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Submission to Senate Inquiry into Suicide in Australia

I am grateful for the opportunity to provide information to the Inquiry regarding the risk of self-harm and suicide which is experienced by older gay, lesbian, bisexual, transgender and intersex (GLBTI) Australians. I am happy to provide further information to the Inquiry.

Doctoral research which I conducted investigated the lack of recognition of gay, lesbian, bisexual, transgender and intersex (GLBTI) issues in all areas of gerontology and aged care, including government policy and quality assurance, in Australia and the USA. The research revealed a serious lack of attention to concerns related to sexuality and gender identity in the Australian context. In the US context, a history of recognition of GLBTI concerns at all levels of aged care was apparent. The thesis is available online at
http://arrow.unisa.edu.au:8081/1959.8/24955

The deficit in Australian gerontology is reflected in a complete lack of mention of GLBTI elderly people in aged care policy, education and training, research priorities, program guidelines and consumer related initiatives. This absence of mention of or attention to the special needs of GLBTI elders and their carers and advocates reinforces invisibility, which in turn reinforces discrimination by neglect and exacerbates anxiety, depression and thoughts of self-harm as well as attempted suicide (Human Rights and Equal Opportunity Commission, 2007(a)(b)).

Older GLBTI people are at an increased risk of social isolation and lack of support networks compared to non-GLBTI people. They are also less likely to approach services for support until the point of desperation, due to fear of homophobic retribution and abuse (Harrison and McNair, 2002). Threats to 'out' consumers of aged care services and reported refusals to 'bathe the lesbian' on the part of residential care staff add to the fear experienced by GLBTI older people, who have lived through decades when being GLBTI was illegal, 'sinful' and was itself classified as a mental illness. It is understandable that this age cohort would be particularly afraid to be open about needs and preferences. Such a closeted

existence has been evidenced to harm well being, damage mental health, and lead to depression, anxiety and self-harm (Pitts et al 2006).

As the Suicide Prevention Australia *Position Statement on Suicide and Self harm Among GLBT Communities* states:

> …there is increasing concern that older GLBT Australians may also be over-represented in suicide and self-harm statistics for this age cohort. While there is limited published literature available at present, anecdotal reports from health professionals working with older GLBT Australians highlight that many belong to a generation that has experienced a history of severe persecution, abuse and ostracism and have had to survive amidst legal and social condemnation. While some older GLBT people are 'out', including many activists, most are likely to remain closeted to avoid stigma and discrimination, particularly from service providers (Barrett, Harrison, & Kent, 2009; Harrison, 2006). Consequently, many older GLBT Australians may not identify with the GLBT community, resulting in severe social isolation and stigma that significantly increases risk of suicide and self-harm. Older GLBT people have themselves referred to the impact of ageing amidst a youth-oriented gay cultural milieu, which harms self-esteem through the promotion of negative ageist stereotypes (Harrison, 2005). There is an urgent need to resource further research and service development to better understand and respond to issues connected to suicide and older GLBT people (2009 p.6).

The Position Statement included a recommendation that:

The federal Department of Health and Ageing (DoHA) initiate a GLBT aged care strategy that includes policies, resources and programs targeted at researching and meeting the mental health needs of GLBT older Australians (2009 p.9).

This recommendation is strongly supported. It is imperative that the Federal government take such targeted deliberative action as a matter of urgency if the serious issues related to older GLBTI Australians and suicide are to be addressed.

As a gerontologist with thirty years experience in direct care, policy development, research, training and advocacy, I am acutely aware of the strong history of recognition of special needs groups which has underpinned Australian aged care policy. As founder of a remote area aged care advocacy service, I am cognisant of the Federal government's commendable role in the recognition of the rights of consumers in aged care, particularly those of Indigenous consumers.

The development of the Department of Health and Ageing administered Aboriginal and Torres Strait Islander Aged Care Strategy was evidence of this commitment to ensuring that Indigenous people receive special consideration and culturally appropriate intervention, care, and service provision. In contrast, we are yet to see one mention of GLBTI issues in Federal aged care policy. This silence feeds fear on the part of GLBTI consumers and potential consumers, which increases anxiety

about abuse and persecution, leading to high levels of depression and thoughts of self-harm.

A recent survey of a group of older gay men in Sydney with the highest attendance rate of any community group in that city revealed that one third of the members of the group had considered suicide. Such data requires urgent further analysis and the immediate generation of additional research investigating the causative factors behind this statistic. Such research could also investigate from the perspective of older gay men themselves what interventions and strategies could assist them amidst such serious thoughts of self-harm (Ostrow, 2009).

As a researcher with experience in service provision I am approached frequently by others in gerontology and the GLBTI community about issues connected to depression and self-harm. Often this approach relates to a specific incident which has occurred and the source of the information is seeking advice. Such experiential incidents have included:

- A manager of a residential aged care facility who was himself gay but not out to his staff reported that a resident had committed suicide and the manager was certain that depression related to sexual identity and isolation were causative factors. The manager decided to come out to his staff and initiate awareness training so that such an incident never recurred.

- An elderly gay man caring for a partner with cancer was advised to attend a carers' support group to seek some support at a time of great distress. He was subjected to ostracism and abuse by members of the group, run by a mainstream church in his local area, once he revealed that he was caring for a same sex partner. He subsequently became seriously suicidal and attempted to contact Beyond Blue but only found a recorded message. He relied on personal contacts overnight for support and eventually rang Lifeline (Pollard, 2009) http://www.starobserver.com.au/soap-box/2009/10/20/a-cancer-of-the-soul/17406

- A lesbian in her 60s reported that she had clarified with her family that she intended to commit suicide rather than become a consumer of any aged care services, because, she reported, they were homophobic and could not be trusted. She had completed documentation and discussed her decision with her partner and son (Harrison, 2004).

- A social worker reported that a gay man in his 70s was being deliberately moved from a residential to a psychiatric facility because he was 'entertaining male visitors'. He became depressed and at risk of self-harm.

- A gay man in his 60s was a client of a day centre and became open about his sexual identity. The Director of the centre announced to the Occupational Therapist that he would have to wear latex gloves at all times

> or leave the centre, due to 'risk of HIV infection'. He became depressed and suicidal while the issue was negotiated and a resolution reached (Harrison, 2001).

Beyond Blue has produced a booklet *Older People and Depression* which addresses the matter of depression in people over 80 years of age. No mention of GLBTI people is made in this booklet, despite particular reference to culturally diverse groups with special needs. Gay elderly people have expressed concern to Beyond Blue about this lack of reference to GLBTI people in the booklet.
http://www.zipworld.com.au/~josken/suicide.htm
I have written to Leonie Young, the CEO of Beyond Blue about this matter. Beyond Blue have indicated that they may be prepared to include GLBTI people in the next edition of the booklet, but have sought no further information from experts in the field.

Beyond Blue also run a program through a variety of organisations such as the Councils on the Ageing. The program, Maturity Blues, assists groups of older people to discuss and overcome depression. Although groups are run for specific cultural groups, there are currently no groups focused on GLBTI issues or specifically providing GLBTI older people with the opportunity to speak in safety and confidence about depression and suicide. Beyond Blue's CEO has stated that such groups could be promoted should there be evidence of need. This, however fails to recognise that such a response perpetuates the cycle of invisibility whereby service providers remain silent and offer no specifically targeted services thus keeping older GLBTI people silent. Older GLBTI people will not step forward and make 'demands' but rather will respond when safe options are made available to them (Harrison, 2001).

It is strongly recommended that the Maturity Blues program be immediately resourced and extended to include GLBTI focused groups, run in conjunction with GLBTI organisations in each State and Territory, including rural areas, across Australia.

The continuing lack of mention of GLBTI aged care in government documents and procedures at Federal level stands in stark contrast to the commitment to Indigenous aged care, and requires urgent attention and redress.

This lack of attention runs counter to the rapidly increasing recognition of GLBTI aged care concerns across Australian gerontology and the gay and lesbian community, including representative organisations. Research, policy development, advocacy and other initiatives are occurring across Australia in relation to GLBTI ageing, and this is reflected in gerontology and GLBTI organisations' platforms, strategic plans, managerial structures, investigative projects, publications, internal discussions, research processes and information dissemination.

There is a growing body of evidence regarding the extent to which GLBTI elders are experiencing discrimination, or fear of discrimination, within an industry which

remains unaware and uneducated as to their special needs and unique concerns. This is evident in the reports *My People* and *Permission to Speak*, from a four stage Foundation funded GLBTI aged care project conducted by the Matrix Guild Victoria, investigating discrimination and abuse on the basis of sexuality or gender identity. The reports are available online at
http://www.matrixguildvic.org.au/project.html

Additional relevant reports and publications detailing initiatives around Australia are available at the following sites:

http://www.lawlink.nsw.gov.au/lawlink/adb/ll_adb.nsf/pages/adb_glbti_consultation
[NSW Anti-Discrimination Board report]

http://www.rainbowvisions.org.au/resourcesAgeing.html
[Links to full text documents on GLBTI ageing in Australia]

http://www.acon.org.au/about-acon/Strategies/ageing
[Ageing Strategy; ACON (AIDS Council of NSW)]

http://www.acon.org.au/womens-health/ageing/lesbians
[ACON Lesbians and ageing information]

http://www.acon.org.au/about-acon/Strategies/ACON-Strategic-Plan-09
[ACON organisational plan with ageing as a priority area]

http://www.qahc.org.au/seniors
[Queensland LGBT Ageing Action Group]

http://glhv.org.au/node/557#attachments
[Paper on dementia and gay men and lesbians]

http://glhv.org.au/taxonomy/term/40
[Gay and Lesbian Health Vic. Resources on ageing]

http://www.grai.org.au
[GLBTI Retirement Association Inc]

http://www.lgbthealth.org.au
[National LGBT Health Alliance – ageing as a priority]

In addition, the attached article by Dr Mark Hughes provide some indication of the rapidly expanding body of research and action in the area of GLBTI ageing. Commonwealth and Departmental policies and procedures are lagging behind this rapid development, particularly in the area of mental health.

The government's stated intention to make sexuality and gender orientation-based discrimination illegal at Federal level is a positive indicator of possible change that

will impact on the delivery of mental health services to older GLBTI people (Irlam, 2009).
http://sxnews.e-p.net.au/opinion/road-to-equality-corey-irlam-5794.html

Recent Australian legal reform has amended over 80 pieces of legislation to recognise same sex couples in a range of areas of Federal jurisdiction, including aged care. The Same Sex Relationships (Equal Treatment in Commonwealth Laws – General Law Reform) Act 2008 amended the Aged Care Act 1997 so that same sex couples would be given equity of treatment when assessment for residential care fees takes place. In order to access these entitlements, older GLBTI couples need to come out. This process could cause excessive mental stress and anxiety, and needs to be made as safe and culturally appropriate as possible. Inadequate steps have been taken by government to ensure this safety.

A broad communicative and educative strategy is urgently needed to ensure safety and cultural competence of service providers at the level of approved residential providers, assessors, direct care staff, relevant agencies such as Aged Care Assessment Teams, consumers and their representatives.

Such an educative process could best be operationalised as a component of a Commonwealth GLBTI Aged Care Strategy, which would serve to affirm the government's commitment to the elimination of discrimination and the protection of GLBTI elders from harm. In similar fashion to the ATSI Aged Care Strategy, which served to redress a lack of attention to serious issues impacting on Indigenous elders, a GLBTI ageing strategy could incorporate policies, program guidelines, targeted funding, research initiatives, education and training, advocacy and consumer rights measures that enhance safety, self-esteem and culturally appropriate care. This would have an immediate positive impact on mental health.

Our elders face serious mental health barriers after lifetimes of discrimination, persecution, being labelled as criminal and mentally ill, hiding in fear and enduring such medical interventions as shock treatment and lobotomies. A social determinants of health perspective recognises that GLBTI elders have faced particular social and economic as well as political hardship throughout their lives, and require consideration as a special needs group in aged care policy and across services.

The need for a consolidated strategic approach to addressing the broader policy matters that impact on GLBTI aged care and mental health need to be reflected in the outcomes of the Inquiry. This would indicate a serious approach to the urgent matter of sexuality and gender identity in aged care, and the serious need to redress a lack of attention to mental health impacts throughout the broader sector, where consumers remain silent and afraid.

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Lesbian and Gay People's Concerns about Ageing and Accessing Services

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Abstract
There is growing awareness in Australia of the issues faced by lesbian and gay people as they grow older. The present paper examines concerns regarding their health-related ageing; growing older in the lesbian, gay, bisexual, and transgender (LGBT) community; and accessing carers' and aged care services in later life. It is based on a secondary data analysis of a subsample of 371 lesbians and gays, drawn from a survey of LGBT ageing conducted by the Queensland Association for Healthy Communities. The original survey was primarily quantitative and was delivered online between January 2007 and January 2008. The findings of the present study, based on univariate and bivariate analyses of the subsample, highlight that a majority of lesbians and gays were concerned that their sexuality or gender identity may affect the quality of services received. Many also expected to be discriminated against and were concerned that same-sex relationships would not be recognised and that staff would not be aware of LGBT issues. Among other findings, gay men were more likely than lesbians to be concerned about being alone in later life, whereas lesbians were more likely to be concerned about a lack of LGBT-specific accommodation and lack of recognition of same-sex partners.

Keywords: Aged; Diversity; Gay And Lesbian Issues; Sexualities

Older people report that what gives life quality is personal pleasure and satisfaction, good mental health, meaningful relationships, valued social roles, feeling secure, and the freedom to do things without restriction (Bowling & Gabriel, 2007). Given this, it is not surprising that older people's greatest fears relate to their future physical health, loss of independence, and admission to a nursing home (Quine & Morrell, 2007; Quine, Morrell & Kendig, 2007). Similar types of concerns are reported among older lesbians and gays (Whitford, 1997), although gay men tend to highlight a fear of

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loneliness in older age, a reduced social life, and marginalisation from the gay community (Heaphy, 2007; Hughes, 2007a) and lesbians emphasise concerns about lack of financial resources and appropriate care and living arrangements (Bayliss, 2000). These types of concerns have been identified as "social determinants" that impact not just on life opportunities, but also on wellbeing and health-related ageing (Meyer, 2001).

For lesbians and gays, other important social determinants of health include discrimination by mainstream health and aged care providers, the availability of lesbian- and gay-friendly services, and the provision of specific services for lesbians and gays (Hughes, 2007b). In a recent qualitative study of 25 nonheterosexual Victorians aged 58–87 years, not only were recent instances of discrimination reported in relation to aged care delivery, but the research also highlighted the effects of historical experiences of discrimination (Barrett, 2008), including identity concealment when in contact with health and aged care providers and discrimination if identity was inadvertently exposed. The significance of expectations of discrimination has similarly been identified in the US (Johnson, Jackson, Arnette, & Koffman, 2005). Consequently, it is not surprising that fear of discrimination and stigma has been identified as a major factor affecting older lesbian and gay people's use of services (Anetzberger, Ishler, Mostade, & Blair, 2004). Concerns have also been expressed about the general invisibility of older lesbians and gays in the health and aged care sectors, which is due, in part, to the treatment of older people as asexual and homogenous (Bayliss, 2000), the treatment of sexuality as a private matter (Harrison, 2001; Hughes, 2004), and the heteronormative assumptions made by service providers (Hughes, 2007b). In general, the heteronormative and heterosexist discourses in gerontology and aged care act to reinforce intentional and unintentional discrimination (Harrison, 2004).

The complexity of researching the issues faced by lesbian and gay people as they grow older is widely acknowledged, with most prior studies containing significant methodological limitations (Schiavi, 1998; Wahler & Gabbay, 1997). Internationally, researchers have had to rely on small nonprobability samples that have tended to be biased towards those who are well educated, living in cities, and attached to the lesbian and gay community (Porter, Russell, & Sullivan, 2004). Although there have been some important qualitative studies conducted in Australia (e.g., Barrett, 2008; Chamberlain & Robinson, 2002; Harrison, 1999; Hughes, 2007b,c; Waite, 1995), there remains a lack of larger-scale quantitative investigations of lesbian and gay ageing. This has not been helped by the fact that Australian studies of sexuality have tended to exclude older people from their samples (Minichiello, Plummer, & Loxton, 2004). For example, the Sex in Australia study, which surveyed nearly 20,000 people and came to the conclusion that approximately 8.6% of women and 5.9% of men have had homosexual experiences in their lives, had an upper age limit of 59 years (Grulich, de Visser, Smith, Rissel, & Richters, 2003).

Therefore, there is a need for further quantitative research into the issues and concerns raised by lesbian and gay people about their health-related ageing, growing

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older in the lesbian and gay community, and making use of services in later life. This includes further examination of the expectations of lesbians and gays regarding discrimination in health and aged care. However, it is important that research is sensitive to people's diversity (Heaphy, 2007) and examines variations in these issues across a range of factors. Such factors include gender, identity, age, income group, and geographical location (e.g. urban or rural). Given the pressures reported by carers (Cummins et al., 2007), carer status may also be identified as a key factor impacting on concerns about growing older and accessing services.

Method

The present study involved secondary data analysis of an existing dataset, collected through a survey of lesbian, gay, bisexual, and transgender (LGBT) Queenslanders' experiences and expectations of ageing. The benefits of this type of secondary research include the efficiency involved in using existing data and avoiding the need to survey hard-to-reach populations again (Sales, Lichtenwalter, & Fevola, 2006). Limitations include having to limit research questions to those that can be answered by the existing data and having to rely on the original study's instrumentation and sampling procedures (Hakim, 2000). In the present study, it was recognised that despite limitations in sampling and the measurement of variables, the original survey provided unique access to issues and concerns of lesbian and gay people in relation to ageing and enabled some valuable statistical analysis given the relatively large sample size.

The Original Survey

The original survey was conducted by the Queensland Association for Healthy Communities (QAHC) from January 2007 to January 2008. Along with the community consultation survey conducted by the Gay, Lesbian, Bisexual, Trans and Intersex Retirement Association Incorporated (GRAI) in Western Australia (Lovelock, 2006), the QAHC survey is one of the only quantitative studies of LGBT ageing to have been conducted in Australia. With 443 respondents, it represents the largest single survey on LGBT ageing in this country to date. The survey was developed by the LGBT Ageing Action Group, which is auspiced by QAHC and comprises LGBT community representatives and mainstream aged care providers. The purpose of the survey was to document the concerns of LGBT Queenslanders in relation to ageing and accessing services in order to inform local and state-wide policy and service responses. The survey was constructed and delivered through the online research tool surveymonkey. Paper copies were also made available to those who requested them. Respondents completed the survey anonymously. The survey aimed to identify the experiences and concerns of the LGBT population around issues such as (a) ageing in the LGBT community, (b) health concerns, (c) social support, (d) accessing support services, and (e) support from the LGBT community.

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The survey involved nonprobability sampling techniques designed to maximise the response rate. Nonprobability sampling is widely recognised as necessary for research investigating hard-to-reach groups and has been used extensively in previous surveys of the LGBT population, including surveys of LGBT seniors (e.g., D'Augelli, Grossman, Hershberger, & O'Connell, 2000). Strategies for promoting the survey included (a) LGBT media release and advertisements, (b) postcards distributed at LGBT venues and events, (c) banner advertisements on LGBT websites, (d) promotion in LGBT health and community e-newsletters, and (e) distribution of promotional resources to mainstream aged care providers and seniors' groups.

The survey, as administered via surveymonkey, was primarily quantitative and relied mainly on fixed-choice questions producing nominal or categorical data. The provision of an "Other" option for most questions allowed respondents to provide alternative answers. Many questions allowed respondents to select more than one answer, producing multiple variables. Respondents also had the opportunity to respond to some open-ended questions by providing qualitative detail, although responses to these questions were less consistent than to the fixed-choice questions.

As noted, 443 people completed the survey, including 19 people (4.3%) who returned a paper version. Just over half the sample (243/443; 54.9%) identified as a gay man, 128 (28.9%) identified as lesbian, 29 (6.5%) identified as bisexual, and 29 (6.5%) identified as queer. Thirteen people (2.9%) identified as transgender male-to-female and three people (0.7%) identified as transgender female-to-male. Respondents were able to select more than one identity (e.g., lesbian and transgender male-to-female). Of the entire sample, most people (356/443; 80.4%) reported that they were from an Anglo Australian background, 15 (3.4%) identified as Aboriginal, and 26 (5.9%) as having a culturally and linguistically diverse (CALD) background. The remaining respondents identified an "Other" background. No one was identified as having a Torres Strait Islander background. Data were analysed through surveymonkey by univariate descriptive statistics and the findings were presented in a report (QAHC, 2008).

The Present Study

The study reported on in the present paper was based on a subset of the original sample from the QAHC survey and involved secondary data analysis of this subsample. The researcher was not involved in the design or delivery of the original survey. Following approval from the LGBT Ageing Action Group, QAHC provided the deidentified surveymonkey files to the researcher, who then imported the data into the SPSS program (SPSS, Chicago, IL, USA).

The sample subset reported on in the present paper comprised the 371 people who identified as a gay man or lesbian. For the purposes of the present paper, it was decided to exclude those who identified solely as bisexual, queer, transgender male-to-female, and transgender female-to-male. This was done because the number of people identifying in these ways was not large enough to enable meaningful statistical

analysis. It was also recognised that the small number of people reporting as having a non-Anglo Australian background meant that "cultural background" could not be used as a variable in statistical analysis. The limitations of these restrictions are recognised, as are the limitations involved in using a sample gathered through nonprobability techniques. Although the study provides results from one of the largest Australian samples of lesbian and gay people reporting on ageing issues, caution is advised in generalising the findings to the wider LGBT community.

The focus of the present study was on lesbian and gay people's concerns about growing older and using carers' and aged care services. The following research questions guided the secondary analysis:

1. What are lesbian and gay people's main concerns about growing older and accessing services?
2. Do lesbian and gay people's concerns differ according to their gender, geographical location, income, caring responsibilities, or age?

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In the original survey, concerns about growing older and accessing services were measured through three questions. The first question asked "What are your three main health concerns in regard to ageing?" and provided 14 categorical items to select from. The second question asked "What are your three main concerns about ageing in the LGBT community?", with seven items provided. Both questions provided an "Other" option. It is recognised that although these questions provide an insight into aspects of ageing experiences that are of importance, they do not provide total insight into all the ageing-related concerns lesbian and gay people may have. Concerns about accessing carers' or aged care services were examined by a question that asked "What are your three main concerns about accessing aged care or carers' support services as an LGBT person?", with 10 items provided, including an "Other" option. The variables generated by these three questions were used as dependent variables in answering the second research question.

Independent variables used for the second research question included gender, geographical location, income, caring responsibilities, and age. Gender was determined by responses to the question about respondents' identity. Geographical location was identified by asking if they lived in urban/metropolitan, regional, or rural areas of Queensland. Respondents were also requested to provide a postcode that was used to verify location. Income was measured through a 9-item ordinal scale, which asked respondents to select their per annum income group (e.g., $40,000–$59,999 etc.). Caring responsibilities were examined (following a definition of caring) by a question asking "Are you caring for a dependent person?" with a yes/no response provided. Age was measured by an ordinal scale that required respondents to select their current age group (e.g., 20–25 etc).

The research questions were addressed through univariate and bivariate analysis, including cross tabulations. Analysis was also assisted by the use of nonparametric statistics (as appropriate for nonprobability samples), such as the Chi-squared test of significance (χ^2). Statistical significance was set at 95% probability. Data analysis was

limited in the present study given that the original study relied mainly on nominal level variables and was based on a nonprobability sample. These factors, combined with some low-frequency categories (e.g., in the age variable), meant that there was limited opportunity for multivariate analysis. The interpretation of results and comparison with other studies are also constrained by the lack of standardised and validated instruments. Although secondary data analysis would ordinarily be conducted on datasets comprising such instruments (Sales et al., 2006), in this instance this was deemed to be outweighed by the value of the data in terms of the insights provided into the views of a relatively large number of lesbian and gay people about growing older. Although it is not possible to measure it, some degree of ecological validity—the capacity of the instruments to reflect the contextual and everyday concerns of the respondents (Bryman, 2004)—may have been achieved in the instrumentation because the original survey was constructed by members of the LGBT Ageing Action Group, which included older LGBT people.

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Results

The Subsample

Of the 371 people in the subsample studied, 243 (65.5%) were gay men and 128 (34.5%) were lesbians. In terms of age, 61 (16.4%) were aged 25 years and under, 72 (19.4%) were aged between 26 and 35 years, and 77 (20.8%) were aged between 36 and 45 years. The modal age grouping was 46–55 years, with 98 (26.4%) in this category. Of the remainder, 40 (10.8%) were aged 56–65 years and 23 (6.2%) were aged 66 years and over. No one reported that they were 76 years or older. Similar to the sample for the original survey, most people (299/371; 80.6%) reported an Anglo Australian background, 22 (5.9%) indicated a CALD background, and 12 (3.2%) identified as an Aboriginal person. The vast majority (263/371; 70.9%) of the subsample lived in urban/metropolitan areas, with 21.6% ($n = 80$) living in regional areas and 7.5% ($n = 28$) living in rural areas. The modal annual income group was $40,000–$59,999 (106/371; 28.6%). Only 45 (12.1%) of the subsample reported that their income was $80,000 or higher and 157 (42.3%) reported that they earned $39,999 or less. Of the 371 people in the subsample, 13.2% ($n = 49$) indicated that they were caring for a dependent relative, most frequently a parent ($n = 16$) or partner ($n = 14$).

Concerns About Growing Older and Accessing Services

In responding to the first research question, it was clear that lesbians and gays have a number of concerns about their ageing, about growing older in the LGBT community, and about accessing mainstream carers' and aged care services. The most frequently reported health concern in relation to ageing was a general decline in the standard of health (211/371; 56.9%), followed by a loss of independence (202/371;

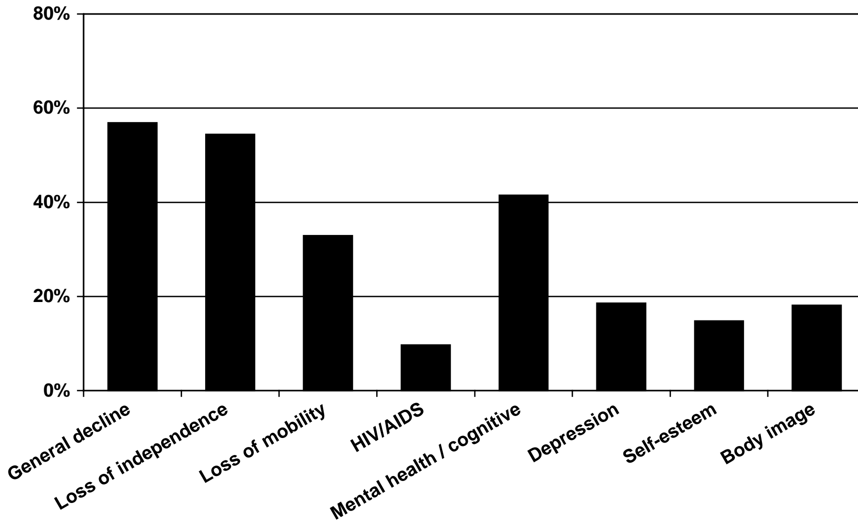

Figure 1 Main health concerns in regard to ageing.

54.4%), and a decline in mental health or cognitive ability (154/371; 41.5%; Figure 1). Loss of mobility was reported as a main concern by one-third of the group (122/371; 32.9%).

In relation to growing older in the LGBT community, nearly two-thirds of the subsample (237/317; 63.9%) identified the lack of LGBT-specific accommodation as one of their main concerns (Figure 2). Two related items—concern about being alone in older age and being able to maintain social networks and friends—were reported

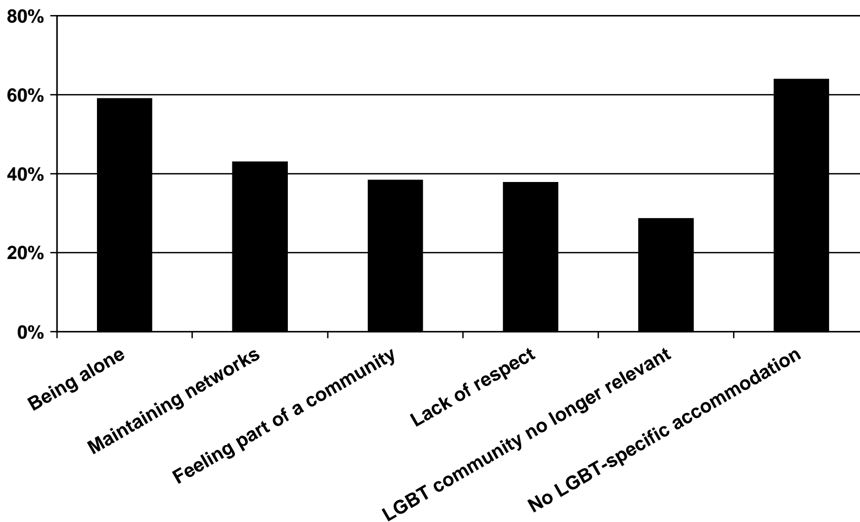

Figure 2 Concerns about growing older in the lesbian, gay, bisexual, and transgender (LGBT) community.

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by 219 people (59.0%) and 159 people (42.9%), respectively. Nearly 40% of people also reported being concerned about not feeling a part of the LGBT community (142/371; 38.3%) and about the lack of respect for older people in the LGBT community (140/371; 37.7%).

When asked what their main concerns were regarding accessing aged care or carer services as an LGBT person, over half the subsample (205/371; 55.3%) indicated that they were concerned that their same-sex relationship would not be recognised (Figure 3); 45.8% ($n = 170$) reported a concern that services may not be aware of LGBT issues; and 45.6% ($n = 169$) identified that they were concerned that service providers would be prejudiced or display discriminatory attitudes or behaviours towards LGBT people. Other commonly reported concerns were that services were often provided by religious-based organisations (155/371; 41.8%) and that LGBT-specific services are lacking (124/371; 33.4%).

Respondents were also asked if, in general, they were concerned that their sexuality or gender identity may affect the quality of service provided to them in their older age. Of the 316 people who answered this question, nearly two-thirds ($n = 206$; 65.2%) indicated that they were concerned about this. Of the remainder, 39 (12.3%) said that they weren't concerned about this and 71 (22.5%) were not sure.

In the following sections, the second research question is examined by outlining statistically significant differences in the findings according to variations in the subsample. However, at this point, it is important to note that no significant associations were identified between the general concern that sexuality or gender identity may affect the quality of service and participants' gender, geographical location, income, caring responsibilities, or age. This demonstrates the consistency of this general concern across the entire subsample.

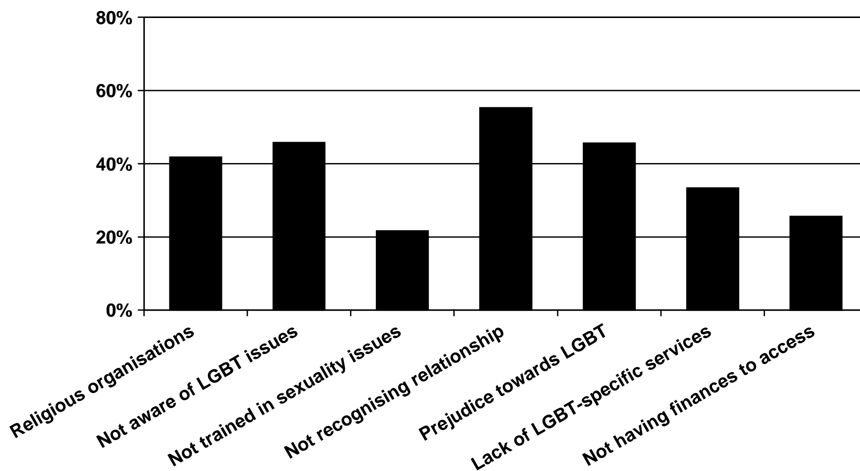

Figure 3 Concerns accessing carers' and aged care services. LGBT, lesbian, gay, bisexual, and transgender.

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Gender

In partial response to the second research question, a number of differences were identified in concerns about ageing and accessing services in terms of respondents' gender. In relation to health concerns about ageing, gay men were significantly more likely than lesbians to be concerned about self-esteem (19.3% vs. 6.3%; $\chi^2(1, n = 371) = 11.380, p \leq .001$) and body image (22.6% vs. 9.4%; $\chi^2(1, n = 371) = 9.960, p \leq .01$). Lesbians were more likely than gay men to be concerned about a loss of independence (64.1% vs. 49.4%; $\chi^2(1, n = 371) = 7.284, p \leq .01$), loss of mobility (46.1% vs. 25.9%; $\chi^2(1, n = 371) = 15.451, p \leq .001$), and a decline in mental health or cognitive ability (49.2% vs. 37.4%; $\chi^2(1, n = 371) = 4.784, p \leq .05$).

Regarding general concerns about growing older in the LGBT community, gay men were significantly more likely than lesbians to be concerned about being alone in their older age (63.4% vs. 50.8%; $\chi^2(1, n = 371) = 5.498, p \leq .01$) and a lack of respect for older LGBT people in the LGBT community (43.6% vs. 26.6%; $\chi^2(1, n = 371) = 10.384, p \leq .01$). In contrast, lesbians (75.8%) were more likely than gay men (57.6%) to be concerned about not having LGBT-specific accommodation in later life ($\chi^2(1, n = 371) = 11.994, p \leq .001$).

With regard to concerns about accessing services, lesbians (63.3%) were more likely than gay men (51.0%) to have concerns relating to services not recognising same-sex relationships or including partners ($\chi^2(1, n = 371) = 5.091, p \leq .05$).

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Geographical Location

No significant associations were identified between geographical location and the general concerns about ageing items. Although a relatively small proportion (10.8%) of the subsample identified as having concerns about being overweight in older age, those who lived in regional areas (20.0%) and rural areas (17.9%) were significantly more likely to be concerned about this than people in urban/metropolitan areas (7.2%; $\chi^2(2, n = 371) = 11.984, p \leq .01$).

Regarding concerns about accessing carers' or aged care services, people in rural areas (39.3%) and regional areas (25.0%) were also significantly more likely than people in urban/metropolitan areas (18.6%) to be concerned that staff were not trained in sexuality or gender identity issues ($\chi^2(2, n = 371) = 7.095, p \leq .05$).

Income

Analysis in relation to income was based on a dichotomised variable: low income (up to $39,999 per annum) and high income ($80,000 per annum and above). No significant differences were identified between this variable and any of the items relating to general concerns about ageing in the LGBT community and health-related concerns. One difference was noted in relation to concerns about accessing services. As one may expect, low income earners were significantly more likely than high

income earners to be concerned that they would not have the finances to access services in their older age (36.1% vs. 15.6%; $\chi^2(1, n = 128) = 6.019, p \leq .01$).

Caring Responsibilities

Those identified as having caring responsibilities reported more concerns about growing older and accessing services than those who did not. In relation to health concerns, carers were significantly more likely than non-carers to be concerned about a loss of independence in older age (75.0% vs. 52.0%; $\chi^2(1, n = 371) = 7.636, p \leq .01$), a loss of mobility (55.0% vs. 30.2%; $\chi^2(1, n = 371) = 9.936, p \leq .01$), and a loss of self-esteem (25.0% vs. 13.6%; $\chi^2(1, n = 371) = 3.676, p \leq .05$).

In terms of accessing services, carers (35.0%) were more likely than non-carers (19.9%) to be concerned that staff were not trained in sexuality or gender identity issues ($\chi^2(1, n = 371) = 4.786, p \leq .05$).

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Age

Variations in the subsample were also apparent in relation to age and, in particular, differences were noted between the younger (25 years and under) and older (66 years and over) groups in the sample. Younger people were significantly more likely than older people to be concerned about being alone in their older age (78.7% vs. 52.2%; $\chi^2(1, n = 84) = 5.754, p \leq .05$), whereas older people were more likely to be concerned about not having LGBT-specific accommodation (73.9% vs. 45.9%; $\chi^2(1, n = 84) = 5.269, p \leq .05$). Regarding health concerns, older people were more likely than younger people to be concerned about a loss of mobility in later life (47.8% vs. 21.3%; $\chi^2(1, n = 84) = 5.754, p \leq .05$), as well as a general decline in mental health or cognitive ability (56.5% vs. 32.8%; $\chi^2(1, n = 84) = 3.945, p \leq .05$).

With respect to concerns about accessing services in later life, older people (43.5%) were significantly more likely than younger people (16.4%) to be concerned about a lack of LGBT-specific services ($\chi^2(1, n = 84) = 6.754, p \leq .01$).

Discussion

The findings of the present study provide further evidence that lesbian and gay people have considerable concerns about their health-related ageing, growing older in the LGBT community, and about accessing mainstream services in later life.

The health-related concerns expressed by the people in the present study—including concerns about a general decline in health, a loss of independence, and a decline in mental health or cognitive ability—are broadly consistent with the findings from studies of the wider population. In their large cross-sectional study of people aged 65 years and over in New South Wales, Quine and Morrell (2007) identified that, in terms of their fears for the future, the vast majority of respondents were concerned about their future physical health and losing their independence. Given their closer

proximity to the issues, it is not surprising to find that older people in the present study were more likely than younger people to be concerned about some of these health-related issues.

What is striking in the present study is that lesbians were significantly more likely than gay men to be concerned about loss of mobility, declining mental health or cognitive ability, and loss of independence. The latter was also more likely to be a concern for women than men in the study reported by Quine and Morrell (2007). In that study, fear of nursing home admission was identified as related to loss of independence and women were significantly more likely to report this than men. Although this issue was not examined explicitly in the present study, it is notable that lesbians were significantly more likely than gay men to be concerned about the lack of LGBT-specific accommodation in later life. Lesbian discourses around the "old dykes' home" may reflect an overemphasis on institutional options because of a lack of information on alternatives and fear of what may happen if placed in a mainstream facility (Harrison, 2004). In addition, as highlighted by Quine and Morrell (2007), women's concerns regarding residential care in later life probably reflect the fact that because of a longer life expectancy they are more likely than men to be admitted to long-term care. It is possible that longer life expectancy also accounts for why women were more likely to be concerned about mobility and cognitive and mental health in the present study.

Another important finding regarding health-related ageing in the present study is that carers were significantly more likely than non-carers to be concerned about loss of independence, loss of mobility, and loss of self-esteem. This is further evidence of the particular health-related demands facing carers as they grow older. A major national survey of carer's health and wellbeing identified that carers have significantly lower levels of wellbeing than the general population and are also more vulnerable to additional stressors (Cummins et al., 2007). Further, a study of 630 people aged 75 years and over living in Sydney found that carers had higher levels of psychiatric symptoms and lower life satisfaction than non-carers (Broe et al., 1999). As has been already been established in the US (Brotman et al., 2007), the findings of the present study highlight that carers' concerns about their health and wellbeing in later life are just as significant in the lesbian and gay population as they are in the wider community.

In terms of growing older in the LGBT community, key concerns included being alone in older age and maintaining social networks. Possibly reflecting the fact that older gay men are more likely to live alone than older lesbians (Heaphy, 2007), gay men were significantly more likely to report concerns about being alone in later life. However, it is of note that younger people in the present study were significantly more likely to be concerned about this than were older people. It is possible that younger people may be influenced by social stereotypes of the older gay man in particular as a lonely and isolated figure, and thus may be afraid of this as their future. In contrast, it is possible that for older people "living alone" may not equate to "being alone" because noncohabiting sources of support can be drawn upon.

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Recent qualitative research demonstrates that, similar to lesbians, many gay men place considerable emphasis on friendships as a "chosen family" and that many routinely draw on these as sources of support and care (Chamberlain & Robinson, 2002; Heaphy, 2007; Heaphy, Yip, & Thompson, 2004).

Other key concerns about ageing in the LGBT community included not feeling a part of the community and being concerned about a lack of respect for older people in this community. The latter was significantly more likely to have been reported by gay men than lesbians. This corroborates findings from qualitative studies that have highlighted the concerns of older gay men that they are marginalised from the youth-centric commercial gay scene (Heaphy, 2007; Hughes, 2007a; Jones & Pugh, 2005). However, in the present study, older people were no more likely than younger people to report these concerns, suggesting that there is an awareness of these as important issues across the age groups. It is also possible that these concerns are reflected in the findings that gay men were significantly more likely than lesbians to be concerned about their body image and self-esteem in later life.

As with previous Australian studies (Chamberlain & Robinson, 2002; Hughes, 2007b), the lack of LGBT-specific accommodation in later life continues to be highlighted as a major concern by lesbians and gays. As noted, this was more often reported to be of concern to lesbians than gay men. It was also significantly more likely to be of concern to older people than younger people, again perhaps understandably because of their closer proximity to the issue. Older people were also significantly more likely than younger people to be more generally concerned about the lack of LGBT-specific services in later life. Questions about the viability of LGBT-specific residential or retirement facilities continue to be debated in Australia, especially given the limited number of people such facilities could cater for. Nonetheless, a retirement village for gay, lesbian, and transgender older people has been approved for development in Ballan, Victoria (Deery, 2008), and some LGBT community organisations, such as GRAI in Western Australia (Lovelock, 2006) and the ALSO Foundation in Victoria (Birch, 2004), are examining the feasibility of providing accommodation as well as personal care services.

However, as Porter et al. (2004) have identified, services are much more likely to be provided by mainstream aged care agencies. In terms of the delivery of these kinds of services, in the present study nearly two-thirds of those who responded to the question believed that their sexuality or gender identity may affect the quality of services provided to them. Further, nearly 46% of people believed that service providers would be prejudiced or display discriminatory attitudes or behaviours towards LGBT people. These findings reflect results from research in the US that suggests that a majority of LGBT people expect to be discriminated against when receiving aged care services (Johnson et al., 2005). In that study, Johnson et al. (2005) found that 60% of the 131 LGBT people interviewed believed that older LGBT people did not have equal access to health and social services. Further research is needed to understand patterns of sexuality and gender identity based discrimination in health and aged care in Australia, as well as to analyse the impact of expectations of

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discrimination on service use. Research into lesbian and gay people's use of health services suggests that people may delay seeking assistance and treatment because of fears of discrimination (McNair, Anderson, & Mitchell, 2001). If this pattern were also evident in older lesbian and gay people, the implications of this in terms of healthy ageing and premature hospitalisation are considerable.

Regarding some of the specific concerns about accessing carers' and aged care services, most respondents prioritised lack of recognition given to same-sex relationships. Lesbians were significantly more likely to report this than gay men, possibly reflecting the greater likelihood that, as they grow older, lesbians are more likely to be in couple relationships (Heaphy et al., 2004). Australian campaigns to have equal recognition given to same-sex relationships, both culturally and before the law, are well documented. The Human Rights and Equal Opportunity Commission (2007) cited 58 federal laws, including the Aged Care Act 1997, that discriminate against same-sex couples. And although the Rudd Government has indicated its preparedness to address many of these issues, it remains steadfastly opposed to giving same-sex relationships equal status to marriage and, following the Howard Government, has acted to block the Australian Capital Territory's civil unions legislation. Given this wider context in which same-sex relationships are accorded lesser status, it is not surprising that lesbians and gays would expect this to also be reflected in the delivery of carers' and aged care services. Qualitative research has highlighted in particular concerns relating to service providers trivialising lesbian and gay relationships and not enabling same-sex partners to be identified as persons to notify or "next of kin" (Hughes, 2007b).

Other concerns regarding accessing services that were prioritised included service providers not being aware of LGBT issues and being concerned that services are provided by religious organisations. The latter has been identified as of concern in prior research (Harrison, 1999, 2004) and it is clear that aged care providers—religious and secular alike—will need to do a lot more to make their services appropriate to and welcoming of older lesbians and gays. The potential for developing training strategies to improve practitioners' "cultural competence" in responding to older lesbians and gays is considerable. As is evident in the Healthy Ageing Strategy of the AIDS Council of New South Wales (2006), lessons can be transferred from the health and community care sector's response to the HIV/AIDS crisis among gay men, particularly in terms of how providers worked with LGBT community organisations in providing personal care and hospice care. Relatively simple strategies include placing affirming posters and brochures in waiting rooms—as long as they are supported by similar attitudes on the part of providers. Gay and Lesbian Health Victoria has developed a series of posters (www.glhv.org.au/node/265) and provides training to health organisations and health care providers on appropriate service delivery and health needs. As highlighted in prior research (Hughes, 2007b), social workers and other service providers should be using inclusive language, lesbian- and gay-appropriate forms, and sensitive and supportive questioning. This would enable older lesbian and gay people to disclose their identities

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and relationships—should they so choose—and to highlight the significance of these in the delivery of services.

Conclusion

Although it is recognised that a lack of standardised instruments and the nonprobability nature of the sample reduces the quality and generalisability of the findings, the present study—as well as the larger QAHC (2008) survey from which it was derived—provides unique insight into the issues and concerns of lesbians and gays as they grow older. In particular, the quantitative findings provide further evidence of older lesbians' and gays' health-related concerns, concerns about ageing in the LGBT community, and concerns about accessing services in later life. Importantly, nearly two-thirds of those who answered the question believed that their sexuality or gender identity may affect the quality of carers' and aged care services provided to them. Many expected to be discriminated against in receiving services in their older age. These findings, in conjunction with those arising from qualitative research, highlight the need for policy makers and service providers, including social workers, to reach out to lesbian and gay people, especially older people, to ensure that agencies are responding to their needs and that they have equal access to services that promote their healthy ageing and overall wellbeing. As previous research has demonstrated, it is crucial that lesbian and gay people are not treated as a homogeneous group and that their diverse identities, concerns, and needs are acknowledged and responded to. In the present study, respondents' concerns varied according to a range of factors, including gender, age, and caring status. Although the focus of the present study was on self-identifying lesbian and gay people, further quantitative research is needed to more fully understand the needs of other non-heterosexual people, including transgender people, who are typically underrepresented in research of this kind.

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