GRAI
GLBTI Retirement Association Incorporated

Committee Secretary
Senate Community Affairs References Committee
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27 May 2010

To: Senate Community Affairs References Committee

Re: INQUIRY INTO PLANNING OPTIONS AND SERVICES FOR PEOPLE AGEING WITH A DISABILITY

We thank you for the opportunity to make a submission to your Committee's Inquiry into Planning Options and Services for People Ageing with a Disability.

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. Although GRAI does not have a specific focus on people with a disability, 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. We believe that many of the issues raised in the research literature and other work of GRAI can be extrapolated across the aging with a disability sector. A formative research work undertaken by GRAI in 2007 with GLBTI community members 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[1].

Approximately 8% of people ageing with a disability are likely to be people identifying as gay, lesbian, bisexual, trans or intersex (GLBTI)[2] [3]. To date, clients' sexual orientation or

[1] GRAI: GLBTI Retirement Association Inc. 2007. Older Gay and Lesbian People: Establishing the needs…???

[2] 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.

[3] 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

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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.

Sex and sexuality are issues which are very often overlooked in planning and policies within both the aged care and disabilities sector. This historical avoidance of sexuality issues is also problematic for heterosexual elders, but for older GLBTI people accessing aged care or disability services this elusion often results in them having to live 'in the closet' with regards to their sexual orientation and gender identity.

GLTBI invisibility leads to care providers failing to develop (much less implement) strategies, policies or procedures to provide a safe and inclusive environment. We believe that it is imperative that such practices be established to safeguard against discrimination and to ensure that staff be properly trained to have awareness of – and skill in addressing – specific issues that arise regarding diverse sexualities.

This lack of appropriate strategies and policies by various service providers is of concern as there is a growing base of qualitative evidence[4] of discrimination against GLBTI older consumers occurring in all levels of aged care, ranging from organisational policies to abuse by staff and other residents[5]. Furthermore, as GLTBI elders frequently fail to disclose their status to carers, including the medical profession, this can affect clinical care, particularly in mental health related matters.

GLBTI older people who feel unable to disclose their sexual/gender identity may feel unable to be themselves and therefore feel devalued or depressed; experience stress and pressure from maintaining a façade of heterosexuality; have unmet care needs; and have limited opportunities for sexual expression. Sometimes same-sex partners are not recognised or acknowledged, and the significance of 'friends' and 'companions' is underestimated by care providers, resulting not only in distress but also in a loss of vital support for the consumer[6].

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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)

[4] Barrett, C Harrison J and Kent J (2009), 'Permission to Speak: Determining strategies towards the development of gay, lesbian, bisexual, transgender and intersex friendly aged care services in Victoria', *Matrix Guild Victoria Inc.* Melbourne. http://www.matrixguildvic.org.au/project.html

Hughes M. (2009), 'Lesbian and gay people's concerns about ageing and accessing services', *Australian Social Work*, Vol. 62, pp. 186-201.

Hughes M. (2007),'Older lesbians and gays accessing health and aged care services', *Australian Social Work,* Vol. 60, pp. 197-209.

[5] Harrison, J and Riggs, DW (eds) (2006), Gay and Lesbian Issues in *Psychology Review* Vol. 2, No. 2, Special Issues on LGBTI Ageing, http://www.groups.psychology.org.au/Assets/Files/GLIP_Review_Vol2_No2[1].pdf

[6] For example, Harrison describes a lesbian, who on being admitted to a nursing home felt unable to reveal that the 'friend' accompanying her at admission was really her life partner, reducing the partner's visiting and decision making rights. Harrison J (2005), 'Pink Lavender and Grey: Gay, lesbian, bisexual, transgender and intersex ageing in Australian gerontology', *Gay and Lesbian Issues and Psychology Review,* Vol. 1, No.1, pp.11-16, http://www.psychology.org.au/units/interest_groups/gay_lesbian/8.7.22_10.asp#vol1no1

Discrimination can manifest in the form of non-recognition of same-sex couples, or in unfavourable treatment or vilification and abuse of clients. Discrimination, whether actual or perceived, can prevent clients from the GLBTI community from feeling safe and result in negative physical and mental health outcomes. It is therefore critical that discrimination is not perpetuated by staff, or by other consumers or visitors.

Serious historical reasons underpin widespread reluctance of GLTBTI elders to disclose their sexual orientation. This, coupled with entrenched attitudes in our society, which assumes aged people and people with disabilities are asexual, underpin the widespread belief that same-sex couples do not require specific attention and would not have special needs as a result of their sexual or gender identities. Thus a 'cycle of invisibility' is created under the guise of 'respect for privacy', in which the fears of consumers are reinforced by the failure of providers to understand the significance of sexual orientation and gender identity, and the perpetuation of the exclusion of LGBTI disability/ageing concerns[7].

GRAI is currently developing best practice guidelines for the residential aged care sector, and we believe that many of the principles contained in these guidelines could be usefully applied to the disability sector. The purpose of these guidelines is to encourage management and staff to adopt practices to create an inclusive, rather than an exclusive, environment which is accepting and welcoming of all GLBTI people. These best practice guidelines will be released in the middle of this year.

There is an increasing body of work which discusses the impact of belonging to a sexual minority group on health outcomes[8]. There is also project work being undertaken to inform service providers of how to more appropriately provide for people from minority sexualities[9], for example, the Victorian *Well proud: A guide to gay, lesbian, bisexual, transgender and intersex inclusive practice for health and human services*. Such documents as this and the forthcoming GRAI best practice guidelines should be made

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[7] Harrison J (2001), 'It's none of my business': Gay and lesbian invisibility in aged care', *Australian Occupational Therapy Journal*, Vol. 48, No. 3, Sept, pp. 142-145, http://www.blackwell-synergy.com/doi/full/10.1046/j.0045-0766.2001.00262.x

[8] McNair, R., and J. Harrison. 2002. What's the difference? Health issues of major concern to gay, lesbian, bisexual, transgender and intersex (GLBTI) Victorians, edited by Victorian Government Department of Human Services. Melbourne: Rural and Regional Health and Aged Care Services Division. http://www.dialog.unimelb.edu.au/lesbian/research/overview.html

Meyer, I., and M. Northridge. 2007. *The health of sexual minorities: Public health perspectives on lesbian, gay bisexual and transgender populations*. New York: Springer.

Pitts, M., A. Smith, A. Mitchell, and S. Patel. 2006. Private lives: A report on the health and wellbeing of GLBTI Australians: The Australian Research Centre in Sex, Health & Society. http://www.glhv.org.au/files/private_lives_report_1_0.pdf

[9] Gay and Lesbian Medical Association. 2001; Guidelines for care for LGBT patients: Gay and Lesbian Medical Association (GLMA). www.glma.org; GLBT Health. 1999. Community standards of practice for provision of quality health care services for gay, lesbian, bisexual, and transgendered clients: GLBT Health Access Project and JRI Health. http://www.glbthealth.org/Research.htm; GLBTI Ministerial Advisory Council [MAC]. 2009. Well proud. A guide to gay, lesbian, bisexual, transgender and intersex inclusive practice for health and human services: L. Ministerial Advisory Committee on Gay, Bisexual, Transgender and Intersex Health and Wellbeing 2009. Department of Human Services, Department of Health, Victorian Government. www.health.vic.gov.au/glbtimac

widely available to all service providers in the aged care and disability areas to ensure that sensitive and culturally appropriate care is provided to GLBTI clients.

CONCULSION

There is a widespread lack of awareness of the social context and special needs of GLBTI elders in the provision of aged care. There is a lack of research in the area of ageing and disability and GLBTI issues; however it can be reasonably concluded that this invisibility extends to this sector, and can anticipate the same resulting impacts on clients.

GRAI is concerned that the needs and rights of GLTBI elders are grossly overlooked and in urgent need of safeguards. GRAI strongly advocates that this Inquiry into Planning Options and Services for People Ageing with a Disability considers some measures that would ensure protection for this vulnerable group. There are many strategies that are needed to help achieve this, including strong accreditation standards, adequate resourcing of awareness training for staff and organisations involved in aged care service delivery, funding for continued research in this area and support for advocacy services to represent GLBTI clients.

Once again, we thank you for the opportunity to input into this important inquiry, and we hope that the Committee's work will advance the protection of dignity and rights for a most vulnerable section of our community.

For further input or for clarification, please email us at info@grai.org.au, or phone 0422 654 244.

Yours sincerely

Jude Comfort
Chair