



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

LGBTI Community Visitor Scheme - National LGBTI Health Alliance submission

30 June 2020

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 Community Visitor Scheme (CVS) is a national program funded by the Australian Government. It facilitates visits by volunteers to older people to provide friendship and companionship. These visits are available to anyone receiving government-subsidised residential aged care or Home Care Packages.

The aim of the CVS is to improve quality of life for older people who have limited contact with others and as a result are at risk of isolation and loneliness. Furthermore, its objective is to foster the development of companionship and friendship for individual recipients, by linking them with a regular volunteer visitor. Additionally, the development of the friendship assists in linking the recipient with their local community.

Section 11-3 of the *Aged Care Act 1997* identifies lesbian, gay, bisexual, transgender, and intersex (LGBTI) people as one of nine special needs groups. This is due to historic and continuing experiences of discrimination, criminalization, and stigma, poorer health and wellbeing outcomes, and invisibility within the aged care system.

A national study from the US that examined the disparities in loneliness and social relationships by sexual orientation in late adulthood in the US, found that older lesbian, gay and bisexual people were significantly lower than their heterosexual counterparts.¹ Correspondingly, a 2015 study examining the experience of loneliness and social support among LGBTI people aged 50 and over living in New South Wales, found that loneliness was associated with living alone, not having a partner, greater psychological distress and lower mental health.²

The anticipated improvements in the quality of life for LGBTI recipients include: increased self-esteem or feelings of general well-being; increased sense of purpose; diminished feelings of loneliness and isolation, depression and anxiety; maintenance or increase in independence; feeling cared for and connected to the community; and a sense of achievement through the development of new friendships.

This submission will explore the experiences of older LGBTI people accessing the LGBTI CVS and provide key recommendations to strengthen the scheme. The Alliance welcomes any opportunity to work with the Aged Care Quality and Safety Committee to address these recommendations.

¹ Hsieh, N., and Liu, H. (2020). "Social Relationships and Loneliness in Late Adulthood: Disparities by Sexual Orientation." *Journal of Marriage and Family*. Pg. 1-18.

² Hughes, M. (2015). "Loneliness and social support among lesbian, gay, bisexual, transgender and intersex people aged 50 and over." *Ageing and Society*. Pg. 1-21.

Consultation

The material in this submission was gathered through a thorough and systematic consultation process with LGBTI communities across Australia. In addition to the consultations undertaken for the first round of submissions to the Royal Commission, a second round involved face to face consultations in Sydney, Adelaide and Perth, and then, after the onset of the COVID19 crisis, over eighty individual telephone interviews conducted by our state-based partners with local members of LGBTI communities. All LGBTI people with a connection to the aged care system were invited to participate and give their views. Older LGBTI people accessing aged care, their friends and family, LGBTI aged care workers and representatives of aged care providers offering specific LGBTI targeted services participated.

As well as working with general LGBTI partners, the Alliance engaged specialist LGBTI organisations to collect the specific views of those communities who may not be reached easily through the usual LGBTI communication channels. Aboriginal and Torres Strait Islander older people, and trans and gender diverse older people were interviewed by trusted partners within their own communities. An online survey designed to elicit the views and experiences of bisexual people was promoted nationally. In addition, a general survey was made available for anyone who was unable to get to a consultation or was not able to be interviewed.

The National LGBTI Health Alliance Royal Commission Advisory Committee, made up of consumers, academics, and representatives of providers of aged care services, provided valuable input and reviewed all submissions.

LGBTI CVS as a peer to peer service

“The CVS visitor is the only time I can relax and just enjoy being with someone safe.”

“I need contact with people who are open minded, who know what is going on in the world and able to converse about interesting things. LGBTI people tend to be more open minded, and more in tune with where I am at.”

“It is very important for me as I feel I can talk freely about my life as a gay man and not be judged.”

The LGBTI CVS is important as it is a peer to peer service, matching people from LGBTI communities with older LGBTI people who are in residential aged care or accessing home care support packages. Participants in our consultation expressed that they were able to

relax and be their authentic selves without fearing what ‘reaction’ they might receive from their visitor regarding their LGBTI status. They also believed that their CVS volunteer innately understood them and their life experiences, and felt relieved that they did not have to explain past experiences of discrimination, abuse and exclusion related to their sexual orientation, gender identity and/or sex characteristics.

Recommendation 1: The LGBTI CVS program be maintained as primarily a peer to peer visitation scheme, without requiring volunteers to perform any other additional support/services.

Promoting intergenerational connection

“We have lots of conversation about life, politics, history – it’s really engaging, not pressure, just stimulating & meaningful – it’s been easy seamless and fantastic.”

“We laugh and laugh – never laughed so much with anyone.”

Some participants in our consultation noted the value of building mutually beneficial, genuine and lasting intergenerational friendships with younger volunteers from LGBTI communities. It was noted that younger volunteers also brought specific ‘teaching’ skills to the relationship – for instance, where younger generations taught their consumer how to use an iPad.

Recommendation 2: Continue to promote intergenerational models of the LGBTI CVS, to ensure older LGBTI people continue to provide mentoring roles to young adults.

Positive impacts on physical and mental health

“CVS keeps me well, in fact the healthiest I’ve ever been.”

“They cheer me up and make me feel better even if sometimes I don’t feel well at the start of the visit.”

“The CVS enables me to have contact with the LGBTI world, and I appreciate that connection while I live with 40 straight people.”

Older LGBTI people have lived through a time in the nation’s history when they suffered stigma, discrimination, violence, criminalisation, pathologisation in the health system, family rejection, loneliness, and social isolation. For some, these experiences of discrimination and abuse continue. As a result, a disproportionate number of older LGBTI people experience

poorer mental health outcomes and have higher risk of suicidal behaviours than their peers.³

Throughout the consultation process, many older LGBTI people reported that the companionship and support offered by volunteer visitors from LGBTI communities translated into improvements in their overall physical and mental health. Having someone listen and focus on what and who is important to them increased their feelings of self-worth and belonging and made them feel valued.

Recommendation 3: Include targeted LGBTI CVS auspices for older LGBTI people with mental health concerns.

Reducing isolation and loneliness

“It nice when you have that feeling that other people understand you...I always feel better after a visit, or even a phone call.”

“Maintaining connection to the LGBTI community is so important to wellbeing.”

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. These experiences compounded with historical and continuing instances of discrimination and stigma can result in heightened feelings of isolation and loneliness among older LGBTI people.

Access to the LGBTI CVS emerged as an important protective factor against loneliness for older LGBTI people. Maintaining connection to LGBTI identity, culture and community as well as connection to the community geographically proved to be essential in reducing social isolation.

Often the LGBTI CVS visitor is the only contact an older LGBTI person has with the outside world. Many of the CVS recipients have only one visitor ever which is the CVS volunteer. This is most often the case with trans and gender diverse consumers. This cohort bears the biggest burden of social isolation, risk of elder abuse and neglect in care, since they are the least likely to have visitors who can advocate on their behalf.

³ National LGBTI Health Alliance, (2020). Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI people.” Available from: <https://lgbtihealth.org.au/wp-content/uploads/2020/02/2020-Snapshot-of-Mental-Health-and-Suicide-Prevention-Statistics-for-LGBTI-People-LGBTI-Health-Alliance.pdf>

LGBTI CVS is particularly vital in this context for trans and gender diverse people as often the CVS visitor is the only one who will correctly and consistently use the preferred pronouns, and never use subtly coded words such as “mate” or “pal” to older trans women for example. CVS volunteers are often the only person who can correct aged care staff and advocate on behalf of the older person.

Some older LGBTI people believe that establishing more social groups and building community connections and networks, via bringing multiple CVS volunteers and recipients together, would also aid in further reducing isolation and loneliness.

Impacts of loneliness and isolation can also be exacerbated by geographical location. Maintaining and expanding specialised LGBTI CVS, including the LGBTI Virtual Visitor Scheme, in rural and regional areas is essential for older LGBTI people who are particularly vulnerable to social isolation and loneliness.

Recommendation 4: Continue to promote innovative approaches to the LGBTI CVS service delivery, including face-to-face and online social gatherings with multiple CVS volunteers and recipients, to maintain connection to community and further reduce isolation and loneliness.

Recommendation 5: Expand the LGBTI CVS to include a digital component as an effective and low-cost way to deliver the LGBTI CVS to rural and remote consumers or those who are in hard-to-reach areas.

LGBTI CVS in residential aged care

“I used to be a volunteer during the AIDS crisis. We speak the same language, which is not the language I speak with the people who live and work here. I’m very aware of being single here. The other residents married and had children. That life pattern does not fit me. It’s good to speak with someone who gets that.”

“...having a rainbow person is vital – they are the only ones that understand.”

Older LGBTI people reported that the CVS gave them something to look forward to and increased confidence was related to having a friend outside of the residential aged care home. In many cases, this external friend was highly valued, making older LGBTI people feel like part of the “real world”.

Older LGBTI people in residential aged care have noted that the cultural competency of connecting with a LGBTI CVS visitor is important as most have not disclosed their sexual

orientation, gender identity, and/or intersex status to other residents because of anticipatory and actual experiences of discriminatory, or exclusionary behaviour by other residents and/or aged care staff. LGBTI consumers are therefore further isolated within the residential service's social structure and programs and often say they feel like they have very little in common with other residents.

It is not unusual for CVS volunteers to hear consumers receiving home care supports speak of how they would prefer to take their own life than go into residential aged care. Some older LGBTI people may be out to a limited number of aged care staff, but that is often the extent of their disclosure. CVS clients talking about their 'invisibility' within residential aged care from being 'presumed straight' by everyone else (staff and residents) around them. This adds to their loneliness and isolation, which LGBTI CVS visitors alleviate.

Recommendation 6: Continue to invest in the LGBTI CVS to help foster peer friendships and maintain connection to LGBTI communities within the residential aged care environment.

Highlighting neglect in residential aged care

It is important to note that LGBTI CVS volunteers are well positioned to flag issues and concerns in relation to the quality and safety of the aged care services older LGBTI people are accessing. For example, one LGBTI CVS provider was alerted to several of their clients experiencing neglect in residential aged care. The CVS provider had then been able to take appropriate action working with other LGBTI organisations and their state CVS Network Representative.

Recommendation 7: Increased investment in the training and professional development of LGBTI CVS volunteers.

Barriers to uptake

A lack of awareness of the LGBTI CVS is a key barrier to uptake of the scheme in both home and residential care settings. This is exacerbated in the home care setting, with additional barriers such as a competitive commercial environment. The positioning and promotion of the CVS within the Home Care environment has resulted in the CVS being seen as competition to other forms of social support services conducted by the Home Care provider themselves. This competitive environment has an impact on the number of CVS referrals to relevant auspices from providers.

Amending the CVS National Guidelines to permit consumers, their friends and family to be able to match an LGBTI visitor with a client without having to liaise with Home Care Package Provider will increase the ability for older LGBTI people to exercise choice and control by referrals not being declined by the provider.

Improved networking and information sharing among relevant organisations (auspices, health and aged care service providers, peak bodies, and organisations representing special needs groups) is also vital to improving uptake of the LGBTI CVS through enhanced referral and visitor recruitment.

Some participants highlighted the fact that the CVS is not available to recipients of the Commonwealth Home Support Programme (CHSP). Broadening the eligibility criteria for the LGBTI CVS to include recipients of the CHSP would better position the CVS as a key option for addressing social isolation and ensure continuity and consolidation of care throughout the aged care journey for older LGBTI people.

Recommendation 8: Amend the CVS National Guidelines to permit consumers, their friends and family to be able to match an LGBTI visitor with a client without having to liaise with a Home Care Package Provider.

Recommendation 9: Further invest in initiatives to promote the LGBTI CVS to service providers, older LGBTI people accessing aged care services, and the broader community.

Recommendation 10: Consider broadening the eligibility criteria for the LGBTI CVS to include recipients of the Commonwealth Home Support Programme.

Current LGBTI CVS providers

“They care about me. They regularly ring to check how I am going, and I feel I can ring if I really need to. They are very good people. I love them really.”

LGBTI CVS is not available in all jurisdictions. The Australian Government funds four organisations to auspice the program. Currently it is delivered in Victoria (Switchboard), NSW (ACON), South Australia (COTA SA), Queensland (Queensland Aids Council Inc) and Western Australia (Umbrella Multicultural Community Care Services Inc). In the most recent CVS funding round LGBTI CVS services received no additional funding, or faced cuts to existing funding, with a large portion of the funding going to a mainstream provider to deliver LGBTI CVS services.

Community-controlled organisations that are governed and operated by and for affected communities are often best placed to provide trusted, safe and affirmative services. The Alliance would like to take this opportunity to reassert its support for the LGBTI CVS to be delivered by LGBTI community organisations.

Maintaining and expanding specialised LGBTI Community Visitor Schemes in regional areas is essential in addressing social isolation and community connection for older LGBTI people. A nationally coordinated approach to these schemes is something strongly supported by the Alliance.

Recommendation 11: Establish and support LGBTI CVS Schemes in all states and territories, including in regional and rural areas.

Recommendation 12: Federal government prioritise auspice funding arrangements to LGBTI community-based organisations to deliver the CVS.

Conclusion

An LGBTI focused program that is delivered by LGBTI community-controlled health services is clearly shown to provide the most benefit to older LGBTI people who are socially isolated or are at risk of social isolation and loneliness. This includes improved physical and mental health, reduced feelings of loneliness and isolation, and an increased, vital connection to LGBTI communities. Increased support for, and ongoing review for the improvement of the LGBTI CVS is critical to ensuring its continued success.