Aged Care in Australia for Gay, Lesbian Bisexual, Transgender and Intersex people

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'Despite the impression one might get from the publicity surrounding the Sydney Gay and Lesbian Mardi Gras, the situation for older gays and lesbians within the field of ageing research and service development does not warrant much celebration in the land 'down under'.

Australian gerontology is a long way from fully recognising gay and lesbian ageing issues. Apart from a few exceptions, current Australian research, education policy and service development rarely, if ever, addresses non-heterosexual experience or issues. Heterosexist assumptions are embedded in Australian gerontological literature and research reports. Discussions of sexuality and ageing inevitably focus on stereotypical notions of 'asexual' heterosexual elderly people, and responses to such stereotypes.'
(Harrison, website)

Harrison is correct when she states that there is very little acknowledgement of gay and lesbian aged care issues in Australia. After extensive web searches of both government and non-government sites, Harrison's website was alone in mentioning the issue in an Australian context. Sue McHutchinson from the Office for Older Australians responded to an email request for information with the following statement

"I have referred your request to several places within the Aged and Community Care division of the Department of Health and Ageing. There does not appear to be any specific written material available on gay and lesbian access to residential care. The advice is that policies are inclusive of all Australians." (email 24 June 2002).

You would be forgiven for thinking that Australian gay, lesbian, bisexual, transgender and intersex (GLBTI) older people[1] spontaneously combusted at the age of 55, and that older people are a completely homogenous group with a single set of needs and requirements.

[1] 'GLBTI older people' is used in this paper to refer to the group of older people with sexualities and/or gender identities that fall outside the traditional heterosexual 'norm'. Quotes may use other terms, but a similar intent should be clear from the context.

Even the plethora of gay and lesbian websites fail to addresses the issues within an Australian context. Those that did mention ageing or aged care had links to information from the United States, where some progress has been made on these issues. Due to these references to US discussions by the Australian GLBTI community, and the fact that the US is a first world country with general economic and social similarities to Australia, much of this paper draws on US material.

This paper aims to outline the key issues, and indicate a few areas for future research, discussion and activism - much needed to assist aged care services and facilities to reflect the specific concerns, needs and difficulties facing GLBTI older Australians.

The issue has been broken down into the following:

- Aged Care in Australia
    - Increased demand
    - Funding Issues
    - Gender
    - Staffing
- Concerns of older GLBTI people
    - Discrimination
    - Legal Issues
- Myths and facts about GLBTI older people
    - Life Patterns
    - Economic Issues
    - Health
- Ageing within the GLBTI community
    - Experiences of ageing
    - Ageism
- Where to from here?
    - Research

- Changes to legislation and policy
- Care Facilities
- Staff Training
- Community Action and Awareness

Aged Care in Australia

Increasing demand

Any discussion of GLBTI aged care in Australia needs to be seen within the context of aged care as a whole. This particularly timely as the 'baby boomer' generation is getting older and the need for more extensive aged care provision becomes more urgent. Aged care refers to a broad spectrum of services for older people. These include external service providers that assist people in the home, provision of low assistance residential accommodation, medium to high level assistance residential care and medical services that support older people (Greenwood, 2001).

By 2050, the percentage of Australians who are aged 65 or over is expected to rise to 25% of the population, an increase of 13%. (Greenwood, 2001) A range of US data have indicated that between three and eight percent of the population identifies as gay, lesbian or bisexual, while there was no data available on the number of transgender people (Cahill, South and Spade, 2000).

The Australian Census began to include questions regarding same sex couples in 1996, though the small number of respondents is not thought to fully reflect this sector of the population. Inaccuracies in the limited statistical information available can be attributed to a range of factors. These include omission of questions that would fully reflect the transgender, intersex and bisexual identified population, and an overall hesitancy to disclose information on behalf of GLBTI people due to fear of discrimination.
(Anon, 1997, Cahill, South and Spade, 2000)

While actual numbers are hard to judge, common sense dictates that the number of GLBTI people needing aged care facilities and services will approximately double, in line with the older population.

Funding issues

Howard's 2002 budget indicated that spending on aged care is likely to more than double by 2042 (Jackman, 2002). Aged care provision costs are conservatively estimated to increase from 1.01% of GDP in 1997 to approximately 1.38% by 2031 (Rintoul, 2002).

The future of aged care is of major concern to the Australian Government and their corporate mates who pull the strings. Any increase in public expenditure on aged care would reduce the amount of public money that can be channeled into the profits of big business through government subsidies and tax breaks (Singer 2000).

Two of Australia's wealthiest men, Baillieu Myer and Arvi Parbo have donated $1 million dollars towards a nine month inquiry into the future of aged care, due to be completed late 2002. The *Myer Inquiry – 2020: A Vision for Aged Care in Australia* is being headed up by University of Queensland professor Len Gray. It aims to look at controversial issues such as whether a more 'aggressive users pays system' should be implemented, one that might necessitate the sale of the family home for example. Such a system was proposed by the Coalition in 1997, but the policy was quickly dropped after public outrage (Rintoul, 2002).

Increasing the 'user pays' component would reduce choices for those with little money and few assets. For a variety of reasons, GLBTI older people stand a greater chance of being in this category. Aged care must be made accessible for all in the first instance, as well as improved to cater to the needs of GLBTI people and their families (Singer 2000).

The question of adequately resourced, publicly provided aged care for women and men of all sexualities must be addressed before the number of older people in Australia outstrips the resources currently allocated to aged care services and facilities. Otherwise, Australia's

aged care system will become increasingly two tiered, with the quality of care dependent on individual financial standing (Greenwood, 2001, Singer 2000).

Gender

One effect of increasing the 'user pays' component of aged care is that a proportion of aged care provision will fall back on the family unit. Care of children, the elderly and the sick has traditionally been provided through women's unpaid labour in the home, so no doubt this is what the Government and their buddies have planned as part of the winding back of welfare provisions in Australia (Macdonald, 2000).

Gender is an important issue to consider when placing GLBTI aged care in context. Not only are women the traditional carers of the aged, women also live longer than men on average, making them more likely to need aged care, and for longer periods. As of June 30, 2001, 70% of Australian home and residential care recipients were women (Anon, 2002). In the US, more than 70% of unpaid carers of older people are women (Cahill, South and Spade, 2000)

Staffing

Another issue of concern in the aged care sector is the decline of the number of nursing staff, a situation described as critical and likely to worsen (Hannon, 2002). This area of work is female dominated, undervalued and underpaid (Corcoran, 1997).

Fewer graduates are available to replace nursing staff close to retirement age, and there are difficulties retaining nurses in the aged care sector. Working conditions for nurses in the sector create stress and burnout. Another reason for the shortage is that aged care staff are paid considerably less than public sector nurses. The area is considered a career 'dead end' and has an image of being unfashionable, less challenging and low tech (DiGirolamo, 2002). A two year study from the University of South Australia and the Aged Care and

Housing Group has recommended a wage increase, improvements to working conditions and that a marketing strategy to attract graduates be developed (DiGirolamo, 2002). Also, a need has been identified for all aged care staff to receive adequate training regarding older people and sexuality. This training should also address non-heterosexual sexuality (ABC Radio transcript, 2001).

Concerns of GLBTI people about ageing and aged care

'Gay and lesbian adults have the same fears that all old adults have – loneliness and isolation, physical dependence on others, loss of autonomy and poverty. In addition, they face an additional layer of fears associated to their sexual orientation – coming out to family and friends, coming out to health care providers, lack of legal protection for lifetime partnerships, discrimination by service providers, HIV/AIDS, death of a lifetime partner, and no opportunities to meet other gay and lesbian older adults.' (Quam, 1997, p xvi)

Quam summarises key concerns of older GLBTI people that must be taken into consideration by aged care service providers. Many of these points are considered in more detail in the following sections.

Discrimination

The primary issue facing older GLBTI people is that we still live in a homophobic and heterosexist society. Homophobia, the 'irrational fear of those who are attracted to same sex partners' (Pharr 1988 in Quam 1997, p 36)' with it's frequent consequences of discrimination and intolerance is an issue for GLBTI people throughout their lives.

While people are younger, the effects of homophobia may be somewhat tempered though building networks and communities, as well as actively campaigning for greater equality and acceptance in society as a whole. However, once GLBTI people reach old age, they may find themselves having to engage with institutions such as aged care and nursing facilities which often display heterosexism, as evidenced by the dismissal of GLBTI issues by the Office of the Older Australian and the Department of Health and Aged Care (Mc Hutchinson email, 24 June 2002, Cahill, South and Spade, 2000).

Heterosexism (institutionalised homophobia) assumes the predominance and superiority of heterosexual sexual preferences, relationships and communities while other sexual preferences and relationships are stigmatised, ignored or denigrated (Cahill, South and Spade, 2000, Quam, 1997). While heterosexism may not be intentional, it often manifests itself in the overwhelming assumption that the older person has had a heterosexual family life. Pictures at residences may all be of heterosexual couples, entry surveys may presume heterosexuality, and partners may be questioned, refused access or not allowed to cohabit. (Edwards, 2001).

The subject of heterosexual sexuality among older people is regularly taboo anyway even without bringing up other forms of relationships. Facilities are often set up that presume either heterosexuality or asexuality on behalf of old people (ABC transcript 2001, Harrison, Edwards, 2001).

Some staff or other residents may be hostile and unaccepting. If a religious group runs the aged care facility, older GLBTI people may face homophobia inspired by the religious bias of the institution and it's staff. Older people in aged care are in a particularly vulnerable situation, so instances of discrimination may also be difficult to complain about. An effective complaints process is essential, but the main emphasis should be on preventing discrimination in the first place (Quam,1997).

Older people may avoid asking for assistance if they feel they will face discrimination, or that their needs will be ignored. According to Cahill, South and Spade (2000)
" The fear of experiencing discrimination can reinforce social isolation, placing people at higher risk for self-neglect, decreased long term quality of life and increased mortality risk" p17.

A key concern for older GLBTI people is to live with others who accept them for who they are, and feel safe to express their sexual preferences without having to retreat 'back into the closet'. This is particularly relevant to those who need to move into residential care facilities. While some older gays and lesbians may not want to be 'out', many of the 'baby

boomer' generation have been out all their lives and should not have to hide their sexuality once they reach old age. However individuals decide to approach the situation, the aged care facility should be able to accommodate them (Edwards, 2002, Quam, 1997).

Transgender people exhibit the same range of sexual orientations as non-transgender people. Regardless of whether they have a same or opposite sex partner, they may face discrimination for appearing to be outside the traditional heterosexual norm (Cahill, South and Spade, 2000).

They face additional discrimination regarding their gender identity as well as sexual orientation. Cahill, South and Spade (2000) provide the following example:

"Of particular concern is what happens when a transgender person with a non-congruent body (meaning that an uninformed observer would think that the genitals or other physical features would "match" the gender and/or legal identity) has to be intimately assisted by healthcare providers and caregivers, such as with bathing. These elders are unlikely to use such services, perhaps to the extent of refusing life-saving emergency medical treatment or succumbing to self-neglect, rather than deal with the providers insensitivity and ridicule." p 17

While literature is scarce regarding the experience of intersex people, one would speculate that they might have similar experiences to transgender people in facing discrimination due to their sexual orientation and gender identity.

Legal issues

GLBTI older people face legal complications not experienced by older heterosexual people. Problems regarding the legal status of a relationship may not become fully apparent until people get older.

Federal marriage laws do not allow legal marriage between same sex couples in Australia. Likewise, most state-based legislation regarding de facto relationships does not recognise same sex couples. Some exceptions are the 1994 ACT *Domestic Relations Act*, the 1999 NSW *Property (Relationships) Legislation Amendment Act* and the 2001 Victorian *Statute*

Law Amendment (Relationships) Act and the *Statute Law Further Amendment (Relationships) Act* which give same sex couples legal recognition in a number of areas. In particular, the Victorian legislation goes some way toward reducing previous legal discrimination. (Lord and Buchanan, 2002, Clayton, 1996, Anon 2000).

Rights of partners vary from state to state. Homosexual partners are often excluded from rights automatically given to a heterosexual partner. This includes: the right to disposal of the body of a partner including organ and tissue donation, the right to request an inquest into the death of a partner, victims compensation if a partner dies from violence or negligence, and the automatic responsibility for a partners affairs in the event of incapacity, including decisions about medical treatment (Clayton 1996).

Property, inheritance and superannuation rights also affect the financial and emotional well-being of GLBTI older people. Again, the rights of partners vary from state to state. Same sex partners are not automatically entitled to inherit their partner's estate, receive spousal superannuation, employee benefits such as relocation payments or workers compensation if someone dies from a work related injury (Clayton 1996).

The legal web surrounding gender transition in Australia is complex and fraught with problems. While transgender people may be legally considered to be their reassigned gender in some states such as South Australia, and New South Wales, federal laws may not give the same recognition. Recognition of a change in gender may also be dependent on whether a person has had reassignment surgery. Marriage and de facto relationships may or may not be considered legal for the purposes of spousal rights, superannuation, inheritance and the like. (Anon, *The Good Tranny Guide*, website, no date given).

Needs of GLBTI people – myths and facts

Life patterns

While empirical data is fairly scarce, studies in the United States have found that older GLBTI people's lives have characteristics that change their aged care needs.
A disproportionate number of GLBTI older people live alone and, while having a strong social network, may not have the same degree of family support. This may mean that aged care services play a central in providing assistance. GLBTI older people may be more resistant to moving into residences if they have support networks in their current location, so service providers may need to provide more intensive assistance in situ. Many others have strong family ties, so service providers and facilities must recognise and include the needs of same sex families (Cahill, South and Spade, 2000).

Economic issues

A widespread myth is that gays and lesbians have a position of relative economic privilege. This is not borne out in US studies that indicate income distribution is the same as for heterosexual people, with the same contributing factors such as race and class. Female to female and male to male partnerships have a similar or lesser income than heterosexual couples. Discrimination due to the lack of legal rights in same sex relations also has a negative impact on GLBTI people's financial situation. (Cahill, South and Spade, 2000).

Cahill, South and Spade (2000) assert that

'Anecdotal evidence indicates that poverty and wage discrimination are a widespread experience of transgender people. Few specific data exist on poor GLBT people and how poverty may be experienced differently by GLBT people because most studies which measure poverty fail to ask questions about sexual orientation and gender identity." p 9

Additional discrimination on the grounds of race, class and gender means that GLBTI people from people from ethnic minorities and women are more likely to be poor. A reasonable level of public funding for aged care must be assured if adequate care is to be

given to those from the poorest and most vulnerable sectors of society, those who suffer multiple forms of discrimination (Cahill, South and Spade 2000).

Health

There are also a number of health concerns that affect GLBTI people. Gay adults are more likely to be smokers, chancing the possibility of lung cancer. One US study indicated that more young lesbians than gays were likely to be smokers (Cahill, South and Spade 2000).

Unsafe sex carries with it the risk of sexually transmitted diseases such as HIV and hepatitis. Instances of Hepatitis A reached epidemic proportions among gay men in a number of US cities in 1988 and 1999. Hepatitis attacks the liver and can be debilitating and sometimes fatal. Older men may still be particularly at risk of contracting HIV as there are indications that they have greater resistance to consistently using safe sex practices due to a feeling that safe sex is an unfamiliar part of their sexual lives (Cahill, South and Spade 2000).

Before the introduction of retroviral drugs, weakening of the immune system due to HIV caused a greater risk of Karposi’s sarcoma and non-Hodgkin’s lymphoma among gay men. Now that new medications have hugely increased the lifespan of people with HIV and AIDS, this is increasingly an issue for aged care providers (Cahill, South and Spade, 2000).

Based on US research, lesbians have some higher risk factors for breast cancer such as a higher likelihood of never having children, and may also be at risk of cervical cancer due to having less frequent Pap smear tests. Other lifestyle related issues could lead to an increased risk of other cancers for lesbians, though there is currently no definitive epidemiological research (Cahill, South and Spade, 2000).

HIV/AIDS and other specific health concerns for older GLBTI people should be part of aged care considerations. Additional research in an Australian context would also be useful. As with all aged care, the development of adequate facilities for GLBTI older

people must be developed using a model based on the needs of individuals, rather than seeing them as medical cases.

Ageing in GLBTI people

Approaches to ageing differ among members of the GLBTI community. Some gay men may feel old at an earlier age, especially those who feel their physical desirability is integral to their social acceptance. In contrast, lesbians feel a greater sense of 'freedom and fulfillment' as they get older (Cahill, South and Spade, 2000, p16). Also, women appear to have a wider circle of friends and family of all ages (Cahill, South and Spade, 2000).

The common stereotype of a lonely old gay man or lesbian appears to be no truer than it is for older heterosexual people. There are no particular barriers for gays and lesbians to having a "positive experience and healthy adjustment to old age" (Cahill, South and Spade 2000, p16). According Mc Dougall (in Brink 1993)

"One study of gay men showed that coping strategies such as integration into the gay community, a healthy sex life and lack of concern with hiding sexual preference were key factors that assisted adaptation to ageing. p 47- 48

Different life experiences during periods of greater or lesser discrimination has also been found to affect individuals' ability to adapt to change, as well as overall mental health. This has been shown through variations in values and beliefs between generations that had different experiences, such as during the Great Depression and the Mc McCarthy investigations, before the Stonewall protests and the beginning of the gay and lesbian rights movement (McDougall in Brink 1993).

One difficulty faced by GLBTI people in the process of ageing is the lack of access to older role models. Older GLBTI people may tend to socialise at home, so they are not visible as role models, and younger people may have little or no contact with older generations. Also, older people often want the opportunity to pass on a legacy such as stories of their life experiences (McDougall in Brink 1993).

Acceptance and a lack of discrimination assist older GLBTI people to have a positive experience of ageing, so service providers should take this on board. Opportunities that allow intergenerational mixing should also be created that interlink with aged care services in order to accommodate the need for role models and information sharing among the GLBTI community.

Ageism within the GLBTI community

Like racism, sexism and homophobia, ageism is a systemic form of discrimination in our society, even within the GLBTI community. Old people are seen as "less attractive, less important, less useful, less worthy of attention and resources" (Cahill, South and Spade, 2000, p18).

Cahill, South and Spade describe ageism within the GLBTI community as

"beauty standards that privilege youth, the exclusion of old people from community discussions, and the absence of senior issues from the mainstream GLBT political agenda." p18

They also point out the structural nature of ageism within the community, and states that organisations and social institutions within the GLBT community are often age segregated. In relation to the US, they make the comment that

"There is a general lack of out reach to elders, few programs honor their contributions; and very few articles in the GLBT press feature GLBT old people, except those with a historical perspective. Discounts for elders are rarely given for admission to GLBT events. There are very few intergenerational organisations, with the GLBT religious community as probably the most viable exception … Organisers against ageism have called on GLBT people to examine their own ageism and take action to remedy the ageism of GLBT communities. This includes eliminating ageist stereotypes and language, listening to and considering old people seriously, involving old people in decision making and policy bodies, creating opportunities for intergenerational personal and social interaction, and taking on the political issues that concern elders, particularly health care and economic security issues." p 18

These points are also important to consider in the Australian context.

Where to from here?

Research

Research is needed into the basic demographics GLBTI people such as sexual orientation, sexual behaviour and gender identity, as well as into health, lifestyle differences, needs and aspirations of GLBTI older people. These must also take in the different experiences of those who are Aboriginal, migrants or disabled, and other variables such as religion and whether people live in rural or suburban areas (Cahill, South and Spade, 2000).

Some of these statistics should be part of regular census data collection and other Government surveys. Others could be collected as part of specific government or non-government projects. While data collection methods may not pick up everyone due to a fear of discrimination or reprisals, this would render GLBTI older people and their needs statistically visible.

Changes to Legislation and Policy

Many areas of Federal and State government legislation and policy need to change to either remove discrimination against GLBTI people or include the needs of GLBTI older people. These include the following:

- Department of Health and Aged Care policy (which currently has no mention of GLBTI older people's specific needs)
- State and Federal legislation that restrict access of GLBTI people to equivalent marriage or de facto status with same-sex partners
- Superannuation, Health Fund, Workcover and other legislation should be amended to give equivalent rights to same-sex couples

A full list of these is a matter for future research, and would include public policy that covers long term care, housing and residential aged care, disability policy, and policy regarding social security, health services and welfare provisions (Cahill, South and Spade, 2000).

Care Facilities

Several issues have arisen regarding aged care facilities.

Creating an Inclusive environment

Government and institution policy makers and service providers need to work together with the GLBTI community to work out how aged care facilities and caregivers can create a more inclusive environment. For instance, this can include designing entry surveys that do not presume heterosexuality or heterosexual family experiences; putting up pictures of same sex couples or mixed sex groups rather than just heterosexual families. Programs that develop awareness of GLBTI older people and their issues could be run at facilities, and significant GLBTI community events could be publicised and celebrated. Also, GLBTI older people must have avenues to complain about discrimination or homophobic behaviour, even if it might be difficult if another resident exhibits this behaviour
(Cahill, South and Spade, 2000, Edwards, 2001).

Designing appropriate facilities

Different types of aged care facilities have been suggested to deal with the needs of GLBTI older people. Intergenerational residential facilities can give a greater sense of community, and several private facilities in the US have been designed specifically. As many GLBTI older people may not be able to afford private facilities, this is also an option for the Australian public sector. A range of facilities should be available to give all GLBTI people appropriate choices.

Staff Training

Staff carers need training that addresses sexuality amongst old people, and this must include non-heterosexual sexuality. An inclusive approach to sexuality should be a

requirement of applicants for positions as carers, and this should be made clear at the time of recruitment. Education regarding the negative effects of homophobia and heterosexism and the needs of GLBTI older people should be compulsory for health care professionals who work in the area.

Community Action and Awareness

In Cahill, South and Spade (2000), a number of excellent suggestions are made. These include:

- Addressing the issues of ageism by including older people within the 'community's economic, political and social agenda'
- Organisations assisting the process of determining needs of GLBTI older people by conducting surveys of their own members
- Support for the inclusion of GLBTI older people at all levels of strategic planning and policy development on issues affecting the community
- GLBTI communities creating alliances with other organizations for older people and disability organizations encouraging them to take up GLBTI people's issues
- GLBTI organizations helping to fight sexism and racism as they affect the experience of sectors of the community.

In particular, the GLBTI community should make sure that it's needs are included in any discussions about the future of aged care in Australia. Reports such as the upcoming Myer Report should be strongly criticized if they do not include a discussion on GLBTI issues. The GLBTI community should also consider making these issues part of the discussion around the Action Plan on GLBTI Health 2002, currently being developed by the Ministerial Advisory Committee on Gay and Lesbian Health and the Public Health Division of the Victorian Department of Human Services. The report will be available in the first week of August, with feedback due by the 28th August. Likewise, the GLBTI community should show support for initiatives that assist in improving conditions for aged care nursing staff.

Discussions of the issues surrounding aged care for GLBTI older people have only been touched on in this paper. Future planning for aged care provision needs to include the issues and concerns of GLBTI people. This should occur within the broader contexts of the need for equitable aged care provision as a whole, and for full rights, recognition and freedom from discrimination for GLBTI people, whether old or young.

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