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Productivity Commission's Inquiry into Aged Care 2010

Submission regarding the needs of gay, lesbian, bisexual, transgender and intersex (GLBTI) people

Introduction

Gay and Lesbian Health Victoria is managed by a consortium consisting of The Australian Research Centre in Sex, Health and Society, Women's Health Victoria and the Victorian AIDS Council/Gay Men's Health Centre. The role of the Unit is to enhance and promote the health and well being of GLBTI people in Victoria. This is achieved through training, developing health resources, maintaining a research and information clearinghouse and by providing advice to Government on the planning and development of future GLBTI programs. Some of the activities undertaken by Gay and Lesbian Health Victoria aim to promote the health and wellbeing of older gay, lesbian, bisexual, transgender and intersex (GLBTI) people.

There is no data on the number of older Australians that are GLBTI. However, we do know from the 2003 Australian Study of Health and Relationships¹ that 2% of the population identify as non-heterosexual and up to 15% have experienced same-sex attraction or had sexual contact with someone of the same-sex. Furthermore, we now have a body of evidence demonstrating that GLBTI Australians have specific needs that arise from their experiences of social marginalization and discrimination. For example, a recent survey of prejudice-motivated violence against GLBTI Victorians concluded that GLBTI people are subject to much higher levels of harassment and abuse than the general population and that the threat of such violence is part of GLBTI people's everyday lives². The effects of this discrimination include poorer health outcomes³, reduced social participation and community engagement⁴ and GLBTI people avoiding or delaying seeking care because of actual or perceived prejudice on the part of health care providers and institutions². A number of studies have also identified the specific needs of older GLBTI people.

This submission draws on the evidence relating to the needs of older GLBTI people and the reforms necessary to ensure an appropriately trained aged care workforce. We believe these reforms are required to ensure the workforce is able to be responsive to the needs of this culturally diverse group, ensure their rights are adequately protected and understood and able ensure that an acceptable standard of care is provided. To achieve this, we present a summary of the evidence relating to the needs of older GLBTI people, current responses and recommendations.

¹ Smith, A, Rissell, C, Richters, J, Grulich, A and De Visser, R (2003) Sex In Australia Sexual Identity, sexual attraction and sexual experience in a representative sample of adults in Australian and New Zealand Journal of Public Health. 27 (2) pp138–145

² Leonard, W., Mitchell, A., Pitts, M. & Patel, S. (2008) Coming forward: The underreporting of heterosexist violence and same sex partner abuse in Victoria. Melbourne, Australian Research Centre in Sex, Health and Society

³ Leonard, W. (2002) What's the difference: Health issues of major concern to Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians. Melbourne, Ministerial Advisory Committee on Gay and Lesbian Health

⁴ Gray, B. & Leonard, W. (2009) With respect: The provision of legal protection against sexual-orientation and gender identity harassment. Melbourne.

Section 1: The needs of older GLBTI people

The current generation of GLBTI seniors were coming of age at a time when their sex or gender identity could result in enforced medical 'cures', imprisonment, or loss of family, employment and friends. For some older people their experiences of homophobia and transphobia have resulted in a lack of social connectedness and have rendered older GLBTI people silent, invisible, isolated and at risk of elder abuse and neglect. To minimize these negative impacts, the needs of older GLBTI people need to be understood by aged care service providers. The following section summarizes findings from studies; predominately involving interviews with older GLBTI people in Victoria^{5 6}, to highlight the needs of older GLBTI people.

1. *The invisibility of older GLBTI people*

Some older GLBTI people closet (or hide) their sex/gender identity when they receive aged care services because they fear negative repercussions from staff, other clients, family members and visitors.

2. *The impact of invisibility on older GLBTI people*

Some older GLBTI people who hide their sex/gender identity:

- feel unable to be themselves and feel devalued or depressed
- experience stress and pressure from maintaining a façade of heterosexuality
- have unmet care needs
- have limited opportunities for sexual expression
- are exposed to homophobia or transphobia from staff, co clients or visitors.

3. *The impact of dementia*

Some older GLBTI people have dementia and need staff to understand that the grief and loss involved in having a same-sex partner with dementia is no less than that experienced by heterosexual couples. These issues were further highlighted in 2010 by Alzheimer's Australia in a discussion paper on issues facing lesbians and gay men with dementia⁷.

4. *Enabling sexual and cultural expression*

Sexual and cultural expression is important for the mental health of older GLBTI people.

5. *Achieving a safe environment*

A positive response to the disclosure of sex/gender identity can result in GLBTI seniors feeling understood, valued and safe.

6. *Connection to GLBTI community*

For many older GLBTI people the GLBTI community plays an important role in their lives. One study identified that the GLBTI community is extremely significant in the lives of older GLBTI people, including GLBTI media, events and social connections with GLBTI friends and organisations.

⁵ Barrett, C. (2008) My people: Exploring the experiences of gay, lesbian, bisexual, transgender and intersex seniors in aged care services. Melbourne, Matrix Guild Victoria Inc and Vintage Men Inc

⁶ Hughes, M (2008) Imagined Futures and Communities: Older Lesbian and Gay People's Narratives on Health and Aged Care. *Journal of Gay & Lesbian Social Services* Vol. 20, No. 1/2, 2008, pp. 167-186

⁷ Birch, H (2008) Dementia, Lesbians and Gay Men. *Alzheimer's Australia*, Paper 15 (see <http://www.glhv.org.au/node/581>).

Section 2: The responses of aged care service providers

A number of studies have shown that older GLBTI people may be subject to increased control and paternalism and to heterosexist attitudes from service providers, family members and other clients that reduce their quality of care and everyday freedoms^{8 9}. They may also be desexualized and their opportunities for having intimate, caring relationships, including sexual relationships, severely compromised. Furthermore, they may lose their connection to GLBTI community and support networks and become invisible in a predominantly heterosexual, if not heterosexist, care context.

The need to improve aged care services for older GLBTI people has been explored by Harrison (2001, 2004b) who identified a cycle of invisibility in aged care. This cycle involves an assumption of heterosexuality by aged care service providers and a failure to create a climate in which older GLBTI people are prepared to disclose their identity and their care needs. The responses of aged care service providers to older GLBTI people were further explored in a 2008 study conducted in Victoria¹⁰ and highlighted in the following section.

1. *Ageism, homophobia and transphobia and the community*

The homophobic, transphobic and ageist views of some aged care service providers were considered to reflect the views of the community. However, the dependency of older GLBTI people on aged care services means that these views are more damaging when held by service providers. Homophobic and transphobic attitudes amongst rural communities, family members and heterosexual coclients in shared services were also reported to create obstacles for GLBTI people.

2. *Prudishness and sexuality in aged care*

Aged care service providers considered that their industry was prudish or conservative. Sexuality was understood to be about sex, despite notions of sexual identity as a broad socio-cultural category. Older people were not expected to be sexual or sexually diverse. Sexual expression was regarded as problematic and management strategies aimed at eradicating sexual expression included libido suppressants. A recurrent theme was the perceived lack of 'permission' granted to service providers to speak about sexuality.

3. *The needs of older GLBTI people*

Many aged care service providers were reported to not understand the needs of GLBTI clients. There was a common perception that being GLBTI was about 'who you had sex with' and older people were not expected to have sex. Consequently, GLBTI clients were not considered to have special care needs and aged care service providers were largely unaware of the needs highlighted in the previous section. Despite this, there was a genuine interest in the stories of GLBTI people and in learning about their care needs.

4. *The challenge of shared services*

⁸ Harrison, J 2005, Pink, lavender and grey: Gay, lesbian, bisexual, transgender and intersex ageing in Australian gerontology, *Gay and Lesbian Issues and Psychological Review*, 1, 11–16.

⁹ Barrett, C 2008, My people: Exploring the experiences of gay, lesbian, bisexual, transgender and intersex seniors in aged care services. *Melbourne, Matrix Guild Victoria Inc and Vintage Men Inc.*

¹⁰ Barrett, C; Harrison, J and Kent, J (2009) Permission to speak: towards the development of gay, lesbian, bisexual and transgender friendly services. *Melbourne, Matrix Guild Victoria Inc and Vintage Men Inc*

Some aged care service providers were aware of the challenges for GLBTI people in shared services. Others were reported to suppress sexual behaviour in shared services to protect the rights of co-clients.

5. *The value of change champions*

Some GLBTI service providers shared stories about their efforts to advocate for older GLBTI people. Having a GLBTI staff member appeared to be correlated with aged care service provider comfort with GLBTI clients. Some teams and organisations reportedly had sufficient numbers of GLBTI staff to provide GLBTI-friendly aged care services. In addition, several stories were shared of aged care service providers that had never met a GLBTI person but championed the rights of GLBTI people because they felt discrimination was unacceptable. Others cautioned reliance on individual champions who might leave and suggested that changing organizational systems was a more reliable means to ensure GLBTI clients were supported.

6. *Gay men and the fear of HIV/AIDS*

Aged care service providers reported a general fear in the industry about gay men and the contagion of HIV. These fears could result in staff withdrawing physical contact from a gay client. They could also result in gay and/or HIV positive people choosing to discontinue life sustaining medications and die rather than enter a residential aged care facility.

7. *Fear of transgender people*

Several aged care service providers reported fear of transgender people and noted that older transsexuals were likely to receive a negative response in some rural areas where staff had never met a transgender person. Stories were shared of transgender people encountering discrimination from co-clients in shared services and of cross dressers being prohibited from cross dressing. Concerns were also expressed about the readiness of aged care service providers to support transsexuals to maintain their gender identity.

The findings from the above mentioned study were echoed in a recent study conducted by Curtin University.¹¹ The study involved a survey of aged care service providers and found that nearly 90 per cent of aged-care providers said there were no GLBTI clients in their residence, and failed to understand that older GLBTI people may be afraid to reveal their sexuality. Furthermore, more than two-thirds of providers did not think that GLBTI residents had special needs and while most residences had an established discrimination complaints process it usually did not reference sexuality.

¹¹ We don't have any of those people here. Retirement Accommodation and Aged Care Issues for Non-Heterosexual Populations (2010). GRAI (GLBTI Retirement Association Inc); Curtin Health Innovation Research Institute; WA Centre for Health Promotion Research; Centre for Research on Ageing; Curtin University, Bentley Western Australia.

Section 3: Current strategies and responses

A number of initiatives are currently being undertaken in Victoria to strengthen the aged care sector's capacity to meet the needs of GLBTI clients. Some of the key initiatives are outlined in the following section to provide context to the recommendations being made in this submission.

Val's Café

Val's Café is a collaboration between Gay and Lesbian Health Victoria and the {also} foundation. The Café opens six times a year to educate aged care service providers about the needs of older GLBTI people. The Café provides a *Val's Café Audit* tool that enables aged care service providers to measure the extent to which they are currently GLBTI friendly and to understand where improvements can be made. It also provides a range of education programs including a series of workshops entitled: *How to create a GLBTI friendly service*. The workshops coach aged care service providers through the practical steps involved in making their organization GLBTI friendly.

Well Proud

In 2010 the Minister for Health launched *Well Proud: A guide to GLBTI inclusive practice for health and human services*. The guide was developed by the Ministerial Advisory Committee on GLBTI Health and Wellbeing. It draws on research on the health and wellbeing of GLBTI people and provides guidelines and service delivery models for GLBTI-sensitive practice. The guide has a section providing recommendations for aged care services including the education of staff (for a copy of the guide go to: <http://www.health.vic.gov.au/glbtimeac/resources.htm>).

Rainbow Tick

Gay and Lesbian Health Victoria has received funding from the Victorian Department of Health to establish a 'Rainbow Tick.' The Rainbow Tick is a process to accredit services that are demonstrably able to meet the needs of GLBTI clients. The project involves collaboration between Gay and Lesbian Health Victoria and the Quality Improvement Council (QIC). The aim is to improve the health and wellbeing of GLBTI people by establishing a formal process for implementing and accrediting standards related to the capacity of a service to meet the needs of GLBTI people.

GLBTI specific services

A number of organizations and individuals are currently considering the development of GLBTI specific aged care services, ranging from home care to residential aged care. This includes a development that promised to be Australians first retirement village for gay, lesbian and transgender people.

Section 4: Summary and recommendations

This submission documents the specific healthcare needs of older GLBTI people. It shows that while efforts have been made within the aged care sector to meet their needs, much more remains to be done. A recent report on meeting the needs of young GLBTI Victorians suggested that current service provision was fragmented and piecemeal and advocated for the development of a coherent GLBTI youth policy framework and practice guide¹². This submission identifies a similar lack of GLBTI policy coordination within the aged care sector and the need for a practice guide to inform the development of GLBTI sensitive aged-care service delivery. What is now required is a Government auspiced approach. We need resources and education to be developed as part of a broader strategy that enables aged care service providers to receive a clear message from government about their responsibilities to older GLBTI people.

Recommendations

1. Develop policies specific to the needs of older GLBTI people (including standards for residential aged care and community care).
2. Provide immediate advocacy and support for GLBTI people accessing aged care services
3. Provide information to older GLBTI people and their advocates about their rights
4. Provide education to aged care service providers relating to the needs of older GLBTI people and include:
 - Permission to discuss sexuality
 - The importance of sexuality and ageing
 - The importance of gender identity
 - The legislative requirements guiding the care of older GLBTI people
 - The meaning of sexuality for older GLBTI people
 - The concept of sexuality as culture for older GLBTI people
 - The importance of sexual and cultural expression for health
 - The historical experiences of older GLBTI people and the implications for care
 - Strategies to develop services where older GLBTI people feel understood, valued and safe
 - Positive responses to the disclosure of sexual/gender identity
 - The impact of staff values and beliefs on older GLBTI people
 - The potential vulnerability of older GLBTI people who are unable to conceal their identity and therefore require additional protection
 - The needs of older GLBTI people with dementia
 - An understanding of the myths and stereotypes around HIV and gay men.
5. Undertake further research into the needs effectiveness of strategies to meet the needs of older GLBTI people and develop and disseminate best practice models for aged care services.

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¹² Leonard, L; Marshall, D; Hillier, L; Mitchell, A and Ward, R (2010). Beyond homophobia: Meeting the needs of same sex attracted and gender questioning (SSAGQ) young people in Victoria. A policy blueprint. Australian Research Centre in Sex, Health and Society.