European Journal of Politics and Gender • vol 6 • no 2 • 151–166

Print ISSN 2515-1088 • Online ISSN 2515-1096
https://doi.org/10.1332/251510821X16736029934258
Accepted for publication 13 January 2023 • First published online 09 February 2023

Themed Section: Reconceptualising Social Care: Contrasting Classical and Contested Care Policies and their Gendered Implications

RESEARCH ARTICLE

Turkish lesbian, gay, bisexual and/or trans persons' perceptions of their own ageing: contesting the exclusionary care regime?

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How do lesbian, gay, bisexual and/or trans persons imagine their own ageing in an exclusionary care regime? How does institutionalised exclusion constrain their ability to imagine ageing in a positive light? How, to what extent and by which means can they contest their exclusion from elderly care? This article presents an analysis of a mixed-methods study in Turkey that included 14 focus groups with 139 lesbian, gay, bisexual and/or trans persons in ten cities, and a nationwide online survey with 2,875 respondents. It offers the notion of an exclusionary care regime as a framework for studying care regimes through the lens of marginalised groups, specifically lesbian, gay, bisexual and/or trans persons. Taking Turkey as an example, the article demonstrates that an exclusionary care regime causes respondents to view ageing as a burden. In the absence of progressive socio-political change, lesbian, gay, bisexual and/or trans persons can think of contesting their exclusion from elderly care mostly through market- and asset-based solutions.

Key words ageing • care regime • gender identity • lesbian, gay, bisexual and/or trans • sexual orientation • social care

Key messages

- The article underlines the need for lesbian-, gay-, bisexual- and/or trans-inclusive ageing and care research in lesbian-, gay-, bisexual- and/or trans-hostile contexts.
- The article introduces the notion of an exclusionary care regime, with a special emphasis on lesbian, gay, bisexual and/or trans persons.
- The article reveals that an exclusionary care regime limits lesbian, gay, bisexual and/or trans persons' ability to imagine positive ageing.
- The article indicates that the exclusionary care regime leaves the market as the only option for elderly care as an out lesbian, gay, bisexual and/or trans person.

To cite this article: Yilmaz, V. and Göçmen, G. (2023) Turkish lesbian, gay, bisexual and/or trans persons' perceptions of their own ageing: contesting the exclusionary care regime?, *European Journal of Politics and Gender*, 6(2): 151–166, DOI: 10.1332/251510821X16736029934258

Introduction

In many parts of the world, the recognition of the human rights of lesbian, gay, bisexual and/or trans (LGBT+) persons over the last two decades has been revolutionary. The road to LGBT+ equality has been rocky, but this progress has made it possible for many LGBT+ persons to live their lives without feeling the need to conceal their sexual identity. In the era of global interconnectedness, LGBT+ liberation has impacted not only the countries that are moving towards equality, but also those that are resisting the trend.

The history of LGBT+ elders is as old as humankind itself, but the increasing visibility of out LGBT+ elders is a new social phenomenon (King, 2013) that poses a radical challenge to existing frameworks that underpin ageing and elderly care. Out LGBT+ elders, simply by being out there, contest both the social organisation of care and interpersonal care relationships that are based on heterosexist and cisgenderist assumptions. Policymakers in some countries have begun to address this challenge by providing LGBT+-inclusive ageing pathways and social care policies (see, for example, House of Commons, 2019).

Two lines of research have emerged in response to the challenge of out LGBT+ elders. One centres around such issues as the diversity of ageing experiences and the heterogeneity of social care needs, which sheds light on the unique ageing experiences of LGBT+ people. It also addresses the ageing-related social risks to which they are particularly prone, along with their attitudes towards ageing (Heaphy and Yip, 2003; Barker et al, 2006; Brown, 2009; De Vries et al, 2009; Hughes, 2009; Willis et al, 2011; Brennan-Ing et al, 2014). The other line of research focuses on public policy responses to the enhanced visibility of LGBT+ elders, their ageing-related needs and their political demands (Roseneil, 2004; Gregory and Matthews, 2022).

Both lines of research concentrate on lived experiences and public policies in countries where equal rights for LGBT+ individuals are protected by law. This focus is not surprising, as such contexts are more conducive to this type of research, and with a few exceptions, such as Reygan and Henderson's (2019) study on LGBT+ elders in South Africa, these countries also have a high per capita income. However, the exclusive focus on richer countries (Paternotte, 2018) where LGBT+ rights are protected ignores the plight of LGBT+ persons in politically challenging and resource-poor countries.

This article presents an analysis of an exploratory, mixed-methods study conducted in Turkey. Until the 2020s, the country presented a complex picture of the treatment of LGBT+ persons. On the one hand, the legal environment was not overtly discriminatory. In addition, when Turkey amended its Civil Code in 1988, it became one of the first countries to create a legislative framework for legal gender recognition. On the other hand, the country missed multiple opportunities to introduce anti-discrimination legislation throughout the 2000s. Public acceptance of homosexuality improved from 9 per cent to 25 per cent between 2013 and 2019, but the majority's antipathy remains unchanged (Pew Research Center, 2013; 2020). LGBT+ persons

often refrain from coming out to social service providers and report high levels of perceived discrimination when they do so. Moreover, they are discouraged from filing a legal complaint, even if they feel they were discriminated against (Göçmen and Yilmaz, 2017). Worse still, the government's anti-LGBT+ stance has become more aggressive in recent years, creating an even more hostile environment (Özbay and Öktem, 2021), especially in the aftermath of the perceived threat to its unfettered power posed by the 2013 protests at Gezi Park and the general election results in June 2015.

Historically, responsibility for social care in Turkey – including eldercare – has been left to families; formal care has remained extremely limited in scope (Buğra and Keyder, 2006). Although social and demographic changes have necessitated a greater role for non-familial caregivers over the last two decades, increased political conservatism (Göçmen, 2014) has led to a strategy of reinstating the caregiving role of women in the family, this time with active financial and ideological support from the government (Akkan, 2018). The literature on the Turkish situation has examined how this policy trend affects women (Candaş and Silier, 2013) and disabled people (Yilmaz, 2011), but its effect on LGBT+ persons is under-studied.

Against this backdrop, the Turkish case is interesting because it affords us the opportunity to examine the perceptions of LGBT+ individuals of their own ageing in a country with an exclusionary care regime (ECR). It therefore helps shed light on the potential care crises for LGBT+ persons in ECRs and their ability to resolve them.

LGBT+ ageing in old-age care regimes

The addition of sexual orientation and gender identity to the list of factors that shape ageing perceptions and experiences, including educational attainment and social class, is relatively new. In their pioneering study of 'non-heterosexual' elders in the UK, Heaphy and Yip (2003) find that for lesbian, gay and bisexual elders, both agency and sociocultural restrictions must be considered. Other studies demonstrate that younger LGBT+ individuals start worrying at an early age about not being able to take care of themselves and not having anyone to care for them in their old age when they need social care (MetLife Mature Market Institute, 2005; Lesbian and Gay Aging Issues Network, 2006; Hughes, 2009).

A country's care regime affects the ageing experiences of LGBT+ people and the extent to which they can access care support when they need it. A care regime is defined by Pfau-Effinger and Geissler (2005) as the organisation of care in different societies; İlkkaracan (2013: 2) specifically refers to 'the set of legal, institutional and social mechanisms that govern the allocation of responsibilities' between family and other close relationships, the state, the market, and the not-for-profit sector. Care regime typologies are based on the relative weight of various providers.

Scholars (for example, Theobald and Luppi, 2018) often assume that a specific care regime type affects all social groups in the same way. However, we think that this misleading assumption may cause scholars to make – to use Lister's (1998) concept – 'false universalist' claims. The impact of a given institutional configuration of care on different social groups (such as people with disabilities and LGBT+ persons) might be dissimilar. Some groups may be completely excluded from certain care regimes or included only conditionally. Combining the notions of care and exclusion may seem counterintuitive, but the analysis of care regimes from the perspectives of

marginalised groups can potentially uncover the exclusionary dynamics that these regimes generate. Silver (2016: 1) defines social exclusion as 'a multidimensional, relational process of denying opportunities for social participation, severing social bonds, and impairing social solidarity'. Using this definition, we characterise care regimes that exclude LGBT+ persons as those that deny care to members of society on the basis of their sexual orientation and/or gender identity, and exclude them from solidaristic relations in social care.

The family is traditionally accepted as the main source of care support, provided mostly by women as unpaid informal carers (Cantor, 1979; Richardson, 1998). It continues to be a vital component of care regimes. However, with ageing populations and with changing patterns of cohabitation and marriage, other actors (the public, private and not-for-profit sectors, and non-familial close relationships) have expanded their role in social care in some countries. This can be seen as a positive change for LGBT+ persons, as many have experienced rejection and exclusion in their families of origin.

The goal of the current wave of conservative politics in such countries as Hungary, Poland and Turkey is to reinstate the exclusionary family's monopoly through active government support. The return to this exclusionary family and gendered modes of social reproduction is especially worrying for many LGBT+ persons, as this form of family support may not be available to them, particularly in hostile environments. Choi and Meyer (2016), for instance, note that elderly LGBT+ persons have fewer options for familial care. They also suggest that older trans adults are at a particular disadvantage. However, a study in the Netherlands (Fischer and Kalmijn, 2021) shows a positive trend: the gap in the strength of intergenerational bonds between parents and their adult children vis-a-vis their children's sexual orientation is closing.

A key theme in the literature on LGBT+ ageing and social care is the extrafamilial support mechanisms to which LGBT+ persons have access when they need care and support (Brennan-Ing et al, 2014), including their romantic partners. Research shows that the support of a partner (if available) can play a crucial role (Thompson et al, 2020). De Vries et al (2009) found that in US states where marriage equality is recognised, lesbian, gay and bisexual persons are less worried about their future than those who live in states that do not recognise it.

Not every LGBT+ person is in a romantic relationship and lives in an environment that makes it easy to form and maintain romantic relationships. Moreover, even if they do have such a relationship, they may prefer to receive the care they need from someone other than their partner. The research indicates that friendship networks may function as important social support mechanisms (Heaphy and Yip, 2003; Barker et al, 2006). Gabrielson (2011), for instance, indicates that independent support networks framed as 'families of choice' are essential components of LGBT+ people's lives. She also emphasises that these networks gain importance in old age, but because the members of these networks are of the same generation and therefore age together, they may lose their ability to provide support over time.

The literature's emphasis on extrafamilial informal care for LGBT+ persons sometimes obscures the need for public and private sector care services. LGBT+ elders can receive professional care either at home or in residential settings. In such instances, anti-discrimination legislation and the mainstreaming of LGBT+ rights in the care sector assume greater importance, as they influence care-receiving experiences. Even in contexts where rights are protected, the negative attitudes of care workers can be a significant obstacle (Arevalo, 2009), and as a result, LGBT+ persons may choose

not to use residential care services (Waling et al, 2020). Residential care can be a double-edged sword for LGBT+ persons: they feel discriminated against when they are made to feel invisible (Willis et al, 2011); yet, they hesitate to be visible because that can lead to discrimination (Westwood, 2016). Isolation and discrimination in residential care may force LGBT+ individuals to return to the closet, which would have a detrimental effect on their quality of life (Cook-Daniels, 2002). Residential care is not necessarily exclusionary, however. Radicioni and Weicht (2018), for example, describe a community centre in Madrid that provides social care specifically for older LGBT+ people.

LGBT+ individuals have varying perceptions and experiences of ageing (Fredriksen-Goldsen and Muraco, 2010). Two groups are frequently excluded from studies on LGBT+ ageing: those living in poverty (Fredriksen-Goldsen et al, 2019); and trans and gender non-conforming persons (Willis et al, 2021). The representation of the trans population in LGBT+ research is relatively low, and the findings of research conducted only with lesbian, gay and bisexual persons are often erroneously generalised to the trans population (Fredriksen-Goldsen and Muraco, 2010). Therefore, in addition to the common challenges LGBT+ persons face, their social care needs should be examined in light of their particular and intersectional positions.

Methods

This article reports on an explorative case study conducted in 2014 that aimed to identify, describe and classify LGBT+ people's concerns about ageing and elderly care. It draws on: (1) quantitative data collected through an online survey of 2,875 self-identified non-heterosexual and/or non-cisgender individuals, all of whom were Turkish citizens living in Turkey; and (2) qualitative data from 14 focus groups conducted with 139 LGBT+ individuals in ten Turkish provinces.

The survey data were used only for descriptive purposes to show the frequency of responses to the aforementioned questions among the large and diverse sample we could obtain. Due to self-selection bias and the lack of ground truth data or data for two or more different periods, the article only includes a descriptive analysis of survey data. We used focus groups for collecting in-depth, qualitative data on personal experiences and collective insights about the experiences of LGBT+ individuals in Turkey. This is consistent with Wilkinson's (1998) description of the focus group as a feminist technique that empowers respondents as a group, enables the co-creation of meaning and generates high-quality data.

This study was a collaborative project with an Istanbul-based LGBT+ rights organisation. For our survey methodology, we first established an advisory committee composed of activists. To disseminate the online survey and organise the focus groups, we worked with LGBT+ rights initiatives and organisations in different cities, as well as with popular dating platforms. The survey questionnaire was piloted with 25 respondents and revised in light of their feedback.

Participation in both legs of this study was voluntary and fully anonymous. Both survey respondents and focus group participants were provided with an informed consent form and information letter outlining the main purpose of the research and the procedures involved. Survey respondents had to click an informed consent button to start the survey; focus group participants were given a paper-based form that they had to sign and return before the meeting started. Individually identifiable

data, such as names and dates of birth, were purposefully not collected as part of this study. Verbatim transcripts of focus group interviews were fully anonymised for names, places and all other identifiable details. The Institutional Review Board of Boğaziçi University granted ethical approval for this study.

We used an online survey because of the unique nature of researching an LGBT+ population in a largely intolerant society. Given the lack of a sampling frame and serious privacy concerns, the LGBT+ population is classified as a 'hidden population' (Heckathorn, 1997). Online surveys are useful for reaching out to the LGBT+ population, as they give this population a sense of security by providing a space where they can respond anonymously (Riggle et al, 2005). Providing a safe space online turned out to be particularly important in this research, as 56.1 per cent of the respondents reported that there was no place they felt safe as an LGBT+ person within an hour's drive from where they lived. Most survey respondents would have been unreachable if focus groups had been the only source of data. Additionally, finding a safe place where out LGBT+ persons could come together and discuss LGBT+-related issues freely was a challenge in organising the focus groups in most cities. To maximise safety and security, we selected places for focus groups in close consultation with local LGBT+ groups.

The survey questionnaire asked for demographic information and asked questions about perceived discrimination and the strategies people use to avoid or combat it. Two questions were asked about gender identity. The first question was: 'What was the colour of the national identity card that was issued when you were born?' Until 2017, Turkish national identity cards were colour-coded: blue for males and pink for females. The response options were therefore pink and blue. The second question was: 'Which gender do you feel you belong to?' There were three options: woman, man and neither. Those who selected the third option were classified as non-binary. A significant number of respondents (19 per cent; $n = 546$) identified as non-binary. Those whose birth-issued national identity card did not correspond to the gender they identified with were accepted as transgender persons. The percentage of transgender respondents was 9.9 per cent ($n = 286$).

Sexual orientation had four options (asexual, bisexual, heterosexual and homosexual) and an open-ended 'other' category. The open-ended response option allowed respondents to self-identify as queer or pansexual and so on (all are accepted as non-heterosexual). Most respondents reported their sexual orientation as homosexual (65.8 per cent; $n = 1{,}891$), while 24.8 per cent ($n = 714$) reported that they were bisexual. Another 3.5 per cent ($n = 101$) reported that they were heterosexual (all of whom also self-identified as trans). Roughly 4.7 per cent ($n = 135$) described their sexual orientation as 'other', including self-reported identities like 'pansexual' and 'queer'.

Reflecting the youthful age profile of Turkey, the majority of survey respondents were young: 49.8 per cent ($n = 1{,}329$) were aged between 18 and 25; 31 per cent ($n = 827$) were aged between 26 and 35; 12.9 per cent ($n = 343$) were aged between 36 and 46; and 6.3 per cent ($n = 167$) were over the age of 46. Just under half of the respondents were from Istanbul (41.8 per cent; $n = 1{,}196$), 9.9 per cent ($n = 282$) were from Izmir and 9.6 per cent ($n = 272$) were from Ankara. The rest were from 74 other Turkish cities. Two ageing-specific questions were asked: (1) 'What best describes your feelings about your own ageing?' (closed-ended, four-point Likert scale, with the options: 'worried', 'somewhat worried', 'somewhat comfortable' and 'comfortable'); and (2) 'What causes you to worry about your

own ageing?' (closed-ended, multiple responses allowed, with the options: 'not being able to retire', 'that I will be alone', 'not being found physically attractive', 'not having access to social care support' and 'not having enough money to cover my expenses').

In recruiting for the focus group interviews, we sampled at two levels: first for cities and then for participants. Purposive sampling was preferred for both. For the cities, we selected those that had at least one active LGBT+ rights organisation or initiative. These included Ankara, Adana, Antalya, Edirne, Eskişehir, Gaziantep, Istanbul, Izmir, Mersin and Trabzon. At the second level, we worked with at least one LGBT+ rights organisation in each of these cities to recruit 10–15 participants for each focus group. We invited anyone who expressed interest if they identified as non-cisgender and/or non-heterosexual, and were at least 18 years old. Most focus group participants were in their 20s and 30s. Trans men and women, lesbians, and bisexual women were the most under-represented categories in the focus group interviews. To minimise this bias, we organised three additional focus groups in Istanbul that explicitly targeted these less visible groups. The focus group interviews lasted two to three hours on average.

Data from focus group interviews were analysed using thematic analysis and inductive coding based on common patterns of concern about ageing and social care. After transcribing the voice recordings of the focus groups, both authors independently developed codes and then refined the codes together. We organised the data using the computer-assisted qualitative data analysis software NVivo.

Findings

The online survey results indicate that participants were rather pessimistic about their own ageing: 62 per cent of participants (n = 1,771) reported feeling worried or somewhat worried about their old age. More than half (51.8 per cent; n = 1,297) indicated that they did not think that they would receive adequate care in their old age when they need it.

In the focus group interviews, we asked participants to choose three areas (out of six: employment, education, income and poverty, housing, healthcare, and social care and ageing) where they experienced the most pressing problems as LGBT+ people. Social care and ageing did not come up in the discussion at this stage in any of the focus groups, which can be explained by the overall young demographics of participants and therefore their disinclination to talk about ageing. Following a round of individual comments and reflections on the selected problem areas, we asked participants to democratically decide which problem areas they wanted to discuss as a group. Once again, social care and ageing did not come up spontaneously. Towards the end of the discussions, we asked: 'What do you think and how do you feel about social care and ageing?' In every group, this prompt sparked extensive discussion about social care and ageing concerns. Our analysis of the survey and interview data yielded three themes related to old-age concerns: loneliness, poverty and inability to access formal social care.

Concerns about loneliness in old age

Most survey respondents (65.8 per cent; n = 1,892) thought that they would be alone in old age. The fear of loneliness in old age was also the most frequently

mentioned concern in the focus groups once we broached the topic of social care and ageing. As one focus group participant noted: "Socialising is not easy even now. Imagine when you are old and gay. Socialising will be even harder. I see my future as someone, like, you know, an old guy standing alone in a bar with a drink in his hand. It's just me, my books and my cats" (gay man, Istanbul). This respondent made a direct connection between old age and loneliness. The fact that he lives in Istanbul makes it possible for him to anticipate spending time in a gay bar. This would not be possible for many others, as socialising is a major problem in Turkey for people who are open about their LGBT+ identity. As mentioned earlier, more than 56.1 per cent of respondents stated that they had no safe public place to socialise as an openly LGBT+ person within an hour's distance from their home. Increased government-led enmity towards the LGBT+ community, especially in the 2020s, might have led to a decline in the already-limited number of places where LGBT+ individuals could safely socialise.

Another stated reason for the expected loss of social contact in old age is the fear that romantic relationships would not last as they got older. As one participant stated: "You know, as you age and the skin deteriorates … you'll experience a loss of self-confidence. You may have a lot of lovers until a certain age and be very popular, but that popularity may disappear with age…. That's when anxiety sets in. I'm getting old!" (gay man, Antalya). Many respondents mentioned that they were concerned about ageing because growing old is expected to be accompanied by loneliness, as older people are viewed as sexually and romantically unattractive. In this regard, 39.1 per cent (n = 980) of participants reported feeling insecure about their old age because they believed that they would no longer be considered physically attractive. Some respondents considered these perceptions ageist, an attitude that they claimed was common in the Turkish LGBT+ community.

Other respondents pointed out that the adverse effects of ageing go beyond the loss of physical attractiveness:

> 'You know, the loneliness is the worst aspect of getting old. I mean, not to have someone when you are old, lonely and in need….Aside from sexuality, when you need a friend, having no one, no partner and no children….These things seem far away now when we are still young, but I think loneliness is the most important problem. When you are young, you do things with people, but if you can barely walk, if you can't even get a glass of water for yourself – I think this is the most difficult side [of getting old]. I don't think it's just about being trans; it's also true for heterosexuals [referring to cisgender people], but they will probably have a family, in which case, they'll certainly have someone with them.' (Trans woman, Istanbul)

As exemplified by the preceding quote, the respondent perceives ageing as a process that is full of risks associated with marginalisation and social isolation. In her eyes, one of the distinctive characteristics of LGBT+ ageing is the inability to form and maintain family or stable relationships. The following quote illustrates this point as well: "You know, like in the movies, you see an elderly couple sitting side by side, watching TV…. I can't even dream about that, partly because of the society I live in. But sometimes, I think about it, and I figure I'll probably die alone" (lesbian, Edirne). For some respondents, the probability of being alone in old age was such

a grave concern that they considered going back into the closet and entering into a heterosexual marriage, thinking that might be their only chance to secure informal care in old age:

> 'When I get old, I may not have anybody with me because of my sexual orientation. Maybe I'll decide to marry someone [of the opposite sex] because of my fear of being alone. I might want the warmth of a family. I think a person can do such a thing to avoid being all alone. But I'm afraid that might put me in an even worse situation in the long run.' (Gay man, Istanbul)

This respondent's possible 'solution' – going back into the closet to alleviate his concerns about ageing in a hostile social context – is an example of how difficult ageing can be for an out LGBT+ person in an ECR.

As the quotes analysed in this section imply, the most important things that respondents think set their ageing experiences apart from those of the heterosexual and cisgender majority are weak or non-existent connections with one's family of origin, limited opportunities to establish and sustain a new family or other forms of stable relationships, and problems in socialising and staying connected to friends. All of these differences suggest that LGBT+ persons may not have access to informal care support when they need it.

Concerns about old-age poverty

Financial challenges connected with ageing were the second major concern stated in both the focus group discussions and the survey responses. In the survey, 36.4 per cent ($n = 911$) of participants stated that they felt insecure about old age because they thought they would not have enough income to support themselves. In addition, 20.2 per cent ($n = 580$) reported feeling insecure because they thought they would not be entitled to old-age pensions. In Turkey, LGBT+ individuals' right to work without hiding their sexual orientation or gender identity is still not explicitly protected by law. Given the disadvantaged position of LGBT+ people in the Turkish labour market, especially out trans people, many see their prospects of retiring as lower than those of the rest of the population, hence increasing their risk of old-age poverty.

To minimise the risk of facing poverty in their old age, LGBT+ individuals pursue or plan to pursue various strategies. In response to the question, 'What do you do or would you consider doing to financially secure your future?', 72.2 per cent ($n = 2,019$) said saving money, 59.8 per cent ($n = 1,718$) said buying a house and 47 per cent ($n = 1,314$) said contributing to a private pension scheme. In other words, market- and asset-based welfare appeared to be a common strategy for LGBT+ respondents to avoid poverty in their old age.

Our analysis of focus group interviews reveals why many respondents perceive market- and asset-based welfare as ways to secure income in old age. For example, one respondent who engaged in informal sex work reported:

> 'I try to make some investments because I have nothing else. Well, I can't do anything about retirement, so I'm just saving money. I will have no other financial resources – no job, nothing – so whatever I save now will be a way out for me. I don't know what will happen.' (Trans woman, Trabzon)

Due to gender-identity discrimination in the labour market, many trans women have no choice but to engage in sex work to make a living. In addition to their mostly involuntary participation in sex work, the informal status of sex work severely limits their retirement prospects. Their exclusion from the formal labour market limits their access to formal social benefits, which, in turn, makes market- or asset-based welfare the only available mechanisms to save for the future. While some suggested that they were pursuing this strategy, others did not have this option due to their limited income. For such respondents, becoming eligible for public pensions still appeared to be a desirable strategy. For example, as one respondent stated:

> 'I'm 50 years old now. If I can't retire [and qualify for a public pension], I won't have any income, and if I have no income, I won't have a social life. A person needs money to live. If you don't have money, you have problems. This is a problem for all of us now. The state has to do something! Here's the situation, especially for trans women: our trans friends who are involuntary sex workers need some form of insurance [referring to social insurance, and specifically to old-age pensions] so that they can retire at one point. Sex work is accepted as an occupation [formal occupation] in other parts of the world, and because it is an occupation, they should have the opportunity to pay into social insurance [like self-employed people do] and have access to pensions when they reach retirement age.' (Trans woman, Mersin)

As the preceding quote suggests, due to their marginalised position in the labour market, many trans women are concerned about how they will survive financial difficulties in their old age. In the absence of enough means to use market- and/or asset-based solutions, having access to public pensions emerged as the most important strategy.

Concerns about the inability to access formal social care in old age

The last theme underlying respondents' feelings of insecurity about ageing was the issue of limited options for social care. This is partly due to the perceived unavailability of informal care (discussed in the section on 'Concerns about loneliness in old age'). Another reason is the limited availability of formal social care. This problem seems to cut across income groups. As one focus group participant who did not anticipate financial difficulties in his old age said:

> 'Yes, I'm working now and maybe I'll retire, so I won't have financial problems, but when I get old and need care – well, I don't have a family, so what will happen at that stage? It's not only about getting sick. Will I be lonely because I don't have a family – no partner, no kids or grandkids?… I don't know if I'll live that long, but it is something I worry about occasionally.' (Trans man, Istanbul)

This respondent did not even mention the formal care option – either in a residential setting or at home – possibly because it has no place in his vision of old age. Therefore, even with financial resources, he still has concerns about accessing care in his old age.

Another concern about the inability to access formal care is related to the semi-formal role of family members in providing formal care in Turkish hospitals. As one respondent, for instance, stated:

> 'Society revolves around the family, and accessing social services is through the family…. I won't be forming a family; I'll be by myself. So, how will I get these services? If you don't have a child or a niece or nephew to take you to the hospital, or maybe your grandchild or a neighbour's son, you can't get to the hospital. I mean, in Turkey, no one is going to come and take you to the hospital [referring to the lack of social workers or caregivers helping the elderly].' (Gay man, Adana)

As the preceding comment shows, one of the key reasons for LGBT+ persons' concerns about receiving care in their old age is an underlying assumption in society that each person has a family member who can help them. This assumption also underpins the social organisation of care in Turkish hospitals, where it is expected that patients come to the hospital accompanied, often by a family member, when they need help (Grütjen, 2017).

Anticipating that informal social care support would be unavailable, some respondents wanted to see solutions like an LGBT+ residential care institution that would be operated by a third-sector organisation, preferably an LGBT+ organisation. As one respondent, for example, stated: "When you're gay and aren't going to get married, this [the unavailability of informal social care support] bothers me. Something should be done about it – I know it's only a dream, but it would be good to have something like an LGBT+ senior home, a place that provides safety" (bisexual woman, Istanbul). The preference for residential care run by an LGBT+ organisation is evident in focus groups, as respondents consider this option as the most inclusive possible one. This respondent's 'dream' model for care provision has been implemented in different formats in Germany, Spain and the UK. It could theoretically be replicated in Turkey, but limited sustainable financing mechanisms and rising anti-LGBT+ sentiment at the government level make it difficult for both private- and third-sector organisations to meet the formal social care needs of out LGBT+ persons in the foreseeable future. For example, an Istanbul-based LGBT+ organisation established a homeless shelter for trans persons in 2013, namely, Trans*Home, which had to be closed in 2019 due to financial difficulties.

Finally, the idea that LGBT+ organisations could help solve the care crisis was not seen as a viable solution, at least not in the way they function at the moment. One respondent pointed to the inability of his LGBT+ organisation to function even as a provider of last resort:

> 'I know an elderly trans woman who is sick and bedridden. She also has some sexually transmitted diseases. She needs help bathing, but there's nobody to take care of her. Neither our association nor anybody from the LGBT+ community here will take care of her or find someone to take care of her. Nobody is willing to do that….You can't do anything but feel sorry for her. You don't know where to go, which institution to apply [to].' (Gay man, Izmir)

The preceding quote demonstrates the deadlock that an ECR has created and will continue to create for many LGBT+ elders. The harrowing experience of neglect shows how severe the consequences of exclusion from the care regime can be for LGBT+ elders. These troubling examples also risk perpetuating younger LGBT+ persons' negative perceptions of ageing as an out LGBT+ person.

Conclusion

This article offers the notion of an ECR as a framework for studying care regimes through the lens of marginalised groups, particularly LGBT+ perspectives. We argue that viewing social care regimes through the eyes of LGBT+ persons gives unique insights into the diverse meanings and implications of how the same constellation of care providers (Pfau-Effinger and Geissler, 2005; Theobald and Luppi, 2018) can have different meanings for different social groups.

Using the ECR as an explanatory concept, this article shows that the Turkish care regime operates on the assumption that one's family should be sufficient to provide care for everybody in their old age. This significantly restricts the ability of LGBT+ persons to envision ageing in a positive light. These macro-level systemic challenges, along with exclusionary attitudes, policies and politics, cause LGBT+ persons to view ageing as a challenge they must deal with on their own. Without supportive, stable relationships and inclusive options for formal social care, ageing is envisioned as inhospitable territory that is marked by loneliness and neglect. The anxiety this produces is the reason some LGBT+ people consider going back into the closet.

This article illuminates the idea of 'contested care' from a micro-level perspective through the eyes of out LGBT+ persons in Turkey, where they are neither considered equal citizens nor – in most cases – regarded as valued family members. Uncertainty surrounds the issue of how and to what extent LGBT+ persons' struggles for equality can change the traditional conceptualisations of social care. However, in the absence of positive political change and limited financial resources for LGBT+ organisations, LGBT+ persons can only contest the existing care environment through individualised, market- and asset-based solutions. A more transformative re-conceptualisation of social care is possible only through political action.

Can we consider the demand for viable market- and asset-based solutions as contesting the exclusionary care environment? First, we argue that such 'solutions' actually reflect the exclusionary care environment, rather than contesting it. Since LGBT+ people cannot depend on family or public services, they have to rely on market- and asset-based welfare, like saving for retirement, buying a house or paying into private pension plans. This is not a choice; it is a necessity.

Second, although one might expect that market- and asset-based solutions would cater to individuals with wealth, decent incomes and the motivation to save for old age, in an oppressive political environment, the private sector has little incentive to differentiate itself from the ECR. LGBT+ persons with financial means may still be unable to receive adequate and inclusive social care support because, in the context of institutionalised exclusion and heightened anti-LGBT agitation, converting economic resources into quality social care is not a straightforward process. In a context where the social care sector lacks professionalism, where LGBT+ rights are not protected and where the general public is largely intolerant of the LGBT+ community, financial

security will not necessarily result in inclusive social care. In the social care market, the overall institutionalised exclusion could put LGBT+ persons, including those with sufficient wealth and income, in a vulnerable position vis-a-vis their caregivers, which might lead to abuse.

Third, even if the private sector was willing and able to meet the growing need for LGBT+-inclusive social care, market solutions would still exclude the majority of LGBT+ persons, simply because access to market solutions is dependent on one's income. In that context, going back into the closet in order to be able to receive care support, either from the family or from the public sector, would be a real risk for many, possibly a very high one.

To capture the complex concerns, perceptions and experiences of LGBT+ populations, research on LGBT+ ageing and social care must adopt a framework that is more geographically inclusive and nuanced. It needs to take a bottom-up approach to explore LGBT+ perspectives and situate these perspectives within broader care regimes. It must take into account several interacting dimensions of the care regime and the current situation of LGBT+ rights, including the legal status of LGBT+ people and their relationships, the society's attitudes towards LGBT+ people, and the availability of extrafamilial care. Examining these interactions is crucial, as it is these interactions – perhaps more than individual components – that shape LGBT+ concerns, perceptions and experiences of ageing and social care. Such a framework would be helpful both for examining the inequalities in the LGBT+ population in terms of their ability to obtain care when they need it and for identifying the legal and social barriers that prevent them from receiving it.

This study sheds light on how LGBT+ persons perceive their own ageing. However, it suffers from four limitations. First, the limited external validity of online surveys and the self-selection bias in focus group interviews limit our ability to generalise about the community at large or to make comparisons across diverse groups under the LGBT+ umbrella. Second, the results mostly reflect the perceptions of younger respondents due to the dominance of this group. Further research would benefit from a generational perspective and a focus on other age groups. Third, the format of the focus group interview did not allow for individuals to share their perceptions and concerns in depth. Case studies that look at specific groups of the LGBT+ population and that use in-depth interviews will yield more reliable results. Last but not least, future research must consider the diversity within the LGBT+ community, for example, in terms of their self-identification, in its research design and when developing recommendations for more inclusive care models.

Acknowledgements

The authors would like to thank Eva-Maria Euchner and Agnes Blome for their comments on earlier versions of this article.

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Conflict of interest

The authors declare that there is no conflict of interest.

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