Ageing and Society (2024), 1–26
doi:10.1017/S0144686X24000540

ARTICLE

Age-related differences regarding ageing and care service concerns and information preferences among LGBT, Sistergirl and Brotherboy people in Australia: a cross-sectional study

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(Accepted 11 June 2024)

Abstract

Although many positive social changes have been achieved over the past 30 years, members of LGBT, Sistergirl and Brotherboy communities continue to encounter negative experiences with health and ageing service provision. In this article, 232 responses from a survey exploring ageing and care concerns and preferences among LGBT, Sistergirl and Brotherboy communities in Australia were analysed using chi square analysis. The largest proportion of participants were aged 55–64 years (26.4%, n = 61), with the majority residing in metropolitan regions (67.7%, n = 154). The three most frequently selected gender identities were cisgender woman (40.1%, n = 93), cisgender man (39.7%, n = 92) and non-binary (11.6%, n = 28). The three most frequently selected sexual orientations were gay (39.2%, n = 91), lesbian (32.0%, n = 77) and queer (17.7%, n = 41). While many concerns demonstrated no age-related differences, concerns regarding physical differences, respect and inclusion, finances and standard of care reflected higher levels of concern among younger participants compared with older participants. Preferences for receiving information reflected a desire for LGBT, Sistergirl and Brotherboy communities-specific resources for options for support from participants approaching retirement, that is, aged 55–64 (x^2 (5, n = 178) = 11.08, p = 0.050); less desire for information provided through public health service services among participants aged 65+ (x^2 (5, n = 178) = 15.58, p = 0.008); and variation in preferences regarding supports provided by LGBT, Sistergirl and Brotherboy communities.

Results suggest that different generations of LGBT, Sistergirl and Brotherboy members may prefer to receive services and information in different ways. Further research is needed to understand how concerns, expectations and preferences are influenced across generations.

Keywords: ageing and care concerns; ageing and care information; age stratification; Australia; LGBT, Sistergirl and Brotherboy; positive marginality

Introduction

The recent Royal Commission into Aged Care Quality and Safety (2021) revealed many opportunities for improving management and care of the growing aged population in Australia. One challenge not yet adequately addressed by policymakers is the provision of appropriate, respectful, affirming and safe care for members of LGBTI, Sistergirl and Brotherboy communities, who as they age are often more reliant on formal social/community-based health and aged care services (Allen 2021). Aboriginal and Torres Strait Islander peoples in Australia use the term 'Sistergirl' to describe gender-diverse people who have a female spirit and perform female roles in the community, and 'Brotherboy' to describe gender-diverse people who have a male spirit and perform male roles in the community (Transhub Trans Mob 2021).

The transition to aged care can trigger concerns about stigma, invisibility, homophobia and transphobia, and result in returning to 'the closet' and loss of identity (Allen 2021; Crenitte et al. 2019; Waling et al. 2020). Older LGBTI, Sistergirl and Brotherboy people have lived through the criminalisation of non-heteronormative sexuality. In South Australia homosexuality was decriminalised in 1975, followed by other states and territories until Tasmania decriminalised it in 1997 (Shasha 2019). The national Sex Discrimination Act from 1984 was revised in 2021 to be further inclusive and affirming with regards to sexual orientation, gender identity and intersex status (Australian Government 1984). A study of trans women's perceptions of aged care facilities reported concerns about discrimination and abuse, insufficient training for staff in gender diverse issues and lack of access to appropriate health care (Waling et al. 2020). Gender and age discrimination are associated with increased depression risk in trans and gender-diverse persons (White Hughto and Reisner 2018).

In Queensland, homosexuality was decriminalised and anti-discrimination legislation implemented in 1991 (Bull et al. 1991; Queensland Government 1991). A 2007/2008 report produced by the Queensland Association for Healthy Communities (now the Queensland Council for LGBTI Health) explored ageing/care needs and concerns of older LGBT people in Queensland, Australia, identifying multiple opportunities to improve service inclusiveness, respect for diversity, quality and information provision (Queensland Association for Healthy Communities 2008). While positive social changes have been achieved since the publication of LGBT Ageing Action Group's 2007/2008 report, older LGBTI, Sistergirl and Brotherboy persons continue to face challenges in receiving appropriate care (Alba et al. 2021; Ansara 2015; Hughes 2017; Waling et al. 2020) and report negative experiences within mainstream services (Hill et al. 2020, Waling et al. 2019, 2020), including gender and age discrimination, which were found to increase depression risk in trans and gender-diverse persons

https://doi.org/10.1017/S0144686X24000540 Published online by Cambridge University Press

(White Hughto and Reisner 2018). Furthermore, LGBTI, Sistergirl and Brotherboy communities' perspectives have been obscured from public discussion about current and future aged care provision, with the final report of the Royal Commission into Aged Care, Quality and Safety omitting specific needs of LGBTIQ+ communities entirely (LGBTIQ+ Health Australia 2021).

In 2019 a working group (Queensland Ageing and Lesbian, Gay, Bisexual, Transgender, Intersex, Sistergirl and Brotherboy Issues [QALSBI]) composed of members of academic, government and non-government organisations identified the need to revisit ageing and care services in Queensland, Australia. The 2007/2008 survey designed by the LGBT Ageing Action Group was refined to include greater diversity of genders and sexualities, including the Aboriginal and Torres Strait Islander trans identities 'Sistergirl' and 'Brotherboy' and people born with intersex variations, also known as innate variations in sex characteristics. This includes a spectrum of sex characteristics (including genitals, gonads and chromosome patterns) that do not fit typical binary notions of male and female bodies (United Nations Office of the High Commissioner for Human Rights & United Nations Free & Equal 2015).

Given the concerns established by the literature and the notable exclusion of LGBTI, Sistergirl and Brotherboy communities' perspectives on matters of ageing and care within Australia, it is important to understand the concerns and preferences across all ages within communities to inform policy change and improve quality of care. Therefore, this article is framed by the following research question: What are the age-related differences regarding concerns about ageing, health and care services, and preferences regarding receiving information about ageing and care services, and the impact of diverse sexuality and gender on service provision, among LGBTI, Sistergirl and Brotherboy people in Queensland, Australia?

Theoretical framework

Age stratification theory proposes that an age-related hierarchy exists in society, informed by culturally determined rules about social roles and status that promotes unequal access to resources, whereby older people hold higher social standing and greater access to resources, power and opportunities compared with younger people, and that all have socially defined roles within society (Riley 1973). In relation to the current study, this theory implies that younger LGBT, Sistergirl and Brotherboy people may have different concerns about ageing and care compared with older LGBT, Sistergirl and Brotherboy people due to reduced access to resources, which is particularly relevant in light of the impact of the Covid-19 pandemic and the current global economy on younger people (International Labour Organization 2022; Li et al. 2023). It also implies that society holds normative views about how older people should behave based on their age, including sexuality, gender and sex characteristics (Goldsen 2018), which are likely to be hetero-cis-endosex-normative (Crenitte et al. 2019; Stinchcombe et al. 2017) and may in turn influence the provision of health/care services to older LGBTI, Sistergirl and Brotherboy persons (Crenitte et al. 2019). Furthermore, age stratification theory also acknowledges the intersectionality of inequity, which means that although exposure to historical events is not explicitly addressed within the theory, persistent inequity related to time-bound or generational exposure to events,

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such as periods of history where people of diverse sexualities were pathologised and criminalised (Allen 2021), can be accounted for within the paradigm.

The original age stratification theory described a social hierarchy in which older people held greater status than younger people; however, a recent World Health Organization report describes a global increase in ageism towards older people, even while ageism towards younger people persists (World Health Organization 2021). In Australia ageism has been reported across the lifespan, with inaccurate stereotypes across all age groups reflecting persistent outdated assumptions about traditional life trajectories (Australian Human Rights Commission 2021). Lesbian women and gay men in Australia experience distinct expressions of discrimination, such as greater exposure to violence among gay men, however when at the intersection of age, sexuality, and mental health older Australian lesbian and gay men exhibited greater psychological distress and lower resilience if they experienced high rates of ageism and high rates of sexuality acceptance concerns (Lyons et al. 2021). Ageism has also been reported within the gay community, with research finding that, due to the disproportionate valuing of youth and physical attractiveness, signs of ageing can lead to social exclusion and poorer psychological wellbeing (Pereira et al. 2017), as well as invisibility among older gay men (Carnaghi et al. 2021). In the current study, therefore, the influence of age on ageing/care-related concerns and preferences for the provision of ageing and care information among LGBT, Sistergirl and Brotherboy people will be interpreted using age stratification theory.

Methods

Survey development

The LGBT Ageing Action Group's 2007/2008 survey was revised by the QALSBI working group in consultation with a community advisory group (CAG) representing LGBTI, Sistergirl and Brotherboy communities of intersectional backgrounds (such as First Nations Australians and those with culturally and linguistically diverse abilities, ages and spiritual affiliations) to reflect social and political changes that have occurred since 2008 and to include current issues of importance. The CAG members were given a $100 gift card honorarium in appreciation of their time.

The full description of the survey can be found in the industry report *Building a Better Picture of LGBT Sistergirl and Brotherboy Ageing and Caring in Queensland* (Brömdal et al. 2023). Survey questions were predominantly quantitative, including demographic characteristics, concerns about ageing, ageing/care service delivery, impacts of gender or sexuality on ageing/care service provision, and preferences regarding receiving information about ageing/care service provision in Queensland, Australia. Data were collected from 1 July 2021 to 1 August 2022.

Participants and recruitment

People were eligible to participate if they (a) currently lived in Queensland, Australia; (b) identified as a sexually and/or gender-diverse person and/or a person born with innate variations of sex characteristics; and (c) were 18 years of age or above. In total, 232 participants with sufficient responses were included in the dataset for this cross-sectional study.

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Multiple methods of recruitment were used to obtain a convenience sample, including distribution of fliers and social media tiles with a QR code/survey link through community and LGBTI, Sistergirl and Brotherboy-specific organisations and broader networks of the research team. Fliers described the study purpose as seeking to understand concerns and experiences of members of LGBTI, Sistergirl and Brotherboy communities regarding ageing and care services, and invited people to complete the online survey. After reading the online participant information sheet, informed consent was obtained electronically by participants ticking a box, which allowed them to commence the survey.

Statistical analysis

Participants were able to select multiple responses to many questions; therefore each option was coded as a nominal variable. Participants were grouped by age range using standard life-cycle grouping methods (<25 = 'youth', 25–64 = 'adult', 65+ = 'senior'), with decade groupings applied within the adult category to explore trends within this very broad age range. Residential regions were classified using the Modified Monash Model (Australian Government Department of Health and Aged Care 2021). Because all variables were either nominal or categorical, descriptive statistics were generated as counts and frequencies. As age was a categorical variable and all other variables were binary (yes/no), contingency tables and the two-tailed chi-square test of independence were used to explore the potential impact of age group on participant concerns and preferences.

Results

While the survey was also targeted towards persons born with intersex variations, no participants reported being born with innate variations in sex characteristics. In consultation with a Queensland intersex community representative (also a member of the CAG), and to avoid misleading readers or misrepresenting the experiences of people born with innate variations in sex characteristics, the results and discussion will refer to LGBT, Sistergirl and Brotherboy peoples.

Demographics

Table 1 describes the age group distribution of the sample. The largest proportion of participants was aged 55–64 years (26.4%, n = 61) and the smallest proportion aged 18—24 years (3.9%, n = 9). The majority resided in metropolitan regions (67.7%, n = 154), followed by regional centres (16.9%, n = 39) and small rural towns (10.8%, n = 25).

The three most frequently selected gender identities were cisgender woman (40.1%, n = 93), cisgender man (39.7%, n = 92) and non-binary (11.6%, n = 28). The three most frequently selected sexual orientations were gay (39.2%, n = 91), lesbian (32.0%, n = 77) and queer (17.7%, n = 41).

Concerns about ageing

Of the 12 ageing-related concerns listed (see Table 2), chi-square analysis found that *The difference between my body form and that expected* was significantly influenced

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Table 1. Demographic characteristics (n = 232)

		N	%
Age group	18–24	9	3.9
	25–34	41	17.7
	35–44	37	16.0
	45–54	31	13.4
	55–64	61	26.4
	65+	52	22.4
Region	Metro	154	66.7
	Regional centre	39	16.9
	Large rural	7	3.0
	Small rural	25	10.8
	Remote	5	2.2
Gender	Cisgender woman (non-trans)	93	40.1
	Cisgender man (non-trans)	92	39.7
	Non-binary	27	11.6
	Gender diverse	9	3.9
	Trans man	8	3.4
	Trans woman	7	3.0
	Genderqueer	2	0.9
	Brotherboy	2	0.9
	Sistergirl	1	0.4
	Prefer not to say	1	0.4
Sexuality	Gay	91	39.2
	Lesbian	77	33.2
	Queer	41	17.7
	Bisexual	26	11.2
	Pansexual	20	8.6
	Straight/heterosexual	11	4.7
	Asexual/aromantic	5	2.2

Note. Participants could select more than one option. The % column reflects the proportion of participants who chose each option. One participant did not report their year of birth and two participants did not report their postcode.

by age: x^2 (5, n = 211) = 13.93, p = 0.016 (see Table 2). The lowest proportion of concern was found among participants in the 55–64 (5.56%, n = 3) and the 65+ (4.26%, n = 2) age groups, with the highest among participants aged 25–34 (27.5%, n = 11).

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Table 2. Concerns about ageing by age group (n = 211)

	18–24		25–34		35–44		45–54		55–64		65+				
	n = 8	%	n = 40	%	n = 35	%	n = 27	%	n = 54	%	n = 47	%	x^2	Cramer's V	P
Being alone (n = 134, 63.5%)	6	75.0	25	62.5	22	62.9	18	66.7	36	66.7	27	57.4	x^2 (5) = 1.57	0.09	0.904
Stigma/discrimination (n = 113, 53.6%)	6	75.0	24	60.0	16	45.7	16	59.3	31	57.4	20	42.6	x^2 (5) = 5.97	0.17	0.309
Maintaining social networks and friends (n = 148, 70.1%)	4	50.0	24	60.0	24	68.6	16	59.3	44	81.5	36	76.6	x^2 (5) = 9.33	0.21	0.097
Feeling a part of the LGBT, Sistergirl and Brotherboy communities (n = 103, 48.8%)	4	50.0	20	50.0	15	42.9	14	51.9	31	57.4	19	40.4	x^2 (5) = 3.54	0.13	0.617
Lack of respect for my identity (n = 112, 53.1%)	6	75.0	22	55.0	16	45.7	16	59.3	33	61.1	19	40.4	x^2 (5) = 7.20	0.18	0.206
The LGBT, Sistergirl and Brotherboy communities no longer being relevant to me (n = 48, 22.7%)	2	25.0	8	20.0	8	22.9	5	18.5	17	31.5	8	17.0	x^2 (5) = 3.69	0.13	0.595

(*Continued*)

Table 2. (*Continued.*)

	18–24		25–34		35–44		45–54		55–64		65+				
	n = 8	%	n = 40	%	n = 35	%	n = 27	%	n = 54	%	n = 47	%	x^2	Cramer's V	P
Not having LGBT, Sistergirl and Brotherboy communities specific accommodation (n = 31, 38.4%)	1	12.5	14	35.0	15	42.9	16	59.3	21	38.9	14	29.8	x^2 (5) = 9.21	0.21	0.101
Losing contact with my culture of origin (n = 16, 7.6%)	0	0.0	5	12.5	3	8.6	3	11.1	3	5.6	2	4.3	x^2 (5) = 3.62	0.13	0.605
Not having in-home care and support services supportive of my identity (n = 70, 33.2%)	3	37.5	13	32.5	13	37.1	10	37.0	22	40.7	9	19.1	x^2 (5) = 6.07	0.17	0.299
The difference between my body form and that expected by carers will be distressing (n = 26, 12.3%)	1	12.5	11	27.5	5	14.3	4	14.8	3	5.6	2	4.3	x^2 (5) = 13.93	0.26	0.016*
Not having my health or personal needs understood (n = 116, 55.0%)	5	62.5	28	70.0	15	42.9	15	55.6	32	59.3	21	44.7	x^2 (5) = 8.32	0.20	0.139

*$p < 0.05$

Concerns about health and care services

Of the 18 health/care concerns listed (see Table 3), age significantly influenced participant responses to five concerns. Higher levels of concern about *Services not recognising or respecting people with diverse gender identities* (x^2 (5, n = 184) = 22.60, $p = 0.000$) were found among participants younger than 45 (18–24: 40.0%, n = 2; 25–34: 47.2%, n = 17; 35–44: 38.7%, n = 31). *Not having the finances to access these services* (x^2 (5, n = 184) = 15.79, $p = 0.007$) was of most concern to participants aged 25–34 (61.1%, n = 22), followed by those aged 35–44 (51.6%, n = 16) and 55–64 (51.0%, n = 25). While at least 60 per cent of participants in all age groups were concerned that *Services are often religious-based organisation*s, significantly lower rates of concern were reported by participants in the 65+ age group (38.1%, n = 16; x^2 (5, n = 184) = 11.73, $p = 0.039$). *The lack of services specifically designed for people like me* (x^2 (5, n = 184) = 12.27, $p = 0.031$) was of greatest concern for participants aged 35–44 years (61.3%, n = 19). The largest proportion of participants reporting that *I do not have any concerns* (x^2 (5, n = 184) = 16.42, $p = 0.006$) was found among participants aged 65+ (26.2%, n = 11). No participants aged 18–34 reported having no concerns about health/care services.

Concerns about the impact of gender or sexuality on the quality of service provision

There were no age-related differences related to concern about the general impact of gender or sexuality on anticipated quality of service provision (x^2 (10, n = 186) = 13.62, $p = 0.191$), with high levels of concern reported across all age groups (see Table 4). Of the 12 specific concerns listed (see Table 5), four were influenced by age. While more than 60 per cent of participants aged 18–44 reported concerns about *Receiving a lower standard of care* (x^2 (5, n = 181) = 18.85, $p = 0.002$), a smaller proportion of participants aged 65+ reported this concern (22.0%, n = 9). Age influenced concerns about *Not receiving sensitive service provision* (x^2 (5, n = 181) = 11.33, $p = 0.045$), with greater concern reported by participants in the 55–64 (69.4%, n = 34) and 35–44 (64.5%, n = 20) age groups. *Not having my cultural identity recognised* (x^2 (5, n = 181) = 13.91, $p = 0.016$) was of most concern among participants aged 25–34 (20.0%, n = 7) and 45–54 (20.0%, n = 4). While age groups varied in response to *I am not concerned at all* (x^2 (5, n = 181) = 14.46, $p = 0.013$), comparatively more participants aged 65+ reported that they were not concerned (36.6%, n = 15).

Information and communication preferences by age group

Several age-related differences were found regarding preferences for obtaining ageing and caring information (see Table 6). Of the LGBT, Sistergirl and Brotherboy-specific resources listed, *LGBT, Sistergirl and Brotherboy communities-specific resources on options for support in my old age* (x^2 (5, n = 178) = 11.08, $p = 0.050$) was more preferred by 55–64-year-old participants (69.4%, n = 34) than participants aged 18–24 (0.0%, n = 0). Of mainstream information sources, *Public health services* were preferred by proportionally fewer participants aged 65+ (42.5%, n = 17) compared with rates of 69.4–80.7 per cent in other age groups (x^2 (5, n = 178) = 15.58, $p = 0.008$).

https://doi.org/10.1017/S0144686X24000540 Published online by Cambridge University Press

Table 3. Concerns about health and care services by age group (n = 184)

	18–24		25–34		35–44		45–54		55–64		65+				
	n = 5	%	n = 36	%	n = 31	%	n = 21	%	n = 49	%	n = 42	%	x^2	Cramer's V	P
I do not have any concerns (n = 20, 10.9%)	0	0.0	0	0.0	2	6.5	3	14.3	4	8.2	11	26.2	x^2 (5) = 16.42	0.30	0.006**
Services are often religious-based organisations (n = 110, 59.8%)	3	60.0	23	63.9	20	64.5	16	76.2	32	65.3	16	38.1	x^2 (5) = 11.73	0.25	0.039*
Services may not be aware or inclusive of me (n = 104, 56.5%)	3	60.0	24	66.7	18	58.1	12	57.1	30	61.2	17	40.5	x^2 (5) = 6.41	0.19	0.269
Staff are not trained in sexuality issues (n = 98, 53.3%)	2	40.0	18	50.0	21	67.7	12	57.1	28	57.1	17	40.5	x^2 (5) = 6.30	0.19	0.278
Staff are not trained in gender identity issues (n = 62, 33.7%)	2	40.0	17	47.2	10	32.3	9	42.9	16	32.7	8	19.0	x^2 (5) = 7.90	0.21	0.161
Staff are not adequately trained to provide appropriate care for people with intersex variations (n = 11, 6.0%)	0	0.0	5	13.9	1	3.2	2	9.5	1	2.0	2	4.8	x^2 (5) = 6.68	0.19	0.246

(*Continued*)

Table 3. (*Continued.*)

	18–24		25–34		35–44		45–54		55–64		65+				
	n = 5	%	n = 36	%	n = 31	%	n = 21	%	n = 49	%	n = 42	%	x^2	Cramer's V	P
Services not recognising my same-sex relationship or including my partner/s (n = 98, 53.3%)	2	40.0	19	52.8	16	51.6	13	61.9	32	65.3	16	38.1	x^2 (5) = 7.76	0.21	0.170
Services not recognising or respecting people with diverse sexualities (n = 80, 43.5%)	1	20.0	17	47.2	17	54.8	9	42.9	21	42.9	15	35.7	x^2 (5) = 4.00	0.15	0.550
Services not recognising or respecting people born with intersex variations (n = 13, 7.1%)	0	0.0	6	16.7	1	3.2	2	9.5	0	0.0	4	9.5	x^2 (5) = 10.44	0.24	0.064
Services not recognising or respecting people with diverse gender identities (n = 47, 25.5%)	2	40.0	17	47.2	12	38.7	6	28.6	6	12.2	4	9.5	x^2 (5) = 22.60	0.35	0.000***
Services not recognising my ethnic expression outside the mainstream norms (n = 10, 5.4%)	0	0.0	5	13.9	0	0.0	1	4.8	2	4.1	2	4.8	x^2 (5) = 7.31	0.20	0.199

(*Continued*)

Table 3. (*Continued.*)

	18–24		25–34		35–44		45–54		55–64		65+				
	n = 5	%	n = 36	%	n = 31	%	n = 21	%	n = 49	%	n = 42	%	x^2	Cramer's V	P
Services not recognising my cultural identity (n = 16, 8.7%)	0	0.0	7	19.4	1	3.2	3	14.3	2	4.1	3	7.1	x^2 (5) = 9.15	0.22	0.103
Services not recognising my religious and/or spiritual beliefs (n = 27, 14.7%)	1	20.0	7	19.4	3	9.7	5	23.8	7	14.3	4	9.5	x^2 (5) = 3.68	0.14	0.596
Service providers having prejudice or discriminatory attitudes/behaviours (n = 101, 54.9%)	2	40.0	21	58.3	17	54.8	14	66.7	28	57.1	19	45.2	x^2 (5) = 3.48	0.14	0.627
The lack of services specifically designed for people like me (n = 70, 38.0%)	0	0.0	13	36.1	19	61.3	9	42.9	17	34.7	12	28.6	x^2 (5) = 12.27	0.26	0.031*
Service providers having prejudice or discriminatory attitudes/behaviours towards HIV (n = 25, 13.6%)	0	0.0	6	16.7	1	3.2	3	14.3	10	20.4	5	11.9	x^2 (5) = 5.96	0.18	0.310
Not having the finances to access these services (n = 82, 44.6%)	1	20.0	22	61.1	16	51.6	9	42.9	25	51.0	9	21.4	x^2 (5) = 15.79	0.29	0.007**

*p < 0.05; **p < 0.01; ***p < 0.001

https://doi.org/10.1017/S0144686X24000540 Published online by Cambridge University Press

Table 4. Concerns about whether sexuality or gender may affect the quality of services by age group (n = 186)

	18–24 n = 5		25–34 n = 36		35–44 n = 31		45–54 n = 21		55–64 n = 50		65+ n = 43		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
No	1	20.0	4	11.1	6	19.4	6	28.6	9	18.0	14	32.6	40	21.5
Yes	4	80.0	23	63.9	18	58.1	12	57.1	31	62.0	15	34.9	103	55.4
Not sure	0	0.0	9	25.0	7	22.6	3	14.3	10	20.0	14	32.6	43	23.1

Table 5. Concerns about how sexuality or gender may affect the quality of services by age group (n = 181)

	18–24		25–34		35–44		45–54		55–64		65+				
	n = 5	%	n = 35	%	n = 31	%	n = 20	%	n = 49	%	n = 41	%	x^2	Cramer's V	P
I am not concerned at all (n = 34, 18.8%)	1	20.0	2	5.7	5	16.1	5	25.0	6	12.2	15	36.6	x^2 (5) = 14.46	0.28	0.013*
Receiving a lower standard of care (n = 90, 49.7%)	3	60.0	23	65.7	19	61.3	9	45.0	27	55.1	9	22.0	x^2 (5) = 18.85	0.32	0.002**
Not receiving sensitive service provision (n = 99, 54.7%)	1	20.0	17	48.6	20	64.5	8	40.0	34	69.4	19	46.3	x^2 (5) = 11.33	0.25	0.045*
Not being able or comfortable to share/identify my sexuality to services (n = 114, 63.0%)	2	40.0	25	71.4	23	74.2	13	65.0	33	67.3	18	43.9	x^2 (5) = 10.71	0.24	0.057
Not being able or comfortable to share/identify my gender identity to services (n = 43, 23.8%)	2	40.0	13	37.1	9	29.0	6	30.0	9	18.4	4	9.8	x^2 (5) = 10.32	0.24	0.067
Not having my gender identity recognised or respected (n = 35, 19.3%)	1	20.0	11	31.4	7	22.6	4	20.0	9	18.4	3	7.3	x^2 (5) = 7.32	0.20	0.198

(*Continued*)

Table 5. (*Continued.*)

	18–24		25–34		35–44		45–54		55–64		65+				
	n = 5	%	n = 35	%	n = 31	%	n = 20	%	n = 49	%	n = 41	%	x^2	Cramer's V	P
Not having my ethnic expression outside the mainstream norms recognised (n = 11, 6.1%)	0	0.0	3	8.6	2	6.5	4	20.0	1	2.0	1	2.4	x^2 (5) = 9.85	0.23	0.079
Not having my cultural identity recognised (n = 16, 8.8%)	0	0.0	7	20.0	3	9.7	4	20.0	1	2.0	1	2.4	x^2 (5) = 13.91	0.28	0.016*
Not having my religious and/or spiritual beliefs recognised (n = 18, 9.9%)	1	20.0	5	14.3	3	9.7	1	5.0	5	10.2	3	7.3	x^2 (5) = 2.17	0.11	0.825
Not having my same-sex relationship or partner/s recognised (n = 93, 51.4%)	2	40.0	16	45.7	21	67.7	12	60.0	27	55.1	15	36.6	x^2 (5) = 8.49	0.22	0.131
Not receiving appropriate assessment of care needs (n = 69, 38.1%)	2	40.0	16	45.7	14	45.2	8	40.0	17	34.7	12	29.3	x^2 (5) = 3.15	0.13	0.677

*$p < 0.05$; **$p < 0.01$

Table 6. Preferences regarding source of ageing and care information and support by age group (n = 178)

	18–24		25–34		35–44		45–54		55–64		65+				
	n = 5	%	n = 33	%	n = 31	%	n = 20	%	n = 49	%	n = 40	%	x^2	Cramer's V	P
Ageing or carer information from the LGBT, Sistergirl and Brotherboy communities															
LGBT, Sistergirl and Brotherboy communities-specific media (n = 104, 58.4%)	2	40.0	16	48.5	21	67.7	13	65.0	30	61.2	22	55.0	x^2 (5) = 3.86	0.15	0.57
LGBT, Sistergirl and Brotherboy communities-specific health and Support Services (n = 110, 61.8%)	3	60.0	19	57.6	21	67.7	16	80.0	30	61.2	21	52.5	x^2 (5) = 5.00	0.17	0.416
HIV support organisation (n = 28, 15.7%)	0	0.0	6	18.2	6	19.4	4	20.0	9	18.4	3	7.5	x^2 (5) = 3.97	0.15	0.554
LGBT, Sistergirl and Brotherboy communities-specific support organisations (*e.g.* local communities, social groups) (n = 98, 55.1%)	1	20.0	17	51.5	18	58.1	14	70.0	28	57.1	20	50.0	x^2 (5) = 5.07	0.17	0.408

(*Continued*)

Table 6. (*Continued.*)

	18–24		25–34		35–44		45–54		55–64		65+				
	n = 5	%	n = 33	%	n = 31	%	n = 20	%	n = 49	%	n = 40	%	x^2	Cramer's V	P
LGBT, Sistergirl and Brotherboy communities-specific resources on options for support in my old age (n = 98, 55.1%)	0	0.0	16	48.5	17	54.8	10	50.0	34	69.4	21	52.5	x^2 (5) = 11.08	0.25	0.050*
Ageing or carer information from mainstream sources															
General practitioners (n = 149, 83.7%)	4	80.0	28	84.8	29	93.5	16	80.0	40	81.6	32	80.0	x^2 (5) = 3.04	0.13	0.693
Public health services (n = 119, 66.9%)	4	80.0	23	69.7	25	80.6	16	80.0	34	69.4	17	42.5	x^2 (5) = 15.58	0.30	0.008**
General community services (n = 124, 69.7%)	4	80.0	25	75.8	20	64.5	16	80.0	33	67.3	26	65.0	x^2 (5) = 7.90	0.12	0.162
Government agencies (*e.g.* Centrelink) (n = 114, 64.0%)	3	60.0	24	72.7	22	71.0	16	80.0	29	59.2	20	50.0	x^2 (5) = 4.25	0.21	0.514
General media campaigns (n = 105, 59.0%)	3	60.0	19	57.6	20	64.5	17	85.0	25	51.0	21	52.5	x^2 (5) = 2.77	0.21	0.736

(*Continued*)

Table 6. (*Continued.*)

	18–24		25–34		35–44		45–54		55–64		65+				
	n = 5	%	n = 33	%	n = 31	%	n = 20	%	n = 49	%	n = 40	%	x^2	Cramer's V	P
General information and referral services (n = 125, 70.2%)	3	60.0	21	63.6	26	83.9	14	70.0	35	71.4	26	65.0	x^2 (5) = 8.00	0.15	0.156
Other support that the LGBT, Sistergirl and Brotherboy communities should provide older LGBT, Sistergirl and Brotherboy peoples															
Information and referrals (n = 140, 78.7%)	1	20.0	25	75.8	26	83.9	18	90.0	41	83.7	29	72.5	x^2 (5) = 14.08	0.28	0.015*
Support in obtaining sensitive and appropriate assessment for service provision (n = 136, 76.4%)	2	40.0	30	90.9	26	83.9	17	85.0	37	75.5	24	60.0	x^2 (5) = 15.3	0.29	0.009**
Support in accessing aged care and carers services (n = 142, 79.8%)	2	40.0	29	87.9	27	87.1	18	90.0	40	81.6	26	65.0	x^2 (5) = 14.09	0.28	0.015*

(*Continued*)

Table 6. (*Continued.*)

	18–24		25–34		35–44		45–54		55–64		65+				
	n = 5	%	n = 33	%	n = 31	%	n = 20	%	n = 49	%	n = 40	%	x^2	Cramer's V	P
Provision of LGBT, Sistergirl and Brotherboy communities services (n = 117, 65.7%)	4	80.0	27	81.8	25	80.6	17	85.0	30	61.2	14	35.0	x^2 (5) = 27.81	0.40	0.000***
Social groups/events (n = 134, 75.3%)	4	80.0	28	84.8	27	87.1	17	85.0	36	73.5	22	55.0	x^2 (5) = 13.95	0.28	0.016*
Support groups (n = 130, 73.0%)	4	80.0	26	78.8	26	83.9	16	80.0	31	63.3	27	67.5	x^2 (5) = 6.02	0.18	0.305
LGBT, Sistergirl and Brotherboy communities-specific carers (n = 123, 69.1%)	4	80.0	23	69.7	27	87.1	18	90.0	34	69.4	17	42.5	x^2 (5) = 22.34	0.35	0.000***
LGBT, Sistergirl and Brotherboy communities-specific resources on ageing/carers issues (n = 114, 64.0%)	3	60.0	21	63.6	24	77.4	18	90.0	34	69.4	14	35.0	x^2 (5) = 23.56	0.36	0.000***
Advocacy (n = 119, 66.9%)	3	60.0	25	75.8	25	80.6	15	75.0	29	59.2	22	55.0	x^2 (5) = 8.38	0.22	0.136

(*Continued*)

Table 6. (*Continued.*)

	18–24		25–34		35–44		45–54		55–64		65+				
	n = 5	%	n = 33	%	n = 31	%	n = 20	%	n = 49	%	n = 40	%	x^2	Cramer's V	P
Intergenerational connections (n = 90, 50.6%)	2	40.0	23	69.7	21	67.7	14	70.0	18	36.7	12	30.0	x^2 (5) = 22.25	0.35	0.000***
Yarning circles (n = 72, 40.4%)	2	40.0	19	57.6	18	58.1	12	60.0	12	24.5	9	22.5	x^2 (5) = 21.72	0.35	0.001***

*p < 0.05; **p < 0.01; ***p < 0.001

Significant age-related trends were found for potential supports that LGBT, Sistergirl and Brotherboy communities could provide older LGBT, Sistergirl and Brotherboy peoples. Preference for *Information and referrals* increased with age to 90.0 per cent of participants aged 45–54 (n = 18) and then declined at the same rate, x^2 (5, n = 178) = 14.08, $p = 0.015$. Preference for *Social groups* also increased with age to 87.1 per cent of participants aged 35–44 and declined with age (x^2 (5, n = 178) = 13.95, $p = 0.016$). Also, *LGBT, Sistergirl and Brotherboy communities-specific resources on ageing/carers issues* showed a similar increase in preference with age, peaking at 90.0 per cent at age 45–54 (n = 18) before declining (x^2 (5, n = 178) = 23.56, $p = 0.000$).

Some supports showed lower levels of demand in the youngest and oldest age groups. *Support in obtaining sensitive and appropriate assessment for service provision* was preferred by 90.9 per cent of participants aged 25–34 (n = 30), 40.0 per cent aged 18–24 (n = 2) and 60.0 per cent aged 65+ (n = 24). *Support in accessing aged care and carers services* (x^2 (5, n = 178) = 14.09, $p = 0.015$) showed a similar trend, with at least 80 per cent of participants aged 25–64 reporting this preference compared with 65.0 per cent of participants aged 65+ (n = 26) and 40.0 per cent aged 18–24 (n = 2).

Other supports demonstrated lower demand in older age groups. *Provision of LGBT, Sistergirl and Brotherboy communities services* was preferred by more than 80.0 per cent of participants aged 18–54 and declined with age (x^2 (5, n = 178) = 27.81, $p = 0.000$). Fewer participants aged 55+ expressed a preference for *Intergenerational connections* (x^2 (5, n = 178) = 22.25, $p = 0.000$) or *Yarning circles* (x^2 (5, n = 178) = 21.72, $p = 0.001$) compared with younger participants. Between 69.4 and 90.0 per cent of participants aged 18–64 reported a preference for *LGBT, Sistergirl and Brotherboy communities-specific carers*, compared to 42.5 per cent of participants aged 65+ (n = 17), (x^2 (5, n = 178) = 22.34, $p = 0.000$).

Discussion

This study aimed to understand possible age-related trends regarding concerns about ageing, health/care services, the potential impact of their gender or sexuality on care services, and preferences for provision of ageing and care information among LGBT, Sistergirl and Brotherboy communities. Several notable differences were found across age strata, as anticipated by age stratification theory.

Concerns about ageing and care

Older participants were more likely to report lower levels of concern regarding many issues. They were less likely to report concerns about ageing/care services, or the impact of gender or sexuality on quality of service provision, compared with other age groups, which may relate to experiencing or observing positive interactions with health and care services (Australian Institute of Health and Welfare 2019; Waling et al. 2019), or the development of coping strategies associated with marginalisation (described by de Vries [2015] as 'positive marginality'). It may also reflect access to greater resources, in alignment with age stratification theory (McMaughan et al. 2020).

Significantly fewer participants aged 55+ reported concerns about their body form being different from that expected compared with participants aged 25–34, which may

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reflect increased expression of diverse gender identities among younger age groups (Australian Bureau of Statistics 2018; Wilson et al. 2020). This may also account for the proportionally greater levels of concern among participants younger than 45 about services not respecting or being designed for diverse genders and sexualities.

Concerns about services being delivered via religious organisations were observed among 38.1 per cent of participants aged 65+ compared with at least 60 per cent in the other age groups, contrasting with research reporting anxiety among gay, lesbian and trans persons about receiving care from services affiliated with religious organisations (Waling et al. 2019, 2020). With homosexuality decriminalised and anti-discrimination legislation implemented in Queensland, Australia in 1991 (Bull et al. 1991; Queensland Government, 1991), these participants are more likely to have experienced religious discrimination and marginalisation. While reduced rates of anxiety may reflect positive interactions with services or the effects of positive marginality, participants may have identified alternatives to mainstream care services, such as in-home modification and care, care provided by family or friends, or voluntary assisted dying (Australian Institute of Health and Welfare 2019; Waling et al. 2019, 2020).

Concerns regarding finances to access services were greater among participants aged 25–64 compared with older participants. While this aligns with age stratification theory's premise that resources are inequitably distributed in favour of older people (House et al. 1994), almost two-thirds of participants aged 25–34 (61.1%) and half of participants aged 35–64 (35–44 = 51.6%; 55–64 = 51.0%) shared it, supporting the premise that inequities in resource distribution continue into older age and access to resources is more heavily influenced by socio-economic status (McMaughan et al. 2020).

Information and care preferences

Age-stratefied differences in preference for LGBT, Sistergirl and Brotherboy communities-specific informational resources may reflect greater immediacy of need for this information among older participants, as younger cohorts may not have considered what resources they might need in old age (Preston et al. 2018). Age-related patterns were observed regarding preferences for supports from LGBT, Sistergirl and Brotherboy communities. Preferences for communities-based information and referrals, social groups and resources regarding issues involving ageing/carers increased with age, peaked around age 35–44 and then declined. Similarly, the proportions of participants who indicated wanting support in obtaining sensitive and appropriate assessment for service provision and accessing aged care/carer services were significantly lower in the 18–24 and 65+ age groups compared with other age groups. Fewer older participants expressed interest in LGBT, Sistergirl and Brotherboy communities' services and carers, intergenerational connections and yarning circles compared with younger participants.

Lower preferences for supports among younger participants may reflect a lack of planning for old age (Preston et al. 2018), but lower rates of preference for supports among older participants may reflect generational experiences influencing participant expectations, aligning with the provisions of age stratification theory. Older participants who have been pathologised, criminalised or marginalised may hold fewer

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positive expectations about ageing and health/care services (Allen 2021; Waling et al. 2019, 2020) and may already have experienced ageism and marginalisation from mainstream communities (Australian Human Rights Commission 2021) or LGBT, Sistergirl and Brotherboy communities (Carnaghi et al. 2021; Crenitte et al. 2019; Wilson et al. 2018). Further research could employ qualitative methods to understand the influence of past and present marginalisation and experiences with public health services on the expectations and preferences of older LGBT, Sistergirl and Brotherboy persons. Future research could also consider exploring differences across age strata within gender and sexuality categories using a larger dataset, as this was not possible in the current study due to small sub-sample sizes.

Implications for health and care practice include an opportunity to improve education within health and care services regarding diverse body forms and gender identities, in a way that ensures sensitive, appropriate and quality care that acknowledges gender, sexuality and cultural identities. Implications for policy include the need to facilitate financial support in older age to ensure that people receive sensitive, appropriate care and access to services designed for them, including the provision of non-religious service providers and services for the LGBT, Sistergirl and Brotherboy communities by LGBT, Sistergirl and Brotherboy communities. There is also a need for increased funding and support for LGBT, Sistergirl and Brotherboy communities and organisations to provide service support and information to older members of the LGBT, Sistergirl and Brotherboy communities.

Limitations

There are several limitations to the current study. Although the survey was designed to include persons born with intersex characteristics, no participants reported being born with intersex variations, meaning that their concerns and preferences were not captured in this study. In addition to facing medically unnecessary surgeries and treatment without consent, people with intersex traits also often face pathologisation, secrecy, stigma, discrimination and shame due to endosexism (Jones et al. 2016), including poorer mental and physical health resulting from the violation of bodily autonomy and human rights (Berry and Monro 2022). Research has reported negative experiences with disclosure in social (Jones et al. 2016), educational (Brömdal et al. 2021; lisahunter et al. 2023) and health-care (Latham and Barrett 2015) contexts, and the prospect of exposure due to dependence on aged care services for personal care activities may be particularly distressing (Latham and Barrett 2015). Further peer-led research is needed to gain insights into the needs, concerns and preferences about ageing and care services of this priority population.

Additionally, the survey was delivered in an online format, which may have created barriers preventing older people from participating. Although an attempt was made to address this by making the survey available in a paper version, no participants completed the survey in this format in full. Future research may consider more strategic means of facilitating participation among older age groups.

The current study intended to provide a snapshot of concerns and preferences regarding health/care services and information provision across different age strata at a single point in time. Given the use of convenience sampling and the regional

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focus on one state in Australia, the results cannot be generalised beyond Queensland, Australia. Furthermore, how preferences change across the lifespan or are influenced by individual-level factors should be explored in future research.

Finally, the reliance on nominal variables limited statistical analysis to frequencies and chi-square. Larger chi-square values require caution in interpretation, with the majority of analyses demonstrating small effect sizes. The current study does, however, highlight notable differences across age groups that warrant further exploration, and suggests that it may be beneficial to explore different modes of health/care policy and service provision, information and support based on age.

Acknowledgments. The authors wish to express our heartfelt and sincere gratitude to all of the LGBT Sistergirl and Brotherboy persons who shared their concerns and information preferences about ageing and care services in Queensland, Australia. Without their inputs, this article would not have been possible. The authors would also like to specifically thank Lance Schema who contributed to the initial stages of this study.

Author contributions. All authors contributed to the design of the study. Data extraction, preparation and analysis were performed by MS and AB. The first draft of the manuscript was prepared by MS and AB. All authors commented on all versions of the manuscript. All authors read and approved the final manuscript.

Financial support. This work was supported by the University of Southern Queensland with the first author as the lead investigator. The authors also acknowledge the financial support provided by Queensland Positive People and Queensland Council for LGBTI Health.

Competing interests. The authors confirm that there are no competing interests to declare.

Ethical standards. The research was granted ethical approval by the University of Southern Queensland's Human Research Ethics Committee (Approval No: H21REA098). All study activities were performed in accordance with the ethical standards of the University of Southern Queensland's Human Research Ethics Committee and with the 1964 Declaration of Helsinki and its later amendments, including the Australian National Statement on Ethical Conduct in Human Research (2007) – Updated 2018.

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Cite this article: Brömdal A, Stanners MN, Mullens AB, Beccaria L, Debattista J, Sargent J, Howard C, Matson A and Farmer G (2024) Age-related differences regarding ageing and care service concerns and information preferences among LGBT, Sistergirl and Brotherboy people in Australia: a cross-sectional study. *Ageing and Society*, 1–26. https://doi.org/10.1017/S0144686X24000540