

To The Community Justice Sanding Committee

c/- Ms Sarah Palmer

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Community Development and Justice Standing Committee's Inquiry into Policy Implications of an Ageing Community

Dear Committee Members

Please accept this submission to your inquiry into the policy implications of an ageing community. We apologise for this submission arriving post-deadline.

About GRAI

GLBTI Rights in Ageing Inc (GRAI) is a Western Australian not-for-profit, community based organisation. We aim to identify and address the needs of older people of diverse sexualities and gender identities, and work to create an inclusive mature age environment to support a good quality of life for lesbian, gay, bisexual, trans and intersex elders (commonly referred to as LGBTI which is the term used here). Nationally, GRAI is the only organisation focusing exclusively on the needs of LGBTI elders.

GRAI was formed in 2005 and since that time have engaged in research on attitudes and practices within the aged care sector (publishing *'We don't have any of those People here'* with Curtin University in 2010); advocacy towards law reform and inclusive practices, making numerous submissions to government and other bodies raising issues pertinent to LGBTI ageing; and most recently, have embarked on a training project to help aged care providers develop LGBTI inclusive services.

Supporting the COTA submission

GRAI would like to add our support to COTA's submission to this inquiry. We concur with the sentiments therein, particularly regarding the longstanding under-regard of ageing issues by successive governments (both state and federal) which have resulted in ad hoc decisions and poor preparation for an ageing population, despite its absolute predictability.

In particular, we would like to comment on inclusive aged care service provision, mental health and social isolation of LGBTI elders, and opportunities for embracing the advantages of a demographic with a larger proportion of older adults. We take an LGBTI focus, and believe that inasmuch as we highlight social inclusivity for this cohort, there are many benefits from inclusion that flow to the mainstream as well.

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LGBTI ageing and aged care

LGBTI older adults face the same fears of ageing as their mainstream peers – declining physical and mental health, loss of autonomy, insecurity of housing etc. However, all these fears are hugely exacerbated by fears of homophobic or unsympathetic services¹. Local, national and international research demonstrates that these fears – ‘minority stress’ – are not unfounded, with overt and covert discrimination still being common, as well as widespread ‘inadvertent discrimination’, with a pervasive heteronormative culture within aged care rendering the sector largely unable to conceive of, let alone deliver, LGBTI inclusive services.

The consequential lack of cultural safety for LGBTI older adults has profound ramifications for their health and well being. LGBTI elders are more likely to avoid seeking support and health care, are more likely to suffer poor mental health and many avoid disclosing their ‘true selves’ as they fear discrimination – i.e. many retreat into the ‘closet’. This unwillingness to disclose sexual identities can have numerous negative consequences, including the potential for a life partner of many decades to be identified only as a casual friend and lose proper access as next of kin in decision making or care provision².

This hiding of LGBTI identity has its origins in the historical experiences of a cohort who, for most of their adult lives, have been classified as criminals or insane³ and many have endured wholesale rejection by families and communities. Having a history of discrimination, harassment and violence has, for many older LGBTI people, left a legacy of fear of abuse and also contributed to considerably higher than average levels of psychological distress.⁴ It is therefore incumbent on care providers to send positive signals of support in order to allay these longstanding fears. It is also essential that care providers also have clear policies in place to ensure safe and inclusive services and properly train staff in these practices. Recent amendments to the Commonwealth Aged care Act 2013 (granting Special Needs status for LGBTI elders) and the Sex Discrimination Amendments 2013, have also made the provision of LGBTI inclusive services in aged care a legal requirement.

The policy directions of the Department for Communities should be amended to recognise that the special needs of LGBTI elders are addressed through measures that reflect the Commonwealth approach.

Social isolation of LGBTI elders

LGBTI older adults are 2 ½ times more likely to be living alone, 2 times more likely to be single, and over 4 times more likely not to have children as compared to their heterosexual counterparts. Naturally, they also face the same issues of reduced mobility and dwindling social circles as in the mainstream. Unfortunately mainstream seniors’ groups are often not very comfortable places for LGBTI seniors who feel they ‘don’t belong’, often cannot share stories of grandchildren, and would shock the company should their own stories be revealed.

¹ Metlife Mature Market Institute, 2010, *Still out, still ageing: Metlife study of lesbian, gay, bisexual and transgender baby boomers*, American Society on Aging.

² Irwin, L., 2007, ‘Homophobia and heterosexism: Implications for nursing and nursing practice’, *Australian Journal of Advanced Nursing*, 25(1):70-77. Informit.

³ Tasmania was the last state in Australia to decriminalise homosexuality in 1997; Western Australia equalised the age of consent for sexual activity between consenting adults in 2001; homosexuality was declassified as a mental disorder in the DSM in 1973. For an older adult this means that their entire formative years and most of their adult lives were lived in a highly discriminatory environment.

⁴ Leonard, W et al, 2012, *Private Lives 2. The 2nd national survey of the health and well being of GLBT Australians*, Gay and Lesbian Health Victoria.

For these reasons we urge providers of seniors' services to also provide LGBTI specific services where appropriate, and/or ensure services are provided in an inclusive manner. Additional resources to raise awareness of this issue would begin to make the world a safer place for LGBTI seniors, and greatly assist in their community participation. We therefore urge State decision makers to not overlook this client group when policies are being drafted.

A major minority

Until now, LGBTI elders have been largely invisible to care providers and policy makers. This is due, on the part of providers, to lack of awareness, lack of understanding of the impacts of exclusionary practices, and failure to collect data. Additionally, there is often deep reluctance to self-identify on the part of LGBTI elders themselves. This latter factor will remain unchanged until LGBTI positive policies and practices are in place. LGBTI people are at least 10% of the population, and do not disappear at 65 years of age. The fact that 86% of residential care providers in Western Australia claimed, 'We don't have any of those people here'⁵ demonstrates a severe disjunct with reality which we know can cause great stress and anxiety to the clients concerned⁶. We believe that a similar lack of awareness prevails across HACC and other aged care service providers.

Once again, we believe this is an issue that should be of concern to policy makers, and we urge the inclusion of LGBTI special needs in all considerations of aged care services.

It would be a major step forward if this Inquiry stated its support for policy initiatives that promote the recognition of and support for the needs of LGBTI elders in the provision of services and in consideration of their differentiated needs.

The Seniors Strategic Framework

There is strong evidence to show that LGBTI individuals have high rates of marginalisation in older life for the reasons stated above. There is great potential to increase the social quality of LGBTI elders' lives by providing services that are safe and inclusive. To date, older LGBTI people are a cohort who are routinely overlooked and remain largely invisible to service providers. Specific mention of LGBTI special needs in the Seniors Strategic Framework would be an important step to overcoming the marginalising effects of this invisibility: past evidence shows that generic mention of 'diversity' will not be effective in this regard, and that for LGBTI-inclusive programs to be implemented, policy documents must first express a focus on gender and sexuality diversity.

Promoting health and well-being

The Seniors Strategic Framework refers to community educational resources (p 10 and p 21), health and well-being initiatives, and programs to build social and community connectedness (p 11). Attention to the design of these resources and services – in consultation with LGBTI organisations – could increase LGBTI participation. As one LGBTI elder put it, 'I don't see myself anywhere'.

⁵ GRAI and WAHPRC, 2010, 'We don't have any of those people here', Curtin University, WA

⁶ Barrett, C., J. Harrison and J. Kent, 2009, Permission to speak: *Determining strategies towards the development of GLBTI friendly aged care agencies in Victoria*, Matrix Guild, Victoria.

Access to essential services

There is good evidence that older LGBTI people also delay or avoid seeking health care⁷, risking compromising their health outcomes. Appropriate messaging from health care providers would be invaluable to lay foundations for building trust relationships.

However, creating cultural safety for LGBTI elders is more than advertising: safe and inclusive practices also need to be in place to welcome LGBTI clients.

Opportunities inherent in an older demographic

It is unfortunate that much of the focus of an ageing society is couched in the negative, with the 'burden narrative' tending to build dread and guilt in those approaching and/or being already of older age. Greater wealth and medical advances have secured longer life-spans, yet with attitudes fixated on 'declinism' we risk snatching defeat from the jaws of victory. A rectangularisation of the familiar demographic pyramid should not be cause for great alarm: a greater number of older people represent less economic dependence than a wider base of infants and younger people. Older people can contribute to social care, act in advisory capacities, and maintain a healthy culture in a rich variety of ways.

Policy settings clearly need to be directed to allow the fulfilment of these advantages. In particular, wise investments in appropriate housing and transport will benefit the whole community, not just the older segment. Care and support is multidirectional and opportunities for intergenerational relationships will enrich us all. We applaud reference in the Seniors Strategic Framework to the expansion of universally designed housing stock and the incorporation of age-friendly principles into local governments' Strategic Community Plans, but note there has, to date, been little evidence towards implementation of these aims.

We are standing on the cusp of a social opportunity which if sensitively grasped could reap great rewards for us all. However, this requires a reorientation of ageist prejudices, and a capacity to see human worth beyond materialism. It also calls for us to re-value care in our society, and to embrace our interdependence as a success rather than a failure.

We wish you well in your deliberations on this important subject of our ageing society, and thank you for the opportunity to contribute to the discussion.

If we can be of any assistance with further information regarding LGBTI elders, please contact me on one of the contact points below.

Yours sincerely



June Lowe, Chair

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⁷ Barrett, C., 2008, *My People: A project exploring the experiences of GLBTI seniors in aged-care service*, Matrix Guild, Victoria; Mayer, K.H., Bradford, J.B., et al 2008, 'Sexual and gender minority health: What we know and what needs to be done', *American Journal of Public Health*, 98:6, 989-995.