

About Time! Gay and Lesbian Seniors ALSO Matter

Imagine you have been living with your partner for 38 years. During the past few years, there have been a number of changes and you have been taking on the added role of carer. Now your partner has been diagnosed with dementia and your arthritis is making it more difficult to do the housework. The assessment team has suggested that you join a local carer support group and referred you to the local council for home help. Just like a lot of other older couples in the community but there is one difference ... you are both men and you are concerned about dealing with new people who may not understand your home situation. Maybe it is safer to pretend that your partner is female with the carers' group. Will you have to hide the photos so you don't have to pretend to your home help that your partner is "just a friend"?

Maybe you have been told that you need to look for an aged care home, as your local Council is no longer able to meet your care needs. Your adult son arranges for a place on the other side of Melbourne near his house. It's easier for him to visit you. Unfortunately your friend who shares your house will not be able to visit often as there is no direct public transport and she doesn't drive. When you are upset about this, your son and the aged care staff don't understand. They think its part of "normal" adjustment to admission. You don't want to tell them that your friend is your life partner – you are both women.

What it would be like to be a service provider dealing with an unmarried man who continues to be withdrawn and isolated long after his admission to residential care? You don't know that he has asked his many gay friends not to visit because he is afraid that he will suffer if staff members and other residents know he is gay. You want to do the right thing – but what? How do you encourage your agency to understand the issues and ensure that your service is sensitive to the needs of ageing gay or lesbian clients?

If people think about lesbians and gay men, they tend to think about sex. It is sexual behaviour and identification that distinguishes heterosexuals from homosexuals. When we are talking about ageing, it's still a challenge for some people to think of people as complex, whole beings with a range of needs and interests including relationships.

Just like the rest of the population, lesbians and gay men are ageing. In Victoria at The ALSO Foundation (ALSO) we decided that gay and lesbian seniors do matter. This paper provides background information about some of the specific issues associated with ageing for this population group and ALSO's action to acknowledge and address some of these issues.

1. Setting the Scene

Legal and political issues

It is interesting that this paper has been included in a session titled *Examining Conflicts across Government Policy Agendas*. Gay and lesbian issues have been rather topical in recent times with the Federal Government introducing legislation to ban gay marriage but grudgingly accepting that same-sex partners should have equal rights to their partners' superannuation. Various Government Ministers, including the Prime Minister have been vocal in their criticism of the ABC for screening a scene of a child visiting a playground with her two mums. But in Victoria, as with all other Australian states and territories, same-sex couples are legally recognized to varying degrees and anti discrimination legislation covers sexual orientation.

The Victorian Government has been a national leader with the establishment of the Ministerial Advisory Committee on Gay and Lesbian Health and the subsequent Government endorsement of its action plan, including approval of funding to establish the first Gay and Lesbian Health Resource Unit in Australia. At the same time, the Federal Government does not acknowledge same-sex couples or families under its much-touted Medicare Safety Net.

Recognition of, and equal rights for gay and lesbian people is acknowledged as a “wedge politics” issue and is likely to be used as one means of attempting to sway uncertain voters towards a specific party at the next Federal election. Unfortunately it is people like you and me whose lives are affected by these debates that are often based on lack of knowledge and perceptions informed by religious or political vested interests.

Demographics

Approximately 12 % of Australia’s population is now over 65 and will be accessing aged care services over the coming decades. According to the Australian Centre for Research on Sex, Health and Society, around 3% will identify as gay, lesbian and bisexual and up to a further 12% will experience some same-sex attraction or experience during their life.

Information about same-sex relationships was collected in the Australian Census in both 1996 and 2001. Almost twice as many people stated they were living in same-sex relationships in 2001 than in 1996 with an increase from 10,214 to 19,596 couples reporting their same-sex domestic partnerships.

Unfortunately, Australians were not asked about sexual orientation and gender identity in general. If you identified as gay or lesbian and were not living at the same address as your partner, you were assumed to be heterosexual.

This situation applied if you had a partner but were not living together or you were “single”. If you are heterosexual and not living with a partner, the official government view is that you are heterosexual. If you are a lesbian or gay man, you just don’t count!

It is also likely that not all people in same-sex partnership households would have declared this relationship on the census form due to concerns about privacy. This may be the case for older people therefore the actual numbers of lesbians and gay men is likely to be considerably higher than the census data.

Same-sex couples live in every federal electorate in Victoria. Within the metropolitan area, the largest numbers of declared same-sex partner households are in Melbourne, Melbourne Ports, Higgins, Batman and Gellibrand (Richmond, South Yarra, St Kilda, Fitzroy, Northcote, Yarraville etc). In rural areas, the top five were Ballarat (includes Daylesford), Dunkley, McEwan, Isaacs and Corio.

Images and Stereotypes

Ageing is not generally portrayed or viewed in a positive way within our society. Current State Government policies focused on positive ageing include strategies designed to address negative stereotypes of, and attitudes towards, seniors.

Television programs such as Queer as Folk, The L Word, Queer Eye for the Straight Guy and even Big Brother provide images for mainstream society about what a lesbian or gay man looks and acts like. The only older lesbian characters I've seen on recent TV were in the ABC series Born and Bred – not high on most people's viewing lists. Other stereotypes, particularly for older gay men, include those of the ageing predator or paedophile. Media images of the most outrageous or skimpy costumes, or drag queen images associated with the Sydney Gay and Lesbian Mardi Gras, also reinforce the perception that lesbians and gay men are focused on a good time. Just like other older people, it is not newsworthy to feature individuals and couples who are living their day-to-day lives.

The recent debates about Playschool and gay marriage give voice to those who wish to reinforce that "these people" are not worthy of recognition or equal treatment within society.

The Victorian *Statute Law Amendment (Relationships) Act 2001* has replaced the concept of 'de facto spouse' with the concept of 'domestic partner' for both same-sex and heterosexual couples. This recognises 'the rights and responsibilities of partners in domestic relationships irrespective of gender'.

Prior to the introduction of the Act, the Victorian Gay and Lesbian Legal Rights Lobby published *Enough is Enough A Report on Discrimination and Abuse Experienced by Lesbians, Gay men, Bisexuals and Transgender People in Victoria*. This identified a range of issues associated with invisibility within society including practices of self-censorship; lack of legal recognition of their relationships and sexuality and lack of social recognition of relationships and sexuality. Lesbians and gay men are used to being "in the closet" and "passing" (appearing to be heterosexual), hiding their sexuality for fear of censure and discrimination from others in the workplace, in public and within their families.

Baby boomers and older adults in their early 60s may be open about their sexual orientation. Some people will think that lesbians and gay men no longer face unique barriers in the ageing process. Many gay and lesbian seniors aged 70+ do fear the repercussions if their sexual orientation is uncovered. They have lived through a historical period in which homosexuality was considered to be about individual deviance and the basis for societal discrimination against them as criminals (in the case of gay men), sinners or people with a serious mental illness. Police arrests of gay men were regularly reported in *The Truth* newspaper and homosexuality was only removed from list of mental disorders by the World Health Organisation in 1992.

2. **Gay and Lesbian Seniors and service providers**

Based on past dealings with and observations of how others have been treated by society's institutions including health, legal, educational and workplace institutions, it is not surprising that gay and lesbian seniors may be reluctant to provide service providers with complete information about themselves and their specific needs.

They may have limited knowledge of services and the information available may be based on an assumption of heterosexuality of all clients, eg current agency brochures, assessment process and intake forms do not indicate openness to acknowledging a same-sex relationship.

In response to their past experiences or expectations, many gay and lesbian seniors maintain strict privacy around their sexuality and expression during their lives and will approach institutions with a sense of extreme caution about whether attitudes have really changed and to whom they can safely disclose information. They may fear physical/emotional abuse if their sexual orientation is disclosed. This may be based on experiences or on a perceived likelihood of abuse. The attitudes of each new service provider and worker will be evaluated to assess whether to be 'out' or not in each situation. Issues are compounded for gay and lesbian seniors in rural communities.

Aged care service providers - the initial assessment officer, the home care worker, Director of Nursing, personal care worker and maybe the treating doctor - may have no idea that the person they are caring for is living with a "secret" that has a negative impact on their daily life and wellbeing.

Service providers may be unaware that they have clients and carers who are gay or lesbian. There is no reason to ask anyone if they are gay or lesbian if there is no acknowledgement of this status, or if there is no relevant or inclusive service or program to benefit that person. If there is no a basic program in place, no staff trained in sensitivity to gay and lesbian needs or even a rainbow sticker on the door– why would gay or lesbian seniors “out” themselves if they do choose to use the service?

Even when a service provider may be aware of a same-sex partnership there may be reluctance to accept this as a real or legitimate relationship. It was not uncommon for lesbians and gay men to enter into heterosexual relationships as either a form of passing or in the hope that “it would all go away”. There may be previous spouses of the opposite sex and adult children for whom the person’s current sexual identity is also an issue.

Provision of quality aged care service requires a complete picture of the client's lifestyle and support systems. Service providers may be less likely to include a partner in discussions about health care and other service issues, especially if any blood relatives exist. This is despite the fact that a domestic partner has the same legal status as a spouse as next of kin in Victoria. Information about an individual's background and lifestyle impacts on assessment, building rapport based on trust, referral to appropriate community services, allocation of community care workers or placement within aged care facilities as well as understanding issues of loss and grief.

Care standards may be compromised as consequence of negative and ill-informed staff attitudes. Workers come from a variety of backgrounds with varying levels of knowledge and experience and may be uncomfortable working in a situation they do not understand. In residential care, other residents may share these attitudes which may be based on an ill informed, narrow understanding of the issues.

Baby boomers are more likely to be open about their sexual orientation and therefore less likely to accept either community or residential care that is not sensitive to their needs.

Most action on impacts of discrimination has focused on needs of youth/ young adults. Local government advisory groups are addressing areas such as development of identity and elimination of homophobic violence.

The few training initiatives that have been developed tend to relate to provision of health care services. These generally apply to short period interventions which do not have the intensity of involvement as do whole-of-life day-to-day living matters in residential aged care services.

3. **The ALSO Foundation Older Persons' Project**

In the early 1980s, ALSO began as the Alternative Lifestyle Organisation Foundation when gay men and lesbians joined together to organise the celebration of (male) homosexual decriminalisation reforms in Victoria. ALSO carries out fundraising activities to help fund its activities and the ALSO Care and Benevolent Society Inc. is a registered charity.

With four full-time staff and in excess of 1,000 volunteers, ALSO remains Victoria's largest not-for-profit gay and lesbian community organisation. Its current activities include community development, a grants program for community projects, publication of an annual community directory and a range of social activities.

One of the early areas of interest for ALSO was the possibility of funding residential aged care for gay (and later lesbian) seniors. Interest increased as ALSO members began to age.

In community consultations and workshops conducted in 1998, ALSO identified the care of older people as a crucial concern for the community and expressed the need for a feasibility study to accurately determine the needs of the older gay, lesbian, bisexual and transgender (GLBT) community. The *Honouring the Past, Respecting the Future: The ALSO Foundation's GLBT Older Persons' Community Development Project* was born.

Stage 1 - Needs assessment research

In early 2000, ALSO conducted a pilot *Older Persons Needs Assessment Project*.² Interviews were held with 60 individuals who came from metropolitan and rural areas. Most were either gay men or lesbians and I will continue to refer to these two population groups in the remainder of this paper.

Researchers from RMIT University were contracted to analyse the interview data. This revealed that many gay and lesbian seniors experience loneliness, isolation and considerable difficulties in accessing appropriate health care services, particularly for older gay men.

² Information about The ALSO Foundation including copies of the Needs Assessment Report and Strategic Plan is available at www.also.org.au.

The needs assessment also indicated that knowledge about aged care services was outdated and experiences of actual service provision varied based on the ability of individuals to negotiate appropriate and sensitive care.

It was agreed that the results of the needs assessment research were in no way uniform, with much diversity in the needs, experiences, abilities and coping mechanisms of the survey group. ALSO decided that it was only possible to draw some overview conclusions from the research and that further investigations were needed.

Stage 2 - Community consultations

Between April-July 2003 three community consultations targeted seniors aged 50+ to discuss the findings contained in the initial report. Written questionnaires were received from people unable to attend.

These produced a broad range of comments, ideas and suggestions focused on including current and future needs of ageing lesbians and gay men; types of services/programs/activities that could meet these needs and possible roles for ALSO, seniors themselves and other organisations in responding to these needs.

Participants confirmed the key areas of need identified in the initial research. Services sensitive to the needs of gay and lesbian seniors who wish to remain in their own homes and appropriate residential care options were considered essential to maintain individuals' self identity and wellbeing.

Participants suggested that social isolation might be related to a lack of appropriate social activities and acceptance of gay or lesbian seniors in existing seniors organisations; rejection by family members and general ageism within the gay community, including loss of community status and body image issues.

Discussion also raised the need for opportunities to mix with gay and lesbian people of a range of ages and generations both in a social and mentoring capacity; hospital discharge planning practices which acknowledge an individual's sexual identity; being visible as gay and lesbian seniors; having the freedom to choose to access either mainstream or gay/lesbian specific services, activities and programs equally and receiving the same level of sensitivity and services that non-gay or lesbian clients enjoy.

Stage 3 - Strategic Plan development

ALSO has developed a strategic plan which was launched in late June 2004 with targeted invitations issued to representatives of mainstream community and residential aged care services as well as gay and lesbian community organizations.

Stage 4 - Action

The strategic plan contains 32 proposed "action opportunities". An implementation plan that provides details about the action stages is being prepared as a companion document to the strategic plan. Some action will be taken in association with the Gay and Lesbian Health Resource Unit.

Achievements

We initiated and chaired an interim organising committee of representatives from ALSO, Matrix Guild (an older lesbians group) and Vintage Men (for older gay men).

We advocated for the inclusion of five gay and lesbian events as part of the Victorian Seniors Festival program in 2004. Festival promotion for these events - a picnic for older lesbians, a gay and lesbian history walk of Melbourne, a performance by Melbourne Gay and Lesbian Chorus, screening of a gay themed film and a Rainbow Tea Dance for gay and lesbian seniors and friends - has raised the profile of gay and lesbian seniors statewide. The events program is distributed through local supermarkets and is accessible to so many more seniors than the gay community newspapers and Melbourne's gay and lesbian radio station. We even achieved coverage in *The Age* with the heading "*Golden oldies week takes a rainbow tinge*".

The dance brought together people from the gay, lesbian and straight communities to participate in a shared activity. For some, it was probably a small beginning in breaking down barriers and challenging perceptions of what is a gay or lesbian person.

Where to now?

As a small volunteer based organisation, we have limits on how much we can achieve in the short term.

A number of our “action opportunities” require considerable liaison and negotiation with other organisations and services.

Some have bold aims such as:

- Inclusion of culturally competent care standards and associated staff training relating to gay and lesbian seniors in Government Aged Care Accreditation Standards and Home and Community Care National Standards.
- Inclusion of gay and lesbian seniors to be included as a special needs group in Aged Care Worker Certificate training courses.
- Advocating for legislative change to ensure equality under Commonwealth Government legislation and policy in relation to same gay and lesbian seniors in addition to those recently approved relating to access to same-sex partner superannuation. (NOW ACHIEVED)

We are discussing options for strategic partnerships with organisations providing residential and community based aged care with the aim of piloting development of service standards and staff training and the possibility of developing a cluster accommodation model for more dependent gay and lesbian seniors.

Other action areas are more directly within our control such as initiating a pilot project to develop standards for gay and lesbian friendly/responsive seniors' service provision; reviewing our publications, programs and services to ensure that we are inclusive of all age groups; promoting a positive approach to ageing within a community seen by seniors to based on youth and providing education to gay and lesbian seniors about the broad range of care related services now available in the community. We also plan to include information about gay and lesbian friendly seniors' services in our Community Directory and to develop an ALSO Seniors Speakers Bureau for community information and staff training.

The strategic plan outlines how the ALSO Foundation can work with other organisations to facilitate change, providing professional development activities and conducting research to evaluate the effectiveness of strategies that can be implemented to meet the needs of gay and lesbian seniors in Victoria. It provides a framework within which it is hoped will enable a model of care for gay and lesbian seniors that is sensitive, respectful and inclusive of the needs of our diverse community.

Ultimately we want to see inclusion of gay and lesbian seniors under the broader mainstream umbrella of diversity issues and to be represented in discussion of broader issues such as housing, health care, social services, spirituality and meaning in later life within a service environment based on informed choices and quality services for all.