



Inquiry: Select Committee on Work and Care Submission from LGBTIQ+ Health Australia

About LGBTIQ+ Health Australia

LHA is the national peak organisation working to promote the health and wellbeing of LGBTIQ+ people and communities.

LHA is uniquely placed with a diverse membership that spans across states and territories, and includes LGBTIQ+ community-controlled health organisations, LGBTIQ+ community groups and state and territory peak bodies, service providers, researchers, and individuals. LHA is strategically positioned to provide a national focus to improving the health and wellbeing of LGBTIQ+ people through policy, advocacy, representation, research evidence, and capacity building across all health portfolios of significance to our communities. We recognise that people's genders, bodies, relationships, and sexualities affect their health and wellbeing in every domain of their life.

Silver Rainbow is LHA's ageing and aged care programme. It provides national coordination and support activities promoting the well-being of LGBTI elders. This is achieved through providing policy and program advice to government and the ageing and aged care sector, delivery of LGBTI awareness training to the sector, and partnering with LGBTI organisations and individuals across Australia and internationally. Silver Rainbow works towards achieving the best possible health outcomes for LGBTI¹ older people by ensuring aged care services are inclusive and accessible.

Introduction:

Research clearly shows that LGBTIQ+ people experience significant health and wellbeing disparities when compared to the general population and have an increased risk of depression, anxiety, substance abuse, self-harming, and suicidal thoughts. LGBTIQ+ people may experience other issues such as discrimination throughout aspects of their life including within the workplace, in society, and while accessing or providing services. Discrimination is oftentimes directed against their sexual orientation, a lack of recognition of their gender identity or intersex status, or their relationship and caring role. Many LGBTIQ+ community members also experience intersecting discrimination in relation to other factors such as being Aboriginal and/or Torres Strait Islander, disability, age, ethnicity, gender, HIV status, disability, drug use, as well as the stigma of living with poor mental health.

This submission is in response to the Select Committee on Work and Care's inquiry on how combining work and care responsibilities will impact the wellbeing of workers, carers, and those they care for.

Currently, there is an absence of baseline data on LGBTIQ+ people and no reliable and indicative data about the demography of LGBTIQ+ people who need formal or informal care support. This lack of data on LGBTIQ+ populations often leads to exclusion from policy creation, implementation, and evaluation. Due to limited data collection for LGBTIQ+ communities, the information used in this submission is mainly from published resources available at LGBTIQ+ Health Australia (LHA). This gap

¹ 'Queer' has historically been a term of abuse for many older LGBTI Australians and LHA currently does not include 'Q' when referring to older people in our communities.



in data reiterates the need to adopt more inclusive data collection methods within the National Census and the Australian Bureau of Statistics (ABS).

In 2021, the Australian Bureau of Statistics (ABS) released an updated Standard for Sex, Gender, Variation of Sex Characteristics and Sexual Orientation Variables, 2020 ('2020 Standard').² Where the Standard is implemented, collection and dissemination of relevant data will be consistent and provide valuable information about LGBTIQ+ people. LHA is seeking full implementation of the ABS 2020 Standard in all government surveys, minimum data sets, suicide death data records, research surveys and the next national Census in 2026.

b. and d. “The adequacy of current work and care supports, systems, legislation and other relevant policies across Australian workplaces and society” and “the impact of combining various types of work and care (including of children, the aged, those with disability) upon the well-being of workers, carers and those they care for”

LGBTIQ+ people may have been rejected or not fully understood by their biological family and thus turn to their ‘family of choice’ for support. Family of choice often includes current partners, ex-partners, long-term friends, activists, allies, household members, and non-biological children. In the ageing and aged care sector, this family of choice often takes on the role of informal carers of older LGBTI people. This is due to a current lack of knowledge and awareness by residential and in-home aged care providers on addressing the needs of LGBTI older people. Thus, many older LGBTI people prefer or rely on informal care from friends or family to get the support they need in a culturally safe and appropriate manner while also maintaining a social and community connection.

In the care workforce specifically, and in addition to the issues faced by other carers, LGBTIQ+ people oftentimes have additional concerns and challenges. Although all carers are at risk of experiencing isolation and a lack of support in their role, there are specific issues for LGBTIQ+ carers. For example, if their involvement in decision-making is not documented or properly authorised as legal next of kin, same sex partners and caregivers run the risk of being marginalised, dismissed, and ignored³. It is important to ensure that families of choice are given equal recognition to biological families.

Many LGBTI older people have experienced discrimination and prejudice when accessing formal care, making them cautious about letting unknown people into their own home. For example, when receiving home care, some older lesbians and gay men remove all signs of their sexuality, including photographs of partners and friends, for fear of what reaction they might receive. Many trans or intersex people receiving personal care do not have that option and need to repeatedly explain or educate care staff. Even when nothing is said, paid caring staff can make it clear they do not accept LGBTI people, thus rendering their home an unsafe place.

Prejudice and stigma also affect partners, family, friends, and carers of older LGBTI people, regardless of whether these individuals are part of the LGBTI population. Gay men and lesbians are

² Australian Bureau of Statistics. (2021). Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables. Retrieved from: <https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release>

³ Dementia Centre for Research Collaboration. (2020). LGBTI fact sheet 11 – Care relationships. Retrieved from: https://dementiaresearch.org.au/wp-content/uploads/2020/07/Fact_sheet_11_Care_relationships.pdf



often assumed to be the ones who will take on the caring role within their biological family due to the stereotypical assumption that they have greater capacity and fewer family commitments. LGBTIQ+ people can often be the main or sole carer for a parent even if they have a history of rejection and/or abuse from that parent. Similarly, many LGBTI older people rely on family members who can take advantage of this dependency to control the expression of their gender, body, sexuality or relationships. There is very limited understanding of, support for, or resourcing of services for LGBTI people in this type of caring relationship.

LGBTI carers can struggle in balancing their professional lives, personal lives, and care duties leading to social isolation, stress, and mental health impacts. Many hide their sexuality or gender identity at work to avoid discrimination and stigma. The ongoing need to request additional unpaid leave to care for older LGBTI people and/or other family members adds a layer of pressure on the LGBTIQ+ carer to move to a part-time position or even resign especially in workplaces that discriminate and are prejudiced. This increases financial hardship and limits job opportunities. In one of our previous consultations, some people expressed concerns about being put into financial and mortgage stress due to their caring role. There is a clear need to ensure that any leave entitlement includes protections against inappropriate and unnecessary disclosure of sexual orientation, gender identity or intersex status.

f. The impact and lessons arising from the COVID-19 crisis for Australia's system of work and care

Major events like the COVID-19 crisis exacerbate existing inequalities in our society, especially among vulnerable and minority populations such as the LGBTIQ+ population. The 2020 LHA report on the impact of the COVID-19 pandemic on older LGBTI Australians identified the following key issues:

- The need to promote equitable access to healthcare, housing and technology while also ensuring that it is free from stigma and discrimination.
- The importance of addressing the strong concern of isolation among older LGBTI people in residential aged care, especially from their normal supports and advocates.
- The need to facilitate alliances and intersectional relationships with other minority communities and build intergenerational friendships to combat loneliness and isolation.
- The importance of speaking out against ageism and damaging stereotypes, and challenge hate speech directed at LGBTI communities in the time of pandemic.
- The need to leverage lessons learned from past health and human rights campaigns and resist all attempts to roll back LGBTI rights.

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