

Aged Care Diversity Framework

Resource Sheet 6 Lesbian, Gay, Bisexual, Trans or Gender Diverse & Intersex Elders

Even though it is estimated that up to 11% of the population is of diverse sexual orientation, sex or gender, aged care providers often report that they have had no LGBTI clients.

Despite the evidence, it can be easy to assume that every older person is heterosexual and gender conforming.

Providers tend to be less comfortable asking clients if they identify as LGBTI than about indigenous status or cultural identification.

The current generation of older people who are lesbian, gay, bisexual, trans or gender diverse or intersex have spent much, if not most, of their lives being treated inequitably by the law and by society in general. It wasn't until 1973, for example, that the American Psychiatric Society

removed homosexuality as a mental disorder. In NSW, consensual sex between adult men was a criminal act until 1984. It wasn't until 1996 that transgender people could legally change their gender and, only then under certain restrictive conditions, some of which still exist in the law.

Many LGBTI elders grew up knowing they could be imprisoned, considered mentally ill or forced into 'cures'. In their lifetimes they have experienced decades of inequitable treatment, family rejection, social isolation, stigma and trauma.

Life lessons learnt early are difficult to shift. LGBTI elders who have experienced discrimination and exclusion throughout their lives may fear disclosure and lack trust

in others. They may have learnt it is safer to hide their identities, relationships and attractions. This contributes to their invisibility in aged care.

It is very important that providers take time to establish a safe space where LGBTI elders feel comfortable, if they choose, to disclose their sexual orientation, gender identity and the preferred pronouns by which they want to be addressed (e.g. he/him, she/her, they/them).

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The LGBTI elder community is not a homogenous group. Some LGBTI elders have strong support groups. Others have had minimal contact with LGBTI communities. Many are accepted by their biological families while others have formed a family of choice.

This has implications for identifying primary contacts and relationships during intake and assessment processes.

General Strategies to address access and engagement challenges

Lesbians, gay men, bisexuals, trans and gender diverse people and intersex people can have different care and support needs. Being responsive to LGBTI elders in an aged care setting requires much more than posting a rainbow flag and stating LGBTI inclusiveness in promotional materials. True responsiveness encompasses all practices including:

- asking about sexuality or gender identity rather than making assumptions
- asking about considerations when co-designing care plans and selecting support workers
- recruiting staff with lived experiences of being LGBTI and providing staff access to LGBTI awareness training
- recognising families of choice in decision-making
- seeking Rainbow Tick accreditation for safe and inclusive service delivery.

For links to further information and resources, see **Sheet 17: Resources No 4, 6, 7, 8, 24, 28**