

Perspectives on successful ageing from Lesbian, Gay, Bisexual, Transgender, Sistergirl and Brotherboy people in Australia: An exploratory content analysis

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Abstract

Objective: Drawing on contemporary understandings of successful ageing as a multidimensional concept, this exploratory study aimed to address a critical gap in the literature by examining the unique perceptions, expectations, and hopes of Lesbian, Gay, Bisexual, Transgender (LGBT), Sistergirl and Brotherboy people regarding successful ageing. Given the historical and ongoing discrimination faced by these communities, understanding perceptions of successful ageing is vital.

Methods: Lesbian, Gay, Bisexual, Transgender, Sistergirl and Brotherboy people were invited to complete a mixed-methods online survey about ageing and care. Responses to qualitative questions were extracted and analysed using latent content analysis to generate themes and key concepts.

Results: Findings reflected 203 participants' expectations of receiving respectful, inclusive care and support that enables them to maintain their autonomy. Living with authentic self-expression and staying connected to loved ones/community as they aged were reported as priorities. Findings highlighted the need for affordable LGBT, Sistergirl and Brotherboy-specific health and care services and accommodation.

Conclusions: Concepts of successful ageing spanned physical, mental, and emotional health and social connections. These insights provide opportunities for tailoring the enhancement and provision of services to better address the expectations and hopes of LGBT, Sistergirl and Brotherboy people ageing in Australia.

KEYWORDS

Australia, LGBT+ persons, sexual and gender minorities, successful ageing

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1 | INTRODUCTION

The Australian Royal Commission into Aged Care Quality and Safety identified significant gaps in the provision of health and care services for older adults.¹ While many gaps affect the whole ageing population in Australia, the report omitted the specific needs of sexual and gender diverse (SGD) communities. Excluding specific populations, such as SGD people, from the report increases the likelihood of further exclusions from consideration in discussions regarding current and future health and care provision.² This oversight is concerning, as the literature demonstrates that SGD communities experience greater reliance on formal aged care services,³ but encounter more negative experiences with such services.^{4–6} Without ongoing recognition, current and future aged care services may not meet the needs of older SGD people in Australia, and this invites exploration of opportunities for improvement through giving voice to their expectations and hopes. As such, this study aimed to explore the gap in knowledge regarding perceptions of successful ageing amongst Lesbian, Gay, Bisexual, Transgender (LGBT), Sistergirl and Brotherboy people in Australia.

2 | LITERATURE REVIEW

Omission of the specific needs of SGD communities in the Australian Royal Commission into Aged Care Quality and Safety Report disregards evidence that Lesbian, Gay, Bisexual, Transgender, Sistergirl and Brotherboy ('Sistergirl' is a term used by Aboriginal and Torres Strait Islander peoples in Australia to describe gender-diverse people who have a female spirit and perform female roles in the community, and 'Brotherboy' is a term used to describe gender-diverse people who have a male spirit and perform male roles in the community⁷) people are likely to have experienced stigma, discrimination and abuse in social and institutional spaces.⁸ Furthermore, health-care disparity may be compounded for Sistergirl and Brotherboy peoples in health-care settings due to ongoing racism, discrimination and the impact of colonisation, which contribute to mistrust of health and care services among Australia's First Nations people.⁹

Concerns about depending on health and care services are well-founded in the literature. Sexual and gender diverse people often encounter negative experiences within mainstream services,^{4–6} and face greater reliance on formal health and aged care services.³ They are also likely to encounter challenges in receiving appropriate care,^{10–12} and face discrimination, homo- and transphobia, loss of identity, barriers to health care, lack of staff training and loss of community.^{3,4,13–14} This is even more

Policy impact

Significant gaps are present in the provision of health and care services for older LGBT, Sistergirl and Brotherboy people in Australia. This exploratory study provides multidimensional information regarding the perceptions, expectations and hopes of LGBT, Sistergirl and Brotherboy people regarding successful ageing in Australia, including practice and policy interventions.

pronounced among SGD people affected by intersectional forms of inequity, including those living with HIV^{15–18} or regionality.^{19–22}

While challenges and negative experiences are well-established in the literature, there is a growing body of evidence exploring positive aspects of LGBT, Sistergirl and Brotherboy ageing. Research applying Unger's positive marginality²³ to the experiences of LGBT people found that the experience of marginalisation may foster the development of coping skills, resilience and social support.²⁴ Later research proposed that these can be applied to coping with the ageing process,^{25,26} and increase the likelihood of successful ageing.

2.1 | Successful ageing theories

The original theory of successful ageing emphasised avoidance of disease and maintenance of physical and mental function and social engagement into older age.²⁷ This approach disregarded the possibility of ageing successfully with disability or chronic illness and ignored the impact of subjective perceptions of well-being,^{28,29} and cultural and social determinants on perceptions of successful ageing.²⁹ As such, the original theory has been superseded by models that encompass the broad range of factors that influence perceptions of success in ageing, such as Urtamo's multidimensional approach to successful ageing.³⁰ While acknowledging the impact of biomedical factors such as physiological and cognitive function, this multidimensional approach reflects a more holistic understanding of ageing. It acknowledges that success in ageing goes beyond the absence of disease and considers the impact of psychosocial factors such as supports, active engagement and psychological adaptation.³⁰

Given the unique circumstances faced by sexual and gender-diverse people, research has explored concepts of successful ageing within these populations. One concept analysis of successful ageing among lesbian, gay, and bisexual older adults confirmed that social support, the

development of crisis competence and inclusive services were key, and that successful ageing was associated with resilience, optimism and social engagement.³¹

The importance of social connectedness for successful ageing of older LGBT people, in addition to physical, mental and emotional health, was identified in a qualitative study in the United States.³² A subsequent quantitative study in the United States examined perceptions of successful ageing in relation to quality of life.³³ While some trends differed across age groups, the results reinforced earlier findings, highlighting the beneficial effects of a positive sense of identity and strong social support and engagement (including employment and income). Discrimination, chronic illness and disclosure of sexual identity were associated with lower quality of life.³³

In response to calls for further research into successful ageing amongst older LGBT people,³⁴ this study aimed to explore the gap in knowledge regarding perceptions of successful ageing amongst LGBT, Sistergirl and Brotherboy people in Australia. In acknowledgement of the challenges faced by older LGBT, Sistergirl and Brotherboy people, their perspectives on successful ageing must also be given voice to inform current and future health and care policy and service delivery. Therefore, this paper is framed by the following research question: What are the perspectives on ageing successfully among LGBT, Sistergirl and Brotherboy people in Queensland, Australia?

3 | METHODS

In 2019, the Queensland Ageing LGBTI Sistergirl and Brotherboy Issues working group (QALSBI) revised and deployed a survey developed by the LGBT Ageing Action Group in 2007 to 2008 to explore experiences and concerns about ageing amongst LGBTI, Sistergirl and Brotherboy people. Details regarding the working group, survey development, and quantitative results have been published elsewhere.^{15–18}

In compliance with best practice regarding conducting research among vulnerable populations, the survey was designed in consultation with a community advisory group (CAG) representing LGBTI, Sistergirl and Brotherboy people with intersecting identities related to age, First Nations background, cultural and linguistic background, living with HIV and disability. The researchers sought input from the CAG to understand the needs, challenges and aspirations of LGBTI, Sistergirl and Brotherboy people as they age, and as an ageing population. As such, this survey was co-developed with the CAG to ensure that it was co-created with the community whom it concerns (nothing about us without us), met the needs of the community and did no harm.

The survey included several qualitative questions that invited participants to respond in their own words about their thoughts on ageing well, which are the focus of the current study. Data were collected from 1 July 2021 to 1 August 2022.

The research was granted ethics approval by the University of Southern Queensland's Human Research Ethics Committee (Approval No: H21REA098). All study activities were performed in accordance with the ethical standards of the University of Southern Queensland's Research Ethics Committee, and with the 1964 Declaration of Helsinki and its later amendments, including the Australian National Statement on Ethical Conduct in Human Research (2007)—Updated 2018. In alignment with ethical research practice involving Aboriginal and Torres Strait Islander peoples, the study team recognised the importance of Indigenous governance of data, particularly for information relating to Sistergirl, Brotherboy and other First Nations communities. In upholding our ethical principles and with input from the First Nations representative from our CAG, CARE Principles for Indigenous Data Governance informed our approach to data stewardship, ensuring respect for community authority, collective benefit and culturally appropriate use of data.

3.1 | Participants and recruitment

People were eligible to participate in the study if they (1) currently lived in Queensland, Australia; (2) identified as a sexual and/or gender diverse person and/or a person born with innate variation/s of sex characteristics; and (3) were 18 years of age or above. Informed consent was obtained via a check-box preceding access to the survey. In total, 203 participants with sufficient responses were included in the dataset.

Multiple methods of recruitment were used, including paper flyers and social media tiles with a quick response code/survey link distributed via community and LGBTI, Sistergirl and Brotherboy-specific organisations, healthy ageing local and state support organisations, supportive local governments/councils and the broader networks of the research team. Flyers described the study purpose as seeking to understand concerns and experiences of members of LGBT, Sistergirl and Brotherboy communities regarding ageing and care services, and invited people to complete the online survey. After reading the online participant information sheet, informed consent was obtained electronically by participants ticking a box, which allowed them to commence the survey. In addition to the online survey, paper surveys were also provided for those who preferred them, with relevant participants reading the participant information sheet, filling in and signing

the consent form and then with the help of a postage paid envelope sending the lead author the filled in survey and consent form. Of note, this study was conducted in early 2021, when there were still concerns of safety regarding COVID-19 that may have influenced survey data collection effects.

3.2 | Data selection

Demographic characteristics of age, gender, sexuality and geographical region were extracted from the database, along with text-based responses to five qualitative questions exploring perceptions of what it means to (1) be an 'older person', (2) age actively, (3) age well; and what participants, (4) look forward to as they age and (5) hope for the future for older LGBTI, Sistergirl and Brotherboy people.

As participants were able to select more than one sexual identity, the category 'Queer+' was developed to encompass participants who identified as Queer, including any additional sexuality/ies, and the category of Pansexual+ to encompass participants who identified as Pansexual plus any additional sexuality/ies apart from Queer.

3.3 | Data analysis

Frequency analyses were applied to demographic variables and conducted in Nvivo. Qualitative description prioritises synthesising and describing the data using participants' own words³⁵ and was determined to be the most appropriate approach for the qualitative data. Latent content analysis methods in Microsoft Word were used to code and categorise data to derive key concepts³⁶ that aligned with the topics of investigation within the questions, as modelled by Cruikshank et al.,³⁷ and supported with example quotes, as modelled by Clark et al.³⁸ More specifically, two researchers began the process of identifying and grouping meaningful statements from the participants in line with the questions under investigation. Clusters of data—similar phrases, key concepts and salient quotes—were then discussed between the two authors resulting in five themes. These themes with their content were then shared, discussed and debated with the larger research team for a few rounds until a consensus was met within the team of how to present the data within the sections.

Data analyses were conducted by authors AB and MS—a non-binary and pansexual LGBTQIA+ health and rights scholar, and a cis-female public health academic—with extensive experience conducting research with and concerning LGBTQIA+ communities. The two analyses were then collectively reviewed and endorsed by the rest of the authors, who identify with a range of sexual and

gender identities, including perspectives from lived experience, advocates, clinicians and academics.

4 | RESULTS

While the survey was also targeted towards people born with innate variations of sex characteristics (IVSC; also known as intersex variations/traits), no participants reported being born with IVSC. In consultation with a Queensland IVSC community representative (who also served on the survey development CAG), and to avoid misleading readers or misrepresenting the experiences of people born with IVSC, the results and discussion will therefore refer to LGBT, Sistergirl and Brotherboy people.

4.1 | Participant characteristics

Two hundred and three participants completed one or more of the four qualitative questions. Table 1 describes the range of age, region as defined by the Modified Monash Model,³⁹ gender and sexual characteristics of participants. The greatest proportion were aged 55–64 years (26%, $n = 53$), followed by 65 years or older (22%, $n = 44$). Two-thirds of participants lived in metropolitan areas (68%, $n = 137$). Most participants identified either as cisgender woman (39%, $n = 80$), cisgender man (39%, $n = 79$) or non-binary (13%, $n = 26$). Almost one-third of participants identified as gay (33%, $n = 66$), more than a quarter as lesbian (28%, $n = 57$), and 10 percent as Queer+ (10%, $n = 21$). Seventeen participants (9%) were living with HIV.

4.2 | Key concepts

Several key concepts were identified pertaining to each topic derived from the five survey questions.

4.2.1 | When is one considered to be an older person?

Participants considered the definition of an 'older person' in relation to chronological age, with proposed ages ranging from 33 to 80 years, as well as regarding functional losses and physical limitations, self-perceptions of being an older person, the subjective perceptions of government and society, and the comparative perceptions of others (see Table 2, for key concepts and salient quotes).

TABLE 1 Demographic characteristics of participants.

	<i>n</i>	%
Age		
18–24	8	4
25–34	38	19
35–44	34	17
45–54	26	13
55–64	53	26
65+	44	22
Region^a		
Metropolitan	137	68
Regional centre	34	17
Small rural	20	10
Large rural	5	3
Remote	5	3
Gender^b		
Cisgender woman	80	39
Cisgender man	79	39
Non-binary	26	13
Trans man	6	3
Trans woman	4	2
Trans non-binary	4	2
Sistergirl	1	1
Brotherboy	1	1
Prefer not to say	1	1
Sexuality^b		
Gay	66	33
Lesbian	57	28
Queer+ ^c	21	10
Bisexual	19	9
Queer	18	9
Pansexual	12	6
Heterosexual	4	2
Asexual/aromantic	4	2
Pansexual+ ^d	1	1

^aTwo participants did not provide a response.

^bOne participant did not provide a response.

^cRefers to participants whose sexual identities included queer plus any combination of asexual, aromantic, bisexual, gay, lesbian, and pansexual.

^dRefers to participants whose sexual identities included pansexual plus any combination of asexual, aromantic, bisexual, gay, lesbian, and other.

4.2.2 | What does it mean to be actively engaged in life?

Most participants associated active engagement in life with physical and mental well-being and quality of life. Some

participants mentioned access to respectful and equitable service provision that met their care needs, including retaining agency, autonomy and choice within functional limitations as important to facilitating active engagement. Maintaining relationships and social connections with LGBT, Sistergirl and Brotherboy communities was emphasised by several participants. Many participants also related engagement with life to maintaining personal values, authentic self-expression, personal growth and emotional well-being (see Table 3).

4.2.3 | What is meant by ageing well?

Concepts about ageing well emphasised practical, physical and care-related considerations (Table 4). Many participants described access to information to support informed decision-making; agency and choice regarding access to appropriate, respectful, inclusive and high-quality, patient-centred care; and security, stability or support of accommodation and finances. Social connections and interpersonal relationships, including intergenerational social connections within LGBT, Sistergirl and Brotherboy and mainstream communities, and opportunities for social contribution were mentioned.

Concepts of well-being were also described. Many participants described the importance of maintaining mental acuity and physical function, minimising the impact of ageing and dying peacefully. Other participants related ageing well to accepting and adapting to the changes and challenges of ageing and living well within functional limitations. Positive emotions such as contentment, confidence, enjoyment of life, happiness with life, loving and being loved and valued, and feeling safe were described by several participants. Some participants also described the lack of negative emotions such as feeling like a burden, being worried or concerned, or experiencing regret concerning the meaning of ageing well.

4.2.4 | Aspects of getting older to look forward to

Many participants described looking forward to retirement with associations to having more time to do enjoyable activities, spending time with loved ones, engaging in family and social roles, and having fewer expectations imposed upon them. Personal benefits, such as having more time for oneself, personal growth, being able to live more confidently and authentically without being restrained by people's opinions and enjoying the changes that came with age were also mentioned (Table 5).

TABLE 2 Key concepts and salient quotes identified regarding when one is considered to be an older person.

Areas of investigation	Key concepts	Qualitative example	Participant characteristics
When is one considered to be an older person?	When one reaches a chronological milestone	'...in Gay life 33 years' 'When you leave the workplace' 'Retirement age (65–67)'	Queer cisgender man, 67 Queer non-binary person, 52 Lesbian cisgender woman, 70
	When one faces functional limitations	'When one can no longer care for oneself due to issues of ageing' 'When it's obvious a person is declining either physically or mentally' '...slowing down or unable to carry on their life as they used to'	Gay trans woman, 53 Gay cisgender man, 59 Lesbian cisgender woman, 64
	When one self-identifies as an older person	'When they self-describe themselves as one'	Queer cisgender woman, 58
	When someone else identifies us as an older person	'...someone who is older than the other person with whom they relate' 'By society in general – as soon as you start greying'	Gay cisgender man, 48 Lesbian cisgender woman, 65

TABLE 3 Key concepts and salient quotes identified regarding perceptions of active engagement.

Areas of investigation	Key concepts	Qualitative example	Participant characteristics
What does it mean to be actively engaged in life?	Good mental and physical health that supports preferred activities, or access to, and agency over, respectful and equitable support services	'Mentally and physically in good health' 'Being able to participate in events while not reducing quality of life' 'Having agency around making decisions about my life and things that affect me'	Gay cisgender man, 68 Asexual/aromantic cisgender woman, 30 Pansexual cisgender woman, 42
	Being interpersonally and socially connected	'...being needed and useful. Feeling respected by your community, having a role. Having a community, having connection with people important to you' '...contributing to society in some way that is valued'	Lesbian cisgender woman, 33 Gay cisgender man, 57
	Living according to personal values	'Continuing to live life with purpose and meaning according to my goals and values whatever they are. Continuing to learn' '...living it to the fullest as my authentic self'	Lesbian nonbinary person, 52 Asexual/aromantic trans man, 18

4.2.5 | Hopes for the future for older LGBT, Sistergirl and Brotherboy peoples

Table 6 describes key concepts and supporting quotes regarding participants' hopes for the future. Many participants hoped to see societal changes, such as increased acceptance, respect and inclusion within and inclusivity of mainstream society; increased societal acceptance both of LGBT, Sistergirl and Brotherboy peoples and older people; and greater recognition and celebration of the breadth of diversity in society. Several participants also raised the need for greater visibility and representation of both LGBT, Sistergirl and Brotherboy peoples and older people.

Hopes for practical considerations included the provision of appropriate, responsive, and equitable care. Privacy and dignity were also raised, with some participants urging for improved education, awareness, and knowledge amongst service providers, and greater choice regarding options for support. Many participants emphasised the importance of residential care facilities, legal services and health services respecting the rights of partners.

A recurrent hope echoed by many participants related to the need for affordable LGBT, Sistergirl and Brotherboy-specific health and care services, including lesbian-specific spaces, with some preferring care provision by members of the LGBT, Sistergirl and Brotherboy communities. Many participants also hoped for stronger

TABLE 4 Key concepts and salient quotes identified regarding perceptions about ageing well.

Areas of investigation	Key concepts	Qualitative example	Participant characteristics
What is meant by ageing well?	Practical, physical, and care related considerations	‘Life always has challenges, but to age well means you can find support when you yourself can no longer tackle those challenges without assistance, ... receiving a level of care that suits your needs’ ‘With autonomy and self-directed/patient informed health supports’	Gay cisgender man, 49 Pansexual+ trans non-binary person, 35
	Having positive interpersonal and social connections	‘Have good friends and supportive relationships’ ‘To be healthy, connected and engaged with the community and society’ ‘Engage easily with all generations’ ‘To continue to make a valued contribution to society’	Gay cisgender man, 60 Heterosexual Brotherboy, 26 Lesbian cisgender woman, 65 Gay cisgender man, 57
	Maintaining physical and mental well-being and comfort, or adapting to the ageing process	‘Maintain[ing] mental acuity’ ‘To retain good health both mental and physical and have support around you’ ‘Age[ing] with little or as little physical and emotional pain possible’ ‘Die peacefully’ ‘Coming to terms with everything about ageing, and managing it with assistance if needed’	Lesbian cisgender woman, 63 Asexual/aromantic trans man, 18 Cisgender man, 18 Queer+ non-binary person, 25 Gay cisgender man, 64
	Emotional well-being	‘To find happiness in all stages of life’	Queer trans man, 29

social connections across all ages within mainstream and LGBT, Sistergirl and Brotherboy communities. Some participants also expressed personal hopes for happiness, stability, security, safety and authentic self-expression for their future.

For all areas of investigation, a small number of participants reported responses such as ‘No’, ‘None’ and ‘Nothing’, indicating that they held few positive expectations about ageing.

5 | DISCUSSION

To our knowledge, the current study is the first to explore perspectives on ageing amongst LGBT, Sistergirl and Brotherboy people in Queensland, Australia, through a multidimensional construct of successful ageing. Importantly, many of the issues raised by participants, such as the need for inclusive care, protection of identity and strong community connections, echo findings from other national and international research with LGBT, Sistergirl and Brotherboy populations. This suggests that the concepts of successful ageing identified in this study are likely to be relevant across Australian jurisdictions and in comparable international settings, albeit with local contextual differences.

Further to this, key concepts supported themes identified by Bailey et al. in a 2022 commentary on the literature exploring care for LGBT+ adults.⁴⁰ Participants in the current study described social considerations such as connection with community, heteronormativity and increased reliance on social and care services, in conjunction with maintaining physical and mental health, inclusion within services, community-specific services and service provider education as relevant to remaining engaged with life, aging well and looking forward to the future.

The findings reinforce those reported in a 2022 review¹³ that identified fear of discrimination, invisibility and loss of identity within a care setting, concerns about staff education on providing appropriate and respectful care, and access both to community and to LGBT, Sistergirl and Brotherboy-specific and/or affirming services as needs for policy and practice to address.⁴¹ Intergenerational connections within the community were also raised by some participants, which reflects findings from mainstream research.⁴² An opportunity remains to address ageism within the gay and bisexual communities, as this can lead to social isolation and poorer mental health.^{43,44}

Complex concepts of ageing well were also found, supporting the multidimensional nature of successful ageing amongst older LGBT, Sistergirl and Brotherboy people,³⁰ and echoing findings from earlier research.^{31–33} Some

TABLE 5 Key concepts and salient quotes identified regarding aspects of aging that participants look forward to.

Areas of investigation	Key concepts	Qualitative example	Participant characteristics
Aspects of getting older to look forward to	Retirement freeing up time for more personally fulfilling activities	'...more time for activities...'	Bisexual cisgender woman, 42
		'Not having to work as much'	Lesbian non-binary, 52
		'Less responsibility and expectation to do things'	Asexual/aromantic cisgender woman, 35
	Increased time for interpersonal and social connections	'Having the time to spend with people I love'	Queer cisgender woman, 58
		'Not working!!! Being able to relax and visit with friends and family'	Queer+ cisgender woman, 64
		'Having time to contribute to society beyond doing paid work'	Gay cisgender man, 39
	Engaging in personal growth and other preferred activities with more authentic self-expression and fewer external pressures	'Caring less about things that don't matter'	Queer+ trans non-binary, 35
		'Small things like seeing my puppy growing up and my partner getting wrinkly'	Pansexual+ trans non-binary, 32

participants framed the concept of 'older' in terms of physical and mental decline, perceiving 'ageing well' and 'active engagement' as predicated on maintaining a level of well-being that would facilitate uninterrupted continuation of preferred activities. Other participants acknowledged the likelihood of functional decline, referring to supports and care that would enable them to continue to do what mattered to them within their limitations.

Prioritising and maintaining social connections were important key concepts identified across all topics, in addition to the need for LGBT, Sistergirl and Brotherboy-specific services and facilities. These points further reinforce the importance of psychosocial elements in the ageing experience of LGBT, Sistergirl and Brotherboy people,^{13,30} and particularly the value of social and community connections.^{31–33,45–46} The findings of this research also align with US-based research exploring concepts of successful ageing as spanning physical, mental and emotional health and social connections,³² but reflect opportunities for enhancing the provision of services to better address the expectations and hopes of LGBT, Sistergirl and Brotherboy people as they age.

5.1 | Limitations

There are several limitations associated with this study. Participants were recruited from Queensland, Australia, meaning that perspectives on ageing from people in other jurisdictions were not captured in the current study. While this Queensland state focus was intentional within the scope of the original survey design, further research is required to understand perspectives on ageing well amongst LGBT, Sistergirl and Brotherboy people in other jurisdictions across Australia.

No participants self-identified as being born with variations in sex characteristics (IVSC), meaning that the perspectives on ageing amongst this vulnerable priority population have not been captured here. People with IVSC often experience external pressure to ensure endosexist and cis-heteronormative conformity,⁴⁷ with violation of bodily autonomy and human rights resulting in poorer mental and physical health outcomes.⁴⁸ Perceptions about ageing, particularly around dependence on others for health and care services and distress related to disclosure,⁴⁹ may reflect different considerations, with the literature reporting negative experiences in social,⁴⁷ educational,⁵⁰ sporting⁵¹ and health-care⁴⁹ contexts. To gain insight into the perceptions, expectations and hopes regarding ageing among people with IVSC, peer-led research is needed in future.

Additionally, a multidimensional approach to successful ageing should include consideration of ethnicity and cultural values.³⁰ While the original survey included questions regarding location of birth and languages spoken, it did not include any questions regarding culture or ethnicity. As culture or ethnicity may influence perceptions of older age, ageing well, and expectations for their future, future research should consider the impact of exploring perceptions, expectations and hopes regarding ageing in relation to culture and ethnicity. Furthermore, the intersectionality of other social determinants of health that influence the experience of ageing, such as socio-economic status, disability and regional differences, was not captured in the current study and should be explored in future research.

Recruitment via community and social media networks to an online survey may have introduced selection bias, impacting the representativeness of the sample. Advertising the survey online may have excluded older people who do not use social media/community platforms, or who are not comfortable with taking an online survey. To address

TABLE 6 Key concepts and salient quotes identified regarding participant hopes for the future for older Lesbian, Gay, Bisexual, Transgender, Sistergirl, and Brotherboy peoples.

Areas of investigation	Key concepts	Qualitative example	Participant characteristics
Hopes for the future for older LGBT, Sistergirl, and Brotherboy peoples	Societal acceptance, respect, inclusion and inclusivity both for LGBT Sistergirl and Brotherboy people and older people, within mainstream and the LGBT, Sistergirl and Brotherboy communities	'Freedom to be oneself without fear of judgement, ridicule or discrimination'	Bisexual cisgender woman, 42
		'...recognition from media, carer organisations and medical institutions that it is not equitable to treat everyone the same when they are not the same'	Lesbian cisgender woman, 68
		'A future of acceptance and understanding, and celebration of people's differences'	Gay cisgender man, 57
	Equitable, safe and inclusive care from well-educated and respectful providers	'To be treated with respect and love as we become more frail and forgetful'	Gay cisgender man, 59
		'Aged care facilities that allow couples to stay together and cater for our community'	Lesbian cisgender woman, 65
		'...the same rights as heterosexual couples'	Lesbian cisgender woman, 65
		'...to create our own co-housing/care arrangements'	Queer+ non-binary, 35
	Greater access to LGBT, Sistergirl and Brotherboy-specific health and care services and accommodation	'Care centres, retirement villages specifically for our community that are accessible to people with all types of income.'	Lesbian cisgender woman, 47
	Maintaining social connections in mainstream and LGBT, Sistergirl and Brotherboy communities, including intergenerational connections	'More intergenerational connections between elders and younger cohorts'	Lesbian cisgender woman, 82
		'Ways for younger and older people to meet up and connect over their shared experiences'	Asexual/aromantic trans man, 18
		'Continuing the trajectory to mix uninhibitedly in the broader community and to have access to the broader LGBTQI community'	Gay cisgender man, 73
	Authentic self-expression and emotional, financial, and material well-being	'...to live authentically'	Pansexual cisgender woman, 54
		'Having all of our basic needs met'	Lesbian cisgender woman, 43

this risk, physical flyers were handed out at community events, and paper surveys were provided for those who preferred them, but no participants returned a completed paper survey. This, in part, may have also been because this survey was conducted in early 2021 when there were ongoing concerns about COVID-19.

Finally, the survey-based mode of data collection presents potential limitations. Using an online survey limited the depth of data that could be collected to brief answers typed within a text field and did not allow further exploration of these answers. Further research using qualitative interviewing or focus groups would yield a deeper level of understanding regarding the areas of investigation. Longitudinal research exploring the way that perceptions of successful ageing change over time would also generate useful insights.

6 | CONCLUSIONS

Findings from this study reflect multidimensional concepts of successful ageing that range from maintaining physical and mental well-being, receiving respectful and appropriate service provision, and maintaining close and community interpersonal connections. The current study suggests that in addition to policy interventions addressing inequity, successful ageing amongst older LGBT, Sistergirl and Brotherboy people may be enhanced through supporting people to remain active and connected with loved ones and their communities; developing LGBT, Sistergirl and Brotherboy-specific services; and improving the inclusiveness of existing health and care services.

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Research data are not shared.

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