



# **Positively Ageless**

## **Developing a Queensland seniors' strategy**

### **Response to Discussion Paper**

#### **Introduction**

The Queensland Association for Healthy Communities (QAHC) welcomes the development of a cross-government approach to the needs of seniors in Queensland. LGBT seniors are currently invisible in aged care policy and there are no 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.

A seniors' strategy in Queensland should recognise the diversity of identities, experiences and needs among seniors. LGBT seniors should be recognised as a 'special needs population' (to use HACC terminology) or equity group, alongside seniors from a CALD or Indigenous background. This should be reflected by explicit inclusion of LGBT people and sexuality/gender identity issues in policy, research, programs and service monitoring & standards. Mainstream services should be supported to be inclusive and responsive to the needs of LGBT seniors, and specific LGBT seniors' services/projects should be developed.

#### **About QAHC**

The Queensland Association for Healthy Communities (QAHC) 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.

QAHC 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. The issues in this paper were discussed among the Ageing Action Group, but represent the views of QAHC, not necessarily all members of the Action Group.

## **Current Support for LGBT Seniors**

There are no specifically funded programs for LGBT seniors anywhere in Queensland. 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) and partly because LGBT seniors have learnt to hide their identity because of decades of stigma and discrimination.

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

- 51 when homosexuality was decriminalised in Queensland
- 51 when homosexuality was removed from the World Health Organisation's International Classification of Diseases (ICD)
- 52 when discrimination on the basis of 'lawful sexual activity' became illegal in Queensland
- 63 when same-sex de-facto couples were legally recognised in Queensland
- 64 when discrimination on the basis of gender identity became illegal in Queensland
- 70 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.

## **Principles**

LGBT seniors experience the same range of issues that non-LGBT seniors experience, but because of the way society has responded to their sexuality/gender identity:

- some issues affect them more severely or there are additional issues to face
- some issues affect them differently
- services need to be responsive to the particular needs of LGBT seniors to be effective

We believe the following principles particularly relating to LGBT seniors (among others) should inform policy, planning and delivery of services:

- recognise and celebrate diversity among seniors, including ethnicity, ability, sexual orientation, gender identity, socio-economic status, relationship status and family structure
- active involvement of seniors in the planning, delivery, management and evaluation of aged care/seniors services
- self-determination for seniors

## Valuing Seniors

In a 2008 survey of over 400 LGBT Queenslanders<sup>1</sup>, 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 nor 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.

The first step to valuing LGBT seniors is to recognise they exist. Aged care/seniors policy needs to explicitly recognise the LGBT community as a 'special population group' (to use HACC terminology) or 'equity group'. Aged care data collection processes and service monitoring mechanisms need to record the sexual orientation/gender identity of respondents so that the views and experiences of LGBT seniors can be counted. While this does not mean that LGBT seniors should be forced to 'come out', forms used for data collection and evaluation processes can allow for LGBT seniors to choose to be open. Promotional material for senior's programs and services needs to include imagery and text that recognises the diversity in the community, including sexuality/gender identity. Workers and management committees in aged care/senior's services need training and development to understand the needs of LGBT seniors and respond effectively within a cultural competency context.

Many seniors play an important role in their families as grandparents or great grandparents. However many, if not most, LGBT seniors do not have this role. We must find other ways for the LGBT and wider community to value the contribution of LGBT seniors, e.g. as role models for younger generations or as custodians of LGBT community history. Mentoring of younger LGBT people by LGBT seniors has been lacking both due to a lack of community based opportunities and due to individual's fear around labelled a paedophile. This needs to change.

## Community Participation

LGBT seniors experience discrimination and social isolation. In a study<sup>2</sup> 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%)<sup>3</sup>.

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<sup>1</sup> *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.

<sup>2</sup> M. Flood & C. Hamilton. *Mapping Homophobia in Australia.* The Australia Institute. 2005.

<sup>3</sup> *The Young, The Ageing and The Restless*, op. cit.

We recommend the following activities to reduce stigma and discrimination against LGBT seniors:

- social marketing campaigns which promote and celebrate the diversity of seniors, including LGBT people
- inclusion of LGBT people or sexuality/gender identity issues in policy, research, service monitoring, service standards and promotions
- implementation of the recommendations from the Australian Human Rights Commission<sup>4</sup> report into identity documents for sex and gender diverse people
- encourage participation of LGBT seniors in Older People Speak Out, Talking Books and other similar projects
- introduction of a 'diversity' category in the Older People Speak Out media awards

We recommend the following activities to increase the involvement of LGBT seniors in the community and to reduce their social isolation:

- *buddy support program* – where LGBT people/volunteers are trained to provide low level social care to LGBT seniors
- *mentoring program* – where LGBT seniors provide mentoring support to younger LGBT people
- *community leaders training* – provide training and support to LGBT seniors to become involved in volunteer activities and/or management committees of LGBT or mainstream organisations
- *advocacy programs* – to provide a trusted 'first port of call' for LGBT seniors into the aged care/seniors sector (info & referral, may also include case management)
- *targeted promotions* – promotion of existing services through LGBT communication channels, including LGBT press and LGBT community groups/networks

## **Workforce Participation**

LGBT seniors can feel excluded from the workforce due to stigma and discrimination from workplaces and work colleagues. In order to be safe and supportive environments for LGBT seniors, workplaces need to review their policies and practices to ensure that they do not discriminate against LGBT people (e.g. partner entitlements). Instances of homophobia/transphobia by workers or clients/customers also need to be challenged.

Health-related institutions under the control of a body established for religious purposes are able to discriminate against people if it is in accordance with the doctrine of the religion concerned and is necessary to avoid 'offending the sensitivities' of people of the religion. This form of discrimination should not be allowed to continue.

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<sup>4</sup> Australia, Australian Human Rights Commission, *Sex Files: the legal recognition of sex in documents and government records*. Sydney, 2009.

To provide supportive workplaces for transgender people it is recommended that unisex toilets be available, which can be used by all genders. Workers in the sex industry who choose to leave the industry as they get older need support to transition to other forms of employment.

### **Protecting the Rights of Seniors**

LGBT people are not equal before the law in Queensland. There is no legal civil partnership or 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.

For those LGBT people with grandchildren, access may be blocked due to the prejudices of the parents. This denies the right of the LGBT grandparent to enjoy family life and play a role in the upbringing of their grandchildren. The Grandparent Helpline and program should be provided with training on these issues.

### **Health & Wellbeing**

As a population group, LGBT people experience higher rates of mental health problems (including anxiety and depression), 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 are unlikely to be prepared to support people living with HIV (or Hepatitis C).

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).

## **Housing & Homelessness**

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. The number one concern of LGBT people about ageing is not having LGBT specific accommodation (61%)<sup>5</sup>.

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.

A variety of housing models are needed, including:

- shared ownership (between friends, or between individuals & housing associations)
- renting – need LGBT friendly share accommodation agencies/websites
- affordable housing options, especially for those with a lifetime of financial disadvantage
- group housing – multiple individuals with own private rooms, but with common/shared facilities (e.g. recreation room, media room, gardens)

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. 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.

People living in rural and isolated areas of Queensland have less access to LGBT community members, LGBT community groups/services and LGBT aware and inclusive mainstream services. The importance of access to a computer and broadband network is increased for people in rural and isolated areas.

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<sup>5</sup> *The Young, The Ageing and The Restless*, op. cit.

Accommodation for homeless people, especially men, is often unsafe for LGBT people, due to the level of stigma, discrimination and violence from other residents. There are no LGBT specific accommodation services for any age group in Queensland.

## **Transport**

Some LGBT seniors are concerned for their safety on public transport, particularly late at night. LGBT people experience harassment and at times violence due to their (presumed) sexuality/gender identity.

## **CALD and Indigenous Seniors**

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.

## **Additional Feedback**

**Carers** – many LGBT people are in a caring role, however this is often not recognised by the carer themselves, within the LGBT community or by carer's services. LGBT people rely on 'families of choice' rather than 'biological families' for their care. There is anecdotal evidence that LGBT people are called on by their siblings to provide care to their parents/grandparents, because the LGBT person is seen to not have a family of their own (and therefore has the time/resources). Carer's services need to recognise non-traditional care networks and provide targeted support to LGBT carers. This might include awareness campaigns in the LGBT press and networks about the role of carers, and the provision of LGBT carer support groups and training programs.

**Social Trends** – many of the social trends predicted for older people (e.g. living alone, lack of support from biological family, rejection of tradition aged care models) are already happening for LGBT people. By developing models of care and support now for LGBT seniors, we will be in a better position to provide care and support to all seniors in the future.

**One Size Doesn't Fit All** – Services that assume all people are the same will only be effective for the people in whose image the service was built. To improve the health and wellbeing of seniors as a whole we need to both respond to the 'generic' needs of seniors, but also respond to the specific needs of particular population groups (e.g. LGBT). Support must be provided to community specific services to reach out to those who are hard to identify/access, those who are socially isolated or

those that have complex needs. Doing more of the same will not make a difference. We need different services which respond to the diversity among seniors (including LGBT seniors).

**Church Based/Owned Services** – 42% of LGBT people<sup>6</sup> 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.

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

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<sup>6</sup> *The Young, The Ageing and The Restless*, op. cit.