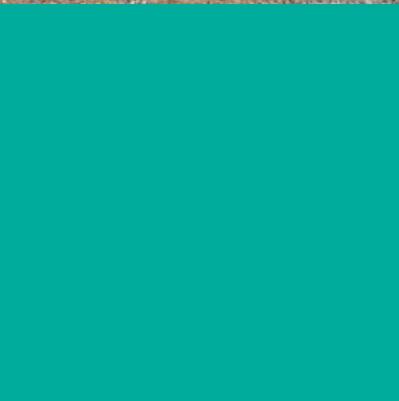
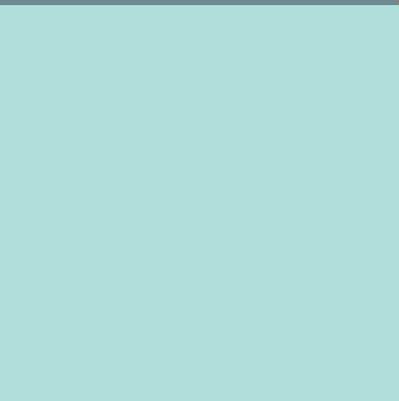
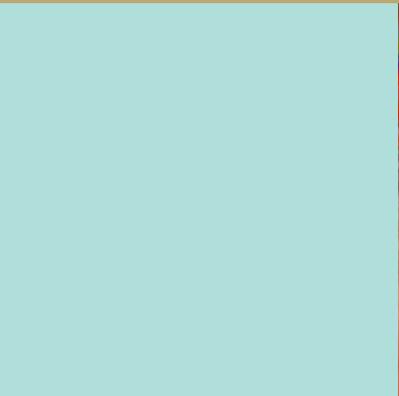
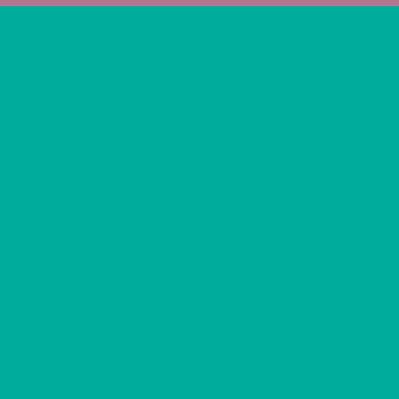


AGED CARE DIVERSITY FRAMEWORK

Actions to support Lesbian, Gay, Bisexual,
Trans and Gender Diverse and Intersex elders:

CONSULTATION REPORT

JUNE 2019



SILVER RAINBOW

NATIONAL LGBTI HEALTH ALLIANCE

The National LGBTI Health Alliance (the Alliance) is the national peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender, and intersex people (LGBTI) and other sexuality, gender, and bodily diverse people and communities. Through collaboration between communities, government, services, and researchers the Alliance provides a national focus to improve health outcomes for LGBTI people through policy, advocacy, representation, research evidence, and capacity building.



SILVER RAINBOW

Silver Rainbow is the Alliance's LGBTI Ageing and Aged Care Project. It provides national coordination and support activities promoting the well-being of LGBTI elders and the ongoing delivery of the LGBTI awareness training to the aged care sector. Silver Rainbow works collaboratively with the government, aged care providers and related services, LGBTI older people and elders and organisations to create an LGBTI-inclusive aged care sector. This is through providing policy and program advice to the Department of Health and the ageing and aged care sector and working in partnership with LGBTI organisations and individuals across Australia and internationally. Silver Rainbow's vision is that all older people experience a high quality aged care system that ensures equitable access and outcomes and embraces their diverse characteristics and life experiences.

Aged Care Diversity Framework – Actions to Support LGBTI Elders Consultation Report

Daniel Comensoli and Samantha Edmonds

© 2019 National LGBTI Health Alliance

This consultation report was developed as part of the Silver Rainbow LGBTI Ageing and Aged Care Project. Silver Rainbow is funded by the Australian Government Department of Health.

Acknowledgement

The National LGBTI Health Alliance, Silver Rainbow would like to acknowledge all the people that contributed to the development of the Action Plan documents. Without their participation and passion for an LGBTI inclusive ageing and aged care system, this work would not have been possible.

E: silverrainbow@lgbtihealth.org.au

W: lgbtihealth.org.au/ageing



CONTENTS

1. INTRODUCTION.....	4
1.1 Mental health and wellbeing of LGBTI people and LGBTI older people	4
1.2 Background.....	6
2. PROJECT METHODOLOGY	9
3. LITERATURE REVIEW.....	10
3.1 LGBTI elders and older people.....	10
3.2 Fear and mistrust of services due to historical instances of discrimination.....	10
3.3 LGBTI elders and their rights	11
3.4 LGBTI elders and family control.....	11
4. RESULTS	12
4.1 Safety in Aged Care	13
4.1.1 Making Aged Care Safe for LGBTI Elders ...	13
4.1.2 Safety in Aged Care: Knowing Aged Care Service is Safe	13
4.2 Aged Care Journey	14
4.2.1 What needs to be done to help LGBTI elders with making decisions	14
4.2.2 Engaging with My Aged Care and the Aged Care Assessment Team and ensuring they are inclusive	15
4.2.3 Aged Care Service providers being inclusive.....	15
4.2.4 Services being inclusive and accommodate intersectionalities	16
4.2.5 End of life care.....	17
4.2.6 Evaluating Action Points	17
4.3 Consumer Outcomes	19
4.3.1 Consumer Outcome One - Making informed choices	19
4.3.2 Consumer Outcome Two - Adopting systemic approaches to planning and implementation	21
4.3.3 Consumer Outcome Three - Ensuring quality care and support	22
4.3.4 Consumer Outcome 4 - Supporting a proactive and flexible system	23
4.3.5 Consumer Outcome 5 - Respectful and Inclusive Services	25
5. CONCLUSION	27

1. INTRODUCTION

I wonder how many facilities do not know they have members of the LGBTQI community in their residences? Probably lots.

In Australia, the acronym 'LGBTI' refers collectively to people who are lesbian, gay, bisexual, transgender, and/or intersex. LGBTI is often viewed as and referred to as single category that is spoken about using broad generalisations. However, LGBTI communities are not homogenous. Within the LGBTI acronym are several distinct, but sometimes overlapping, demographics each with their own histories, experiences and health needs. Furthermore, LGBTI people are part of all population groups including Aboriginal and Torres Strait Islander people, people living in rural and remote areas, as well as culturally and linguistically diverse populations. Fundamentally, older Australians display the same diversity in genders, bodies, relationships, and sexualities as the broader Australian population.

The category of 'LGBTI' people and populations are now recognised by the Commonwealth Government in some federal legislation, policies, and programs^{2,3}. It is assumed that LGBTI people and those who have a diverse sex, sexuality, body or gender identity exist in a worldwide context and represent a significant proportion of the population. However, there is a lack of data on the sexual orientation, gender identity and variations in sex characteristics (sometimes called intersex) of the Australian population. National population data that is LGBTI-inclusive will provide a more accurate picture of the number of LGBTI people living in Australia. Current estimates put LGBTI people as representing 11% of the population. LGBTI people are likely to be represented by at least the same proportion in older populations.



2 Australian Government, (2013). Australian Guidelines on the Recognition of Sex and Gender: Updated November 2015, Australian Government, Canberra
3 Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013 (Cth).

1.1 MENTAL HEALTH AND WELLBEING OF LGBTI PEOPLE AND LGBTI OLDER PEOPLE

Although most LGBTI Australians live healthy and happy lives, an overwhelming amount of research evidence has consistently demonstrated that a disproportionate number experience poorer mental health outcomes and have higher risk of suicidal behaviours than non-LGBTI people. It is important to note that the adverse mental health outcomes among LGBTI people are not due to their sexual orientation, gender identity or variations in sex characteristics. Rather, it is due to their experiences of stigma, prejudice, discrimination and social exclusion, as key social determinants of health.

LGBTI people are also at higher risk of a range of mental diagnoses and are more likely to be diagnosed with anxiety and depression, and psychological distress.⁴ Lesbian, Gay and Bisexual people are twice as likely to have symptoms that match the criteria for a mental health disorder in the past 12 months, with 24.4% of LGBTI people currently meeting the full criteria for a major depressive episode.⁵

It is vital to note that LGBTI Indigenous and Torres Strait Islander people who are also LGBTI, Sistersgirls or Brotherboys experience a number of significant and intersecting points of discrimination and marginalisation. These include structural, institutional and interpersonal forms of discrimination based on race, gender, colonialism, and LGBTI status. As a result, Indigenous LGBTI people face further challenges in relation to their overall mental health, social and emotional wellbeing.⁶

There is a clear and demonstrable relationship between abuse and harassment, and psychological distress. Specifically, 19.2% of LGBT people aged 60 to 89 (21.6% men and 16.7% women) reported being diagnosed or treated for any mental health disorder in the past three years.⁷ 19.4% of Transgender and Gender Diverse people aged 50 and over have a major depressive syndrome. 10.2% of Transgender and Gender Diverse people aged 50 and over have an anxiety syndrome. The Kessler Psychological Distress Scale (K10) is a 10-item questionnaire designed to measure an individual's psychological distress based on questions surrounding their anxiety and depressive symptoms in the most recent past four weeks.⁸ LGBT older people aged 49 to 59 average a K10 score of 19.11, indicating moderate levels of psychological distress.⁹ Gay men and Lesbian women and Transgender women and aged 60 to 89 average a K10 score is 16, indicating moderate levels of psychological distress.

Compared to the general population, LGBTI people are in their lifetime more likely to attempt suicide, have thoughts of suicide, and engage in self harm. There is limited data on how ageing impacts on rates of suicide and completed suicide among LGBTI people, and in particular older LGBTI people, despite Australian data showing increased risk of suicide specifically among older men aged late 70s to early 80s.⁹

4 National LGBTI Health Alliance, (2016). "Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI people." Available from: www.lgbtihealth.org.au/wp-content/uploads/2016/07/SNAPSHOT-Mental-Health-and-Suicide-Prevention-Outcomes-for-LGBTI-people-and-communities.pdf

5 National LGBTI Health Alliance, (2016). "Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI people." Available from: www.lgbtihealth.org.au/wp-content/uploads/2016/07/SNAPSHOT-Mental-Health-and-Suicide-Prevention-Outcomes-for-LGBTI-people-and-communities.pdf

6 Australian Human Rights Commission, (2015). "Resilient Individuals: Sexual Orientation, Gender Identity and Intersex Rights." Available from: www.humanrights.gov.au/our-work/lgbti/publications/resilient-individuals-sexual-orientation-gender-identity-intersex

7 Leonard, W., Lyons, A. & Bariola, E. (2015) A Closer Look at Private Lives 2: Addressing the mental health and well-being of LGBT Australians Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne

8 Leonard et al. (2015)

9 KPMG. (2013). The economic cost of suicide in Australia. Produced by KPMG Health Economics for Menslink. Available from: www.menslink.org.au/wp-content/uploads/2013/10/KPMG-Economic-cost-of-suicide-in-Australia-Menslink.pdf

1.2 BACKGROUND

In 2011, the Productivity Commission released its report on Australia's aged care system, *Caring for Older Australians*. In response to this report, the federal government introduced the *Living Longer Living Better* package of aged care reforms, which aimed to build a better, fairer and more nationally consistent aged care system, including "older Australians from diverse backgrounds.". Under *Living Longer Living Better*, the aged care reform package provided \$3.7 billion over five years \$955.4 million to help people to stay at home. Five bills formed the package of reforms including the Aged Care (Living Longer Living Better) Act 2013 which amended the Aged Care Act 1977 to include LGBTI people in the "special needs" group. The reforms passed with bipartisan support.

In the same year (2013), the *Sex Discrimination Act 1984* was amended to include new protections against discrimination on the basis of an individual's sexual orientation, gender identity, and intersex status. *The Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013* also ensured that all government funded aged care service providers were to provide non-discriminatory services to LGBTI people. These legislative changes played a key role in increasing awareness of the issues surrounding LGBTI-inclusive practices in the aged care system over recent years.

In October 2011, the first National Ageing and Aged Care Roundtable was established to discuss and identify key issues in the area of LGBTI ageing and aged care. One of the key recommendations from the roundtable was the development of a National LGBTI Aged Care Strategic Plan, by the Australian Government working in partnership with the LGBTI community sector.

In 2012, the federal government commissioned a series of targeted consultations across Australia with consumers and stakeholders representing LGBTI elders and older people. These consultations involved sessions being held in all capital cities and a number of regional centres and aimed to assess the requirement for further actions and strategies to support the aged care needs of LGBTI older people.

Following this process, the National LGBTI Ageing and Aged Care Strategy (the Strategy) was developed to ensure equitable access to high-quality, culturally appropriate aged care for all LGBTI people. It was released by the government in December 2012 and endorsed by the new government in September 2013. The LGBTI Strategy was guided by a set of principles, which provided a framework for LGBTI inclusion in aged care, and were designed to help aged care organisations consider their own LGBTI-inclusive practices. The principles were based on an overarching commitment to ensuring the needs of LGBTI people were understood, respected and made visible in Australia's aged care policies and programs.¹⁰

10 Australian Government, Department of Health (2012). National LGBTI Ageing and Aged Care Strategy. Available from: <https://agedcare.health.gov.au/older-people-their-families-and-carers/people-from-diverse-backgrounds/national-lesbian-gay-bisexual-transgender-and-intersex-lgbti-ageing-and-aged-care-strategy>

Despite the implementation of reforms in the aged care sector, the need for a more strategic and systematic approach to address the care needs of older people with diverse characteristics and lived experiences was identified. The implementation of the Strategy took place over four and half years to June 2017. At its conclusion, it was replaced by the broader, overarching Aged Care Diversity Framework, announced by the Hon Ken Wyatt, MP, as Minister for Aged Care, in Canberra on 6 December 2017. The Framework adopts a human rights approach to aged care and recognises the shared challenges faced by individuals with diverse characteristics and lived experiences and intends to address the systemic barriers to access to aged care services faced by these individuals. The Framework provides an overarching structure and will be supported by three separate Actions Plans - for Culturally and Linguistically Diverse (CALD) communities, Aboriginal and Torres Strait Islander Australians, and Lesbian, Gay, Bisexual and Trans and/or intersex (LGBTI) - that will focus on the specific needs of these particular communities.¹¹

The Diversity Framework lists six overarching imperatives that are essential in ensuring an inclusive aged care system that embraces the diverse characteristics and life experience of older people:

- **Equity of access and outcomes:** Older people have equitable access to information and services that are effective and appropriate to their needs, take account of individual circumstances and overcome any barriers.
- **Empowerment:** Older people with diverse characteristics and life experiences, their families, carers and regular representatives are respected and supported by the sector and have the information, knowledge and confidence to maximise their use of the aged care system.
- **Inclusion:** Older people with diverse characteristics and life experiences, their families, carers and regular representatives are included in the development, implementation and evaluation of aged care policies and programs on an ongoing basis by providers and the Government.
- **Quality:** Older people are treated with dignity and respect, and can maintain their identity, make choices about their care and services and how their care and services support them to live the lives they choose.
- **Capacity building:** Older people and their communities have the capacity to articulate their ageing and aged care needs; be involved in the development of services and the workforce to meet their needs; and have diverse characteristics and life experiences embraced.
- **Responsive and accountable:** Providers demonstrate they meet the diverse needs and expectations of older people, their families, carers and regular representatives by being responsive and accountable and having transparent reporting and activities.

11 Australian Government, Department of Health (2017). Aged Care Diversity Framework. Available from: www.agedcare.health.gov.au/support-services/people-from-diverse-backgrounds/aged-care-diversity-framework

Furthermore, there are six strategies for achieving outcomes for consumers that fall under these overarching system elements. These priorities aim to address the issues of older people from all diverse backgrounds. The strategies are:

1. Making informed choices:

"Older people are given information in a way that enables them to be well informed about aged care and healthy ageing to enact their informed choice and control over the care they require."

2. Adopting systemic approaches to planning and implementation:

"Older people are partners in a systemic approach to planning and implementation that includes the capture, monitoring, analysis and evaluation of data about their diverse characteristics and life experiences to ensure equitable access and outcomes."

3. Accessible care and support:

"All older people receive quality aged care services and supports that meet their diverse needs particularly where there is limited choice around services that are acceptable and accessible."

4. Supporting a proactive and flexible system:

"A proactive and flexible aged care system that will respond to the needs of existing and emerging diverse groups, including an increasingly diverse aged care workforce."

5. Respectful and inclusive services:

"Providers meet the requirements of older people with diverse characteristics and life experience, their families, carers and regular representatives, through respectful and inclusive services; ensuring specific needs are effectively addressed."

6. Meeting the needs of the most vulnerable:

"Older people can access high quality and culturally safe aged care services and supports that meet their needs irrespective of their personal, social or economic vulnerabilities."¹²

As a member of the Aged Care Sector Committee Diversity Sub-group, the National LGBTI Health Alliance was commissioned by the Department of Health to host broad ranging consultations across Australia in order to inform the development of the LGBTI Aged Care Action Plan. This Action Plan will influence government policy on LGBTI ageing and lead the aged care sector to better meet the needs of LGBTI elders and older people.



12

Australian Government, Department of Health (2017). Aged Care Diversity Framework: Aged Care Sector Committee Diversity Sub-group. Available from: www.agedcare.health.gov.au/support-services/people-from-diverse-backgrounds/aged-care-diversity-framework

2. PROJECT METHODOLOGY

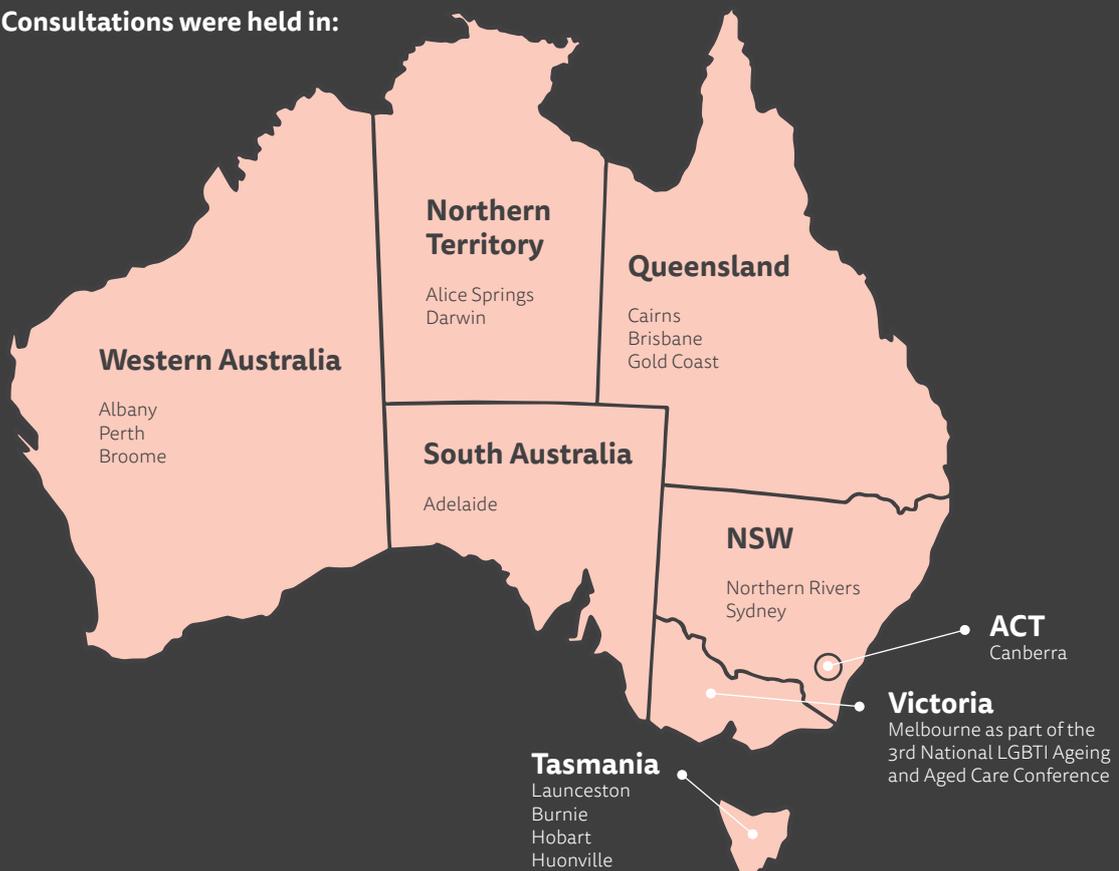
The Alliance held extensive consultations across Australia from August 2017 until March 2018. These consultations were arranged with Alliance partner organisations, peak LGBTI and ageing organisations, and local LGBTI community groups. Attendance at each varied from five in more remote areas to more than thirty-five in metropolitan areas. There were seventeen general face to face consultations with LGBTI older people, their families, advocates and representatives, allies, carers, aged care providers, health professionals and other peak agencies.

Specific additional consultations were held with trans and gender diverse people, lesbian women, intersex people, people living with HIV/AIDS and Aboriginal and Torres Strait Islander LGBTI and Brotherboy and Sistergirl peoples and elders.

A survey for LGBTI people, including a version in plain language, and a survey for providers was made available online from October 2017 through to February 2018. This survey could also be downloaded or posted to those that preferred a paper version.

“Listen to me. Be respectful. Provide client-centric care. If I say that a direct carer is not respecting my values, remove that carer. Throughout my life my home has been the only place where my values are consistently respected; if that's breached, I have nothing left.”

General LGBTI Consultations were held in:



3. LITERATURE REVIEW

3.1 LGBTI ELDERS AND OLDER PEOPLE

A review of the literature, research evidence and lived experiences of LGBTI older people elders revealed a number of issues. LGBTI older people and elders are likely to have experienced violence, stigma and discrimination throughout their lives. As a result, these elders may be reluctant to disclose their experiences, identities and/or histories to aged care services and therefore remain isolated or invisible within both the sector and the broader community. Combined with general stigmatisation and invisibility of LGBTI needs at large, this results in a lack of awareness of the unique needs of LGBTI people and their families of choice,, including a lack of targeted services to support them. In addition, the fear of mistreatment or rejection from aged care providers can lead to LGBTI elders delaying seeking care until their health deteriorates or a crisis occurs.

3.2 FEAR AND MISTRUST OF SERVICES DUE TO HISTORICAL INSTANCES OF DISCRIMINATION

Many LGBTI older people and elders have lived through a time where identities were pathologised or criminalised, LGBT conversion therapies were encouraged, and involuntary medical interventions and surgeries were routinely performed. As a result, many LGBTI older people have learned to conceal their sexual orientation, gender identity or intersex status in order to be safe, particularly when interacting with the health or social services sector. The fear and mistrust of these services in the past have led LGBTI seniors to be reluctant in utilising mainstream services, including aged care. Reliving past discrimination when encountering new forms of discrimination in the aged care environment can lead to feelings of anxiety and/or depression.

3.3 LGBTI ELDERS AND THEIR RIGHTS

Very few LGBTI elders are comfortable or confident in asserting their rights within the aged care environment. Staff working in the aged care sector may be unaware of the legal responsibilities of aged care service provision in relation to anti-discrimination legislation. Under the federal Sex Discrimination Act 1984, it is unlawful for a federally funded aged care service to discriminate against residents on the basis of sexual orientation, gender identity and intersex status. Additionally, many aged-care providers have not had access to adequate training relating to issues surrounding LGBTI ageing and inclusive service provision. Additionally, the new set of Aged Care Quality Standards, which all Commonwealth subsidised aged care providers are accredited against, highlight diversity and person centred care.¹³

It is essential that service providers understand the key concerns of LGBTI elders, their need to remain connected to their communities and how opportunities for connection and expression can be adequately provided.

3.4 LGBTI ELDERS AND FAMILY CONTROL

Many LGBTI elders rely on family members to advocate for them within a range of sectors, including aged care service providers. However, some family members can take advantage of this dependency and opportunity to control the gender, body, sexuality or relationships of these elders. This can occur in a range of ways, including preventing access to their partners. In some instances, some family members may be not be aware of and/or hostile to their relatives being LGBTI.

As a result, LGBTI elders may be vulnerable to having their wishes disregarded by relatives or carers when making property, medical and care decisions.



4. RESULTS

As part of the nation-wide consultation process, an LGBTI Aged Care Action Plan Survey was distributed among aged care providers and other organisations to contribute their ideas on what the LGBTI Aged Care Action Plan should include. The following summary highlights the key issues and themes that arose from the survey responses. For more information on this process and the responses received by aged care providers, please contact the National LGBTI Health Alliance.

“I have blended in all my life, if I go into aged care I will blend in again.”

“Growing up hiding who you are makes one look at how people are around you and makes you try and understand what people are thinking or feeling. You read body language.”

“I don’t expect any special treatment – just the usual high-quality care every nursing home declares they provide.”



4.1 SAFETY IN AGED CARE

4.1.1 Making Aged Care Safe for LGBTI Elders

A key theme that emerged from survey responses was the need for mandatory LGBTI awareness education components in all aged care sector training for staff, as well as embedding independent auditing systems such as the Rainbow Tick accreditation standards.¹⁴

Other measures that were prominently mentioned included having welcome packs that clearly outline an aged care provider's commitment to be LGBTI-inclusive, and organisational policies that demonstrate a commitment to addressing the distinct health needs of each population group within the LGBTI acronym.

Submissions also highlighted the need for older LGBTI people living with HIV to feel safe disclosing or not disclosing their HIV status as they choose. Participants cited examples of people living with HIV hiding their medications from aged care staff due to being stigmatised or discriminated against, despite the implications this has for adherence and drug interactions. Survey responses expressed the need for people living with HIV to be assured that instances of discrimination will be addressed if it occurs in the aged care environment.

“There should be a question on intake forms that respectfully asks if there is any matter on which an incoming resident could feel they might be discriminated against such as LGBTIQ or HIV+. It is not fair to expect marginalised populations to speak up and out if they fear discrimination. It should be the organisations responsibility to ensure people do not fear speaking out.”

“I think training of staff is imperative and having the visual display to remind people constantly that it is a safe place. Understanding what the complaints procedure is and making it as easy as possible would also help to know something is safe.”

4.1.2 Safety in Aged Care: Knowing Aged Care Service is Safe

“How will I know that it's safe for me to be 'out'?”

Several aged care organisations believed that prominently displaying the Rainbow Tick-accredited symbol in all information about an aged care service (brochures, leaflets, websites) and in its facilities would assist LGBTI elders to know whether the aged care environment was culturally safe and inclusive. Survey responses also emphasised the need for information about the Rainbow Tick standards to be easily accessible to potential residents. This included a clear explanation that an accredited organisation has demonstrated LGBTI-inclusive practice and service delivery. Other survey responses called for clear and easy to understand policies on non-discrimination, LGBTI-inclusive practice and conflict resolution.

Respondants also conveyed the importance of aged care services clearly indicating to potential LGBTI residents that their staff have undertaken LGBTI awareness training to reassure LGBTI elders that the service is safe. There were also calls for trained intake officers to be inclusive and welcoming at point of contact.

¹⁴ The Rainbow Tick supports organisations to understand and implement LGBTI-inclusive service delivery and reassures LGBTI consumers and staff that Rainbow Tick organisations will be aware of, and responsive to their needs. www.qip.com.au/standards/rainbow-tick-standards/

4.2 AGED CARE JOURNEY

“Someone independent who knows aged care services really well and can act as a bit of guide. To explain who to talk to, what the different services look like and offer suggestions as to the different types of services that may be suitable to me and my family. Also, someone that includes the family in making those decisions together.”

4.2.1 What needs to be done to help LGBTI elders with making decisions

Survey responses raised concerns around LGBTI elders navigating the aged care system without the help of a family member or child. This was believed to be due to LGBTI elders not possessing the adequate knowledge of community aged care supports. It was noted that the likelihood of going into residential aged care is exacerbated without the assistance in brokering and utilising community aged care to maintain health and independence within the community.

A common theme throughout submissions was the need to inform LGBTI elders of any LGBTI events being celebrated within aged care facilities. Other suggestions included the option for LGBTI elders and those living with HIV to communicate with peers already accessing the facility to obtain further information about and feedback on the services they were receiving. Additionally, some organisations urged for the implementation of policies that ensured LGBTI elders' partners and/or family of choice are acknowledged and supported throughout their aged care journey.

“ Whether or not marriage equality comes in while I am in receipt of services (I expect it will) and regardless of my “marital status” the person/ persons I authorise to make decisions on my behalf, are treated as biological family and legally competent.”



4.2.2 Engaging with My Aged Care and the Aged Care Assessment Team and ensuring they are inclusive

“I'd need to see policies AND practice to match before I would feel safe in an aged care facility.”

Many survey responses emphasised the need for the My Aged Care, the Aged Care Assessment Team and the Regional Assessment Service workforce to receive mandatory training to ensure the gateway to aged care services are LGBTI-inclusive. There were also calls for data collection templates to be inclusive of, and appropriate for LGBTI consumers, with staff undertaking training in how to appropriately ask questions of LGBTI older people, including over the phone, without making broad assumptions. A key stakeholder also suggested the need for My Aged Care to provide information about how HIV is managed by particular service providers.

“It shouldn't be about outing someone, but inviting them in”

4.2.3 Aged Care Service providers being inclusive

Many survey responses called for LGBTI-inclusive practice to be embedded in quality framework programs across the aged care sector and other allied service systems. Many participants also argued for the implementation of robust and effective accountability mechanisms in the form of mandatory reporting, compliance and independent auditing (for example, the Rainbow Tick) to ensure LGBTI-inclusive practice.

“I would like to see the inclusion of a standard/criteria where aged care services demonstrate compliance and improvement work in working with LGBTI people.”

There were also calls for mandatory LGBTI awareness training including aspects of LGBTI history and ageing issues for all staff should also be refreshed on a regular basis to take into account staff turnover. Participants also noted that any information produced by service providers should contain a statement of their commitment to diversity and includes people living with HIV, people from CALD backgrounds and Aboriginal and Torres Strait Islander people. It was also advised that policies around confidentiality and disclosure must be clearly communicated to all consumers.

“All services should be spot checked for compliance and heavy fines imposed (return of fees to service users is the most just form of fining).”

“Safety also means that staff are well trained in what GLBTI socio-cultural life looks like, including how immensely varied it is and that each resident must have her or his own unique identity and culture respected. In addition to regular standards of aged care service delivery, the staff should also be required to undergo training on the impact of trauma in the lives of GLBTI elders who are more likely than their younger peers to have experienced adversity throughout their lives due to their non hetero-normative sexual or gender identities.”

4.2.4 Services being inclusive and accommodate intersectionalities

Overall, survey responses identified the need for service providers to demonstrate that their systems, processes and practices are LGBTI-inclusive. This included ensuring that human resource systems and practices provide a safe work environment for LGBTI staff and volunteers, and actively fosters an organisational culture that promotes and upholds LGBTI inclusion. It was also suggested that mandatory training should be provided to staff that focuses on how intersectionalities with other identities and experiences may impact on an individual’s health care needs. Additionally, there were calls for workforce development to focus on strengthening a service’s capability in working with diverse communities, including LGBTI communities, and effective ways to enable LGBTI consumers’ involvement in the way services are designed, delivered and evaluated.

Multiple things. Staff training, staff credentials, public disclosure of safety issues so we can make informed decisions. Staff only who identify in our community and having strong focus on people with disabilities. Safe for me is also safe from homophobia and racism too.

4.2.5 End of life care

Consultation participants identified the importance of advanced care planning for older LGBTI people as a risk management strategy for end of life care, especially in the event of conflict between the family of origin and the consumer, or the family of origin and family of choice. Many participants recognised the importance of ensuring a consumer's partner or family choice can be legally identified. A Rainbow Tick accreditation would help convey to LGBTI consumers that an aged care service provider has demonstrated their commitment to providing services that are appropriate and inclusive. This would include an effort to recognise the consumer's families/partner of choice and that the service is cognisant of, and can effectively manage, the risks inherent when conflict arises between LGBTI elders' and their family of origin.

Documentation is in place that is respected by the palliative care team and medical staff, that outlines who we might want to be involved in our end of life care or palliative care and which designates our choice of people to support and care for us from our friends/carers/family of choice and/or partner and available services. Also, that in the longer term, the government recognises that legislation needs to be put in place to protect the rights of the LGBTIQ community and their choices.

... choices around palliative care could be discussed with myself plus my chosen advocates, where required with no difficulty. Whatever services are engaged, they should be highly supportive of my identity and culture and willing to allow input from myself and or those closest to me. The care should be acutely responsive to my needs at all times.

In order to support people living with HIV and their carers, partners, and family of choice, prior discussions should have been had regarding the ongoing use or cessation of anti-retroviral medications to treat a person's HIV. If the end of life or palliative care period is prolonged, then the implications of cessation of anti-retroviral medication should be discussed with the consumer.

“The aged-care facility must respect the wishes of the resident. I think it would be sensible if people entering aged-care residences wrote down their preferences for end-of-life care, and that document should be witnessed and signed by management and at least two people chosen by the resident (including a partner). Sometimes members of families have differing opinions about palliative care and end-of-life procedures, and I have heard of cases where the family's wishes have gone against the wishes of the resident and her partner, so it would be preferable that the resident's wishes are honoured, and a signed document should be given absolute preference. This would really be helpful to the aged-care provider too.”

4.2.6 Evaluating Action Points

Linking the diversity framework and Aged Care Action Plans to the new Single Quality Framework was a proposed key measure to ensure robust evaluation of the services provided by aged care facilities. One survey response conveyed the importance of incorporating specific indicators, or examples of evidence, under each standard in the quality framework relative to the priorities in an evaluation framework. In order to facilitate the gathering of evidence, audit tools that enable data to be gathered in support should be readily available. There were also calls for the development of an annual review of the LGBTI Action Plan with a summary report assessing current performance and identifying key areas that need addressing to improve LGBTI-inclusive service provision.

In addition to ensuring all services comply with the Diversity Framework and Action Plans, it would be highly desirable to support and identify 'services and residential care settings of excellence' for LGBTI individuals... where the needs and identities of LGBTI individuals are both embraced and celebrated as opposed to being accepted or tolerated. Not everyone that is LGBTI may wish to seek such services or settings, but I believe that many would.

Ensure that the Diversity Framework and Action Plans **ARE** included in the new Single Quality Framework

4.3 CONSUMER OUTCOMES

Consultation participants were also asked to respond to the six strategies for achieving outcomes for LGBTI older people and elders. A summary of the key themes of participant responses are explicated below:

4.3.1 Consumer Outcome One – Making informed choices

Participants in the nationwide consultations believed it was critical that there was clear information provided to LGBTI elders before entering the aged care system. A recurring theme was the need to include plain and simple language, including in languages other than English, when providing elders with information about aged care services. This included the relevant legislation and who it covers.

All information must be delivered in ways LGBTI elders would easily comprehend, so digital information may not be acceptable to everyone. Repeating available information and choices at regular intervals to LGBTI elders and underscoring their control over the process would be useful.

Many participants raised the issue of consumers having difficulty navigating information sources and the need for this to be easily accessible, especially for elders who have low computer literacy, and struggle to afford internet access.



Participants also highlighted the importance of elders, their families, friends and carers knowing what questions to ask residential aged care facilities to ascertain whether they offer services that are LGBTI-inclusive. It was noted that effective training for aged care staff must be deployed to appropriately respond to the specific needs of LGBTI elders.

The shift to consumer-directed care packages means that individuals can shop around for LGBTI inclusive providers. However, gaps in the accreditation system, lack of information about which services are inclusive, and confusion about eligibility mean it can be a complex and difficult system for older LGBTI people to navigate. My Aged Care remains the hub for all services with a website and phone line for referrals, however it does not include LGBTI specific information to date.

Written information, one on one explanation of service, opportunity to talk with people already using aged care services, access to evaluations and reviews for services being considered. Option to visit and inspect services, have a trial use of service/facility.

Other suggestions included having a robust and effective proper evaluation processes in place, with opportunities to provide feedback, and LGBTI organisations and advocacy groups to be adequately funded and resourced to provide information to LGBTI elders and support aged care services in the accreditation process.

“I would trust the safety of aged care if the policies & procedures were open and inclusive to input from all residents at any stage, that these standards represented best practice and could be verified as such via an external aged care accreditation body. This same accreditation body should also be able to advise potential GLBTI aged care residents, on which facilities offer an environment that is inclusive for all community elders, taking into account the huge diversity that exists within this population cohort and the distinct expressed needs of its different member categories.”

4.3.2 Consumer Outcome Two – Adopting systemic approaches to planning and implementation

Many participants noted that the My Aged Care online portal and its associated structures do not capture any data that includes the gender, sexual orientation, and bodily diversity of older Australians. However, concerns were raised in relation to who has access to the data, the purpose for collecting data in the first place not being clearly articulated to LGBTI older people and elders, and whether effective privacy measures are embedded in aged care standard practices.

During face to face consultations, many participants called for national population data to be LGBTI-inclusive. This involved the Census asking questions on sexual orientation, gender identity and variations in sex characteristics.

Lastly, it was suggested that LGBTI representative groups and organisations are involved in the systemic planning and implementation process to ensure equitable access and outcomes for LGBTI elders.

In order to understand the needs and patterns of LGBTI people in seeking aged care provision, it is necessary to have uptake of gender and sexuality indicators to measure gender identity, sexual orientation, intersex status and relationship status as part of routine data collection to ensure LGBTI people are visible in data collection on ageing. This data needs to be collected across all providers including the Australian Bureau of Statistics and the AIHW Clearing House.

4.3.3 Consumer Outcome Three – Ensuring quality care and support

Many consultation participants recognised the need to collaborate with key stakeholders to identify and overcome barriers for LGBTI older people accessing the aged care system. Some examples raised included historical instances of discrimination and abuse experienced by LGBTI older people in institutional settings, and difficulties navigating the aged care system due to isolation from one's family of origin. Participants called for more specialised resources to assist LGBTI older people more vulnerable to isolation to navigate the aged care system.

Participants also suggested developing the capability of staff to better understand the diversity of lived experiences within LGBTI communities, and how this has implications for implementing effective, appropriate and acceptable service delivery. Other participants argued for systems to develop, monitor and maintain workforce capability for LGBTI-inclusive practice that ensures staff go beyond merely exhibiting awareness and empathy to demonstrating their commitment to providing a culturally safe aged care environment.

Need to know that the facility has a policy about either LGBTIQI or diversity issues and that the staff have had training in the issues of discrimination and how to deal with stigma (from both staff and other residents), preferably also that there are other LGBTIQI community members in that aged care facility.

Clear demonstration that policies, procedures and staff training translates to true acceptance and embracing of difference



4.3.4 Consumer Outcome Four – Supporting a proactive and flexible system

Participants also identified the need to address the systemic barriers to access to aged care services faced by LGBTI older people rural, remote or very remote areas. They also noted that aged care providers in these areas sometimes struggled to resource the collaborations required to deliver LGBTI-inclusive care, and that more support is needed for providers to better meet the needs of LGBTI older people.

Informed choices are all very well, but available choices in reality maybe minimal, especially in regional or rural areas.

A strong theme that arose from the consultation process was the need to remove religious exemptions in federal anti-discrimination law that allow faith-based providers to adopt discriminatory employment practices against LGBTI people in aged-care facilities, that would otherwise be considered unlawful. Many participants noted that these blanket exemptions undermine faith-based providers' efforts to create an inclusive service for LGBTI elders and damages consumer confidence in the providers' ability to deliver LGBTI-inclusive care. Consultation participants for the proactive engagement of bodily, sexuality and gender diverse people to enter the aged care workforce, and the provision of support for them and existing LGBTI staff.

Education, proper education, not just a HR here or there. In my workplace we had one education session regarding nursing LGBTI people and that was it. We are the biggest aged care provider in this rural city.

While there continues to be LGBTI sensitivity training, majority of providers are religious organisations, and state-based anti-discrimination exemptions remain for religious providers to potentially discriminate on the basis of gender and sexuality. While some religious organisations are inclusive of our communities, unfortunately some are not and this overarching framework needs to be addressed if LGBTI people are to have equitable access to ageing services.

Many participants argued that in order for aged care services to be LGBTI-inclusive, a person-centred approach is needed. Such an approach would acknowledge the service recipient as a unique individual and ensures that they are at the centre of all decision-making around their care, and that this care recognises their personal journey, identity, needs and wishes.

Consultations also raised the importance of aged care service providers implementing a policy framework that incorporates organisational planning to connect with less visible LGBTI residents. This included intersex people, non-binary people, and bisexual people. For example, LGBTI residents living with HIV, people living with a disability, people from Aboriginal or Torres Strait Islander communities, and Culturally and Linguistically Diverse (CALD) backgrounds. may have specific experiences and needs that must be considered and integrated. Recognising the complexities of LGBTI elders' needs and affirming and respecting each individual ensures high quality and LGBTI-inclusive care.

I am involved in assessment, planning and my decisions of my care. Staff are respectful and trained in diversity and the varying needs of target groups. My plan is my plan and not someone else's, they are not generalised. My views are respected and included in my plans. Feedback the service receives indicates they respect their customers and include them in the services.

Upfront commitment to cultural diversity, including stated and visible commitment to LGBTIQ diversity and rights; a diverse workforce who are trained regarding issues of cultural diversity; community language recognition and availability; agency policies that make these commitments part of core values, including grievance procedures; open lines of communication with management so that all voices can be heard (and) visible and active recognition of Aboriginal sovereignty.

4.3.5 Consumer Outcome Five – Respectful and Inclusive Services

Participants called for legislative reform which included adopting a Bill of Rights and removing religious exemptions in state and federal anti-discrimination law, which allow for religiously based aged care service providers to discriminate against staff on the basis of their sexual orientation and gender identity. The need for dedicated funding from government to be allocated towards LGBTI advocacy bodies and organisations to assist LGBTI elders on their aged care journey was also raised.

Many participants called for greater LGBTI representation in aged care facilities, which included having LGBTI liaison officers and operatives at point of contact and displaying LGBTI resources, such as books, brochures, posters. Cultural competence training in LGBTI issues and the provision of aids and equipment intrinsic to LGBTI communities were other key measures raised in consultations to ensure the needs of LGBTI older people are met in a respectful and inclusive way.

Additionally, there were calls for aged care services more adequately meeting the needs of intersex people, non-binary people, and bisexual people. This would include the training and education of staff to increase their understanding of the distinct health needs and to dismantle ingrained assumptions and misconceptions. Participants also recognise the need to address the unique needs of LGBTI people living with dementia, their carers and their families.

Understanding specifics of differing cultures and expressions of sexual and gender orientation is also badly misunderstood.

Another key theme was ensuring that aged care employees have respect for the families of choice to spend time with older LGBTI people at end of life stages.

Regular consultations should take place with me and if I deem necessary, my chosen advocate to ensure that aged care services are meeting my health needs, in terms of physical as well as psycho-social supports.

4.3.6 Consumer Outcome Six - Meeting the needs of the vulnerable

It is all about personalised care; care for the individuals. LGBTQI people have similar needs like, clean rooms, access by family and friends, good food and understanding and efficient staff, as well as differing needs like, respect that the partner may be of the same sex if they share a room, that the nearest 'family' member may not be the husband or wife (as the law stands at the moment) or a family member but their same sex partner and that their visitors may be all men or all women. Stigma and discrimination is making derogative or negative comments about this in the staff room or worse still, so that the individuals can hear the comment. Not acceptable and staff should be trained to challenge anyone who stigmatises or discriminates, regardless of their religion or beliefs.

Throughout consultation sessions, participants argued that aged care services need to focus on continuity of care, especially in regional and rural settings where there is a high turnover of staff, including movement between organisations. It was argued that effective workforce training and development would help reduce staff turnover and reduce the impact of staff turnover.

The issue of family violence was also raised, and the need to address this within the aged care environment. Some elders may enter into respite care to escape long standing abuse from family members and carers.

Again, advocates are needed due to the marginalisation and discrimination that has been perpetrated for decades against us.

Participants identified that older LGBTI people may experience abuse on the basis of their sexual orientation, gender identity and/or variations in sex characteristics. For example, LGBTI older people may be abused or exploited by threatening to "out" them. Abuse of an LGBTI older person may also be motivated by hostility towards their sexuality, gender and/or bodily diversity. Older LGBTI people may also be at increased risk of social isolation, which exacerbates their vulnerability to abuse. During the consultation meetings participants called for the establishment of effective and appropriate mechanisms to deal with elder abuse, including elder abuse legislation, elder abuse hotlines, or mandatory reporting rules within the aged care environment.

"I train workers in 'Responding to the Abuse of Older People' and yet the service providers are lax on this ... sexual assault is ignored many times over"

5. CONCLUSION

Overall, the consultation process clearly confirmed the need for the current Aged Care system to be made more accessible for and inclusive of LGBTI older people and elders. Participants called for all service elements, practice and systems that ensure LGBTI elders are affirmed and will receive safe, effective, appropriate and accessible services that meets their individual needs, free from discrimination.

The national consultation process facilitated by the National LGBTI Health Alliance highlighted some key measures to drive cultural and systemic improvements to aged care to ensure that LGBTI people are included and respected. In summary, these were as follows:

- Ensuring aged-care staff are adequately trained to provide LGBTI-inclusive services, with incentives to increase workforce capacity to meet the needs of LGBTI older people in regional, rural and remote areas
- More support for trans and gender diverse older people, intersex people, LGBTI older people living with HIV, people living with a disability, LGBTI older people who are culturally and linguistically diverse, and LGBTI Aboriginal and Torres Strait Islander people
- Ensuring greater LGBTI workforce participation and support staff diversity
- Anti-discrimination reform to ensure faith-based aged care service providers are more LGBTI-inclusive
- Linking the LGBTI Action Plans to the new Single Quality Framework to ensure robust evaluation of the services provided by aged care facilities.

The LGBTI Action Plan is a resource that will assist aged care service providers to better understand how they can advocate for and support LGBTI elders and older people. By providing culturally safe and inclusive services, providers will build confidence amongst LGBTI elders and older people and their carers, families of choice (who may or may not include biological family) and allies that aged care services are available for them and they will be given the support and care they need as they age.

“I would appreciate that my culture and identity as a GLBTI elder be acknowledged and respected throughout the whole process [of accessing aged care.]”

