

Caring for Older Australians  
Productivity Commission  
PO Box 1428  
Canberra City ACT 2601  
agedcare@pc.gov.au

16 July 2010

To: Productivity Commission

**RE: CARING FOR OLDER AUSTRALIANS INQUIRY**

We thank you for the opportunity to make a submission to the Productivity Commission's Inquiry into Caring for Older Australians.

GRAI (Gay Lesbian, Bisexual, Trans and Intersex Retirement Association Inc), is a Western Australian community organisation concerned with aged care and community services catering for the needs of older people of diverse sexualities and gender identities. Our mission is to "create a responsive and inclusive mature age environment that promotes and supports a quality life for older people of diverse sexualities and gender identities". This submission draws on research into aged care and the GLBTI community that illustrates that this minority group has unique needs that are often overlooked by service providers and others in the aged care sector.

GRAI undertook formative research work in 2007 with GLBTI<sup>1</sup> community members which illustrates some of the fears of this group in getting old, and in particular a concern that they will not be accepted or will receive poor treatment by service providers due to their sexuality (GRAI: GLBTI Retirement Association Inc. 2007). More recently GRAI has undertaken a larger research project looking particularly at the attitudes and practices of aged care residential service providers towards GLBTI community members which resulted in a state-wide survey, comprehensive literature review and recommended best practice guidelines (GRAI (GLBTI Retirement Association Inc) and Curtin Health Innovation Research Institute 2010). These two documents and other respected literature will be used to support our submission in addressing the terms of reference of the Productivity Commission inquiry into Caring for Older Australians. In particular we seek to address two main areas under inquiry: the social, clinical and institutional aspects of aged care in Australia and workforce issues.

---

<sup>1</sup> The acronym GLBTI is used throughout this document. It encompasses gay, lesbian, bisexual, trans and intersex people. However, it is important to note that diversity exists within the GLBTI population as in any population.

Approximately 8% of people ageing are likely to be people identifying as gay, lesbian, bisexual, trans or intersex (GLBTI)<sup>2</sup>. To date, clients' sexual orientation or gender identity remains largely invisible to service providers: an invisibility that impacts negatively on these clients' well-being, and is extremely relevant to the standard of care made available to this cohort.

## **Issue 1: the social, clinical and institutional aspects of aged care in Australia**

---

### **Social experience of older GLBT people**

The Commission seeks evidence of social, clinical and institutional aspects of aged care in Australia. GRAI argues that GLBTI Australians have unique needs due to the social and legal context of homosexuality within Australia. Generally speaking, Australian gerontology and the aged care industry operate within a heteronormative framework (the assumption and privileging of heterosexuality over any other sexual orientation), disregarding diverse sexual orientations and sexual identity (Harrison 2005; Phillips and Marks 2006). Additionally the aged care industry generally employs the notion that older people are asexual and that matters of sexuality are private (Hamburger 1997; Hughes 2004). This means that there has generally been a complete lack of acknowledgement or practices that recognise the unique social experience of GLBTI people.

In addition to the usual issues facing older adults, such as loneliness, isolation, loss of autonomy and increasing dependence, older GLBTI individuals may experience additional stressors (Meyer and Northridge 2007). These are usually associated with sexual orientation, disclosure to health care providers, discrimination, lack of legal recognition, little if any protection of lifetime partnerships, and limited opportunities to meet other older GLBTI people (Equality South West 2006; Meyer and Northridge 2007). Many older GLBTI people have been exposed to ongoing discrimination and homophobia as a result of their sexual orientation, and as a consequence do not access health care services as they fear disclosing their sexuality to health professionals (Gay and Lesbian Medical Association 2001).

Older GLBTI people currently accessing retirement and residential aged care are a hidden population, as demonstrated by many Australian and international studies. Older GLBTI people may not feel comfortable or safe to disclose their sexual orientation and/or gender identity for fear of discrimination, abuse and reduced quality of care. This can have significant health implications and can manifest as stress, anxiety and depression from continually having to maintain a heterosexual persona. As providers may not be aware of the existence of older GLBTI residents within their facility, they are less likely to address adequately some of the underlying causes of such health issues. They are also less likely to support community connectedness and sexual expression, which can affect overall well being. Concealment of sexual orientation and/or identity can also have significant health consequences, as non-disclosure of important information may affect the provision of care.

From GRAI's 2007 formative research which included focus group discussions with members of the GLBTI community, which raised many concerns. This shows the negative attitudes that many GLBTI people are approaching aged care service delivery

---

<sup>2</sup> The Australian population is ageing and it is estimated that one quarter of the population will be aged 65 years and older by 2050. The cohort aged 65 and over is currently estimated at 13% of the Australian population. This amounts to approximately 2,860,000 people within the current national population of twenty two million. (Australian Bureau of Statistics 3201.0 - Population by Age and Sex, Australian States and Territories, June 2008, <http://www.abs.gov.au/Ausstats/abs@.nsf/mf/3201.0> )

with and is cause for concern. Below is a sample of responses received and issues raised:

- Issues including isolation and loss of partners/friends are a main and recurring concern/issue for older GLBTI people;
- Some people said they fear going into existing care/retirement facilities due to not 'fitting in';
- Some people said they feel they will always need to be 'on their guard' if they go into existing care/retirement facilities;
- There is a perception that existing aged care/retirement facilities have very homophobic attitudes;
- There was some acknowledgment that there is some change/more openness in the wider community towards accepting GLBTI people in general;
- There is a lack of family/informal care networks for older people in the GLBTI community;
- There is a perceived lack of support groups for older people in the GLBTI community;
- Some people said they want to live among non-judgmental people;
- Others said they need choices and options like everyone else in the community;
- There's a perception that existing aged care/retirement facilities lack accommodation options for GLBTI people;
- There is a perception that attitudes of staff towards GLBTI people need to be changed;
- It was seen that there is insufficient training for staff in existing aged care/retirement facilities on GLBTI issues and how to speak with and treat GLBTI people;
- Some people said they want to be part of more integrated communities not necessarily just specific GLBTI aged care facilities;
- Existing facilities must acknowledge differences and be prepared to understand and cater for the wants and needs of older GLBTI people (GRAI: GLBTI Retirement Association Inc. 2007).

These feelings are in stark contrast to the responses from the current GRAI research survey where 66% of aged care residential service providers agreed or strongly agreed with the statement that they were 'gay friendly' (GRAI (GLBTI Retirement Association Inc) and Curtin Health Innovation Research Institute 2010). See Table 1 for survey results on a range of attitude questions put to aged care accommodation facilities (GRAI (GLBTI Retirement Association Inc) and Curtin Health Innovation Research Institute 2010). There is obviously a disconnect in what the industry provides and the community perceptions and experience. It is also concerning that 77% (n=41) of facilities who gave information of experience of GLBTI clients (n=53) reported they had no current or past experiences with GLBTI residents and/or families (GRAI (GLBTI Retirement Association Inc) and Curtin Health Innovation Research Institute 2010). This is more likely to indicate that people of diverse sexuality do not feel safe enough to disclose their sexuality and/or that service providers do not make an effort to make their institutions welcoming enough to GLBT clients or there is the assumption that all residents are heterosexual. People do not stop being 'gay' when they get older.

**Table 1 Facility attitudes with regards to GLBTI issues (n=83)**

	<b>Strongly Disagree</b> n (%)	<b>Disagree</b> n (%)	<b>Unsure</b> n (%)	<b>Agree</b> n (%)	<b>Strongly Agree</b> n (%)
Your Facility recognises that GLBTI residents have specific needs	4 (5)	18 (23)	33 (42)	19 (25)	4 (5)
Same-sex partners of a resident have the opportunity to be involved in that person's care	0 (0)	0 (0)	13 (10)	30 (38)	40 (50)
Your Facility provides a GLBTI-friendly environment	0 (0)	3 (4)	24 (30)	32 (40)	21 (26)
Non-judgemental language is used and promoted within your Facility's printed policy and procedure documents	1 (1)	1 (1)	14 (17)	32 (40)	33 (41)
All residents' beliefs and personal diversity (e.g. religious, cultural, sexual) are promoted within your Facility's policies and procedures	0 (0)	2 (3)	7 (9)	24 (30)	46 (58)
A resident's sexuality is not of concern to your Facility	2 (3)	7 (9)	8 (10)	29 (36)	34 (43)
Staff treat residents as individuals (not defined by their cultural/political/sexual identity) at your Facility	0 (0)	0 (0)	4 (5)	21 (26)	55 (69)
Your Facility provides a trusting environment where residents feel safe enough to disclose their sexual orientation	0 (0)	1 (1)	14 (17)	33 (41)	33 (41)
GLBTI issues are not important to your Facility	5 (6)	29 (37)	17 (22)	17 (22)	10 (13)
GLBTI residents' needs are openly discussed at your Facility	2 (3)	20 (26)	25 (45)	14 (18)	6 (8)
Other residents are encouraged to support a GLBTI-friendly environment	3 (4)	12 (16)	44 (57)	14 (18)	4 (5)

The literature of GLBT ageing discusses the impact of historical experiences of discrimination against GLBTI people. GLBTI people who are currently accessing aged care services have lived in an era where there was a real threat of losing their job, family and friends, and risking imprisonment and 'medical cures' if they disclosed their sexual identity (Barrett 2008). Consequently identity concealment and invisibility is a real issue and manifest as ongoing fear of discrimination and suspicion of government institutions (Brotman, Ryan, and Cormier 2003). This creates further marginalisation and stress on individuals as they continually conceal their sexual identity (Barrett 2008).

Also emerging from the literature is the notion that GLBTI individuals are less likely to access health care services for fear of discrimination and homophobic attitudes by providers and carers. Consequently some older GLBTI do not seek health care or disclose their sexual identity to healthcare providers which can result in their medical needs remaining unmet. Finally the research highlights that older GLBTI people fear that homophobic attitudes by health care service providers will impact on the quality of

care they receive. Barrett (2008) concludes that inadequate quality of care can result from: staff's personal value and belief systems impacting on their service delivery, lack of knowledge of anti-discrimination laws and legal responsibilities, and insufficient support/guidance from management.

GRAI argues that currently the majority of aged care facilities are unlikely to provide open and appropriate services to GLBTI clients. This is supported by research that indicates the following areas as being of particular concerns to GLBTI people:

### **Institutionalised aged care**

McNair and Harrison (2002) found that major concerns for older GLBTI people were not about their health per se, but rather about institutionalised discrimination pertaining to sexual and gender identity. Concerns were also raised about how homophobic attitudes of institutionalised aged care facilities would impact on the quality of care delivered and the fear that this could result in elder abuse. Older GLBTI people in general do not feel that it is safe to disclose their sexual orientation and/or gender identity to aged care providers as a result of their past experiences of discrimination (Barrett 2008). This stems from a time when disclosure could have resulted in imprisonment, ostracism, job losses and medical interventions. Additionally concerns are raised as a large number of residential facilities are run by religious organisations (McNair and Harrison 2002).

### **Concealment of identity**

As a result of fears of institutionalised homophobia, some older GLBTI people believe that they need to conceal their sexual orientation and/or gender identity from aged care service providers (Barrett, Harrison, and Kent 2009). Consequently, they may be forced 'back into the closet' and have to continuously maintain a facade of heterosexuality, placing them under immense stress and anxiety (Barrett, Harrison, and Kent 2009). Furthermore, concealment of identity renders older GLBTI people invisible and may result in failings to address or meet their needs.

The heteronormativity of aged care facilities is also of concern to many older GLBTI people. heterosexual assumptions coupled with the notion of older people being asexual, can make GLBTI people feel that their same-sex relationships are not valued or understood and that partners will be excluded in care planning and decision making (Irwin 2007). Additionally Addis (2009) reports some older GLBTI people fear a lack of recognition and support of their 'families of choice' from service providers.

### **Social networks**

Some older GLBTI people fear that going into residential aged care will render them socially and emotionally isolated from their communities. They will no longer be able to mix with other GLBTI people, access GLBTI services and activities or celebrate/attend special events and festivals (Chandler et al. 2005; Birch 2004; Chamberlain and Robinson 2002). Encouraging participation in GLBTI community activities of older GLBTI people in residential care facilities can be challenging due to their invisibility and identity concealment (Brotman, Ryan, and Cormier 2003). However encouraging GLBTI elders to access and

remain connected to their GLBTI community and social support groups is important, as it can contribute to positive health outcomes (Birch 2009).

### **Financial security**

As with older heterosexual people, older GLBTI people are concerned about their financial security as they age. In the report *Out and Aging* older gay men were concerned about becoming dependent on others (MetLife Mature Market Institute 2006). On the other hand lesbians were more concerned that their finances were insufficient to last their lifetime. This was partly due to older women generally having a lower earning capacity over their working years than men, and a generational factor where women were not expected or taught to be financially self sufficient (MetLife Mature Market Institute 2006). Although this report is specific to the US population, it is likely to be applicable in the Australian context.

### **Cultural and sexual expression**

Of concern to some older GLBTI people is the limited opportunity residential aged care facilities provide for cultural and sexual expression (Barrett 2008). They may be unable to display GLBTI related materials such as photos, community newspapers and watch gay TV without 'outing themselves' (Barrett 2008). Additionally the lack of opportunity for physical touch such as holding hands, kissing and hugging as well as physical intimacy is also a concern of some older GLBTI people (McNair and Harrison 2002).

The GLBTI population is heterogeneous and exists in all parts of society, encompassing a diverse range of individual health needs, issues and behaviours (Hyde et al. 2007). Individuals within the GLBTI population experience differing degrees of optimum health and health issues and it is imperative that generalisations are avoided. When discussing GLBTI health, it is important to recognise and consider that there are many healthy and happy GLBTI individuals. However as a population, overall disparities exist in contrast to the heterosexual population. Such discrepancies tend to manifest in the form of poor mental and physical health and result from barriers related to sexual orientation and/or gender identity, which include heterosexism, homophobia, societal marginalisation and stigmatisation (Meyer and Northridge 2007). Furthermore service providers' limited knowledge of GLBTI health issues can lead to the provision of inappropriate advice and care. This along with homophobic attitudes of some health care providers impacts on GLBTI individuals' health seeking behaviours, making them less likely to seek early intervention (Dunn, Wilson, and Tarko 2007; Gay and Lesbian Medical Association 2001; Hyde et al. 2007).

### **Recent legislation**

There have been comprehensive legislative changes in 2009 under the Australian Government's Same-sex Relationships Act, which removed discrimination against same-sex couples, ensuring the same rights as opposite-sex couples (Department of Health and Ageing 2009). While these changes, the result of hard fought advocacy over many years, are on the whole welcome the Commission should be aware of the negative impact on older members of the GLBT community. Advocates and GLBTI elders argue that the implementation process of the Act has been unsympathetic to the

needs of older GLBTI people who are already receiving or about to apply for the Aged Pension. Some argue that the government's implementation process and lack of a grandfather clause, ironically continues to discriminate against GLBTI individuals (Horin 2008).

In the case of the Same-sex Relationships Act, this means that GLBTI couples already on an aged pension will be substantially financially disadvantaged as their income is reduced. Additionally, as the legislation is being implemented without an extended phase-in period, older GLBTI couples entering into retirement will not have time to adjust their plans to ensure their financial security (Horin 2008). Also of concern is the stress and anxiety which older GLBTI people may now experience as a result of the new legislation. Having lived their lifetime concealing their sexual identity, they are now required to disclose their sexual identity to government agencies (Birch 2009).

## **Issue 2: future workforce requirements of the aged care sector**

---

To assist in meeting the specific needs of older GLBTI people, organisational policy and procedures within the retirement and residential aged care sector should explicitly address GLBTI issues. This has a direct impact on workforce practices. Currently general equal opportunity and antidiscrimination policy encompass issues of sexuality, however by explicitly addressing GLBTI issues in organisational policy and procedures, organisations demonstrate their intent in having a GLBTI-inclusive environment and articulate what is expected of staff (Smith and Calvert 2001). It also limits unintentional and indirect marginalisation and discrimination of GLBTI people, as specific needs are not consciously considered as well as a general lack of awareness of relevant GLBTI issues (Tolley and Ranzijn 2006; Irwin 2007).

To this end the recent GRAI research project has developed and proposes universal acceptance of best practice guidelines in the area of GLBTI issues for aged care accommodation providers. This is composed of 5 key areas which are presented below with a brief explanation. A full copy of the guidelines, final research report and comprehensive literature review are all available at [www.grai.org](http://www.grai.org) and provide additional supporting evidence for GRAI's submission. The guidelines cover:

**1 Inclusive and safe environment:** Care providers should provide and communicate an inclusive environment, where GLBTI people feel physically, spiritually and emotionally safe.

Care providers already respectfully consider many cultural characteristics of their clients (such as age, gender, disability, language and ethnicity) to ensure appropriate service delivery. Sexual orientation and gender identity should be included in the list of cultural characteristics. This should ensure that residents are not isolated or discriminated against by other people, their family and friends, and staff. Achieving a safe environment would also ensure a positive response to the disclosure of sexual orientation or gender identity, so that GLBTI seniors would feel understood, valued and safe.

**2 Inclusive communication:** Care providers should be conscious of using appropriate language that is respectful and aligned with how a person identifies themselves. As a consequence of inclusive communication, GLBTI people can feel safe and comfortable disclosing information that may impact on their quality of care.

**3 GLBTI-sensitive practices:** Good practice requires a fundamental understanding of diversity. Knowledge of the impact of an individual's past experiences of homophobia and social exclusion is fundamental to the delivery of GLBTI-sensitive practices. GLBTI-sensitive practices include appropriate intake and assessment practices, referral sources and access to resources, and provision of safe opportunities for GLBTI people to disclose their sexual orientation and/or gender identity if they so choose.

**4 Staff education and training:** Providing education and training for all staff will equip them with the skills and knowledge required to support and work with GLBTI people, so they are better able to understand the specific needs of this group. Safe and culturally appropriate support for same-sex couples and for older GLBTI people can only be achieved through extensive education programs, and quality improvement and compliance mechanisms which are regularly evaluated for their effectiveness.

**5 GLBTI-inclusive organisational policies and procedures:** The care provider should embed GLBTI-sensitive principles and guidelines into their organisational policies and procedures to demonstrate their intent to have GLBTI-inclusive practices, as well as to provide active implementation strategies and mechanisms.

Guideline 4 above discusses the need for staff education and training which needs further elaboration. There is a need to ensure that all aged care sector service providers are trained to understand the cultural sensitivity required in dealing with GLBTI people. The recent GRAI research indicated that there was good support from facility members for training and outlined support for specific areas that would improve their ability to work with GLBTI clients (GRAI (GLBTI Retirement Association Inc) and Curtin Health Innovation Research Institute 2010). See Table 2.

**Table 2** Future training topics and their support from respondents (n=66)

Training topic	Number (%)
Specific needs of GLBTI older people	44 (67)
Managing resident and/or staff disclosure	46 (70)
Legal responsibilities regarding discrimination	38 (58)
Legal responsibilities regarding state and federal same-sex laws	35 (53)
Sexuality and sexual expression	30 (46)
Sexual and gender identities	26 (39)
Safeguarding GLBTI individuals from discrimination by other residents	50 (76)
Impact of staff beliefs and values on delivery of care	59 (89)

Facilities indicated that limited funding, time and human resources and staff and residents' attitudes and beliefs were barriers to ensuring effective training which indicates that funding and support for mandatory training is essential.



## **Conclusion**

In summary, GRAI argues that for advances in aged care service provision to be made that there must be an acknowledgement of the unique needs of GLBTI people. Our submission presents our concerns and evidence in this area.

Our experience is that aged care accommodation providers are unlikely to be antagonistic to this need however they are uninformed about how to provide truly GLBTI inclusive services. The best practice guidelines developed by GRAI provide a framework for service providers to work within. However, for this to be effectively adopted a comprehensive education and training program around GLBTI issues needs to be implemented.

GRAI would be happy to meet with the Productivity Commission should they be in Perth for further consultation. Please do not hesitate to contact me as the Chair of GRAI. We wish the Commission well in the important task of reviewing the aged care service delivery area.

Jude Comfort

Chair  
GRAI

## References

- GRAI (GLBTI Retirement Association Inc) and Curtin Health Innovation Research Institute (2010). *We Don't Have Any of Those People Here: Retirement accommodation and aged care issues for non-heterosexual populations*. Perth, Western Australia, Curtin University.
- GRAI: GLBTI Retirement Association Inc. (2007). *Older gay and lesbian people: Establishing the needs*. Perth.
- Irwin, L. (2007). "Homophobia and heterosexism: Implications for nursing and nursing practice." *Australian Journal of Advanced Nursing* **25**(1): 70-77.
- Smith, A. and J. Calvert (2001). *Opening doors: working with older lesbians and gay men*. London, Age Concern England.
- Tolley, C. and R. Ranzijn (2006). "Predictors of heteronormativity in residential aged care facilities." *Australasian Journal on Ageing* **25**(4): 209-214.