

Social isolation and LGBTI people with dementia



Social isolation is when someone has little or no contact with others. It is different from loneliness, which is when someone feels they have less contact with others than they want. Social isolation can be harmful to a person's physical and mental health and has been linked to an increased risk of dementia¹.

This tip sheet guides care staff in supporting LGBTI (lesbian, gay, bi, transgender and intersex) individuals with dementia at risk of or experiencing social isolation.

Why an older person who is LGBTI and lives with dementia may be socially isolated

LGBTI older people have a higher risk of social isolation because they may have faced rejection from their biological family or family of origin. They are more likely to be single and live alone².

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Loneliness and isolation can worsen in residential care. An LGBTI older person may be

reluctant to engage with other residents out of fear of discrimination. LGBTI appropriate aged care is rarely available and moving into care may mean relocating away from friends and communities.

As a person's dementia progresses, difficulties in communication, reduced mobility and the loss of social skills can make it challenging to **participate** in community and social activities. Maintaining existing relationships or developing new relationships, particularly if the person moves into residential care, can be especially difficult.

A person may face **stigma and discrimination** as both a person with dementia and a person who is LGBTI. Fear of being misunderstood or discriminated against, can result in people not reaching out for help or engaging with services. This can lead to further social withdrawal and isolation.

Transgender older people are especially at risk of isolation due to the loss of supportive networks as they age, higher rates of mental health issues and lack of community support.

Tips to support a person who is living with dementia, identifies as LGBTI and is socially isolated or at risk of social isolation

The Aged Care Quality and Safety Commission Standard 1 requires providers to support residents' sense of self, freedom of choice and engagement with their community. For the LGBTI person with dementia, providers are required to be responsive, inclusive, and sensitive to their needs and preferences.

- Many LGBTI older people will have a 'family of choice'. A family of choice (or chosen family) is a group of people who is chosen by a person to be their family. They often include partners, ex-partners and close friends. It is important to acknowledge families of choice and other people who are important to an LGBTI person with dementia and treat them the same as a biological family or family of origin.
- Take the time to learn about LGBTI histories and issues, especially those that may be relevant to the person you are supporting. This can help you understand their experiences and offer better support. Consider staff training in LGBTI inclusion in aged care, such as the Silver Rainbow program (see Resources below).
- Targeted outreach is needed for LGBTI people with dementia. LGBTI people are more likely to engage with others if the care home promotes inclusivity. Being open about services and support for LGBTI older people can help to increase trust and engagement.
- Aged care providers can make their services more welcoming and inclusive of LGBTI older people by educating staff, developing inclusive policies, partnering with LGBTI organisations, ensuring privacy and confidentiality, and respecting names and pronouns.
- Consider including Mardi Gras/local Pride festivals in the care home's roster of celebrations for people who would like to participate or displaying the rainbow flag.
- Consider options for increasing social interaction that is safe and welcoming for LGBTI older people such as the Aged Care Volunteer Visitors Scheme (see Resources below).
- If changes in someone's behaviour persists or escalates or care providers are looking to explore ideas around how to support the needs of LGBTI people living with dementia, consider referral to Dementia Support Australia who is partnering with LGBTIQ+ Health Australia.

Case Study

Kevin, a 75-year-old resident with dementia, faced significant challenges before his move into aged care. Loss of mobility due to a circulation disorder led to social isolation, compromised personal hygiene, and an inability to maintain his home.

Born in 1948, Kevin was forced to leave home at 16 due to his sexual orientation and endured discrimination and the threat of police harassment, contributing to a lifetime

of anxiety and obsessive-compulsive disorder (OCD). The AIDS epidemic during his 30s and 40s added grief and loss to his existing trauma, deepening his struggles.

Kevin's adjustment to care has been difficult, with little or no connection with the few friends he has or the community. His only visitor is his sister, Jacki. Kevin's refusal of personal care and agitation during hygiene assistance resulted in the care home contacting DSA.

Care Staff Helpsheet

Dementia Support Australia

Jenni from DSA, recognising Kevin's history of discrimination and trauma, encouraged openness about his background and identity. This fostered trust and communication with staff. Implementing rainbow signalling and providing LGBTI inclusion training for staff, she aimed to reduce Kevin's distress during care.

Jenni connected Kevin with an LGBTI-specific Aged Care Volunteer Visitors Scheme, offering peer support. Suggesting LGBTI content for

viewing and purchasing a photobook on Sydney's Mardi Gras history, Jenni aimed to engage Kevin in conversations and help him share his life story.

These interventions reduced Kevin's social isolation, enhanced staff confidence, understanding and support, and fostered a more compassionate and inclusive environment for care.

Resources

- **Aged Care Volunteer Visitors Scheme (ACVVS)**

The scheme supports volunteer visits to provide friendship and companionship to older people who are socially isolated.

- For information about the national scheme:

www.health.gov.au/our-work/aged-care-volunteer-visitors-scheme-acvvs

For information about LGBTI specific ACVVS services:

www.lgbtiqhealth.org.au/services_and_supports

- **Aged Care Research & Industry Innovation Australia**

Resources Hub (Social Isolation) www.ariia.org.au/knowledge-implementation-hub

- **Dementia Support Australia and LGBTIQ+ Health Australia (2022). LGBTI and Dementia: Understanding changes in behaviour.** www.dementia.com.au/resource-hub/lgbti-and-dementia-understanding-changes-in-behaviour

- **LGBTIQ+ Health Australia (2021). Gender, Bodies and Relationships Passport.**

www.lgbtiqhealth.org.au/passport

- **Silver Rainbow training**

LGBTIQ+ Health Australia delivers LGBTI inclusion training to the aged care workforce across Australia.

www.lgbtiqhealth.org.au/silver-rainbow-training



References

1. Huang, A. R., Roth, D. L., Cidav, T., Chung, S. E., Amjad, H., Thorpe Jr, R. J., ... and Cudjoe, T. K. (2023). Social isolation and 9-year dementia risk in community-dwelling Medicare beneficiaries in the United States. *Journal of the American Geriatrics Society*, 71(3), 765-773.
2. Willis P, Vickery A, Jessiman T. Loneliness, social dislocation and invisibility experienced by older men who are single or living alone: accounting for differences across sexual identity and social context. *Ageing and Society*. 2022;42(2):409-431. doi:10.1017/S0144686X20000914