

Ms Joy Phillips
Rippleside Vic 3215
3 June 2010

Caring for Older Australians
Productivity Commission
PO Box 1428
Canberra City ACT 2601

Email: agedcare@pc.gov.au

Dear Commissioner

It is encouraging that such an Inquiry into *Caring for Older Australians* is happening, and the Australian Government Productivity Commission is to be congratulated on such an endeavour. Notwithstanding, it is equally as important that this Inquiry will bring about major reform to the aged care sector given there has been a number of Inquiries to date.¹

My submission is influenced and shaped by my personal and professional lived experiences. I am an ageing lesbian who belongs to the baby boomer generation, and has not always been out and proud. It is important for my well being to know that aged care programs and services will be safe, inclusive and culturally sensitive for lesbians, and indeed gay men, lesbian, bisexual, transgender and intersex (GLBTI) people.

It is important when same sex attracted women and lesbians and indeed GLBTI people become frail, disabled or confused and need to be admitted into residential aged care they have choice and options of the type of facility they would choose. It is equally as important to have their needs met in a non-discriminatory and culturally appropriate way in a safe and inclusive environment. However, to date there are no 'women-specific', same-sex attracted women and lesbian-specific, 'GLBTI-specific', or indeed 'gay' or 'GLBTI' friendly mainstream residential aged care facilities in Australia.

My professional interest is connected to my Doctor of Philosophy research project, which I am currently undertaking. My research project will be investigating how government aged care policies influence the way residential aged care providers construct and represent their space, services and programs to lesbians, and how clients perceive the

¹ Department of Health and Ageing, *Consultation Paper*, Aged Care Complaints Investigation Scheme, 2009; Department of Health and Ageing, *Discussion Paper*, Review of the Accreditation process for residential aged care homes, May, 2009; National Health and Hospital Reform Commission and Inquiry into the cost of living pressures on older Australians, Occasional Paper No. 21, Commonwealth Department of Family and Community Services to name a few.

services provided. There is a silence and invisibility of same sex attracted women and lesbians and indeed GLBTI people in both policy and legislation in the aged care context.

It is significant that the Productivity Commission has acknowledged and given visibility to lesbians and gays in the aged care context. However, it is also important to note in the Issue Paper (2010) that:

“... people with special needs, including those living in rural and remote locations, those with culturally and linguistically diverse backgrounds, Indigenous Australians, veterans, the older homeless, older people with a mental illness, those with a disability, and other special needs groups, such as gays and lesbians” (p.13).

I question the need of “Othering” of the “Othered” in relation to the special needs groups outlined in your Inquiry. The manner in which lesbians and gays are constructed as “Other” is indeed, not a positive approach because many lesbians and gay men may have experienced stigma, homophobia, marginalisation and discrimination in their daily lives. Therefore, it is important ageing lesbians and other GLBTI people are not marginalised, devalued and separated through the process of “Othering”. Instead, as noted in the NHHRC (2009) it is about equity and inclusion of all ageing people in a just and fair way.

Recommendation:

It is recommended that lesbians and GLBTI people are recognised and included in the group labelled “special needs group”, and this would enable them to have access to a range of measures and resources to meet their unique needs and experiences.

For the legal recognition and inclusion of GLBTI people into the special needs groups in the *Aged Care Act 1997 and Principles*.

Furthermore, Australian society has a tendency to represent lesbians (and indeed gay men) through a sexuality lens, and sees sexuality as synonymous with sexual expression instead of as a cultural practice (Fullmer, Shenk and Eastland², 1999; Curtis³, 2009). Harrison⁴ (1999) noted that “cultural blindfolds” were evident in the field of gerontology given the lack of “recognition of sexuality as a cultural identity rather than a physical expression” (p. 33).

² Fullmer E.M., Shenk D. and Eastland L.J. (1999) Negating Identity: A feminist analysis of the social invisibility of older lesbians, *Journal of Women and Aging*, 11 (2-3) pp 131-148.

³ Curtis K. (2009) Talking Sexual Diversity, AAA, March-April 2009, <http://www.glhv.org.au> accessed 20/06/2010.

⁴ Harrison J. (1999) A Lavender Pink Grey Power: Gay and Lesbian Gerontology in Australia, *Australasian Journal of Ageing*, 18 (1) February, 1999, pp. 32-37.

Interestingly, in Government policy the Department of Human Services (DoHS)⁵ (2004, n.p.n.) defines cultural diversity as “fostering a community that recognises the values and beliefs of a culturally rich and diverse society. However, in their strategy they narrow its discussion to “people of diverse national, ethnic, religious and linguistic backgrounds” (DoHS, 2004, n.p).

The implications of this to practice in the aged care sector, is that the information being sought by both the Aged Care Assessment Team (ACAT) or the Director Of Nursing (DON) of a residential aged care facility may not use GLBTI culturally appropriate language (for example marital status) either on the forms or in conversation when the Aged Care Assessment Team (ACAT) during assessments. They may not provide culturally safe and inclusive environments so that GLBTI people do not declare the nature of their relationship and significant others in their life.

Additionally, the GLBTI Retirement Association Inc. (GRAI) and Curtin Health Innovation Research Institute⁶ (2010) indicate 86% of the aged care service providers surveyed in Western Australia indicated they had never had a GLBTI person or family in their facility. There was also a lack of understanding and knowledge of the recent changes to Federal same sex legislation (GLBTI Retirement Association Inc (GRAI) and Curtin Health Innovation Research Institute, 2010). Barrett⁷ (2009) notes many aged care service providers do not understand the needs of GLBTI seniors (p. 11). Similarly, Tolley and Ranzijn⁸ (2006) suggest that “while aged services may assert that they do not discriminate, many in fact are not acknowledging that gay men and lesbians may have different needs requiring specific training for staff and are neutralizing and homogenizing an issue that is far from neutral and homogeneous” (p. 213). Phillips and Marks⁹ (2006, 2007) note the marginalizing of non-heterosexual identities through the absence of representation in the advertising brochures and their exclusion in the construction of aged care space.

The implications for the aged care sector for not being aware of lesbians or gay men living in their facilities suggest their needs are likely not being met. It may also indicate lesbians and gay men may not feel safe to disclose their sexuality for a number of reasons such as for fear of a reduced standard of care, homophobia and discrimination.

⁵ Department of Human Services (DoHS)(2004) *Cultural Diversity Guide. Planning and delivering culturally appropriate human services*, DHS, Melbourne.

⁶ GRAI GLBTI Retirement Association Inc. (2007) Older Gray and Lesbian People: Establishing the needs, <http://grai.org.au/2010/05/reprise-older-gay-and-lesbian-people-establishing-the-needs-grai-2007>.

⁷ Barrett C. (2008) My People, A project exploring the experiences of Gay, Lesbian, Bisexual, Transgender and Intersex seniors in aged-care services, Matrix Guild Victoria Inc, www.matrixguildvic.org.au.

⁸ Tolley C. and Ranzijn R. (2006) Predictors of heteronormativity in residential aged care facilities, *Australasian Journal on Ageing*, Vol. 25, Issue 4, December 2006, pp. 209-214.

⁹ Phillips J. and Marks G. (2006) Coming Out, Coming In: How do dominant discourses around aged care facilities take into account the identity and needs of ageing lesbians? *Gay and Lesbian Issues and Psychology Review*, Vol. 2, No. 2, pp. 67-77.

Recommendations:

The aged care industry to adopt a broad definition of cultural diversity to include sexuality as a cultural identity rather than a physical expression for lesbians and gay men, and to develop a GLBTI-inclusive assessment tool for providers of residential aged care to assist in the acquisition and recording of information about sexuality at the point of entry into a facility.

The aged care industry to introduce training and education around issues of sexuality and gender and diversity in ageing people, to increase understanding and knowledge around the needs and experiences of lesbians and indeed GLBTI people.

Residential aged care operators who are GLBTI-friendly to display a symbol to indicate acceptance and indicate it is a safe environment, (for example rainbow flag or pink triangle). They also need to be included in the DPS Guide to Aged Care in the various states and territories.

Thank you for the opportunity to write a submission to this Inquiry.

Yours faithfully

Joy Phillips