

POLICY STATEMENT

LGBTI+ carers

Many individuals who identify as lesbian, gay, bisexual, trans/gender diverse, intersex or queer (LGBTI+) care for a partner, friend or family member. LGBTI+ carers can face unique challenges, including discrimination and social isolation. Recognition of LGBTI+ carers and their specific needs is essential to the delivery of inclusive services.

Profile

There is limited data available on LGBTI+ carers, largely because the Australian Bureau of Statistics has not consistently collected information on diverse gender identities and sexual orientation. However, research indicates that caring may be more common in LGBTI+ communities. In one survey of 3,800 LGBT Australians, more than one quarter of respondents identified as carers. These respondents were most commonly caring for an ageing person.ⁱ

Carers NSW 2016 Carer Survey recorded 63 respondents who identified as LGBTI+, 3.2% of the total response rate. Compared with non-LGBTI+ respondents, the LGBTI+ carers were younger, more likely to have previously been in another caring role, and more likely to be caring for someone with a health or medical condition or mental illness.ⁱⁱ

It is important to note that there is significant diversity amongst LGBTI+ carers, and carers within this group face different issues and have diverse needs. Research on trans* and intersex carers is particularly scarce.



Policy and Legislation

Public sector agencies in NSW are obliged under the NSW *Carers (Recognition) Act 2010* to ensure their staff and agents are aware of the principles of the NSW Carers Charter (Schedule 1 of the Act) and reflect the Charter in their HR policies. Human service agencies are additionally required to ensure their staff and agents enact the principles of the Charter. The Charter lists a range of best

practice principles for working with carers, including a principle recognising LGBTI+ carers.

‘The diverse needs of carers should be acknowledged and recognised...taking into consideration...gender identity and sexual orientation.’

NSW Carers Charter

The Commonwealth *Carer Recognition Act 2010* also refers to LGBTI+ carers in its Statement for Australia’s Carers (Schedule 1 of the Act). Like the Charter, the Statement lists a range of best practice principles for working with carers, including a principle stating that ‘All carers should have the same rights, choices and opportunities as other Australians, regardless of...sex...[or] sexuality.’ Public service agencies must raise awareness of, and reflect, these principles.

The LGBTI+ community is increasingly being recognised in broader health and aged care policies, with a focus on ensuring inclusive services within formal care. The *National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy* is a key policy which recognises LGBTI+ carers. It informs how the

government and aged care sectors respond to the needs of older LGBTI+ people, and how carers are recognised within the Strategy. A broader Diversity Framework is currently being developed to replace this.

Key Issues

Discrimination

LGBTI+ carers can experience discrimination in service settings as well as their workplaces, families and communities. As a result, many LGBTI+ people are reluctant to access services and support groups.ⁱⁱⁱ Heteronormative service settings can render LGBTI+ carers invisible, and their relationship to the person they care for may not be recognised, leading to exclusion from decision making.

‘There’s an ambivalence there that I think we both struggle with in the sense that on the one hand she disapproves of who I am...and on the other hand she needs my support more and more.’

Carer quoted in Barrett and Cramer (2016)

Discriminatory attitudes are not limited to service providers. The family member being cared for can also be homophobic, contributing to carer stress, impacting a carer’s self-esteem and increasing the pressure on relationships.^{iv}

Research also shows that young LGB people and people who identify as trans*/gender diverse experience very experience high rates of bullying and discrimination. One study found that a significant proportion of young LGBTQ carers felt that their sexuality and/or gender identity impacted how they ask for help in their caring role, and who they seek this help from.^v

Discrimination towards LGBTI+ people can also impact a carer’s rights to request flexible working arrangements. In accordance with the *Fair Work Act 2009* all employees who are carers can request flexible working arrangements. However, some LGBTI+ carers have difficulty accessing these arrangements because their relationship to the person they care for is not recognised.

David* cares for his elderly mother. Because he is gay and does not have children, David’s employer believes he does not require as much leave as his colleagues.

*** Name changed**

Social isolation

Caring is most often understood in the context of the biological family. Being unmarried or not having children can result in the perception that a family member is more available, and therefore most suitable to take on a caring role for another family member.^{vi} However, many LGBTI+ carers may be estranged from their biological family due to their sexuality, gender or gender identity or other reasons, and may have reduced contact with them. The concept of ‘family of choice’ may be more relevant to the many LGBTI+ carers who tend to rely on LGBTI+ friends rather than biological family for emotional support.^{vii}

Many LGBTI+ people also report changed relationships as a result of the caring role.^{viii} Although carers may have strong connections to friends, family and community, many LGBTI+ carers may be undertaking their caring role with little or no support from others.^{ix}

Health and wellbeing

Both carers and people within the LGBTI+ community are known to have poorer mental health outcomes than the general population.^x LGBTI+ people have the highest rates of suicidality of any population in Australia, and trans* people may be particularly at risk.^{xi}

Carers NSW 2016 Carer Survey found that LGBTI+ carers reported high levels of distress compared with non-LGBTI+ carers.^{xii} Isolation, discrimination and lack of social and formal supports can contribute to the lower health and wellbeing amongst LGBTI+ carers compared to the general carer population.^{xiii}



Key recommendations

1. **Increasing awareness and recognition** of LGBTI+ carers and their specific needs within policy and legislation, service provision, workplaces and the general community.
2. **LGBTI+ specific carer services**, including LGBTI+ carer support groups, to provide a safe environment for LGBTI+ carers to share their experiences and learn from other carers.
3. **Inclusive services** which provide a safe space for the LGBTI+ community and carers.
4. **Promoting LGBTI+ carer rights in the workplace** and supporting LGBTI+ carers to make requests for flexible working arrangements.
5. **Targeted health and wellbeing initiatives** to address mental health amongst LGBTI+ carers.

ⁱ 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 Number 86, The Australian Research Centre in Sex, Health & Society, La Trobe University: Melbourne.

ⁱⁱ Carers NSW (2016) *Carers Survey 2016 - LGBTIQ Carers*, Carers NSW, North Sydney.

ⁱⁱⁱ Barrett, C. and Cramer, P. (2015), *An extra degree of difficulty: An evidence based resource exploring the experiences and needs of older LGBTIQ carers and the carers of older LGBTIQ people*, Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne; Carers NSW (2016) *Carers NSW Carers Survey 2016*- unpublished data.

^{iv} Barrett, C. and Cramer, P. (2015)

^v Carers Victoria (2017), *Young LGBTIQ Carers survey – June 2015*, available online at: <http://www.carersvictoria.org.au/how-we-help/LGTBI-carers/young-queer-and-caring-survey-results-june-2015/>, viewed 19 June 2017.

^{vi} Barrett, C. and Cramer, P. (2015)

^{vii} Cahill, S., South, K. and Spade, J. (2000), *Outing Age: Public policy issues affecting gay, lesbian, bisexual and transgender elders*, The Policy Institute of the National Gay and Lesbian Task Force Foundation, New York; Cantor, M., Brennan, M. and Shippy, A. (2004), *Caregiving Among Older Lesbian, Gay, Bisexual, and Transgender New Yorkers*, National Gay and Lesbian Taskforce Policy Institute, New York.

^{viii} Barrett, C. and Cramer, P. (2015)

^{ix} *Carers NSW Carers Survey 2016*- unpublished data.

^x Rosenstreich, G. (2011) *LGBTI People Mental Health and Suicide*, National LGBTI Health Alliance. Sydney; Leonard, W. et al (2012); Hughes, M. and Kentlyn, S. (2014), *Report of the survey of the health and wellbeing of lesbian, gay, bisexual, transgender and intersex (LGBTIQ) older people in NSW, 2013- 2014*, Evergreen Life Care & Southern Cross University, West Gosford and Bilinga.

^{xi} Rosenstreich, G. (2013) *LGBTIQ People Mental Health and Suicide*. Revised 2nd Edition. National LGBTIQ Health Alliance. Sydney.

^{xii} *Carers NSW Carers Survey 2016*- unpublished data.

^{xiii} Leonard, W. et al (2012); Hughes, M. and Kentlyn, S. (2014).