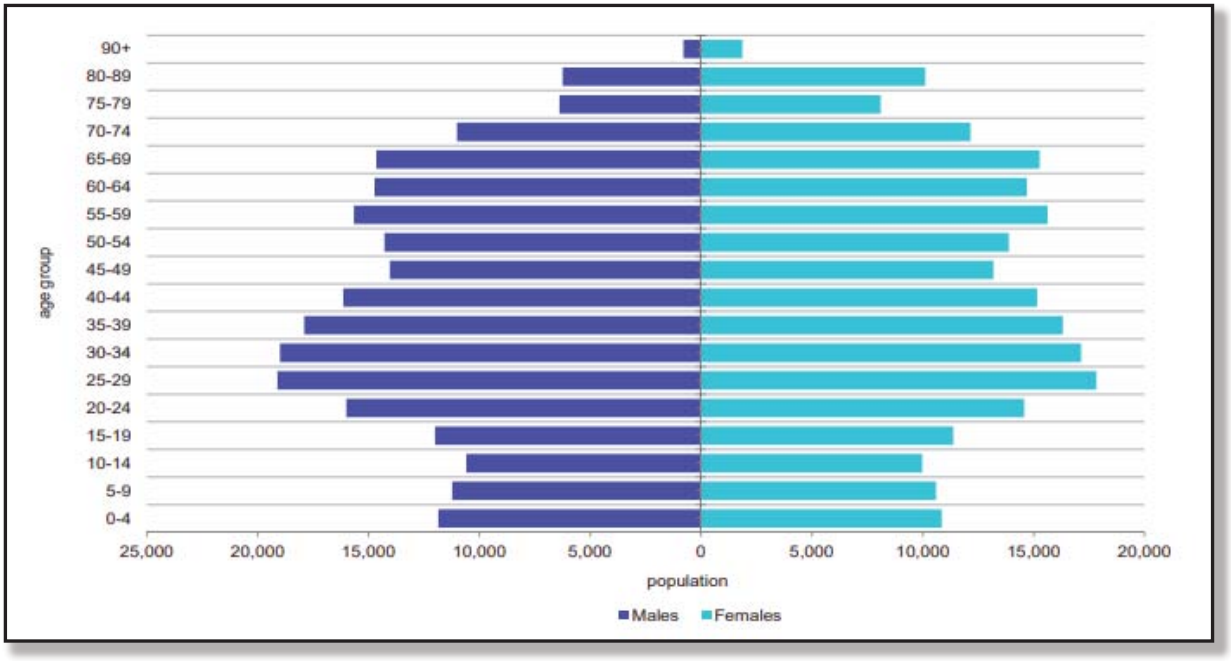
2.6.1 Demography

According to the population statistics of Malta, in 2016, the total Maltese population stood at 460,297, out of which 11.8 percent is foreign. It is worth noting, that persons under the age of 18 formed 17.0 percent of the total population, while 18.8 percent comprised of persons above the age of 65. The population pyramid (Chart 2), depicts the age and sex structure of the Maltese population as at end of 2016. An equal female – male distribution as is suggested by an equal left-to-right symmetry, across most areas except for the 74 plus, as the female demographic is more pronounced. Life expectancy at birth for 2016 was 80.6 years for males and 84.4 years for females, whereas life expectancy at age 65 was at 19.7 for males and 22.1 years for females (NSO, 2018). A steady increase of life expectancy at birth across a ten-year period from 2006 to 2016 can be found in table 2.1.

According to the National Statistics Office (2017) during the period 2010 and 2015, the Malta region experienced a continuous yearly increase in population growth which reached an overall growth of 19,035 inhabitants. Similarly, the Gozo and Comino region, increased its population growth on a yearly basis, except for the year 2013. Nonetheless during the same period, it registered an overall population growth of 379 inhabitants. Between 2011 and 2015, the highest increases in population were experienced in the older population cohorts (70-79, 80-89 and 90+) of both regions (NSO, 2017).

In 2015, total resident live births in the Malta region witnessed an increase of 2.8 percent in comparison to the previous year. An increase of 8.9 percent was registered within the Gozo and Comino region (NSO, 2017). In 2016 the total number of births recorded stood at 4,476, while the total number of deaths recorded stood at 3,342 (NSO, 2018).

Figure 2.1
Population pyramid as at 31st December 2016



Source: NSO, (2018).

Table 2.1
Maltese life expectancy by gender (2006-2016)

Year	2006	2008	2010	2012	2014	2016
Men	77.0	77.1	79.3	78.6	79.8	80.6
Women	82.0	82.3	86.3	83.0	84.3	84.4

Sources: NSO, (2016, 2018)

From the selection of social benefits provided in 2015, pensions ranked the highest number of beneficiaries. This stood at two-thirds, with both Malta (93.2 percent) and Gozo and Comino (6.8 percent) regions benefiting during 2015 (NSO, 2017). The supplementary allowance and the children's allowance were the other two largest beneficiaries in the region of Malta, with 23,621 and 18,278 recipients respectively (ibid.). The social assistance and the national minimum widowers' pension benefits had the greatest percentage in distribution of the selected social protection benefits expenditure (ibid.). The supplementary allowance (3.8 percent) and the sickness benefit (4.1 percent) followed the two-thirds pension, in terms of number of beneficiaries in the Gozo and Comino region (ibid.). The highest percentage distribution of the selected social protection benefits expenditure, (excluding the two-thirds pension benefits) for

the region of Gozo and Comino was the national minimum widowers' pension and the retirement pension (NSO, 2017).

2.6.2 Main studies

The main studies on ageing within the local Maltese context could be summed up within three publications: *Ageing and later life in Malta: Issues, policies and future trends* (Formosa, 2015); *Population ageing in Malta: Multidisciplinary perspectives* (Formosa and Scerri, 2015) and *Active and healthy ageing in Malta: Gerontological and geriatric inquiries* (Formosa, 2018). Malta is experiencing an ageing population in view of its declining birth rate coupled with an increasing life expectancy. Malta's population dynamics has evolved out of the traditional pyramid shape to an even more equal and balance distribution between ages and gender, with the difference of women outnumbering men at the top of the pyramid. In the next twenty years or so, the pyramid is expected to transform into a quadrangle shape with a narrow base (Formosa, 2015).

Active ageing in Malta, just like anywhere else has brought about a new phase in one's life, where one is able to live in relatively active years following their retirement. This is all due to a combination of factors such as increased longevity, improvement in health, welfare and pension schemes coupled with an overall positive outlook towards older persons (Formosa, 2015). In recognition of the active years following ones retirement and in improving such levels the Parliamentary Secretary for Rights of Persons with Disability and Active Ageing (Malta) has adopted the *National Strategic Policy for Active Ageing: Malta 2014-20* (Parliamentary Secretary for Rights of Persons with Disability and Active Ageing, 2013), comprising a total of 75 policy recommendations, and entrusted to the Active Ageing Unit, within the Ministry for the Family and Social Solidarity (Formosa, 2015). According to a Eurobarometer survey, generally people in Malta felt that people above the age of 55 years still played a crucial part in society especially when supporting their families (91 percent), in particular when caring for the grandchildren (nine out of ten), financially (82 percent), as well as carers for the sick and disabled family members (77 percent). Moreover, people in Malta felt that older adults are active within their local communities (72 percent), as well consumers, in the purchase of goods and services. A similar percentage viewed older persons as great contributors to the work place (76 percent), as well as contributing immensely as volunteers (65 percent) (European

commission, cited in Formosa, 2015). Most leisure activities engaged by older persons, revolve around traditional cultural practices, primarily the Church, band clubs and political clubs, however contemporary leisure activities are also becoming popular such as that of traveling to various destinations, or simply enjoy weekend breaks at local hotels. Volunteering is also a crucial part of civic participation, in 2013 it was reported that more than half the volunteers were aged 50 years and over (NSO, cited in Formosa, 2015). Such engagement is typically carried out by women between the ages of 65-69 (Formosa, 2015).

Resent research on poverty in Malta does not suggest that people are dying of hunger, however the lack of financial capital has forced them to live on the verge of absolute poverty, such as those who are struggling in making ends meet (Formosa, 2015). These include people who are dependent on social benefits, unemployed, experiencing sub-standard housing, disability and or/health issues, prisoners, ex-inmates, immigrants, single parents, vulnerable children, people living in single households as well as older persons (ibid). According to Eurostat (2019), the proportion of pensioners at risk of poverty in Malta as at 2017 stood at 21.8 percent, a figure which resulted in a steady yearly increase since 2013. Older women in particular are at greater risk of poverty (Formosa, 2015). Even though having a higher life expectancy then men is a positive factor, this however comes at a cost. Since usually women tend to marry men who are older than them, they are more likely to end up widowed and spend their lives in solitude (ibid.). Moreover, when it comes to pensions, women tend to accrue a lower pension entitlement and always found it difficult in acquiring the full pension rights which men enjoy, due to gender differences and opportunities when earlier in life (Deguara, cited in Formosa, 2015). This sense of poverty follows a disabling effect with the inability to consume ‘normal’ goods and services, affecting their diet and nutrition as well as leisure activities (Formosa, 2015).

Community support in Malta is provided by four main stakeholders, the government, the private sector, the church and the family, with the aim of enabling older persons to continue participating in society, independently for as much as possible. The state sponsored community care services that are offered to older persons, persons with disabilities and the most vulnerable include: home help care, meals-on-wheels, telecare system, handyman service, day care centres, night shelters, respite service, incontinence service, domiciliary nursing, telephone rebates, and CommCare which incorporates health and care clinical community service. One of the major challenged as faced by an increasing ageing population is that of not having a large enough workforce to cater for such needs (Farrugia-Bonello, 2015).

Like other European counties despite the growth in formal community services provided by the government and private entities in Malta, Troisi and Formosa, (2006) found that most of the care is actually carried out on an informal basis (Formosa, 2015). In Malta, the family plays a central role in providing care and support to it ageing members, however placing future challenges on informal care as work-life balance becomes increasingly challenging (Farrugia-Bonello, 2015). Informal care provision within familial settings is carried out due to the bond between the career and his dependent (Formosa, 2015). Benefits for acting as a carer is provided in the form of a Carer's Pension and Social Assistance for Carers on grounds that they are taking care of a dependent older relative (ibid.). Carers are typically more likely to be female, having no siblings, living at close proximity to the care recipient, with fewer responsibilities and being a favoured child (ibid.). For many Maltese caregivers, providing care to a family member is considered as a duty (Bonnici, cited in Formosa, 2015).

Long-term care (LTC) in Malta is provided by the government, private sector and the church. By the end of 2011 it was estimated that around 3.9/3.5 percent of the population aged 60/over 65 years respectively resided in LTC (Formosa, cited in Borg Xuereb, 2015). LTC refers to a broad range of residential services designed in assisting vulnerable people over a long period of time, ranging from cognitively challenged to physically impaired as well as those facing death requiring hospice-care services. In Malta, there are about 16 church-run homes with a total of 700 beds (Ministry of Health, the Elderly and Community Care, cited in Borg Xuereb, 2015). Private homes cost more than church homes, due to the high demand, more private homes have been established. In dealing with the high demand, there has been several homes run under the a public-private partnerships (PPPs), an agreement between the public and private sector, aimed at catering for the needs of older persons. By the end of October 2018 there has been approximately 23 care homes under this agreement (Borg Xuereb 2015). There are 8 community care homes run solely through the government (Maria Aurora Fenech, personal communication), in various locations, and St. Vincent de Paul Residence is Malta largest government long-term care facility which accommodates more than 1000 beds. The government offers schemes to those wishing to enrol to such care at 60/80 percent of their total income levied by the government respectively (Borg Xuereb, 2015).

As one furthers into old age, around three to five percent of this population, experiences some form of abuse (Teaster, cited in Fenech 2015). Fenech (2015) transpires that in local terms that

would amount to around 4000 older persons. Where only one or two percent of such incidences are reported (Cooper and colleagues, cited in Fenech 2015). Studies on elder abuse in Malta generally focus on the legislative issues as well as elder abuse carried out within the community and care homes. The most common forms of abuse are psychological and financial, followed by neglect and physical abuse, with the perpetrators most likely being the family members who experience burnout as the result of care provision (Delicata, cited in Fenech, 2015). Abuse which occur in long-term care is not adequately handled, leaving no follow-up measures, this is primarily due to care professionals not given the correct procedures when handling such cases (Vella, cited in Fenech, 2015). Burnout, staff shortages as well as lack of job satisfaction also resulted in staff members to engage in abusive behaviour in long-term care settings (Fenech, cited in Fenech, 2015). Older persons in Malta have limited support in voicing their concerns on abuse, with the situation being reactive rather than proactive (Cassar, cited in Fenech 2015).

From all three publications highlighted which brought to light various issues and concerns when reaching older age in Malta, one publication titled: *Ageing and later life in Malta: Issues, policies and future trends*, did mention as part of Malta's future's challenges, the lack of research of how LG persons experience ageing in Malta. However only one publication touched upon the reality of older LG persons, in particular that of older gay men when reaching older age, and written by the author together with Hafford-Letchfield. The chapter titled: *Older gay men and active ageing: unpacking narratives*, highlighted how the lives of gay men are a marginalised community within the Maltese population, bringing about their uniqueness as well as invisibility in promoting wellbeing in older age, in particular when dealing with social support, loneliness and concerns for future care (Vella and Hafford-Letchfield, 2015).

2.7 Conclusion

In this chapter, literature about the needs and experiences of older lesbian and gay men in relation to health care services and social support was explored. Although the demographics of population aging is not a new phenomenon, what is considered as a novelty for today's society, is that for the first time we are witnessing the baby boomer generation, comprising of affirmative LG older persons whose lives do not conform to the heteronormative culture. The ageing experience of this cohort is like no other generation before. As the older LGBTI population grows, so does the need for culturally competent ageing service providers in

understanding and addressing their specific needs (Moone et al., 2014). While ageing is common to all, LG older persons may experience differences in the way that they attach meaning to that process which includes changes at the psychological and physiological levels.

From reviewing literature published in the Western world, on ageing and older LGB people, three important notions emerge that of (a) identifying the health care and social support needs of older LGB persons (b) ensuring that residential care environments are inclusive and accessible to older LGB persons while free from prejudice and discrimination (c) preferences of older LGB persons are documented, in preparation for future care. It is deemed necessary in establishing reliable measuring tools for health and social support systems, in order to better understand their needs as well as prevent disparities in care when offering services to LG older persons (Gabrielson & Holston, 2014). As a result, further studies focusing on the needs of LG older persons with the intent of eliminating any direct or indirect discrimination are required.

Chapter two, has explored the issues faced by older LG persons when negotiating access to health care and social support and four themes emerged, which are: Older persons as a heterogeneous and diverse population; Sexuality in later life as experienced by lesbian and gay older persons; Queer theory in gerontology; A queer critique of ageing policies; Innovation and good practices in ageing policy for lesbian and gay persons and the local Maltese context. Each theme has been tackled by highlighting the different components that contribute towards a better understanding of this ageing population cohort.

CHAPTER 3: METHODOLOGY

3.1 Introduction

Chapter three explores the methodology, research design and data collection tools adopted for this research study, including the rationale and selection criteria used in gathering and analysing data collected. The main purpose of this dissertation is to voice the experiences of older lesbians and gay men in terms of how they are experiencing older age, in particular to health care and social support. Research was carried out in full respect to ethical considerations. The research adopted a qualitative methodology whereby the Biographic-Narrative Interpretive Method (BNIM) was adopted in order to collect data, generated by the collection of life stories of older lesbians and gay men, as told by them (Wengraf, 2008). Once the data was gathered, the Thematic Analysis was used in order to bring out the similarities and differences of the stories told by the participants.

3.2 Aim and objectives

The aim of this study was to uncover how older lesbian and gay men, above the age of 58 years and residing in Malta, experience ageing, with reference to health care and social support. In order to fulfil this aim, the study set to gain insight into the following objectives:

- Establishing the understandings and meanings of life when reaching older age as a lesbian or gay person,
- Exploring experiences of older LG persons when accessing health care and social support services,
- Identifying whether the physical needs of ageing LG persons, are adequately catered for, irrespective of one's sexual orientation,
- Exploring whether psychiatric or psychological services are required and the experience of older LG persons when using such services,
- Establishing whether social support services was sought from the Department of Active Ageing and Community Care or any other health care and social support services,
- Establishing whether on a general level better representation of older LG persons is needed, as well as areas which may need to be improved upon,

- Exploring the relationship of older LG persons within the wider context of gay communities in Malta,
- Identifying future issues and concerns of older LG persons.

3.3 Research methodology

The methodology used by this study was qualitative research, which is set to provide a deeper meaning and understanding of social phenomena. The epistemological stance was that of constructional interpretivism, i.e. the belief that reality is constructed within a social historical context coupled with a critical ideological stance, in order to uncover the power relations embedded within the social phenomena (Ponterotto, 2005), while challenging the status quo, and working towards emancipation (Kincheloe and McLaren, cited in Ponterotto, 2005). A preference was adopted for inductive, hypothesis-generating research, rather than hypothesis testing, through naturally occurring data, by means of unstructured rather than structured interviews (Silverman, 2000). More specifically, the data collection tool utilised was the BNIM (Wengraf, 2008), where reality was co-constructed between the dynamic process of the "knower" (the research participant) and the "would be knower" (the researcher) through the formation of meanings and understanding (Ponterotto, 2005).

3.3.1 Why narrative?

Narrative technique was the chosen methodology for this study, as it holds the idea of "telling", an action executed by the speaker with the intention of the revelation to be taken up by the listener, in the form of a story of the 'self' paired with a purpose (de Medeiros, 2014). As described by Bronwyn Davies and Rom Harre (1990), it is where the selves are located by means of a jointly positioned conversation to which participants may shift their narrative position, in accordance to the flow of the conversation (ibid.). Narrative gerontology focuses on the subjective development of ageing, which holds the premise that humans are fundamentally narrative beings, as much biographical as they are biological (Randall and Kenyon, 2004). The 'self' is seen as narrative in nature, to the point of stating 'no narrative, no self' (ibid.). The act of narrating is an identity claim, such claim in older age is crucial for narrative gerontology (de Medeiros, 2014). Ultimately narratives are what helps us form meaning and understanding of how we interact with self, others and the systems around us (Randall and Kenyon, 2004). However, this study moved away from the master narratives of

ageing, which are embedded within a heteronormative culture, functioning only to reinforce dominant cultural norms, while the identity of those who are marginalized (de Medeiros, 2014).

The strength of narrative research is in the way it understands the 'self' as informed by the various disciplines which use narrative in their studies of old age. Anthropology emphasizes that emerging themes from personal narratives are not only the result of 'self', but also reveal cultural forces which shape that particular narrative, of that person's reality living in a society at a particular point in time (Kaufman, 1993). The humanities and art disciplines developed the form of autobiographies, and how narrative research can become published texts. Turning to medicine, the clinician documents the patients' lives in case histories written in their medical charts, which follow the biological, familial, cultural and the current situation (de Medeiros, 2014). Life histories also hold basis in nursing practice, especially with the use of life review and reminiscence, with a focus placed on the person to connect with the past rather than with the present-day narrative (Burnside, 1996). In psychology and psychiatry, life histories are the focus of psycho analysis, which provide context to better understand current behaviours, and symptoms (de Medeiros, 2014). In public policy, there is a body of work known as "narrative policy framework", which delves into how narratives are strategically constructed. An example in critical narrative approach to policy is the work of Clark (2011), who establishes how dominant and subdominant narratives, primary and subtexts, together with stories and counter stories, all play a crucial role in shaping how political events are rationalized and negotiated. Another discipline which is strongly rooted in narrative, is social work, with its driving force in developing various reminiscence approaches and applications. This profession further highlights the improvement in practice, educating social work students how to use reflection as a tool in their practice, a method also encouraged in empirical research (Riessman and Quinney, 2005). In the editorial of *Journal of Gerontological Social Work*, Barusch (2012) the author addresses narrative gerontology in social work by highlighting the importance of stories from a therapeutic standpoint as well as the basis for growing research in the social work field. Just as narrative psychology focuses on outcomes, narrative sociolinguistics focus on the language used to structure the story. Sociolinguistics, also locate the personal narrative within the context of the person's own experience of social phenomenon and how these marked the language of that person. Much of the research carried out in the field of sociolinguistics has focused on dementia and how persons with dementia use language to create meaning (de Medeiros, 2014). In sociology, the recognition of the collection of data in research by means of interviews has been ongoing since the 1950s, and placed much focus on the object of inquiry

(Elliot, 2005). Over the past years, both gerontology and sociology have gone through much reflection on the question of relying on 'the objective' measurement in research and whether narrative inquiry could actually fit in (de Medeiros, 2014). This new perspective calls upon researchers to think with stories, rather than think about stories, which looks into the subjective matter narratives provide on how people make sense of the world around them (ibid.).

The above disciplines have all contributed towards the shaping of narrative gerontology, as it holds roots in such established disciplines. Narrative gerontology is about comprehension, explanation, prediction and establishing meaning shaped by narratives of older persons. Ultimately offering a stand point, site of knowledge, from which to consider later life (de Medeiros, 2014).

For this research study, participants were invited to speak at length about how they experience ageing as an LG person, with a particular focus on access to healthcare and social support. Narrative approach was chosen as the most suited methodology to collect data for a deeper understanding of what it means to be older and identify as lesbian or gay at the same time. The research study explores the experiences of older LG persons within the Maltese context of health care and social support and how these intersections impact their everyday life.

Narrative methodology can also be seen as an advocacy tool, getting close to people's stories and lives with the aim of raising awareness and educating others. Narrative methodology allows the researcher to gain an understanding of the participants' world view and how they make sense of the things that surrounds them:

> The autobiographies `from below'...work to create a different sense of autobiographical form, one where consciousness of self becomes more of a collective exploration than just a private one. The author is somehow located as a member of a class, a gendered group, a generational group, an outcast group (Plummer, 2001, p. 90).

The narrative approach is particularly relevant for this study because it provides a powerful tool in giving a voice to the experiences of LG older persons, to combat stereotypes and affirm one's place within society (de Medeiros, 2014), as well as providing a context that can help

service providers to fine-tune their services to a more person-centered approach (Cronin et al, 2012). It is further stated that such approach may be woven into public policy, as it responds to issues of ageing as faced at grass roots level (Clark, 2011). “It supports research into the lived experience of the individuals and collectives. It facilitates both the inner and the outer worlds of ‘historically-evolving persons-in-historically-evolving situations’ and particularly the interactivity of inner and outer world dynamics” (Wengraf, 2001., p. 1). A narrative approach proposes a structure for exploring the stories and substories in relation to policy discourse (Clark, 2011) and that of providing a better foundation for practice (Wengraf, 2008). As Sara Cobb states: “stories matter. They have gravitas; they are grave. They have weight. They are concrete. They materialize policies, institutions, relationships, and identities” (Wafula, 2016 p. 3).

This study explores issues faced by LG persons in their senior years as a result of past, present and future concerns. As explained in Vasilachis de Gialdino (2009), since human beings are at the centre of any qualitative research, the ‘ontological rupture of identity’ allows the researcher to bring out what is similar and at the same time what is different and unique amongst each participant: “This ontological rupture enables the avoidance of the remnants of realistic ontology, so frequent in the Epistemology of the Knowing Subject, even if the interpretive paradigm is assumed and qualitative research carried out” (Wengraf, 2001, p. 13).

Every research method brings its own limitations. The narrative approach for instance is not suitable for all inquiries, especially those requiring time, as it is not suited to work with large numbers of participants. A certain closeness to participants needs to be established, as the analysis of the narrative is a product of both the narrator and the inquirer (Sinclair Bell, 2002). The mode of exchange is many at time understood as a story of friendship, which may forge disengagement on behalf of the inquirer difficult at the end of the research project (Sinclair Bell, 2002).

3.4 Research participants

Originally this research study set to inquire the lives of lesbian and gay men above the age of sixty-five (65). For gay men, this initial target population was not challenging to reach, however the same could not be said for the lesbian group, possibly due to further invisibility, fear and discomfort in being interviewed. Eventually a total of six (6) participants, who

identified as lesbian or gay and of over the age of fifty-eight (58) years and who are living in Malta were chosen and interviewed for the purpose of this dissertation. In view of the length of time required to access, gain rapport and interview the participants, this sample is considered to be adequate for the BNIM method and the time limitation. In reaching my target population a purposive sampling, accompanied by snowball sampling was adopted for this study. A purposive sampling is used for exploratory research, specifically when sampling highly specific and difficult-to-reach members, with a purpose in mind (Lawrence Neuman, 2006). Such a non-random sampling method is also appropriate when sampling for unique cases especially informative ones (ibid.). A snowball sample was also adopted as this follows the same non-random sample technique, which is a multistage where the researcher begins with one case, and based on the interrelationships and network of the case identifies other cases, and the process is repeated over again (ibid.). In the beginning of this research I had only known of a gay person who fulfilled the sample criteria, but through my involvement in NGOs, together in asking Allied Rainbow Communities (ARC) to specifically be my gatekeeper it was possible to complete the sample (refer to Appendix B). In the invitation letter, which was sent by ARC to its database, the purpose of the study was explained (refer to Appendices C and D). Those interested in taking part in the study were invited to contact the researcher by e-mail or phone. The information letter was sent in both Maltese and English languages. In order to increase heterogeneity and in keeping an equal distribution between both sexual identities a total of three persons who identified as lesbian and three persons who identified as gay men all above the age of fifty-eight (58) years, were selected. Once potential participants agreed to participate in the study, they were contacted and an interview was scheduled at a time and place which suited them.

The participants came from different backgrounds, such as that of class, educational level and geographical location. As depicted in table 3.1 a total of two women aged 58 and one aged 67 accepted to be interviewed and formed part of the lesbian population, while the gay men population consisted of one aged 73, 67 and the other 58. The reason for accepting the 58-year-old, was because he was the third person willing to be interviewed, to which his narrative was one embedded with deep experiences into health care and social support, and who subscribed to the department of active ageing and community care. Such narrative was deemed highly relevant by the researcher in respect to the research matter. A further detailed description on each participant may be found in the next chapter

Table 3.1
Participants

Pseudo Name	Gender identity	Sexual Orientation	Age	Occupation
Joseph	Male	Gay	73	Sugar craft cake decorator (Retired)
Karl	Male	Gay	67	Activity coordinator (Retired)
Peter	Male	Gay	58	Hairdresser (Retired)
Charlotte	Female	Lesbian	66	Teacher (Semi-retired)
Therese	Female	Lesbian	58	Marketing officer
Elisabeth	Female	Lesbian	58	Accountant

3.5 Operationalisation

The idiographic intervention was carried out using the BNIM, which provided the researcher with a long coherent narration (Wengraf, 2008) following the two interviews per research participant. The first interview involved two sub-sessions, while the second interview involved a third sub-session, which is considered as optional (Wengraf, 2001).

The first sub-session involved just one broad carefully designed generic question, requiring participants to speak at length about their past and present experiences in relation to the research topic. This sub-session was based on this one single question, whereby the role of the researcher was that of active listening - facilitating and encouraging by means of prompts. During the first sub-session, emerging recalled 'Particular Incident Narratives' (PINs) began to formulate, which was further enquired during the second sub-session. This first sub-session is known as a Single Question Aimed at Inducing Narrative (SQUIN), (Wengraf, 2008). The average length of this sub-session was between 30 and 45 minutes.

For the purpose of this dissertation the following question was used to all participants:

> 'Can you please tell me your story of how today as an older adult identifying as lesbian/gay man, you have come to experience ageing, how you manage your everyday lifestyle now that you are of older age, keeping in mind your health care needs as well as social support.
>
> All the events and experiences which were important for you up to now.

Start wherever you like. Please take the time you need. I'll listen first, I won't interrupt, I'll just take some notes for after you've finished telling me about your experiences.'

Following the first sub-session, the interviewee was given a 15-minutes break during which the researcher could use that time to reflect on what was said during the first part. Only open-ended questions were asked during the second sub-session to facilitate clarification and a more in-depth understanding on the topic under inquiry. The second sub-session is known as Topic Question Aimed at Inducing Narrative (TQUINs) (Wengraf, 2001).

The third subsection is a separate interview, which was conducted after the preliminary analysis of both previous sub-sessions. Here a set of questions were developed, not restricted to sub-session one and two, but composed of questions about topics which may have not been mentioned in the narrative and more to do with the theory. Unlike the previous subsections the third subsection is more structured (Wengraf, 2008). The questions were developed as follows:

1. Can you please give me your views as what life is like when reaching older age as a gay / lesbian person?

2. What is your experience when accessing health care and social support (if any) services?

3. Do you feel that, as an ageing gay / lesbian person, your physical needs - that is, when you are physically ill - are adequately catered for, irrespective of your sexual orientation?

4. Have you ever sought either psychiatric or psychological services? If yes, how was the experience?

5. Have you ever sought social support services from the Department of Active Ageing and Community Care? If yes, how was the experience?

6. You are most probably befriended with many peers of a gay /lesbian sexual orientation who are aged 65-plus? Did any of these peers ever apply or receive health care and social support services? What was their experience?

7. Looking towards the future, how do you envision and anticipate your ageing life to be like?

8. What is your relationship with the local gay community? Do you feel part of this community?

9. Do you feel you could be better represented on a general level, and especially, on issues generally faced by older lesbian and gay persons? What could be improved?

3.6 Data collection

As explained in the previous sub-heading, data was collected by means of holding narrative interviews with the research participants having a total sample size of 6 individuals. In accessing the participants, a non-governmental organization working with the LGBTI community called ARC was assigned as gatekeeper to inform them of the research and ask for participants (refer to Appendix B). All positive replies were then relayed to the researcher. In order to obtain a balanced view of lesbian and gay narratives, three individuals who identify as lesbian and three who identify as gay men were selected.

Upon a signed consent on behalf of the participant (refer to Appendices E and F), data was collected by means of field notes and voice-recording. The method of conducting field notes, was by using a SHEIOT[7] notepad (refer to Appendix G). This notepad in particular lends itself perfectly to the use of the BNIM method. Each participant had the liberty to specify their desired location where they wanted to hold the interview, which at times meant in their homes, or in coffee shops. Each interview lasted between 60 and 90 minutes.

3.7 Data analysis

The analysis of data, as a means towards the discovery of emerging themes, is an attribute of qualitative research defined as thematic analysis (Braun & Clarke, 2006). Thematic analysis constitutes a spectrum of qualitative methodologies that may include, non-exhaustively, grounded theory (Charmaz, 2006); discourse analysis (Wetherell, Taylor, and Yates, 2001); interpretative phenomenological analysis (IPA) (Smith, Larkin, and Flowers, 2009); content analysis (Hsiu-Fang and Shannon, 2005); conversation analysis (Hutchby and Wooffitt, 2008); narrative analysis (Riessman, 2002; Crossley, 2000) and narrative inquiry (Webster and Mertova, 2007).

[7] SHEIOT standing for Situation, Happening, Event, Incident, Occasion/Occurance, Time (Wengraf, 2001)

Thematic analysis is a method rather than a methodology since, unlike many qualitative methodologies, it is not tied to a particular epistemological or theoretical perspective. This makes it a very flexible method, and advantageous for the qualitative methodology (Braun and Clarke,2006). Thematic analysis is seen as more inclusive tool, commonly used by narrative inquirers, specifically for narrative gerontology (Leavy and Ross, cited in Riessman, 2008).The emphasis is on "the told", the events of the narratives, paying little attention to how the story unfolds in a conversational exchange between the interviewer and the participant (Riessman, 2008).

Furthermore, thematic analysis as a technique

> "requires more involvement and interpretation from the researcher. Thematic analyses move beyond the counting of words or phrases and focus on identifying and describing both implicit and explicit ideas within the data, that is, themes. Codes are then typically developed to represent the identified themes and applied or linked to raw data as summary markers for later analysis" (Guest, MacQueen and Namey, 2012, p. 10)

For this study a thematic analysis was considered as an important and appropriate tool, as it covered the broad aspects of the full data set embedded within the six narratives.

Data was gathered by means of a recorder together with field notes, followed by full detailed transcriptions to which the narrative framework served as a tool in unravelling the repeated patterns of meaning in the form of thematic threads. Thematic analysis tool was used in this study to code events, which later assisted in the development of themes. An interpretative rigor was adopted that clearly demonstrated the findings and emerging themes and possible overarching themes with quotations from the raw data, that of the participants understanding conveyed in their own words (Fereday and Muir-Cochrane, 2006).

The steps of analysis according to the thematic analysis (Guest, MacQueen and Namey, 2012; Braun and Clarke, 2006) were executed as follows:

1. Transcription of narratives (verbatim)
2. Verification and re-verification of all transcripts to ensure validity
3. Noting and bracketing of what the researcher felt/believed/ noticed

4. Analysis of the explicit content of narratives, focusing on the insights and understandings
5. Re-familiarisation of the understanding of the analytic objective i.e. the research question
6. Development of codes by re-reading of transcripts, in search of thematic cues embodying meaning (such as repetition, metaphors, transitions, constant comparisons and similarities, the silence behind –'the unsaid') (Ryan and Bernard, cited in Guest, MacQueen and Namey, 2012)
7. Collation of themes; here the researcher assigned colour coding according to the subject focus, followed by a thematic map and the development of overarching themes and subthemes
8. Polishing and refinement of themes.

The coding process involved subthemes, which were later categorised under the 4 themes. Sub-themes which were thought to represent the same understanding were combined under one theme, resulting in a total of 11 subthemes (Table 3.2). This procedure was carried out by the researcher, who thoroughly analysed the data and developed descriptions from the codes and thematic analysis (Creswell, 2014).

The carrying out of a narrative thematic analysis, provided a raw and real voice to the experiences of older LG persons who disclosed their narratives in the interviews. In fact, the six narrative transcripts revealed a rich lived experience, capturing the complex and differences of the detailed evolving descriptions of older LG persons.

3.8 Validity, coherence and persuasiveness issues

Validity and reliability should hold applicability in qualitative research (Morse, Barrett, Mayan, Olson, and Spiers, cited in Guest et al., 2012). This qualitative study maintained the term 'validity' and its issues as outlined by Polkinghorne (2007). However, as stated by Riessman, (1993), rather than using the term 'reliability', the terms 'coherence' and 'persuasiveness' were adopted as it was deemed better suited to narrative inquiry.

Narrative inquiry is characterized by a three-dimensional space (Clandinin and Connelly, 2000). This includes:

1. Personal and social dimensions
2. Temporal dimensions (past – present – future)
3. Place (ibid.).

The first two dimensions entail four directions: (a) the inward direction refers to internal conditions such as "feelings, hopes, aesthetic reactions, and moral dispositions"; (b) outward direction refers to "existential conditions, that is, the environment"; and (c) backward and (d) forward directions represent past, present and future. The third dimension, space, denotes the physical environment (Clandinin and Connelly, 2000, p. 50)

In understanding the three-dimensional space which characterizes the narrative technique, issues relating to validity, coherence and persuasiveness shall follow:

3.8.1 Validity

According to Polkinghorne (2007), there are four prominent issues of validity when using the narrative technique as a research methodology. These include:

1. The limits of language to capture the complexity and depth of experiencing meaning,
2. The limits of reflection to bring notice to the layers of meaning that are present outside the of awareness,
3. The resistance of people because of social desirability to reveal fully the entire complexities of the felt meanings to which they are aware, and
4. The complexity caused by the fact that texts are often a co-creation of the interviewer and participant (Polkinghorne, 2007, pg. 480).

The first issue, denotes issues that go beyond the language used for the story to be transmitted, but takes into account features such as the way how the story is being told, such as stammering, hesitancy, self-interruption and intonation which can give further insight to positive and negative emotions (Kleres, 2010).

In the second issue, Polkinghorne seems to dismiss the narrative inquirer from the dyad therefore denouncing reflection being made on what is being said, while totally privileging the narrator. On the contrary, Clandinin and Connelly (2000) state that the inquirer is as much of

the process as the narrator, as they are having an experience of the experience. Making the stance of the inquirer equally as important in this process of exchange in order to make sense of the deeper understanding and to sail through the layers of deeper meaning (Wolgemuth and Donohue, 2006). This is achieved by the inquirer asking for clarifications and to further elaborate on certain points in order to help participants elaborate on any inconsistencies and in challenging the fixity and stability in subjectivity of participants (ibid.).

The third issue, denotes an element of discomfort which may arise during the narrative enquiry, which may require a transformational experience of comfort. It is argued that both the inquirer and the narrator must feel comfortable with one another, and must create a space to allow such discomfort to take place (Wolgemuth and Donohue, 2006). Such comfort between the inquirer and the narrator may be enhanced by conducting 3 sub-sessions as indicated by the BNIM method (Wengraf, 2008). Such an approach also facilitates openness between the narrator and the inquirer (Polkinghorne, 2007).

The fourth issue holds that inquirers hold not simply produce the text which they were after or expected to gather, but an open listening stance must be assumed in order to also capture the unexpected and salient parts of the narration. Ultimately in making sure that the narrative is giving a voice to the participant (Polkinghorne, 2007).

3.8.2 Coherence and persuasiveness

It is stated that coherence and persuasiveness should raise above reliability with the narrative technique due to its context-specific and subjective nature (Riessman, 1993). Persuasiveness in narrative inquiry is constructed when there is coherence between the story being told and theoretical claims (ibid.). It is further stated that when discussing alternative interpretations this enhances the level of persuasiveness (ibid).

3.9 Ethical issues

Before all six participants agreed in participating in this study an information letter regarding the study was sent, together with a consent form (refer to Appendices C, D, E and F), which clearly emphasised their anonymity as well as the option to withdraw from the study in the eventuality that they would not be in a position to continue. Furthermore, after each interview,

once off-the-record participants were given some time to process what was just disclosed, and the researcher checked about their feelings, if they felt comfortable in proceeding for the second and final interview. Should the need have risen, counselling services was also made available.

All sub-sessions were recorded using a digital audio recorder. A pseudonym was adopted in all transcripts and analysis, to ensure the respondent's anonymity. Any personal details which could identify the interviewee were changed to ensure anonymity and confidentiality.

The researcher was cautious when locating narratives into the context of larger narratives, when meanings were extrapolated from the individual experiences as told to the researcher (Sinclair Bell, 2002). Although the narrator cannot be free from the inquirer's reflection, the effects of the re-telling of the narratives may bring about powerful implications (Josselson, 1996), to which the best interest of the narrators was upheld. Ethical clearance was granted from the Faculty of Social Wellbeing's Research and Ethics Committee (FREC), (refer to Appendix, A).

3.10 Conclusion

Chapter three explored the methodology used by this research study. The experiences of LG persons as they age, in particular to health care and social support was the focus of this study. A qualitative approach was administered, in particular the BNIM methodology. It was argued how a narrative technique was deemed the most appropriate methodology, on grounds that it is able to provide a deeper meaning and understanding to social phenomena (Randall and Kenyon, 2004), in this case the experiences of ageing as told by six LG persons. This chapter also recognised and discussed the process of data collection and analysis as well as highlighting the limitations, issues of reliability and validity that comes with such methodology. Since in-depth personal narratives lies at the heart of the entire process, awareness and ethical consideration were clearly outlined and adhered to.

CHAPTER 4: FINDINGS

4.1 Introduction

This chapter presents the findings of the data collection exercise which was carried out using the BNIM which involved six participants who accepted to form part of this study.

In voicing all the narratives told, a 'poetical style' was adopted and presented in this chapter in the form of a general grand narrative composed of all six narratives. This style is considered as one of the three narrative themes which are deemed as important for gerontologists (Randall and Kenyon, 2004) and presents the structure of how the story of a person's life is told, from a psychological model to that of a literary one. The past seen as giving birth to the present and the future, ensuring that the beginning, middle and ending flow from one to the other (McAdams, as cited in Randall and Kenyon, 2004). By reading through all the transcripts and at this stage carefully positioning himself using bracketing, the researcher was then able to draw out the similarities and differences from the individual stories and present them as one grand narrative. However, this does not mean that all participants passed through the exact same story, as despite having the same telling of their life narratives, embedded within one general story, were personal experiences told as a collection of smaller stories. The way this general grand narrative is sectioned, followed a similar flow to the general co-construction of each individual story, that was jointly created, in the dialogue exchange, between the participant and the researcher. The general grand narrative provides a walk through five subheadings starting with the beginning of their life journey with 'the pink route travelled', 'the relationship with healthcare and social support services', feeling 'overlooked, but where does one belong?, to 'nearing the end of the rainbow' and demanding emancipation that of 'from invisibility to visibility'.

4.2 Profiling the participants

Table 4.1
Participants

Pseudo Name	Gender identity	Sexual Orientation	Age	Occupation
Joseph	Male	Gay	73	Sugar craft cake decorator (Retired)
Karl	Male	Gay	67	Activity coordinator (Retired)
Peter	Male	Gay	58	Hairdresser (Retired)
Charlotte	Female	Lesbian	66	Teacher (Semi-retired)
Therese	Female	Lesbian	58	Marketing officer
Elisabeth	Female	Lesbian	58	Accountant

The purpose of providing a profile of all six participants is to allow the reader to get the context required to better understand the findings. Pseudonyms were used in order to safeguard confidentiality.

Joseph, aged 73, identified himself as a proud gay man, who has been happily married for the past 3 years. He lives independently with his partner, and he intends to age in place for as long as his health allows him to. He lived in the UK for 30 years of his life and came back to Malta in 1993. He previously held the occupation of a hairdresser and later, in Malta, achieved success in the profession of sugar craft cake decorating. Joseph is very grateful for the progress Malta has achieved in relation to LGBT rights. As a retired man, he enjoys life, loves to entertain at home and lives life to the fullest. However, his physical mobility limitations have many at time reminded him that he is no longer 30 years old. Reaching this point in his life, he does not feel any different to any other person of the same age group, irrespective of their sexual orientation.

Karl, aged 67, identifies himself as a gay man, is single and lives independently. He intends on ageing in place and has also made the necessary provisions for a stay home carer, should he require further assistance. Karl lived a good part of his life abroad, and had the initial intention of entering priesthood. However, he was advised to get to know himself and shortly afterwards came to terms with his sexuality and travelled for some time. He returned to Malta in his late forties and held the occupation of an activity coordinator in a government run nursing home, while acting as a carer to old friends. Karl's is now retired and is part of a close support network

made up of heterosexual friends. He is very health conscious, is aware of what he eats and keeps active.

Peter, age 58, identifies as an affirmative gay man with a disability and has been happily married for the past four years. He was in a 23-year relationship which ended with the suicide of his partner. Peter went through several health issues, including 13 strokes. He previously was a hairdresser and in his retirement, devotes his time to voluntary work with his local parish church, by creating activities for older women within the community as well as reaching out to parents who somehow have abandoned their children because of their sexual orientation. In order to overcome the various obstacles in his life, Peter's philosophy has always been that we are given one life and we must make the best of it.

Charlotte, age 66, does not adhere to any labels, and is totally against them due to their negative connotation. Therefore, she does not identify as a lesbian. Charlotte is currently in a relationship and, although monogamous, lives independently, allowing both herself and her partner a sense of personal space and freedom. During her 20s she moved to work in England where she formed part of the police force. When she returned to Malta she pursued a career in education. Although retired, she still works as an educator. Charlotte maintains a balanced lifestyle by being active and eating healthy, but does not believe in health checks and does not even have a family doctor. Charlotte is an independent woman with few close friends and strongly believes that one's sexuality is one's own private matter and should not be of concern to others. She is reluctant to enter a residential home should the need arise, but intends on ageing in place.

Therese, age 58, identifies as an out and proud gay person, rather than lesbian, due to the negative connotation it carries. She is single, living independently, with many friends, and values her family tremendously. Therese is by profession a chef, and currently works within the field of marketing. She identifies herself as self-taught and has held different jobs throughout her life, both when living in London and when travelling around the world. Living with no regrets and feeling grateful for all that she has accomplished, Charlotte at times finds it hard to make ends meet. Upon reaching older age she has come to realise that the most important thing in life is one's health, because if one has health, one can do absolutely everything. When reaching older age, Therese hopes that together with her friends she will be

taken care of, as ultimately that is what old people want - to be taken care of -, and not to be side-lined.

Elisabeth, age 58, feels like she does not need to identify as anything, as she does not believe that she must feel any different to anyone else. Elisabeth was previously in a 12-year heterosexual marriage and is a mother to two children. Following her marriage, she entered into a long-term same sex relationship, which was abusive. Currently she is single, living alone and feels like life is pretty much as it was 20 years ago, consisting of the same routine, which revolves around work, going back home, planning holidays and meeting up with friends. Elisabeth finds great satisfaction in working as an accountant and spends most of her time at work. Once she retires she may consider voluntary work, but does not have any plans set out, when thinking of further age, she does not want to rely on anyone, even though she has children of her own. Should the need arise she would consider buying support. Her approach to life is to keep as self-sufficient as possible and your close friends, close to you as much as possible.

4.3 The pink route travelled

The colour pink is a symbol used for the LGBTI community, and by incorporating it in the subtitle, the researcher sets to explain how, in reaching older age, all participants spoke about their history, and the life journey travelled, in order to reach where they are today. The start of their journey provided the context of what it was like to grow up during the post war period, as Therese explained:

> …you had no support, like most youngsters have today, so your kind of had to find your own kind and that was something very difficult because I did not know there was someone else like me. [8] (Therese)

For Elizabeth, this meant entering a heterosexual marriage, while for the rest this lead them to leave the country and to find themselves overseas, most notably in London. Charlotte explained how such historical context lead her into living dichotomous lives, where she disclosed her sexual orientation in certain settings, only with her intimate close friends, and not with others. To the outside world, she lets people think what they like, as she stated: "I was always the person I am meaning... without disclosing it to anyone",[9] however she knew

[8] Verbatim
[9] Minn dejjem kont li jiena jiġifieri ... mingħajr ma nuri x'jien lil ħadd.

that identifying different was not a sin further stating: "I always said to myself that this was not a sin".[10]

For Peter, not being able to fit in lead to self-harm as he disclosed:

> ...because of rumours and because of what my gay friends were going through, I had carried a number of suicide attempts. I hanged myself to the bed a number of times, I took an overdose of pills and eventually attempted to jump, but my mum stopped me in time and asked me 'but why?' (Peter)[11]

However, through the years all participants disclosed how they witnessed the island's progress, especially for the LGBT community as expressed through legislative changes such as that of Marriage as explained by Joseph and Peter who are both in a same sex marriage. However, Karl, on the contrary, believed that marriage and raising children is not normal and does not form part of the gay identity but is adopted from the heterosexual life course.

Most participants stated that they made use of either psychiatric or psychological services in getting over past relationships, (not during the time of the study). In particular Peter explained how he sought such services in mourning for his former partner, further stating how such services gave him the strength to carry on.

Therese also disclosed how she resorted to such services to get out of a negative relationship, and acknowledged the reality of how many women would seek help after facing sexual abuse, while others would make use of such services to come to terms with their sexual identity as she stated: "…lots of women have had sexual abuse in their life and sometimes, it affects them physically and that, lots of people had to have therapy and psychiatric treatment because of the fact that they are gay and .. can't deal with it themselves".[12]

As a way of adapting to living in a heteronormative culture, all participants spoke of how they managed to secure support by means of establishing strong ties of friendship which along the years helped in sustaining their overall wellbeing when reaching this stage of their lives. In

[10] I always said to myself, isma' dan mhux dnub.
[11] Minħabba l-għajdut tan-nies u minħabba minn xiex bdew jgħaddu sħabi li huma gay, kont wettaqt bosta attentati ta' suwiċidju. Għall-kont tgħallaqt kemm-il darba mas-sodda, ħadt overdose ta' pilloli, qbiżt u kienet żammitni l-mummy tiegħi u qaltli, "imma għaliex?" (Peter)
[12] Verbatim

this context, Therese described how her group of friends acts as a support system to one another: “we are very supportive of each other. We may not meet up all the time, but we are very supportive of each other. Constantly on the phone...because we live busy lives”.[13] Joseph further states how, apart from his husband, friends are a big part of his life and how he loves entertaining at his private residence: “we have lots of friends. I like to entertain at home. We have lots of dinner parties; we go out with friends”.[14]

The support system however does not last a lifetime, and Therese acknowledged the reality of how it begins to decay with age by stating: “I’m grateful that I’ve come this far, because I lost some of my friends and I’m still losing friends my age unfortunately. I don’t know what’s happening but in the last 4 years I lost 5 people in my life who are my age”.[15]

Participants who were married or in a relationship spoke about how much this bond becomes important especially when reaching older age. Getting married provided legal recognition and placed their relationship at par with those of heterosexual couples. In fact, Joseph explained that, at his age, he is very grateful of the support he found in his husband, even though he did not want to get married at first due to his age. This is particular true when it comes to companionship and financial support, as per the following remark: “Thank god for my husband, that is a great help to me as now I don’t work anymore”. [16]

All participants expressed to be leading an active lifestyle as they are ageing with Elisabeth stating that: “Life at myself at this age is an older version of myself twenty years ago and it makes no difference as to what I identify... you get up go to work, come home, you do what you have to do, you plan your holidays, you meet your friends”.[17]

As opposed to the male participants, all female participants expressed the taboo associated with the identity of ‘lesbian’. In fact, all three rejected such a label, with Elizabeth and Charlotte not feeling the need to identify as anything but as “women”, and with Therese being more affirmative and identifying herself as gay. In fact, in identifying herself as gay affirmative, Therese has lived a relatively good life, but admitted to having experienced hard times

[13] Verbatim
[14] Verbatim
[15] Verbatim
[16] Verbatim
[17] Verbatim

financially in order to make ends meet, as she explained: "I haven't been able to afford to pay rent and where I haven't been able to afford to buy a house… But as you get older you have less opportunities because people think you have gone over the hill, and people give you less attention".[18]

She also pointed out how certain values change as you reach older age, where family and health become a priority, as stated:

> As I got older, obviously, my values changed. I wanted to have fun in the beginning, to travel…And then you start to realise that family is very important and you want to make that reconnection and be accepted…Another issue with ageing is health. When you get older you start to realise that health is the most important thing in your life, because if you have your health you can do anything, you can do absolutely anything. (Therese)[19]

Reaching pension age, was a wakeup call for Karl and made him realise that he needed to organize his life on all fronts, be it medical checks as well as the social side to his life. In this regard, he explained:

> I had made a plan for complete healthcare, after I retired, from the very first hour, and I remember the doctors making fun of me as they asked me the reason for wanting to do this complete check-up. And I, to be sure, I told him – now that I am starting a new chapter in my life in retirement I'd like to do a general check-up, even a psychological screening to know my current health status. (Karl)[20]

Hence, maintaining a healthy lifestyle, is very important for Karl as this enables him to look and feel young as much as possible as he further explained:

> I keep myself active through sports and make sure my testosterone levels are maintained. I keep a healthy diet, even alcohol I only consume a bit during the winter time. I once went for a check-up for AIDS and I did it more just for curiosity's sake rather than cause of any suspicion. (Karl)[21]

He also expressed how being single instilled the fear that he was going to be alone. Even though he had led a very active life from being a carer on a voluntary basis to a family he knows, he also forms part of a choir, travels and frequents the gym regularly. Despite having friends to

[18] Verbatim

[19] Verbatim

[20] Kont għamilt programm, wara li ħriġt bil-pensjoni, mill-ewwel siegħa tal-health care complete, u niftakar, niftakar eh qabdu jidħqu bija t-tobba għax qaluli, "inti mela x'għandek?" Imma jien biex inkun ċert hux għedtlu, "issa li ser nibda ħajja ġdida bil-pensjoni," u għedtlu, "nixtieq nagħmel naqra test ġenerali u anke psikoloġikament biex nara fiex qiegħed jien u hekk." (Karl)

[21] Verbatim

go out with, be it to the theatre, concerts and cinema, he explained how the evening winter times are the hardest as he stated: "evenings are the toughest, as I feel too lonely". [22]

Participants, disclosed how it could be hard at times in order to maintain a healthy lifestyle, which could only be maintained if you have got a sufficient income. In particular Therese explained how becoming aware of what you eat and living just above the poverty line becomes quite a challenging matter as she explained:

> In general, life is good in Malta, in general I find that the food is horribly expensive compared to other places, which doesn't help. Therefore, you tend to follow a bit of a poor diet, because a *'hobża'*(bread) is much cheaper than buying fresh vegetables and fish. Because fish is phenomenally expensive, and when you live on your own you can't afford to buy fish ta forget it or meat, '*lanqas*' (not even) chicken I buy sometimes. First because I'm leading healthily a bit of a vegetarian life but things are becoming expensive. Now if I go buy a can of tuna I can't buy a can of tuna as €1.20 or a small tin like that. And that's my fish. And although places Lidl are great for the '*massa*'(masses), but most of the stuff I'm sorry is not healthy, because when I look at the ingredients on the tin or the object it's full of E's and stuff like that because it's all cheap. And I'm scared, because when you lose your friends to cancer you become more conscious of what you're eating and of the life you lead. (Therese)[23]

Peter described how being placed on a pension has meant that he has time to help others through voluntary work. In particular, within his local parish church. As Peter explained:

> I do my share of volunteering despite my various conditions. We organize activities, such as coffee mornings and bingo for elderly women, who are alone so that we can be of support to them…These are organized by our parish church…to help people across the board, from elderly, like people my age as well as those who are younger. (Peter)[24]

[22] Verbatim
[23] Verbatim
[24] Nagħti sehmi għall-volontarjat, għalkemm għandi l-kundizzjonijiet li għandi. Aħna norganizzaw, bħal coffee mornings, tombla għan-nisa anzjani li jkunu waħedhom biex fl-istess ħin inkunu ta' sapport għalihom ... din torganizzaha l-paroċċa tagħna ... biex ngħinu kull livell għall-anzjani, nies bħali ta' ċerta età, għal anke, għaż-żgħar ukoll. (Peter)

4.4 Relationship with health care and social support services

In terms of access to health care, most participants stated that they never experienced discrimination, and that all their physical needs were catered for irrespective of their sexual orientation. This does not hold true for Peter who recalled a couple of incidents where he felt mistreated due to his sexual orientation. One episode was when he took his husband to the emergency department due to heart problems to which he recalled the staff asking all sorts of questions regarding the role of Peter in all of this, as he disclosed:

> It was a month after we got married, he had heart problems. We went to my GP, and to the Emergency Response, and I don't know the reason but they wanted to know who I was and why am I with him and I replied that we are married. At the time, it was still being called a Civil Union. Instead of treating his ailment they sent us to the GU Clinic...and that really hurt me...eventually we had to go to a private clinic and when the Consultant saw the videos of his heart scans, he told me that he needs to be admitted immediately to the hospital as he was going to die. (Peter)[25]

Another episode which Peter mentioned was, when the nurses viewed his hospital file, and they read that his previous partner died of suicide, they simply gave him a long stare as he waited in the waiting room while they giggled between themselves, all this because his previous partner was a man.

Peter spoke of another time when he had been treated poorly, this time by the support services, when requesting a male carer as he explained:

> They told me that because I'm gay, I couldn't have a nurse of the same sex, being a male...they told me that it has to be a female. When I gave them my reasons, for example of bathing and for other matters I would need a man, they told me that if I were in hospital helped by a female nurse, wouldn't I allow it? (Peter)[26]

On the other hand, Karl disclosed how he has an open, and seemingly positive, relationship with accessing health care as he stated that: "I go once a year to my geriatrician at Karen Grech,

[25] Kien xahar wara ż-żwieġ, [fejn] kellu problema f'qalbu. Morna għand it-tabib tiegħi, morna l-emerġenza, u ma nafx x'raġuni kienet, jew għaliex riedu jkunu jafu min jien u għaliex qiegħed miegħu, u għedtilhom li aħna miżżewġin. Dak iż-żmien kienet unjoni ċivili. Allura minflok qabdulu fuq il-każ tiegħu li huwa każ tal-qalb, bagħtuna fuq infection and diseases ... dik weġġgħetni ħafna ... li mbagħad kellna mmorru għand il-professur privat ... u xħin ra l-vidjows li ħadulu tal-qalb qalli, "dan jumejn oħra rridu noperawh għax se jmut." **(Peter)**

[26] Qaluli li peress li jiena gay, ma stajtx ikolli nurse tal-istess sess, raġel ... qaluli li, "peress li inti gay, awtomatikament trid tkun mara." Meta tajthom ir-raġunijiet illi, pereżempju biex ninħasel jew għal ċerti affarijiet oħra jkolli bżonn raġel qaluli, "int l-isptar jekk tkun nurse mara ma tħallihiex?" (Peter)

as my file is there. I am open with my GP who respects me"[27]. Further stating: "I once went for a check-up for AIDS, and I did it more just for curiosities sake rather than cause of any suspicion"[28].

This goes quite contrary to what was declared by Charlotte who disclosed that she never had a General Practitioner and didn't want to know of any health checks:

> I never go to doctors. I just had a squabble with a friend who wanted me at all costs to do a blood test...Why do I need to? Not that I am interested, and if they find something I will not worry, I just don't want to know. However, I'm going to do them to make her happy...I don't even have a family doctor. (Charlotte)[29]

All participants were aware of the services offered by the Department of Active Ageing and Community Care, however only Peter and Joseph made use of such services. In fact, Joseph explained how he had made use of the 'home help service' which was very efficient and beneficial, but now has opted for his private help that comes every week. Peter on the other hand was also in receipt of the 'home help service', 'maintenance service' as well as the 'telecare' which was of great assistance and assurance, as he explained:

> ...even if accidentally I press the button, automatically they respond immediately and ask me if something is wrong. It happens that I don't feel well during the night and in the end, they end up calling me even on my mobile and let them know I'm in hospital and being kept under observation not to worry them. (Peter)[30]

He further disclosed how grateful he was that during the Christmas period the department organizes a "get together", with a good atmosphere, made up of music and singing. Peter further explained how he encourages and informs others of such services which are available and which would be of help to the person.

---

[27] Verbatim
[28] Verbatim
[29] Lanqas nersaq lejn tabib, għadni kif kelli kwistjoni ma' ħabibti u tridni bilfors immur nieħu test tad-demm ... Għalfejn ser nagħmilhom? Mhux għax jinteressani, mhux għax jekk isibuli xi ħaġa ser nikkonfondi, jien just ma rridx inkun naf. Però ser nagħmilhom biex nikkuntentaha ... I don't even have a family doctor. (Charlotte)

[30] "Anke jekk aċċidentalment immiss il-buttuna awtomatikament mill-ewwel ikellmuni u jsaqsuni jekk ġralix xi ħaġa. Ġieli jtini xi ħaġa mal-lejl u jeħduni l-isptar u fl-aħħar jispiċċaw iċempluli anke fuq il-mowbajl u ngħidilhom jien qiegħed l-isptar u ħa jżommuni biex ma jinkwetawx. (Peter)

4.5 Overlooked: where does one belong? (in-group versus out-group)

The general feeling expressed by the participants was that, even though they form part of the Maltese LGBTI community, a sense of belonging is not to be assumed, as they disclosed that they don't bother to interact with the local gay community as they felt that there is no space for them. As Karl stated: "There are gay older persons who feel resigned, poor them, and don't have anywhere to go, not even a club. One should ask, when they say that abroad they live happier... are they happier because there are places to go, but here, where do you go?". [31] In relation to the Malta Pride Celebrations, Karl categorically stated: **"**Don't expect me to just turn up, because if I don't find that the event appeals to me, I won't go. I keep myself up to date, yes, but I don't go". [32]

Therese stated that she feels that the gay community is split as she explained: "we are not a united gay and lesbian scene at all, and that's a shame!".[33] Whilst Elisabeth explained how she does not need to search for gay spaces: "I don't have to go to places where there are gay people…if it were up to me nothing would be gay".[34] Charlotte is more cautions on the issue as even though she likes being amongst gay people, she stated: "In Malta I don't go for the fact that someone would bash you, Malta is too small". [35]

4.6 Nearing the end of the rainbow

By incorporating the idea of a rainbow, which is another symbol used for the LGBTI community, this subtheme addresses the concerns upon one's realisation that they are entering advanced age. All participants hoped that given the option they would age-in-place, as they all dread the idea of being sent to a care home. As Charlotte explained:

> I hope, [that it will be] as it is now, I have my own space here...I stay indoors if I feel like it, I go to my friend if I want to...Allow me to die here and bring me the meals on wheels, whether I eat or not is not a problem...But I feel like I am going differently

[31] "Hawn anzjani gay li huma rassenjati msieken u m'għandhomx fejn imorru ma tgħidx ġo xi club. Ħaġa illi barra jgħixu kuntenti, hija din eh ... Kuntenti għax għandhom fejn imorru, imma hawn, fejn trid tmur?
[32] "Tippretendix li jien ser naqbad u niġi, għax jekk ma nsibx l-okkażjoni li tkun għalija ma niġix. Insegwi orrajt imma ma mmurx.
[33] Verbatim
[34] Verbatim
[35] "Malta ma mmurx 'ħabba l-fatt li ssib lil xi ħadd u jtektikhielek, Malta żgħira wisq.

> somehow. I don't know how I am going to go, but it's not going to be a long process, or in my sleep, that's beautiful. (Charlotte)[36]

Both Charlotte and Peter stated that when this subject was brought up with their partners, both were given the reassurance that their partners will look after for them. Karl on the other hand has taken a cautious approach and has taken the necessary measures in adapting his home and is prepared to have a live-in carer as he stated:

> The future is one of my preoccupations, as to whether I will be able to remain living at home or not. I retrofitted the home when it went through the restoration process, so that I can remain in it. And if I end up wheelchair bound, I can navigate easily, bathroom and all, everything is ready. And I have an apartment that I am renting out as a bed and breakfast to help myself. But I did that for the live-in carer so that they will have their own privacy. I thought of everything. (Karl) [37]

As it stood for Therese, the idea of entering a care home in later life came with great fear, however she disclosed that the future may bring a different faith as she explained:

> Definitely and the worst part of that is when you start to get old and you end up in an old people's home. That scares the hell out of me, and it scares the hell out of a lot of us, because your parents die and your siblings don't want to take care of you because you have nothing to give them unfortunately. So, it would be nice if there could be a little wing at St. Vincent de Paul Residence, for gay women so that we could have parties. Can you imagine what we'd get up to? For the men and the women, so we'd feel at ease. It would not be a bad idea - have a little gay wing at St. Vincent de Paul Residence. It's huge, it's big enough they can afford a small ward for us. And that's all I have to say about that! (Therese)[38]

Elizabeth, on the other hand, did not give much thought to this subject as stated: "what can you do? you buy support if anything, you know what I mean we have learnt to be as self-sufficient. My approach is to be as self-sufficient as possible but to always have, keep close friends as close to you as possible".[39]

---

[36] "Nittama ... Kif inhi issa ... I have my own space here ... Noqgħod hawn ġew jekk irrid, immur għand ħabibti jekk irrid ... Ħalluni mmut hawnhekk u ġibuli l-meals on wheels, niekol u ma nikolx mhix problema ... But I feel like I am going differently somehow jiena. I don't know how I am going to go, but it's not going to be a long process, jew in my sleep, that's beautiful. (Charlotte)

[37] Il-futur hija waħda mill-preokkupazzjonijiet, jekk ikolli l-possibiltà li nibqa' d-dar jew le. Għax jien id-dar irranġajtha meta għamilt ir-restawr, biex inkun nista' nibqa' fiha. U jekk niġi wheelchair bound kollox għandi jiena, nista' ndur, bil-bathroom b'kollox, kollox għandi lest. U għandi appartament li bħalissa qed nużah bed and breakfast biex ngħin ruħi. Imma dak jien għamiltha biex persuna li tiġi toqgħod miegħi biex tieħu ħsiebi jkollha l-privacy tagħha. Le ħsibt, ħsibt. (Karl)

[38] Verbatim

[39] Verbatim

4.7. From invisibility to visibility

On the issue of policies Therese felt that more needs to be done in particular where housing is concerned, especially in identifying as woman, single, gay and older*:*

> …government policy[ies] they allow for single mums, married couples, tax rebates…they seem to help a lot of families but what happens to the people who are fifty and older?... I know a lot of people who can't afford to pay the rent…I think more should be done to help people our age. We should have more social welfare help… I know there are various schemes that you can use, and they are there for everyone… being gay does not mean that I should be getting anything special but when we're coming to the age concept of being single and most people are normally gay when they're single… but maybe I am generalizing, maybe I am but I do know a lot of people who have problems like me. (Therese)[40]

All participants disclosed the hopes of someday having the option of a gay friendly care home, or an exclusive premise, as Charlotte explained:

> They enacted all these laws, they don't enact this? There are so many nursing homes in a poor state. Can't the government do this and say they're going to make this out of it and do something for these people, they will be happy, happier even because they are going to be in an environment of their own, and no one will be looking at each wondering about their sexual orientation and what they've done in your life. I tell you, these people, all they look at is the sexual side of it and you can see it in them you know? I don't know, perhaps I have a different insight. I think the next thing is a home for these people who are ageing and would like to be together, because I tell you they will be happier and would live longer, and no, they will not get dementia, because they get it cause of the worry. But I think it's about time that the government does this next step and I tell you something else, if they call for a general election with this recommendation and they actually do it, they are guaranteed to get more votes because there are so many who would like to be with their own kind. Me, I don't fear as I don't make myself exposed as I said, but others who have made themselves exposed they will shun them and leave them alone you know? They isolate them because they will be afraid of them, as if I will attack a heterosexual for example, I don't attack anyone, that's not how things work. (Charlotte) [41]

---

[40] Verbatim

[41] "Għaddew dawn il-liġijiet kollha, ma jgħaddix din? Hawn tant djar li mhumiex sew, ma jistax il-gvern jagħmel hekk u jgħid we are going to make this out of it, u nagħmlu xi ħaġa għal dawn in-nies. They will be happy, happier anzi, because they are going to be in an environment of their own, ma joqogħdux iħarsu lejn ħaddieħor u jgħaddi min moħħhom inti x'int u x'għamilt. Għax ħa ngħidlek in-nies what they look at is the sexual side of it and you can see it in their brain you know, jien ma nafx forsi għandi insight differenti. I think the next thing huwa a home for these people who are ageing and would like to be together, because I tell you they will be happier and would live longer, and no they will not get dementia, cos they get it 'cause of the worry. But I think it's about time that the government does this next step and I tell you something else, li kieku joħroġ b'elezzjoni b'din ir-recommendation u jagħmilha fil-verità jiġifieri, erm naħseb jaqla' iżjed voti, ħa ngħidlek għax there are so many who would like to be with their own kind. Jiena I don't fear as I don't make myself exposed as I said, but others who have made themselves exposed they will shun them u jħalluhom waħedhom taf kif, jiżolawhom għax jitqażżuhom għax jibżgħu

Karl further elaborated on the issue of institutionalization and how the person will lose all sense of autonomy when in the current heteronormative culture of care homes as he stated: "If they are in a nursing home, poor them they have to behave themselves for such and they won't have the freedom to express themselves". [42] This comes to great distress for Peter who disclosed:

> ...what concerns me is that you would not be able to talk about your life story. You would be living among people with a different mentality, those which maybe don't not accept something like this, even though they may have family members who identify as gay. That would be very hard, that you would not be able to speak about or share your story with others. It is something natural for everyone to speak about their childhood, and I would only be able to disclose only a little. (Peter)[43]

Karl disclosed the idea that better representation of the senior gay citizen needed to start not by government action but rather by the gay community itself as he explained:

> Like abroad, there are NGOs that help, and that's where you have to start from and not from the Government, it is always the case. There needs to be sensitisation from these groups, they need to discover the elderly gays that are alone and in need of help...I think that's where we need to start first. (Karl)[44]

Peter believed that more visibility should be given on those who not only are gay and of older age, but who also have a disability, as he stated:

> I wish for one thing, just as the Government opened doors, which started with the civil union, which has now been replaced by marriage, it should now start thinking of people like me. That simply because we have disabilities, does not mean that we are of lesser people than others, and when we ask for support, that support is given and not pushed aside. We shouldn't isolate ourselves and if there is a gay pride or something like that we need to be there and be shown on television so that we can be seen[45].

---

minnhom għax bħal dak li qallu ser immur nattaka lil xi ħadd li huwa eterosesswali pereżempju, ma tattaka lil ħadd ... Dawn l-affarijiet mhux hekk hux. (Charlotte)

[42] "Jekk qegħdin ġewwa home dawn imsieken iridu jġibu ruħhom ta' home għax m'għandhomx il-libertà li jesprimu ruħhom. (Karl)

[43] "Dik qed iżżommni li ma tkunx tista' tistqarr il-ħajja tiegħek. Int ħa tgħix ma' nies b'mentalità differenti li forsi f'ħajjithom 'qas ikunu aċċettawha ħaġa bħal din, għalkemm forsi seta' kellhom fil-familja. Dik tkun iebsa kieku, li qisek tkun f'morsa, bħal sarima li ma tkunx tista' titkellem u tgħid. U ħaġa naturali li kulħadd jgħid ta' tfulitu u li jiena ta' tfuliti nkun nista' ngħid biss ftit. (Peter)

[44] Bħal barra [minn Malta] hemm l-NGOs li jgħinu, u minn hemm trid tibda u mhux jibda l-Gvern, qatt ma jibdielek hu. Irid ikun hemm sensibilizzazzjoni minn naħa ta' dawn il-gruppi, li jiskopru li hawn dawn l-anzjani gays waħedhom illi għandhom bżonn daqsxejn għajnuna ... naħseb minn hemm irridu nibdew l-iktar. (Karl)

[45] Nixtieq li ħaġa waħda, li bħalma l-Gvern, fetħet il-bieb li bdiet bl-Unjoni Ċivili, issa l-Unjoni Ċivili waqgħet u qed jissejjaħ żwieġ, issa jaħseb ukoll f'nies bħali li billi aħna għandna diżabilità ma jfissirx li aħna għandna nkunu inqas minn ħaddieħor imma meta nitolbu għajnuna, l-għajnuna tingħata u mhux niġu mwarrba ... M'għandniex ninqatgħu u jekk ikun hemm gay pride jew hekk, aħna għadna nkunu hemm u jġibuna fuq it-televixin u jarawna. (Peter)

The issue of being more inclusive in the approach to service was also mentioned by most participants, irrespective as to how one identifies, especially with the type of language used. As Peter explained statements such as: "Oooh, so you're "poofters"?'... 'How are you related to the patient?*"*[46] should not be used and that people need to be more aware and sensitive, as Peter further stated: "There needs to be more tactfulness on this matter, more sensitivity*"*. [47]

Elizabeth expressed how she does not like the idea of segregation, but would love to see integration and full acceptance on all grounds as stated: "I don't like segregation, I would prefer you know that everyone is accepted.... it's nice to have policies where everyone is accepted and treated equally"[48]. Charlotte further added that in all this education is key as she explained: "We need to educate the young... the elderly like me won't change their minds, they will keep believing what they believe... it's the young we need to educate*"*[49].

4.8 Conclusion

In this chapter the findings which emerged provided a real, unpolished feel to the narratives of what it is like to be 58 years and older, identifying as either lesbian or gay man, or non-heterosexual and ageing in a social system which is shaped around a heteronormative culture. All narratives are seen to be different, and it is noted there is no specific type of LG ageing, as the individual developmental experiences of the participants has shaped how they manage older age, especially in reacting to health care and social support. While some live an affirmative lifestyle, others seem to shy away from adhering to any form of label and prefer to be invisible, while still holding on to an overt or seemingly covert concern for later life. The common denominator which lies at the heart of the findings was the need to be understood, visible and that of having a sense of belonging and support system, especially when reaching later life.

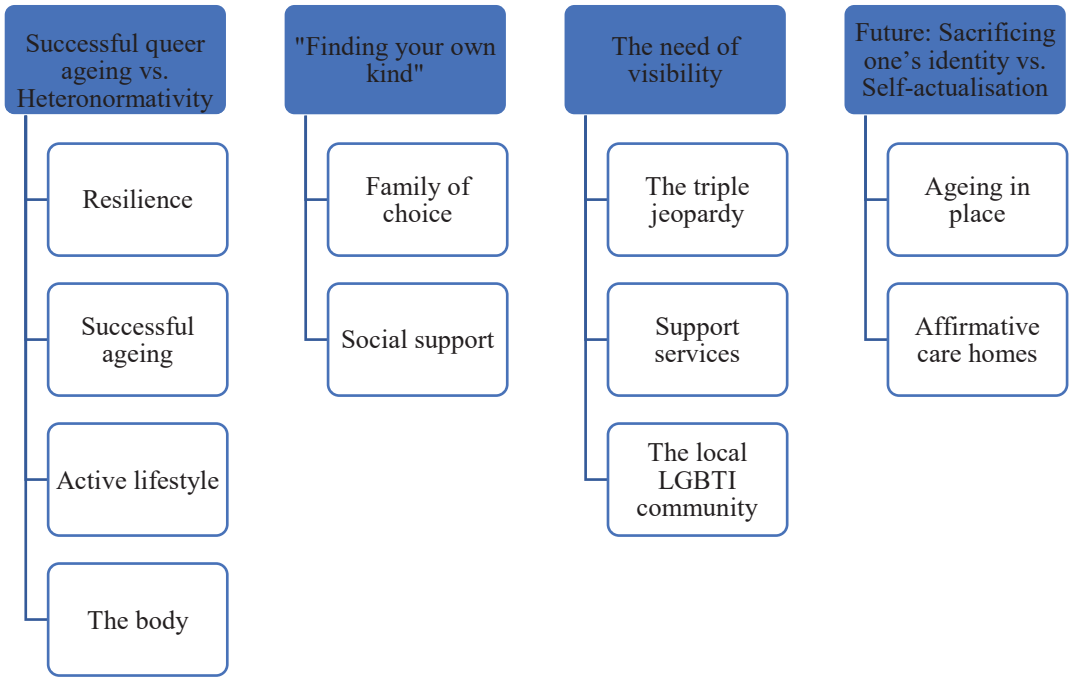
[46] Eeeh allura intom pufti ... inti x'tiġi mill-pazjent?
[47] Hemm bżonn li jkunu aktar prudenti fuq din il-ħaġa, aktar sensittivi.
[48] Verbatim
[49] Verbatim

CHAPTER 5: DISCUSSION

5.1 Introduction

The aim of this chapter is to discuss the results of the qualitative narrative study presented in the form of an advocacy tool by focusing on what is being told, in relation to the literature review. In exploring the significance of the stories told, the researcher took a step back between the self, and the story, by reflecting on its multiple perspectives, including the meanings behind the latent themes (Braun and Clarke, 2006). Unlike in chapter four, the researcher was not necessarily interested in the form of narrative, but rather on "the act the narrative reports and the moral of the story" (Riessman, 2008, p. 62). A rigorous approach was used to extract an array of themes that began to emerge from the thematic analysis, as was highlighted in chapter three when providing the steps of analysis. Each of these thematic aspects were contrasted to, and examined with, previous research as outlined in chapter two. The following figure 5.1 shows the themes which emerged from this study, and the flow which this chapter took, namely that of discussing each theme as elicited by the thematic analysis

Figure 5.1
Emerging themes and sub-themes



5.2 Successful queer ageing versus heteronormativity

All participants disclosed how throughout their lives they subscribed to the idea that the heteronormative culture and discourse were the socially appropriate and acceptable ways of life to follow. Diverting from the norm, and choosing a different life course, was not an easy route to follow, a stand that echoes the findings of Vella (2013); and in fact, some of the participants spoke about how they had to escape the system and leave the island, while others simply endured psychological distress in trying to convince themselves, at times unsuccessfully, that being gay was not a sin, such as Peter who disclosed how this process involved several suicide attempts. However, it is also worthy of note that psychological support along the way has enabled most of the participants to arrive at the stage they are today. This aligns with the findings of Lyons, Pitts and Grierson (2014) who reported that over 50 percent of older gay men suffered from some form of mental health issue, including suicide and self-harm (Knocker, 2012).

A common trait which emerged is that of 'resilience' as, despite having their own limitations, participants remain active within their sphere of life and have adapted successfully to older age. As defined in Rowe and Kahn (1997), successful aging entails having high active engagement within society, high physical functioning and low risk disease. Despite the latter two tenants of the definition featuring among participants who admitted to having different health issues, it is fair to say that all showed high active engagement, and possessed the key factors of being autonomous and having social support. As Therese stated: "My approach is to be as self-sufficient as possible, but to always have, keep friends close to you as (much as) possible".[50]

In leading active lives, and by means of contributing to society, Karl spoke of how he acts as an informal carer to two families he knows. This moves away from the heterosexual practice, as stated by Muraco and Fredriksen-Goldsen (2014), since there are no familiar ties. However, Therese knows that in time just as her parents are currently helping her out financially, she would in turn have to become their primary informal caregiver, which would place her in the heteronormative practice of the adult child-parent dynamic as described by Muraco and Fredriksen-Goldsen (2014). This sense of future duty as expressed by Therese falls in line with

[50] Verbatim

Bonnici (cited in Formosa, 2015) as he states that, for many Maltese caregivers, providing care to a family member is considered as a duty. Within this context, the strong bond between the LG older person and their family of origin, may possibly place them as becoming the selected family member who would act as the primary informal caregiver. This may be due to the possession of the tenants which Formosa (2015) described when profiling a typical informal caregiver, namely that of being female, living within proximity to the care recipient, having fewer responsibilities (especially if childless) and depending on their status of being a favoured child. Volunteering in many ways is an aspect which emerged as part of leading active lives, with the Church acting as one of the spaces in Malta which provides that sense of activity and connection in older age as highlighted in Formosa (2015). In fact, Peter explained how despite his conditions he still volunteers with his local Parish church in organising various activities for older persons especially those who are lonely as well as the youth. This notion also falls in line with local 2013 statistics on the topic, which reported how volunteering becomes a prominent aspect to one's life when reaching 50 years and over (NSO, cited in Formosa, 2015).

In the context of active ageing, all women interviewed spoke of how they will continue to work, even though two are approaching retirement, while Charlotte remained in work post her retirement, and explained how important it is for her overall wellbeing in remaining active. Elisabeth explained how work is a big part of her life, and how it gives her great satisfaction. However, behind the idea of remaining in paid work is also the financial motive, as all female participants stated how nowadays employment has become imperative to maintain a relatively good lifestyle. They acknowledged how important it is to remain part of the workforce, a point of view that is worthy of note as 76 percent of the general Maltese population view older persons as great contributors to the workplace (European commission, cited in Formosa, 2015). In this context, it is thus imperative that workplaces remain safe places and that equal opportunities are provided, irrespective of one's sexual orientation.

Fabbre (2014) outlined that the growing concept of successful ageing is built on a heteronormative cultural framework. However, such theory is counter argued by queer persons who feel that such framework strips away the very nature of being different, unique and non-conforming (Ramirez-Valles, 2016), as older adults are highly heterogeneous (Warner, 1999). This viewpoint is confirmed by all the participants to the study, who with their life story have shown that even though they do not conform to the heteronormative culture, they all have achieved a sense of successful ageing as a result of different experiences,

that could be said to be unique. To reiterate on previous discourse by Fabbre (2014) it comes to no surprise that this definition may need to come to broader meaning by narratives which are not accounted for. Karl was of the same belief, and does not want to subscribe to tenants of the heteronormative culture as he described how equal marriage, monogamy and reproduction goes against the whole nature of being gay, as one would only be replicating something which belongs to heterosexual counterparts. Higgs and McGowan (2012) further maintain that such populous culture has also rendered images of successful ageing as being one which defers old age as much as possible, also by means of maintaining a fit body. Karl invests greatly in maintaining a good body image, by following a rigorous diet plan as well as in monitoring his testosterone levels, especially as he explained that he is attracted to younger gay men. This finding correlates with that of Hajek (2014), when stating that many gay men above the age of 50 base their self-worth on their body image, physical attraction, sex, financial security and in conquering younger men. This concept is also a feature of successful ageing as the baby boomer generation, both men and women have championed the idea of deferring old age as much as possible (Higgs & McGowan, 2012). Further denoting how this is done by means of manipulating their bodies and lives through this consumerist cultural means. In the findings of Leonard et al, 2012, it was found that biomedicine and other tools have enabled greater influence on staying sexually attractive and active. It was disclosed how measures of bodily modifications and enhancements such as surgeries, primarily belonging to the women's domain, soon became consumed by men. Such notion has altogether contributed to an even greater preoccupation with youth, sex and consumerism especially within the gay culture.

5.3 "Finding your own kind"

The title of the above theme is quoted by Therese; who explained, how in order not to feel like a fish out of the water, she seeks like-minded people, people you can relate to and confide with. The importance of having a good support network as one enters older age was deemed to be imperative, and participants spoke of support consisting of two types: that of having a good close circle of friends and the ideal situation of having a life partner. Having, throughout their life, experienced a lack of understanding to their lifestyle, and in being different to the norm, the participations have along the years established strong ties of friendship and a good support system. This has helped them in sustaining their overall wellbeing when reaching this

stage of their lives. As highlighted by Kushner et al., (2013); Heaphy, (2007); Snyder et al., (2007), such strong ties are equated to 'family of choice'.

Joseph explains how, even though he is in a relationship with his husband, his close circle of friends has always been there and continue to be great part of his life. He further added how he loves being surrounded in their company, support and overall close bond. The nature of such friendships correlates to Gabriel and Holston's (2014) definition of family of choice, where, it is stated that(a) it replaces relatives' roles, namely those who are related by blood such as 'siblings', (b) is characterised by longevity; that of having a long history with the person, relationships of 25-30 years, (c) provides safety and intimacy and commonality; common understanding and values and (c) holds great trust and reciprocity in support.

Therese described how her group of friends acts as a support system to one another by being in constant communication. She brought an example of how in the span of four years she lost five people and during the time of study another of her closest friends was battling for her life and further explained how such notions affect all her friends forming part of the group and how together they organised visits in making sure to be available and of support as best they can. This falls in line with Houghton, (2018) who stated that perhaps the most age-related concern faced by many older LG persons is the fear of not having adequate support as they further into age.

Even though having a close network of friends is crucial, and is limited with age, on the contrary to Dorfman et, al (1995), who stated that lesbians tend to include former lovers as their support system, Charlotte and Elizabeth, spoke of traumatic past relationships and opined that they would rather not bring the past to their present lives. Elizabeth in fact disclosed how she found comfort in knowing that living in a self-sufficient and autonomous life she could always buy social support should she come in need of it. Karl, on the other hand, seeks social connection in the form of 'daddies love', as he described are those younger gay men who seek and are attracted to older gay men. This may be possibly due to the commodification of the gay culture, as highlighted by Leonard et al, 2012, where greater preoccupations with youth, and sex, become more prominent and therefore enable Karl to feel young.

A form of regret in not securing a life partner was however felt by Therese, who explained how one of the difficulties she faces in older age is that of not having luck in relationships, as

she feels that as one grows older it becomes very difficult to meet a possible partner as many would already be settled in a relationship, and she admits that being in such a position often leads to loneliness. In this regard, most participants, also spoke of social support in terms of life partners as opposed to being single, apart from disclosing their close circle of friends (family of choice) as previously discussed., As stated in Golden et al., (2017) such persons enjoy better overall health benefits. Joseph explained, in fact, how his husband brought him peace of mind and security in knowing that, no matter what, he had someone to turn to for support, in sickness and in health. This notion is also in line with the findings of Vella, (2013) wherein it is stated that such bond among couples brought about a sense of security. Moreover, Muraco and Fredriksen-Goldsen (2014) also state that having a partner as main caregiver is found to be the best type due to the loving bond between the couple.

In Malta, the only way to legally recognise a LG relationship is through a civil union and, recently, through civil marriage (Vella, 2017). Both Joseph and Peter explained how shortly after this became law, they applied and were soon recognised as a legally married couple. As Joseph further disclosed, even though he was not as comfortable with getting married due to his age, he saw that such a union would place their relationship at par with that of heterosexual couples meaning that Joseph and his partner would enjoy the same rights and benefits. Peter explained how before the law come in place he was in a long-term relationship with his late partner. Upon the passing of his partner, despite Peter being the primary informal caregiver to his partner, it was the family of his late partner who was legally recognised as the next of kin, and Peter was left with nothing, but to grieve in silence. This state of being is known as 'disenfranchisement', defined by Doka (2002) as a loss which cannot be publicly acknowledged, therefore is not publicly supported. Peter explained how following the death of his partner, he fell into a depression and found support elsewhere. This correlates with the findings of Fenge, (2014), where such resilience, along with a good support network in such circumstances, is further highlighted.

However, when friends, or unmarried partners, act as caregivers, their caregiving relationship is not recognised with caregiving support services on the basis that there is no marital or biological link to the care recipient offered and therefore not legally addressed within policy measures (Muraco and Fredriksen-Goldsen, 2014). The same reality corresponds with the local context, since social benefits for acting as a carer are only given on grounds that they are taking care of a dependent older relative (Formosa, 2015). It is safe to assume that as the older

population in Malta increases, so will the number of LG persons experiencing the loss of loved ones, and not all will be legally recognised. The lack of understanding and acknowledging how same sex relationships and friendship function, in part due to existing heteronormative assumptions, may lead to a failure in providing the adequate response to care (Fenge, 2014). Apart from not receiving any support, the partner, if not legally recognised, would not even be given equal rights to rituals that are automatically granted to spouses (Jenkins et al., 2014). The assumption of heteronormativity will remain up until the end of their days as this may mean that not even their end-of-life needs care will be catered for. Just as the United Kingdom has addressed this issue in the NHS National End of Life Care Programme (2012), in improving end-of-life care and encouraging LGBTI persons to feel confident in being open about their significant intimate relationships at the end of life (Fenge, 2014), could also be a potential next step for Malta.

5.4 The need of visibility

Although not all participants subscribe to the heteronormative culture, and are aware that they lead somewhat different lives to the norm, Charlotte and Elizabeth, in particular, did not want to stand out in any way or had to adhere to a particular label. In fact they refused to identify as lesbian due to the stigma and negative connotation it holds, with Elizabeth going a step further in stating that she did not need to identify as anything. Averett and Jenkins (2012), highlighted how older lesbians are an invisible and ignored sub-population, which places them at a triple threat of marginalisation and oppression - that of being women, lesbian and of older age. In fact, Charlotte only conveyed her acceptance to partake in this study because the researcher identified himself as a gay man, thus not "opening up" to a straight person, and addressed her partner as her friend "habibti", when disclosing her narrative, thus denoting a certain fear. This falls in line with Heaphy (2004) who stated that lesbians are seen as being more 'hidden' as regards to how they manage their support networks, holding reservations about their identity in 'going public'.

In comparison to men, lesbians like other women, also experience limitations in income, due to a history of career disparities (Orel, 2004), which in turn may impinge on their health insurance, leaving their care needs unmet in later life (Heck, et al., 2006). Similar local statistics also indicate how older women are at greater risk of poverty (Formosa, 2015). When living just above the poverty line, Therese explained that trying to live a healthy lifestyle comes

at quite an expense which could only be maintained if one has a decent income. As she further explained the daily struggles she faces, becoming aware of the food she buys, as basic necessities in maintaining a healthy balanced diet have become expensive. On a general local context, this falls in line with Formosa (2015) when stating that poverty follows a disabling effect which results in the inability to consume 'normal' goods and services, affecting their diet and nutrition as well as leisure activities.

A recent study conducted by Albo, (2018) highlighted how poverty is not new to this target population. This finding sheds light to the misconception of the general assumption that older LGBT persons are living comfortably, when they are in fact in a poorer state then their heterosexual counterparts, with nearly one-third of older LGBT adults above the age of 65 living at or below the poverty line (ibid.). Older lesbians are seen to experience triple marginalisation, that as identifying as; woman, older adults and a sexual minority (Kehole, 1989). According to Averett and Jenkins (2012), women are faced with a triple threat of marginalisation and oppression, but Therese denotes a possible fourth intersection, namely that of being 'single'. She explained how social housing is a struggle for older single women, as preference is always given to women with children. She also mentioned that nowadays with the prices in rent always rising and the wages remaining the same, it is becoming close to impossible to keep up with the rent. She also stated that there are other lesbians her age who are single, without kids and struggling, rendering also the reality of older single women to be placed on the table for discussion. Since lesbians are seen as being more hidden in managing their support network, and holding reservations of their identity in 'going public' as outlined by Heaphy (2014), issues such as that of housing, and poverty amongst others often do not reach the surface and thus remain uncatered for.

Most participants are gay affirmative, and having witnessed the change within the Maltese social climate in relation to the gay identity, has enabled them to be more positive about being true to who they are that of being legally recognized and enjoying the same benefits as heterosexual couples once married. However, on this topic, Joseph disclosed how despite the legislative changes made provided greater opportunities for the younger generations to be freer, this does not seem to translate specifically for the older generations. This statement seems to be in line with what was reported in Higgens et al. (2011) and Hafford-Letchfield et al. (2018) as they stated that LGBTI older persons are faced with a heightened exposure to discrimination and victimisation. However, most of the other participants seem to contradict this position and

stated that at this point in their life they have never felt any form of direct discrimination towards them.

Still, Peter did however admit that some issues could be tackled in a more affirmative manner, and opine that health services provided are good and desired, yet are lacking in catering for senior LGBTI care. In line with the findings of the AARP survey (Houghton, 2018), with the concern that policies should better cater for providing better access to LGBT sensitive and specific care, Peter stated how there must be more visibility and understanding to the needs of older LG persons specially by those working within support services. He disclosed how during the time of study, he was discriminated against and denied having a male carer, and how at first an employee from the department informed him that since he was married his partner is duty bound to assist with his care needs, without even listening to his story. Even though he was eligible for such services, as well as being a person with disabilities, and thus requiring more support when it comes to activities for daily living, he was placed in a long waiting list. In the meantime, he had managed to find a male carer, but the department did not accept this solution as he was told since he is gay, it was not allowed to have a male carer and that he would need to be paired with a female carer, despite his concern of not feeling comfortable with that proposal. As he stated,

> *Aġenzija Sapport* did not accept my request, since I am gay, and under no circumstances was I to have a male carer. That means that it has to be a woman who washes me, it has to be a woman to help assist me with personal matters, an option which I could not accept (Peter)[51]

Another issue which was brought up by Peter was that whenever his husband or himself needed to go to hospital they were always required to explain the status of their relationship, with no regard given towards the tone used. He further stated how a little sensitivity could make all the difference. This resonates with Purvis (2018) who stated that in cases where adequate care is needed, sensitisation is crucial to ensure that social care staff can act as advocates to LGBT couples in need of their services.

On the matter Peter further stated the following:

[51] L-Agenzija Support ma kinitx aċċettat, peress li jien gay, li għall-ebda mod ma jkolli raġel. Jiġifieri jiena trid tkun mara biex taħsilni, trid tkun mara biex tgħinni fl-affarijiet li jkunu personali, illi dik jien m'aċċettajthiex. (Peter)

> I wish for one thing, just as the Government opened doors, which started with the civil union, which has now been replaced by marriage, it should now start thinking of people like me. That simply because we have disabilities, does not mean that we are of lesser people than others, and when we ask for support, that support is given and not pushed aside. (Peter)[52]

All the participants disclosed how they had the same needs pertaining to health care and social support as their heterosexual counterparts, which may vary and for some result in lack of community support as highlighted by Kelly and Robinson, cited in Witten (2012). For Therese being visible does not mean any special treatment but rather to ensure understanding and to become better integrated within all aspects of welfare support measures.

This sense of invisibility, does not only manifest within the wider social community, as a sense of disconnection is also experienced with the LGBTI community itself. This reality was expressed by almost all the participants, as they are made to feel discriminated against on the basis of their age. This corresponds with the findings of Heaphy (2012), which state that gay men are subjected to ageism as they interact with younger members. The findings of Albo (2018) also denote the stereotype of the 'sad, old, lonely, bitter queen', and the overall idea of being 'old' is bad, and to be younger than one's chronological age is good, with such pressures to fit in and feel part of the gay community leading older gay man to take a covert route in "passing" as being that of younger age (Slevin & Linneman, 2010).

In line with such findings, most of the participants stated how in Malta the gay spaces and activities are geared and more focused on the younger generation. Therese disclosed how the gay community in Malta is disconnected and not united as it should be and a form of being connected is through means of social media, 'Facebook' where she could like people's photos and get to know what people around her are doing. However, she also disclosed that this medium is very anti-social. Despite requiring more efforts in uniting the LGBT community in Malta and, perhaps more specifically, in providing spaces for the older generation, she does praise a local LGBTI NGO by the name of Allied Rainbow Communities (ARC), for the good

[52] Nixtieq li ħaġa waħda, li bħalma l-gvern, fetaħ il-bieb li bdiet bl-Unjoni Ċivili, issa l-Unjoni Ċivili waqgħet u qed jissejjaħ żwieġ, issa taħseb ukoll f'nies bħali li billi aħna għandna diżabilità ma jfissirx li aħna għandna nkunu inqas minn ħaddieħor imma meta nitolbu għajnuna, l-għajnuna tingħata u mhux niġu mwarrba. (Peter)

job it has done in attempting to bring LGBTI persons of all ages together through the various social activities it organises.

In agreement with Therese, Karl disclosed how older LG persons feel like there is no hope for them since there is no space for them to go to, an issue which is not found abroad, especially in providing spaces where young men can meet those of older age. To reiterate on previous discourse, Knocker (2012) who reported how such spaces may provide older LG persons with something to look forward to, enable connectivity between the ages as well as provide a sense of purpose and structure to their week.

It is felt that the LGBTI community should become a resource and a support network for ageing gay and lesbian individuals. At present this does not seem to be happening, as Karl stated how one must shake off the attitude of always waiting for the government to reach out to the most vulnerable, but rather by having the LGBTI community becoming aware of the reality which its senior members face. He also explained that outside of Malta it is the LGBTI groups who offer the first initial outreach, by identifying those older LGBTI persons who are alone and in need of assistance. Peter further disclosed the importance of older LGBTI persons making the necessary efforts make themselves more visible to the LGBTI community, especially in events such as the Malta Gay Pride.

5.5 Future: Sacrificing one's identity vs. self-actualisation

The above theme denotes that, if the current climate of heteronormative culture in long-term care does not become more inclusive to all sexual identities, participants feel that they must sacrifice their true identity, whereas if the future proves otherwise, participants may continue to age and grow, reaching self-fulfilment in an affirmative manner with the possibility of reaching the final stage of Maslow's hierarchy of needs, that of self-actualisation. (McLeod, 2007).

When considering the future, ageing in place, within their home, surrounded by significant others and friends as stated by Knocker, (2012), seemed to be the only viable option in retaining the participants' sense of self and overall being as expressed by all participants. Karl disclosed how he already made the necessary adaptations to his house, just in case he becomes

wheelchair bound or would come in need of a live-in carer, and he explained how he sectioned a small private quarter of his house in preparation for his potential future carer.

Expressing helplessness and hopelessness when facing the future fear of ending up in a nursing home, most participants felt the need to sacrifice their true self as reiterated by Goltz (2010), who reported that entering into a current care home would be a form of punishment which would await the LG person, as Karl conveyed how older LG persons end up totally institutionalised, with no liberty of expressing their true selves. Peter further explained how he would not be able to take part in any activities which would entail talking about his life story, due to the fact living with people who are of a different mentality, and may not accept such narratives, and further stated that it is only natural and a part of ageing that you speak about your past, yet many would be silenced. This aligns with Margolis (2014), who opines that when seeking long-term care there lies the pre-occupation that the LG's sexuality would not be recognised, tolerated or accepted. as retiring in a residential home in a heteronormative setting may re-awaken certain anxieties, leaving the person to undo of any behavioural mannerisms, which may be deemed abnormal by others, and potentially placing the person as a targeted for sight of humiliation. Purvis (2018) further highlights how this often results in the older LG person having to 're-enter the closet', as a way of concealing one's identity and simply passing as heterosexual. Charlotte's preoccupation goes a step further as she stated, what if dementia were to be added to your profile and after keeping one's sexuality a secret all your life, you start dropping hints during such vulnerable times? This fear reiterates on previous discourse by Margolis (2014) who reported that such notion places the person as a target, a potential sight of humiliation, as well as subjected to unequal and unfair treatment (Dementia Action Alliance, 2016).

The fear of not being adequately looked after, being neglected and exposed to verbal or physical abuse is a concern felt by most of the participants should they require long-term care. Such concerns fall in line with the findings from the AARP survey, which highlights the future concerns of neglect, abuse limited access to services as well as physical or verbal harassment (Houghton, 2018). As a way of reassuring themselves, a sense of denial in reaching older age was felt among Charlotte and Elizabeth. Charlotte for instance stated that she felt that she will not age to reach the stage of later life, and that she would die at home in a short process during her sleep, or with a heart attack and therefore will not have to worry as much about ending up

in a care home. Elizabeth, on the other hand, explained how she will cross to that bridge when she comes to it and in the meantime, will try and enjoy life as best she can.

In becoming more aware that their later lives are approaching, with most participants being consciously aware, while others act in denial in order not to stress about their future, resonates with Higgens et al. (2011) and Hafford-Letchfield et al. (2018) who stated that there is a growing empirical evidence in highlighting the intersection of multiple identities in LGBTI ageing coupled with risk factors which include significant health disparities, heightened exposure to discrimination and victimisation, as well as the fear of potential challenges in accessing culturally responsive environments.

When thinking about their future selves, and how their ageing needs are slightly different to that of the heteronormative culture, all participants spoke of the idea of living in an LGBT affirmative place, however here again proposing different options. As a prominent concern to her later life and a bold feature to her narrative Therese, proposed two ideas in combating her fears, that of living in a shared community where she could age with her friends or altogether proposing that one of the wings at St. Vincent de Paul Residence (SVP) wold be turned into a gay wing, which would cater specifically for LG persons.

When directly asking the other participants if there could be a gay affirmative place where they could retire, Charlotte's face lit up, as she stated how living in an affirmative place towards the end of one's life would be much happier and would enable her to be able to live in a safe environment free from all forms of judgement and ridicule, were people would not see you as a perverted being, but rather to move beyond the 'sex' side to the identity, and to see the person as a whole with a lot of different attributes to bring to the table. She further disclosed how she believes that this is the governments next big step, and how from all the care homes on the island, the government should invest in one which would truly cater for the needs of the older LGBTI population. The hopes of someday having such LGBT affirmative care homes, which would provide an inclusive and safe environment free from potential discrimination ties in with what was stated by Barrett in Willis et al., (2014).

The reality of having LG persons who are not out about their sexuality or perhaps who would not want to live solely in an exclusively LGBT care home has also been expressed, as was also highlighted by Neville and Henrickson (2010) by what they referred to as a 'mixed gay

friendly residential care setting'. Despite Joseph having stated that he would not mind retiring in an exclusive LGBT care home he did state that others may not feel so comfortable about it, especially those who are hidden about their sexuality.

Elizabeth was very passionate in her views about segregation, stating how she was against this, but rather had spoken of an all-inclusive space, where all identities could be accepted for who they are as she conveyed,

> I don't like segregation. (Being) accepted in the sense that in the home, that all sort of identities, the staff, residents can allow you to be... It's nice to have policies which are inclusive and that people are accepting, if you want to talk about your past or make a pass at someone no one is going to look at you differently. (Elizabeth)53

This finding coincides with the AARP survey which reported that older LGBTI persons would feel more comfortable if providers were specifically trained on LGBTI needs, as well as to have care providers who themselves identify as LGBTI (Houghton, 2018). Inclusive practices, as further highlighted in other research (Kushner et al. 2013; Williams et al., 2016; and Knocker, 2018) indicate how with the minimum costs of resources, heteronormative care homes, built around a heteronormative culture, could easily become a visible and safe place for all older persons, attracting both heterosexual persons as well as those who identify as LGBTI irrespective of their sexual orientation.

The narratives which have been explored and discussed in this study, bring to surface the fact that even though LG aging is being discussed, as stated by Averett et al. (2014), there is no 'one size that fits all' and having a totalitarian approach in catering for the needs of this sub-ageing population group would ultimately eliminate the differences which lie among them (Cronin et al, 2012).

5.6 Conclusion

The discussion which formed this chapter was constructed by means of a bottom-up approach and by linking the narratives to the literature outlined in chapter 2. An array of themes emerged as an outcome to this process that highlights the new phenomenon of the gayby boomers, namely that for the first time we are faced with LG persons who are 'out' and are seeking

[53] "I don't like segregation. (Being) accepted in the sense that in the home, that all sort of identities, the staff, residents can allow you to be ... Sabiħa li jkollok policies li kollox ikun miftuħ u li n-nies ikunu accepting, if you want to talk about your past or make a pass at someone ħadd mhu ser iħares lejk bl-ikrah. (Elizabeth)

recognition, understanding and integration in older age (MetLife, cited in Ramirez-Valles, 2016). In fact, the issues which emerged show that there is an unconscious conflict between living the life of an older affirmative LG person, and the inherent need to conform to heteronormativity. The testimony of the participants in fact shows that confirming to a heteronormative reality may be the most effective route of securing the stability and wellbeing which they desire in their old age, such as the availability of support services without judgement, and a healthcare system which is better targeted towards their needs. However, at the same time, the same participants also feel the need for more visibility within local gay spaces to alleviate loneliness. In fact, it seems that the denial of their true selves comes with the fear of living their old age in institutionalised care which is built around a heteronormative culture.

It is also interesting to note that men seem to be more gay affirmative in their outlook and approach to their life in general, and this is reflected in their attitude towards seeking healthcare and social support, despite the hurdles faced to date. On the other hand, women seem to be more private and reserved and have a more cautious approach and less expectations when seeking the same services. Hence, to conclude, from the research carried out, it is implicit that from the six narratives collected, there seems to be a difference in the way that men and women adhere to their sexual identity when in older age.

CHAPTER 6: CONCLUSION

> I would love to see that we are taken care of because that is what most old people want, to be taken care of, not to end up on the scrap heap. (Therese)[54]

6.1 Concluding Statement

This study has brought to light the voices of what is to be considered as a marginalised Maltese sub-population group, made up of those who are reaching older age, and identifying as LG persons. This group is not advocating for preferential treatment, but for inclusion and equal treatment across all social and health care support services in Malta, especially in later life. While hoping that this will be the next stage embarked on by Malta in relation to maintaining its top ranking in LGBT rights across Europe, participants are demanding for the lens to shift onto the narratives of those who are of older age. They demand to be made visible in policy measures which adequately incorporate understanding of their needs, especially those related to safety, and non-judgemental care practice, whilst also being policies which fosters choice, dignity and respect when requiring long-term care.

This collection of stories provided an in-depth look into the lives of older lesbian and gay men, and their own understanding of what it means to identify as lesbian or gay now that they are of older age and living in Malta. The results which emerged from this study delineate the importance of understanding where they are coming from, the societal factors which shaped the person they are today and how this has impacted their outlook towards social and health care support. The 'gayby boomers' (MetLife, cited in Ramirez-Valles, 2016), have brought about a new demographic to population ageing in Malta, like no other generation before. From the six narratives explored, a sense of uncertainty emerged, showing that there is an unconscious conflict between living the life of an older affirmative LG person, and the inherent need to conform to heteronormativity in order to be adequately cared for, with this notion becoming even more pronounced in later life. In fact, it seems that the denial of true self comes with the fear of living old age in institutionalised care which is built around a heteronormative culture.

[54] Verbatim

6.2 Implications of health care and social support to older LG persons

Even though in Malta the social and health care support for older persons is made available to all Maltese nationals, irrespective of any form of intersection, it is worth noting that this system is built around a heteronormative framework (Berlant & Warner, 1998). Although many of the older LG persons require the same basic needs with regards to health and social support, they may lack community support and, understanding from health care professionals, as well as others, who due to homophobic tendencies may be unwilling to serve them (Kelly and Robinson, cited in Witten, 2012). Studies overseas have shown that 50 percent of older gay men suffer from some form of mental health issue (Lyons, Pitts and Grierson, 2014), including suicide and self-harm (Knocker, 2012). By living dichotomous lives (Rawlings, 2012), it stands to reason that older LG persons remain invisible to health care and support services provision. Such issues also emerged from the findings. Moreover, in comparison to heterosexual counterparts of the same age group, it has been outlined how LG persons report a higher rate of chronic conditions (Fredriksen-Golsen and Kim, 2017) and disabilities (Sullivan, 2014), as well as being single and living alone (Alzheimer's Society, 2017), without the adequate family support structures and support services that heterosexual persons enjoy (Fredriksen-Goldsen et al., 2014; Houghton, 2018).

Such issues have emerged in the findings and have been discussed in detail, and it has been shown how imperative it is for the participants to know that they will be in safe non-judgmental hands when requiring any form of health care or support services. It has in fact been evidenced that having an affirmative and understanding approach to care is imperative in order to truly understand the needs of this sub ageing population group.

6.3 Summary of findings

6.3.1 Establishing the understandings and meanings of life when reaching older age as an LG person

All participants who took part in this study disclosed how their experiences along the years have made them more resilient to life's challenges, enabling them to live active lives. They don't want anything superior to that enjoyed by their heterosexual counterparts, or to be perceived as different, a notion that was greatly emphasised by most of the women in this study, who refused to be labelled. Participants in general agreed that they aspire for a better

understanding of the lives they lived, as opposed to falling into the heteronormativity assumption or into the inherent need to conform to heteronormativity. The understanding of the alternative route to the accustomed heteronormative life course brings to surface the reality of singlehood, as half of the participants who were single at the time of study, underlined the importance of having a strong social network. These function as the provision of support, security and care. Such tenants are also featured in monogamous relationships.

6.3.2 Exploring experiences of older LG persons when accessing health care and social support services

The majority of participants did not express any form of discrimination made against them when accessing health care and social support services. However, this could not be said for all, as it was disclosed how direct discrimination was felt from both health care and support services personnel, on the basis of sexual orientation. Such experiences expressed denoted the importance of and urgency for staff training, and the need for sensitivity training when dealing with older LG persons.

6.3.3 Identifying whether the physical needs of ageing LG persons, are adequately catered for, irrespective of one's sexual orientation

Participants in both direct or in indirect ways, spoke of poverty as a reality affecting the lives of older LG persons. As a result of the ever-increasing standard of living, it was disclosed how keeping above the poverty line becomes a daily struggle. This notion affects one's diet and nutrition, keeping up with the rent and being faced with no alternative housing, and leaves the person feeling helpless.

6.3.4 Exploring whether psychiatric or psychological services are required and the experience of older LG persons when using such services

Psychiatric or psychological services were mentioned by some of the participants, albeit at earlier points in their lives, when coming to terms with their sexually or following the end of a relationship. When reaching older age, none of the participants mentioned exploring such services.

6.3.5 Establishing whether social support services were sought from the Department of Active Ageing and Community Care or any other health care and social support services

Social support services from the Department of Active Ageing and Community Care, were mentioned by some of the participants. One participant however commented how not everyone was informed of such services, a state of fact that often led the participant to introduce others to such services. In acknowledging the provision and use of such services, however it is important that the Department is made aware of such users, and commits to ensure that understanding and sensitivity is used when delivering its care services.

6.3.6 Representation (or the lack thereof) of older LG persons and areas for improvement

A sense of invisibility was expressed throughout this study on different levels. Housing needs of older queer women seem to be overlooked, since preference is always given to single parents or families with low income; this situation is reflected also in other areas such as the various health care and social support services, long-term care settings, and services offered by the local LGBTI NGO's in both providing a space as well as in reaching out to the most vulnerable.

6.3.7 Exploring the relationship of older LG persons within the wider context of gay communities in Malta

The relationship within the wider context of the gay community in Malta, comes with a sense of ageism. The participants felt that the gay community caters mainly for the younger population, which leaves no space or representation for those who are of older age and in need of connection. The gay community could play a vital role in providing support to older LG persons, especially since one's support network begins to diminish with age.

6.3.8 Identifying future issues and concerns of older LG persons

All participants disclosed their concern for later life, that given the current situation of residential care homes in Malta, they fear the reality of having to hide their identity and going back to the closet as a means of protecting oneself from humiliation and possible harassment. All participants disclosed how this is the next step for Malta, that of securing affirmative LGBT

care homes. Until such measures are carried out, they hope to age in place for as long as possible.

6.4 Recommendations for research

This study hopes to provide a glimpse into the lives of older lesbian and gay men and how they have come to experience ageing. From the six stories outlined, quite a lot of issues were raised, yet there is more which needs to be listened to. It is not exactly sure how much of the Maltese older population identifies as LGBT, or how much are living in residential care homes or living in isolation within their own private residences. This study also hopes to establish the importance of conducting further research, perhaps on a large scale, into the lives of people who do not conform to the heteronormative way of ageing, and how to best assure that all lives are being accounted for, as everyone has the right to age in dignity.

6.5 Recommendation for policy, practice, service development and education

Over the years Malta has witnessed a positive shift in attitudes towards LGBT persons in terms of acceptance and legal recognition. This positive change in social climate has also ensured that Malta ranked as leader in LGBT equality in comparison with other EU countries (Vella 2017). However, despite this notion, participants feel that there is nothing which caters for their age group. The pertaining laws to date, seem to empower and protect the young whilst overlooking the older generation. By way of example, the introduction of equal marriage brings with it a sense of ageism – social constructs dictate that one gets married at a young age, however it is seen as almost 'perverse' to get married in older age. Such invisibility is not only felt by the general LGBT population in Malta, but also among the older population, where despite having recent national policies and initiatives aimed towards the mapping and overall betterment in the quality of life of this age bracket (Parliamentary Secretary for Rights of Persons with Disabilities and Active Ageing, 2014; ibid 2015), there are no policies that take into consideration the experiences of older LG persons.

As has been outlined in the findings of this study, the way forward is to start by educating the young. Participants specifically pointed out that this is to commence by including sensitivity training, in dealing with older LGBT persons, as part and parcel of all courses taken up at tertiary level that may lead the person to become in contact with older LGBT persons. Doing

so this would ensure that an affirmative approach to care is ensured from the very start. Sensitivity training should also be provided to all health care and social support professionals, in order to ensure that sensitivity as well as the right language is used with dealing with older LGBT persons, therefore creating a safer and more inclusive environment. Moreover, the advocation of an affirmative approach should also be featured on all marketing material, which promotes the services offered to older person. This does not mean replacing the typical heteronormative images placed, but merely also incorporating LGBT images of older persons.

Current residential care homes in Malta could also, adopt the above recommendations of providing in-house sensitivity training as well as by placing signs that all are welcome in their homes, by also incorporating images and signs of LGBT older persons to their marketing material, such as websites, brochures, newsletters etc. Moreover, since the residential care home is the home to these people, it is imperative that any form of discrimination and/or harassment coming from the staff or other residents is taken seriously. An overall person-centred care approach is to extend also to older persons who identify as LGBT, in order to be sure that their needs are being catered for accordingly. For example, making their voice heard in activities organised by the home, as well as in welcoming any concerns or wishes they may have.

6.6 Strengths and limitations

The strength of this research is that a narrative approach has been adopted. This approach provided the starting point, the basis at which understanding can begin to form in appreciation of the importance of biographies. In particular, those which stem different to the norm, that of heteronormative ageing. Inquiring into the lives of participants brings about a sense of respect to the cultural, historical as well as social formation of the older LG persons, and acknowledgement for the persons they are today. The asset of this study is that the participants are a unique group of persons, who are willing to talk about their sexuality and their implications of it. Seeing the unique and individual person before the sexual identity they subscribe to, also helps in ironing out any negative preconceived ideas.

Limitation to the study was that there is no ‘one size that fits all’ narrative, that can clearly define what LG ageing is all about. For the purpose of this study I had to operationalise the

population by placing people into the category of identifying as either lesbian or gay man; this proved problematic and awkward at times as the three women interviewed did not want to be placed in a category, and be labelled as lesbian, but rather two preferred to identify as women, while the other felt comfortable identifying as gay. Women in particular seem to be more invisible, which rendered a very low response rate, as in fact only one above the age of 65 accepted to be interviewed only after discovering that the researcher identified as gay. Most of the participants in the study fell under the age of 65 and therefore not considered to be older persons and hence their experience of older age is still yet to be experienced. There are other identities which do not prescribe to heteronormative ageing such as bisexuality 'B' and transgender 'T' among others which fall part of the acronym of the queer population, as well as various other intersections which lie among the LGBT population group, such as that of disability and race, which altogether would bring about different narratives, issues and challenges.

REFERENCES

AGE Platform Europe, & ILGA Europe. (2012*). Equality for older lesbian, gay, bisexual, trans and intersex people in Europe*. https://www.ilga-europe.org/sites/default/files/Attachments/combating_discrimination_on_the_grounds_of_age_and_sogi_final_vs_19-11-12.pdf. Accessed 12 April 2019

Albo, M. (2018). *Silver and Lavender. Lambda Legal*. https://www.lambdalegal.org/impact-winter-2018/silver-and-lavender. Accessed 3 April 2018

Allied Rainbow Communities. (2016) About. https://www.gaymalta.com/about-arc. Accessed 14 April 2019.

Altman, C. (1999). Gay and lesbian seniors: Unique challenges of coming out in later life. *SIECUS Report*, *27*(3), 14-17

Alzheimer's Society. (2017). *Supporting lesbian, gay and bisexual people with dementia*. https://www.alzheimers.org.uk/info/20046/help_with_dementia_care/38/supporting_gay_lesbian_and_bisexual_people_with_dementia. Accessed 15 June 2018.

Averett, P., & Jenkins, C. (2012). A review of the literature on older lesbians: Implications for education, practice, and research. *Journal of Applied Gerontology*, *31*, 537-561. doi: 10.1177/0733464810392555

Averett, P., Robinson, A., Jenkins, C., & Yoon, I. (2014). "I want to know more about who we are": New directions for research with older lesbians. *Journal of Gerontological Social Work*, *57*(2-4), 349-36. doi:10.1080/01634372.2013.860651

Barusch, A.S. (2012). Narrative gerontology coming into its own. *Journal of Gerontological Social Work*, *55*(1), 1-4. doi: 10.1080/01634372.2012.648591

Bennett, J. (2008, September, 17). Long invisible, gay seniors seek respect services. *Newsweek*. http://www.newsweek.com/long-invisible-gay-seniors-seek-respect-services-89161. Accessed 20 September 2018.

Berlant, L. & Warner, M. (1998). Sex in public. *Critical Inquiry*, *24*(2), 547-566.

Binnie, J., & Klesse, C. (2012). The politics of age, temporality, and intergenerationality on transnational lesbian, gay, bisexual, transgender and queer activist networks. *Sociology*, *47*(3), 580-595. doi: 10.1177/0038038512453792

Borg Xuereb, C. (2015). Long-term care. In M. Formosa & C. Scerri (Eds.), *Population ageing in Malta: Multidisciplinary perspectives* (pp. 305-324). Malta: Malta University Press.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101. Doi: 10.1191/1478088706qp063oa

Broder, S. (2010). The development of antiretroviral therapy and its impact on the HIV-1/AIDS pandemic. Antiviral Res., 85 (1), 1-38. doi: 10.1016/j.antivral.2009.10.002

Brown, M.T. (2009). LGBT ageing and rhetorical silence. *Sexuality Research and Social Policy*, *6*(4), 65-78. doi: 10.1525/srsp.2009.6.4.65

Burnside, I. (1996). Life review and reminiscence in nursing practice. In J.E. Birren, G.M. Kenyon, J. -E. Ruth, J.J.F. Schroots. & T. Svensson (Eds.), *Ageing and biography: Explorations in adult development* (pp. 248-264). New York, NY: Springer Publishing Company.

Calasanti, T. M. (2014). New directions in feminist gerontology: An introduction. *Journal of Ageing Studies*, *18*, 1-8. doi: 10.1016/j.jaging.2003.09.002

Cantor, M. H., Brennan, M., & Shippy, A. (2004). *Caregiving among older lesbian, gay, bisexual, and transgender New Yorkers*. New York, NY: National Gay and Lesbian Taskforce Policy Institute.

Castiglia, C., & Reed, C. (2011). *If memory serves: Gay men, AIDS, and the promise of the queer past*. Minneapolis, MN: University of Minnesota Press.

Charmaz, K.C. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. London: Sage.

Choi, S.K. & Meyer, I.H. (2016*). LGBT Ageing: A review of research findings, needs, and policy implications*. Los Angeles: The William Institute.

Clandinin, D. J., & Connelly, F.M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco: Jossey-Bass.

Clark, P. G. (2011). The narrative frame in discourse on ageing: Understanding facts and values behind public policy. In G. Kenyon, E. Bohlmeijer & W. L. Randall (Eds.), *Storying later life: Issues, investigations and interventions in narrative gerontology*. (pp. 84-94). Oxford, United Kingdom: Oxford University Press.

Clover, D. (2006). Overcoming barriers for older gay men in the use of health services: A qualitative study of growing older, sexuality and health. *Health Education Journal*, *65*(1), 41-52. doi:10.1177/0017896906066066

Cornwell, E., & Waite, L. (2009). Social disconnectedness, perceived isolation and health among older adults. *Journal of Health and Social Behaviour*, *50*(1), 31-48. doi: 10.1177/002214650905000103

Creswell, J. W. (2014). *Research design: qualitative, quantitative, and mixed methods approaches.* (4th ed.). California, United States of America: Sage Publications, Inc.

Cronin, A., & King, A. (2012). Only connect? Older lesbian, gay and bisexual (LGB) adults and social capital. *Ageing and Society*, *34*(2), 258-279. doi: 10.1017/S0144686X12000955

Cronin, A., Ward, R., Pugh, S., King, A. and Price, E. (2012). Categories and their consequences: Understanding and supporting the caring relationships of older lesbian, gay and bisexual people. In R. Ward, I. Rivers & M. Sutherland (Eds.), *Lesbian, Gay, Bisexual and Transgender Ageing: Biographical Approaches for Inclusive Care and Support* (pp. 102-113). London, UK: Jessica Kingsley Publishers.

Crossley, M. (2000). *Introducing narrative psychology. Self, trauma and the construction of meaning*. Buckingham: Open University Press.

Dalli, M. (2017, July 9). Malta: from a bastion of catholicism to leader in gay rights. *Malta Today* https://www.maltatoday.com.mt/news/national/78995/malta_from_a_bastion_of_catholicism_to_leader_in_gay_rights. Accessed 18 Aug 2019

de Medeiros, K. (2014). *Narrative gerontology in research and practice*. New York, NY: Springer Publishing Company LLC

de Vries, B. (2015). Stigma and LGBT ageing: Negative and positive marginality. In N.A. Orel & C.A. Fruhauf (Eds.), *The lives of LGBT older adults: Understanding challenges and resilience* (pp. 55-70). Washington, DC. American Psychological Association.

de Vries, B., & Blando, J., A. (2004) The study of gay and lesbian ageing: Lessons from social gerontology. In H. Gilbert & B. de Vries (Eds.), *Gay and lesbian ageing: Research and future directions* (pp. 3-28). New York, NY: Springer.

Dementia Action Alliance (2016, September). *Dementia and the lesbian, gay, bisexual and trans (LGBT) population.* http://www.dementiaaction.org.uk/news/19643_dementia_and_the_lesbian_gay_bisexual_and_trans_lgbt_population. Accessed 25 September 2018

Dicky, G. (2013). Survey of homophobia: views on sexual orientation from certified nurse assistants who work in long-term care. *Research on Ageing*, *35*(5), 563-570. doi:10.1177/0164027512447823

Dickinson, T., Cook, M., Playle, J. & Hallett, C. (2012). 'Queer' treatments: giving a voice to former patients who received treatments for their 'sexual deviations'. *Journal of Clinical Nursing*, *21*, 1345-1354. doi: 10.1111/j.1365-2702.2011.03965

Doka, K. (2002). *Disenfranchised grief: New directions, challenges and strategies for practice*. Champaign, IL: Research Press

Dorfman, R.A., Walters, K.L., Burke, P., Hardin, L., Karanik, K., Raphael, J., & Silverstein, E. (1995). Old, sad and alone. *Journal of Gerontological Social Work*, *24(*1), 29-44. doi: 10.1300/J083V24N01_04

Doward, J (2011, September 11). Gay people 'at risk of a lonelier old age'. *The Guardian*. Retrieved from http://www.theguardian.com/society/2011/sep/11/gay-people-risk-old-age

Driscoll, M.Y., & Gray, K.J. (2017) Special Considerations in the Mental Health Evaluation of LGBT Elders. *Psychiatry online*. *12* (5), 4-6. doi: 10.1176/appi.ajp-rj.2017.120503

Dykstra, P.A. (2006). Off the beaten track: Childlessness and social integration in later life. *Research in Ageing*, *28*, 749-767. doi: 10.1177/0164027506291745

Elliot, J. (2005). *Using narrative in social research: Qualitative and quantitative approaches*. Thousand Oaks, CA: Sage.

Emlet, C.A. (2016). Social, economic, and health disparities among LGBT older adults. Generations, 40(2), 16-22.

Encyclopedia Britannica. (2019). Stonewall riots. https://www.britannica.com/event/Stonewall-riots. Accessed 14 April 2019.

Equality and Human Rights Commission (2010). *Don't look back? Improving health and social care service delivery for older LGB users*. Retrieved from https://www.equalityhumanrights.com/en/publication-download/dont-look-back-improving-health-and-social-care-service-delivery-older-lgb

Erdley, S. D., Anlam, D. D., & Reardon, C. C. (2014). Breaking barriers and building bridges: Understanding the pervasive needs of older LGBT adults and the value of social work in health care. *Journal of Gerontological Social Work*, *57*, 362-385. doi: 10.1080/01634372.2013.871381.

Eurostat. (2019). At-risk-of-poverty threshold and most frequent activity in the previous year-EU-SILC survey. http://appsso.eurostat.ec.europa.eu/nui/show.do?query=BOOKMARK_DS-053248_QID_-A41E859_UID_-3F171EB0&layout=TIME,C,X,0;GEO,L,Y,0;WSTATUS,L,Z,0;INDIC_IL,L,Z,1;SEX,L,Z,2;AGE,L,Z,3;INDICATORS,C,Z,4;&zSelection=DS-053248AGE,Y_GE18;DS-053248INDICATORS,OBS_FLAG;DS-053248INDIC_IL,LI_R_MD60;DS-053248WSTATUS,RET;DS-053248SEX,T;&rankName1=WSTATUS_1_2_-1_2&rankName2=INDIC-IL_1_2_-1_2&rankName3=AGE_1_2_-1_2&rankName4=INDICATORS_1_2_-1_2&rankName5=SEX_1_2_-

1_2&rankName6=TIME_1_0_0_0&rankName7=GEO_1_2_0_1&sortC=ASC_-1_FIRST&rStp=&cStp=&rDCh=&cDCh=&rDM=true&cDM=true&footnes=false&empty=false&wai=false&time_mode=ROLLING&time_most_recent=false&lang=EN&cfo=%23%23%23%2C%23%23%23.%23%23%23. Accessed on 21 January 2019

Fabbre, V., D. (2015). Gender transitions in later life: A queer perspective on successful ageing. *The Gerontologist, 55*(1), 144-153. doi:10.1093/geront/gnu079

Farrugia-Bonello, R. (2015). Community care. In M. Formosa & C. Scerri (Eds.), *Population ageing in Malta: Multidisciplinary perspectives* (pp. 283-303). Malta: Malta University Press.

Fenech, M.A. (2015). Elder abuse. In M. Formosa & C. Scerri (Eds.), *Population ageing in Malta: Multidisciplinary perspectives* (pp. 345-365). Malta: Malta University Press.

Fenge, L. (2014). Developing understanding of same-sex partner bereavement for older lesbian and gay people: Implications for social work practice. *Journal of Gerontological Social Work*, *57*(2-4), 288-304. doi:10.1080/01634372.2013.825360

Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. International *Journal of Qualitative Methods*, *5*(1), 80-92. doi: 10.1177/160940690600500107

Formosa, M. (2015). *Ageing and later life in Malta: Issues, policies, and future trends*. Malta: BDL publishing.

Formosa, M. (2018). (Ed.). *Active and healthy ageing in Malta: Gerontological and geriatric inquiries.* Malta: BDL Publishing.

Formosa, M., & Scerri, C. (2015). (Eds.). *Population ageing in Malta: Multidisciplinary perspectives*. Malta: Malta University Press.

Foucault, M. (1978). *The history of sexuality. Volume I: an introduction*. New York: Pantheon Books.

Fredriksen-Goldsen, K.I. (2017). Dismantling the silence: LGBTQ ageing emerging from the margins. *Gerontologist*, *57*(1), 121-128. doi:10.1093/geront/gnw159

Fredriksen-Goldsen, K.I., & Kim, H. (2017). The silence of conducting research with LGBT older aults – An introduction to ageing with pride: National health, ageing, and sexuality/gender study (NHAS). *Gerontologist*, *57*(1), 1-14. Doi: 10.1093/geront/gnw212

Fredriksen-Goldsen, K. I., Hoy-Ellis, C.P., Goldsen, J. Emlet, C. A., & Hooyman, N. R. (2014). Creating a vision for the future: Key competencies and strategies for culturally competent practice with lesbian, gay, bisexual, and transgender (LGBT) older adults in the health and human services. *Journal of Gerontological Social Work*, *57*, 80-107. doi: 10.1080/01634372.2014.890690.

Fredriksen-Goldsen, K. I., Kim, H.J., Barkan, S. E., Muraco, A., & Holy-Ellis, C. P. (2013). Health disparities among lesbian, gay, and bisexual older adults: Results from a population-based study. *American Journal of Public Health*, 103(10), 1802-1809. doi:10.2105/AJPH.2012.301110

Fredriksen-Goldsen, K. I., Emlet, C.A., Kim, H.J., Muraco, A., Erosheva, E.A., Goldsen, J. & Holy-Ellis, C. P. (2012) The physical and mental health of lesbian, gay male, and bisexual (LGB) older adults: The role of key health indicators and protective factors. The Gerontologist, 53(4), 664-675. doi: 10.1093/geront/gns123

Gabrielson, M. L., & Holston, E. C. (2014). Broadening definitions of family for older lesbians: Modifying the lubben social network scale. *Journal of Gerontological Social Work*, *57*(2-4), 198-217. doi:10.1080/01634372.2013.879683

Goldsen, J., Bryan, A. E. B., Kim, H., Muraco, A,. Jen, S., & Fredriksen-Goldsen, K. I. (2017). Who says I do: The changing context of marriage and health and quality of life for LGBT older adults. *Gerontologist*, *57*(1), 50-62. doi:10.1093/geront/gnw174.

Goltz, D.B. (2010). *Queer Temporalities in Gay Male Representation: Tragedy, Normativity and Futurity*. Routledge: London, UK.

Government of Malta. (2019). Genitourinary clinic. https://deputyprimeminister.gov.mt/en/MDH/Pages/MDH-Genitourinary-Clinic.aspx Accessed 14 April, 2019.

Green, A. I. (2007). Queer theory and sociology: Locating the subject and the self in sexuality studies. *Sociological Theory*, *25*(1), 26-45. doi:10.1111/j.1467-9558.2007.00296.x

Green, L., & Grant, V. (2008). Gagged grief and beleaguered bereavements? An analysis of multidisciplinary theory and research relating to same sex partnership bereavement. *Sexualities*, *11*, 275-300. doi:10.1177/1363460708089421

Guest, G., MacQueen, K. M., & Namey, E. E. (2012). Applied Thematic Analysis. Washington, DC: Sage.

Haber, D. (2009). Gay ageing. *Gerontology & Geriatrics Education*, *30*, 267-280. doi: 10.1080/02701960903133554

Hafford-Letchfield, T. (2016). Social Work with Lesbian, Gay, Bisexual and Transgendered Older People: Practice Guide. *Community Care Inform (Adults)* ISSN 0307-5508. https://adults.ccinform.co.uk/practice-guidance/social-work-lesbian-gay-bisexual-transgendered-older-people/.

Hafford-Letchfield, T., Simpson, P., Willis, P., & Almack, K. (2018). Developing inclusive residential care for older Lesbian, Gay, Bisexual and Trans (LGBT) people: An evaluation of the Care Home Challenge action research project. *Health and Social Care in the Community*, *26* (2), 312–320. doi: 10.1111/hsc.12521

Hajek, C. (2014). Gay men at midlife: A grounded theory of social identity management through linguistic labeling and intra and intergenerational talk. *Journal of Language and Social Psychology, 33*(6), 606-631. doi: 10.1177/0261927X14545344

Heaphy, B. (2007). Sexualities, gender and ageing: Resources and social change *Current Sociology*, *55(2)*, 193-210. doi:10.1177/0011392107073301

Heaphy, B.,Yip, A.K.T, & Thompson, D. (2004). Ageing in a non-heterosexual context. *Ageing and Society*, *24*(6), 881-902. http://irep.ntu.ac.uk/id/eprint/19366/

Heck, J., Sell, R., & Gorin, S. (2006). Health care access among individuals in same-sex relationships. *American Journal of Public Health*, *96(6)*, 1111-1118. doi: 10.2105/AJPH.2005.062661

Helkkula, A., & Pihlstrom, M. (2010). Narratives and metaphors in service development. *Qualitative Market Research: An International Journal*, *13*(4), 354-371. doi: 10.1108/13522751011078791.

Henderson, N.J., & Almack, K. (2017). Lesbian, gay, bisexual, transgender ageing and care: A literature study. *Social Work/Maatskaplike Werk*, *52*(2), 267-279. doi:10.15270/52-2-504

Higgins, A., Sharek, D., McCann, E., Sheerin, F., Glacken, M., Breen, M., & McCarron, M. (2011). *Visible lives: Identifying the experiences and needs of older lesbian, gay, bi sexual and transgender people in Ireland*. Ireland: GLEN.

Higgs, P., & McGowan, F. (2012). Ageing, embodiment and the negotiation of third and fourth ages. In A. Kampf, B.L. Marshall, & A. Peterson (Eds.), *Ageing Men, masculinities and modern medicine* (pp. 21-34). New York, NY: Routledge.

HM Government (2011, March). *Working for Lesbian, Gay, Bisexual and Transgender Equality: Moving Forward*. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/206347/lgbt-action-plan.pdf. Accessed 5 April 2018.

Houghton, A (2018, March). Maintaining dignity: A survey of LGBT adults age 45 and over. *AARP Research*. http://doi.org/10.26419/res.00217.001. Accessed 2 June 2018

Hsiu-Fang, H., & Shannon, S. (2005). Three approaches to qualitative content analysis. *Quantitative Health Research*, 15, 1277-1288. doi: 10.1177/1049732305276687

Hutchby, I., & Wooffitt, R. (2008). *Conversation analysis*. (2nd ed.). Cambridge: Polity Press.

ILGA-Europe. (2018). Glossary. https://www.ilga-europe.org/resources/glossary. Accessed 14 April, 2019.

Illinois University Library. (2019). Queer theory: background. *University of Illinois Board of Trustees.* https://guides.library.illinois.edu/queertheory/background. Accessed on 14 April 2019.

Jenkins, C.L., Edmundson, A., Averett. P, & Yoon, I. (2014). Older lesbians and bereavement: Experiencing the loss of a partner. *Journal of Gerontological Social Work*, *57* (2-4), 273-287. doi:10.1080/01634372.2013.850583

Johnson, R. (2017, July) is "queer" a derogatory word?. *Live About.* https://www.liveabout.com/is-queer-a-derogatory-word-1410154 Accessed on 14 April 2019.

Johnson, R. (2017, July).A guide to coming out of the closet. *Live About.* https://www.liveabout.com/a-guide-to-coming-out-of-the-closet-1410766. Accessed on 14 April 2019.

Josselson, R. (Ed.). (1996). *Ethics and process in the narrative study of lives*. Newbury Park, CA: Sage

Kaufman, S. R. (1993). Reflections of 'the ageless self'. *Generations*, *17*(2), 1-1.

Kleres, J. (2010). Emotions and narrative analysis: A methodological approach. *Journal of the Theory of Social Behaviour*, *41*(2), 182-202. doi: 10.1111/j.1468-5914.2010.00451.x

Knochel, K.A., Croghan, C.F., Moone, R., & Quam, J. (2012). Training, geography and provision of ageing services to lesbian, gay, bisexual, and transgender older adults. *Journal of Gerontological Social Work*, *55(5)*, 426-443. doi: 10.1080/01634372.2012.665158

Knockel, K.A, Quam, J.K., & Croghan, C.F. (2011). Are old lesbian and gay people well served? Understanding the perceptions, preparation and experiences of ageing services providers. *Journal of Applied Gerontology*, *30*(3), 370-389. doi:10.1177/0733464810369809

Knocker, S. (2012). Perspectives on ageing: lesbians, gay men and bisexuals. *Joseph Rowntree Foundation*. https://www.jrf.org.uk/report/perspectives-ageing-lesbians-gay-men-and-bisexuals. Accessed 3 May 2018.

Kotecha, N. (2017, November 14). Rainbow memory café offers safe space for LGBT people affected by dementia. *Good News Shared*. http://goodnewsshared.com/2017/11/14/rainbow-memory-cafe-offers-safe-space-lgbt-people-affected-dementia/. Accessed 3 June 2018.

Kushner, B., Neville, S. & Adams, J. (2013). Perceptions of ageing as an older gay man: a qualitative study. *Journal of Clinical Nursing*, *22(23-24),* 3388-3395. doi: 10.1111/jocn.12362

Lawrence Newman, W. (2006). *Social research methods: Qualitative and quantitative approaches* (6th ed.). Boston, MA: Pearson Education, Inc.

Leonard, W., Duncan, D., & Barrett, C. (2012). What a difference a gay makes: The construction of the older gay man. In A. Kampf, B.L. Marshall, A. Petersen (Eds.), *Ageing men, masculinities and modern medicine* (pp.105-120). New York, NY: Routledge.

Leyva, V.L., Breshears, E.M., & Ringstad, R. (2013). Assessing the efficacy of LGBT cultural competency training for ageing services providers in California's Central Valley. *Journal of Gerontological Social Work*, *55*(2-4), 335-348. doi: 10.1080/01634372.2013.872215.

Lyons, A., Pitts, M., & Grierson, J. (2014). Sense of coherence as a protective factor for psychological distress among gay men: A prospective cohort study. Anxiety, Stress & Coping: *An International Journal*, *27*(6), 662-677. doi:10.1080/10615806.2014.887071

Malta Gay Rights Movement. (2015). *Grey pride: a look at the lives of the older LGBTIQ community in Malta*. Malta: Union Print. Retrieved from: https://issuu.com/mgrm8/docs/grey_pride_all_d962960641eed6.

Malta Independent. (2011, May 18). MGRM estimates that 7% of the Maltese population is gay. *Malta Independent*. http://www.independent.com.mt/articles/2011-05-18/news/mgrm-estimates-that-7-of-maltese-population-is-gay-292606/ Accessed 18 April 2019.

Margolis, E. (2014, July 27). LGBT retirement home: the end of the rainbow. *The Guardian*. https://www.theguardian.com/society/2014/jul/27/lgbt-retirement-home-sweden. Accessed 20 August 2017.

Martinez, P. (2011). A modern conceptualisation of sexual prejudice for social work educators. *Social Work Education*, *30(5)*, 558-570. doi: 10.1080/02615479.2010.500657

Masini, B.E., & Barrett, H.A. (2008). Social support as a predictor of psychological and physical well-being and lifestyle in lesbian, gay, and bisexual adults aged 50 and over. *Journal of Gay and Lesbian Social Services*, *20(1-2)*, 91-110. doi: 10.1080/10538720802179013

McLeod, S. A. (2007). Maslow's Hierarchy of Needs http://www.simplypsychology.org/maslow.html Accessed 13 April 2019

McPhail, B. A. (2004). Questioning gender and sexuality binaries: what queer theorists, transgendered individuals, and sex researchers can teach social work. *Journal of Gay and Lesbian Social Services*, *17*(1), 3-21. doi: 10.1300/J041v17n01_02

MetLife Mature Market Institute & The Lesbian and Gay Ageing Issues Network of the American Society of Ageing. (2010). Out and ageing: The metlife study of lesbian and gay Baby Boomers, *Journal of GLBT Family Studies*, *6*(1), 40-57 Westport, CT: Metlife Mature Market Institute.

Meyer, I., & Dean, L. (1998). Internalized homophobia, intimacy and sexual behaviour among gay and bisexual men. In G, Herek (Ed.), *Stigma and sexual orientation* (pp. 160–186). Thousand Oaks, CA: Sage.

Meyer, H., & Johnson, T.R. (2014). The national resource centre on LGBT ageing provides critical training to ageing service providers. *Journal of Gerontological Social Work*, *57*(2-4), 407-412. doi: 10.1080/01634372.2014.901997

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129(5)*, 674-697. doi:10.1037/0033-2909.129.5.674

Moone, R.P., Cagle, J.G., Croghan, C.F., & Smith, J. (2014). Working with LGBT older adults: An assessment of employee training practices, needs, and preferences of senior sevice organisations in Minnesota. *Journal of Gerontological Social Work*, *57*(2-4), 322-334. doi: 10.1080/01634372.2013.843630

Muraco, A., & Fredriksen-Goldsen, K.I. (2014) The highs and lows of caregiving for chronocally ill lesbian, gay and bisexual elders. *Journal of Gerontological Social Work*, *57*(0), 251-272. doi: 10.1080/01634372.2013.860652

National Association of Social Workers. (2012). *Social work speaks: NASW policy statements, 2012-2014*. Alexandria, VA: NASW Press.

National Statistics Office. (2016). Demographic review 2014. Malta: National Statistics Office. https://nso.gov.mt/en/publicatons/Publications_by_Unit/Documents/C5_Population%20and%20Migration%20Statistics/Demographic_Review_2014.pdf. Accessed 19 January 2019.

National Statistics Office (2017). Regional statistics Malta: 2017 edition. Malta: National Statistics Office. https://nso.gov.mt/en/publicatons/Publications_by_Unit/Documents/02_Regional_Statistics_(Gozo_Office)/Regional%20Statistics%20MALTA%202017%20Edition.pdf Accessed 4 January 2019.

National Statistics Office (2018). Population Statistics (Revisions): 2012-2016: National Statistics Office. https://nso.gov.mt/en/News_Releases/View_by_Unit/Unit_C5/Population_and_Migration_Statistics/Documents/2018/News2018_022.pdf. Accessed 19 January 2019.

Neville, S., & Henrickson, M. (2006). Perceptions of lesbian, gay and bisexual people of primary healthcare services. *Journal of Advanced Nursing*, *55(4)*, 407-415. doi: 10.1111/j.1365-2648.2006.03944.x

Orel, N. (2004). Gay, lesbian and bisexual elders: Expressed needs and concerns across focus groups. *Journal of Gerontological Social Work*, *43*(2-3), 57-77. doi: 10.1300/J083v43n02_05

Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing. (2014). *National strategic policy for active ageing, Malta 2014-2020*. Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing.

Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing. (2015). *Empowering change: a national strategy for dementia in the Maltese islands 2015-2023.* Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing.

Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing. (2015). *Minimum Standards for Care Homes for Older People.* Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing.

Pereira, H., Serrano, J.P., de Vries, B., Esgalhado, G., Afonso, R.M., & Monteiro, S. (2017). Ageing perceptions in older gay and bissexual men in Portugal: A qualitative study. *The International Journal on Ageing and Human Development*, *0*(0), 1-28. doi: 10.1177/0091415017720889

Plummer, K. (2001). *Documents of life 2: An invitation to critical humanism*. (2nd ed.). London: Sage.

Plummer, K. (2011). Generational sexualities, subterranean traditions, and the hauntings of the sexual world: Some preliminary remarks. *Symbolic Interaction,* 33(2), 163-190. doi:10.1525/si.2010.33.2.163

Polkinghorne, D. (2007). Validity issues in narrative research. *Qualitative Inquiry*, *13*(4), 471-486. doi:10.1177/1077800406297670

Ponterotto, J. G. (2005). Qualitative research in counselling psychology: A primer on research paradigms and philosophy of science. Journal of Counseling Psychology, 52(2), 126-136. doi: 10.1037/0022-0167.52.2.126

Portz, J. D., Retrum, J. H., Wright, L. A.,Boggs, J. M., Wilkins, S. Grimm, C., Gilchrist, K. & Gozansky, W. S. (2014). Assessing capacity for providing culturally competent services to LGBT older adults. *Journal of Gerontological Social Work*, *57(2-4)*, 305-321. doi: 10.1080/01634372.2013.857378

Price, E. (2010). Coming out to care: gay and lesbian carers' experiences of dementia services. *Health and Social Care in the Community*, *18*(2), 160-168. doi: 10.1111/j.1365-2524.2009.00884.x.

Pugh, S. (2012). Care anticipated: Older lesbians and gay men consider their future needs. In R. Ward, I. Rivers & M. Sutherland (Eds.), *Lesbian, Gay, Bisexual and Transgender Ageing: Biographical Approaches for Inclusive Care and Support*. (pp. 39-50). London, UK: Jessica Kingsley Publishers.

Purvis, K. (2018, February 27). The drive for better care for older LGBT people: 'I won't put up with prejudice'. *The Guardian*. https://www.theguardian.com/social-care-network/2018/feb/27/older-lgbt-people-inclusive-care. Accessed 1 March 2018.

Ramirez-Valles, J. (2016). *Queer ageing: The gayby boomers and a new frontier for gerontology.* New York, NY: Oxford University Press.

Ramirez-Valles, J., Dirkes, J., & Barrett, H.A. (2014). Gayby boomers' social support: Exploring the connection between health and emotional and instrumental support in older gay men. *Journal of Gerontological Social Work*, *57(2-4)*, 218-234. doi: 10.1080/01634372.2013.843225.

Randall, W. L., & Kenyon, G. M. (2004). Time, story, and wisdom: emerging themes in narrative gerontology. *Canadian Journal on Ageing/ La Revue canadienne du vieillissement, 23*(4), 333-346. https://europepmc.org/abstract/med/15838816

Rawlings, D. (2012). End-of-life care considerations for gay, lesbian, bisexual, and transgender individuals. *International Journal of Palliative Nursing*, 18, 29-34. doi: 10.12968/ijpn.2012.18.1.29

Raws, T. W. (2004). Disclosure and depression among older gay and homosexual men: Findings from the urban men's health study. In H. Gilbert & B. de Vries (Eds.), *Gay and lesbian ageing: Research and future directions* (pp.117-141). New York, NY: Springer.

Reilly, A., Yancura, L, A,. & Young, D, M. (2013). Three predictive variables of social physique anxiety among gay men. *Psychology & Sexuality*, 4(3), 244-254. doi: 10.1080/19419899.2011.64792

Richardson, D. (1996). *Theorising heterosexuality -Telling it straight*. Open University Press, Buckingham, UK.

Riessman, C. K. (1993). Narrative Analysis. Newbury Park, CA: Sage.

Riessman, C. K. (2002). Analysis of personal narratives. In J. Gubrium & J. Holstein (Eds.), *Handbook of interview research. Context and method* (pp. 695-710). London: Sage.

Riessman, C.K., & Quinney, L. (2005). Narrative in social work: A critical review. *Qualitative social work*, *4(3)*, 391-412. doi:10.1177/1473325005058643

Riessman, C. K. (2008). *Narrative methods for the human sciences*. California, CA: Sage Publications.

Rosario, M., Schrimshaw, E. W., & Hunter, J. (2011). Different patterns of sexual identity development over time: Implications for the psychological adjustment of lesbian, gay and bisexual youths. *Journal of Sex Research*, *48*(1), 3-15.

Rosenfeld, D., Bartlam, B., & Smith, R.D. (2012). Out of the closet and into the trenches: Gay male Baby Boomers, ageing, and HIV/AIDS. *The Gerontologist*, *52*(2), 255-264. doi: 10.1080/00224490903331067

Rowe, J. W., & Kahn, R. L. (1997). Successful ageing. *The Gerontologist*, *37(4)*, 433-440. doi:10.1093/geront/37.4.433

Rychter, T. (2017, October,16).For older gays who might re-enter the closet, a ball invites them out. *The New York Times.* https://www.nytimes.com/2017/10/16/world/australia/lgbt-ball-melbourne.html Accessed 14 April 2019.

Sandberg, L.J., & Marshall, B.L. (2017). Queering Ageing Futures. *Societies*, *7(3)*, 21. doi: 10.3390/soc7030021

Shippy, R.A., Cantor, M.H., & Brennan, M. (2004). Social networks of ageing gay men. *The Journal of Men's Studies*, *13*(1), 107-120. doi:10.3149/jms.1301.107

Silverman, D. (2000). *Doing qualitative research: A practical handbook*. London, UK: Sage Publications.

Simpson, P., Horne, M., Brown, L. J. E., Wilson, C. B., Dickinson, T., & Torkington, K. (2017). Old(er) care home residents and sexual / intimate citizenship. *Ageing & Society*, *37*, 243-265. doi: 10.1017/S0144686X15001105.

Sinclair Bell, J. (2002). Narrative inquiry: More than just telling stories. *TESOL Quarterly*, *36*(2), 207-213. doi:10.2307/3588331

Singh, A. (2018, October 12). BBC will have more gay characters in its shows to combat 'heteronormative culture' . *The Telegraph*. https://www.telegraph.co.uk/news/2018/10/12/bbc-will-have-gay-characters-shows-combat-heteronormative-culture/. Accessed 18 April 2019

Skemp Kelley, L. (2005). Minor children and adult care exchanges with community dwellings frail elders in a St. Lucian Village. *Journal of Gerontology: Social Sciences*, *60*(2), 62-73. https://ideas.repec.org/a/oup/geronb/v60y2005i2ps62-s73.html

Slevin, K.F., & Linneman, T.J. (2010). Old gay men's bodies and masculinities. *Men and Masculinities*, *12*(4), 483-507. doi: 10.1177/1097184X08325225

Smith, J., Larkin, M., & Flowers, P. (2009). *Interpretative phenomenological analysis: Theory, method and research: understanding method and application*. London: Sage.

Smith, T. (2018, November 29). Inside Spain's first LGBT retirement home. *Pink News*. https://www.pinknews.co.uk/2018/11/29/inside-spains-first-lgbt-retirement-home/. Accessed 5 December 2018.

Snyder, L., Jenkins, C., & Joosten, L. (2007). Effectiveness of support groups for people with mild to moderate Alzheimer's disease: An evaluative survey. *American Journal of Alzheimer's Disease & Other Dementias*, *22*, 14-19. doi: 10.1177/1533317506295857

Stonewall. (2011). *Lesbian, gay & bisexual people in later life*. http://www.stonewall.org.uk/what_we_do/research_and_policy/sexual_orientation__equality_strands/8025.asp. Accessed 3 April 2018.

Strudwick, P. (2015, September 16). The UK's first gay old people's home to open within three years. Buzz Feed News. https://www.buzzfeednews.com/article/patrickstrudwick/britain-is-to-have-its-first-gay-old-peoples-home#.fjwJrmpaL5. Accessed 21 March 2017.

Sullivan, K. M. (2014). Acceptance in the domestic environment: The experience of senior housing for lesbian, gay, bisexual, and transgender seniors. *Journal of Gerontological Social Work*, *57(2-4)*, 235-250. doi:10.1080/01634372.2013.867002.

The Rainbow Project. (n.d.). Internalised homophobia. https://www.rainbow-project.org/internalised-homophobia . Accessed on 14 April 2019.

Torres, S. (2003). A preliminary empirical test of a culturally-relevant theoretical framework for the study of successful ageing. *Journal of Cross-Cultural Gerontology*, *18(1),* 79-100. doi 10.1023/A:1024830629385

Twigg, J., & Martin, W. (2015). The challenge of cultural gerontology. *The Gerontologist*, *55*(3), 353-359. doi: 10.1093/geront/gnu061.

Vasilachis de Gialdino, I. (2009). Ontological and epistemological foundations of qualitative research. Forum: *Qualitative Social Research*, *10* (2). doi: 10.17169/fqs-10.2.1299

Vella, C. (2013). *The narratives of older gay men: the intersection of sexual identity with age.* Unpublished dissertation, Higher Diploma in Psychology, University of Malta. www.um.edu.mt/library/oar//handle/123456789/8403

Vella, C., & Hafford-Letchfield, T. (2018). Older gay men and active ageing: Unpacking narratives. In M. Formosa (Ed.), *Active and healthy ageing in Malta: Gerontological and geriatric inquiries* (pp. 55-73). Malta: BDL Publishing.

Vella, M. (2017, May 17). Malta retains top place in Europe gay rights ranking. *Malta Today*. http://www.maltatoday.com.mt/news/national/77277/malta_retains_top_place_in_europe_gay_rights_ranking#.WR2Lw2h97IU. Accessed 5 March 2018

Vella, S., Schwartlander, B., Sow, S.P., Eholie, S.P, & Murphy, R. L. (2012). The history of antiretroviral therapy and of its implications in resource-limited areas of the world. *AIDS*, 26(10), 1231-1241. doi:10.1097/QAD.0b013e32835521a3

Wafula, R.S. (2016). Power and Conflict Management: The Joban-God Talk. *Narrative and Conflict: Explorations in Theory and Practice*, 3(1), 1-23. http://journals.gmu.edu/NandC/issue/view/195. Accessed 30 November 2018.

Ward, R., Pugh, S., & Price, E. (2010). *Don't look back? Improving health and social care service delivery for older LGB users*. Manchester: Equality and Human Rights Commission. https://www.equalityhumanrights.com/en/publication-download/dont-look-back-improving-health-and-social-care-service-delivery-older-lgb. Accessed 24 May 2017

Warner, M. (1999). *The trouble with normal: Age, politics, and the ethics of queer life.* New York, NY: The free Press.

Webster, L., & Mertova, P. (2007). *Using narrative inquiry as a research method*. London: Routledge.

Wengraf, T. (2001). *Qualitative research interviewing*. London: Sage.

Wengraf, T. (2008). *Short Guide to BNIM*. https://www.jiscmail.ac.uk/cgi-bin/webadmin?A3=ind0812&L=BIOGRAPHIC-NARRATIVE-BNIM&E=base64&P=890501&B=------%3D_NextPart_000_003F_01C961CD.F2E03660&T=application%2Fmsword;%20name=%22B%20-%20Summary%20of%20BNIM.4.doc%22&N=B%20-%20Summary%20of%20BNIM.4.doc&attachment=q&XSS=3. Accessed 25 March 2018.

Wetherell, M., Taylor, S., & Yates, S. (2001). *Discourse as data: A guide for analysis*. London: Sage.

Wilkinson, S., & Kitzinger, C. (2010). The social construction of heterosexuality. *Journal of Gender Studies*, *3*, 307-316. doi: 10.1080/09589236.1994.9960578

Willis, P., Miegusuku-Hewett, T., Raithby, M., & Miles, P. (2014). Swimming upstream: the provision of inclusive care to older lesbian, gay and bisexual(LGB) adults in residential and nursing environments in Wales. *Ageing and Society*, *36(2)*, 282-306. doi:10.1017/S0144686X14001147

Wilson, A.E. (2007). The sociology of ageing. In C.D. Bryant & D.I. Peck (Eds.), *Handbook of 21st century sociology*. (pp. 148-155). California, United States of America: Sage Publications, Inc.

Witten, T. M. (2012). The ageing sexual and gender minority persons: An overview. In T. M. Witten & A. Evan Eyler (Eds.), *Gay, Lesbian, Bisexual, and Transgender Aging: Challenges in Research, Practice, and Policy*. (pp. 1-58). Maryland, USA: The Johns Hopkins University Press

Wolgemuth, J. R., & Donohue, R. (2006). Toward an inquiry of discomfort: Guiding transformation in "emancipatory" narrative research. *Qualitative Inquiry*, *12*(5), 1022-1039. doi: 10.1177/1077800406288629

World Health Organisation. (2017). *Ageing and life-course: What is "active ageing"?.* http://www.who.int/ageing/active_ageing/en/. Accessed 4 July 2018.

Zewe, C. (2018, December 13). Senior housing facilities in Chicago: Creating communities for LGBT elders. *Medill Reports Chicago.* http://news.medill.northwestern.edu/chicago/senior-housing-facilities-in-chicago-creating-communities-for-lgbt-elders/. Accessed 5 December 2018.

APPENDIX A: APPROVAL FROM FACULTY RESEARCH ETHICS COMMITTEE

SWB FREC <research-ethics.fsw@um.edu.mt> Wed, 9 May 2018, 16:20

to me, Marvin

Reference Number: FRECSWB_1718_054

Dear Mr Christian Vella,

Following **FREC**'s meeting held on Friday 20 April, your ethics proposal with regards to your research entitled *Narratives of Older Gay & Lesbian Persons: Exploring the Disparities within healthcare and social support* was **accepted**.

FRECs are now authorised to review and approve research ethics applications on behalf of the University, except in the case of sensitive personal data. In this regard, your ethics proposal **does not need to be sent to UREC**. Hence, you may now **start your research**.

You are kindly requested to **pick up your ethics proposal from our office** between 08:00-12:15 and 13:30-16:45.

Regards,
Charmaine

Faculty Research Ethics Committee (FREC)
Faculty for Social Wellbeing
Room 113
Humanities A Building (Laws & Theology)
University of Malta
Msida MSD 2080

APPENDIX B: APPROVAL FROM ALLIED RAINBOW COMMUNITIES (ARC) TO ACT AS GATEKEEPER

Allied Rainbow Communities <info@arc.org.mt> Mon, Mar 12, 2018, 12:21 PM

to me

Dear Christian,

I make reference to your email below.

I referred your request to the Committee of ARC and they have agreed to act as your gatekeeper in obtaining the participants required.

We would appreciate a copy of your study once it has been graded by the UoM.

Kindest Regards

Clayton MERCIECA
Community Manager | Allied Rainbow Communities (arc)

Pronouns: He, Him, His, They, Them

m: +356 9927 2999 **a**: 19, Triq San Mark, Valletta, VLT1362
w: www.arc.org.mt

allied rainbow communities

APPENDIX C: INFORMATION LETTER (ENGLISH VERSION)

INFORMATION SHEET

Narratives of older Lesbian and Gay persons:
Exploring the disparities within social and health care support

Dear Sir/Madam,

My name is Christian Vella and I am undertaking a Master's degree in Ageing and Dementia Studies, with the with the Faculty for Social Wellbeing at the University of Malta. As part fullfillment of this degree I am conducting a study entitled: **'Narratives of older Lesbian and Gay persons: Exploring the disparities within social and health care support'**. This study is being supervised by Prof. Marvin Formosa, who can be contacted on email marvin.formosa@um.edu.mt or office telephone 2340 3103.

In this research study I am interested in finding out if older lesbian and gay persons find any differences or issues when seeking out health care and social support. This research stems from the fact that there is not much focus and visibility on older lesbian and gay persons and this particular stage in one's life seems to be obscure in local policy measures. I am after the experiences of lesbian and gay persons who are over the age of 55, and interested in finding out once having reached this stage in life, what are the things which could better facilitate a secure and dignified quality of life. Everyone has their own story to tell and I am interested in listening to yours.

Your participation in this study would take the form of a one-to-one interview. The interview will last approximately 60 minutes depending on your contribution. The interview needs to be audio-recorded in order to capture every detail. If you give consent some phrases you say might be quoted however I can assure you that your identity will remain anonymous throughout the research project, any identifying personal details will be changed in the final report to ensure that your identity remains anonymous.

If you accept to take part in the study, kindly send me your details via e-mail on christian.s.vella.09@um.edu.mt or contact me personally on my mobile number on 99867700. Confidentiality will be maintained at all times. The information collected during the interview will be password protected and kept in a secure cupboard. On successful completion of the study, all data collected will be destroyed. You are not obliged to participate in this study and can withdraw from it at any time. If you decide not to participate, this will not influence the care you receive in any way. No payment will be given for taking part in this study.

Your contribution would lend great insight and understanding, as well as aid in filling the void of this well-deserved research area. Results generated from the study have the potential to provide greater understanding to the needs of older gay community as well as improve the quality of health care service and social support.

Thank you for reading this information letter. Should you wish to clarify any concerns which you may have, do not hesitate to contact me. Upon your acceptance to participate, an appointment will be set at any location and time of your choice and convenience.

Looking forward to your reply,

Kindest Regards,

Christian Vella

APPENDIX D: INFORMATION LETTER (MALTESE VERSION)

ITTRA TA' INFORMAZZJONI

Narratives of older Lesbian and Gay persons:
Exploring the disparities within social and health care support

Għażiż/a Sinjur/a,

Jiena Christian Vella, bħalissa qiegħed nagħmel riċerka għat-teżi bħala parti mill- 'Master's degree' f' 'Ageing and Dementia Studies' fi ħdan il-Fakulta` għat-Tisħiħ tas-Soċjeta` fl-Universita` ta` Malta. Bħala parti minn dan l-istudju qed nagħmel evalwazzjoni dwar kif persuni gay il-fuq mill-eta` ta` 65 jiġu stmati hekk kif jirrikorru għal xi tip għajnuna fejn tidħol saħħa, kemm dik fisika u anki dik mentali. Dan l-istudju qiegħed isir taħt is-superviżjoni ta` Prof. Marvin Formosa, li jista` jiġi ikkuntatjat b'imejl fuq marvin.formosa@um.edu.mt jew fuq dan in-numru 2340 3103.

L-iskop ta` dan l-istudju huwa li nagħraf u nifhem aħjar kif persuni anzjani gay, irgiel kif ukoll nisa, jesperjenzaw l-anzjanita` tagħhom. Nixtieq nifhem jekk jesperjenzawx xi forma ta` diskriminazzjoni, propju minħabba s-sesswalita` tagħhom, hekk kif jagħmlu użu mis-servizzi soċjali u tas-saħħa u jekk hemm xi nuqqasijiet li jistgħu jitjiebu speċjalment fl-aspett ta` politika.

Kullħadd għandu l-istorja tiegħu x'jirrakonta, u jien nixtieq li nisma tiegħek.

Qed nagħmillek din l-istedina sabiex tieħu sehem f'dan l-istudju għaliex inti għandek dritt issema leħnek u bl-esperjenza tiegħek inti tista tagħmel differenza li twassal għal ftehim u għarfien aħjar tal-popolazzjoni gay f'pajjiżna. Il-parteċipazzjoni tiegħek tinvolvi li tieħu sehem f'intervista. L-intervista issir f'post u ħin konvenjenti għalik. L-intervista tieħu bejn wieħed u ieħor sittin minuta skont it-tweġibiet tiegħek. L-intervista hemm bżonn li tiġi rrekordjata sabiex inkun nista nidħol iktar fid-dettal meta nasal biex nanaliżża it-tweġibiet tiegħek. Jekk inti tagħti l-kunsens tiegħek, xi wħud mill-frażijiet jistgħu jiġu kkwotati imma inti mhux ser tiġi identifikat/a bl-ebda mod.

Jekk taċċetta li tieħu sehem f'dan l-istudju, jekk jogħġbok ibagħt d-dettalji tiegħek fuq christian.s.vella.09@um.edu.mt jew fuq in-numru tal-mowbajl tiegħi 9986 7700.

Il-kunfidenzjalita` ser tiġi assigurata f'kull ħin. L-informazzjoni miġbura waqt l-intervista ser tinżamm f'kompjuter 'password protected' u ser tinżamm f'post sigur. Wara li it-teżi tingħata marka, kull informazzjoni miġbura tinqered. Mhux bilfors tipparteċipa f'dan l-istudju u tista' tieqaf meta trid bla ebda konsegwenzi għalik. Jekk ma tipparteċipax, l-għażla tiegħek mhux ser tinfluwenza bl-ebda mod is-servizzi li qiegħed tirċievi jew li ser tapplika għalihom. Mhux ser ikun hemm l-ebda ħlas talli inti tieħu sehem.

Il-kollaborazzjoni tiegħek hija importanti ħafna għax permezz tar-risposti tiegħek inkun nista` nifhem aħjar l-esperjenzi li inti għaddejt minnhom meta esperjenzajt xi tip ta` servizz, kemm tas-saħħa jew bħala 'support'. Ir-riżultati minn dan l-istudju għandhom il-potenzjal li jinfluwenzaw u jtejbu is-servizzi għal-popolazzjoni anzjana gay.

Nixtieq nirringrazzjak talli qrajt din l-ittra. Jekk ikollok xi mistoqsijiet, tiddejjaqx tikkuntattjani direttament fuq id-dettalji miktubin hawn fuq.

Dejjem tiegħek,

Christian Vella

APPENDIX E: CONSENT FORM (ENGLISH VERSION)

CONSENT FORM

Title of Project: Narratives of older Lesbians and Gay persons: Exploring the disparities within social and health care support

Please mark with initials in Box

1. I confirm that I have read and fully understood the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered to my satisfaction. ☐
2. I understand that my participation is voluntary. I am free to withdraw at any time without giving any reason, without my medical care and legal rights being affected. ☐
3. I understand that it is my right to refuse to answer any questions ☐
4. I agree that the interview will be audio-recorded, am fully aware of the inconvenience which this may cause, and understand that full confidentiality shall be respected ☐
5. I understand that the results achieved from the study will be published or reported, however I shall not be personally identified in any way, without my express written permission. ☐
6. I agree that I will not receive any remuneration to take part in this study. ☐
7. I agree to take part in the above study. (Researcher can be contacted on mobile number:99867700, e-mail address: christian.s.vella.09@um.edu.mt ☐

_____	_____	_____
Name of Participant	Signature	Date

_____	_____	_____
Researcher	Signature	Date

_____

Academic Supervisor

APPENDIX F: CONSENT FORM (MALTESE VERSION)

FORMULA TAL-KUNSENS

Isem tal-Proġett: Narratives of older Lesbian and Gay persons: Exploring the disparities within social and health care support

Jekk jogħġbok ikteb l-inizzjali fil-kaxxa

1. Jiena nikkonferma li qrajt u fhimt l-informazzjoni kollha li ngħatat fil-karta għall- parteċipanti li ser jieħdu sehem fl-istudju msemmi hawn fuq. Jiena kelli l-opportunita` li nikkonsidra l-informazzjoni li ġiet mogħtija lili, insaqsi mistoqsijiet u kelli sodisfazzjon bit-tweġibiet li ngħatajt. ☐

2. Jiena nifhem li l-parteċipazzjoni tiegħi hija voluntarja. Jiena nista'nieqaf mill-istudju f'kwalinkwe ħin mingħajr ma' nagħti ebda raġuni u mingħajr ma tiġi affettwata l-kura tas-saħħa u d-drittijiet legali tiegħi. ☐

3. Jiena nifhem li huwa dritt tiegħi li nirrifjuta milli nwieġeb għal xi mistoqsijiet. ☐

4. Jiena naqbel li l-intervista tiġi 'audio-recorded' u jiena nifhem sewwa l-inkonvenjenzi li dan jista' joħloq, u nifhem li l-kunfidenzjalita' ser tiġi rispettata kull ħin. ☐

5. Jiena nifhem li r-riżultati miksuba minn dan l-istudju ser jiġu ppublikati jew iddokumentati, pero`jiena mhux ser inkun identifikata personalment bl-ebda mod qabel ma jiena nagħti l-permess tiegħi bil-miktub. ☐

6. Jiena naqbel li mhux ser nirċievi ħlas għall-parteċipazzjoni tiegħi. ☐

7. Jiena naqbel li ser nieħu sehem f'dan l-istudju. Ir-riċerkatur jista'jiġi ikkuntattjat direttament fuq dan in-numru tal-mowbajl 99867700 jew imejl christian.s.vella.09@um.edu.mt ☐

_____	_____	_____
Isem il-parteċipant/a	Firma	Data
_____	_____	_____
Riċerkatur	Firma	Data

_____

Supervajżer Akkademiku

APPENDIX G: SHEOIT NOTEPAD

SHEOIT NOTEPAD (Situation, Happening, Event, Incident, Occasion/Occurrence, Time)

Interviewee:
Age:

Interview 1: *Subsession 1 & 2*
SQUIN (single question aimed at inducing narrative):

'Can you please give me a detailed picture of what life is like at your age, as a gay man /lesbian, how you have come to experience ageing, how you manage your everyday life now that you are of older age, keeping in mind your health care needs as well as social support'.

All the events and experiences which were important for you up to now. Start wherever you like. Please take the time you need. I'll listen first, I won't interrupt, I'll just take some notes for after you've finished telling me about your experiences.'

Subsession 1			*Subsession 2*
Themes in Order mentioned & in Terms used	**General Terms** about situation	**Particular Terms** about situation	**More Story** e.g. '*you said…..' –can you tell me more about how that happened?* Or…. '*What was it like?*' *-do you remember any particular incident / occasion when*.' '*What do you mean by…'*