MAPPING THE Rainbow

RESEARCHING THE DIVERSE COLOURS OF THE LGBTIQ COMMUNITY

VOLUME II

MAPPING THE Rainbow

Researching the diverse colours
of the LGBTIQ community

VOLUME II

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Flying under the radar: LGBT older persons, active ageing and dementia care policies in Malta

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Introduction

Malta's vanguard progress in lesbian, gay, bisexual and transgender (LGBT) rights needs no introduction. In less than half a decade, the Maltese parliament raised and ratified the Civil Unions Act (Legislation Malta, 2014) and Gender Identity, Gender Expression and Sex Characteristics Act (Legislation Malta, 2015), while gay conversion practices became unlawful. As the 2010s decade drew to a close it seemed both surreal and unbelievable that less than ten years earlier Malta used to be known as a very conservative country, where social opinion - as reflected in politics and policies - was heavily influenced by the Roman Catholic Church to the extent that divorce only became legal in 2011. This dynamic shift in LGBT rights was also echoed on a European level. The ILGA-Europe Rainbow Index - an index representing the advancement in LGBT rights in terms of the legal, political and social systems amongst 49 Council of Europe Member States - gave Malta first ranking for the five successive years of 2016-2020 (ILGA Europe, 2020).

Despite such admirable and commendable progress, the older LGBT community was consistently overlooked in Maltese policy on ageing, older persons and later life. Although the past decade was highly significant as far as local ageing policy is concerned, as it witnessed the launch of the National Strategic Policy for Active Ageing, National Dementia Strategy, and the National Minimum Standards for Care Homes for Older Persons (Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing, 2013, 2015a, 2015b), such treatises were all characterised by total silence on the needs and interests of LGBT older persons. This is problematic since mainstream understandings of active ageing that operate within a heteronormative framework only provide partial accounts of the ageing experience. As Vella and Hafford-Letchfield (2019: 59) stated, "whilst the gay community seems to have gained greater visibility, nevertheless little is known about those LGBT persons entering later life, and much needed policy and practice developments to enable a sense of continuity in keeping with the concept of active ageing". Just as feminism took some three decades to bring older women into its fold, the local LGBT community seems to have little space for older persons as most advocacy work focuses on issues relevant to young and middle-aged adults.

This article constitutes an attempt to locate key lacunae in Maltese active ageing and dementia care policies as far as LGBT lives are concerned, and to suggest recommendations for the inclusion of a non-heteronormative sensitivity in ageing-related strategic frameworks. While the subsequent part outlines the heterosexist attitudes inherent in Maltese active ageing and dementia care strategies, the third and fourth sections provide queer sensitive commendations

for both these policy areas. The final section highlights the salient parts of this article and proposals for further research.

The invisibility of LGBT older persons in active ageing and dementia policies

The launching of the National Strategic Policy for Active Ageing and National Dementia Strategy (Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing, 2013, 2015) were equally important moments in Maltese ageing policy. Whilst acknowledging that individual aspirations alone are not enough to sustain participative lifestyles, the recommendations in the active ageing strategy were underpinned by three key values: a 'society for all ages', 'intergenerational equity', and finally, 'empowerment'. Including a total of 75 policy recommendations, the 2014 - 2020 National Strategic Policy revolved around active participation in the labour market, social participation, and independent living. In 2013, local dementia policy development was strengthened by the appointment of a National Focal Point on Dementia with the remit of drafting a national dementia strategy document which, when published, made Malta the twenty-first country to have a dementia strategic plan worldwide. The National Dementia Strategy outlined a number of recommendations spread over six intervention streams that include: an increase in awareness and understanding of dementia; timely diagnosis and the provision of care pathways; the availability of a trained workforce; improving dementia management and care in the community and long-term facilities; promoting an ethical approach to care; and supporting medical and social research in the field. The significant impact of both strategies on Maltese ageing policy has been documented in various articles (Formosa, 2017; Formosa & Scerri, 2020).

Suffice to say that they not only succeeded in putting active ageing and dementia care on the policy map but were also instrumental in implementing social and health care services that contributed to an improvement in the quality of life and wellbeing of older persons in Malta. As the United Nations Economic Commission for Europe & European Commission (2019, p. 12) concluded, even though Sweden is the country with the highest score in the Active Ageing Index, "Malta is the country undergoing the sharpest increase between 2010 and 2018, with the growth of 7.1 points". However, this is not the same as saying that they incorporate no lacunae. One crucial limitation in both strategies constitutes an oversight of the unique needs and challenges of LGBT older persons. Since LGBT older adults experience marginalisation by virtue of their sexual and gender minority status, they face unique challenges

in achieving a healthy older age. Despite important generational cohort and subgroup similarities with heterosexual peers, as well as wide intra-cohort differences, LGBT older adults have a

> "...**distinct** *experience of aging stemming from shared experiences in relation to the LGBT community, the lifelong process of coming out, the experience of sexual and gender minority stress, marginalization inside and outside the LGBT community, and LGBT pride and resilience."*
>
> van Wagenen, Driskell & Bradford, 2013, p. 2 - emphasis added

For instance, there is much research evidence documenting how older gays and lesbians suffer from an unequal resource distribution, particularly in relation to advocacy, housing, health and social care provision, and informal support (Hughes & Robinson, 2019; Traies, 2019). Studies on bisexual and transgender older persons are even sparser, although recent years witnessed a healthy growth spurt in both research areas. On one hand, studies noted how older bisexual individuals are under-resourced, under-recognised and under-represented, both in comparison with older heterosexual people and older lesbian and gay people and proposed that increased visibility and voice are needed before improvements in resource distribution can be achieved (Westwood & Price, 2018). For instance, Jen (2019) suggested that recognition is a central issue, in that bisexual erasure and bisexual-specific stigma inform a lack of representation in research, practice, and political spheres. Increasing recognition, she concludes, is essential to increasing resources and representation for bisexual older people. On the other hand, although available research on the health-care needs of older transgender adults remains sparse, and attention to mental health and social care provision even more limited (Willis et al., 2020), a survey of 2,560 LGBT adults aged 50+ in the United States of America found that such adults were at higher risk of poor physical health, disability, depressive symptomatology and perceived stress compared with individuals whose gender identity is similar to the sex assigned to them at birth (Fredriksen-Goldsen et al., 2013).

Research on LGBT older persons in Malta, which has been limited to solely lesbian and gay individuals, reported similar findings (Vella, 2013, 2019, 2020; Vella & Hafford-Letchfield, 2019). While such studies underlined how older lesbians were much harder to find and were more invisible than gay peers, they also reported a consensus among LG older persons on perceiving their past as a period of continuous life struggles, facing negative experiences when seeking health and social care services, feeling a lack of belonging within the Maltese LGBT community, and hoping that in the future they might have the option of moving into a gay-friendly care home, or at least, into gay-friendly premises within conventional care homes.

LGBTising active ageing

General trends in active ageing policy tend to take on a heteronormative stance by assuming that all older persons are heterosexual, are partnered with a person of the opposite sex, and claim a number of children and grandchildren. Active ageing thus fails to address the merging of sexuality and ageing in a context where much of the existing debate on sexuality still overlooks ageing, and where both academic and practice-related considerations of old age have failed to consider sexuality as anything other than an 'add-on' to how we understand and make sense of the ageing process (Ward, 2012). This oversight has led to the social and cultural invisibility of older LGBT identities, and consequently, a failure in active ageing policy and practice (Teaster & Harley, 2016). While the lack of data on gender identity and sexual orientation in later life prevents a valid understanding of service needs and requirements of the LGBT population, it is also problematic that policy makers and service providers do not possess the required knowledge to plan and provide LGBT-friendly social and health care services. To compound matters, most LGBT older persons are unaware of the social and health care benefits available in later life as they tend to face other barriers to access information about and services for gerontological, geriatric and long-term care. This requires the three pillars of the active ageing policy in Malta to address the specific life worlds of LGBT older adults.

Active participation in the labour market

LGBT older workers may face multiple sources of discrimination. This occurs notwithstanding the presence of laws that outlaw both sexuality- and age-based discrimination, both of which continue to harm older workers. For older LGBT workers, the effects of age-based discrimination may be compounded by discrimination on the basis of sexual orientation or gender identity. Suffice to state that in the United States between 8 and 17 per cent of lesbian, gay, and bisexual people report being discriminatorily fired or denied employment, and between 13 and 47 per cent of transgender people report being denied a job because of their gender identity (Movement Advancement Project, 2013). Moreover, LGBT workers also tend to report facing significant wage gaps, high rates of harassment, and difficult prospects for career advancement. While Malta has passed numerous laws and policies to protect the interests of workers and their families on one hand, and to prohibit discrimination on the other, there requires further and more robust protection of LGBT workers.

Social participation

For many LGBT elders, social inclusion continues to be aspirational, since limited authentic and sustained progress has been made in this area due to the manner in which society responds discriminately towards them. Movement Advancement Project and SAGE (2010) identified four major obstacles to social inclusion for LGBT elders - namely, (i) lack of support from and feeling unwanted in mainstream ageing services, (ii) lack of support from and feeling unwelcome in the broader LGBT group, (iii) lack of adequate openings to contribute and volunteer, and (iv) housing discrimination adding to the challenge LGBT older persons face in relating to their communities. Isolation is also intensified because of the limited number of gathering places for older LGBT persons to socialise, in contrast to the number of programmes and centres for LGBT youth and senior centres for older persons (Harley, Gassaway & Dunkley, 2016). In mitigation, possible recommendations include tackling cultural competency and discrimination issues among mainstream ageing service providers and programmes, ensuring that service providers welcome LGBT older persons and improve on-site LGBT-friendly programmes and services at mainstream facilities.

Independent living

LGBT older persons prefer to age-in-place since they are fearful of apathy, discrimination, and abuse by healthcare providers and other dwellers in residential long-term facilities (Boggs et al., 2017; Vella, 2020). However, Willis, Raithby and Maegusuku-Hewett (2018) identified a wide range of problems with the accessibility of social and scene spaces for older LGBT people, together with mixed feelings with respect to receiving health and social services at home. The sparse literature on that interface between LGBT persons and residential long-term care serves to highlight how care providers of older persons lack education and training on the specific needs of LGBT adults to the extent that many never consider that their older clients may be LGBT (Gendron et al., 2013). This tends to have the adverse effect of inducing LGBT residents not to reveal their sexual orientation and thus disabling them from a positive psychosocial adjustment to the residential setting (White & Gendron, 2016). It thus follows that programmes developed to educate healthcare professionals and care service providers on the needs and life course experiences of LGBT adults are warranted.

LGBTising dementia care policy

An ageing population presents many challenges and among them is caring for people living with Alzheimer's or other dementias. According to the Alzheimer's Disease International (n.d.), someone in the world develops dementia every three seconds. There were over 50 million people worldwide living with dementia in 2020, a number that will rise to 152 million in 2050. Presently, the number of persons living with dementia in Malta is about 7,000, a number that is expected to reach 13,937 by 2040 (Grant Thorton, 2018). International research documents how LGBT older people who receive a dementia diagnosis face a unique and challenging set of circumstances (McParland & Camic, 2016; Westwood & Price, 2016). LGBT older adults tend to exhibit several health disparities, such as diabetes and high blood pressure, and are also more likely to exhibit particular vulnerabilities that can exacerbate the manifestations and impacts of Alzheimer's disease, such as disproportionately high levels of social isolation and stigmatisation as they age, which makes it difficult to find support. Moreover, many LGBT older adults are aware of the possibility of encountering bias and prejudice in relation to their sexuality. Hence, when they do access social and health care services, their history of stigmatisation can negatively impact their willingness to 'come out' or disclose their LGBT identity - thereby, delaying appropriate care until their health deteriorates and crisis hits. For transgender elders, the reality is even more stark (Center for Transgender Equality, 2015). Transgender people face particular barriers as they access health services, and often cannot selectively hide or disclose their transgender status, especially when seeking medical care or assistance with tasks such as bathing and dressing. This leads many transgender people to avoid service providers or delay care. At the same time, one cannot overlook the unique challenges faced by LGBT caregivers:

> *"Adult children who are LGBT, who often do not have children of their own may be seen by siblings as the natural choice to care for a parent. However, LGBT people often have fewer financial resources and other support networks to help them when providing care. They may also be caring for a parent who does not accept their identity, relationship or gender expression, adding to the psychological burden of providing care."*
>
> SAGE, 2018, p.2

This points firmly to the urgent need for national policies on dementia care to warrant an inclusivity of LGBT people and caregivers. Following SAGE (2018), this article advocates the following recommendations (of course, these suggestions are also pertinent and applicable to active ageing policy). First, official statements and reports on dementia care should expand the definition of

family rather than simply implying the nuclear family (whether biological and legal relatives), even considering using terms like 'network of support', 'chosen family' or 'loved ones'. Secondly, LGBT-affirming language in dementia care strategies must be used constantly and consistently. One should not shy away from using the term LGBT or the words lesbian, gay, bisexual, transgender, instersex or queer. Third, policy makers responsible for dementia care should reach out to and engage in LGBT-specific outreach such as by participating in Pride Parades. Fifth, and perhaps most importantly, staff need to be educated on LGBT cultural competency:

> *"Professional development is essential to person-directed care, and it is important that you equip your staff with the information they need to provide culturally competent care to LGBT older adults and LGBT caregivers. Training content often includes key terminology, the history of the LGBT experience, and case studies or recommendations to help reinforce the content."*
>
> SAGE, 2018, p. 14

Sixth, stakeholders must organise support services that are specifically for LGBT caregivers of persons with dementia and LGBT people living with dementia, while ensuring that LGBT people feel welcome at all support groups. Finally, it is imperative that authorities collect information on sexual orientation and gender identity as this enables professionals to know whether the LGBT older persons are being reached and can also assist them in understanding the specific needs of LGBT people.

Conclusion

This article highlighted the extent that older LGBT persons fly under the radar as far as active ageing and dementia policies are concerned. Although it is positive to note that research documenting the experience of non-heteronormative ageing has gained increasing traction in recent times, such a footing did not spill over into national policy documents. This occurred despite a consensus in social policy communities that LGBT ageing occurs within a specific set of concerns - thus, requiring the availability of specific resources and care practices (McGovern, 2014). As Ward (2012 : 196-7) underlined, this omission "has led to the social and cultural invisibility of older LGBT identities and a failure in both policy and practice to take account of the needs of LGBT people as they age". One thus advocates an exigent need to make space for non-heterosexual lives in welfare strategies, and an urgency to move away from the idea that ageing and later life can be captured through a single narrative or that any uniform assumptions about sexuality can be applied uniformly to all older

people. Ageing is a heterogenous affair, marked by an assortment of diverse pathways, where different sexualities lead people to arrive at and experience later life in different ways. Sexually diverse lives are definitely something that active ageing and dementia care policies cannot overlook. Rather, efforts are due to embrace and facilitate the use of biographical approaches to "developing services and working cultures that are fair, inclusive and at least somewhat free of bias and the unwanted privileging of certain interests over others" (Ward, 2012, p. 197).

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