



BCC Seniors' Strategy: Delivering a seniors-friendly city 2012-2017

Response to Draft Strategy

Introduction

The Queensland Association for Healthy Communities (Healthy Communities) welcomes the development of a seniors' strategy for Brisbane but calls for the inclusion of lesbian, gay, bisexual and transgender (LGBT) seniors. LGBT seniors are currently invisible in aged care policy and there are few specific services for this group in Queensland. LGBT seniors have experienced a lifetime of stigma, discrimination and exclusion, which is compounded by an aged care system that doesn't recognise their needs.

About Healthy Communities

Healthy Communities is a state-wide, not-for-profit community based organisation which promotes the health and wellbeing of lesbian, gay, bisexual and transgender Queenslanders and develops the capacity of LGBT communities in Queensland. Formerly the Queensland AIDS Council, in 2006 we extended our remit to address a wider range of health issues for all in the lesbian, gay, bisexual and transgender communities.

Healthy Communities currently receives recurrent government funding for our HIV prevention and sexual health promotion work with gay men (including Aboriginal & Torres Strait Islander gay men and sisters/girls). All other activity (e.g. ageing, women's health, trans health, history, community developing, advocacy, mental health, alcohol and other drugs) is made possible by occasional one-off grants and volunteers, donations and sponsorships.

We facilitate an LGBT Ageing Action Group which brings together aged care/seniors organisations, LGBT groups and LGBT seniors to highlight issues, improve services and deliver projects for LGBT seniors.

Background to LGBT Seniors' Issues

Until this year there were no specifically funded programs/services for LGBT seniors anywhere in Queensland. There is now one – 32 aged care packages targeted at LGBT people in south east Queensland, delivered by Care Connect, Australia's first LGBTI aged care service.

The needs of LGBT seniors are largely overlooked in aged care policy, research, programs and monitoring systems. LGBT seniors are largely invisible to service providers, partly because sexuality/gender identity is not immediately obvious (in the same way ethnicity can be), because LGBT seniors have learnt to hide their identity because of decades of stigma and discrimination and because many aged care services are provided by church based organisations that do not support equal rights for LGBT people.

An LGBT senior who is today 70 years old would have been:

- 49 when homosexuality was decriminalised in Queensland
- 49 when homosexuality was removed from the World Health Organisation's International Classification of Diseases (ICD)
- 50 when discrimination on the basis of 'lawful sexual activity' became illegal in Queensland
- 61 when same-sex de-facto couples were legally recognised in Queensland
- 62 when discrimination on the basis of gender identity became illegal in Queensland
- 68 when same-sex de-facto couples were legally recognised federally in Australia

For well over half of their lives LGBT seniors have lived in a society which saw them as diseased and criminal, where people were freely able to discriminate against them, and where their relationships were not recognised. This social exclusion has resulted in mental, physical and financial disadvantage and harm, which is impacting on their quality and length of life.

In a 2008 survey of over 400 LGBT Queenslanders¹, 78% of respondents indicated there was not enough representation of LGBT seniors in the LGBT media, and 86% indicated there was not enough representation in mainstream ageing campaigns/media.

LGBT people are often not seen or heard. Most research and service monitoring activities do not ask the sexual/gender identity of respondents. This means that the views of LGBT people are not counted and therefore their needs not identified and services not targeted to meet their needs.

LGBT seniors experience discrimination and social isolation. In a study² of over 24,000 Australians, those over 65 years of age were the group most likely to believe homosexuality is immoral (53%). 43% of LGBT people in Queensland had a negative experience that related to their sexuality or gender identity when accessing aged care or carer's services, mostly due to a lack of knowledge of LGBT issues or lack of acceptance/understanding of LGBT people (65%)³.

¹ *The Young, The Ageing and The Restless: Understanding the experiences and expectations of ageing and caring in the Qld LGBT community.* Newstead, Queensland: Queensland Association for Healthy Communities Inc. 2008.

² M. Flood & C. Hamilton. *Mapping Homophobia in Australia.* The Australia Institute. 2005.

³ *The Young, The Ageing and The Restless*, op. cit.

LGBT people are not equal before the law in Queensland. There is no marriage recognition leading to a devaluing of same-sex relationships and making it difficult for couples to access entitlements as de-facto couples. This historical and current discrimination impacts on people's mental, physical and financial health.

Some LGBT seniors and those approaching retirement experience additional financial disadvantage. This comes from years of exclusion from entitlements under the tax, superannuation and other schemes available to opposite-sex couples. Recent changes to Centrelink benefits means that for many same-sex couples, their income has been significantly reduced as they are now deemed to be a couple, rather than two singles. Previous changes to pension arrangements for other population groups have been grandfathered in (i.e. people already 'in the system' would not be adversely affected). This was not the case for same-sex couples despite a campaign supported by high profile aged care organisations.

As a population group, LGBT people experience higher rates of mental health problems (including anxiety, depression and suicide), higher use of alcohol, tobacco and other drugs and higher rates of sexually transmitted infections (including HIV among gay men). Lesbians are at increased risk for breast cancer, more likely to be overweight/obese and less likely to be aware of the need to test for cervical cancer.

Gay men with HIV are living longer due to the improved treatments for HIV, but these treatments are causing premature ageing among those who have been on treatment for some time. The average age of a person living with HIV is 45 years. Aged care services may not have the awareness & training to support people living with HIV (or Hepatitis C) and the social issues that come with it (HIV stigma, sex & sexuality, illicit drug use).

Trans people need to take hormones for the rest of their lives. There is some evidence to suggest that long-term use of hormones can have a negative effect on health (although long-term studies are rare and results contradictory).

LGBT people also delay accessing health services for fear or previous experience of stigma and discrimination. When they do access a service they may not disclose their sexuality/gender identity until they feel safe in relation to the provider's response. Services need to proactively show that they are welcoming and accepting of LGBT people. In some circumstances LGBT people would prefer to access an LGBT specific service. This is particularly the case with group based activities (e.g. alcohol support group) and counselling services (e.g. relationships counselling).

The number one concern of LGBT people about ageing is not having LGBT specific accommodation (61%)⁴. Most housing is based around the traditional nuclear family or single accommodation. As the way people live changes, our accommodation options also need to change. Most LGBT people do not have children/grandchildren that can house them or contribute to accommodation costs.

⁴ *The Young, The Ageing and The Restless*, op. cit.

Much of our care system has been based on children providing or funding care and/or accommodation for their parents/grandparents. While this is changing for many non-LGBT seniors, most LGBT people do not have children, and twice as many live alone compared with heterosexual older people and so this support structure is not available at all. Care models need to recognise 'families of choice' and support care networks of partners, friends and community peers, in addition to 'biological family' care models.

Traditional suburbs in which high numbers of LGBT live and in which commercial venues and social groups are based, are in the inner-city areas (e.g. New Farm, Fortitude Valley, Spring Hill). Rental and housing prices in these areas have skyrocketed in the past 10 years, making it difficult for LGBT seniors to remain or move into these areas. This means LGBT seniors are forced to leave their community and support networks. Over 50's lifestyle resorts and other types of senior's accommodation are often based far away from town centres and gay community infrastructure.

LGBT people can also be from a culturally and linguistically diverse background or Indigenous. Often these people face double disadvantage: homophobia/transphobia from their cultural group and racism within the LGBT community. Certain cultural groups and religions are more discriminatory towards LGBT people than others. Many LGBT people wish to keep their faith, but find they are excluded from traditional churches.

42% of LGBT people⁵ are concerned about the religious basis of many aged care organisations. Most churches and religious groups continue to actively discriminate against LGBT people and lobby government to maintain discriminatory practice. LGBT seniors are concerned that when they are most vulnerable, they will have to give over their care to organisations that do not support human rights for LGBT people. Services delivered by non-religious based organisations need to be expanded to give people a real choice between church or non-church organisations. Church based organisations need to develop clear policies and value statements in relation to LGBT issues and to make these easily available to LGBT people and organisations.

Response to Draft Strategy

We are deeply concerned that not a single mention of LGBT seniors or sexuality, sex or gender identity issues are mentioned in the strategy. LGBT people make up 10% of the population and as stated above experience significant exclusion and resulting health issues. It is imperative that LGBT seniors be included and that specific actions are developed to respond to their needs.

Friendly & Safe City – For many LGBT seniors Brisbane is not always an inclusive and caring city when it comes to LGBT people. A state-wide study⁶ of over 1000 LGBTIQ people found that 40% of

⁵ *The Young, The Ageing and The Restless*, op. cit.

⁶ Berman, A & Robinson, S (2010) *Speaking Out: Stopping Homophobic and Transphobic Abuse in Queensland*. Brisbane: Australian Academic Press.

homophobic & transphobic incidents reported by respondents occurred in Brisbane, the highest in Queensland. It is noted that Strategy 1.4 focuses on culturally and linguistically diverse seniors. We would recommend a strategy also focus on LGBT people and how Council services are inclusive of LGBT people. We support the continuation of the Senior Citizens' Funding Program and thank the Council for several small grants for our LGBT seniors Christmas BBQ over the years. We also support widening the scope to include grants supporting wellbeing and social inclusion and ask that LGBT people be made a priority. We would like to explore a gay men's version of a Men's Shed. As currently structured these are not seen as safe environments for gay, bi or transgender men.

Active, Healthy City – We support the strategy to promote wellbeing through active and healthy lifestyle choices, but would like to see some of the initiatives and programs (e.g. Gonewalking) specifically offered for LGBT seniors. We support the new initiative to monitor trends and gaps and advocate to meet the need of vulnerable seniors. We ask that whatever data collection processes are used includes sexual orientation and gender identity questions. We support the new initiative of a 'Brisbane Wellbeing Guide' and ask that it include information specific to LGBT people and is inclusive in its language and imagery of LGBT people.

Well Designed, Sub-tropical City – We strongly support strategy 4.2 to encourage small, niche residential aged care facilities and supported older people's housing and would ask that a facility for LGBT people in/near the inner city be explored as a matter of priority. This is in light of the discussion above re: no LGBT accommodation being the number one concern for LGBT people in growing older, and the pushing out due to house and rental costs of LGBT seniors from inner city areas, where most LGBT infrastructure exists.

Vibrant, Creative City – We support strategy 7.2 to enhance wellbeing through active participation in festivals and would ask that Council provide more support for the annual LGBT Pride Festival. The level of support currently provided by Council is woeful compared to other Qld (e.g. Cairns), Australian and international cities. Additionally many LGBT people come from a creative or entertainment background and would benefit from activities that utilise this creativity.

Regional, World City – We support strategy 8.1 to engage seniors in planning that affects them. We note the 'Your City Your Say' reference group and ask whether you ask the sexual orientation or gender identity of participants. If you don't, how can you see if the views of LGBT people are different from those of non-LGBT people? Do you have LGBT people in the Group? We also note the new initiative of the Lord Mayor's Advisory Committee on Ageing & Disability, and ask that a specific LGBT seat/representative be included.

Summary

Overall we support the strategies outlined in the draft, but ask that LGBT people be explicitly included and that specific actions or initiatives be developed to meet the needs of LGBT seniors.

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Thanks to the members of the LGBT Ageing Action Group for their input into this paper.