



Walking the Yellow Brick Road.
**Analysis of Carers Queensland's Consumer
Engagement Survey 2017
focussing on LGBTI inclusion.**

Walking the Yellow Brick Road

Historically, closeted gay people used bright colours to signal their homosexuality in public. Oscar Wilde was famous for wearing a green carnation in his coat lapel and the flower is thought to have been used by him and other Londoners and Parisians of the 19th and early 20th century to express their orientation. In Queensland, gays reputedly wore bright yellow socks to attract the attention of the same sex.

Walking the Yellow Brick Road is the first consumer engagement survey focusing on LGBTI inclusion conducted by Carers Queensland.

The LGBTI Acronym.

The National LGBTI Health Alliance and the Australian State/Territory and Commonwealth governments use the internationally recognised acronym LGBTI to collectively refer to a group of identities that includes lesbian, gay, bisexual, trans/transgender and intersex people. When using LGBTI there is an acknowledgement that human diversity extends beyond these five letters and includes body, gender, sexual and identity diverse people. Regardless of how an individual identifies, they all share experiences around sexuality and/or gender identity and sexuality and/or gender expression that are outside of the dominant paradigms of Australian society. It is recommended that when the acronym LGBTI is used, it is used in the broadest possible way and with the intention of supporting as many populations as possible.

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INTRODUCTION

Social care providers have a duty to support the human rights of clients and potential clients, staff and volunteers; to treat people fairly and equally. However, as this report highlights, some people who identify as lesbian, gay, bisexual, transgender, intersex or queer continue to fear discrimination or experience homophobia and transphobia.

Walking the Yellow Brick Road highlights that whilst some LGBTI people have enjoyed positive and affirming service from service providers including Carers Queensland, others have not, emphasising the need to effect and sustain positive organisational change through ongoing, contemporary professional development underscored by robust corporate processes.

Historically, the vast majority of research on familial caring and the impact of caring has been heteronormative, assuming and tacitly reinforcing heterosexuality whilst ignoring and thereby devaluing, the issues and concerns of carers with diverse bodies, genders, sexualities and relationships. Yet, contrary to popular discourse, LGBTI peoples can have extensive familial caring responsibilities; across generations within their biological family and informal support networks or community.

Despite the significant progress in relation to LGBTI rights, including extensive reforms to same-sex relationship recognition, anti-discrimination law and positive shifts in social attitudes recorded in public discourse and reflected in the media and a range of research initiativesⁱ, LGBTI people continue to experience discrimination, harassment, vilification and violence in Australia.ⁱⁱ

Discrimination, harassment, social exclusion, vilification and violence is real for many LGBTI people, some of whom will incur significant cost to their health and wellbeing. Research has shown that LGBTI people delay accessing health services and experience poorer health outcomes as a consequence^{iii, iv} and those who are also members of other marginalised communities experience double disadvantage.

Underpinned by a commitment to human rights the social care sector^v has a duty to tackle discrimination towards and advance equality for LGBTI peoples. However, peer reviewed research and this small survey indicates that LGBTI people continue to fear or experience discrimination when engaging with service providers.

Carers Queensland aspires to being an LGBTI inclusive organisation. Achieving equality for LGBTI carers and carers of people who identify as LGBTI and LGBTI staff and volunteers requires Carers Queensland to think and behave differently about how our services are provided and managed.

CARER CONTEXT

British research on LGBT carers unanimously found that being ‘out’ is beneficial for the wellbeing of the individual carer while remaining closeted can increase stress. The least likely to be ‘out’ are the oldest and youngest carers. Despite the benefits some choose not to ‘out’ themselves so as to gain legitimacy as a carer, or to ‘ward off’ potential bad reactions and to protect those they care for and support.^{vi}

LGBTI carers face additional challenges in their caring role. They may find themselves caring for family members who are homophobic or transphobic and/or having to navigate a complex sector to locate support services that offer genuine LGBTI inclusivity. Inclusivity that acknowledges the historical injustices, ensures the cultural safety of the individual and respects, affirms and supports the

person and not just the caring role ‘component’ of the individual.

Respondents to *Walking the Yellow Brick Road* provided an insight into the attitudes and behaviours of some practitioners in the health, allied health and social care sectors. Whilst some LGBTI people have received genuinely respectful and inclusive service, others have not been so lucky.

Respondents wrote of being unnecessarily questioned by health and social care practitioners about their personal life – questions unrelated to the support being sought, of being offered a ‘cure’ or told that they ‘have a mental health problem’. The fear of discrimination or vilification is real. 80% of gender diverse and 39% of sexually diverse respondents expect to be discriminated against by aged care, disability, mental health and carer support services and many will delay accessing support services, ultimately negatively impacting their health and wellbeing.

Thank you to the Carers Queensland in Harvey Bay to the staff there and to John the counsellor; without these people and service I wouldn't know what to do and how to do it. You are all worth your weight in gold. Thank for being there when no one else was.

THE SURVEY

Open for the month of January the LGBTI Tick Survey (Appendix A) was promoted and distributed through multiple mediums.

1. Distributed via email to 3800 carers who have had contact with Carers Queensland in the last two years, have a current email address and are not on the 'Do Not Contact' Register.
2. Carers Queensland website
3. Carers Queensland eFirst magazine
4. Carers Queensland's Facebook post - viewed 16,921 times
5. Carers Queensland Regional Facebook pages and newsletters
6. Gladstone Road Pharmacy in Brisbane (Appendix B)
7. Gay press - LOTL (Appendix C)
8. Gay press - Star Observer Queensland edition (Appendix D) – reached 445 readers
9. Closed forum with some young adult carers who identify as LGBTI (Appendix E)



GENERAL DEMOGRAPHICS

148 surveys were completed; 4 respondents did not live in Queensland so were deleted from the analysis dataset.

LOCATION AND AGE

Responses were received from the following regions:

- 26% Brisbane
- 13% Central
- 4% Far North
- 17% North Coast
- 10% North
- 17% South East
- 13% South West

Age range of respondents:

- 6% 18-25 years
- 31% 26-45 years
- 50% 46-65 years
- 10% 66-75 years
- 5% 76+ years

CULTURAL IDENTITY

Of the respondents who identify as LGBTI:

- 2% identify as Aboriginal
- 5% identify as culturally and linguistically diverse
- 0.7% identify as Torres Strait Islander
- 23% identify as having a disability, chronic medical problem, life limiting illness, mental health problem or frailty

SEX, SEXUAL ORIENTATION AND GENDER DIVERSITY

Gender - the respondents identified as:

- 87% cisgender
- 13% gender fluid, gender questioning, transgender or non-binary
-

Sexuality – the respondents identified as:

- 37% heterosexual
- 2% asexual
- 16% gay man
- 6% bisexual
- 3% queer
- 7% pansexual
- 26% lesbian
- 2% other
- 1% woman to woman

EMPLOYMENT

Of the respondents who identify as LGBTI:

- 73% work in the aged care sector
- 72% work in the health and allied health sector
- 85% work or volunteer in the LGBTI advocacy, education or support sector
- 41% who are retired

PREJUDICE AND DISCRIMINATION

Previous experiences of prejudice, vilification and derision mean that many LGBTI people expect or fear discrimination.

The following survey responses relate to respondents who identify as **LGBTI**.

80% of gender diverse respondents expect to be discriminated against by aged, disability, mental health and carer support services.

28% of sexually diverse respondents have experienced difficulties accessing aged, disability, mental health and carer support services because of prejudice about their sexual orientation.

I've worked in the aged care sector for two decades. The ill-conceived ideas of LGBTI folk in our communities is alive and well in the care industry. Elderly LGBTI folk are at-risk of not accessing support they need because of it. One agency I worked for won awards for excellence and the owner confided in me that she could not ever care for an elderly lesbian couple. I won't repeat her ill-informed and harmful excuses as to why....

Facebook - Care worker

39% of sexually diverse respondents expect to be discriminated against by aged, disability, mental health and carer support services and another **19%** are 'not sure' whether or not they will experience discrimination.

36% of the LGBTI respondents indicated that they prefer not to disclose their sexual orientation or gender identity when engaging with disability, mental health, aged care or carer support service providers because of the fear or previous experiences, of discrimination.

The likelihood of experiencing stigma, prejudice or discrimination on the basis of my LGBTI identity is very high.

Survey respondent

CARERS AND CARING

The activity and impact of providing care is best understood in terms of its context; as a relationship between two or more individuals, rooted in family, friendship or community. Caring is a role rarely chosen by most, nor does it discriminate. Children and young people, people of working age and older people, people with disability, people who identify as culturally and linguistically diverse, indigenous Australians, people with diverse bodies, genders, relationships and sexualities and those living in rural and remote Queensland provide care to a family member or friend on a daily basis. For some caring is a short term commitment whilst for others, it is a role that literally lasts a lifetime.

70% of all respondents have been or are carers and another **7%** expect to assume a caring role in the near future.

Of the LGBTI respondents –

48% have been or are carers and another **8%** expect to assume a caring role in the very near future.

The LGBTI carers provide care and support for **69** family and friends.

57% know of Carers Queensland.

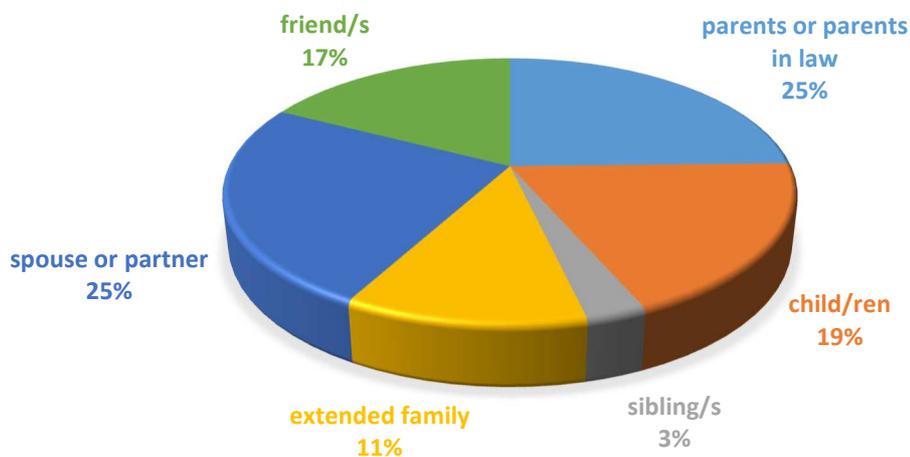
Star Observer
27 January at 11:50

"It's funny - you can pick up a pamphlet on safe sex or a pack of condoms, but there's nothing on the responsibilities of being a gay carer"



Australian LGBTI carers fear homophobic support services

RECIPIENTS OF CARE AND SUPPORT PROVIDED BY LGBTI RESPONDENTS



CARERS QUEENSLAND COURTESY AND COMFORT FACTOR

The following survey responses relate to respondents who identify as LGBTI and have used or currently using a Carers Queensland service.

40% of respondents were comfortable to disclose their sexual orientation to staff and volunteers.

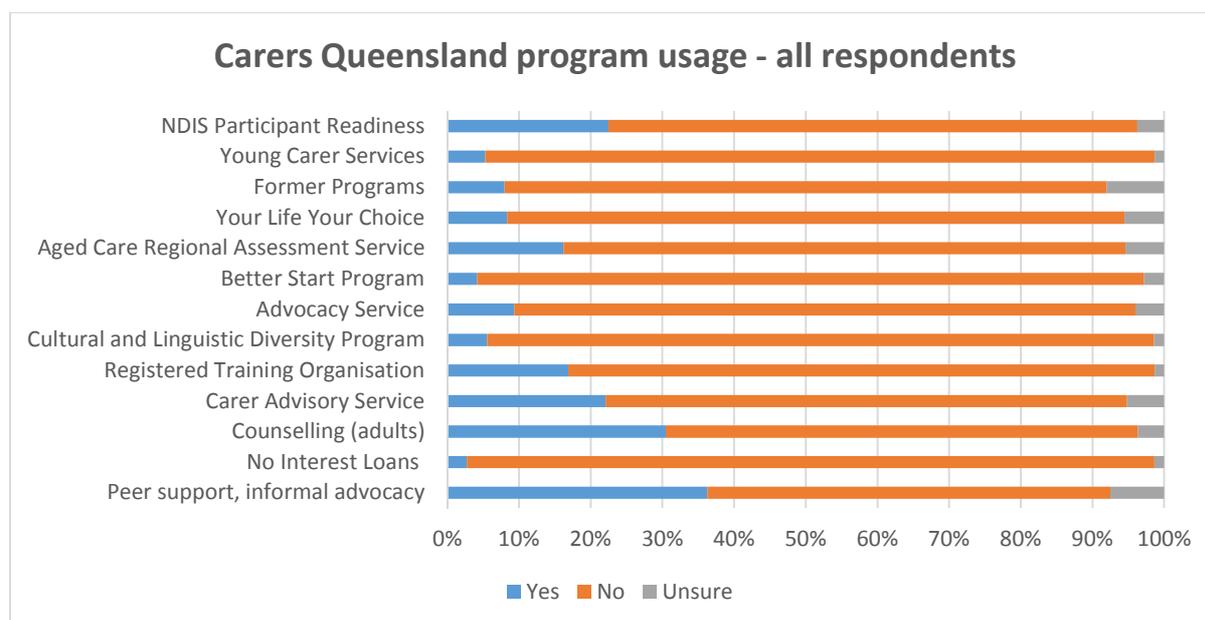
39% of respondents were comfortable to disclose their gender identity to staff and volunteers.

53% of respondents believe they were treated with respect and courtesy by staff and volunteers.

39% of respondents believe they were treated with respect and courtesy by other users of Carers Queensland's services.



6% of respondents who felt they were treated disrespectfully believe that staff and volunteers failed to address the situation appropriately.



If the services do not specifically offer care for, and staff specifically trained in and focussed on LGBTIQ+, you can feel like you may get carers, office support and assessment staff who do not understand or appreciate your challenges. Worse, you may be embarrassed about the daily, normal personal challenges and relationships around your family and friends.

Survey respondent

SOCIAL CARE SUPPORT SECTOR – RESPONDING TO LGBTI NEED

Of the **LGBTI respondents** who require or are seeking support from the aged, disability, mental health or carer support sectors either for themselves, partner, family member or friend:

9% are looking for aged care support

16% are looking for disability support

24% are looking for mental health support

27% are looking for carer support

42% are not looking or wanting support services

22% are connected with the mental health sector

17% are connected with carer support services

2% use residential aged care services

Of the LGBTI respondents currently using the aged care, disability, mental health, carer support and residential aged care sectors:

11% are connected with the aged care sector

10% are connected with the disability support sector

TO BE OR NOT TO BE LGBTI INCLUSIVE?

Of the LGBTI respondents:

26% would prefer to use LGBTI specific services

44% would use LGBTI inclusive services

30% are either not worried or have no thoughts on the matter at this point in time

It would be good to have someone to understand exactly where I am coming from as only LGBTIQ people can... but the straights are just as capable. I am more interested in people who understand what it is like to care for a person in their mid-30's when you yourself are only early 30s. I am a carer for our daughter and partner.

Survey respondent – 'not worried whether service provider is LGBTI inclusive or not'

I'm not in favour of services being non-inclusive of those already discriminated against. We're vulnerable to those upon whose support we're dependent, so we need to be able to feel we can trust those supporters/carers to respect us as their equals.

Survey respondent – 'would prefer LGBTIQ inclusive service provider'

Often health professionals just do not get it when it comes to queer issues. They think our life is just the same as theirs (heterosexual), but they have absolutely no idea of the prejudice and discrimination you face every single day.

If the services do not specifically offer care for, and staff specifically trained in and focussed on LGBTIQ+, you can get carers, office support and assessment staff who do not understand or appreciate your challenges. Worse, you may be embarrassed about the daily, normal personal challenges and relationships around your family and friends.

Survey respondents – 'would prefer LGBTIQ specific service provider'

RECOGNISING LGBTI INCLUSIVE SERVICES

Identifying or recognising an aged care, disability, mental health or carer support service provider that is either LGBTI inclusive or LGBTI specific is important to most respondents.

Of the **LGBTI respondents**:

22% would rely on ‘word of mouth’; the compliments and complaints of others in the LGBTI communities

22% would prefer to see a clear statement of LGBTI inclusivity on websites and other documents

20% would like to see Rainbow Stickers on entry doors or the website

15% would positively respond to relationship and gender diverse imagery

13% would positively respond to a Rainbow Flag and other diversity flags on display

8% would positively respond to Rainbow Allies sign

To see rainbow paraphernalia that is very obvious is such a relief and allows me to breathe easier (even though I would not appear outwardly anxious, it is very calming). If this is hidden away in a back corner, then it makes me feel like a dirty little secret - it must be very obvious, for all to see. However, this means little if the staff then fail to show understanding and sensitivity. When I have walked past offices with a rainbow sticker, though I had no need to enter, I make a point of popping in to thank the staff and let them know how much it means.

I often don't have a choice in services, but I do have a choice in how open I am about my gender and sexuality. I will listen for signs that staff are LGBTIQ friendly, the more obvious ones being questions like, "Do you have a partner?" or "What are your pronouns?", talking about LGBTQ events or people.

Survey respondents

THE DEAL BREAKERS - CULTURAL AMBIVALENCE, IGNORANCE & DISRESPECT

Overt religious judgmentalism, separating us as a couple, not recognising us as a couple, negative attitudes from other clients/users that are not addressed immediately by staff and administration.

Wrong pronouns, insensitive behaviour, patronising and not being aware of LGBTIAQ issues

If the staff fail to show understanding and sensitivity I will stop going there, even if they fly 100 rainbow flags.

Actions vs Words. Mission Statements are intended to give the onlooker hope, faith and help. But very few deliver & they're only really interested in a [checklist] to receive more funding so they can employ more people willing to do the same but more often than not fail due to the fact they're restricted by conservative protocol that's designed to gain funding rather than fix the issues negatively impacting the client.

Religious proclamations. Extensive questioning on specific sexual behaviours that appear to be gratuitous. Saying 'I'm sorry' when they hear you're LGBTI. Being treated like you are contagious when they discover you are LGBTI.

The assumption that I am cisgendered or heterosexual in language used by staff or on forms. Overly intrusive questions

about being LGBTI that aren't related to my care. Obvious ignorance or naivety about LGBTI people. Out of date knowledge or language about LGBTI population. Completely ignoring my LGBTI identity.

Any form of blatant Transphobia. Misgendering after outing myself, too many pointed questions, staff who are ignorant of our struggle or invisibility.

Blatant bigotry or judgemental behaviour.

Staff not educated on the correct language to use. For example, often people say lifestyle "choice" in many of the documents and staff use of this language is very offensive but very common.

Staff that are rude, or dismissive of gender and sexuality diversity or statements about 'cure' or it being a mental health issue.

Of all the homophobia and transphobia, I've dealt with, only two things have made me stop using a service. A psychologist interrogated me about why I decided to be queer when I'd just casually mentioned it. Another client at a service verbally assaulted me in front of the staff who did nothing, and when I made a formal complaint to their committee they never responded to me. I think LGBTI people are pretty tolerant and happy to help people learn, but we have a breaking point.

BIBLIOGRAPHY

- ⁱ NSW Gay and Lesbian Rights Lobby. (2014). *In Their Own Words: Lesbian, gay, bisexual, trans* and intersex Australians speak out about discrimination*.
- ⁱⁱ Inner City Legal Centre. (2011). *Outing Injustice: Understanding the legal needs of the lesbian, gay, bisexual, transgender and intersex communities in New South Wales*.
- ⁱⁱⁱ Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., Couch, M. and Barrett, A. (2012). *Private Lives 2: the second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians. Monograph Series No.86*. The Australian Research Centre in Sex, Health and Society. La Trobe University: Melbourne.
- ^{iv} Miller, L. R. & Grollman, E. A. (2015). The Social Costs of Gender Nonconformity for Transgender Adults: Implications for Discrimination and Health. *Sociological Forum*, 30(3), 809-831.
- ^v The term 'social care' is used to denote the mental health, aged, disability and alcohol and substance misuse sectors.
- ^{vi} McGlynn, N., Bakshi, L., Browne, K., Law, A., McGarry, A. & Mowlabocus, S. (2010). *Report on research about LGBT Carers*. Count me in too. LGBT research information desk. lgbtreserachdesk@brighton.ac.uk