PAPER TITLE: 'It's a nice country but it's not mine': exploring the meanings attached to

home, rurality and place for older lesbian, gay and bisexual (LGB) adults.

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ABSTRACT

An ageing population across European nations, including the UK, brings with it new challenges for health and social care services and precipitates social policy initiatives targeted at meeting the care and support needs of a rapidly expanding number of older people. Ageing in place is one such policy driver - policy efforts that seek to promote the maintenance of older citizens residing in their own homes for as long as possible with minimal state intervention. Current generations of older lesbian, gay and bisexual (LGB) people have endured homophobia throughout their life-histories and sexual identity can shape perceptions and experiences of ageing, including experiences of home-life, community and place. Our objective is to examine the meanings attached to home and place for older LGB adults living independently across three dimensions: rural places as 'home'; connections to LGB communities; and, social care provision in the home. We present interview findings from a mixed-methods study on the social inclusion of older LGB adults in Wales. Twenty-nine LGB-identifying adults (50-76 years) self-selected to participate in semi-structured interviews between 2012 to 2013. Thematic findings from interviews indicate varying and contradictory meanings attached to home-life in rural places, the importance of connection to communities of identity across geographical and online localities, and a high degree of ambivalence towards the prospect of receiving social care services in the home. We argue that a more nuanced understanding of the subjective meanings attached to home, rurality and community for older LGB people is needed to fully support LGB citizens to continue to live independently in their homes.

KEY WORDS: LGB, ageing, older adults, home, rurality, social care.

'What is known about this topic'

- Tendency within ageing in place policies to approach older people as a homogenous group and neglect social and cultural differences, including sexuality

- Little attention has been given to the provision of social care in older LGB adults' homes and neighbourhoods

- Previous research establishes how sexuality can shape older adult's experiences of ageing in distinct ways.

'What this paper adds'

- Findings indicate older LGB adults experience points of social connection and disconnection across rural communities and encounter barriers to connecting with LGB social networks

- These experiences represent a form of social exclusion in which heterosexual normalcy is reinforced

- We identify concerns expressed by older LGB adults towards the receipt of care services in the home.

INTRODUCTION

In this paper, we examine the meanings attached to home and place for older adults (50+) who identify as lesbian, gay and bisexual (LGB) and discuss the implications for ageing in place. Within the United Kingdom (UK), the largest area of population growth between 2014 and 2039 will be amongst older adults aged over 60 (Foresight, 2016). This population trend has compelled policy makers to look to initiatives that will provide cost-effective care for older people while maintaining individual dignity and independence. Ageing in place is one policy initiative for promoting the continuation of older citizens residing in their homes and avoiding institutional care. This policy direction also resonates with older adults' wishes to continue living in familiar localities and neighbourhoods (Sixsmith & Sixsmith, 2008; Hillcoat-Nallétamby & Ogg, 2013). Across European nations ageing in place policies have marked a move away from state-based support towards market-based provision of social care (Rostgaard, Timonen & Glendinning, 2012; Dobner *et al.*, 2016; Martens, 2017).

Ambiguity remains in policy as to whether ageing in place encompasses residing 'at home' or 'in a home', inclusive of supported housing models (Martens, 2017). Hillcoat-Nallétamby and Ogg (2013) present survey research indicating that not all older Welsh citizens are satisfied with their homes and neighbourhoods, including the physical location. Accumulated years of social exclusion can dictate the home-locations of older adults from lower socio-economic backgrounds and restrict choices on suitable neighbourhoods (Phillipson, 2007). Ageing in place policies reflect neoliberal economic and political drivers. Harris (2014) identifies main propositions of the application of neoliberalism to social care, including the presumption of cost-effectiveness of care markets, and the premise that individuals are responsible for their own lives. The economic argument locates social and health care provision within a climate of withdrawal by the State, and outsourcing of services to the

private sector (Hudson, 2016). Within the UK, sustainability is in question as consecutive years of local authority budgetary cuts and workforce shortfalls have brought home care services to a critical condition (Humphries *et al.,* 2016). There is also a tendency within this policy stream to approach older people as a homogenous group with similar care needs and wishes to the neglect of social and cultural differences that intersect across older generations (Wiles *et al.*, 2012).

Within this policy context, scarce attention has been given to the housing and care needs of older adults who identify as LGB and live independently in community settings. There is growing research into the inclusion of older LGB (and less so 'transgender') people in long-term care settings (Hafford-Letchfield *et al.*, 2017; Westwood, 2016; Simpson *et al*, 2016), but less attention on the significance of social care provision in older LGB adults' homes and neighbourhoods. While LGB adults share many of the similar health and social care needs in later life as heterosexual older people, their life stories differ based on experiences of living through decades when male homosexuality was criminalised, male and female homosexuality was subject to medical intervention, and moral condemnation was openly expressed towards same-sex relationships. In England and Wales, male homosexuality was listed as a criminal act up to 1967 which left behind a long wake of criminal charges, and in some cases prison sentences, against men having sex with other men (Fish, 2012). During the 1960s and 1970s medical and psychological treatments to 'cure' homosexuality were frequently prescribed (for example, behavioural aversion or electric shock conversion therapies), and homosexuality was listed in the International Classification of Diseases to 1992 (Smith, Bartlett & King, 2004; Dickinson, Cook, Playle & Hallett, 2012). This history casts a long shadow and some older LGB adult may consequentially lack trust and confidence in health and social care professionals; we know that older LGB adults report less confidence in discussing their

sexual identity with health and social care professionals compared to heterosexual older

people (Addis *et al.*, 2009; Stonewall, 2011).

Our objective is to examine the significance of home and place for LGB adults (50+ years)

through three lenses: rural places as 'home'; connections to LGB communities across online

and geographical communities; and, anticipation of social care provision in the home. We

present interview findings from a mixed-methods study on the social inclusion of older LGB

adults in Wales, which concluded in 2013 (see Willis et al., 2016; Willis et al, 2017).

Findings indicate a contradictory relationship to rurality and geographical community, and

ambivalence expressed at the prospect of receiving care services at home. Our claim is that a

more nuanced understanding of the subjective meanings attached to home, rurality and

community for older LGB people is needed to fully support LGB citizens to continue to live

independently in their preferred locality.

SOCIAL WELLBEING OF OLDER LGB ADULTS

Previous research has established how sexuality as a social structure can shape older adult's

experiences of ageing in distinct ways. Literature on the social wellbeing of older LGB

citizens indicate a differing relationship to community and place in comparison to

heterosexual elders. Older LGB (and 'T' transgender) adults in the UK report a greater

number of community ties (i.e. participation in LGB groups) but are less likely to report

positive connections to local neighbourhood (Green, 2016). In relation to home-ownership,

older LGB adults in England are less likely to be homeowners as an indicator of economic

disparity (Kneale, 2016). Survey research suggests older LGB people enjoy a strong sense of

belonging and connection to LGB community activities and events (Fredriksen-Goldsen,

Emlet & Hoy-Ellis, 2011; Brennan-ing *et al.*, 2014). However, these interactions can be

compromised by experiences of ageism within commercial LGB venues and community spaces that tend to be youth-oriented (Cronin & King, 2012; Heaphy, Yip & Thompson, 2004).

In terms of support-seeking, older LGB people are more likely to live alone than their heterosexual peers and less likely to look to biological kin for support (Stonewall, 2011, Higgins *et al.*, 2011; Lyons, Pitts & Grierson, 2013; Brennan-ing *et al.*, 2014). In the UK, they are also more likely to be childless (Green, 2016). Arguably older LGB people are more likely to look to non-related caregivers for instrumental and emotional support, such as friends, in comparison to heterosexual elders (Croghan, Moone & Olson, 2014; Brennan-ing *et al.*, 2014). Friendships can be attributed higher social value for older LGB adults, sometimes coined as 'chosen families' (Heaphy, Yip & Thompson, 2004) or communities of interest (Formby, 2012). Equally, other findings indicate supportive relationships between older LGB adults and biological kin (Hughes & Kentlyn, 2014).

Within this research stream, there are very few discussions about the significance of home-life, place and rurality for older LGB adults. Milligan (2009) identifies three dimensions to the significance of home for older people; as a haven or protected space, as a site of identity, and as an environment of familiar settings and routines. All of these are impacted by physical changes to the home, changes in routine and loss of control over who has access to one's home (Milligan, 2009). This framework informs our discussion below alongside the intersections between home-life and rural locations.

RURALITY, PLACE AND OLDER LGB ADULTS

Through a human geography lens, Valentine (2002) conceptualises social spaces as relational to everyday life and as sexually (and gender) coded spaces in which individuals negotiate gendered and sexualised interactions. For LGB-identifying individuals shared spaces, such as the workplace, are often experienced as 'heterosexualised spaces' imbued with heterosexual practices, expressions and implied values of nuclear family arrangements (Valentine, 2002). According to Bell and Valentine (1995) rural places hold multiple meanings for LGB people – rural places can represent restrictive, isolating spaces in which heteropatriarchal expectations are enforced; places of danger and risk; and, places of collective utopia for lesbian and gay communities that have sought idyllic country living.

In contemporary stories of 'coming out' and urban migration, gay and lesbian individuals are often depicted as urban dwellers who have escaped constricting heteronormative places in rural environments (Gorman-Murray, Pini & Bryant, 2013). LGB identities are more visible in sparsely populated towns and villages while urban spaces bring greater degrees of anonymity (Valentine, 1993). Positions of social marginality can be magnified in rural areas for members of minority groups, including LGB residents (Fenge & Jones, 2012). The small body of literature that explores older LGB people's experiences of rural home-life indicate a number of challenges including social and geographical distances from LGB friends, absence of LGB-specific social networks, and anticipation of negative community attitudes (Help and Care Development Ltd, 2006; Lee & Quam, 2013; King & Dabelko-Schoeny, 2009).

Within Wales, the setting for our research, rural living is a critical component to planning and delivering social services. As a small devolved nation Wales has a higher proportion of residents in rural areas (32.8%) comparative to England (ONS, 2013). The 2011 census

revealed that 18.5% of the Welsh population resided in rural areas and that residents of rural

areas tended to be older (median age 45), born in the UK (94.9%) and White British (95%)

(ONS, 2013). Pugh (2011) argues that the idealisation of rural living in Wales paints an

imagined landscape of towns and villages with cohesive communities and strong social

networks; these romanticised perceptions can mask the prevalence of social problems and the

invisibility of marginalised groups, including LGB residents. Recent Wales-based research

identifies the challenges for adequate health and social care resources in rural communities,

with recruitment and retention, training, and geographic proximity being core issues

impacting on the services available to rural residents (Longley *et al*., 2014; Public Policy

Institute Wales, 2016). Hence, in our paper we include a focus on social care services in the

home as an area of policy concern that intersects with rural living.

APPROACH TO THE RESEARCH

Between 2012 to 2013 29 LGB-identifying adults (aged 50-76 years) participated in semi-

structured interviews. Interviews were part of a larger, mixed-methods study focusing on

social inclusion in care home environments in Wales. The study received ethical approval

from local and national NHS research governance committees and the host university.

Interview participation was restricted to adults aged 50+ years, identifying as LGB or in a

same-sex relationship and living independently in Wales. Minimum age for participation was

50 years in line with the Welsh Strategy for Older People (Welsh Government, 2013).

Sampling was purposive in recognition of the challenges in accessing this hard-to-reach

group; all interviewees self-selected to participate. Advertisements were circulated across a

list of LGB-related social and interest groups and to agencies providing advocacy and support

services to older Welsh citizens. The sample size was initially set at 25 interviewees (as

agreed with the funder) however sampling continued beyond this to capture more

perspectives from gay and bisexual men and to reach a point of saturation in which recurring issues and themes were noted across the data-set.

Interviews were facilitated by members of the research team in locations preferred by interviewees, often in their homes. Using a semi-structured approach, we invited interviewees to identify their current living arrangements and any care needs and reflect on their anticipated needs and wishes in the future. Alongside this, attention was given to the importance of interviewees' earlier life-experiences (e.g. 'Tell me about your earlier life'). Table 1 provides an overview of other interview domains and questions. Questions were based on prior research findings and through consultation with the project's advisory group, the majority of whom identified as LGB and/or worked in public and third sector services championing the rights of LGB citizens.

[Table 1 here]

Interviews ran between 1.5 to 2.5 hours and each interview was audio-recorded and transcribed. Anonymised transcripts were coded using NVivo software. We followed an inductive, thematic approach to analysis. This entailed line-by-line reading of each transcript to generate initial codes, collating overlapping codes into connected themes, reviewing themes across coders, and agreeing final themes and descriptors (Braun & Clarke, 2006). Trustworthiness in the findings was enhanced by several members of the team cross-checking that identified core themes matched correlating data and by revisiting coding where discrepancies arose.

FINDINGS

INTERVIEW PARTICIPANTS

Nineteen women and 10 men took part. All were White with 26 people of British descent. One person identified as a 'cross-dressing' bisexual male; no other interviewees indicated trans or bisexual identities. This was despite efforts to circulate recruitment notices through bisexual groups and online networks. The majority identified as gay or lesbian (some women identified as both). Twenty-one people were in same-sex relationships (11) or civil partnerships (10) and one person indicated they were married; seven were not in relationships. Over half the group held degrees (28%) or higher degrees (35%), indicating a high level of educational attainment. Sixty-two per cent (62%) lived in small towns and villages in Wales, although some of these bordered larger urban locations. Most interviewees (79%) were between the ages of 50-69 years; six participants (21%) were between 70-76 years. As such our sample reflects two generational cohorts – one group (50-64) who came of age during and after the 'gay liberationist period' of the 1970s, as described by Rosenfield (1990), and another group (65-76) who would have experienced their teens and early twenties prior to partial decriminalisation of sex between men. We present three core themes below. First names are pseudonyms selected by participants.

THEME 1: PULLS TO AND PUSHES AWAY FROM RURAL HOME-LIFE
Thirteen participants relayed accounts of rural-life in small towns, villages and farming districts, previously or currently. Across these accounts, participants identified both pulls to and pushes away from rural home-life. Here, we defined rurality according to settlement areas with a low-density population of less than 10 000, in line with ONS (2013) definitions of rural areas.

i. Pulls to rural home-life

For most of the 13 older adults, home-life in rural locations symbolised places of 'peace and quiet' and serenity. Rural neighbourhoods represented an important sea-change from previous lives (and relationships) residing and working in cities with large and dense populations. Interviewees identified positive relationships they shared with neighbours and local residents, which on some occasions brought gestures of neighbourly help, for example during periods of ill-health. These relationships were mediated by the extent to which participants were prepared to discuss their sexual identity; some interviewees were selective about how much information they shared about their sexual selves. One gay man relayed an affirming response received after 'coming out' to classmates during a Welsh language class:

> *... and I thought, you know, I'm going to tell you, so I said to her you do realise I'm gay, "Yeah, course we know, the whole class knows you're gay" ... and it really touched me, you know, she used a word I would find difficulty using, "We love you for who you are".* (James, 63)

Several interviewees, both men and women, recounted experiences of migrating back to familial locations as an intrinsic part of their family identity. This was based on earlier attachments to rural locations where they had spent part of their childhood:

> *I left this community when I was 18 and I came back seven years ago when I was 55... having lived in the city for such a long time. I was yearning for that experience to come back here and my friends in [city location] thought I was crazy, absolutely crazy. They all said, "They'll lynch you", one person said, "People like you shouldn't be living in small communities like that"* (Nick, 60)

For this sub-group, rural locations were perceived as familiar places imbued with family memories, both positive and negative. Initial reluctance to be 'out' in small communities was anchored in childhood memories of not feeling safe or protected from hostile/homophobic responses.

ii. Pushes away from rural living

Participants described the ways in which the hostile actions of other local residents reinforced a sense of being unwelcome and socially excluded. Some experiences were subtly coded and distinctly gendered. For example, two lesbians discussed the challenges of finding a hairdresser who would give them a buzz-cut in their preferred style, after numerous refusals. Others (men and women) discussed feeling subject to the critical gaze of other residents in public places:

> *As I said, this is a really homophobic area anyway, when I take her [girlfriend] to the station, I kiss her goodbye, when I pick her up and say hello, and sometimes you get some very strange looks.* (Annie, 61)

Several participants gave overt examples of being singled out as strange and unwelcome, such as being whispered about while waiting in queue in the local fish and chip shop or having men spill beer over them in the local public house. Closer to the home environment, one woman described vandalism to her property not long after relocating with her partner:

> *… we had "Dyke" written on the car, we had the police round for stones thrown at the house… car windows broke, but that could have been anyone…but not if you write Dyke on the car. I ended up running after them and catching one of them and calling the police…* (Sarah, 59).

This is the only account in which police assistance was sought; for the most part experiences of discriminatory or hostile treatment were ignored or disregarded.

THEME 2: STAYING CONNECTED TO LGB NETWORKS ACROSS LOCALITIES

Participants across rural and urban home environments identified the importance of maintaining connections to LGB social networks in which their beliefs, politics, identities and life-experiences were mirrored by others. Underpinning some of their accounts was the importance of belonging to a perceived community (or in this case communit*ies*) that was actively sought through participation in LGB social networks, on- and off-line. This is illustrated in one older lesbian's comments on visiting heterosexual friends for a weekend:

> *...and they're all heterosexual in every sense, and so are their friends apparently and they talk about "Mary and Peter are coming" and its coupledom apart from anything else… it's fine, but it's like visiting another country, which I quite like, it's a nice country but it's not mine.* (Gwenno, 75)

i. Barriers to LGB social connections in rural places

Home-life in rural places brought with it distinct challenges to staying connected to LGB networks. Several interviewees pointed to the geographical distance between themselves and LGB networks and events in urban centres. Cities represented queer spaces for dipping into such networks, visiting lesbian/gay venues and attending collective events such as Pride festivals. A second challenge was the difficulties in bringing LGB community members together for gatherings in rural districts; this featured more prominently in women's responses. There were numerous obstacles to group meetings including long-driving distances and limited public transport, and a lack of local businesses willing to provide meeting spaces:

> *… there isn't anywhere that you can actually get together and enjoy gay life. I want somewhere that's totally safe for people… I wrote to every brewery and every pub two years ago now in the locality, I didn't get one answer, asking for them to have one night a week as a gay friendly night, a back room, anything where we could just sit, buy our drinks and just sit quietly and chat*. (Annie, 61)

Concerns about increasing healthcare needs in later life motivated some lesbians living in small villages to seek out women-only networks around them. Several women discussed their anxieties about recent declines in their physical health and mobility and whether they could sustain rural living without peer support:

> *I can't just say okay right I'll move to [city location] when I can't manage the stairs anymore and when I can't get to the shops, or I can't drive to [rural town] and "hello lesbian community in [city] I need you to welcome me with open arms". I actually have to build that network for myself in preparation for the day when we can't manage here anymore* (Mary, 61)

Here, older lesbians perceived a need to move to larger towns, so they could begin to 'build their own' peer networks.

ii. Looking to online LGB connections and networks

The majority (21) of interviewees across urban and rural locations emphasised the role of different means of communication, inclusive of the Internet. Alternative localities of sexuality had become available in ways not possible prior to the arrival of the Internet. Access to the Internet brought opportunities to build online LGB friendships locally and internationally:

… And you know one of the things that's completely changed from when I was young is the way you contact other gay people. When I was young you either went to a pub or around this area the toilet, you know "trolling" in a public convenience… Now you have so many different things, you've got mobile phones, you've got all these chat lines and you can communicate with people just sitting in your lounge (Nick, 60).

Some gay men described how feelings of isolation had lessened through online communication, for example James (63) stated: '*We can communicate with people globally, we both have friends, gay friends in different countries'.* While men discussed forming new friendships online through one-to-one communication, women interviewees reported using the Internet to connect with women's forums and as a platform for organising group meetings. Geographical and online locations eclipsed in women's accounts.

THEME 3: AMBIVALENCE TOWARDS CARE SERVICES IN THE HOME

The prospect of receiving care services in their home raised mostly anxieties for both men and women. The beliefs and attitudes that social care workers bring into the home was a paramount concern, in particular the potential for carers to harbour homophobic views and the risk of privacy being breached in smaller communities:

What would worry me is somebody who was an evangelical Christian coming in and suddenly realising they were in a gay environment and possibly saying or doing something and storming out and not coming up and creating a fuss – you don't want fuss as you get older. (Annie, 61)

Several interviewees expressed worries about the ways in which their sexual identity is visible within the physical environment of their homes – items and belongings that signify LGB identities and constitute a 'gay environment'. One solution to this concern was to 'de-gay' the home by removing signifiers such as LGB-related books/ DVDs, fridge magnets and rainbow flags.

Older lesbians more so than men stated a preference for employing women-only carers, although this does not reduce the likelihood of carers holding negative views of LGB people. Some women discussed how they would prefer to receive care and support from younger lesbians, or personal carers with direct experience of a LGB family member:

> *… I'd like to have [younger] lesbians… just to know that the people who were caring for you, you had the same connection with them that we have with all our lesbian friends, you know, just that you don't have to explain yourself ...* (Mary, 61)

Four women believed it was important to disclose their lesbian identity from the outset to new carers as a means of screening out unsuitable carers or the care agencies they represent. This was not a priority for men in the sample.

DISCUSSION

For social care services and professionals to support the longevity of independent living for sexually diverse groups of older people a more nuanced understanding of home, rurality and place is required. Our objective was to examine the significance of home and place for LGB adults 50+ in rural and urban environments in Wales; there are several key findings that extend current understanding of both dimensions. Older people in Wales report mixed satisfaction with the inclusivity of immediate neighbourhoods and services in their home-

locations (Hillcoat- Nalletamby & Ogg, 2014). A similar finding is evident in our study for LGB residents in rural environments as they experienced moments of both social connection and disconnection. This is a contradictory space for experiencing home-life and geographical community that is both affirming *and* disruptive to rural-dwellers. Phillipson (2007) argues that 'community attachment and belonging' are two important dimensions to older people's experiences of later life. Experiences of social disconnection can compromise both dimensions in rural environments. These experiences represent a form of social exclusion in which heterosexual normalcy is reinforced through subtle and overt expressions across communal spaces such as local shops and the pub.

Experiences of sexuality-based exclusion in rural environments also reveal the intersection between gender and sexuality and the ways in which specific concerns arise for older lesbians, for example, the challenges in initiating and sustaining social groups. This underscores the social value older lesbians place on same-sex groups as safe spaces for fostering friendships and belonging, as reported by Wilkins (2016). Cronin and King (2012) argue that LGB friendships and community resources are an integral aspect of developing social capital as they provide 'a buffer against the stresses of living in a heteronormative society' (p. 275). Cronin and King's findings speak to older LGB individuals in urban areas, whereas our findings point to the barriers identified by older adults in rural environments and the ways in which these can impede attempts to build social capital in rural locations.

Our findings also indicate how access to the Internet brings opportunities to initiate and sustain connections with other LGB people across geographical boundaries. Older people coming later in life to the Internet may not be described as 'digital natives', however Siebler (2016) suggests that many older LGB people lament the move to a digital age in the 1990s

and the subsequent demise of physical spaces and 'real-world' communities. Alternatively, our findings chime more with the responses of older lesbians and gay men in Knocker's (2012) research, illustrating the importance of the Internet, emails and video messaging for extending LGB networks beyond the immediate locality.

An integral aspect to maintaining independent living in later life is the receipt of social care services in the home – this is a lesser explored topic in LGB ageing research. Previous research and reports on LGB ageing indicate that older LGB people have lower confidence in health and social care professionals than heterosexual older adults (Stonewall, 2011). Our findings build on this story to indicate the ways in which this lack of confidence extends to the home. Milligan (2009) identifies the home as a protected space and a site of identity for older people. For older LGB adults in our sample the home similarly functions as a safe space for constructing and expressing marginalised identities. The symbolic sanctity of the home as an affirmative space to express LGB identities is disrupted at the prospect of receiving unfamiliar personal carers. Older LGB adults will not be receptive to the receipt of social care in the home if they feel compelled to conceal signifiers to their sexual identity and anticipate homophobic responses from people employed to provide care.

The capacity for older individuals to exercise choice over who provides care to them in their home is crucial for abating concerns about who provides practical and intimate care and the beliefs and attitudes they bring with them. However, older LGB adults need to have confidence in social care agencies and their staff to share and discuss elements of their sexual and/or intimate lives and life-stories. It also rests on the availability of sufficient number of services to resource such an element of individual control in a dwindling social care market (Humphries *et al.*, 2016). At present, Wales has a five-year strategic plan for home care

services where there is an impetus on supporting families and communities in their care of individuals and tighter regulation to require homecare services to provide co-productive, flexible, person-centred home care based on 'what matters' to people (Social Care Wales, 2017). These aspirations mirror both a broader citizen focussed agenda and neoliberal trajectory in policy (Harris, 2014). On the one hand, there are constraints brought about by shrinking availability of services in rural areas, which is a more prominent problem for older LGB adults in rural areas because of an absence of family ties for support and a reliance on a limited supply of services. On the other hand, a wellbeing-focused agenda may be reassuring for LGB older adults regardless of home-location, which by legal definition includes 'control over day to day life' and 'securing rights and entitlements' (Social Services and Wellbeing (Wales) Act 2014, S.2).

Limitations

We have extrapolated findings from a small sample of white, mostly lesbian and gay, adults and as such the findings have limited transfer to other national and cultural contexts. The sample is weighted towards a 'younger-older' cohort and the perspectives of adults 80 years and over are not represented. We focused on anticipated care provision in the home rather than direct experiences of care services, and we have not discussed the provision of unpaid care through social networks (for example, friends, family, neighbours). Only one participant identified as bisexual therefore this demographic is underrepresented, and future research should focus on gathering their accounts. Further, the experiences of LGB black and minority ethnic people may be qualitatively different from our participants; future research should aim to explore their perceptions. Future directions for research include capturing older LGB service users' experiences of social care staff in the home and exploring how informal care is

exercised horizontally through LGB peer networks and vertically across different generations, for example such as the children or siblings of older LGB adults.

CONCLUSION

This paper has explored the varying and contradictory meanings attached to home-life in rural places, the importance of connection to communities of identity (geographically and online), and the anticipation of receiving social care in the home through the perspectives of older LGB adults living independently in Wales. Sexual identity is a crucial dimension for expanding an ageing in place policy remit and providing more equitable support to diverse communities of older people. There is an opportunity to promote an ageing in place agenda that capitalises on connections across local and online communities that intersect with communities of identity for older people. An ageing in place agenda that is more aligned with the life histories of older LGB adults would promote peer networks and social connections between LGB adults in order to mitigate social isolation, be these virtual or physical connections. This may also mitigate the impact of sexual exclusion practices in rural environments.

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Table 1

Overview of interview domains and sample questions

Interview domains	Sample questions
Significant others	Thinking about your day-to-day life, who would you identify as an important source of support? What makes this person/s important to you?
Future hopes and concerns	How do you see yourself living your life in 10 years' time? What are your hopes for the future? What concerns (if any) do you have about the future?
Residential care	If you had to move into a care home, how would you expect to be treated by care and nursing staff? By other people living in the home? What would help you to feel included by others in the home?
Domiciliary care: (i.e. personal care at home)	If you had to receive personal care services in your own home, how would you expect to be treated by visiting care staff?
Informal care	If you needed help or care at home from other people in your life, who would you turn to? Why that person/s?
Contact with other LGB people	How much contact do you have with other L/G/B people of a similar age to you? How important is this contact to you?