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Addressing the needs of an invisible population:
a matter of social inclusion
Professor Barbara Horner November 2010

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Research
Accommodation & housing options for older gays:
findings from the research to guide practice

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Acknowledgements:
Members of the Industry Advisory Group
CEOs & Facility Managers who participated
Focus group participants




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The context & literature

- Retirement living and aged care-related activity is regarded as being predominantly hetero-normative.
- All populations are ageing including diverse group of GLBT (gay, lesbian, bisexual, trans).
- Pre gay liberation LGBT have endured lifetime of having been vilified: 'sinners' (by the church), 'criminals' (law), and pathologised (medicine).
- Getting older for GLBT can mean increased fear of being "outed" after a lifetime of avoiding disclosure, or fear of lack of understanding and support as they age and seek supported care.
- Lack of connection with service providers, agencies and government with older and ageing GLBT people.
- GRAI pilot study revealed lack of knowledge among industry and lack of capability



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The research

- Lotterywest Social Research Grant** to explore attitudes, policies and practices in relation to GLBTI (gay, lesbian, bisexual, trans and intersex) clients
- What did they know and do now, what were the gaps
- How could we assist & support them

Project involved:

- A state-wide survey of 400 residential care facilities in Western Australia
- Focus groups with both providers and GLBTI community members
- Extensive involvement of Industry Advisory Group
- Engagement with GRAI stakeholder group




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Method

- Survey for CEO (Total sent = 332, 83 returned, less 12 incomplete = 26%)
- Survey sent to Facility Managers (Background, Facility experiences & attitudes, Current practice, Future directions)
 - Metro n = 39 (53%)
 - Rural n = 30 (40%)
 - Remote n = 5 (7%)
- Focus groups with GLBTI population
- Stakeholder reference group




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Findings

- All except one respondent said UNAWARE of any GLBTI residents in their facility
- All respondents said did NOT regard GLBTI residents as having specific accommodation needs
- Most respondents UNAWARE of any aspects of State and/or Federal legislation relating to GLBTI (no association with GLBTI org)
- Majority of respondents felt that they provided a GLBTI friendly environment
- Most strongly agreed that a resident's sexuality was not of concern to the service provider
- None of the respondents had a GLBTI support person either formally or informally



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Examples

In all my years of working in health I've never had someone ever say to me, I'm a lesbian female . . . within . . . residents or whoever, never in that whole you know [time] . . . So I don't know how staff would respond in that situation (Respondent low care facility)

It never came across my desk as an issue. Lots of sexual issues between staff, between clients, between clients and family and all sorts of things, but never non-heterosexual issues (Respondent independent living)



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So either they make a decision that they want to let people know about their sexuality or they decide not to let people know because that's the way they've always lived and they become more isolated (Respondent high/low care facility).

....it's likely to be a minority of people and you just have to deal with it as an organisation and as a manager, you just have to work your way round it because my belief is the majority of people would have no... of staff and residents whether it's in a care setting or a retirement village, would have no issues and [they] would just live with it and live around it (Respondent independent living).



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GLBTI Focus group

- Disillusioned that unlikely to be fully accepted for who they are in supported accommodation
- Unless guidelines were accreditation requirement no surety anything would change
- Concern about individual attitudes of staff especially those from backgrounds less tolerant of homosexuality
- Hard issue to get community excited about – generational differences
- Support guidelines though as starting point
- Won't accept discrimination



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Industry Focus Group

.... if they've got any evidence of 5-15% [of the population being GLBTI] they should be telling [the aged care industry], they should be headlining any report that goes to an organisation [with such information] because this group suddenly become the biggest, the biggest minority group (Respondent independent living).



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CEO & Facility Managers

Do not consider this an area that affects them

I feel information would be useless as residents treated as equals ... Survey recipient called and said not participating – they used the terminology "two men living together and two women living together" - we don't have any of those people in this facility Would love to participate, but can't go against ethos of the organisation – Catholic organisation Why should care needs be different to any other resident with dementia?



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Guidelines, Literature Review and Report available at http://wachpr.curtin.edu.au/about/recent_reports.cfm

Guidelines, Literature Review, Report



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Guidelines for Practice

Purpose

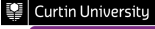
- To encourage & support management and staff to adopt practices to create an inclusive environment accepting and welcoming of all GLBTI people.

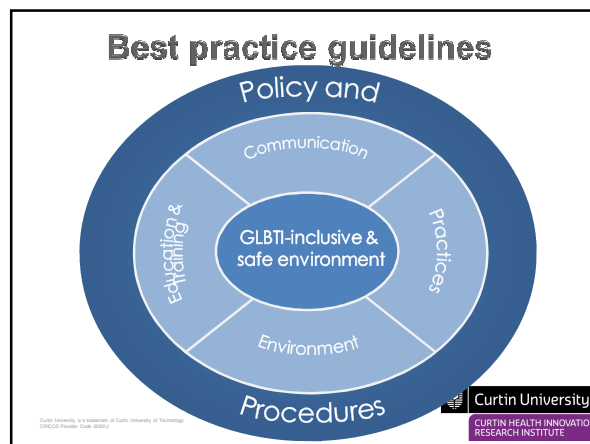
Aim

- To provide practical strategies for the providers of retirement and residential aged care, so that they are better able to recognise, understand and meet the specific needs of GLBTI people.

Use

- Support existing best practice frameworks . . . to highlight the issues specific to older GLBTI people. Examples & practical strategies are provided.

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Based on 5 principles


Principle 1
Inclusive and safe environment

Principle 2
Open communication

Principle 3
GLBTI-sensitive practices


Principle 4
Staff education and training

Principle 5
GLBTI-inclusive organisational policies and procedures

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Intended outcomes

- Avoid assumptions – do not assume that everyone is heterosexual.
- Encourage communication through open-ended questions.
- Use questions which are gender-neutral and non-discriminatory such as “Do you have a partner?”, rather than “Do you have a husband/wife?”
- Demonstrate acceptance by referring to the person in the manner they wish to be referred to.
- Understand the historical context of GLBTI issues and its impact.
- Lead from the top: examine policies and procedures and identify if ‘inclusive’
- Role model acceptable behaviour

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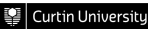
Where next?

- Disseminate report & guidelines to industry
- Seek funding to develop, implement and evaluate education intervention to pilot application of guidelines
- Advocate findings through presentations
- Facilitate further engagement with GLBTI community
- Larger study
- Inform policy makers

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