

AGEING & AGED CARE ISSUES

raised by Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and HIV+ people in the ACT

Background

In its role of providing advice to the Minister on issues affecting lesbian, gay, bisexual, transgender, intersex and queer members of the ACT community, the ACT Lesbian, Gay, Bisexual, Transgender, Bisexual, Intersex and Queer (LGBTIQ) Ministerial Advisory Council identified aged care issues as a specific area for further investigation and consideration.

This report encapsulates combined findings from a public forum held in November 2013 and a subsequent survey undertaken between December 2013 and April 2014. Whilst the approach taken was somewhat basic in its design, the results nevertheless provide an indication of, and insights into, the specific issues affecting Canberra's LGBTIQ and HIV+ communities which warrant some attention.

The LGBTIQ Ministerial Advisory Council was funded by the Canberra Gay and Lesbian Tennis Club to write the report. These funds were subsequently split between AIDS Action Council and A Gender Agenda (AGA) who each appointed a project officer to work together to develop the initial drafts of this report.

The project officers were overseen by an advisory group consisting of two council members and representative each from AIDS Action Council and A Gender Agenda. The Advisory group provided the final editing of this report.

The survey questions included a section about wills and enduring power of attorney, which are not addressed in this report. These issues will be considered separately and at later date.

This report will assist to increase awareness and knowledge about specific aged care issues for LGBTIQ and HIV+ people in the ACT and provide guidance for the Minister for Community Services and policy makers, members of the LGBTIQ and HIV+ communities, aged care service providers, community services more broadly and the general public to ensure that appropriate services are delivered with dignity and respect.

Key findings

1.

Unique aged care needs

Members of LGBTIQ and HIV+ communities possess particular needs in relation to ageing and accessing aged care. Whilst there are common overlaps and issues of discrimination and exclusion between them, distinct differences exist both on an individual basis, but also between the broader issues of sexual orientation on the one hand (as represented by the 'LGB'), and gender diversity or intersex status (as represented by the 'TI') on the other. It is essential that policy, service providers, and the wider community acknowledge and are aware of these differences in order to adequately cater for members of the LGBTIQ and HIV+ ageing population.

2.

Fear of discrimination

The overriding concern was fear of experiencing discrimination, homophobia, transphobia and overall lack of awareness and understanding of LGBTIQ and HIV+ issues by organisations, staff and co-residents. There was a high level of concern regarding the adequate provision of care. This included concern about people being accepted for who they are and who they love, their significant relationships not being recognised or respected, the fact that organisations make heterosexual assumptions, discrimination and judgement, lack of adequate training for aged care workers and concern about the need to understand specific health requirements - particularly amongst transgender, gender diverse and intersex individuals and communities as well as those living with HIV.

3.

Lack of control over disclosure of personal identity or status

The issue of disclosure is different across the LGBTIQ and HIV+ spectrums. The desire to conceal one's sexuality, gender identity, intersex or HIV+ status comes from a fear of discrimination and a risk is taken when a person discloses. In many cases, particularly for gender diverse, intersex and HIV+ people, the decision not to disclose is not an option. This results in additional concerns for many members of the TI and HIV+ communities due to the sometimes intimately physical nature of aged care.

4.

Social isolation

Social circumstances for members of the LGBTIQ and HIV+ communities were in many cases identified as different to the wider population. Members of the LGB and particularly the T&I and HIV+ communities are far more likely to live alone, experience isolation, and/or have family structures which do not conform to social expectations. They may also have a biological family who do not support or understand who they are.

5.

Reliance on community and state funded care services may be disproportionately required earlier by LGBTIQ and HIV+ seniors

Relatively lower instances of natural supports combined with financial access issues for some mean there will be some individuals less able to rely on superannuation, friends, or family for support as they age. A majority of respondents indicated that they thought they would rely on the LGBTIQ/HIV+ community at this time.

6.

General health status

The timing and type of aged care services that LGBTIQ and HIV+ people will require as they age is dependent also on their health status. The experience of mental illness, disability and HIV status and other health issues may increase the likelihood that aged care services will be required earlier than the broader population.



transgender (general) Female Hermaphrodite (androgynous) Half form (both) Neutrois (neutral) Alternative form M2F transgender Other Unsure Hermaphrodite (mercury) Male F2M transgender Half form (both) Half form (androgynous) Symmetrical Rotated variants Rotated variants Hermaphrodite (both)

1.

The most effective way to address and understand issues concerning the unique aged care needs of LGBTIQ and HIV+ people, their fear of discrimination and the impacts of disclosure is through awareness raising, education and training at all levels. This includes service providers, staff and co-residents, policy makers and the broader community.

2.

Developing and maintaining both individual and systemic advocacy services which promote the legal rights of LGBTIQ and HIV+ people, both within and external to the LGBTIQ and HIV+ community, will assist to uphold their human rights. Advocacy services should be specific for LGB, T&I and HIV+ issues.

3.

Developing peer support networking opportunities and community visitor schemes can promote community cohesiveness, reduce isolation and contribute to increasing natural supports. Improving mental health access and support for the LGBTIQ and HIV+ communities is an important contributor to increasing general health and wellbeing.

4.

In order to increase health and wellbeing and possibly delay the requirement to access aged care services, there needs to be adequate, accessible and specifically relevant health and mental health support services. Early intervention (before residential care) is a key component.

Recommendations

This report identifies several areas for consideration in order to improve the situation for LGBTIQ and HIV+ older adults, based on responses to the forum and the survey. These include accountability from service providers through assessment and accreditation processes, development of educational programs, the need for advocacy and promotion of awareness of legal rights at both individual and systemic levels, development of community visiting schemes and peer support initiatives.

The report

The full report can be downloaded at: <http://www.scribd.com/doc/250442170/Aged-care-issues-raised-by-LGBTIQ-and-HIV-people-in-the-ACT-Screen-Version>

Or Google ACT LGBTIQ Ministerial Advisory Council.



Produced by the ACT LGBTIQ Ministerial Advisory Council in collaboration with AIDS Action Council and A Gender Agenda



Supported by

