

*“I don’t want to be treated differently, just included!”*



# Listening to LGBT Seniors

October 2021



**National Seniors**  
AUSTRALIA

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## Introduction

National Seniors Australia is committed to advocating on behalf of all older Australians. We recognise older Australians are a diverse group of people, and two aspects of that diversity are gender and sexual orientation. Both these topics have sometimes been taboo, or difficult to talk about, within mainstream Australian culture and many other cultures. Unfortunately, that cultural discomfort has often contributed to making life more difficult for people whose gender or sexual orientation don't fit with mainstream society's expectations. They include lesbian, gay, bisexual, transgender and gender diverse people, or LGBT people for short.\* They also include members of other groups whose gender or sexual orientation are marginalised.

In this report we seek to engage in a National Seniors conversation with our own community about the experiences and needs of older LGBT people and how we might best respond to them. We also wish to contribute to conversations about these matters taking place in the context of the findings from the Royal Commission into Aged Care Quality and Safety. The Commission reported that older people receiving age care who have diverse genders or sexualities are at increased risks of abuse, isolation, and discrimination.

Australian society has changed considerably in recent decades, in part because of the hard work and public advocacy of LGBT people who are now seniors. Many older Australians were raised in a society which only recognised two genders – female and male – and one acceptable way to form romantic and sexual relationships – heterosexual relationships between a woman and a man. That society frowned upon alternatives to these, including sexual and romantic attraction between members of the same gender, the idea that people might be a gender different from the one they were assigned at birth, and notions of gender beyond the man-woman binary. But LGBT people are increasingly recognised and protected by Commonwealth and State laws and Australia has become a safer, happier place for LGBT people to be themselves.

Although hostile attitudes towards LGBT people are waning, harassment, abuse and violence are still directed at those whose gender or sexuality does not conform with mainstream norms. In addition, LGBT people have poorer physical and mental health, and

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\* The acronym LGBT is not inclusive of all marginalised gender and sexuality groups. A more inclusive acronym is LGBTQ+. "Q" stands for queer or questioning, and it is used as an umbrella term for people of diverse genders and sexualities. The plus recognises that people's genders and sexualities may exist outside those specified by the letters. When referring to older people, however, Q is often excluded. For many seniors, 'queer' has negative connotations due to its past use as a term of vilification and discrimination. For this reason, we have omitted it from the term in this report.

experience higher rates of homelessness and suicidal ideation compared to the general population (1). This report is in part a response to these continuing challenges to the equity and acceptance of LGBT people in our society. It also demonstrates that LGBT people have specific ageing related concerns and experiences that still need addressing. Mainstream assumptions and stereotypes largely negate the possibility that seniors have diverse genders or sexualities. Greater awareness and acceptance are necessary within the general population and amongst seniors themselves so that LGBT people have the same opportunities as others for quality of life and care in their later years.

Our report is based on responses to the 8<sup>th</sup> annual National Seniors Social Survey (NSSS-8) conducted in 2019. The NSSS-8 collected a range of demographic information, including whether participants identified as belonging to one or more diversity groups included in the Department of Health's National Aged Care Diversity Framework.\* Those groups include LGBT people. Over 100 survey participants indicated their membership of LGBT or related communities.

In text-based responses and follow-up phone conversations, LGBT NSSS-8 participants shared how their gender and/or their sexuality had affected age-related life-experiences and expectations. We trust that these important voices of LGBT older people will help raise awareness of the rights of all seniors to access representation and have an equal voice for change.

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\* These are groups under-represented by health and ageing services. They include but are not limited to: Aboriginal or Torres Strait Islander people, migrants or people from a Culturally and Linguistically Diverse background, LGBTI people, people living rurally or remotely, and veterans.

## Key terms used in this report

An important part of respect for diversity is acknowledging how people talk about their own gender and sexual orientation. Sometimes this involves learning new terminology, so in this section we define some key words we will use throughout the report.

A lot of terminology related to gender and sexuality has changed in recent years and will likely continue to evolve, with communities using different ways to describe themselves and their experiences. We recognise that such changes can be uncomfortable for some readers. We hope this guide will be useful and interesting to all. Many readers may continue to struggle with some of the terms, get them wrong at times, or feel overwhelmed by the sheer number of them, but the most important thing is to have a respectful attitude and an open mind. Practice can also increase the comfort level of using new terms.

This list of key terms is alphabetical for easy reference. Readers may wish to read through the whole list before the rest of the report, or to come back to it when encountering unfamiliar words.

### Key terms\*

**Asexual:** a sexual orientation that reflects little to no sexual attraction, either within or outside relationships. Asexual people may still feel romantic attraction, while the term ‘aromantic’ describes someone who does not experience romantic attraction to anyone within or outside relationships.

**Binary/gender binary:** the idea common in Western society that there are only two, non-overlapping sexes/genders, female and male.

**Bisexual:** a person who is sexually and/or romantically attracted to people of the same gender and people of another gender. Some people who are attracted to more than one gender may use other terms to describe themselves, including but not limited to pansexual, polysexual, omnisexual, or fluid.

**Cisgender:** a term used to describe people whose gender corresponds to the sex they were assigned at birth, for example, a person who was categorised as female when they were born and is a woman. The prefix cis- is not an acronym or abbreviation of another word, it is a Latin term meaning ‘on this side of’, compared to the Latin term trans- which means ‘on the other side of’.

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\* Most definitions based on the Australian Institute of Family Studies; the Child, Family, Community Australia Resource sheet for LGBTIQ communities (2019 <https://aifs.gov.au/cfca/publications/lgbtiq-communities>).

**Family of choice:** People, or a group of people an individual sees as significant in their life. It may comprise of significant others, domestic partners, friends, and co-workers. Family of choice also may include none, all, or some members of family of origin.

**Family of origin:** The family into which a person is born. Family of origin often refers to biological or adoptive parents, siblings, and extended family.

**Gay:** usually, a man who is sexually and/or romantically attracted to other men, but the term can also be used in relation to women who are sexually and romantically attracted to other women. More generally it is sometimes used to mean not heterosexual.

**Gender:** refers to an inner sense of oneself as man, woman, masculine, feminine, neither, both, non-binary, trans or moving around freely between or outside of the gender binary. 'Gender' and 'gender norms' can also refer to society's expectations of categories such as male/man/masculine and female/woman/feminine.

**Gender diverse:** a collective term sometimes used to refer to people outside cis-binary genders, including non-binary and trans people.

**Heterosexual:** a woman who is sexually and/or romantically attracted to men or a man who is sexually and/or romantically attracted to women, or an adjective describing such attraction.

**Heteronormative:** the attitude that heterosexual relationships between cisgender people are the only natural, normal, and legitimate expressions of sexuality and relationships, and that other sexualities or genders are unnatural or a threat to society. From the words 'heterosexual' and 'normative', where 'normative' means pressure to conform to a behaviour that society considers the only normal one.

**Homosexual:** a person who is sexually and/or romantically attracted to other people of the same sex/gender, or an adjective describing such attraction.

**Intersex:** an umbrella term that refers to people born with variations in sex characteristics that don't fit medical and social expectations for female or male bodies.

**Lesbian:** a woman who is sexually and/or romantically attracted to other women. Sometimes it is also used by other people who are not men, for example non-binary lesbians.

**Non-binary:** an umbrella adjective for describing people outside the gender binary. Non-binary gender may be expressed as other than woman or man, including genderless or androgynous. 'Non-binary' can sometimes also be used as a noun, referring to a gender that does not conform to traditional binary gender norms.

**Pronouns/gender pronouns:** the words we use to talk about a person when we're not using their name. These can include he/him/his, she/her/her, they/them/theirs and others.

**Sex:** often refers to anatomical, chromosomal, and hormonal characteristics that a society may use to define gender categories. In Western society, medical professionals usually classify a person as either male or female at birth based on their external anatomical features. However, sex is not always straightforward, as some people are born with an intersex variation, and anatomical and hormonal characteristics can change over a lifespan.

**Sexual orientation:** refers to an individual's sexual and romantic attraction to another person and can include heterosexual, lesbian, gay, bisexual, and asexual. It is important to note, however, that these are just a handful of sexual identifications – the reality is that there are an infinite number of ways in which someone might define their sexuality.

**Trans/transgender:** umbrella terms used to refer to people whose assigned sex at birth does not match their gender, regardless of whether their gender is outside the gender binary or within it. A trans woman is a woman, a trans man is a man, and a trans non-binary person is non-binary. The sex they were assigned at birth is irrelevant.

## A note on acronyms

Throughout the report, we use the acronym LGBT. We acknowledge that each of the groups referenced by the acronym is distinctive as are the lives of the individuals within them. Each group will have differing experiences of social prejudice and discrimination.

In the NSSS-8 survey, the question we asked that was relevant to LGBT identification used the Department of Health's terminology. The Department of Health uses a slightly different acronym, LGBTI, where the 'I' stands for Intersex (see Key Terms above). We asked survey participants to select if they belonged to one or more diversity groups from the Department of Health's National Aged Care Diversity Framework, which includes LGBTI people. We did not ask them to specify which group or groups within the LGBTI umbrella they are part of. Questions asked of interviewees also used the acronym LGBTI without asking for further clarification on this. Some lesbian, gay and trans people volunteered specifics about their identities in their survey comments or interviews, and many respondents used the LGBTI acronym in their responses. But we cannot be certain whether any bisexual people were included in the sample, or whether any intersex people were among the respondents.

This affected our decision about what umbrella term to use for the report. 'Intersex' refers to people born with variations in sex characteristics, making the experiences of intersex people separate and distinct from people marginalised by gender or sexual orientation. Recently, intersex advocates have worked to exclude the 'I' from acronyms that primarily refer to activities or experiences of people with diverse genders and sexualities but not



people with variations in sex characteristics. We therefore chose to frame this report using the acronym LGBT rather than LGBTI. Since we cannot be sure that the views expressed in it apply to people born with variations in sex characteristics, we want to avoid misleading readers, as might occur if we used the LGBTI acronym. By the same token we acknowledge that intersex people may have responded to the survey, even if they didn't share the fact that they are intersex with us. This means the material in this report may indeed represent the interests and concerns of some people born with variations in sex characteristics. Our choice of acronym should be interpreted as a cautious decision rather than an exclusionary statement. We do not wish to exclude intersex people's needs from our work but equally we do not wish to claim to have represented intersex people's experiences if we have not.

Acronym discussions aside, we acknowledge that the needs of people born with variations in sex characteristics deserve concerted attention in the ageing and aged care sectors. National Seniors is committed to supporting and advocating for all older Australians, including people born with variations in sex characteristics. We wholeheartedly support endeavours to respond to the specific needs of older intersex people in all their diversity and look forward to future work that makes those needs more widely known in the ageing and aged care sectors.

More broadly, we also recognise that the term LGBT does not adequately include all gender diversity and sexual orientations. In moving forward, our future survey question design will be based on the ABS 2020 Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2).

There are exceptions to our use of the LGBT acronym in this report. When mentioning other studies, resources, or policies, we use the acronym that was used by the authors of those works.

## Background

“People of all sexual orientations and gender identities deserve to be treated with respect and equality. Diversity is, after all, what makes a society vibrant.”

The Hon Catherine Branson QC  
President, Australian Human Rights Commission, 2011

The acronym ‘LGBT’ in Australia collectively refers to people who are lesbian, gay, bisexual and trans. Despite their collective grouping, these groups differ both within and between each other. They are distinctive and yet also share long histories of marginalisation and discrimination. For decades, people of diverse sexualities and genders struggled against state-sanctioned prejudice, oppression, violence and ignorance. The American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM) published in 1952 and 1968 classified homosexuality as a mental illness that needed treatment. The DSM similarly treated trans people as mentally ill until 2013, and to some extent it still does. Medical interventions to ‘treat’ same sex attraction and gender diversity included electro-shock therapy, aversion therapy, and pre-frontal lobotomies (3). Homosexual behaviour between men was also a criminal offence that was aggressively and sometimes violently policed in our lifetime. Trans people have frequently been subject to high rates of violence, and discrimination in arenas such as employment in terms of earnings and job retention (4). Those who displayed diverse sexualities or genders risked losing family, friends, employment and being ostracised from the community (5).

Despite the progression of LGBT rights in Australia and other countries, there remain substantial differences in health and wellbeing outcomes for LGBT people compared to heterosexual cisgender people. Individuals from these diverse groups are at increased risk for cancer, cardiovascular disease, asthma, diabetes, and other chronic conditions, as well as poor mental health and suicide. Emerging research suggests health disparities are related to living with long-term minority stress, that is, stress caused by stigma, discrimination and social disadvantage leading to a cascade of negative health outcomes (6).

Progress towards acceptance and equality for LGBT people has been recent, meaning that older LGBT generations have likely experienced a greater burden of lifelong mistreatment, social stigma and trauma compared to their younger counterparts (7). Results from the UK

comparing the mental health of 1,000 heterosexual and LGB\* British people aged over 55 found that LGB people were consistently more anxious than their heterosexual peers. Participants reported that their anxiety stemmed largely from fear of being discriminated against as they aged and a significant number reported they had not accessed health services for this reason (8). In an Australian context, a NSW study of 311 seniors aged 50 years and over found, as in other countries, that people whose gender or sexuality did not conform to social norms had higher levels of psychological distress, lower mental health and greater loneliness than in the general population (9).

Compared to the UK or the USA, Australia has limited population based survey data that includes information on sexual orientation and gender diversity (10). Interviews and focus group studies have been crucial in defining issues faced by older LGBT Australians and informing policy development. The need for an LGBT inclusive and educated aged care sector was particularly evident in the “My People” project<sup>†</sup> conducted in 2008 that explored the experiences of LGBT seniors in aged-care services (11). Translation of the 2012 National LGBTI Ageing and Aged Care Strategy into cultural change has inevitably been slow, and the aged care system still fails many residents whose gender or sexuality differs from that of the majority (12). The recent report from the Royal Commission into Aged Care Quality and Safety does not deal specifically with LGBT aged care concerns, but rather includes LGBT people in recommendations for providing appropriate cultural care for diverse groups (13). The Royal Commission Recommendations do include a strong emphasis on “universal human rights for all” and assistance to “live an active, self-determined and meaningful life”(13).

## LGBT ageing in the community

In the broader community, the experience of ageing for LGBT seniors is defined both by the ways social attitudes to LGBT people have manifested during their life (14) and society’s assumptions about older people’s lives and relationships (15).

### LGBT ageing and the life course

LGBT people born prior to the end of World War 2 grew into adulthood during a time when perceptions of sexuality and gender were defined by the established views of religion, science, and the law. Consequently, lesbian, gay and bisexual people were treated as sinners, perverts and felons (3). Invisibility was key to survival for this generation and to

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\* The term LGB has been used here rather than LGBT because the study focused on mental health outcomes for people of diverse sexual orientation but did not include identified transgender people.

<sup>†</sup>Findings and interviews from the My People project can be read here: [https://matrixguildvic.org.au/wp/wp-content/uploads/2019/11/mypeople\\_exploring-experiences-2008.pdf](https://matrixguildvic.org.au/wp/wp-content/uploads/2019/11/mypeople_exploring-experiences-2008.pdf)

avoid detection, many led an outwardly heterosexual life for decades (15). The situation was similar for many trans and non-binary people in a society hostile to the notion of gender transition, and to genders beyond 'female' and 'male'.

LGBT baby-boomers, on the other hand, came of age during a period of rapid social change that included the civil rights and women's movements, and the gay liberation movement for which the 1969 Stonewall riots in the United States are sometimes seen as the watershed event.\* During this time, LGBT people became more visible and were more likely to disclose their sexual orientation and gender (16).

A national study from the United States of approximately 2,500 LGBT adults aged 50-95 found that compared to older participants, those in mid-life had the highest rates of sexuality and gender disclosure and higher rates of social support, but they also experienced higher rates of victimisation and discrimination. Older participants, on the other hand, had lower rates of victimisation and discrimination, but lower rates of disclosure than the younger cohort. They also had less social support. Not surprisingly, higher rates of victimisation and discrimination are linked to poor physical and mental health for both midlife and older LGBT seniors (14).

### **LGBT ageing in a heteronormative world**

With the evolving social environment over the last half century, many LGBT people entering later life have revealed and lived their sexuality and gender. However, as people age, the systems and services required are overwhelmingly non-inclusive of LGBT circumstances, often assuming all ageing people are cisgender, binary and heterosexual. This assumption is what is meant by the term 'heteronormative'. Health care, home care, estate planning and end-of-life care have evolved within a framework of assumptions and regulations that generally exclude or marginalise the lives and relationships of LGBT seniors (15). Some LGBT people report feeling the need to 'straighten up' the house (remove signs of their sexual orientation or gender) for home care visits. LGBT people also recount stories of healthcare providers granting their cis-heterosexual family members decision-making power and visiting rights rather than same sex partners or family of choice. Trans and other gender diverse people can experience powerful levels of fear about entering residential aged care facilities because of transphobic attitudes and widespread ignorance and misunderstanding about gender diversity and related care needs (17).

Stereotypical youthful ideals of sexuality and intimate partnerships also marginalise and ignore LGBT experiences of intimacy and family life in older age. In the popular imagination, sex over 65 is considered unappealing and also unlikely (3). Ageist attitudes amongst both

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\* <https://www.history.com/topics/gay-rights/the-stonewall-riots>

younger and older people assume sexual desire and capacity decrease with age, and limit sexual expression to youthful bodies (18). If lesbian, gay and bisexual people are identified by their sexual orientation, and seniors are not considered sexual, then lesbian, gay and bisexual seniors are rendered still more invisible to mainstream society (3).

Although seniors' sexuality may be ignored or considered irrelevant, the ideal of later life heterosexual coupledness is promoted by print and digital media to sell "successful ageing" products and lifestyle options to the baby boomer generation (19). Generativity and the joy of close family ties are also linked to heterosexuality by images of older heterosexual cisgender couples surrounded by their children and grandchildren. Such imagery delivers powerful messages of exclusion to LGBT seniors. As stated by the sociologists Sandberg and Marshall, "heteronormativity and its promises of happiness constitute a powerful narrative that organises dominant understandings of the 'good' (later) life" (19).

LGBT ageing experiences and concerns have been voiced by national and state-based LGBT advocacy organisations\* and the Australian Human Rights Commission (20), but they have received relatively little attention from mainstream seniors' advocacy groups. By addressing LGBT experiences in this study, National Seniors sought some redress to this situation.

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\* For example:

Silver Rainbow: Ageing and aged care: [https://www.lgbtiqhealth.org.au/silver\\_rainbow](https://www.lgbtiqhealth.org.au/silver_rainbow) LGBTIQ+ Health is the national peak health organisation in Australia focused on providing services, research and programs for LGBTIQ+ people

Alice's Garage a national project empowering LGBTI+ elders and promoting healthy LGBTI+ ageing in Australia; see <https://alicesgarage.net/>

Val's LGBTI ageing and aged care works to improve healthy ageing pathways, care and visibility of older LGBTI people; see <https://www.latrobe.edu.au/arcshs/health-and-wellbeing/lgbti-ageing-and-aged-care>

Housing for the Aged Action Group LGBTI older People Housing Support; see

<https://www.oldertenants.org.au/lgbti-elder-housing>

GRAI: Supports and advocates for LGBTI+ rights in Ageing; see <https://grai.org.au/>

National community based LGBTI+ visitors' schemes to reduce isolation and loneliness: see

[https://www.lgbtiqhealth.org.au/services\\_and\\_supports](https://www.lgbtiqhealth.org.au/services_and_supports)

## The National Seniors Social Survey

National Seniors Australia is a not-for-profit, non-government advocacy organisation for Australians aged 50 years and over. Every year, National Seniors conducts an online survey of members' behaviours and views across a range of topics relevant to older peoples' lifestyle, health and wellbeing. The survey is open to members and non-members aged 50 plus from all states and territories. The survey is made available on the National Seniors website and circulated via a member online newsletter and in the quarterly magazine.

In 2019, National Seniors extended recruitment for the Social Survey (NSSS-8) to organisations affiliated with LGBTIQ+ Health Australia (formerly the National LGBTI Health Alliance), the national peak body in Australia for LGBTIQ+ people and communities. The NSSS-8 was approved by the Bellberry Human Research Ethics Committee, reference HREC2019-04-329.

As noted in the Introduction, the survey asked participants if they belonged to any of the diversity groups included in the Department of Health's National Aged Care Diversity Framework. The survey also asked five open ended questions for people to express their thoughts and sentiments about ageing and aged care-related issues (see [Appendix](#)). This provided LGBT seniors an opportunity to reflect their experiences as LGBT older people; experiences that are not well represented by traditional social survey-based research.

Out of 4,427 survey respondents, 111 people selected the LGBTI diversity option (2.5%). Eighty-four of these participants provided one or more text-based responses, with 37 commenting specifically on LGBT related experiences of, or concerns about, ageing. These covered a range of topics that provided a starting point for this study. Quotes from survey respondents are reproduced verbatim except for correcting any obvious spelling and punctuation errors for clarity.

## Survey results: Topics of concern

The most prominent topics mentioned by LGBT respondents in their survey comments were twofold: the problem of discrimination, especially in aged care contexts, and a desire for greater recognition, acceptance and understanding.

### Discrimination against same sex couples

Despite discrimination on the basis of one's sexual orientation being illegal, several commenters in same sex relationships directed their comments towards discriminatory practices or assumptions made about same sex couples by social systems or structures.

*"Discrimination and/or vilification in various forms in differing contexts over many years has been the norm. One such example, being told I cannot sit in on medical advisory discussions with my (then partner now legal wife) because I 'was not family'. My wife and I are lucky in that we are educated middle class women who could access/understand legal or procedural fairness to ensure we could protect ourselves in a discriminatory system."*

*"After nearly 35 years in a monogamous relationship, we still cannot give blood, when the blood bank keep screaming for it. It's about time the Government & the Blood bank woke up. It's called Discriminatory. Figure this out, we can get married, adopt Children, do just about the same as a 'normal' family, YET we cannot give Blood. Go figure."*

*"Daily discrimination, some consciously enacted by others but often unconscious bias or structural discrimination (ie paying years of taxes like opposite sex people/couples but not recognised as a couple). Sometimes institutions and businesses assume you have more money because they also assume you don't have kids, therefore the expense. Lack of representation for older same-sex couples in community."*

### Discrimination and hostility in aged care

The prospect of accessing aged care was especially daunting for LGBT seniors. Many felt particularly fearful of experiencing discrimination in aged care, to the extent that they would be forced "back into the closet".

*“I am aware of the issue of older LGBTI people accessing aged care services feeling that we have to go back into the closet because of discrimination. Social isolation is also an issue for us.”*

*“I am aware that a number of LGBTIQ people who are in Aged Care Facilities and also in Retirement Villages, have gone back 'into the closet' to avoid discrimination. I would look to more education of staff & residents in all of those types of facilities to help that situation not continue to occur.”*

*“LGBTI friendly services - trained staff, discrimination free policies. I don't want to go back in the closet as an old lesbian!”*

The culture of care facilities was perceived as inappropriate or even hostile for LGBT people, especially when institutionalised religious organisations were the providers of care.

*“Religious organisations monopolise most Aged Care facilities. My community is not welcome.”*

*“My community is going to Hell. However, religious aged care providers have decided that Hell starts on entrance to their facilities.”*

*“Most things are set up for straight couples and aged care is no different.”*

*“I am [also] very aware of the potential for discrimination when and if I ever need to access aged care. Ageism and homophobia make for a hideous cocktail!”*

*“I bet there won't be nursing homes or even retirement villages that cater for me. It would be nice to end up somewhere where I can assume other people are of same persuasion & I don't have to deal with the same crap in my old age.”*

*“I worry about the discrimination my wife may face, due to general bias and also because the aged care workforce composition has a large percentage of nationalities that don't understand same sex life.”*

## Recognition, acceptance and understanding of LGBT seniors

A lack of recognition, acceptance and understanding of LGBT seniors within broader society was an additional concern. Many older LGBT people feel invisible and unaccepted and desire greater representation.



*“I feel the LGBTI community have a long way to go to gain acceptance from the broader community. I think there needs to be more discussion/forums within the aged sector, as we are not invisible.”*

*“full acceptance and understanding of gay and lesbian issues.”*

*“Make LGBT+ older Australians more visible. Give us a voice. We are many.”*

Stereotypical assumptions about LGBT older people’s lives and sexuality contribute to a lack of representation and therefore invisibility.

*“As a lesbian couple we are rarely represented in the older cohort as this cohort is almost always referred to as opposite sex. There is no choice for aged care for lesbians. We are not really represented by National Seniors.”*

*“Diversity in older people. we are not all straight, or heterosexual-normative. so lobbying in this area would be of great assistance.”*

*“Lack of awareness of same sex relationships, constant assumption that I have a husband. Need to ask people if they have a partner not husband/wife. As we age, I’m increasingly concerned about lack of same sex considerations in nursing homes.”*

Older LGBT people are particularly vulnerable to mental distress when conservative, homophobic or transphobic views are publicised. The lack of acceptance or support within the community also limits social engagement for LGBT seniors.

*“After many of us having a life in the closet, the older LGBTI community have been quite traumatised by the same sex marriage debate, the Israel Folau challenges and general populist political swing.”*

*“I do not disclose my sexual preference. Being rural means less privacy so I confine my community activities to close friends.”*

*“There is no support for older LGBTQ people, very isolating in regional areas.”*

## Follow-up of LGBT participants by phone and online

As an advocacy organisation for all older Australians, National Seniors needs to represent LGBT people's interests and concerns. The text comments above show that despite evolving social norms, some seniors experience ageing issues linked specifically to their LGBT identity. We sought to find out more about their experiences.

A National Seniors research officer\* approached LGBT participants from the NSSF-8 who had provided their contact details for further follow-up (n=58). Thirty-five people were contacted successfully by phone or email. They were invited to respond to the following questions:

**“From your experience, what do you think needs to change or evolve to better support and represent LGBTI people as they age?”**

**“If you are a National Seniors member, how can we better advocate for LGBTI elders' interests?”**

Participants had the option of engaging in an informal phone conversation or by written comments; 21 people agreed to one-on-one phone conversation, 10 contributed written comment responses through Survey Monkey and 4 did not respond. Phone conversations were not recorded verbatim, but permission was sought from participants to capture their conversation content and sentiment via notetaking during and immediately after their phone call. The research officer did not ask about pre-identified issues or include questions about additional topics during the phone calls, but rather encouraged the participant to lead the conversations and provide as much or as little detail as they felt comfortable giving. When discussing responses, we use pseudonyms and do not report ages, to preserve participants' confidentiality.

### Diversity within diversity

Follow-up participants were generous in disclosing their personal life stories in response to our questions. The experiences and perspectives of LGBT ageing within this group were diverse.

Jean, a trans woman, emphasised that we need to understand and respect that LGBT people are not a homogenous group. Jean identified as a heterosexual woman and felt strongly that she did not belong in the LGBT community; in fact, that it could be very divisive for a trans person. She gave the example of drag queen evenings at the local sports club where people

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\* The research officer identified as queer. We wanted to reassure potential participants that follow-up conversations would be conducted in a culturally safe and appropriate way.

assumed that she must be a drag queen. As a heterosexual woman, that assumption made her very uncomfortable.

Jean emphasised her self-sufficiency. She spoke of her resilience and that ageing as a trans woman posed no issues, except if she needed residential care because residential care did not cater to people who had affirmed their gender. For Jean, death was preferable.

Other participants emphasised they had few issues or concerns and were not particularly needing of support due to being a member of LGBT communities. The comment below from the written responses to our follow-up questions captures the frustration of being perceived as different rather than equal.

*“Get the message out that LGBTI elders are not freaks weirdos or in need of special help nor do they have special interests. Advocate equality and not emphasising the different aspect on life choices made by LGBTI people. Even the questions in this survey are a misguided but no doubt well intentioned misunderstanding of the fact that just because someone is LGB or Trans they are somehow different.”*

Two older gay men, Tim and Lee, both spoke of not having any issues because of the acceptance they felt in their local communities. Tim described how he and his partner don't have to hide anything and that *“life is just so good for us”*. He acknowledged that in his situation he doesn't need to get involved with problems that may impact other LGBT people.

Lee had a similar sentiment about feeling accepted by the community and spoke of how geographic location is important in determining community levels of acceptance. Lee also noted that his perspective may be influenced by living in a heterosexual marriage for many years that helped him understand and relate to heterosexual life experiences.

Derek explained that as an older gay man he felt quite comfortable. He was actively social across the LGBT and straight communities and had no real problems, although he attributed that primarily to being financially independent. He commented his manner was not overtly “gay”, but that most people do know about his sexuality and that they accept him for who he is. Derek stressed that problems can arise for more overtly gay people.

Finally, LGBT seniors face the same issues as other seniors. Some respondents focused on more general, non-LGBT specific concerns and experiences in their conversations. Jeremy emphasised the need for government organisations such as Centrelink to be more accessible to older people who may struggle with the required technology. Mark spoke of the social isolation that accompanies limitations with mobility and the logistical challenges managing public transport. He also talked about the simple joys in his life of having an

afternoon scotch (*“just one”*) with a friend in his back garden, fresh air, feeding the birds, and going for walks.

## Need for LGBT-friendly residential care and home care

The lack of appropriate aged care for LGBT people was raised as the most immediate, first concern in conversations.

*“The elderly LGBTI are totally ignored by mainstream providers. It's almost as if we do not exist. We are the silent ones.”* [Text response to follow-up question]

Cheryl had contact with residential care through her parents' experiences, prompting her to think a lot about the next phase of life with her partner. She was very worried that if the two of them needed to go into residential care, their partnership would not be recognised with a shared room or with access to each other as a couple. She emphasised the need for LGBT friendly aged care and that even if their relationship was accepted, the religious affiliation of care with church groups meant there would be undertones of prejudice. She didn't want to *“go into battle again to feel safe”*.

One of the issues with existing facilities according to another participant, Julie, was that the needs of different types of LGBT persons are not considered. For herself, as a lesbian woman it was a distressing prospect thinking about being put into care with men or living in a male dominated environment. She spoke of residential aged care workers lacking training and competency to look after LGBT older people, and that understanding is lacking. She noted there may be care organisations that have a “tick box” approach to undertaking training, but that this approach doesn't work on-the-ground.

Mathew and Ken both believed that LGBT people need their own retirement or age-care facilities. Mathew spoke about wanting to feel comfortable and safe, and how he was going into a retirement village himself in three weeks. He was worried about feeling lonely and isolated and not having anyone to talk to at his retirement village. He spoke of how important it is to be yourself, and that being in an LGBT friendly space is the only way to do that. Ken already lived in a retirement village and thought having LGBT-specific villages would be *“a big asset to the community”*. He said that when 99.9% of people around you in retirement villages are straight, it *“felt a bit strange”*. He spoke of his friendships at the village being mainly with women, as generally he was avoided by the heterosexual men.

The need for LGBT friendly care to “be yourself” was further highlighted in Mathew's experience of receiving home care as a gay man. Mathew had people come to help him shower, help him get dressed, help him with cleaning his home and with transport. He said that you still have to watch what you say, and this type of personal care needs to be LGBT informed care. Ideally, assistance should come from another gay man, so he could *“feel*

*comfortable to be himself*”, but he didn’t know where to look to get that type of specific support. Mathew said: *“A lot of older persons do not understand what it is to be gay”*. This created some anxiety for him going into the retirement village.

Having LGBT specific care facilities was also a priority for Leonie who echoed Mathew’s discomfort with being in an environment with people who do not understand being gay. She talked about how heterosexual existing spaces are, and that creates barriers in conversations simply because her (Leonie’s) *normal* is different to a heterosexual *normal*.

The following text-based follow-up response acknowledges the changes that are occurring in aged care to cater to and support LGBT people:

*“Having recently been down the road of looking at Retirement Villages with my partner I realise how far we have come but how far we still have to go. In fairness to sales and management staff there was nothing but a welcoming attitude but there is still a slight patronising attitude... Having said that I think that it is evolving and as a few more LGBTI people arrive in the villages then it will get better. We were amused at one village to be told in an aside that two lesbians run the social club and do a very good job, trail blazers of the kind we need.”*

Jeremy, as a volunteer in aged care homes and through his conversations with friends, also highlighted his experience of organisations being mostly supportive *“if they know”*. The problem is that some people are afraid of repercussions in outing themselves. He wanted organisations to help people from the rainbow community feel safer, with an emphasis on *“openness”* towards LGBT persons.

Not everyone thought LGBT-specific care facilities were necessary or desirable. Rather, they felt the system needs to change so ageing LGBT people are treated equitably.

*“I think it is important for LGBTI interests and stories to be out there alongside the other stories. I don't believe in having separate institutions for aging LGBTI people but having support in system as it is - this may require some process of education among staff and clients, as well as some interventions - but it is about being treated as equals not as special.”* [Text response to follow-up questions]

## Experience of acceptance

Although there were deep concerns expressed about engaging with aged care, LGBT older people spoke of the progress toward acceptance they had witnessed more broadly, particularly amongst younger generations.

*“I think things are evolving/changing pretty well. Young people seem generally comfortable about LGBTI people - so unlike my generation (the over 65s) who are never likely to change.”* [Text response to follow-up questions]

*“Honestly - I believe that a natural evolution of general acceptance... better still inclusion - is slowly but surely happening. These changes will never happen as quickly as those who are impacted would like, but when I consider the prevailing social attitudes towards lesbians in the early 1970's ... when I came out - they simply do not compare with modern society at all. Evolution takes time”* [Text response to follow-up questions]

Some participants described being accepted as a gay person in their working lives, social groups and their church community. Lee explained how he was initially “kicked out” of the Church 25 years ago for his sexuality but that he had now found a church set up specifically for providing a safe space to LGBT people. He sees his church community as family and shared how valuable it was providing that safety to others.

Mathew believed nothing needed to change for LGBT seniors, partly because of the substantial shifts in social attitudes that have already occurred but also because *“as you age more, you accept more because you’ve learned more”* and that *“you have to learn to go with the flow”*. He also observed that the general public sometimes seem afraid of gay people. He wants people to know that *“there is nothing to be afraid of; to understand being gay is not a disease and that it is born into you”*.

Despite the increased acceptance of LGBT people, Mathew’s comments about fear of gay people touches on the stigma still associated with being non-heterosexual. Mathew and Chris both described situations where they were not well received as gay men in a heteronormative environment. Mathew reflected on his experiences as a member of a working men’s shed several years ago. He said some of the men were still referring to gay men as p\*\*fters and making derogatory comments. This made him deeply uncomfortable and he ended up leaving. Chris was invited to a seniors’ morning tea but when he disclosed his sexuality, he said they treated him *“like the plague”* and that this was very sad and things had to change. He pointed out that *“despite marriage equality, being gay is something that is tolerated, not celebrated”*.

## Reducing social isolation

LGBT seniors are particularly vulnerable to becoming socially isolated. One reason, as explained by Mel, is that *“it’s such a straight-dominated society... particularly as you age”*. Mel gave the example of her current friendships formed through playing tennis, and

mentioned she is the only gay woman there. She said this is hard sometimes because discussions centre on being grandparents and family, and that is fairly typical of most people her age, but that she cannot relate to those experiences. She said these people are not homophobic, but most people are not sensitive to other types or ways of living.

Peter spoke of the need for more visible social groups for older LGBT people and that there must be *“a lot of lonely people out there”*. Peter said finding social groups can be extremely hard, there is nothing readily available or easy to find. He referenced the changing landscape of gay nightclubs, and that Oxford Street in Sydney used to be full of them, but now they are all heterosexual bars. He attributed this to younger people perhaps feeling safer, so the bars are not needed anymore. He said there are some older people who still want to go out, not necessarily to hook up but just to have fun with friends. Peter also highlighted the importance of his queer friendships, which he has maintained for many years. He pointed out that, as people get older, friendship groups are unfortunately in danger of dissipating due to changing housing and medical situations.

Chris reminded us in his conversation that many gay men have not had children which makes them more vulnerable to being isolated. He said that older gay men do not go to bars and clubs and they are stuck in their homes with nothing to do. He mentioned that there is *“no real safety net for gay men”* and talked about suicide rates that are *“through the roof”* in this population.

In contrast, Derek, Rob and Lee affirmed that social groups for LGBT older people do exist but that it is the responsibility of the individual to engage with them. For these men, self-efficacy was key to maintaining social connections. Rob expressed concern, however, for those living regionally who do not have the same social opportunities and support that are available to LGBT people living in metropolitan areas.

## Structural inequalities

Participants identified access to appropriate medical care and financial security as being systemically worse for LGBT older people compared to the general population and that change was needed.

### Medical care

For Kurt, a primary concern was interacting with the medical system as an LGBT older person, particularly if they lived in an area where there was no access to specifically gay and lesbian friendly practices. Kurt also spoke of the issues LGBT older people face with the Privacy Act limiting medical notifications and discussions to a spouse or next of kin (rather than friends or family of choice, for example). He observed that *“as we get older we have these problems”*, referring to higher risks when engaging with medical settings.

## Financial security

Cheryl wanted to talk about her financial concerns regarding how the LGBT community, particularly women, may be disadvantaged as they age. Using her own life experience as an example, she talked about how she had come out of a bad marriage with very few assets and no savings, after being the main care giver for children and parents. She pointed out that women in her demographic and older are more likely to spend their lives in and out of work due to these commitments. She acknowledged that these are issues for older women generally but especially for lesbian women who may have partnered later in life. They are particularly vulnerable financially (in comparison to gay men), because of the likelihood that both partners come from similar backgrounds with minimal assets or savings and are less likely to engage in paid work than their male counterparts. Cheryl reflected that it was the generation of LGBT people below her who will need to fight for financial equity in ageing. She said this comes from understanding that LGBT people are more likely to experience issues through life that lead to job insecurity and lack of consistent income.

Veronica highlighted the fact that a common arrangement for same-sex couples who had entered into partnership later in life was living apart in separate cities. This was to remain close to family members they may need to spend time with or care for while still managing their partnership. This makes housing affordability a *“huge issue for same-sex couples and also for single people, regardless of their sexuality”*.

## LGBT members’ experience of National Seniors

Twenty-five of the LGBT participants we spoke to or who provided written responses were members of National Seniors and most were keen to share their thoughts about how the organisation could better advocate for LGBT interests.

## Representation and acknowledgement

The key concern expressed was that the organisation did not represent and support LGBT lives or interests. Mark believed National Seniors should acknowledge the older gay community on the website. He said he never sees any advocacy for LGBT issues and he would like to see that change.

There was strong criticism of the heteronormative nature of National Seniors marketing and advocacy campaigns that assume older people are heterosexual with accompanying heterosexual life situations. Cathy highlighted that National Seniors needs to show a natural and normal representation of LGBT people within promotional material. She talked about how advertising for things like cruises always displays the same silver-haired heterosexual couples and that this image needs to be broadened. In Veronica’s words, *“we need to see ourselves reflected in your images”*.



Julie also expressed frustration that there is no LGBT representation on the website. She said it would be *“nice to feel like you do have a voice”*. She believes LGBT leadership is needed in the organisation and summarised by saying (regarding ageing) you *“get a bigger cut of the pie because you’re heterosexual”*.

### **More inclusion and diversity**

Some participants said LGBT people not only need to be more visible but also to “come into the conversation” and be included in discussions about financial situations that currently tend to represent heterosexual couples.

*“Everything seems to be about older retired or retiring heterosexual couples, not LGBTI couples or singles. The family structure is quite different. Make LGBTI individuals and couples more visible and included in National Seniors”* [Text response to follow-up question]

Rob expressed frustration that LGBT people’s interests are never covered in newsletters and he would like other elderly people to know that older LGBT people exist and normalise their inclusion. The organisation also needs to be more inclusive in general, not just about LGBT issues but by recognising the diversity in older people’s situations and ways of living. Linda pointed out that the spokesperson for National Seniors was *“very good, but very white, very male and very straight”*. She would love to see a woman speaking sometimes. A final text response to the follow up questions highlights that patience, tolerance and inclusion are the key elements to achieve broader acceptance:

*“Being of a generation that hastens slowly I don't think that any sort of heavy push works, people have to come to acceptance at their own pace. When I look back over my life and realise that when I met my partner (1974), it was illegal for us to sleep together, then I think we and the wider community have come a long way. I don't want to be treated differently just included, if National Seniors talk and treats everyone as one then I believe with the momentum existing now we will get there. If we seek special treatment then we will alienate the wider community.”*

## Discussion and next steps

The survey and interview responses presented in this report paint a portrait of Australian society that has changed for the better over recent decades in its treatment of LGBT people. But we still have a long way to go to ensure LGBT seniors are safe, happy, healthy, secure and free from discrimination on the basis of their gender or sexual orientation. The Human Rights Commission has said that up to 11% of Australians may have a diverse sexual orientation, sex or gender identity (21) but only 2.5% of our survey participants identified themselves as belonging to the LGBTI diversity group in the NSSS-8. Even this small percentage is higher than a subsequent NSSS where LGBTI membership was 1.5% of the sample.\* The small proportion of people who identified they were LGBTI compared to the Human Rights Commission's estimation highlights the ongoing challenges for LGBT seniors to disclose their identity or engage with mainstream ageing organisations for support and services.

In considering the issues raised in this report, we here propose actions that can be taken both internally within National Seniors Australia and within broader society. We have identified four major themes emerging from the participants' comments that need to be addressed: discrimination and acceptance, social isolation, recognition of diversity, and representation within National Seniors Australia.

### Discrimination and acceptance

One of the most prominent issues emerging from the study is discrimination. Participants shared their past experiences of being discriminated against on the basis of their gender or sexual orientation, and their fears about discrimination occurring in their personal future.

People were particularly concerned about discrimination when they are in vulnerable situations such as entering residential aged care or undergoing medical treatment. But they also expressed general concern about discrimination against LGBT people by government systems, businesses, social groups and communities.

Participants identified several aspects of discrimination:

- The widespread invisibility of LGBT people and the general heteronormative assumptions about older people that make participants feel invisible.
- Active hostility towards LGBT people, whether in broader society or stemming from specific sectors such as some organised religion.

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\* The percentage of LGBTI participants was likely higher in the NSSS-8 than the later social survey due to recruitment for the NSSS-8 being extended to organisations affiliated with LGBTIQ+ Health Australia.

- Ignorance about LGBT people and their life histories leading to inappropriate care, for example ignorance about ageing trans people's specific needs.
- Lack of acceptance of LGBT relationships leading to material impacts such as couples being denied access to each other in residential care, or LGBT people being denied access to medical information about their spouse.
- Fear of potential discrimination which can make LGBT people afraid of disclosing their gender or sexual orientation to medical professionals, service providers and others. This deliberate omission can lead to discrimination in the sense that their needs may not be met, for example if they feel unable to name their spouse as next of kin.

More positively, a number of participants said they do not experience discrimination very much in the present day and that things have changed a lot across the course of their lifetimes, including in the aged care industry.

Participants were generally in agreement that the solutions to discrimination are to raise the visibility of LGBT people and to educate cisgender and heterosexual people. In some cases, this will entail attending to needs that are specific to LGBT people. For the most part, however, it is a matter of recognising and normalising the lives of LGBT people so that they will be treated equally and accepted within the general population.

Responding to this, National Seniors Australia plans to:

- Raise the profile of LGBT people and issues in National Seniors activities, including advocacy, campaigns and research.
  - In the short-term this will include targeted attention to issues of concern to older LGBT people.
  - More generally, it will extend to including older LGBT people and issues in our work for the foreseeable future in ways that normalise sexuality and gender diversity to facilitate equal inclusion.
- Engage with LGBT organisations to support advocacy for older LGBT people.
- Advocate activities aimed at educating staff in aged services and industries about LGBT people, issues and needs.

## Social isolation

Social isolation is a problem for many older people, with COVID-19 creating new challenges in this regard as National Seniors' previous research has shown. However, our participants' comments demonstrated that being LGBT may increase the risk of social isolation occurring.

For many participants, the general problems of invisibility and heteronormative assumptions make them feel quite isolated within seniors' networks, communities, groups

and organisations, including within National Seniors. Some felt that the “straight dominance” of society at large increases with age. This makes it difficult for LGBT people to be themselves. While younger LGBT people may compensate for this through safe community and friendship networks, such connections can be hard to maintain for older people if their mobility and communication are restricted by housing situations or medical conditions. It can also be more difficult for people in rural and regional areas.

Isolation is a further risk for cohorts less likely to have children, such as gay men, given children may be the only personal contacts some older people have outside paid carers. At its most extreme, isolation coupled with fear of discrimination makes suicide a risk for older LGBT people.

Suggestions that participants put forward to help redress isolation include forming dedicated senior LGBT groups, forums and networks. The intimacy involved in personal care prompted some participants to express a need for aged care providers who share their identity. For participants distressed at the prospect of being forced to live with people who don't share their worldview and experiences in residential aged care, care facilities designed specifically for LGBT people (or subgroups within that umbrella) are needed. For others, more widespread understanding and acceptance of LGBT people and issues are the priorities so that all environments will be safer, as noted above regarding discrimination.

Recognising these concerns, National Seniors Australia supports initiatives that:

- Enable seniors to engage with social groups or online forums that assist older members of LGBT communities to connect with each other.
- Advocate that all seniors have genuine choices in their care and living situations throughout their lives, so that they may have privacy and control to the fullest possible extent. Such choices would include diverse residential care facilities and home care services, some of which may be set up specifically to serve members of LGBTI communities.
- Increase awareness that LGBT seniors often feel socially isolated, and support initiatives that decrease isolation.

## Recognition of diversity

The research project showed there is considerable diversity among LGBT people. While we use the term LGBT to acknowledge a range of people whose gender identity or sexual orientation is marginalised within mainstream Australian society, that does not mean all such people should be treated the same or have the same needs. Examples of this diversity from participants included:

- Some trans people who are heterosexual and who do not see themselves as part of any LGBT community.
- Income diversity, ranging from people who are well off through to quite financially disadvantaged people. The latter includes people disadvantaged by structural patterns related to their gender or other aspects of identity, such as sole parents with children. Participants also noted that having two incomes and no children doesn't necessarily mean a couple is wealthy.
- People who are used to living within same gender communities, such as lesbians who have never lived with men.
- Other aspects of diversity not mentioned by participants, including ethnic, language and cultural diversity that may mean people's identities are not covered by terms we use here such as lesbian, gay, bisexual, or trans. For example, some trans and gender diverse First Nations, Aboriginal and Torres Strait Islander people describe themselves using the terms Sistergirl or Brotherboy.

Recognising this diversity, National Seniors Australia aims to:

- Consult with LGBT advocacy organisations about appropriate language, terminology and acronym use when writing and speaking about LGBT people.
- Avoiding stereotyping LGBT people and instead acknowledge LGBT people are very diverse.
- Strike an appropriate balance between campaigning to have the specific needs of a group addressed and acknowledging that older LGBT people face many of the same issues as other senior Australians.

## Representation within National Seniors Australia

In line with the broader theme of LGBT people feeling invisible, interviewees commented that they would like National Seniors to increase LGBT visibility within our activities and publications. National Seniors supports recognising, welcoming and raising the profile of LGBT people across our communication channels. We could do this by:

- Incorporating more diverse images of seniors into materials, including prominent images of same sex couples and gender diverse people.
- Pro-actively including more stories and articles on topics of particular interest to LGBT people within our publications.
- Including references to LGBT people in more everyday ways, such as profiling older LGBT people in *Our Generation*.
- Adjusting our editorial processes to minimise, and ideally eliminate, heteronormative assumptions and the generalisations we make about seniors' living arrangements and family structures.

- Ensuring our advocacy campaigns include the perspectives of LGBT people and other diverse groups.
- Recruiting an LGBT person to governance bodies such as the National Seniors Australia Council and Board to represent LGBT perspectives.

In conclusion, National Seniors will address member responses which identified barriers to 'living a self-determined and meaningful life' as recommended by the Aged Care Royal Commission. This expectation is for older Australians of all backgrounds. Seniors from diverse communities should not have to bear excess burdens of discrimination and prejudice on top of the difficulties many will face in later life.

## Actioning Diversity Action Plans

The Australian Government Aged Care Diversity Framework (22) was released in 2017, four years ago. It noted that more than 1 in 10 Australians have diverse gender, sexual orientation or variations in sex characteristics, and that older people with diverse characteristics and life experiences should enjoy equity of access and outcomes and services that are appropriate and inclusive. Action plans were developed setting out what can be done to deliver more inclusive services to lesbian, gay, bisexual, trans, gender diverse and intersex elders. The fears and experiences of age care described by LGBT people in this report show it is high time that these action plans were mandated by the government for providers to implement and report on.

We are also aware that, beyond our small survey group, many LGBT older Australians have experienced elder abuse at the hands of their family of origin and aged care providers, such as family members insisting aged care facilities keep same-sex couples apart, or aged care facility staff stopping hormone medication for trans people without justification (23). While our task in this report was to describe our participants' concerns, there are other concerns out there not expressed by our group that equally require redress.

The report from the Aged Care Quality and Safety Royal Commission delivered this year did not deal specifically with the age care concerns of people with diverse genders and sexualities but included these issues in recommendations for providing appropriate cultural care for diverse groups. In addition, the Aged Care Royal Commission Recommendation 30 (1c) focused on collecting data for designing for diversity, difference, complexity and individuality. It recommends commencement of collection and analysis of data for 'identifying variations in and improving equity of access to, and use of, aged care by people of diverse backgrounds and experiences'. It put a timeline on this in recommendation 30 (2b) namely that by 31 December 2024, the government should report to the Inspector-General and the public on 'the extent to which the needs of diverse older people are being met by the aged care system and what further steps need to be taken for the aged care system to meet the needs of diverse older people'.

Overall, the Royal Commission had a strong emphasis on 'universal human rights' for all and assistance to 'live an active, self-determined and meaningful life' (Report 1 p205). The current barriers to 'living a self-determined and meaningful life' have been documented in verbatim reports of experiences of older LGBT community members in this research. The time for concerted action is well overdue and further data collection, as provided in such reports as this, is needed for fine tuning actions and eliminating the failures experienced by LGBT people and their families of choice.

## Appendix

The open text box questions in the NSSS-8 related to ageing and caring experiences were worded as follows:

1. As a member of one or more diverse groups you may have experienced barriers to the lifestyle and health options available in the broader community. Please feel free to use the text box below to share your thoughts on ageing issues that may be particularly relevant to the group(s) you identify with.
2. What age care issues (now or in the future) are the most important ones for you and, if applicable, your partner and family?
3. Is there anything else you would like to comment on about the care you provide? We are interested in anything you would like to share, whether it is positive or negative. e.g. is this caring something you do because you want to or because you have no other option? What are the challenges of caring? What are the rewards?  
[No text responses from LGBTI participants]
4. We know that older people are interested in issues that affect younger people too - are there any issues affecting youth today that you are particularly concerned about?
5. Lucky last question - is there anything that we haven't asked about that you think we should have? Please tell us about any other issues that interest you?



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