

AGEING IN VICTORIA – DISCUSSION PAPER ISSUES for GLBTI people

The maintenance of health and wellbeing during each of the transitional life stage is linked to the degrees to which people feel supported by family, friends and the wider society and to people's ability to access quality health care and welfare services. p. 37 (What's the difference?)

- People's stories/case studies are always compelling as well as the evidence to support those experiences and how government can respond to issues documented.
- Also need sensitive data collection for appropriate allocation of resources, particularly for local government.
- Support the out and proud status and being socially connected through that – some men fear losing it as their social networks change with age and shifting domestic locations.
- All discussion, policy development and planning; and program implementation should be grounded in understanding that older GLBTI people are not a homogenous group need to acknowledge diversity within
- Age compounded by class and financial situations, geographic location (inner city, outer metropolitan, provincial towns, rural and remote areas); disability and chronic ill health (if HIV+ then double discrimination); from culturally and linguistically diverse backgrounds, with and without families, those alone and isolated, still in the workforce and at what level because need for some financial security or enjoying it and being connected, those retired with own house and good super/pension or retired still playing mortgage/renting and limited super
- What's old: 50+, 60+, 70+ 80 and over? Responses to issues will be different from those in older age/s cohort and living as an older gay person and those anticipating and planning their futures to be different and better. Histories and thus life experiences vary: older gays and lesbians compared to 'baby boomers'
- What's discrimination based on age and what's based on sex orientation and gender identity?
- Recognise ageism in wider community/society but also within gay and lesbian communities particularly amongst some groups of younger gay men.
- Many staff in aged care, community, health care and welfare services are confused about the issue of respecting and protecting an individual's privacy. Will see sexuality as a personal matter and so not to be considered which then leads to sexual orientation and gender identity becoming invisible with the possibility of discrimination and inappropriate care and service. (See attachment: Hughes M, 2004 'Privacy in aged care')
- Need to protect GLBTI workers in all professions.
- Little research on health related needs of ageing gay men, lesbians and bisexuals; less on transgender and intersex people.

DIVERSITY

What considerations are particularly important for older Victorians based on where they live or the background they come from?

- Of absolute importance is the acknowledgment and acceptance of the diversity of sexual orientation and gender identity of older Victorians. It is also important for society to acknowledge that older people, heterosexual, homosexual and transgender, are also sexually active, have intimate relationships and, just because of age, are not asexual.
- However care need to be taken that the understandings about the diversity of sexual orientation and gender identity do not focus only on sexual behaviours to the exclusion of all the other aspects of a person's being, life experiences and understandings.
- All services need to be sensitive to the needs of GLBTI users, to acknowledge accept and include their partners and friends. In some situations families may not be accepting of the individual's sexual orientation and gender identity or of partners; this non-acceptance can lead to decisions being made on behalf of the older person that do not reflect the reality of their lives and domestic situations.
- Being sensitive to needs of older GLBTI ranges from use of language on forms (e.g. partner or significant people rather than husband or wife) to practices that demonstrate clients are in a safe, comfortable and non-discriminatory environment.
- Not all gay, lesbian transgender and intersex people identify with these labels and thus may not connect with or want to connect with GLBTI community groups. p. 43 (What's the difference?)

HREOC (see references for website address) heard about several other areas of discrimination being faced by gay, lesbian, bisexual, transgender and intersex (GLBTI) Australians including

- health care services
- aged care services
- the workplace
- recognising the identity of gender diverse people.

HEALTH AND WELLBEING

What barriers are there to older people staying healthy for longer?

What would make health care services more accessible and equitable for older people?

How can illness prevention services and support best meet the needs of older people?

- In general less of a culture for GLBTI to access services.
- Higher levels of chronic ill-health: HIV+, Hep C, possibly higher levels of cancer and heart disease among women, prostate cancer among men.
- Feelings of insecurity and anxiety when living through the transition from relying on the commercial scene for social networks.
- Financial disadvantages: no access to partner's super, harder to get sick/carers leave; Discrimination re fees for aged care when assets are not recognised as joint.
- Gay and lesbian seniors may be caring for older partners, relatives or friends as well as trying to attend to their own needs and may be less likely to have children of own to provide that kind of care; no research into this issue.
- Transgender and intersex people may have medical/health issues related to original gender e.g. prostate cancer, osteoporosis.

INCLUSIVE COMMUNITIES

What community activities, volunteering opportunities and social networks are older people interested in?

- Some will have GLBTI specific networks but this cannot be assumed for all older GLBTI people, some will have no contacts at all particularly if living outside of the inner suburbs of Melbourne.

Are there barriers to getting involved in the community and are they different in regional and metropolitan areas?

- distance from GLBTI networks: these tend to be inner city whereas financial disadvantage pushes older GLBTI to outer metropolitan areas, provincial towns or remote and rural locations.
- stigma and discrimination in non-specific activities and organisations; less likely to be GLBTI specific outside of Melbourne.

What information about services and community activities do older people want, and how should this information be provided?

- Cannot assume easy access to internet information, a common assumption made by many government and community organisations.
- Local councils need to use inclusive language in promoting activities;
- Local council staff should be supported to participate in training and or professional development on sexual orientation and gender diversity inclusive policy and practice.

LIVEABLE COMMUNITIES

Planning and services

How can communities be made more age-friendly?

What are the key factors in creating a better physical environment for older people?

Are there any differences depending on whether a community is regional or metropolitan?

What would make older people feel safer in their communities?

- Safety would be improved with education/professional development/training to raise awareness of and sensitivity to needs of GLBTI users in aged care sector. This training should be provided to all levels of staffing: professional, para-professionals, administrative, support and maintenance staff, and volunteers.
- Government and non-government organisations and agencies should be supported/funded to develop and implement broader public/community education and awareness raising campaigns about the existence of older GLBTI people in Victoria.
- Funding needed to develop and promote positive images of GLBTI people in wider community.

TRANSPORT

What are seniors' most important transport needs and are there innovative ways they can be met now and in the future?

Are there different considerations for regional and metropolitan areas?

How can older people be supported to drive safely for longer?

- Common issues for all older Victorians is increasing cost of petrol particularly in outer metropolitan, regional and remote locations.
- Increase funding for community transport and taxis to support older frail people or with disabilities.

HOUSING

What are the most important considerations in developing housing and accommodation for older people?

Are there new accommodation models to assist people to remain in their homes as they age?

What information do older people need when choosing accommodation options?

- Respect desire of older GLBTI people to maintain independence as long as possible, identify training needs of such services as may support living in own home and community.
- General feeling in GLBTI communities is to move away from the concept of specific style housing, and the possibility that such arrangements will lead to ghettos, to mounting arguments for the development of sensitive and inclusive mainstream housing. Focus on improving existing and mainstream services.
- Policy developers and planners need to understand importance for people going through ageing experience to maintain their linkages with GLBTI communities and networks. Issues to be considered in relocation include how to maintain existing networks and/or to identify new networks; finding sympathetic understanding and responsive health care providers.
- Office for Housing to scope the concept of Housing Path Plans to assist people needing support as they move from privately owned or rented accommodation into retirement or aged care facilities as required.
- Management, staff and volunteers in aged care facilities and home care services to participate in GLBTI diversity training as part of accreditation requirements. Develop a good practice checklist specific to aged care settings.
- Need to address concerns or fears that church-based and church-run nursing homes and aged care facilities may limit access to GLBTI people. Does the Equal Opportunity Act provides satisfactory protection to GLBTI people wanting access to religious supported housing, welfare and aged care services?
- Need to address concerns or fears about experiencing barriers in the future when need to access quality services because of societal assumptions and lack of awareness of GLBTI issues
- Major concern re institutionalised care re disclosure of identity; invisibility of older glbt in society, in home care, in aged care facilities and services; particularly in services run by religious organisations
- Need for improvement to range of aged care and welfare services so that: intake, assessment and referral processes; all operational policies and staff training and professional development is responsive and able to meet the needs of GLBTI aged care

clients and users in positive, respectful and non discriminatory ways. Socially safe and welcoming

- See also 2.14B *Ageing* p. 43 (What's the difference?)

GENERAL QUESTION

What do you think are the three most important issues for senior Victorians now and in the future?

End to invisibility of older GLBTI Victorians and increased respect and acceptance of their right of freedom of expression to live their lives as who they are and have been. Such acceptance needs to acknowledge the diversity within GLBTI communities.

Commitment to funding development and implementation of a range of community and service specific education and professional training programs and activities so that all levels of service delivery are inclusive of and appropriate to the needs of older GLBTI Victorians.

State government advocacy of and support for the legislative changes recommended by HREOC in its *Same-Sex: Same Entitlements* report 2007 to be enacted. The impact of these legislative changes are significant as discrimination against same sex couples will be removed in a number of areas, including taxation, superannuation, Medicare and pharmaceutical benefits, aged care, veteran's entitlements, workers compensation, and employment entitlements. The legislation was introduced in the winter session (2008) of Federal Parliament but has been referred to a Senate committee for further discussion related to a range of interdependent relationships. This delay is of significant concern to many older GLBTI couples the time lag between introducing a bill, it being passed and then being fully in effect can be close to 12 months.

REFERENCES

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Hughes Mark 2003 'Talking about sexual identity with older men' *Australian Social Work* Vol. 56, No. 3, September, pp. 258-266

Human Rights and Equal Opportunity Commission *Stories of discrimination experienced by the gay, lesbian, bisexual, transgender and intersex community* October 2007
http://www.hreoc.gov.au/Human_Rights/gay_lesbian/stories.html

Is your "T" written in disappearing ink? A checklist for transgender inclusion
Transgender Aging Network (TAN): <http://www.forge-forward.org/TAN>

LGBTI Ageing *Gay and Lesbian Issues and Psychology Review*, Vol. 2 No. 2 2006

Mc Nair, R and Harrison J (2002) Life stage issues within GLBTI communities in W. Leonard (ed.) *What's the difference? Health issues of major concern to gay, lesbian, bisexual, transgender and intersex (GLBTI) Victorians*, Victorian Department of Human Services, Melbourne.

Attachment One: Privacy in aged care (Hughes 2004)

Construction of issues as one about privacy can limit expression of diverse identities.

Publicly funded aged care organisations and services accredited re commitment to maximising clients' privacy and dignity.

Aged care workers already manage range of privacy issues every day with older consumers:

- enter consumers homes and rooms
- negotiate access to their personal space
- at times have to touch private places of their bodies.

Different dimensions of privacy in aged care and implications for recognition of diverse identities- physical, psychological, social and informational

- **physical:** spaces, marking out of territory
- **psychological:** maintenance of personal identity
- **social:** management of social contacts; who, how often, how long and content
- **informational:** control of personal information collection and distribution

Need for individual private spaces/rooms for private behaviour including sexual and intimate behaviour; also need semi public spaces to be with friends and family.

Need staff to understand and accept that some privacy practices or concerns may stop them acknowledging clients' sexualities and gender diversities with result that older gay, lesbians and transpeople become invisible in aged care.

Don't confuse commitment to privacy as means of avoiding sensitive topics- sexuality is only one part of gay/lesbian identity.