



Health and wellbeing for  
lesbian, gay, bisexual, trans, intersex [LGBTI]  
people and sexuality, gender, and bodily  
diverse people and communities  
throughout Australia

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## **Royal Commission into Aged Care Quality and Safety**

Impact of COVID-19 on LGBTI people using aged care services - National LGBTI Health Alliance submission

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### **National LGBTI Health Alliance**

The National LGBTI Health Alliance (the Alliance) is the national peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender, and intersex people (LGBTI) and other sexuality, gender, and bodily diverse people and communities. We recognise that people's genders, bodies, relationships, and sexualities affect their health and wellbeing in every domain of their life.

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## Silver Rainbow

Silver Rainbow is the name given to the National LGBTI Health Alliance's Ageing and Aged Care Project. It provides national coordination and support activities promoting the well-being of LGBTI elders. This is achieved through providing policy and program advice to the Department of Health and the ageing and aged care sector, ongoing delivery of LGBTI awareness training and capacity building to the aged care sector, and working in partnership with LGBTI organisations and individuals across Australia and internationally. Silver Rainbow works towards achieving the best possible health outcomes for LGBTI elders by ensuring aged care services are inclusive and accessible.



SILVER RAINBOW

## **Introduction**

The National LGBTI Health Alliance (the Alliance) welcomes the opportunity to provide a written submission to the Royal Commission into Aged Care Quality and Safety on the impact of COVID-19 on LGBTI people using aged care services. We value the Commission's work in better understanding the impact of the pandemic upon older LGBTI Australians, their friends, families, carers and LGBTI workers in aged care facilities and receiving home care.

This submission will briefly outline the unique challenges faced by older LGBTI people accessing aged care during the COVID-19 pandemic. Overall, the Alliance believes that the impact of COVID-19 on older LGBTI people needs to be understood within the framework of overall discrimination and stigma for LGBTI people.

The material in this submission was informed by the knowledge and expertise of the Alliance Royal Commission Advisory Committee, as well as information received from one on one interviews conducted with 17 older LGBTI people in relation to their lived experiences. The Alliance also provided feedback on the draft Aged Care Visitor Access Code to ensure that it committed to respecting the specific needs and rights of older LGBTI people accessing aged care during the pandemic.

The National LGBTI Health Alliance welcomes any opportunity to work with the Aged Care Quality and Safety Committee to address the recommendations in this submission.

## **Older LGBTI people and COVID-19**

The unprecedented public health crisis we face presents enormous challenges to governments and health systems across Australia. Beyond the immediate health impacts of COVID-19, the social and economic consequences are serious and far-reaching.

The impact of the COVID-19 pandemic has the potential to exacerbate existing health inequalities. Populations that experience health inequalities are disproportionately affected and may be further marginalised when accessing aged care services. This includes older LGBTI people.

Older LGBTI people experience higher rates of chronic health conditions than the general population, which means that many are at risk of serious illness if they acquire COVID-19. Older LGBTI people also face other health and wellbeing disparities across a range of indicators including drug and alcohol use, some cancers, mental health disorders, loneliness, HIV/AIDS and suicidal behaviours. These disparities are exacerbated by structural barriers

when trying to access crucial health and wellbeing services during this time. This includes actual, and at times anticipated discrimination and stigma.

Some commentators have suggested saving avoidable deaths should not come at the cost of “destroying society.”<sup>1</sup> Ageist attitudes coupled with the reality that many older LGBTI people have higher rates of pre-existing conditions have made some older LGBTI people fearful that their lives are expendable, or less valued, if they fall seriously ill from COVID-19.

The COVID-19 pandemic has been a time of fear for many older Australians. For older LGBTI people, this compounds their fear of discrimination, based on historical experience. Many older LGBTI people have lived through a time where their identities were pathologised or criminalised, aversion therapies were encouraged, and non-consensual surgeries were routinely performed. It is also important to recognize that many older LGBTI people, including many older gay men, continue to be impacted by the trauma and the loss of loved ones during the HIV/AIDS epidemic.

Older LGBTI people face many of the same challenges from COVID-19 as older people in the general population. However, it must be noted that older LGBTI people have distinct health needs, histories and lived experiences. This includes historical and continuing experiences of discrimination and stigma connected to their LGBTI status and this context is fundamental to understanding the unique and more acute impacts of COVID-19 on older LGBTI people in the aged care environment.

In addition, many older LGBTI people accessing aged care services have reported that they remain fearful the federal government will use this time to pass its religious freedom legislation. However, the government’s current focus on policy measures to mitigate the significant health, social and economic impacts of COVID-19 has meant that discussion on its *Religious Discrimination Bill 2019* has been shelved. Nevertheless, the legacy of the Bill remains unclear and concerning. The proposed Bill will give license to a broad range of potentially harmful and offensive statements being made by religious people, contributing to a hostile, unsafe, or non-inclusive aged care system for older LGBTI people. This is exacerbating anticipatory fear of discrimination from religious organisations towards older LGBTI Australians. This experience is heightened when faith-based service providers are the only provider in their location.

The Alliance would like to take this opportunity to emphasise the importance of embedding the principles of the Aged Care Diversity Framework and the corresponding LGBTI Action

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<sup>1</sup> Downer, A. (2020). ‘Alexander Downer on Twitter: “We Either Save Avoidable Deaths & Destroy Society OR Accept Avoidable Deaths & Save Society. The Moral Dilemma of Our Time.” / Twitter’. Twitter. April 7. <https://twitter.com/AlexanderDowner/status/1247498933842018305>

Plan for providers in all aged care services. This will ensure that older LGBTI people have equitable access and outcomes when engaging with the aged care service system during this time.

**Recommendation 1:** Principles in the Aged Care Diversity Framework and actions in the corresponding LGBTI Action Plans continue to be embedded and adhered to in the aged care system.

### Impact of COVID-19 on LGBTQ Communities

The impact of COVID-19 on older LGBTI people needs to be understood in the context of its impacts on all LGBTI communities, which are disproportionate to the general population. NewGate, an independent, privately owned communications group, is currently undertaking regular market research with the Australian population, investigating the impacts of COVID-19, specifically in relation to mental health, employment status, alcohol use and home life. They have also conducted research on the impact on LGBTQ populations.

**Table 1: May 2020 Statistics on how COVID-19 has disproportionately impacted the LGBTQ communities**

*NewGate Research Data has found that during the COVID-19 pandemic:*

- *42% of LGBTQ\* people have experienced more arguments and tension at home compared to 29% of the rest of the population*
- *54% of LGBTQ people experienced more mental health issues, compared to 32% of the rest of the population*
- *24% of LGBTQ people have lost their job due to COVID-19, compared to the 19% of the rest of the population*
- *36% of LGBTQ people have been drinking more alcohol than usual, compared to 26% of the population*
- *67% of LGBTQ people have stayed at home more than usual compared to 55% of the rest of the population*
- *74% of LGBTQ people have faced shortages of food and essentials, compared to 68% of the rest of the population*

*\*No data was collected on intersex people*

## In-home care

A series of interviews conducted by the Alliance found that older LGBTI people were managing very well by exercising, eating well, connecting with others, enjoying the quiet and pursuing new and established interests and hobbies during the pandemic. However, most were also feeling isolated, vulnerable, worried about the future and missing their normal interactions.

Older LGBTI people experience mental health disparities, particularly in rates of depression, anxiety and suicide. This places older LGBTI people receiving home support at significant risk when faced with physical distancing measures and increased isolation, a sudden loss of community support and cultural spaces, and barriers to finding support and connection from their families of choice.

Older LGBTI people living alone describe feeling lonely. Many are missing face to face contact with LGBTI Community Visitor Scheme (CVS) visitors, who provide emotional support and advice. COVID-19 rules which legitimise family visits over friends or other support people pose a particular problem for older LGBTI people who are alienated from their family of origin. Many older LGBTI people have developed strong groups or families of affiliation through tight, supportive friendship networks within LGBTI and wider communities. These “families of choice” formed partly because of families of origin being sites of rejection and abuse.

Older LGBTI people receiving home based aged care services report missing the sensation of touching and being touched. Personal protective equipment (PPE) worn by aged care services staff, particularly gloves, serve as barriers to physical connection with the older LGBTI person. In some cases, the risk of acquiring COVID-19 is outweighed by the longing for physical connection, and some reported that decisions were being made to dispense with gloves.

*“I live alone. I have a home carer twice a week to do housework and personal care. Carers are regular visitors. They all wear gloves anyway. They did wear masks initially, but I love having my hair brushed, and I miss being touched. At first it seemed like they might not be able to continue brushing my hair. But they still do.”*

It is crucial that older LGBTI people continue to be treated with dignity and respect in their home setting and continue to have access to sensitive and culturally appropriate care during this time.

We know that fostering meaningful intergenerational connections has been shown to be an important protective factor on the mental health and wellbeing of older LGBTI people. In addition, specific LGBTI online support and activities and webinars targeted at LGBTI specific issues are having a positive impact on older LGBTI people receiving aged care services in their home.

**Recommendation 2:** Continue to provide culturally safe and person-centered care to LGBTI older people in their home, free from discrimination and stigma.

**Recommendation 3:** Promote intergenerational schemes, and broader connection to the LGBTI community to reduce isolation and loneliness.

### Residential care

Overall, residential aged care services have performed comparatively well to similar jurisdictions across the world in keeping older people safe from COVID-19. On the 22<sup>nd</sup> June 2020, the Department of Health reported that out of the 7,461 total cases in Australia, 71 have been residential care recipients and 31 in home care recipients.<sup>2</sup> This represents only 1.4% of total cases in Australia. From this point of view, older LGBTI people in residential aged care have been well cared for and kept safe.

Despite low rates of COVID-19 being acquired by older people in residential care facilities, there is a higher representation in the death rates occurring in these environments. Therefore, it is crucial that palliative care services provide a safe environment where older LGBTI people can live and die with equity, respect and dignity, without fear of prejudice and discrimination and that their chosen family and carer(s) are treated with the same level of dignity and respect.

Older LGBTI people in residential care remain concerned for their overall wellbeing because of their vulnerability and increased isolation from their normal supports and people who advocate on their behalf. Some appreciated phone calls from loved ones, but recognised that they were not the same as face to face visits.

Older LGBTI people in residential aged care regularly report a reluctance to complain or raise issues about discriminatory treatment, for fear of reprisal. Advocates, friends, and family can observe signs of distress, listen to any complaints, and raise them appropriately.

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<sup>2</sup> Australian Government, Department of Health, (2020). Coronavirus (COVID-19) at a glance infographic. Available from: [https://www.health.gov.au/sites/default/files/documents/2020/06/coronavirus-covid-19-at-a-glance-coronavirus-covid-19-at-a-glance-infographic\\_19.pdf](https://www.health.gov.au/sites/default/files/documents/2020/06/coronavirus-covid-19-at-a-glance-coronavirus-covid-19-at-a-glance-infographic_19.pdf)

Not allowing visitors to residential aged care services removes an important protective process for older LGBTI people.

*“Looking at the aged care residents in residential homes which have COVID-19, the families are not being included in conversation with people who manage the facility. Why have we not learned that what you do is engage with those directly impacted? We learned this in HIV, but it hasn’t translated across.”*

The absence of visitors may also disrupt connection to broader LGBTI community events and groups. The importance of affirming older LGBTI people’s lives is particularly important in a time of high anxiety.

Some older LGBTI people were aware of international stories of people with COVID-19 dying unattended by their loved ones. For so many gay men, this was a stark reminder of when the families of people dying of AIDS abandoned them. They died alone because people did not want to see them. Now people are dying alone because family and friends are not allowed to see them.

**Recommendation 4:** Person-centred palliative care for older LGBTI people, their family of choice and carer(s), that is accessible, inclusive and affirm their right to dignity and respect.

**Recommendation 5:** Aged Care Services establish ways to hear the voices of advocates of older LGBTI people and establish ways to maintain connection to LGBTI communities.

### **Changes to the LGBTI Community Visitor Scheme and LGBTI community gatherings**

In order to minimise the risk of COVID-19’s introduction to, or spread within, a residential care home the Industry Code for Visiting Residential Aged Care Homes during COVID-19 was created. The objective of the Code was to provide an agreed industry approach to ensure aged care residents are provided the opportunity to receive visitors during the pandemic.

Under the various State Emergency and Health Directives, Community Visitor Scheme volunteers are considered workers, and not visitors. However, due to public health orders on social gatherings and activities, each State and Territory has legislated limitations on access to the Aged Care facilities. In order to comply with restrictions, and to keep older LGBTI people safe, LGBTI CVS auspices such as Out and About at Switchboard Victoria, and Rainbow Hub at COTA SA, have replaced in person visits with phone, video, email or mail contact. This has meant that activities or hobbies, such as having coffee or tea at home or in



a cafe, going for walks, seeing films, attending LGBTI community events have been unable to proceed.

Rainbow Hub's monthly lunch provided opportunities for connection and exchanges between older LGBTI people. Since the onset of COVID-19 and the government's recommendations for people over the age of 70 years to self-isolate, the lunches were replaced with online "Conversations". This involved people dialling in for a conversation about a topic suggested by LGBTI community members. The online event used the Zoom meeting platform, and Rainbow Hub provided clear instructions on how to get online.

Older LGBTI people virtually accessing LGBTI CVS services and other LGBTI community gatherings virtually has meant an increase in their internet usage and have therefore seen an increase in their internet bills. The increasing cost of using the internet is concerning, as many older LGBTI people are struggling financially, and are unable to rely on families of origin to support them.

**Recommendation 6:** The Department continue to explore options to support the provision of technology to residential and home care recipients, and CVS volunteers.

**Recommendation 7:** Establish and support LGBTI CVS Schemes in all states and territories, including in regional and rural areas.

### **Older LGBTI people living with dementia**

Social distancing measures, restricted or no access to people that are important to them, and the withdrawal of services and programs can have a greater negative impact on older LGBTI people living with dementia. People with a cognitive impairment may not only struggle to interpret the limitations on them due to COVID-19, but they may also experience increased anxiety, stress, loneliness, and disconnection due to changes in their routines, care and support services.

It is important to recognise that intimate relationships and friendships with other LGBTI people may represent the only place older LGBTI people will feel safe or are able to be themselves. Therefore, restricting visits may mean that LGBTI people may have no connection with the broader LGBTI communities during this time.

There is also increased concerns around LGBTI people with dementia having limited capacity to make decisions for themselves when visits to residential aged care facilities are restricted. A particular example that has been highlighted by carers is when older LGBTI people living

with advanced dementia need to transition into residential care. Friends, family or carers need to be able to visit and inspect the facilities prior to making a decision for their loved one, to determine if they provide inclusive, safe, and person-centred care. Older LGBTI people already face unnecessary barriers and continue to be stigmatised when accessing aged care services. Restricted access to residential aged care facilities has the potential to exacerbate these access barriers.

If older LGBTI people living with dementia need to be admitted to hospital for COVID-19 or for any other underlying health condition during this time, they may find it difficult to understand why they are in an unfamiliar place and why the people they love cannot be with them. This may lead to older LGBTI people living with dementia reliving past experiences of discrimination, violence and abuse, which has the potential to increase feelings of anxiety and depression.

**Recommendation 8:** Aged care staff continue to be sensitive of the needs of older LGBTI people living with dementia, whilst ensuring they are kept safe when receiving in-home care or residential care.

## Conclusion

During the COVID-19 pandemic, older LGBTI people have continued to demonstrate their resilience, resourcefulness, and creativeness in the face of challenging social and economic circumstances. However, older LGBTI people are particularly vulnerable to the impacts of COVID-19. They experience health disparities, mental health disparities and historical and continuing experiences of discrimination and stigma when accessing health services. Therefore, it is imperative that the aged care services continue to support older LGBTI people in a sensitive and culturally safe way.