Triple-jeopardy: social inclusion and the well-being of elderly LGBT people in Amsterdam

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This document represents part of the author's study programme while at the Institute of Social Studies. The views stated therein are those of the author and not necessarily those of the Institute.

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List of Acronyms

ISS	Institute of Social Studies
COC	Cultuur en Ontspanningscentrum (English: Centre for Culture and Leisure)
WHO	World Health Organization
NGO	Non-Governmental Organization
LGBT	Lesbian, Gay, Bisexual and Transgender
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome

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Abstract

With the phenomenon of aging population and increasing visibility of LGBT people, the well-being and social protection of LGBT elderlies has recently become a concern. While the Netherlands prides its tolerance and acceptance of LGBT community as well as its sound social protection system, it seems that there are still some gaps between social policy expectancy and reality. By applying theory of care regime and lens of intersectionality, this research aims to reveal the triple-jeopardy in the social inclusion and well-being of elderly LGBT people in Amsterdam.

Relevance to Development Studies

Development studies pay attention to the existing social structure and power relation. They concern about social inclusion and reveal the reasons behind the social exclusion. Social policy making that enables social inclusion consequently becomes a focus of development studies. The increasing numbers of aging people combined with the increasing visibility of LGBT people, suggests that the well-being of LGBT elderlies will be an emerging development concern in many places. The Netherlands, as the first country that legalized same-sex marriage in 2001, has introduced some LGBT-friendly policies in the elderly care sector, but it comes as a surprise that the needs of elderly LGBT people are still not fully met, especially in relation to ethnicity, gender, social class. This research takes Amsterdam, the pioneer of implementing these LGBT-friendly policies, as an example to show how these polices were implemented and how important it is to take intersectionality into consideration to ensure the social inclusion in the fullest sense. The findings of this research can not only contribute to the existing literatures on elderly care, but can also contribute to the Dutch policy making related to the topics of LGBT and elderly care.

Keywords

Elderly LGBT, Age, Social Protection, Care Regime, Intersectionality

1 Chapter 1 Introduction

The Netherlands has long been considered as a tolerant, free and open-minded country in terms of sexuality and gender issues. It has made a lot of progress in promoting LGBT (lesbian, gay, bisexual and transgender) rights. In the Netherlands, homosexuality was legalized in 1971, while the equal rights were further improved through the recognition of same-sex marriage in 2001 (Leyerzapf et al. 2018:353).

But the issue of ageing LGBT people, has only recently emerged as an issue. According to Kuyper and Fokkema (2010: 1171), "almost a quarter million older lesbian, gay, bisexual and transgender (LGBT) adults are living in the Netherlands". It is also estimated that "the number will certainly increase, as shifting demographics result in a larger aged population" (Kuyper and Fokkema 2010: 1171). This research sets out to look into the well-being of the LGBT elderlies as a newly emerging demographics of elderly sexual minority groups.

The past research mainly focused on the mental health of senior LGBT people including feelings of loneliness and isolation. Only in more recent studies the focus is on the social protection of LGBT seniors. This research contributes to understanding how social policy determines the well-being of the elderly LGBT people, looking at the interaction of state, family, market and community in care of elderly LGBT community. The research pays particular attention to intersectionality in the relation to the accessibility of social protection for LGBT elderlies. By using the conceptual framework of intersectionality, age and generation, heteronormativity, homonormativity and care regime analysis, this research aims to reveal how senior LGBT people in Amsterdam experience access to care and social protection services.

1.1 Background

A population study released in 2006 indicates that about 6.1% of Dutch men and Dutch women are either gay, lesbian, bisexual or transgender based on their feelings of sexual attraction, sexual behaviour and self-identification (Fokkema and Kuyper 2009: 264). Many policies have already been implemented in the Netherlands in order to provide a safe and welcoming environment for the sexual minority groups so their rights can be protected and respected. As the Netherlands is experiencing a demographic change of growing aged population, some scholars and policy makers have made some efforts in these years to improve the social protection for the elderly LGBT people. Kuyper and Fokkema (2010: 1171) pointed out in their research that "almost a quarter million older lesbian, gay, bisexual and transgender (LGBT) adults are living in the Netherlands". Leyerzapf et al. (2018: 353) also illustrated that "in a care context, as more and more people attain old age and an increasing number of LGBT people are open about

their sexual identity, a 'new' population demographic of older LGBT people is established".

In order to meet the needs of growing LGBT seniors in terms of social embeddedness and health care, some institutes and organizations have launched projects which target elderly LGBT community. For example, the biggest Dutch LGBT organization, COC Netherlands, or known as Cultuur en Ontspanningscentrum, has introduced projects like "Silver Onion", "Roze 50Plus" and "Senior Café" in order to provide social networking and social support for the elderly LGBT people. Besides, it is also estimated that "around 10 per cent of the residents of elderly care homes in the Netherlands are LGBT" (Leyerzapf et al. 2018: 353). Additionally, LGBT-friendly health care services are also promoted in order to provide a welcoming and safe environment for LGBT seniors. In 2010, the idea of Pink Passkey (roze loper, or known as Pink Carpet) was introduced. As a project launched by Pink 50Plus, the Pink Passkey is a certificate that identifies and evaluates the LGBT-friendliness of the elderly care facilities and services.

Considering that LGBT people make up a significant part of the population, and that LGBT seniors are more likely to suffer from isolation and loneliness according to the research, policy makers have to meet the special needs of senior LGBT people. This research on how social policy determines the well-being of senior LBGT people is intended as a contribution to future social policy design in Amsterdam and as an insight for other countries in ensuring that social protection policy meets the needs of elderly LGBT people.

1.2 Literature Review: Framing Research Issue

My interest in social protection for senior LGBT people started two years ago when I participated in the program of Oral History of Elderly Gay Men in Guangzhou, China for two years. Differently from China, where the family plays the most important role in elderly care, Dutch seniors embrace a lifestyle of individualism, meaning that they rely more on the institutions and less on the families. Even so, heterosexual elderlies are still much more likely to have partners and children than homosexual seniors, which affects the social embeddedness of the elderlies. Although Dutch society in general is very tolerant about the homosexuality, the acceptance of LGBT people is still lacking. "The most recent figures released by the Amsterdam police show that 487 incidents of violence or discrimination against homosexuals were reported in 2010, 182 of them involving physical violence" (Keuzenkamp 2011: 7). This brings the questions about how senior LGBT people in the Netherlands gain their social support and what social policy has been implemented in order to provide social protection for the LGBT elderlies.

Elderly LGBT-friendly health care services have been promoted in the Netherlands with the launch of project Pink Passkey, though research shows that

LGBT postponed moving into the residential home as long as possible (Leyerzapf et al. 2018: 353). LGBT seniors from an ethnic minority were rarely seen during my fieldwork in neither residential care home or other social occasions, while lesbian participants were not as active as gay men. These differences raise the question of whether social policy addresses race, gender and class and is able to ensure ways for vulnerable people to access to social protection?

1.2.1 The Challenges Faced by LGBT Elderlies

The ageing process brings to LGBT people more and more challenges. On one hand, the LGBT seniors still have to face social exclusion and social discrimination due to their sexual orientations and gender expression. On the other hand, like their heterosexual peers, LGBT elderlies also suffer from social pressure and discrimination due to age. As LGBT people age, they interact more with healthcare, legal and other social service institutions. Thus, they are more likely to experience homophobia and hostility against LGBT within these institutions.

In comparison to their heterosexual counterparts, LGBT seniors are more likely to suffer from loneliness and isolation (Kuyper and Fokkema 2010: 1171). In the Netherlands empirical evidence has indicated that Dutch LGBT elderlies feel more emotional and social loneliness compared to the heterosexual elderly (Kuyper and Fokkema 2010: 1177). In addition, senior LGBTs are more likely to have experienced divorce, to be childless or to have less intensive contact with their children. They also had less intensive contact with other members of their families and they were less frequent churchgoers" (Fokkema and Kuyper 2009: 264). The lack of social contact and social integration is one of the main factors that cause the feelings of isolation and loneliness for LGBT seniors. Single elderly LGBTs are particularly vulnerable (Kuyper and Fokkema 2010: 1177). Non-social factors also have an impact on the mental health of LGBT elderlies. "Participants with poorer physical health and lower self-esteem experienced higher levels of emotional loneliness. Those who experienced negative reactions or consequences of their homosexuality felt more emotionally lonely" (Kuyper and Fokkema 2010: 1177).

Another challenge that senior LGBT people face with is the discrimination and hostility against their sexual orientation and gender expression. Senior LGBT people suffer from discrimination in the care context. Sexual minority people have "high risk of being discriminated against in residential care homes as they lack 'voice' due to heteronormativity and the social taboo on sexual diversity" (Leyerzapf et al. 2018: 354). However, such phenomenon has rarely been noticed.

Furthermore, LGBT seniors experience being seen as "different" and can feel socially invisible. Besides being categorized as "different", they "are also less valued than those representing the norm, namely heterosexual older people" (Leyerzapf et al. 2018: 367). Bisexual people face different challenges from homosexual individuals, which has gendered dimensions (Kuyper and Fokkema 2010: 1178):

> Bisexual individuals had higher levels of internalized homonegativity and concealment of one's sexual identity than homosexual participants did, while homosexual persons had more often encountered negative reactions on their same-sex attractions. Men reported higher levels of internalized homonegativity than women, which is in line with our current results among ageing LGBT adults.

The mental stress of LGBT people is also due to covert discriminations of LGBT such as name-calling and exclusionary humour, which "can be interpreted as micro-aggressions, a concept coined in the context of cultural or ethnic diversity. Micro-aggressions against LGBT older people are difficult to resist and can be easily set aside as 'just a joke' and the person that objects to the incident as unsporting or a nag" (Leyerzapf et al. 2018: 368). Social class, race and geographic context complicate the micro-aggressions against senior LGBTs.

LGBT elderlies face discrimination and hostility not only due to sexual orientation and gender expression, but also age (Boggs et al. 2017: 1547). One-third of the Dutch population over 55 years old suffer from moderate or severe feeling of loneliness (Fokkema and Knipscheer 2007: 496). "Older gay men often report that ageism in the gay community is rampant and say that their peers seek relationships with those under age 35 and view their contemporaries as 'too old'" (Shankle et al. 2003: 166). Elderly adults are considered to be "less productive" and "less attractive", while they also internalized such ageism and they consequently "fetishize notions of youthfulness, positioning age as an aesthetic phenomenon" (Riach et.al 2014: 1681). Ageism increases the experience of exclusion and discrimination.

These experiences lead to "self-enclosing". Cahill and South (2002: 50) argue that "the fear of experiencing discrimination can reinforce social isolation and keep gay elders from making use of health care and other services." In the Netherlands, elderly LGBT people postpone their entry into the residential care as long as possible due to the fear of being stigmatized and marginalized. The fear and experience of being rejected by health care providers, professionals and residents lead them to conceal their sexual orientation or gender identity (Leyerzapf et al. 2018: 353). Similarly, LGBT people who live in heterosexual retirement communities tend to "go back into the closet" (Sullivan 2014: 242).

Historical discrimination against sexuality and the lack of social embeddedness are the main causes of the difficulties that LGBT seniors face with. "Ageing LGBTs grew up in a time where homosexuality was still considered to be a sin or a sickness and there were only few possibilities to meet other LGBTs. This might make them relatively vulnerable for negative well-being outcomes" (Kuyper and Fokkema 2010: 1171). Such experience has greatly influenced their interaction with people and institutions. LGBT elders are consequently more cautious and worried about opening their sexual orientation and gender expression. (Kuyper and Fokkema 2010: 1172). Thus, LGBT elderlies are still reluctant to interact "as they feared negative reactions from other residents and subsequent consequences for their social integration in the care home" (Leyerzapf et al. 2018: 364).

The high level of loneliness among LGBT elder adults can be explained by "a weaker social embeddedness as the feeling of lacking certain social relationships or lacking the desired intimacy in one's existing relationships constitute the essence of loneliness" (Fokkema and Kuyper 2009: 265). In contrast to heterosexual seniors, LGBT elderlies have smaller social and family network as they are less likely to have children and grandchildren and less likely to have a steady partner (Leyerzapf et al. 2018: 354; Kuyper and Fokkema 2010: 1171).

1.3 Research Questions

Research question

How do senior LGBT people in Amsterdam experience access to care and social protection services?

Sub questions

Does social policy for the elderlies address the specific needs of LGBT people?

What kind of support is provided by the state, family, market and community for the different needs of LGBT seniors?

In what ways does social policy address race, gender and class in its efforts to provide universal social protection?

What are the different experiences and perceptions among LGBT sexuality in Amsterdam?

What does the research suggest for future policies for greater inclusion of LGBT elderlies needs?

1.4 Structure of the Research Paper

Led by the research questions and objectives, the paper will be divided in following order: Methodologies will be discussed in Chapter 2, in which the choose of in-depth semi-structure interviewing and secondary data review will be justified, while the research topic will be further unpacked in order to contextualize the research and to clarify the criteria of interviewee recruitment. My positionality will also be highlighted since this research focuses on the marginalized and vulnerable people. In Chapter 3, the explanation and debate around the theoretical frameworks that are used in this paper will be illustrated. The theoretical frameworks I used include welfare regime and care regime theories, heteronormativity and homonormativity as well as intersectionality. Chapter 4 mainly focuses on presenting the existing social protection system for LGBT elderlies by using care regime theory, through which readers can better understand the different roles of state, market, family and community in providing social support

and care services for LGBT elderlies. In Chapter 5, the gaps between social policy expectation and the reality will be identified. Besides showing the difficulties that LGBT elderlies faced with, I also looked into the reasons and causes behind these gaps. In the last Chapter, I will conclude the findings and analysis, based on which some policy making advices will be given out in order to better meet the needs of LGBT elderlies in the future.

2 Chapter 2 Methodology

Age and sexuality are sensitive issues in academic research, and are best suited to qualitative research methodology in order to capture people's life experience and perceptions. The government budget and expenditure devoted to elderly care also determine the social protection for LGBT elderlies. Research needs to look therefore not only at peoples' experiences and everyday lives but also governmental expenditure available through secondary data. This research therefore combines both qualitative and quantitative research methodologies in order to present a holistic picture of social protection system for LGBT seniors.

Regarding the research ethics, interview participants were informed beforehand that the interview data including some of their personal information will be presented in this research paper, meanwhile they have full rights to terminate the interviews, withdraw their participation and correct the information. The result of the research has been shared with some interview participants at their request. Their feedbacks and suggestions have helped to finalize the research paper.

2.1 Primary Data: In-depth Semi-structure Qualitative Interviews

In order to learn about LGBT elderlies' experience of aging, sexuality and interaction with institutions and social policy, I conducted in-depth semi-structure interviews with LGBT elderlies as well as staff in organizations and institutions. While the interviews with LGBT seniors aim to reveal the experience of LGBT elderlies accessing to care and social protection, the interviews with staffs in organizations and institutions provide a broader picture of the social policy and social support for LGBT elderlies. Two different questionnaires were designed to look at 1. the experience of LGBT seniors and 2. the practice or implementation of policy in relevant organizations and institutions. In order to take into consideration more marginalized LGBT seniors such as LGBT elderlies with ethnic minority identity and functional impairments, a "snowball" approach was adopted to recruit the interview participants.

Due to the fact that some of the LGBT elderlies are also staffs in organizations or institutions, some individuals were interviewed twice or more. A total of 21 interviews were carried out. One interviewee's data was not considered valid because the interviewee was not able to express his thoughts and opinions fully due to the Parkinson. All of the elderly LGBT interviewees were over 50 years old and considered as LGBT seniors. 6 of the interviewees are staff or managers in care organizations or institutions.

Elderly LGBT interviewees			
No.	Name	Age	Sexual orientation and gender identity

1	Ronald A	59	Gay cis-man
2	Paul A	58	Gay cis-man
3	William	93	Gay cis-man
4	Ronald B	61	Gay cis-man
5	Martin	73	Gay cis-man
6	Paul B	57	Gay cis-man
7	Jan William	74	Gay cis-man (earlier had relationships with women)
8	Huub	74	Gay cis-man (earlier had relationships with women)
9	Derk	69	Gay cis-man
10	Cees	71	Gay cis-man
11	Ben	64	Gay cis-man
12	Christ	57	Gay cis-man (earlier had relationships with women)
13	Elizabeth	64	Lesbian cis-woman
14	Dia	61	Lesbian cis-woman
15	Annemieke	57	Lesbian cis-woman
16	Yvo	58	Heterosexual trans-man
17	Jacqui	52	Lesbian trans-woman
18	Andrea	66	Heterosexual trans-woman

Organizations and institutions			
No.	Name	Organizations/Institutions	Position/occupation
1	Alex	COC Amsterdam	Staff/long-term volunteer
2	Christ	Roze Hallen	Co-founder
3	Anton	Rietvink (residential care home)	Spiritual counsellor
4	Annemieke	Dr. Saphartihuis (residential care home)	Spiritual counsellor
5	Yvo	TransAmsterdam	Founder
6	Dia	Café Saarein	Owner

Figure 1: Interviewees

Most of the interviews were held in English, only two of them were conducted in Dutch with the help of a translator, a spiritual counsellor of a residential care home. Recognizing the power-relation between interviewees and translator, in which the translator held the power of interpreting and conveying knowledge,

as well as the fact that the translation can be a barrier in conversation and may cause the loss of meaning and intension, I reduced the weight of these two interviews in my research. All the interview data was transcribed in English by using oTranscribe and was coded with Atlas.ti. Data coding, as a deductive approach, is based on certain assumptions or theories fitting the data into certain frameworks and can be a limitation. In order to diminish the negative impact of deductive coding, I also paid attention to the coherence and the completeness of the data by comparing the difference and similarity of the information among the interviews.

2.2 Secondary Data

The governmental budget and expenditure on elderly care is an important determinant of social protection for elderly LGBT people. The governmental expenditure not only determines materially the amount and quality of services, it also indicates how the government perceives the needs of LGBT elderlies in its budget allocation.

Additionally, the change and trend of governmental expenditure on elderly care can reflect the growing aging population and increasing needs of elderly care, as well as indicate the attitude and strategy of government or state on the elderly care. The rapid growth of aging population requires new and greater needs for elderly care even though there is a cutback of governmental budget on elderly residential care. The research therefore also compared the governmental expenditure documents now with previous as accounts together with information gathered from the interviews in order to understand the material reasons behind changing attitudes and policy design.

2.3 Contextualizing the Research: Unpacking the Research Topic

2.3.1 Age and Generation

This research has identified "elderly/senior" in line with the Dutch concept of Roze 50Plus to be LGBT people above 50 years old. This definition takes into consideration the Dutch policy context in terms of chronology but also power relation in terms of socio-economic factors.

Age and generation are dynamic concepts and can be interpreted and perceived in various ways. In most of the countries, social policies follow the chronological pattern, characterized by age limitation. Chronological age can be seen as a form of state simplification; characteristic of modernising states efforts to make legible its population. State simplifications allow for 'discriminating interventions'"

(Scott, as cited in Huijsmans 2016: 9). For instance, in the Netherlands, the legal retirement age in 2015 was 65 years old and changed to 66 years old in 2018, Dutch citizens are able to benefit from their pension fund after the legal retirement age. Similarly, based on the philosophy that "older adults want to remain independent and involved in society as much as possible, and want to avoid the stigma and other associated issues related to relocation" (Nicholson 2014), the Dutch housing policy also allows people above 55 years old to rent or buy houses and apartments which are designed for the elderly who are able to live independently. A chronological approach reduces complexity budget and time cost in policy design and thus is widely adopted in policy decision.

However, chronological age does not enable us to look at power dynamic between different generations and to better understand the structural power relations. The concept of "kinship descent" refers to the relation among family members and can better reveals the impact of parent-child relation on the social support system of LGBT elderlies. An example from the interviews is Ronald A and Paul A who are a 59 and 58 years old gay couple, they hide their sexuality from their parents due to the concern that they might get negative reaction once they "come out" to their parents. According to Paul A, their parents "are from another time", in which homosexuality was still criminalized and same-sex marriage was not legalized. They were not able to develop a close relationship with their parents and thus lack the social support from the family. Besides the impact of "kinship descent", the LGBT community is hierarchical due to the ageism, especially in the gay men community (Shankle et al. 2003: 166). Gay men who are 35 or above are already been categorized as "elderly" and are therefore excluded from the sexually active gay community. Younger and older lesbians also have fewer social activities together. Their sexual identity has emerged out of different historical events. Mannheim explain this by using the concept of "cohort", indicating that people who experience the same historical events identify themselves as the same generation. The "gap" between different generations leads to less interaction and contributes to the loneliness and lack of social embeddedness of elderly LGBT community.

Thus, this research accepts the definition of Roze 50Plus.

2.3.2 Sexual Orientation and Gender Identity

Gender identity refers to the gender status people identify with rather than their biological per se. People can be recognized as cisgender-man (cisman), cisgender-woman (ciswoman), transgender-man (transman) and transgender-woman (transwoman), while "sexual orientation describes people's sexual attractions or desires based on their sex relative to that of a target" (Van Anders 2015: 1177). Based on this description, sexual orientation can be divided into homosexual (people who are sexually attracted to people of their own sex including gay and lesbian), heterosexual (people who are sexually attracted to people of their opposite sex) and bisexual (people who are sexually attracted to people of both sexes). Sexual orientation and gender identity are two different dimensions of one's sexuality, their combination brings along the diversity of sexuality.

There is no denying that such division approach might be binary, simplex and thus problematic. However, what should be also taken into consideration is that the "alphabet categorization", namely LGBT, is more widely accepted and used for the older generation. They are more familiar with the concepts and more likely to identify themselves using this division. In this research, I adopted the alphabet categorization of sexual orientation and gender identity to recruit interviewees and to represent the sexual minority group in the society.

Noteworthy is that none of my research interviewees identified themselves as bisexual, although three of the gay male interviewees claimed that they had sexual and (or) romantic relationships with women. They all expressed a denial and hesitating attitude when talking about their sexual and romantic relationships with women. Maliepaard (2017: 334-335) found in his research that bisexual people in the Netherlands do not actively express their bisexuality in daily situations and activities. They rarely talk and discuss about their sexuality proactively or disclose or communicate their bisexuality. Bisexual people claim that they face the dilemma that they will either be understood and perceived as heterosexual if they do not talk about their bisexuality with their colleagues, family and friends, or they will be categorized as gay or lesbian once they express their same-sex fantasy. One of my research interviewees questioned the stability and facticity of bisexuality by asking "do you think bisexuals really exist?" Maliepaard (2017: 334-335) further illustrated that the hegemonic and dominate ideolog of binary division leads to the hostility against bisexuality, while bisexual people internalize the bi-negativity, which causes the silence and the invisibility of bisexual people in the research. Similarly, Kuyper and Fokkema (2010: 1178) also found that "bisexual individuals had higher levels of internalized homonegativity and concealment of one's sexual identity than homosexual participants did".

Due to the bi-negativity and hostility against bisexuality, interview participants are less likely to express their bisexuality and self-identify as bisexuals. Thus, instead of only focusing on their self-identification, I also take their life experience into account in my research interviewee recruitment.

2.3.3 Why Amsterdam?

The reasons why Amsterdam was chosen as my research field are based on the principles of feasibility and representativeness. Amsterdam has joined network of Age-friendly Cities of World Health Organization (WHO) in 2015. The policy of Amsterdam takes the special needs of seniors and disadvantageous elderly people into consideration. Amsterdam will follow up the age-friendly strategy and continue to improve and promote its activities to response to the ongoing demographic changes (WHO n.d.). Thus, Amsterdam can act as a role model for other cities and countries in terms of its age-friendly policy and social protection system.

Secondly, as the past research has indicated, homosexuality was not widely accepted in the Netherlands during the early years. However, interview participants said that Amsterdam was already more LGBT-friendly at that time compared to

the other cities in the Netherlands, which attracted LGBT people nationwide and worldwide to come to and live in Amsterdam. Interviews with participants who were not born in Amsterdam give as a reason why they moved to Amsterdam is the open-minded and diverse atmosphere. Interviewees found it more "comfortable" and "easier" to live in Amsterdam. Due to this reason, LGBT elderlies are more outspoken about their sexuality and thus are easier to approach.

Lastly, because of the concentration of population in Amsterdam, including LGBT people, there are more organizations, institutions and companies that provide services and supports for both elderly people and LGBT community. The relevant policy and facilities are completer and more advanced. Amsterdam provides the opportunity to gain a broader picture about how the social protection system for LGBT elderlies can be built in modern cities with good social policy.

2.4 Positionality

Research is about knowledge production, which is deeply connected to the power relation. Especially when it comes to "elderly" and "LGBT" these two sensitive topics and the vulnerable groups of people with these two identities, I need to be more cautious and aware about how my identities and experiences can influence on the knowledge production and power dynamics. I identify myself as a 25-year-old Chinese gay man researcher of colour with four years' experiences of LGBT and feminist activism in China, which brings me both advantages and limitation to carry out the research. First of all, as a member of LGBT community, I share similar experience and identity with my interview participants, enabling me to gain their trust more easily, which is important in discussing sensitive topics. While my experiences of LGBT and feminist activism allow me to have a closer perspective on the power dynamic between community and institutions. Secondly, being a Chinese gay man of colour in the Netherlands also deepens my understanding and awareness that intersectionality including gender, ethnicity, sexuality and social class plays an important role in social policy and social embeddedness. However, I'm also aware that the inability to speak Dutch will be a barrier in conducting the research, thus, I asked some help for translation from staffs in LGBT organizations to guarantee the outcome of this research. Lastly, my identity of young university student researcher might be perceived as an "outsider", but it also convinced the interviewees of the importance of this research.

3 Chapter 3 Theoretical Framework

3.1 Intersectionality

Much of the research quoted above does not consider intersectionality and therefore does not provide a systematic analysis of the social protection for LGBT seniors. It is important to consider the influence of social class in research and look into the difference between rich, urban and poor, rural LGBT elders as Cahill and South (2002: 51) found in their study in the US only high-income people have the accessibility to elderly care houses. Different class-related experiences can determine access to social services. Kuyper and Fokkema (2010: 1172) found that people who do not live in Amsterdam are more likely to experience their own homosexuality as problematic. The Netherlands is a diverse country with people from different backgrounds, but the experience of ethnical minority LGBT seniors is often invisible. The different gendered experiences and diverse sexualities also determine access to social protection system. As a consequence, the analytical theory of intersectionality should be applied in the research. Intersectionality coming from Black feminist writing, indigenous feminism, third world feminism, and queer and postcolonial theory helps to take into account the complexity of interactions between different factors like gender, sexuality, race, social class, indigeneity and etc., through which the structural and systematic oppression can be better examined (Hankivsky et al. 2014:2).

3.2 Welfare Regime and Care Regime

According to Esping-Andersen's theory (1999: 73), the welfare regime refers to the way in which the welfare of the nation is provided through the interplay of state, market and household. Esping-Andersen (1999: 78) has listed several different types of welfare regimes, among which the Netherlands is classified into the category of "social democratic welfare regime". As a social democratic welfare regime, not only does the Dutch government adopt universalism in social policy making, but the state is "committed to comprehensive risk coverage, generous benefit levels, and egalitarianism" (Esping-Andersen 1999:78). In addition, the state does not act as the only actor in policy making, but it also coordinates and interferes in other actors in providing social support and social protection.

Van Hooren and Becker (2012: 83-84) argued that the Netherlands cannot be simply categorized as a "social democratic welfare regime", because of the strong role in the neoliberal era of non-state actors. The Netherlands is a hybrid of conservative, social democratic and liberal influences. Additionally, Bettio and Plantenga (2004: 88) found that the Netherlands relies heavily on informal care.

In the social politics of care, the concept of "care regime" is being increasingly used. The concept of "care regime" is useful to illustrate how regulations from

the state influences the dynamic between formal and informal providers, between family, market and state. Care regime also put "care" at the core when analyzing the welfare state (Simonazzi 2012: 16). In the context of European countries, care regimes act as "social joins" that fills the gap between economic and demographic institutions and process. The care regimes change themselves when the institutions and processes change (Bettio and Plantenga 2004: 85).

According to Simonazzi (2012: 17):

> The analytical power of the care regime concept comes precisely from putting side by side all public policy measures that are directly or indirectly oriented towards care. It is also particularly effective for making comparisons between states and facilitating their classification within a typology. The types and amounts of resources mobilised for the purpose of home care, as well as the discourses around the state's prerogatives or around which actors should provide care and how, help to constitute care regimes.

Since the Netherlands also relies heavily on informal care and the care regime theory has advantageous analytical power, I adopted the suggestion raised by Gough et al. (2008: 5) and add "community" into the care regime in order to balance the focus on both informal and formal care. Thus, this research will look into the perspectives of state, market, family and community and present a wider picture of the social protection system for LGBT elderlies in Amsterdam.

3.3 Heteronormativity and Homonormativity

Heteronormativity implies that gender and sexuality are fixed and simple, ignoring fluid and complex explanations of gender and its variable behaviours (Ingraham 2006: 312). It points to heterosexual norms in terms of lifestyle and the way people reproduce gender norms and hierarchies. Heteronormativity reveals the privilege of heterosexuality and shows how heterosexuality is normalized and naturalized in people's daily life. Heterosexuality is deeply rooted in the societal structures and internalized in the central social institutions like family and marriage (Herz and Johansson 2015: 1011-1012). This research aims to challenge the idea of "family" in previous research and look into the social embeddedness and family support differently with the lens of heteronormativity.

Herz and Johansson (2015: 1019) illustrated that heteronormativity is also about power-knowledge production. It is strongly connected to power and it produces knowledge about who should be excluded or included, who are the "others", who is normal, what is moral, through which heteronormativity creates inequal power relation between different genders, sexual orientations, sexual practice, and sometimes races, ethnicities as well as social classes. On the contrary to heterosexual white men whom are always seen as privileged, non-heterosexual people, women, people of color are considered to be abnormal, immoral and incomplete.

Gays and lesbians are caught up in the heteronormative discourse and "normalize" themselves by avoiding acting unmasculine (for men), unfeminine (for women) or explicitly erotically. Heteronormativity thus forms homonormativity, forcing gay men and lesbians to act like straight people and encouraging them to criticize others for showing "gay" or "lesbian" signs (Hekma and Duyvendak 2011: 629). "We conceptualize homonormativity as a process whereby lesbians and gay men are assimilating into heteronormative culture through monogamy, domesticity, and consumption" (Allen and Mendez 2018: 76). Robinson (2012: 329) further illustrated that homonormativity points at the ways that heteronormative institutions and norms like marriage, monogamy, gender conformity are reinforced by male and female homosexuals.

Thus, homonormativity is the reification of heteronormativity. As Allen and Mendez (2018: 76) noted: "homonormativity are new, modern manifestations of heteronormativity."

4 Chapter 4 The Existing Social Protection System: Using the Lens of Care Regime Theory

4.1 State: The Universal Care Services Provider

In the Netherlands, the social policy of elderly care can be applied to all the seniors, regardless of their sexuality. In Amsterdam, there are three main non-profit organizations that provide universal social services for the elderly people including residential care as well as home care services: Amsta, Amstelring and Cordaan. Not only do they offer door-to-door home care services, they also manage and coordinate the residential care homes that belongs to their own branches. These social organizations on one hand collaborate together in providing and improving services, on the other hand they compete with each other in attracting citizens to buy their services. They are non-profit entrepreneurships that are regulated and financially supported by the state mainly. The universalistic design of the social policy in the Netherlands guarantees the equal accessibility of the citizens. For instance, when applying for the residential care, seniors do not have to worry about their financial status, for the fee of getting residential care is shared by both the clients and the state. The rent of the room/apartment in residential care homes and cost of care services depend on elderlies' income and wealth level. Individuals with higher income have to bear a larger share of the payment, while those with lower income pay less, and the rest of the expense of residential care and services will be supported by the state. Additionally, as it is mentioned earlier, the Dutch housing policy also allows people above 55 years old to rent or buy houses and apartments which are designed for the elderlies who are able to live independently, while the financial support from the state further ensures that the rent is affordable for the individuals.

Although senior Dutch citizens, regardless of their sexuality, can enjoy the universal elderly social protection system in the Netherlands, it was found that the elderly protection for LGBT elderlies is not satisfying. More and more research showed that LGBT elderlies "have a greater risk to becoming more isolated and are lonelier than their heterosexual peers"（Roze50plus n.d.）. To ensure the safety and well-being of the LGBT elderlies, the idea of Pink Passkey (roze loper, or known as Pink Carpet) was introduced in 2010. The Pink Passkey, as a project launched by Pink 50Plus, is a certificate that identifies and evaluates the LGBT-friendliness of the elderly care facilities and services. Alink (2017: 21) explained the reasons for creating Pink Passkey: Firstly, within the elderly care, less attention is paid for LGBT people above 50 years old. Secondly, LGBT seniors who are open about their sexuality do often get discrimination and negative reaction. Thirdly, the Pink Passkey enables professionals and staffs from management level who are not LGBT to get the training related to sexuality, so they can better understand LGBT elderlies.

In order to receive the Pink Passkey, the social service providers like the Amsta, Amstelring and Cordaan have to integrate "LGBT-friendliness" into their policy.

To receive the Pink Passkey certificate and to be entitled as a LGBT-friendly home, things have to be changed at different levels. In Rietvinck, the first residential care home that received the certificate of Pink Passkey, LGBT-friendly policy is carried out at different levels. In the management level, managers and employees of the residential home should be aware of and keep open-minded about different sexual orientations and gender identities. In the recruitment interview, employees will be informed that Rietvinck is a LGBT-friendly home and they will be asked about their attitudes towards homosexuality. Anton, the spiritual counsellor in Rietvinck, mentioned that more than half of the employees in Rietvinck are from or with an immigrant background of former colonies of the Netherlands like Turkey and Morocco, and some of them may have difficulty in accepting homosexuality due to their family, cultural or education experience. These employees will be trained that they are allowed to have different opinions on homosexuality but those opinions should be kept private, while the friendly attitude towards LGBT people should always be practiced during the work. Under the management level, small details will also be examined carefully. For instance, when filling the registration form of the residential home, male and female seniors will be asked about the name of their partners instead of their wife or husband, meaning that the residential home gives up the assumption that every resident is heterosexual. Acknowledging that elderly heterosexual people from early age may not have an open mind to LGBT issues, a lot of efforts were also put into creating harmonious relation between heterosexual and LGBT elderlies. To achieve the goal, activities are organized in the way that the interest and needs of both heterosexual and LGBT elderlies are balanced: each week there will be a LGBT coffee meeting as well as a particular event related to LGBT topic, the weekly movie screening collection also includes same-sex romance and LGBT stories, same-sex dancing partners are encouraged to participate in the dancing competition, while some other activities are also held in Rietvinck during the pride week in Amsterdam. Through these activities and events, it is observed that heterosexual elderly residents learn to know more about homosexuality and gradually open their mind to LGBT issues. Instead of separating the LGBT elderlies from the heterosexuals, the Pink Passkey acts as a catalyzer that transforms the old mode of residential care and home care services into the new mode, in which the sexual diversity is emphasized.

Dutch housing policy also allows people above 55 years old to rent or buy houses and apartments which are designed for the elderlies who are capable to live independently. Since the well-being and social acceptance of LGBT elderlies was brought into public's discussion, a new type of apartment that specifically targets LGBT seniors was also introduced in the market. L A Rieshuis is one of the houses that provide this type of apartments for LGBT elderlies. It is located near the Rietvinck residential care home, thus the residents in L A Rieshuis are also able to enjoy the services and facilities in the Rietvinck. There are now six gay men and one lesbian resident living in L A Rieshuis, all of them are, as required, capable to live independently and take care of themselves. Similar with the policy of residential care homes, the rental cost of the apartment also depends on the income of the individual and is paid by both the state and the individual. Ben (64-year-old gay man) had stroke three times and suffers from heart disease. He feels much safer living in L A Rieshuis as he can contact the professionals in Rietvinck in no time through the emergency alarm when he meets troubles in

the apartment. The alarm has already saved him once when he fell down in the bathroom and couldn't stand up. Ben enjoyed living here very much, not only because the services he received, but also because he does not have to worry about the rental cost of the apartment, for the government covers a large part of the rent.

Besides promoting the Pink Passkey in residential care and home care services for the LGBT elderlies, the state also provides other types of social support, but it should be noted that those types of social support are universal and do not only target LGBT people. One of the social supports is the buddy program, through which people can ask for help free of charge from some volunteers, for example, cleaning the house or doing the grocery. In Amsterdam it is Rainbow Group (Regenboog Groep) that runs the buddy program, which is partially supported by the state-run institutions including municipality and health care institutions. The buddy volunteers in Rainbow Group are categorized into different groups based on their interest and they offer help to different group of people. Yet there is no specific group that LGBT elderlies can turn to when they need the help.

It is also important to look into the social protection provided by the state for elderly transgender people particularly, for the experience of transgender people differs greatly from the others as they have to interact with the institutional health and legal system more often. According to Yvo, the founder of Trans-Amsterdam, which aims at raising voice of transgender people in Amsterdam and provide social support for them, introduced that transgender people are able to receive hormone treatment and transition operation in the academic hospital of Vrij University Amsterdam, which is a state-run hospital. All of my transgender interview participants indicated that they never encountered any discrimination when accessing the health and legal system. While due to the reason that people living in the Netherlands are all required to buy themselves insurance according to the Dutch policy, the cost for hormone treatment and transition operation is mostly covered by the insurance, meaning that transgender people do not have to worry about their financial status during the whole process. What remains unsolved is the gap between the increasing number of transgender people coming out due to the change of generation, and, the reality of only one hospital that can carry out hormone treatment and transition operation. It is said that some of the transgender people have to wait for 2 years to make an appointment with psychologists and another half year to receive the hormone treatment, which causes depression, anxiety and stress among transgender people. Although the state is trying to solve the problem by expanding the market and collaborating with some organizations, the interview participants complained that the process is too slow. Besides, transgender women face more difficulties than transgender men, for they have to spend a lot of time and energy to deal with the fact that many insurance companies refused to cover cost of laser treatment of facial hair removal, as the companies believe it shouldn't be part of the transition operation. In this case, the concept of intersectionality enables us to reflect on how social policy failed to meet the needs the transgender people.

4.2 Market: A Flexible Supporter

Compared to the state, the market has the advantage of flexibility and it provides services that meet people's needs more accurately and reacts to demands faster. The previous research shows that compared to the heterosexual peers, LGBT elderlies are more likely to suffer from loneliness and lack of social embeddedness, meaning that social-networking becomes an important life component for elderly LGBT people. Bars and cafes are one of the most popular spaces in which LGBT people build up their social networks. Although there are many "gay bars/cafes" in Amsterdam that welcome the whole LGBT community, but in reality, lesbians and transgender people are much less seen in these bars. In other words, gay men are the main customers and the targeted group in these bars/cafes. I will further explain the reasons behind this in Chapter 5.

Only a few lesbian bars/cafes were seen in Amsterdam, while café InClusion is the only café in Amsterdam that targets transgender people. Café Saarein has been a women-only bar since 1978, later the café was turned into a bar where all people regardless of their sexuality are welcomed when Dia took over Café Saarein in 1999. Even so, Café Saarein still keeps some of its activities only for the lesbian community. Every Friday afternoon there will be a gathering of older women in the bar, while on Saturday night younger women join the gathering. Dia explained that Café Saarein acts to provide social support for the LGBT community in a non-political way:

> I (Café Saarein) just have a bar function. A bar function is to make everyone happy. When you come for a drink, I make you happy. And I do not have anything to do like those organizations that calls for political rights. Of course, we play a role in providing support for the community, for example, when young people and old people come out. You feel safer here than the other bars…

Similarly, the only transgender café, café InClusion, also provides a safe space for the transgender people. All three of my transgender interviewees share the same opinion that café InClusion is a safe place where they feel welcomed and can be who they are. "Feeling like at home" is the common description about the café. In a word, LGBT bars and cafes play an important role in providing social support for LGBT seniors, with which LGBT elderlies are able to build up their social network and have less chance of experiencing loneliness.

Besides the LGBT bars and cafes, there are also some private companies that provide buddy program services for the elderly people. It is mentioned before that the Rainbow Group (Regenboog Groep) in Amsterdam, which is partially supported by national institutions, runs the buddy program and arranges volunteers to offer helps to those in need. Yet the program is universal and is not specified in providing services for elderly people or LGBT people. Additionally, people nowadays are busy working and do not have much to spend with their parents. Due to these reasons, a new sort of companies appeared on the market that specially targets the senior people. Clients can hire buddies from these companies and buddies will be sent to accompany the clients' parents and do activities with them based on the requirements. Not like heterosexual people, LGBT people are less likely to have children. Instead of children hiring buddies for the

parents, LGBT elderlies ask the buddy services for themselves. Elizabeth (64-year-old-lesbian) lives in de Klinker, a residential care home in Amsterdam. She ended her 36-year marriage 2 years ago and lost almost all her contacts with her friends and family. Her bad health situation also does not allow her to go out for drinking and entertainment alone. She feels very lonely sometimes craves company. Thus, she hires herself a buddy who owns a car and is able to take her out from time to time to enjoy coffee and outdoor activities. In this case, the market helps Elizabeth to cope with loneliness.

Besides offering platform for social-networking, the market also supports LGBT elderlies by meeting some of their special needs. Huub (74-year-old-gay-man) wishes to meet a nice gay man and start a new relationship after his partner's death. But he is also aware that he does not "have a good chance to meet a nice gay man" in his 70s due to the ageism within gay men community: the older generation is more likely to be excluded from the community because they are perceived as less productive and less attractive. To meet the need of LGBT elderlies for finding a partner, some dating agencies provide services to help the LGBT seniors to start a date. Huub has also registered in one of these dating agencies and he is now waiting for the response. In addition to the need for a partner, some private companies also provide prostitution services for the elderly people. In the residential care homes, if it is needed, prostitution services can be arranged for the elderly residents. These prostitution services are provided by a special company with volunteer sex workers. All these sex workers have certificates of the nursing training they received. On the leaflet people can look up the information like price and duration, while it is also indicated that the elderly people are able to choose man or woman based on their sexuality. By paying certain amount of money to receive to services, seniors including LGBT elderlies can also fulfill their sexual needs.

The market shows flexibility and sensibility in providing social support for the LGBT elderlies. It specifies people's needs and reacts faster and more accurately to meet their needs. Yet the clients are fully responsible for the cost of the services provided by the market, whether drinks in the bars, the dating services or the sex work services. Not all LGBT elderlies are able to pay for the services, indicating that social class influences people's access to the services provided by the market. LGBT elderlies from higher class with better financial status can get access to social support services more easily compared to those from lower class.

4.3 Family: A Heteronormative Concept

In general, the interviews show that LGBT elderlies have no contact or little contact with their nuclear family, namely their parents, siblings and their children. Only 5 of my interviewees (out of 18), two gay men, a lesbian, a transgender woman and a transgender man, indicated that they have relatively close relations with their nuclear family members. There are several reasons behind the phenomenon why Dutch LGBT elderlies only have little or even no contact with

their nuclear family members. One is that many LGBT elderlies do not have steady partners or children. Another reason is that their parents, siblings and sometimes even their children, especially the transgender people's, may not accept their sexuality and thus make it difficult for them to keep in touch. Thirdly, Dutch citizens embrace an individualistic way of living, meaning that they are less attached to their nuclear family. Comparing all the interviews, although most of my interviewees hold the opinion that there is no problem having less or no contact with their family members, the fact seems to tell another story: family members are important in terms of acting as a "social safety net", especially when the LGBT elderlies face with big challenges in their life. Jan William (74-year-old gay man) said that he didn't experience the loneliness that some of the other LGBT elderlies face with, for he has a close relation with his sister, who is very open about Jan William's sexuality. Jan William and his sister live in the same building, whenever Jan William has the need to talk, he can simply make a phone call and meet his sister. They talk about their personal life and share the happiness and sadness with each other, which is an important part of social support system of Jan William. Because of the accompany of his sister, Jan William has little worry about his life in the future. But when asking Jan William if he will be willing to move into residential care home when he grows older and may need help from the others, Jan William becomes hesitating and concerned:

> I can be alone, I do not have problems of being alone… I'm not so sure… What if my sister dies? What if she is not there anymore? If you live in Amstahuis (a LGBT-friendly residential care home), you have to buy services as well, so there is no difference (between living in the current apartment and living in the residential home). Only when it is impossible for my sister to take care of me, for example (if she gets) Alzheimer or dementia, then you don't know what to do…Then you can't live by yourself, you have to go to a real nursing home.

It is clear in this case that the support from family member is the key factor that determines Jan William's decision of whether he will move into a residential care home or not.

The case of Elizabeth (64-year-old lesbian) also shows the role of family in social support for LGBT elderlies. Elizabeth had a very unhappy marriage for 36 years. Her ex-wife was a very dominant person and had control all over Elizabeth's life, Elizabeth thus lost almost all her contacts with her family and friends. She had a stroke before and she needs professional health care. Yet, her ex-wife insisted taking care of her at home even though Elizabeth wished to move into the residential care home. It was not until 2017 that Elizabeth's 72-year-old sister finally got in touch with her. After knowing about Elizabeth's marriage and her health situation, her sister managed to send her to the residential care home and encouraged Elizabeth to end her unhappy relationship:

> Last year, I got more contact with my sister, and then I decided to leave home and to come back (to residential home), my sister "kidnapped" me (Elizabeth laughed). Because my girlfriend is very difficult to talk with… so they decided not to tell her and take me here. Because I was not happy and I wanted to leave. And I started an official divorce.

Elizabeth now feels much happier than before and she's also glad that she got in touch with her family again. Her sister visits Elizabeth regularly, and Elizabeth is also able to travel for a long distance with her sister's company. For Elizabeth, it is her family member that set her free from the unhappy marriage and ensured

her to get professional health care. Both the cases of Elizabeth and Jan William that show the importance of family support in LGBT elderlies' life.

Although the role of family in the social protection for LGBT elderlies is recognized, it does not seem to be as important as what previous research has indicated. The overestimation of the role of family in previous research shows that the perception of family is rooted in the heteronormative assumption. Heterosexuality is deeply rooted in the societal structures and internalized in the central social institutions like family and marriage (Herz and Johansson 2015: 1011-1012). The reason why the perception of family in previous research is heteronormative is that only people who share legal relationship and biological connection can be recognized as family, for example, the partnership, marriage and kinship. Yet, the data shows that although LGBT elderlies have little or no contact with their family, they keep close relationship with their ex-lovers and they offer support and help to each other. William (93-year-old gay man) currently lives in residential care home Rietvink. He lost his partner a few years ago and he does not have any family left. But he does not feel lonely or isolated, not only because he is taken good care of by the staffs in Rietvink, but also because his ex-lover who he has known for 30 years visits him every week. His ex-lover is now even taking care of his all financial management. Similar cases can also be found in the interviews with Ben (64-year-old gay man) and Paul B (57-year-old gay man). Ben also have close connection with his ex-lover who is already married. From time to time Ben will meet and spend time with his ex-lover and his ex-lover's partner. They share their happiness and sadness, through which Ben feels "much more connected to people". Paul B left his family in Britain and move to Amsterdam 30 years ago. He was diagnosed with dementia but his first boyfriend in the Netherland is now helping him to find a residential care home with the Pink Passkey so that Paul can get access to professional care and services. The close relationship with the ex-lovers in these three cases will not be recognized as family within the heteronormative norms and values. Yet, the intimacy and function of their relationships does not differ much from the heteronormative perception of family. In this sense, the relationship with the ex-lovers challenges the heteronormativity and shows how LGBT elderlies practice their agency in developing alternative form of family support.

What is also contradictory to the previous research is the role of partners. Many researches indicated that the reasons why LGBT elderlies are more likely to feel lonely and isolated include the absence of partners. Many of my interviewees also emphasized the importance of having a partner, no matter they are partnered or single. They believed that having a partner can effectively tackle the feelings of loneliness and isolation and most of them express their craving for a partner. Yet, based on the conversation generated from the interviews, little difference is shown between the LGBT elderlies who have partners and those without partners in terms of their life satisfaction and social embeddedness. I would argue that the reason behind this phenomenon, namely the high expectation of having a partner and the less important role of a partner in reality, has to do with the heteronormative meth of monogamy marriage.

While the same-sex marriage/partnership is highly praised and considered as the achievement of LGBT rights and equality between homosexuals and heterosexuals, Clarkk-Flory (Thompson 2015: 41) demonstrated that the legalization of same-sex marriage limits the broad choices and alternative labels within the LGBT community and its lifestyles, which are more fluid, romantic, sexual and family relationships. "Heteronormativity firstly promotes the privileging of heterosexuality and also encourages the idea that marriage is the best choice to settle down" (Thompson 2015: 13). Thompson (2015: 36) found in his research that the homosexual participants strongly believe in monogamy and commitment. It is believed that it is important for a couple to stay together in a monogamous committed relationship without divorcing, showing that heteronormative values, in this case, the monogamy, is internalized in same-sex relationship and becomes the "correct" way have love relationships. Allen and Mendez (2018: 76) also agreed that heteronormativity has assimilated the fluid and diverse lifestyles of LGBT community: while married heterosexual couple and their biological offspring were seen as 'genuine families' in the past, the hegemonic heteronormative family concept now includes the married gay men and lesbian partners and their children. Yet, non-monogamy and other kinds of relationships are still not recognized and are seen as "deviant". As Allen and Mendez (2018: 76) stated: "Committed, monogamous, and married relationships between two adults remain hegemonic over all other relational forms".

Although the role of partners does not show up its importance in the social protection system for elderly LGBT people, the LGBT seniors internalized the heteronormative value of monogamy, which underlines the importance and indispensability of a partner. Instead of a partner, Annemieke (spiritual counselor in Dr. Sarphatihuis) emphasized that it is their "social structure" that determines LGBT elderlies' social embeddedness and satisfaction. In other language, whether the social network and living environment of the LGBT elderlies is tolerant and supportive enough is the key factor that influences their social embeddedness and satisfaction, while this has little to do with whether LGBT elderlies have partners or not.

4.4 Community: An Increasingly Important Supporter

Community is also an irreplaceable actor in providing social support for the LGBT elderlies. Members in a community share the similar identity and interest, through which LGBT seniors are able to better integrate into the society and support each other. In Amsterdam, there are many these communities with different scales and different focus, but all of them have a positive influence on the well-being of LGBT elderlies.

Several organizations in Amsterdam created their own communities, in which LGBT elderlies can build up their social networks. COC Amsterdam is part of COC Netherlands, which is the biggest Dutch organization that serves LGBT community. Compared to COC Netherlands, COC Amsterdam focuses more

on the local management and service provision of the LGBT people in Amsterdam. Since 1970, LGBT elderlies meet on Wednesday afternoon at the Senior Café of COC, which is a project that offers a platform of networking for the LGBT seniors. Activities in the Senior Café include drinking, brunch gathering, movie screening, dinner meeting and etc. Four times a year some bigger events like visiting the museum and joining the Amsterdam pride parade are also organized. Interviewees who have participated in these activities think highly of the Senior Café, for they can make friends there and feel less lonely. The Senior Café is a community where the elderly sexual minority group can freely express their feelings and thoughts without the concerns of being discriminated and misunderstood. Similarly, TransAmsterdam and Transvisie are two important organizations that concern about the well-being of the transgender people. TransAmsterdam is a transgender organization with the focus on art, culture and lifestyle and it aims at empowering and increasing the visibility of transgender people by offering an art and cultural stage where transgender people can gather and express themselves, while Transvisie is a patient organization which offers supports to people with question about their gender identity and to their families and friends. TransAmsterdam has cooperation with the transgender café InClusion and it organizes weekly gathering activities. Transgender people are able to join different events that are related to art and transgender topics including book presentation and poetry. Some special events like Transgender Flag Day and Transgender Visibility Day are also organized, which are open to the public. While in Transvisie, people can find different support groups that match their needs and interests. Both TransAmsterdam and Transvisie have successfully in building up supportive and inclusive transgender communities. Andrea (66-year-old transgender woman) is still very active in participating the activities and events organized by TransAmsterdam and Transvise, although she has difficulty in walking due to the stroke. She feels safe and welcomed in these communities:

> I have many friends. I meet them regularly and I like them. I often go to Transvisie. It is a special organization for transgender people in the Netherlands. They have support groups including transmen group, transwomen group and also trans-different group for non-binary people. It is like trans-umbrella.

Besides the communities formed by the organizations, the "neighborhood care" (Mantelzorg) also plays an important role in providing the social support for the LGBT elderlies. The "neighborhood care" is a Dutch tradition, which encourages members in the community to offer (or receive) help and support to (from) their neighbors and friends like doing the grocery or cleaning the house. People are also encourages to offer support and help to their LGBT elderlies neighbors, for they are less likely to have children and family who can help them with the daily domestic work, or they do not have good relation with their children because their children might not accept their sexuality.

Elizabeth (64-year-old lesbian) said she benefits a lot from the "neighborhood care". The residential home de Klinker where Elizabeth stays has called on the volunteers from the neighborhood to accompany the elderly residents and to do activities. Many people in the neighborhood actively participate in the voluntary work. As a result, Elizabeth who as mentioned feels lonely, has a buddy that can

accompany her, who is also a lesbian and works in the bookshop in the neighborhood. They spend time having a walk and a coffee, sometimes playing card games or visiting the museums.

For the elderly LGBT people, "neighborhood care" is not simply a Dutch tradition, but also a strategy originated from their generational experiences that are related to their sexuality. Jan William (74-year-old gay man) recalled that during 1980s and 1990s when the number of HIV-infected people exploded worldwide, LGBT people, especially gay men, had to help and support each other because they were discriminated due to the HIV/AIDS and their families were not willing to help them. As a generation which has been through the HIV/AIDS-period, Jan William and his peers are more aware of the importance of helping each other than the younger generation. Consensus seems to be reached since then that no one should be left outside the community. Jan William, for example, once noticed that an elderly gay man who used to come to the Senior Café at COC has stopped his visiting, for he suffered from Parkinson and couldn't walk properly. After noticing the situation, Jan William offered to pick him up and take him to the Senior Café so he could still enjoy the accompany of the others. Similarly, Paul B (57-year-old gay man) also pays attention to the inclusion of members in community and he believes that taking care of each other within the LGBT community is an important way to compensate the disadvantages of LGBT elderlies of lacking the social support.

Obviously, the "neighborhood care" forms such a community where people are encouraged to care about and to help each other. While due to the unique historical incident that LGBT elderlies have experienced, they are more aware of the importance and value of "neighborhood care".

In the last four years, a new kind of community was created and built up. Outforever is a LGBT group that concerns about the housing living of LGBT people. Inspired by the initiative of Outforever, Christ (57-year-old gay man), a core member of Outforever, gathered some other members who were above 55 years old and founded a group in 2015 named Roze Hallen. The goal of Roze Hallen is to build a building in which the members of Roze Hallen can live together as a community. Based on the Dutch policy, people above 55 years old are allowed to rent or buy houses and apartments which are designed for the elderlies who are able to live independently. Christ and his colleagues thus delivered their plan to the government, negotiated with different stakeholders and asked for the approval. Roze Hallen managed to compete over other candidates and succeeded in getting the license to carried out their plan and build their own building. The new building was also named as Roze Hallen. It is fully financed by the members in Roze Hallen themselves. During my fieldwork in August 2018, Roze Hallen was at the last phase of decoration. There are 14 apartments in the Roze Hallen in total and 19 members are moving in the apartments, 9 of them are lesbian and the rest 10 people are gay men. Hoping to live in their own apartments independently but also realizing that LGBT people are more likely to feel lonely in their elderly life, Christ and his colleagues tried to take both facts into consideration by building up Roze Hallen, through which they can still embrace their private life while living in a community. Christ further emphasized that Roze

Hallen is a "new concept", for it is similar to other community in which people share the same interest and do activities together, but it is also different from other kinds of collective living because they have their own complete apartment instead of sharing bathroom or kitchen with the others. The experience of building Roze Hallen and the plan to live together bring the members a completely new identity. They feel strongly attached to the community and proud of their identity as "Roze Halleners":

> …we have the same goal…we are a group, we have a share history with each other because of this building. This also makes us a group, it is a new kind of identity.

Another important feature of Roze Hallen is that all the members have the wish and agreement that they will support and help each other when they grow older. By creating their own community, Christ manages to gain more social support and avoid the challenges that other LGBT elderlies may face with. For example, Christ is also aware of the ageism within the gay men community, but by creating Roze Hallen, Christ manages to reduce the influence of ageism and he thus feels less lonely:

> I want to say I do not care (about ageism) but this is not the case… I'm only looking for that part of community where I feel welcomed. And that's also exactly why I wanted to build this house for people who are older than 55. Because we have now our won community, and we are not excluding people. I'm not doing those cruising, so it does not touch me, so I'm not influenced by the ageism.

Yet, it should not be difficult to realize that such mode of community cannot be copied easily. The main reason is that Christ and members in Roze Hallen are all from higher social class with higher income and better education. As Christ said: "We are rich, in comparison to the others. We could afford with our own money, so we are not an average group." This indicates that social class has a great influence on the well-being of LGBT elderlies. Higher social class enables Christ and his colleagues to choose or even create a way of living they are comfortable with, while LGBT seniors from lower social class do not always have the choices. For instance, LGBT seniors who wish to live in a LGBT community may not be "qualified enough" (e.g. they may not be "handicapped enough" or they may not be "poor enough") to live in the elderly apartments that are designed for LGBT seniors. For most of the LGBT elderlies, they might even not realize that there can be a way of living like Roze Hallen, where LGBT people can live together and support each other while still keeping their own apartment and private space. What's more, by creating their own community, members in Roze Hallen are much less likely to experience ageism and being excluded, which the other LGBT seniors wish to but cannot avoid. In a word, social class has greatly determined the well-being of the LGBT elderlies.

4.5 Conclusion

In overview, state, market, family and community play different roles in providing social support and social protection for the LGBT elderlies. They function in different levels and perspectives, both vertically and horizontally. However, it should be highlighted that these actors do not function separately. Instead, they interact and interplay with each other and together form a social protection net. For insistence, in the residential care home Rietvink, elderly LGBT are able to get access to the LGBT-friendly services and health care with the cost shared by the state, while the neighborhood forms a community, in which volunteers offer their company and help to the elderly. When there is special need, special services like prostitution will provided to the elderly regardless their sexuality by the market.

Another vital feature is that these actors are not equally important in providing social protection for LGBT elderlies. It can be observed in the analysis above that the state plays the most important role in social protection system, while family, market and community act as supplementary actors. State, as the policy maker, coordinate different actors to implement the policy, while family, market and community also complement the aspects that the state policy does not cover. The relation among the state, market, family and community can be visualized as following:

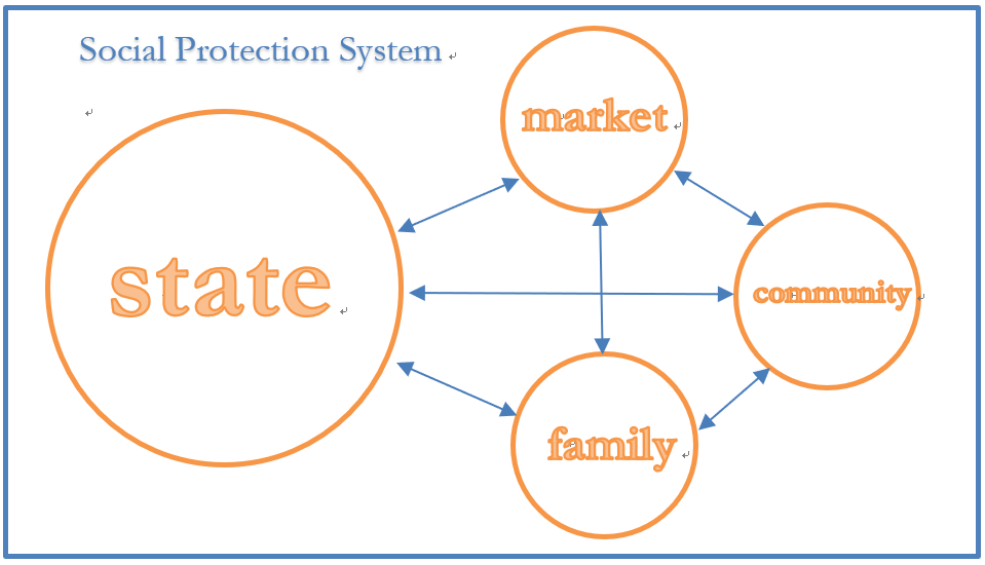

Figure 2: Social protection system

5 Chapter 5 The Gap between Social Policy Expectancy and the Reality

5.1 Gap 1: Preference of Homecare and Postponing Enter into the Residential Care Homes

The analysis above of the existing social protection system in the Netherlands provides us with a broader picture of how the state, market, family and community together support the elderly life of LGBT people. It seems that LGBT seniors in Amsterdam can benefit a lot from the impeccable social protection system, yet the attitudes of LGBT elderlies towards the social protection system do not match the policy expectancy.

What can be observed is the great difference between the LGBT seniors who are living in or had interaction with the residential care homes, and those who do not have any actual interaction with the residential care homes. The former think highly of the services and support provided by the residential care homes. They feel much more convenient and relaxing to live in the residential care homes, for they can not only get access to the health care and living supplies more easily, but also enjoy the safe, friendly environment and company of their peers and the employees. As 93-year-old resident of Rietvink William said:

> I like it, I'm very much at ease here, much more than I live on my own in my previous apartment…because in Rietvink I'm being taken good care, very nice, easy living. And (you can get) everything you need… This kind of house, they have more (homosexual) people like I am…There is always something (activities) to do with homosexual… And the normal people (heterosexual) know about it, they do not talk (negatively) about it (homosexuality)…So I'm happy here. It is especially for lonely people who want to be taken care of.

However, on the contrary, those who had no experience of interacting with residential care homes showed their doubts and concerns about living in the residential care homes. They have fear that they might be discriminated and excluded, which matches the result from the past research. On one hand, they have concern that they might be excluded by their heterosexual peers because their generation may have difficulty in accepting homosexuality and the heteronormative management of the residential care homes may lead to micro-aggression. As Jan William (74-year-old gay man) said:

> It is said that in the elderly home that people have to go back to the closet again. The old people's home is for everybody (both heterosexual and homosexual elderlies), and they (employees) do not ask your sexual preference. And if you are homosexual... they (heterosexual residents) have nothing else to do but gossip. And if they have the "claws" in you because you have something to hide then you are not very (comfortable)...then you can have problems. It is better to have your secret hidden. And of course, the staffs in the old people's home they assumed that you are heterosexual, so they may ask: do you have children? are they coming to visit you? It is difficult if you are not assertive.

On the other hand, they also express their fear that the employees in residential care homes with Islamic religious background may show the hostility and discrimination against their sexuality (according to Anton, the spiritual counsellor in Rietvink, more than half of the employees in residential care homes are migrants and have religious background). Besides these concerns, some participants also complained that the environment and facilities in the residential care homes are not satisfying enough. Other complaints also include the concern of costing too much money to move into the residential care homes. Due to these reasons, these LGBT elderly participants claim that they would rather stay at their own apartments/houses and they will postpone their enter into the residential care homes as long as possible.

However, since 2010 the project Pink Passkey was launched in order to provide LGBT-friendly care services for the elderly people, while the cost of care services is shared by both individuals and the state. During my fieldwork in the residential care homes, I also noticed the good interaction between LGBT elderlies and Muslim employees. What can be seen here is the gap between policy expectancy and reality. The policy is expected to meet the needs of all the elderly people including LGBT seniors, but in reality, people still have concerns and doubts about the social protection system. Looking into the reasons behind such phenomenon can help us to improve the policy in the future.

5.1.1 Reasons 1: Homophile Islamophobia

Interviewed participants who have fear of being discriminated or excluded in the residential care homes have largely built their attitudes and opinions based on second hand resources. When asking these participants how they know about the situation of being discriminated or excluded in residential care homes, they claimed that they read it from the media, or they heard of the stories from friends and family. Instead, positive information like the Pink Passkey and LGBT-friendly care services, which can be found in many magazines and brochures that target the LGBT community, attracts less attention from the LGBT elderlies. Some interview participants are also aware of the change in elderly care industry, but they still hold a hesitating and sceptical attitude towards it. It seems that LGBT seniors tend to select the negative sides of stories among all the information. Here, I argue that the selection of information can be explained by the concept of homophile islamophobia.

Homophile islamophobia is a term developed by El-Tayeb describing the islamophobia within the LGBT community. El-Tayeb (2012, 82-85) explained that European cities like Amsterdam pride themselves of the progress in human rights. Dutch citizens in Amsterdam embrace their LGBT-friendly identity, for the Netherlands is the first country that legalized same-sex marriage. However, Muslim immigrants are seen as a threat to their identity, as Muslim community is identified as homophobic, sexist, backward, intolerant and homonormative. Muslims are thus considered to be the invaders who are violating "European values", while LGBT community, especially white gay men, are perceived as vic-

tims. As mentioned above, the elderly care sector, more than half of the employees have a migrant or religious background including Muslims, LGBT elderlies are thus more likely to be "threatened" and they consequently show certain hostility against the Muslim employees. As one of my interviewees said:

> When you make the phone call (to ask for home care services)… they send you a Muslim woman to help you, and you are gay, when the women wears the scarf and come to your home, then you can have problem…When you call Cordaan, they don't say what kind of person will come to you, but especially Muslim can discriminate (gay people). They say: "OK, I see picture, there are two men, I don't like it, what is that?" And you say: "It is my boyfriend". Then you can have problem… Especially in the Muslim culture, they are anti-gays, especially the Moroccans. They live here, but most of them do not like gays.

The concept of homophile islamophobia can explain why LGBT elderlies are reluctant to seek elderly care and postpone their entry into the residential care homes.

5.1.2 Reason 2: Ideological Change of Neo-liberalism

The trend of neo-liberalism in policy making is another important reason why LGBT elderlies prefer to stay at their own apartments/houses and postpone their entry into the residential care home as long as possible. Interviewed participants complained that getting into the residential care homes is becoming harder and harder in the past few years. Elderly people have to become much more "handicapped" than before in order to meet the criteria of being accepted by residential care homes. According to social protection providers, this is mainly because the government policy encourages elderlies to stay at home and receive home care instead of moving into residential homes. The government's explanation about the shift from residential care homes to home care is that the huge spending on residential care services becomes an overburden of governmental expenditure. According to Centraal Bureau voor de Statistiek, the expenditure on elderly care does show a continuous growth from 1990 to 2016:

Expenditure on elderly care										
subjects		periods	1990	1995	2000	2005	2010	2014	2015	2016
Health care expenditures, at actual prices	Total care and well being	Mln euro	26658	35148	46452	67151	87632	94452	94494	96711
	Medical and long-term care		23123	30047	39070	57452	74691	81760	81821	83786

Source: Centraal Bureau voor de Statistiek, Accessed by 10 October 2018.

Figure 3: Expenditure on elderly care

While among the expenditure on elderly care, a great part is spent on the residential care services. For example, in 2016, 40% of the elderly care expenditure

goes into the residential care services (Rijksoverheid Documenten 2018: 28). Considering the growing aging population brings pressure on the spending on residential health care, which further influences the expenditure on the whole elderly care services, the government adjusted its policy from 2013 and aimed to encourage people to stay at home and receive home care instead of moving into residential care homes. The result of the policy is satisfying: while the expenditure on residential care homes still keeps increasing, the average spending on the elderly on the contrary shows a downward trend (Rijksoverheid Documenten 2018: 37).

Besides the shift from residential care services to home care services, the responsibility of elderly care also shifts from government to individuals, which matches the ideological trend of neo-liberalism. Van Hooren and Becker (2012: 94) pointed out that from the early 1980s, it was observed in many western states that there is an ideological switch towards neo-liberalism. Annemieke (spiritual counselor in Dr. Sarphatihuis) compared the current situation with the past situation:

> About 25, 30 years ago, it was normal that when you were 65, then you went to the elderly home. They (the government) will take care of you. Because of the neo-liberalism I think, it changed. People have to take care of themselves as long as possible. It is your responsibility instead of the government's, so they (the government) want the people to live at home longer and family has to take care (of themselves). And you get home services/home care when you need it. But on the other hand, people internalize it, so they want to stay longer at home…I think it has to do with that the policy changed as well, people want to stay at home longer. In the past, you have the social care from the government, and now it is your individual responsibility. Now the neo-liberalism is the dominant ideology, so everybody has to be autonomous and you have to live by yourself.

Annemieke's opinion can also be confirmed by my interviews with some participants. These interviewed participants strongly believe that elderly people should take care of themselves as much as possible. They consider being taken care of and being dependent as illness and depressing instead of an aging process. While some interviewees explicitly said that it is people's own responsibility of dealing with loneliness, and people should always take care of themselves to make sure they can live happily. In the case of Andrea (66-year-old transgender woman), she once had a stroke and she couldn't walk properly. She falls on the floor easily and have to "crawl on the floor" sometimes, but she still refuses to ask for any help or considers moving into residential homes. Because she feels that it should be her own responsibility to take care of herself and asking helps from the others makes her feel guilty. "As Dutch society transitions from a welfare state to a society based more on individual responsibility, the increasingly well-educated and financially well-off elderly people wish to exert more control over their own lives" (Smits et al. 2014:335). It is clear that elderly people, including LGBT seniors, have more or less internalized the neo-liberalism. In this sense, the policy not only shift the weight from residential care homes to independent living, but also shift the responsibility from the government to individuals.

5.2 Gap 2: Homogeneous Component of Different Spaces

When applying the lens of intersectionality and taking the differences between different classes, genders, ethnicities and sexualities into consideration, it can be observed in my fieldwork that the component of different groups is highly homogeneous. What can be noticed in my fieldwork is the absence of the LGBT elderlies with ethnical minority background. Their voice and visibility are missing in residential care homes and community activities. Among 18 interview participants, Paul A, who participated in the Senior Café organized by COC Amsterdam, is the only interviewee who has an immigration background form Indonesia. In the residential care homes, there is even no record of elderly LGBT people with ethnical minority background.

When it comes to gender and sexuality, it can be found that component of the spaces for the social life of LGBT elderlies is also homogeneous. Elderly people with different sexualities do not always interact or network with each other. For instance, in the Senior Café, which is considered to be a socializing place for all the LGBT elderlies, only gay men are the active participants, while lesbians and transgenders are absent. When comparing the number of spaces for social life between gay men, lesbians and transgenders, it is also found that most of the spaces are dominated by gay men, while spaces for lesbians and transgender people are very little. Take bars/cafes as an example, there are more gay bars and mixed bars, which mainly target gay men, than lesbian bars/cafes and transgender bars/cafes.

In short, all these different spaces have shown a homogenous white gay male image. Understanding the reasons behind this homogeneous phenomenon can reveal the power relation among different groups of people and can further help us to improve the policy making.

5.2.1 Reason 1: Queers of Color have Different Experiences

The absence of LGBT elderly participants with ethnical minority background in these LGBT organizations and spaces is a result of both historical development and awkward position of these LGBT seniors. The lack of voice and invisibility of the LGBT elderlies with ethnical minority background can be understood with the help of intersectionality and queer of color critiques.

For one reason, the fact that queers of color are silent and invisible is the result of the historical development of the Dutch context. "The political legitimacy for people of color (whether postcolonial migrants from Caribbean, South America, Asia, or later, mostly Moroccan and Turkish Muslims) to mobilize-either within the LGBT movement or outside it-decreased" (Boston et al. 2015: 136). Boston et al. (2015: 141) further argued that the Dutch society was regulated and organized strictly in relation to religion. In other words, ethnical minority groups,

people of color as well as people with religious belief especially Muslims, regardless of their sexuality, are perceived as "outsiders" and "others" of the society. As a consequence, they are not "qualified" enough to have a voice or to represent the Dutch LGBT community. For another, queers of colours face with the dilemma of having difficulty in integrating in both LGBT community and the ethnical community. Take queer Muslims as an example, "the lived experiences and marginalization of a queer/LGBTQ Muslims are not the same as that of white queer/LGBTQ people and heterosexual Muslims and being in this intersection often means they are ignored by both communities" (Choi 2015: 25). For the queers of color, they have to struggle between the romantic ideas of gay freedom and the hostility against homosexuality from their culture of origin. It's difficult for the LGBT people with ethnic minority background to go back to their culture of origin. They do not feel welcomed or belonging neither in white LGBT culture nor in their cultural community (Hekma 2011: 33-36).

Due to the fact that these institutions, spaces and organizations are all owned and organized by white Dutch people, whose experience is greatly different from the experience of queers of colors. The ways of organizing activities and managing the spaces may not necessarily match the experience of the LGBT elderlies with ethnical minority background. As Christ (co-founder of Roze Hallen) said:

> We don't have people with immigrant background, we (residents) are all white. We didn't have the policy about that, and also we don' have these people (with immigrant background) who want to live here…I think it's also very... maybe a white thing to organize in this way. It may not be appreciated by people of colour.

What should be known is that the knowledge production enables certain groups of people to become normal and privileged, while the rest remains the "others" or "outsiders". Schrijvers (2014: 129) pointed out that non-white bodies are absent in LGBT organizations due to the racism history, in which the non-white people were alienated as "outsiders" by white privileged Dutch people, through which the knowledge of "outsiders" is produced. Yet, instead of accusing members in these organizations and spaces of ignoring racial and ethnic issues, I would argue that the members may not even realize their "whiteness" as a privileged position. Faria and Mollett (2016: 81) emphasized that whiteness should not be seen as "fixed, biologically determined and phenotype, but as a structural advantage, standpoint, and set of historical and cultural practice." In this sense, whiteness becomes invisible in the membership component, whiteness becomes normal and natural and thus be used to represent all the LGBT people, while queers of color are seen as "outsiders". Through this, the homogenous while image of LGBT organizations and spaces in the Netherlands is formed.

5.2.2 Reason 2: The Generational Differences Within Lesbian Community

Café Saarein was a women-only bar since 1978, meaning that it was only accessible for women. It is well-known among the elderly lesbians as it was one of the most important places for lesbian community to socialize and network. In 1999, Dia took over café Saarein and turned it into a "mixed bar" and all the LGBT

people are welcomed in the bar. Research shows that café Saarein is not the only café having such change. In fact, the lesbian bars/cafes show a declining trend with generations. According to Fobear (2012: 727-735), the generational tensions and discourse are the most important factors causing the increasing popularity of "mixed bars" and decreasing numbers of lesbian and women-only bars. For the older generation of lesbians, the lesbian bars/cafes were not only places for socializing. Instead, lesbian or women-only spaces were highly essential for mobilizing lesbians' rights and visibility. The feminist café, lesbian and women-only bars/cafes were the result of lesbian women's fight and claim for spaces. Claiming spaces where lesbian women can meet and organize was considered to be the core and foundation of mobilizing lesbian identity and activism. In another word, the spaces where older generation of lesbians gathered together are more politics-oriented. On the contrary, for the younger generation of lesbians, lesbian or women-only bars/cafes are not related to lesbian identity and activism anymore. While because of the homonormativity, younger generation of lesbians tend to "normalize" themselves and assimilate into the heterosexual social scene. They think highly of the freedom and flexibility to integrate into and socialize in straight dominated spaces, which is also seen as a reason of the decline of lesbian or women-only spaces and the decreasing visibility of lesbian community. Younger lesbians do not feel included or connected from the lesbian or women-only bars/cafes due to their "normal" and feminine looking, as well as their unwillingness to express their sexuality. They are consequently more willing to go to straight or "mixed" bars/cafes for social life. From 2000, lesbian or women-only bars/cafes began to disappear or were turned into "mixed" bars/cafes, where LGBT people and even heterosexual gay-friendly people are welcomed. Younger generation of lesbians see lesbian or women-only spaces as claustrophobic and intimidating. The difference and separation of political point of view and appearance finally led to the disconnection between older and younger generation of lesbians. In order to survive from the diminishing customers due to the change of generation, Saarein and other similar lesbian bars have to swift into "mixed" bars.

The analysis of Fobear is also supported by my interview participants. Annemieke (57-year-old lesbian) explained that her generation has experienced the period of social movements and social transitions, which the younger generation does not have: "from my generation, older lesbians they had to fight for their rights, so they are more politically oriented, more feminist. And the younger generation hasn't had those sorts of things". This difference between generations can be explained by the concept of "generation cohort" developed by Mannheim, which indicates that people who experience the same historical events of incidences identify themselves as the same generation. In the present "mixed" bars, older generation of lesbians feel excluded and marginalized, for they couldn't feel the connection between "claiming an exclusive lesbian-only space and uniting under a common cause" (Fobear 2012: 731). What can be drawn from above is that the spaces for elderly lesbians to socialize and network are becoming less and less, which increases the risk of lesbian elderlies being isolated from the society.

5.2.3 Reason 3: Transgender Elderlies Couldn't Fit into Binary Concept

Different from lesbian and gay men community, the separation of different generations is less seen within transgender community. Transgender participants all explicitly expressed that age difference has little impact on the relation between different generations. However, transgender people, including transgender elderlies, are more likely to face with violence, discrimination and exclusion not only from the heterosexual people, but also from the gay and lesbian community.

As noted above, the LGBT community has internalized the heterosexual values and norms and formed homonormativity. Same as heteronormativity, homonormativity also emphasizes the binary division, which largely excludes transgender people from the LGBT community. Rosenfeld (2009: 621) highlighted that the gender-conforming homosexuals are able to fit into the gender/sexuality binary division, which was embraced by many post-war lesbian and gay organizations in order to assimilate lesbian and gay community into the heteronormative society, while gender-transgressive people are left aside. The acceptable homosexuality that is based on heteronormativity, namely the gender-conforming homosexuality, has thus become dominant and privilege in the public. In the Netherlands, transgender people also have to blend in and act as simply male or female in order to achieve recognition by the society. This requires transgender people to become "passable" men and women by fitting into the binary division of gender but not somewhat in between. "This hegemonic expansion of gender-conforming trans individuals is a way that 'traditional' heteronormative ideals of men/masculinity and women/femininity are maintained" (Allen and Mendez 2018: 75). Due to this reason, transgender people have to self-regulate to become invisible and to act "normally", which remains the heteronormativity and its norms and values unchallenged. Transgender people who are outspoken have higher risk of being discriminated or even attacked. One of my interview participants admitted being attacked physically on the street twice. Hekma and Duyvendak (2011: 629) emphasized that not only non-cisgender trans men and women, but also gays and lesbians who do not fit into the heteronormative norms face the similar situation:

> The heteronormative discourse is adopted by gays and lesbians who are often eager to act "normally" by shunning unmasculine (for men), unfeminine (for women) and explicit erotic behavior. Heteronormativity thus becomes homonormativity as well, compelling both gay men and lesbian women to behave like straight people, making them afraid of showing any "gay" or "lesbian" signs, and prompting them to criticize others for behaving too much like sissies or dykes. […] Though such invisibility may indeed be strategic to play it safe, it hardly furthers sexual emancipation.

The analysis above shows clearly how the binary division of homonormativity excludes transgender people from the community and force them to become invisible and act "normally". Consequently, during my fieldwork, I noticed that there is very little space for transgender elderly to socialize, and they are less likely to engage with gay or lesbian community. As Robinson (2010: 334) stated: "Homonormativity seems to gain its recognition and power of normalization through the assimilation of gays and lesbians, and there may be no room for transgender people to assimilate under this model".

5.3 Conclusion: A Dilemma Faced by LGBT elderlies

The gap between the policy expectancy and the reality brings along several dilemmas to the LGBT elderly people. First of all, homophile islamophobia and the neo-liberal trend of policy making hinder LGBT seniors from getting access to the care services. Although the state has made efforts to promote the Pink Passkey project in the last decade, I argue that the social policy design still didn't take into consideration the particular social-economic structure behind the experience of LGBT elderlies, which is very different from the heterosexual seniors.

As the past research and my fieldwork have shown, compared to heterosexual elderly, LGBT elderlies are less likely to have partners and children, and they lack the support from family and friends (Linschoten and Boers 2014: 10), meaning that they do not always have someone to turn to when they need helps and supports. While heterosexual elderly can benefit from the company of their partners and helps with domestic work from their children, LGBT elderlies reply more on the institutional supports. However, due to the homophile islamophobia as well as the neo-liberal trend of ideology, LGBT elderlies on one hand postpone their entry into the residential care homes and hesitate to take home care due to the fear of being discriminated, on the other hand refuse to receive home care and residential care with the belief that it is their own responsibility to take care of their life and happiness. LGBT seniors therefore face the dilemma that they cannot get timely supports and helps when they are in need.

Secondly, the historical racism, homonormativity, generational difference as well as the awkward position of queers of color largely marginalized and excluded LGBT elderlies with ethnical minority background, elderly lesbian and transgender community. Elderly care policy does not take intersectionality into consideration and thus could not meet the needs of these marginalized groups. Compared to heterosexual elderly and even elderly white gay men, they have less safe space to socialize and network, which is crucial for their social-embeddedness and well-being. On the contrary, they face more difficulties in accessing care services. The failure of social policy in addressing intersectionality leads to the silence and invisibility of these marginalized groups of people.

I argue that the existing social protection system for LGBT elderlies is not sexuality-, gender- and race-sensitive enough, meaning that the needs of LGBT elderlies cannot be fully met.

6 Chapter 6 Conclusion: There is Still Space to Improve

This paper shows that the social policy of social protection and care services for elderly does not fully meet the needs of LGBT seniors. I argue that this is the result of lacking perspective of intersectionality and sexuality-sensitivity in policy design, while the interplay of change of ideology and racist power structure also complicate the situation.

There is no denying that the existing elderly social protection system in the Netherlands does benefit the seniors including LGBT people in various ways. In the state level, the universal approach of policy design guarantees the equal access of senior people to the care services. Elderly people can be free from the worry about financial burden because the cost of care services, including home care and residential care, is shared by both state and individuals based on the income level of the individuals. The introduction of Pink Passkey ensures that LGBT elderlies can enjoy the safe and welcoming environment in care sectors. Transgender elderlies can also benefit from the Dutch insurance policy as well as the services of state-run hospital. When having closer look at the market, gay bar, lesbian and transgender cafés act as an important platform for LGBT elderlies to socialize and build up network, which is crucial for the social embeddedness of LGBT seniors. The market also makes use of its flexibility to provide more accurate and fast services for its target groups. Although the family play the role of safety-net in the elderly life of LGBT people, the importance of family as well as partner was overemphasized due to the heteronormative values and norms. In fact, the close relations of the LGBT elderlies with their ex-lovers can be considered to be a new form of family, which challenges the heteronormative concept of family. After including community as one of the indicators in care regime analysis, we are able to see that community plays multi roles in supporting LGBT elderlies. Not only does community have the role in the social life and networking of LGBT seniors, it also provides direct services and support for the elderly LGBT people.

However, research interviewees indicated that they would rather postpone their entry into the residential care homes as long as possible. The reasons are complex. On the one hand, they have the fear of being discriminated by the Muslim employees when getting access to the care services due to the homophile islamophobia, namely the hostility and distrust of LGBT people against Muslims based on the racist and stereotypical image of homophobic Muslim people. On the other hand, the shift of ideology towards neo-liberalism reinforced the idea that it is individuals' responsibility to take care of themselves. As a consequence, LGBT elderlies would rather stay at home as long as possible. What can be also observed is that the LGBT scene in Amsterdam is highly homogeneous. While white gay men became the dominate image in both care sector and socializing space, queer of colour, lesbians and transgenders remain silent and invisible. The homogenous image of LGBT scene is mainly caused by the awkward position

of queers of colour, the generational difference within lesbian community and the homonormativity against transgender people.

Based on the analysis above, policy can be improved. Regarding the phenomenon that LGBT elderlies postpone their entry into the residential care homes and stay at home as long as possible, policy that promotes LGBT-friendly care services could be promoted on a larger scale while better home care services could be scaled up in order to fill the gap caused by discouraging seniors to move into residential care home. By doing this, the concern of LGBT elderlies can be diminished and LGBT seniors can thus be able to benefit from timely help and support. What should not be ignored is that social policy should take intersectionality into consideration and provide safe space for queers of colour, lesbians and transgenders to raise their voice and visibility. This should be accompanied by addressing social norms including tackling heteronormativity, homonormativity and homophile islamophobia.

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Appendices

Appendices 1: List of Conversation

No.	Name	Date	Location	Word count in transcript
1	Ronald A and Paul A	11/07/2018	Amsterdam	1608 words
2	William	19/07/2018	Amsterdam	640 words
3	Ronald B and Martin	19/07/2018	Amsterdam	516 words
4	Paul B	19/07/2018	Amsterdam	323 words
5	Jan William	12/07/2018 19/07/2018	Amsterdam	2463 words
6	Huub	12/07/2018	Amsterdam	915 words
7	Derk	19/07/2018	Amsterdam	702 words
8	Cees	12/07/2018	Amsterdam	2895 words
9	Ben	19/07/2018	Amsterdam	1196 words
10	Christ	18/07/2018	Amsterdam	1588 words
11	Elizabeth	26/07/2018	Amsterdam	1421 words
12	Dia	11/07/2018	Amsterdam	763 words
13	Annemieke	18/07/2018 19/07/2018 26/07/2018	Amsterdam	3510 words
14	Yvo	19/08/2018	Amsterdam	722 words
15	Jacqui	19/08/2018	Amsterdam	451 words
16	Andrea	19/08/2018	Amsterdam	786 words
17	Alex	11/07/2018 12/07/2018	Amsterdam	1698 words
18	Anton	12/07/2018	Amsterdam	2725 words

Appendix 2: List of Codes

No.	Code	Number of quotes in this code	Description
1	Age and generation	7	Reference to generational difference and perception of age by interviewees and policy makers
2	Ageism	14	Reference to the age discriminations interviewees have experienced
3	Amsterdam	9	Reference to the reasons of living in Amsterdam
4	Attitude towards care services	36	Reference to interviewees' feelings and thoughts about the care services
5	Bisexuality	3	Reference to interviewees' sexuality identity and their attitudes towards bisexuality
6	Class	5	Reference to the differences among different social classes
7	Ethnicity	5	Reference to the differences among different ethnicities of interviewees and ethnicity-related discussion
8	Community	42	Reference to the function, component and role of community
9	Expectation	19	Reference to interviewees' expectation of the care services
10	Family	27	Reference to the function, component and role of family
11	Health situation	18	Reference to interviewees' health situation
13	Lesbian	13	Reference to the experience of lesbian women
14	Loneliness	38	Reference to interviewees' experience and perception related to the feeling of loneliness
15	Market	14	Reference to the function, component and role of market
16	Partner	8	Reference to interviewees' marriage status and perception of the role of partner
17	Neo-liberalism	14	Reference to the evidences of the ideological trend of neo-liberalism
18	Services of the homes	17	Reference to the activities, services and support provided by the residential care homes

19	Social acceptance	35	Reference to the social acceptance of LGBT people in Amsterdam according to the interviewees
20	State	22	Reference to the function, component and role of state
21	Transgender	10	Reference to the experience of lesbian women and transgender elderlies