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Lesbian and Gay People's Concerns about Ageing and Accessing Services

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Abstract

There is growing awareness in Australia of the issues faced by lesbian and gay people as they grow older. This paper examines concerns regarding their health-related ageing, growing older in the lesbian, gay, bisexual and transgender (LGBT) community and accessing carers' and aged care services in later life. It is based on a secondary data analysis of a sub-sample of 371 lesbians and gays, drawn from a survey of LGBT ageing conducted by the Queensland Association for Healthy Communities. The original survey was primarily quantitative and was delivered online between January 2007 and January 2008. The findings of the present study, based on univariate and bivariate analysis of the sub-sample, highlight that a majority of lesbians and gays were concerned that their sexuality or gender identity may affect the quality of services. Many also expected to be discriminated against and were concerned that same-sex relationships wouldn't be recognised and that staff are not aware of LGBT issues.

Among other findings, gay men were more likely than lesbians to be concerned about being alone in later life, while lesbians were more likely to be concerned about a lack of LGBT-specific accommodation and lack of recognition of same-sex partners.

Background

Older people report that what gives life quality is personal pleasure and satisfaction, good mental health, meaningful relationships, valued social roles, feeling secure, and the freedom to do things without restriction (Bowling & Gabriel, 2007). Given this, it is unsurprising that older people's greatest fears relate to their future physical health, loss of independence and admission to a nursing home (Quine & Morrell, 2007; Quine, Morrell & Kendig, 2007). Similar kinds of concerns are reported among older lesbians and gays (Whitford, 1997), although gay men tend to highlight a fear of loneliness in older age, a reduced social life and marginalisation from the gay community (Heaphy, 2007; Hughes, 2007a), and lesbians emphasise concerns about lack of financial resources and appropriate care and living arrangements (Bayliss, 2001). These kinds of concerns have been identified as 'social determinants' that impact not just on life opportunities, but also on wellbeing and health-related ageing (Meyer, 2001).

For lesbians and gays, other important social determinants of health include discrimination by mainstream health and aged care providers, the availability of lesbian- and gay-friendly services, and the provision of specific services for lesbians and gays (Hughes, 2007b). In a recent qualitative study of 25 non-heterosexual Victorians aged 58 to 87, not only were recent instances of discrimination reported in relation to aged care delivery, but the research also highlighted the effects of historical experiences of discrimination (Barrett, 2008). These included identity concealment when in contact with health and aged care providers and discrimination if identity was inadvertently exposed. The significance of expectations of discrimination has similarly been identified in the United States (Johnson, Jackson, Arnette & Koffman, 2005). Consequently it is unsurprising that fear of discrimination and stigma has been identified as a major factor affecting older lesbian and gay people's use of services (Anetzberger, Ishler, Mostade & Blair, 2004). Concerns have also been expressed about the general invisibility of older lesbians and gays in the health and aged care sectors, in part due to the treatment of older people as asexual and homogenous (Bayliss, 2001), the treatment of sexuality as a private matter (Harrison, 2001; Hughes, 2004), and the heteronormative assumptions made by service providers (Hughes, 2007b). And, in

general, the heteronomative and heterosexist discourses in gerontology in aged care act to reinforce intentional and unintentional discrimination (Harrison, 2004).

The complexity of researching the issues faced by lesbian and gay people as they grow older is widely acknowledged, with most prior studies containing significant methodological limitations (Schiavi, 1998; Wahler & Gabbay, 1997). Internationally, researchers have had to rely on small non-probability samples which have tended to be biased towards those who are well educated, living in cities, and attached to the lesbian and gay community (Porter, Russell & Sullivan, 2004). While there have been some important qualitative studies conducted in Australia (e.g. Barrett, 2008; Chamberlain & Robinson, 2002; Harrison, 1999; Hughes, 2007b; Hughes, 2007c; Waite, 1995), there remains a lack of larger scale quantitative investigations of lesbian and gay ageing. This has not been helped by the fact that Australian studies of sexuality have tended to exclude older people from their samples (Minichiello, Plummer & Loxton, 2004). For example, the Sex in Australia study – which surveyed nearly 20 000 people and came to the conclusion that approximately 8.6% of women and 5.9% of men have had homosexual experiences in their lives – had an upper age limit of 59 (Grulich, de Visser, Smith, Rissel & Richters, 2003).

There is a need therefore for further quantitative research into the issues and concerns raised by lesbian and gay people about their health-related ageing, growing older in the lesbian and gay community, and making use of services in later life. This includes further examination of the expectations of lesbians and gays regarding discrimination in health and aged care. However, it is important that research is sensitive to people's diversity (Heaphy, 2007) and examines variations in these issues across a range of factors. Such factors include gender, identity, age, income group and geographical location (e.g. urban or rural). Given the pressures reported by carers (Cummins et al., 2007), carer status may also be identified as a key factor impacting on concerns about growing older and accessing services.

Methodology

This study involved secondary data analysis of an existing data set, collected through a survey of LGBT Queenslanders' experiences and expectations of ageing. The benefits of this kind of secondary research include the efficiency involved in using existing data and avoiding the need to survey again hard-to-reach populations (Sales, Lichtenwalter

& Fevola, 2006). Limitations include having to limit research questions to those that can be answered through the existing data and having to rely on the original study's instrumentation and sampling procedures (Hakim, 2000). In this study it was recognised that despite limitations in sampling and the measurement of variables, the original survey provided unique access to issues and concerns of lesbian and gay people in relation to ageing and enabled some valuable statistical analysis given the relatively large sample size.

The Original Survey

The original survey was conducted by the Queensland Association for Healthy Communities (QAHC) from January 2007 to January 2008. Along with the community consultation survey conducted by the Gay, Lesbian, Bisexual, Trans and Intersex Retirement Association Incorporated (GRAI) in Western Australia (Lovelock 2006), the QAHC survey is one of the only quantitative studies of LGBT ageing to have been conducted in Australia. And with 443 respondents it represents the largest single survey on LGBT ageing in this country to date. The survey was developed by the LGBT Ageing Action Group which is auspiced by QAHC and comprises LGBT community

representatives and mainstream aged care providers. The purpose of the survey was to document the concerns of LGBT Queenslanders in relation to ageing and accessing services in order to inform local and state-wide policy and service responses. It was constructed and delivered through the on-line research tool, surveymonkey. Paper copies were also made available to those who requested them. Respondents completed the survey anonymously. The survey aimed to identify the experiences and concerns of the LGBT population around such issues as:

- Ageing in the LGBT community,
- Health concerns,
- Social support,
- Accessing support services, and
- Support from the LGBT community.

The survey involved non-probability sampling techniques designed to maximise the response rate. Non-probability sampling is widely recognised as necessary for research investigating hard-to-reach groups and has been extensively used in previous surveys of the LGBT population, including surveys of LGBT seniors (e.g. D'Augelli, Grossman,

Hershberger & O'Connell, 2000). Strategies for promoting the survey included:

- LGBT media release and advertisements,
- Postcards distributed at LGBT venues and events,
- Banner advertisements on LGBT websites,
- Promotion in LGBT health and community e-newsletters, and
- Distribution of promotional resources to mainstream aged care providers and seniors' groups.

The survey, as administered via surveymonkey, was primarily quantitative and relied mainly on fixed-choice questions producing nominal or categorical data. The provision of an 'other' option for most questions allowed respondents to provide alternative answers. Many questions allowed respondents to select more than one answer, producing multiple variables. Respondents also had the opportunity to respond to some open-ended questions by providing qualitative detail, although responses to these questions were less consistent than to the fixed-choice questions.

As noted, 443 people completed the survey, including 19 people (4.3%) who returned a

paper version. Just over half of the sample (243, 54.9%) identified as a gay man, 128 (28.9%) as lesbian, 29 (6.5%) as bisexual, and 29 (6.5%) as queer. 13 people (2.9%) identified as transgender male-to-female and 3 people (0.7%) as transgender female-to-male. Respondents were able to select more than one identity – for example, lesbian and transgender male-to-female. Of the whole sample, the majority of people (356, 81.7%) reported that they were from an Anglo Australian background, 15 (3.2%) identified as Aboriginal, and 26 (6.0%) as having a CALD background. The remaining respondents identified an 'other' background. No one was identified as having a Torres Strait Islander background. Data were analysed through surveymonkey by univariate descriptive statistics and the findings were presented in a report (QAHC, 2008).

The Present Study

The study reported on in the present paper was based on a sub-set of the original sample from the QAHC survey and involved secondary data analysis of this sub-sample. The researcher was not involved in the design or delivery of the original survey. Following approval from the LGBT Ageing Action Group, QAHC provided the surveymonkey files to the researcher, who then imported the data into SPSS.

The sample sub-set reported on in this present paper comprised the 371 people who identified as a gay man or lesbian. For the purposes of this paper it was decided to exclude those who solely identified as bisexual, queer, transgender male-to-female, and transgender female-to-male. This was done because the number of people identifying in these ways was not large enough to enable meaningful statistical analysis. It was also recognised that the small number of people reporting as having a non-Anglo Australian background meant that 'cultural background' could not be used as a variable in statistical analysis. The limitations of these restrictions are recognised, as are the limitations involved in using a sample gathered through non-probability techniques. While the study provides results from one of the largest Australian samples of lesbian and gay people reporting on ageing issues, caution is advised in generalising the findings to the wider LGBT community.

The focus of the present study was on lesbian and gay people's concerns about growing older and using carers' and aged care services. The following research questions guided the secondary analysis:

1. What are lesbian and gay people's main concerns about growing older and accessing services?
2. Do lesbian and gay people's concerns differ according to their gender, geographical location, income, caring responsibilities or age?

In the original survey, concerns about growing older and accessing services were measured through three questions. The first question asked: 'What are your three main health concerns in regard to ageing?' and provided 14 categorical items to select from. The second question asked: 'What are your three main concerns about ageing in the LGBT community?', with 7 items provided. Both questions provided an 'other' option. It is recognised that while these questions provide insight into aspects of ageing experiences that are of importance, they do not provide total insight into all the ageing-related concerns lesbian and gay people might have. Concerns about accessing carers' and/or aged care services were examined by a question that asked: 'What are your three main concerns about accessing aged care or carers' support services as an LGBT person?' 10 items were provided, including an 'other' option. The variables generated by these three questions were used as dependent variables in answering the second research question.

Independent variables used for the second research question included: gender, geographical location, income, caring responsibilities and age. Gender was determined by responses to the question about respondents' identity. Geographical location was identified by asking if they lived in urban/metropolitan, regional or rural areas of Queensland. Respondents were also requested to provide a postcode which was used to verify location. Income was measured through a 9-item ordinal scale, which asked respondents to select their per annum income group (e.g. $40 000 - $59 999, etc). Caring responsibilities was examined (following a definition of caring) by a question asking: 'Are you caring for a dependent person?' with a yes/no response provided. Age was measured by an ordinal scale which required respondents to select their current age group (e.g. 20 – 25, etc).

The research questions were answered through univariate and bivariate analysis, including cross tabulations. Analysis was also assisted by use of non-parametric statistics (as appropriate for non-probability samples), such as the chi-square test of significance (χ^2). The statistical significance level was set, as per the convention, at 95% probability (indicated by $p \leq .05$). Data analysis was limited in this study given that

the original study relied mainly on nominal level variables and was based on a non-probability sample. These factors, combined with some low frequency categories (e.g. in the age variable), meant that there was limited opportunity for multivariate analysis. The interpretation of results and comparison with other studies is also constrained by the lack of standardised and validated instruments. While secondary data analysis would ordinarily be conducted on data sets comprising such instruments (Sales et al., 2006), in this instance this was deemed to be outweighed by the value of the data in terms of the insights provided into the views of a relatively large number of lesbian and gay people about growing older. While it is not possible to measure it, some degree of ecological validity – the capacity of the instruments to reflect the contextual and everyday concerns of the respondents (Bryman, 2004) – may have been achieved in the instrumentation because the original survey was constructed by members of the LGBT Ageing Action Group, which included older LGBT people.

Findings

The Sub-sample

Of the 371 people in the sub-sample studied, 243 (65.5%) were gay men and 128 (34.5%) were lesbians. In terms of age, 61 (16.4%) were aged 25 and under, 72 (19.4%) were between 26 and 35, and 77 (20.8%) were aged 36 to 45. The modal age grouping was 46 to 55 with 98 (26.4%) in this category. Of the remainder, 40 (10.8%) were aged 56 to 65, while 23 (6.2%) were 66 and over. No one reported that they were 76 or older. Similar to the sample for the original survey, most people (299, 80.6%) reported an Anglo Australian background, 22 (5.9%) indicated a CALD background, and 12 (3.2%) identified as an Aboriginal person. The vast majority (263, 70.9%) of the sub-sample lived in urban/metropolitan areas, with 21.6% (80) living in regional areas, and 7.5% (28) in rural areas. The modal annual income group was $40 000 to $59 999 (106, 28.6%), while 45 (12.1%) reported that their income was $80 000 or higher, and 157 (42.3%) reported that they earned $39 999 or less. Of the 371 people in the sub-sample, 10.8% (49) indicated that they were caring for a dependent relative, most frequently a parent (16) or partner (14).

Concerns about Growing Older and Accessing Services

In responding to the first research question, it was clear that lesbians and gays have a

number of concerns about their ageing, about growing older in the LGBT community, and about accessing mainstream carers' and aged care services. The most frequently reported health concern in relation to ageing was a general decline in standard of health (211, 56.9%), followed by a loss of independence (202, 54.4%), and a decline in mental health or cognitive ability (154, 41.5%) (Figure 1). Loss of mobility was reported as a main concern by one third of the group (122, 32.9%).

[PLEASE INSERT FIGURE 1 HERE]

In relation to growing older in the LGBT community, nearly two-thirds of the sub-sample (237, 63.9%) identified the lack of LGBT specific accommodation as one of their main concerns (Figure 2). Two related items – concern about being alone in older age and being able to maintain social networks and friends – were reported by 219 people (59.0%) and 159 people (42.9%) respectively. Nearly 40% of people also reported being concerned about not feeling a part of the LGBT community (142, 38.3%) and about the lack of respect for older people in the LGBT community (140, 37.7%).

[PLEASE INSERT FIGURE 2 HERE]

When asked what were their main concerns about accessing aged care or carers' services as an LGBT person, over half of the sub-sample (205, 55.3%) indicated that they were concerned that their same-sex relationship would not be recognised (Figure 3). 45.8% (170) reported a concern that services may not be aware of LGBT issues, while 45.6% (169) identified that they were concerned that service providers would be prejudiced or display discriminatory attitudes or behaviours towards LGBT people. Other commonly reported concerns were that services were often provided by religious-based organisations (155, 41.8%) and that there is a lack of LGBT-specific services (124, 33.4%).

[PLEASE INSERT FIGURE 3 HERE]

Respondents were also asked if, in general, they are concerned that their sexuality or gender identity may affect the quality of service provided to them in their older age. Of the 316 people who answered the question, nearly two-thirds (206, 65.2%) indicated that they were concerned about this. Of the remainder, 39 (12.3%) said that they weren't concerned about this and 71 (22.5%) were not sure. In the following sections, the

second research question is examined by outlining statistically significant differences in the findings according to variations in the sub-sample. However, at this point, it is important to note that no significant associations were identified between the general concern that sexuality or gender identity may affect the quality of service and participants' gender, geographical location, income, caring responsibilities or age. This demonstrates the consistency of this general concern across the whole sub-sample.

Gender

In partial response to the second research question, a number of differences were identified in concerns about ageing and accessing services in terms of respondents' gender. In relation to health concerns about ageing, gay men were significantly more likely than lesbians to be concerned about self esteem (19.3% versus 6.3%) [$\chi^2(1, n = 371) = 11.380, p \leq 0.001$], and body image (22.6% versus 9.4%) [$\chi^2(1, n = 371) = 9.960, p \leq 0.01$]. Lesbians (64.1%) were more likely than gay men (49.4%) to be concerned about a loss of independence [$\chi^2(1, n = 371) = 7.284, p \leq 0.01$]. They were also more likely to have concerns about a loss of mobility (46.1% versus 25.9%) [$\chi^2(1, n = 371) = 15.451, p \leq 0.001$], as well as a decline in mental health or cognitive ability (49.2%

versus 37.4%) [$\chi^2(1, n = 371) = 4.784, p \leq 0.05$].

Regarding general concerns about growing older in the LGBT community, gay men (63.4%) were significantly more likely than lesbians (50.8%) to be concerned about being alone in their older age [$\chi^2(1, n = 371) = 5.498, p \leq 0.01$]. They were also more likely to be concerned about a lack of respect for older LGBT people in the LGBT community (43.6% versus 26.6%) [$\chi^2(1, n = 371) = 10.384, p \leq 0.01$]. In contrast, lesbians (75.8%) were more likely than gay men (57.6%) to be concerned about not having LGBT specific accommodation in later life [$\chi^2(1, n = 371) = 11.994, p \leq 0.001$].

With regard to concerns about accessing services, lesbians (63.3%) were more likely than gay men (51.0%) to have concerns relating to services not recognising same-sex relationships or including partners [$\chi^2(1, n = 371) = 5.091, p \leq 0.05$].

Geographical Location

No significant associations were identified between geographical location and the general concerns about ageing items. While a relatively small proportion (10.8%) of the

sub-sample identified as having concerns about being overweight in older age, those who lived in regional areas (20.0%) and rural areas (17.9%) were significantly more likely to be concerned about this than people in urban/metropolitan areas (7.2%) [$\chi^2(2, n = 371) = 11.984, p \leq 0.01$].

Regarding concerns about accessing carers' or aged care services, people in rural areas (39.3%) and regional areas (25.0%) were also significantly more likely than people in urban/metropolitan areas (18.6%) to be concerned that staff are not trained in sexuality or gender identity issues [$\chi^2(2, n = 371) = 7.095, p \leq 0.05$].

Income

Analysis in relation to income was based on a dichotomised variable: low income (up to $39 999 per annum) and high income ($80 000 per annum and above). No significant differences were identified between this variable and any of the items relating to general concerns about ageing in the LGBT community and health-related concerns. One difference was noted in relation to concerns about accessing services. As one might expect, low income earners were significantly more likely than high income earners to

be concerned that they would not have the finances to access services in their older age (36.1% versus 15.6%) [$\chi^2(1, n = 128) = 6.019, p \leq 0.01$].

Caring Responsibilities

Those identified as having caring responsibilities reported more concerns about growing older and accessing services than those who didn't. In relation to health concerns, carers were significantly more likely than non-carers to be concerned about a loss of independence in older age (75.0% versus 52.0%) [$\chi^2(1, n = 371) = 7.636, p \leq 0.01$], a loss of mobility (55.0% versus 30.2%) [$\chi^2(1, n = 371) = 9.936, p \leq 0.01$], and a loss of self esteem (25.0% versus 13.6%) [$\chi^2(1, n = 371) = 3.676, p \leq 0.05$].

In terms of accessing services, carers (35.0%) were more likely than non-carers (19.9%) to be concerned that staff are not trained in sexuality or gender identity issues [$\chi^2(1, n = 371) = 4.786, p \leq 0.05$].

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Age

Variations in the sub-sample were also apparent in relation to age and, in particular, differences were noted between the younger (25 and under) and older (66 and over) groups in the sample. Younger people were significantly more likely than older people to be concerned about being alone in their older age (78.7% versus 52.2%) [$\chi^2(1, n = 84) = 5.754, p \leq 0.05$], whereas older people were more likely to be concerned about not having LGBT specific accommodation (73.9% versus 45.9%) [$\chi^2(1, n = 84) = 5.269, p \leq 0.05$]. Regarding health concerns, older people were more likely than younger people to be concerned about a loss of mobility in later life (47.8% versus 21.3%) [$\chi^2(1, n = 84) = 5.754, p \leq 0.05$], as well as a general decline in mental health or cognitive ability (56.5% versus 32.8%) [$\chi^2(1, n = 84) = 3.945, p \leq 0.05$].

With respect to concerns about accessing services in later life, older people (43.5%) were significantly more likely than younger people (16.4%) to be concerned about a lack of LGBT specific services [$\chi^2(1, n = 84) = 6.754, p \leq 0.01$].

Discussion

The findings from the study provide further evidence that lesbian and gay people have

considerable concerns about their health-related ageing, growing older in the LGBT community and about accessing mainstream services in later life.

The health-related concerns expressed by the people in this study – including concerns about a general decline in health, a loss of independence and a decline in mental health or cognitive ability – are broadly consistent with the findings from studies of the wider population. In their large cross-sectional study of people aged 65 and over in New South Wales, Quine and Morrell (2006) identified that, in terms of their fears for the future, the vast majority of respondents were concerned about their future physical health and losing their independence. And given their closer proximity to the issues, it is unsurprising to find that older people in the present study were more likely than younger people to be concerned about some of these health-related issues.

What is striking in the present study is that lesbians were significantly more likely than gay men to be concerned about loss of mobility, declining mental health or cognitive ability and loss of independence. The latter was also more likely to be a concern for women than men in Quine and Morrell's (2006) study. In that research, fear of nursing home admission was identified as related to loss of independence and women were

significantly more likely to report this than men. While this issue was not examined explicitly in the present study, it is notable that lesbians were significantly more likely than gay men to be concerned about the lack of LGBT-specific accommodation in later life. Lesbian discourses around the 'old dykes' home' may reflect an over-emphasis on institutional options because of a lack of information on alternatives and fear of what might happen if placed in a mainstream facility (Harrison, 2004). And, as Quine and Morrell (2006) highlight, women's concerns regarding residential care in later life probably reflect the fact that because of a longer life expectancy they are more likely than men to be admitted to long-term care. It is possible that longer life expectancy also accounts for women being more likely to be concerned about mobility and cognitive and mental health in the present study.

Another important finding regarding health-related ageing in the present study is that carers were significantly more likely than non-carers to be concerned about loss of independence, loss of mobility and loss of self esteem. This is further evidence of the particular health-related demands facing carers as they grow older. A major national survey of carer's health and wellbeing identified that carers have significantly lower levels of wellbeing than the general population and are also more vulnerable to

additional stressors (Cummins et al., 2007). Further, in a study of 630 people aged 75 and over living in Sydney, carers had higher levels of psychiatric symptoms and lower life satisfaction than non-carers (Broe et al., 1999). As has been established in the United States (Brotman et al., 2007), the findings from the present study highlight that carers' concerns about their health and wellbeing in later life are just as significant in the lesbian and gay population as they are in the wider community.

In terms of growing older in the LGBT community, key concerns included being alone in older age and maintaining social networks. Possibly reflecting the fact that older gay men are more likely to live alone than older lesbians (Heaphy, 2007), gay men were significantly more likely to report concerns about being alone in later life. However, it is notable that in this study younger people were significantly more likely to be concerned about this than older people. It is possible that younger people may be influenced by social stereotypes of the older gay man, in particular, as lonely and isolated and thus may be afraid of this as their future. In contrast, it is possible that for older people 'living alone' may not equate to 'being alone' as non-cohabiting sources of support can be drawn upon. Recent qualitative research demonstrates that, similar to lesbians, many gay men place considerable emphasis on friendships as a 'chosen family' and that many

routinely draw on these as sources of support and care (Chamberlain & Robinson, 2002; Heaphy, 2007; Heaphy, Yip & Thompson, 2004).

Other key concerns about ageing in the LGBT community included not feeling a part of the community and being concerned about a lack of respect for older people in this community. The latter was significantly more likely to have been reported by gay men than lesbians. This corroborates findings from qualitative studies which highlight the concerns of older gay men that they are marginalised from the youth-centric commercial gay scene (Heaphy, 2007; Hughes, 2007a; Jones & Pugh, 2005). Interestingly though in the present study older people were not more likely than younger people to report these concerns, suggesting that there is awareness of these as important issues across the age groups. It is also possible that these concerns are reflected in the findings that gay men were significantly more likely than lesbians be concerned about their body image and self esteem in later life.

As with previous Australian studies (Chamberlain & Robinson, 2002; Hughes, 2007b), the lack of LGBT-specific accommodation in later life continues to be highlighted as a major concern by lesbians and gays. As noted, this was more often reported to be of

concern to lesbians than gay men. It was also significantly more likely to be of concern to older people than younger people, again perhaps understandably because of their closer proximity to the issue. Older people were also significantly more likely than younger people to be more generally concerned about the lack of LGBT-specific services in later life. Questions about the viability of LGBT-specific residential or retirement facilities continue to be debated in Australia, especially given the limited number of people such facilities could cater for. Nonetheless a retirement village for gay, lesbian and transgender older people has been approved for development in Ballan, Victoria (Deery, 2008). And some LGBT community organisations, such as GRAI in Western Australia (Lovelock, 2006) and the ALSO Foundation in Victoria (Birch, 2004) are examining the feasibility of providing accommodation as well as personal care services.

However, as Porter, Russell and Sullivan (2004) identify, services are much more likely to be provided by mainstream aged care agencies. In terms of the delivery of these kinds of services, in the present study nearly two-thirds of those who responded to the question believed that their sexuality or gender identity may affect the quality of services provided to them. Further, nearly 46% of people believed that service providers

would be prejudiced or display discriminatory attitudes or behaviours towards LGBT people. These findings reflect results from research in the United States which suggests that a majority of LGBT people expect to be discriminated against when receiving aged care services (Johnson et al., 2005). In the study by Johnson et al. (2005), 60% of the 131 LGBT people studied believed that older LGBT people did not have equal access to health and social services. Further research is needed to understand patterns of sexuality and gender identity based discrimination in health and aged care in Australia, as well as to analyse the impact of expectations of discrimination on service use. Research into lesbian and gay people's use of health services suggests that people may delay seeking assistance and treatment because of fears of discrimination (McNair, Anderson & Mitchell, 2001). If this pattern were also evident in older lesbian and gay people, the implications of this in terms of healthy ageing and premature hospitalisation are considerable.

Regarding some of the specific concerns about accessing carers' and aged care services, a majority of respondents prioritised lack of recognition given to same-sex relationships. Lesbians were significantly more likely to report this than gay men, possibly reflecting the greater likelihood that as they grow older, lesbians are more likely to be in couple

relationships (Heaphy et al., 2004). Australian campaigns to have equal recognition given to same-sex relationships, both culturally and before the law, are well documented. The Human Rights and Equal Opportunity Commission (2007) cited 58 federal laws, including the Aged Care Act 1997, which discriminate against same-sex couples. And while the Rudd Government has indicated its preparedness to address many of these issues, it remains steadfastly opposed to giving same-sex relationships equal status to marriage and, following the Howard Government, it has acted to block the ACT's civil unions legislation. Given this wider context in which same-sex relationships are accorded lesser status, it is unsurprising that lesbians and gays would expect this to also be reflected in the delivery of carers' and aged care services. Qualitative research has particularly highlighted concerns relating to service providers trivialising lesbian and gay relationships, and not enabling same-sex partners to be identified as persons to notify or 'next of kin' (Hughes, 2007b).

Other concerns regarding accessing services that were prioritised included service providers not being aware of LGBT issues and being concerned that services are provided by religious organisations. The latter has been identified as of concern in prior research (Harrison, 1999; Harrison 2004) and it is clear that aged care providers –

religious and secular alike – will need to do a lot more to make their services appropriate to and welcoming of older lesbians and gays. The potential for developing training strategies to improve practitioners' 'cultural competence' in responding to older lesbians and gays is considerable. As is evident in ACON's (2006) Healthy Ageing Strategy, lessons can be transferred from the health and community care sector's response to the HIV/AIDS crisis among gay men, particularly in terms of how providers worked with LGBT community organisations in providing personal care and hospice care. Relatively simple strategies include placing affirming posters and brochures in waiting rooms as long as they are supported by similar attitudes on the part of providers. Gay and Lesbian Health Victoria has developed a series of posters (www.glhv.org.au/node/265) and provides training to health organisations and health care providers on appropriate service delivery and health needs. As highlighted in prior research (Hughes, 2007b), social workers and other service providers should be using inclusive language, lesbian- and gay-appropriate forms, and sensitive and supportive questioning. This would enable older lesbian and gay people to disclose their identities and relationships – should they so choose – and to highlight the significance of these in the delivery of services.

Conclusion

While it is recognised that a lack of standardised instruments and the non-probability nature of the sample reduces the quality and generalisability of the findings, this study – as well as the larger QAHC (2008) survey from which it was derived – provides unique insight into the issues and concerns of lesbians and gays as they grow older. In particular, the quantitative findings provide further evidence of older lesbians' and gays' health-related concerns, concerns about ageing in the LGBT community and concerns about accessing services in later life. Importantly, near two-thirds of those who answered the question believed that their sexuality or gender identity may affect the quality of carers' and aged care services provided to them. Many expected to be discriminated against in receiving services in their older age. These findings, in conjunction with those arising from qualitative research, highlight the need for policy makers and service providers – including social workers – to reach out to lesbian and gay people, especially older people, to ensure that agencies are responding to their needs and that they have equal access to services that promote their healthy ageing and overall wellbeing. As previous research has demonstrated, it is crucial that lesbian and gay people are not treated as a homogenous group and that their diverse identities,

concerns and needs are acknowledged and responded to. In this study respondents' concerns varied according to a range of factors, including gender, age and caring status. While the focus of this study was on self-identifying lesbian and gay people, further quantitative research is needed to more fully understand the needs of other non-heterosexual people, including transgender people, who are typically under-represented in research of this kind.

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Figure 1: Main health concerns in regard to ageing

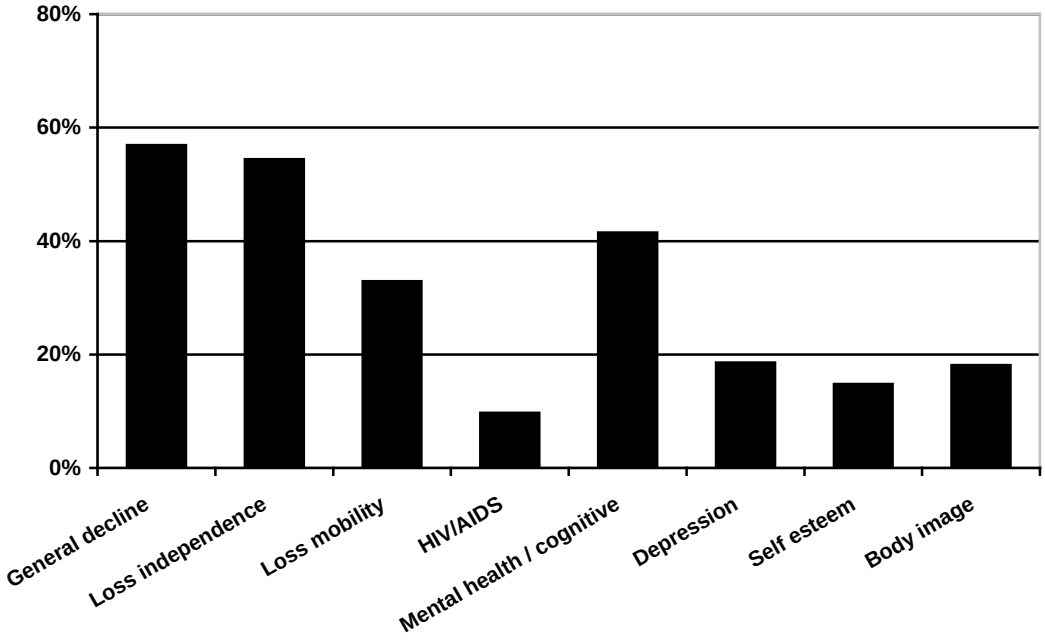

Figure 2: Concerns about growing older in the LGBT community

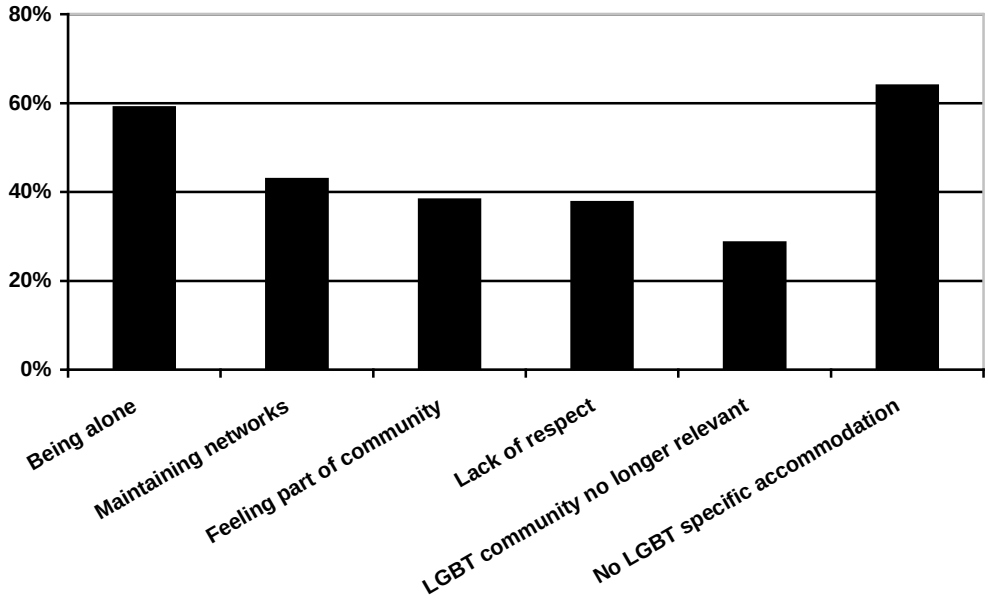

Figure 3: Concerns accessing carers' and aged care services