



Report for the Department of Health and Ageing

in relation to services for

LGBTI Ageing and Aged Care Strategy Consultations

from

The National LGBTI Health Alliance

November 2012

ACKNOWLEDGEMENTS

The National LGBTI Health Alliance (the Alliance) is the national peak health organisation for a range of organisations and individuals from across Australia that work together to improve the health and well-being of lesbian, gay, bisexual, trans/transgender, intersex and other sexuality, sex and gender diverse (LGBTI) people and communities. Formed in 2007, the Alliance includes the major providers of services for LGBTI people in Australia, with 67 Member Organisations drawn from each State and Territory. The Alliance provides a representative national voice to: develop policy and support LGBTI health issues; seek increased commitment to services for LGBTI people; develop the capacities of LGBTI organisations; and support evidence-based decision-making through improved data collection covering sexuality, sex and gender identity.

The National LGBTI Health Alliance gratefully acknowledges the assistance of the Australian Department of Health and Ageing for funding these consultations.

This Report has been written and compiled by Steven Kennedy based on input from participants at the face-to-face consultations, and from written feedback forms and submissions.

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ACRONYMS AND TERMS

ACAT	Aged Care Assessment Team
ATSI	Aboriginal and Torres Strait Islander
CACP	Community Aged Care Package
CALD	Culturally and linguistically diverse
Community Care	Care consisting of a package of personal care services and other personal assistance provided to a person who is not being provided with residential care. (as per s.45-3 of the Aged Care Act 1997)
DoHA	Australian Government Department of Health and Ageing
GLHV	Gay and Lesbian Health Victoria
GLLO	Gay and Lesbian Liaison Officer
GP	General Practitioner
GRAI	Gay and Lesbian Retirement Association (Western Australia)
HACC	Home and Community Care
HIV/AIDS	Human immunodeficiency virus / acquired immunodeficiency syndrome
LGBTI	Lesbian, gay, bisexual, transgender, intersex
MAG	Mature Age Gays (New South Wales)
NACA	National Aged Care Alliance
Residential Care	Personal care or nursing care, or both personal care and nursing care, that is provided to a person in a residential facility in which the person is also provided with accommodation that includes appropriate staffing to meet the nursing and personal care needs of the person; and meals and cleaning services; and furnishings, furniture and equipment. (as per s.41-3 of the Aged Care Act 1997)
Special needs group	The term "people with special needs" is defined in section 11-3 of the Act and sections 4.4B to 4.4E of the Allocation Principles 1997 made under the Act. There are eight groups of people with special needs under these definitions, the most recently added group is LGBTI people.

INTRODUCTION

The National LGBTI Health Alliance (the Alliance) was commissioned by the Department of Health and Ageing (DoHA) to host broad ranging consultations based on DoHA's draft LGBTI Ageing and Aged Care Strategy (the Strategy). These consultations aimed to gather detailed feedback on the draft Strategy from stakeholders and to highlight any emerging issues and themes for the Alliance to provide to DoHA.

Fifteen consultations were held across each state and territory in Australia, including each capital city as well as regional centres. Apart from the two preliminary consultations held before DoHA's writing of the draft Strategy, the consultations were open to the public and included:

- Older LGBTI people
- Carers of older LGBTI people (including family, friends, and social networks)
- LGBTI community organisations (including service providers and advocacy groups)
- Aged Care Sector organisations (including peak bodies and providers)
- Government and related policy makers (including local, state and industry)

While the consultations included a diverse range of stakeholders, it must be recognised that the groups represented at the consultations will have been the most engaged and empowered. The most vulnerable and marginalised would be unable to attend the consultations, due to considerations such as remoteness and fear of identifying with LGBTI communities. Similarly, the representatives from aged care services were either already proactive in the area, or seeking more knowledge on how to be inclusive of LGBTI people. Providers who were not aware of the issues, or did not regard LGBTI inclusion as important (or were actively hostile to inclusion) did not attend. The representation from LGBTI organisations similarly included those already involved around ageing issues.

The two preliminary consultations were held in Melbourne and Sydney in September 2012, and provided feedback on the draft Strategy Framework from DoHA. This feedback was used to help inform DoHA in preparing the draft Strategy, which was consulted on throughout October 2012 in thirteen open consultations held around the country.

Each open consultation consisted of two sessions. The first session sought to capture the participant's thoughts on the main issues in LGBTI ageing and aged care without reference to the draft Strategy. The second session sought detailed feedback on the draft Strategy document, with emphasis placed on the Guiding Principles and Strategic Goals sections.

Each open consultation was recorded for internal note taking purposes, and input was also sought from participants through written comment forms. For those unable to attend a consultation, feedback was also received via email.

The draft Strategy was open to written submissions from 8 October 2012 to 2 November 2012.

This report summarises the key issues and themes highlighted across the consultations, including written comments, emailed feedback and the submissions. Detailed notes from each consultation are provided in the appendices.

Consultation Schedule

The locations and dates of the consultations were as below:

Date	Location	Type of Consultation
28 September 2012	Melbourne, NSW	Preliminary, invitation
29 September 2012	Sydney, NSW	Preliminary, invitation
8 October 2012	Sydney, NSW	General, open
9 October 2012	Newcastle, NSW	Regional, open
10 October 2012	Lismore, NSW	Regional, open
11 October 2012	Brisbane, QLD	General, open
12 October 2012	Cairns, QLD	Regional, open
15 October 2012	Adelaide, SA	General, open
16 October 2012	Alice Springs, NT	Regional, open
17 October 2012	Darwin, NT	General, open
19 October 2012	Perth, WA	General, open
22 October 2012	Melbourne, VIC	General, open
23 October 2012	Shepparton, VIC	Regional, open
24 October 2012	Hobart, TAS	General, open
26 October 2012	Canberra, ACT	General, open

MAIN ISSUES IN LGBTI AGEING AND AGED CARE

Following is an outline of the main issues in LGBTI ageing and aged care given by participants, who were asked to provide their thoughts independent of the draft Strategy. The below incorporates the themes which emerged from the first session of each of the consultations, as well as written comments, emailed feedback, and submissions.

This is not intended as a definitive list, but rather as a summary of the main themes that arose. More detail on the issues raised at each individual consultation can be found in the appendices.

Invisibility

Given historical discrimination and prejudice, many older LGBTI people do not disclose their identities and remain invisible throughout the aged care sector and the broader community. Combined with general societal ignorance around LGBTI issues, this results in a lack of awareness of the needs and concerns of older LGBTI people. Many service providers are unaware that there is an issue, with a common refrain being that “We don’t have any of those people here” or “But we treat everyone the same”. This results in a lack of targeted services across the board and a lack of awareness that there need to be targeted services. This invisibility also provides challenges for data capture and research.

It is important to note that the extent to which older LGBTI people identify should not be used as the measure of whether these issues are being adequately addressed. Rather, the onus is upon the aged care sector and the broader community to create a welcoming environment where older LGBTI people feel able to disclose if they wish to, or to remain unidentified and still receive the care and services that they need.

Discrimination and Prejudice

The invisibility around LGBTI ageing is largely caused by the extreme fear many older LGBTI people have around disclosing or being identified, due to a lifetime of lived experience of discrimination and prejudice where their identities were criminalised and pathologised. This results in both a lack of awareness amongst older LGBTI people of their current rights, as well as fear and hesitation around accessing ageing and aged care services. This makes it essential for an environment to be created which explicitly includes LGBTI people.

Much discrimination and prejudice remains around being LGBTI, within the general population, amongst aged care workers and other clients in shared services (such as aged care facilities, planned activity groups, Day Therapy Centres etcetera). Ageism exists within LGBTI communities as well. Significant stigma and fear also exists around HIV/AIDS. As a result many older LGBTI people will remain in the closet when entering aged care facilities, or ‘de-gay’ their homes when receiving in home care for fear of losing access to their care services. LGBTI aged care staff may also feel unable to come out at work.

The discrimination faced by older LGBTI people ranges from outright abuse and homophobia and transphobia to more subtle and indirect forms, such as the lack of same-sex relationship recognition,

the use of incorrect pronouns and titles for transgender and intersex people, non-inclusive language in forms and materials, and the general invisibility and assumption of heteronormativity.

Exemptions from anti-discrimination legislation for religious providers (whether they would use these exemptions or not) provides further uncertainty for both older LGBTI people and LGBTI aged care staff, and can prevent them from accessing services. This can severely restrict choices, particularly in more regional areas where the number of services is already limited.

Education

The invisibility of older LGBTI people, combined with the discrimination and prejudice that still exists, leads to a severe lack of understanding about LGBTI issues generally as well as how to appropriately include LGBTI people in ageing and aged care services and ways to address their specific needs.

Aged care workers, health professionals, and other staff who provide services to older LGBTI people do not receive any form of LGBTI sensitivity training to address this. When aged care services and their staff do wish to gain understanding and expertise around LGBTI issues, there is a lack of training and resources available for them.

Older LGBTI people, as well as their carers and support networks, are often not aware of their rights and have a lack of knowledge around Advanced Care Planning. This can be particularly important for older LGBTI people who may not have next of kin (or may not want next of kin to be making decisions) and whose relationships and family structures may not be recognised.

Diversity

The LGBTI community is not a homogenous group, and when considering the needs of older LGBTI people this must be taken into account. Each of the lesbian, gay, bisexual, transgender and intersex communities have their own needs, as do the individual people composing these groups.

As with any group of people, LGBTI people also have multiple diverse characteristics which overlap and alter their specific needs and how they access services. This 'diversity within diversity' includes (but is not limited to) LGBTI veterans, CALD, ATSI, HIV/AIDS, dementia, and rural and regional. All of the issues discussed in this report tend to be exacerbated for diverse groups.

Access

Fear of discrimination and prejudice present significant barriers to older LGBTI accessing services. This is compounded by a lack of information around which services are LGBTI inclusive. For example, many LGBTI people would automatically avoid accessing services provided by religious organisations due to a lifetime of discrimination, despite some religious providers being proactive in providing LGBTI inclusive services. A lack of trusted information, referral and advocacy services restricts an understanding amongst older LGBTI people of the choices available to them. Aged care services also lack a central source of information and resources around LGBTI matters.

The main supports of LGBTI people are less likely to be from biological family, due to many LGBTI not having children and more likely to be estranged or physically distant from family members. The

friendship networks and families of choice for many LGBTI people may also be ageing at the same time and thus unable to provide support. This increases the need to have access to other support structures, such as advocacy and LGBTI community organisations.

Given the increased negative health outcomes experienced by many LGBTI people, there can be an increased need to access aged care services under the standard qualifying age of sixty five. An emerging example is the accelerated ageing amongst HIV positive people. However, this need goes largely unmet due to the difficulty in accessing ACAT assessments under sixty five.

Diverse groups tend to face heightened access issues. For example, the lack of transport and large geographical distances in rural areas combined with lower population densities and a reduced number of services present significant barriers to access.

Industry

Within the aged care industry, some service providers are very proactive in promoting diversity and LGBTI inclusion. Others, however, can have organisational cultures which do not value and encourage diversity and difference, and limited resources exist to assist in bringing about organisational change. Further promotion and development of these resources will assist organisations that are willing to change but require support to do so.

Due to the low levels of staff remuneration, it can be difficult to attract and retain highly trained staff. As a result, there are often staff shortages, a high turnover rate, and low skill levels. Many aged care workers are also from culturally diverse backgrounds where there remains a strong stigma against LGBTI people. Further training, resources and supports are needed to assist industry to overcome these challenges.

Given both the lack of training resources and the reticence of many aged care workers to openly identify in the workplace, aged care providers also face difficulty recruiting staff with LGBTI expertise or who openly identify as LGBTI. Assistance around training and organisational change as discussed above will assist with this.

FEEDBACK ON DRAFT STRATEGY

Following is an outline of the main feedback provided on the draft Strategy, focused on the specifics of the document itself. The below incorporates the themes which emerged from the second session of each of the consultations, as well as written comments, emailed feedback and submissions. More detail on the feedback given at each individual consultation can be found in the appendices.

Main Themes

The Strategy was generally well received and overall participants supported the thrust of the proposed Principles, Goals and Actions. As such, the areas suggested for improvement are anticipated to result in relatively small revisions to the Strategy rather than major overhauls to the document. There was also widespread appreciation that the Department was being proactive and taking action on a long neglected area.

There were several main themes that recurred throughout the consultations where participants felt more emphasis or clarity was needed in the Strategy, or where certain issues had been overlooked. These are listed below. Specific additions, changes or deletions that were suggested for each of the themes are detailed in the following sections.

Diversity

Recognition must be made that the LGBTI community is not a homogenous one, and that there are many differences within different parts of the community and between individuals within those communities. The needs of people within the lesbian, gay, bisexual, transgender and intersex communities are not the same, and each individual within those communities is different. The expectations and desires of different people in the aged care system will not be the same. For example, some older LGBTI people will want to be able to pass through the system without disclosing their identity, others will have a strong wish to disclose and have their identity recognised and embraced, while others may not have any choice in disclosing (which can be the case for transgender and intersex people). Not all older LGBTI people will identify with the LGBTI movement or LGBTI terms. Awareness of and respect for these differences needs to be explicitly incorporated into the Strategy. One way of highlighting this diversity is to refer to the LGBTI 'communities' rather than the 'community'.

In addition to the diversity within the LGBTI communities, there is further 'diversity within diversity' amongst members of the LGBTI communities due to the intersectionality between LGBTI and other groups (such as ATSI, sex, HIV status, rural and regional areas, veterans, CALD, the financially disadvantaged, disability, homelessness, dementia, palliative care, chronic disease, etcetera). This can result in very different experiences and needs which need to be considered when providing ageing and aged care services. As these communities can be the most marginalised, specific outreach and advocacy programmes may be needed.

Throughout the consultations, the needs of HIV positive people were consistently raised. The efficacy of HIV antiretroviral therapy and the associated reduction of deaths from AIDS has led to the emergence of a significant ageing population with HIV. As expounded by Positive Life NSW, "The quality of life of those ageing with HIV is however often compromised by medical complications,

comorbidities, poly-pharmacy, poor mental health, social isolation, stigmatisation and discrimination”. Furthermore, many HIV positive people are presenting with signs of accelerated ageing that require them to have access to formal services such as aged care under the age of sixty five. These concerns need to be mentioned in the Strategy and in relevant Principles and Goals, along with links made to the National HIV Strategy.

Some of the issues raised by members of the Aboriginal and Torres Strait Islander community who attended the consultations included the importance of developing trust and building strong relationships with service providers. There can be reticence to access services, provide names or disclose LGBTI identities due to fears that the information will be passed on to other government agencies or lead to disclosure within the general community. The meaning of family can also be broader, requiring what constitutes family to be determined by the client and to be more inclusive than ticking a box. Some service providers use ‘natural networks’ which ask people to map out these relationships. The importance of being able to ask culturally appropriate questions during assessment was also highlighted.

Another issue frequently raised was older LGBTI people with dementia. With the onset of dementia older LGBTI people may reveal a previously suppressed sexual orientation or gender identity, which can pose challenges to staff and family members. Specific focus should also be included on the impact of HIV-related dementia for older LGBTI people as well as the needs of transgender and intersex people where capacity is lost as a result of dementia.

Strong emphasis needs to be made throughout the document that equal access to services will be provided to all Australians irrespective of belonging to diverse groups, and included as a Guiding Principle.

Rural and Remote

Several consultations were held in rural and regional areas, and several unique issues arose out of these consultations. These included:

- Transportation. Many older LGBTI people face barriers due to lack of transportation or the cost of travel. While many may have access to free or subsidised public transportation, they may not be able to reach areas where this operates. Some areas lack any form of public transportation or taxi services. This exacerbates social isolation as well as presenting access issues. This can affect some communities disproportionately, such as the transgender and intersex communities that may require specialised medical services unavailable in regional areas.
- Access. There can be limited choice in terms of service provision. For example, in Alice Springs there is only one nursing home. This emphasises the importance that all services need to reach a mandated minimum standard of care. Phone and internet access to services (such as the Gateway) may not be inclusive of some remote communities.
- Training. Due to chronic lack of staff in remote areas, there is little incentive to pursue professional development. This highlights the need for a mandated minimum of training around LGBTI inclusivity. Costs of training are also higher, and it is more difficult to find trainers with the appropriate expertise. Thus supports for services will be required.
- Research. Most studies around LGBTI ageing is conducted along the eastern coast and within Western Australia, with less focus on northern and central Australia. Effort needs to be

made to expand research across the country, specifically including ATSI communities (which requires more than an internet based approach).

- Disclosure. Given the size of remote communities, any disclosure from providers of services can rapidly spread throughout the community and result in social ostracism. This can result in a reluctance for older LGBTI people in these communities to disclose to health professionals or to access LGBTI specific services or supports.
- Community. Due to a lack of a resourced and structured LGBTI communities, either funding for LGBTI capacity development or strategies that capitalise on local networks as well as health professionals are needed.

Due to these additional barriers, participants at the regional consultations were in favour of including a specific Guiding Principle stating that all Australians would have equitable access to ageing and aged care services regardless of geographical location.

Education

The importance of education was highlighted repeatedly throughout every consultation and across a wide range of issues. The main points included:

- Education and training needs to have a mandatory base level, and be across all workers (both paid and unpaid) who provide services to older LGBTI people. This will provide for both a top down (including managers, CEOs, executives, governing boards, etcetera) and a bottom up (aged care workers, administrative staff, allied health professionals and acute services, etcetera) approach.
- This training needs to be ongoing (half yearly or yearly) to counter the high industry turnover as well as to remain current and include relevant updates. Thus a 'train the trainer' model will be necessary in the roll out of any national training around LGBTI sensitivity.
- Further to the minimum level, organisations should be encouraged to undergo a process of organisation change. This requires ongoing and in-house education and training. Further specialised training should also be available for staff who wish to acquire LGBTI expertise.
- Education and training is also required for other clients of shared services, and visitors to aged care facilities. This includes organisational change as well as emphasis around the resident's Charter of Rights and Responsibilities.
- All training needs to be developed in consultation with LGBTI communities, so that it evolves along with emerging issues, and delivered by people with expertise in the area.

Research

Participants have generally welcomed the commitment to further research around LGBTI issues given the current lack of data. However, a commonly arising theme was over the potential for statistics to be misused. Given that many older LGBTI people will either not self-identify or avoid disclosure, the numbers identified by research will always be underestimates. Furthermore, the most marginalised communities will be the most underrepresented and data will tend to be skewed towards those who are out. Hence studies may not provide a holistic view, and research must be undertaken with these limitations in mind. Furthermore, service providers cannot use the lack of data to assume that they do not have LGBTI clients accessing their services.

Research needs to include indicators on sexuality, sex and gender diversity rather than just using the terms LGBTI, as the data will change depending on whether participants are asked about identity or behaviour. This data needs to be collected across the entire country and across diverse communities and reported in a sex and gender disaggregated way.

Research should be undertaken in partnership with LGBTI communities, and within partnerships with existing research bodies with LGBTI expertise such as the Kirby Institute or the ARCHS.

As well as the focus on statistics present in the Strategy, research needs to include qualitative studies that focus on the lived experience and stories of LGBTI people. These can be extremely effective ways of building awareness around the issues involved.

Various organisations and academics highlighted the difficulty in attracting research funds for LGBTI projects, and thus an explicit commitment to provide grants for research projects is required.

Service providers highlighted the need for a strong emphasis on research translation, as they face difficulty in practically applying the results of research. This should include funded pilot projects and programmes.

Representation

The need to consult with and include all stakeholders on a regular and consistent basis arose throughout the consultations. The main points included:

- Carers are largely absent from the Strategy document, and need to be included throughout as they are key supports and advocates for older LGBTI people. This includes carers of older LGBTI people and LGBTI carers and staff. Recognition of the supports required by carers is also needed. A link to the National Carer Recognition Framework and the National Carers Strategy could also be made, and a Principle included on the carer experience.
- Partners and informal support networks (including families and friends of older LGBTI people, defined in a broad sense and including ‘families of choice’) are also absent and need to be included.
- As stated throughout the Strategy, all stakeholders need to be consulted with. However, particularly for diverse or remote communities, this requires committed resourcing as established LGBTI community structures may not be present. For older LGBTI people themselves to be well represented and engaged, resourcing and training also needs to be provided.
- Due to historical discrimination and prejudice, some older LGBTI people will not have the capacity or inclination to be empowered and actively engaged. While proactive steps need to be taken to provide empowered based training to LGBTI older people to help enable this engagement, the onus must also be on aged care services, government and LGBTI communities to include these people in aged care services regardless of disclosure.
- It is difficult to establish whether marginalised voices are being heard or not. Strategies need to be considered to determine whether these voices are being represented.
- Continuing partnerships with aged care industry peak bodies are required to ensure support and adoption of the Strategy by the aged care sector.

While older LGBTI people were represented across all of the consultations, this representation was strongest in areas that already contained structured and organised LGBTI communities. This emphasises the need to provide resources to build LGBTI community capacity, including for grassroots and social groups.

Funding, Resourcing and Supports

The Goals and Actions were generally regarded as being very positive steps. However, there was recognition of the difference between making a positive statement and a firm commitment to provide resources and funding towards that action.

LGBTI people are more likely to have support structures around friendship networks and 'families of choice' rather than biological family, due to being less likely to have children and increased ostracised from traditional family. However, many of these networks may be ageing at the same time and thus unable to provide support which must then come from formal support structure or LGBTI communities. However, to provide effective support these services and communities requires funded programmes. This is particularly so in areas where there may not be a structured LGBTI sector already in place (such as in South Australia). For these areas, either support needs to be provided in order to engage and empower LGBTI communities or different models will need to be adopted that make stronger use of local networks.

Language

The importance of language arose across every consultation and in multiple ways:

Strength and Specificity

This applied mainly to the Specific Goals and Actions, where participants wanted the commitment from DoHA to be as strong as possible. Wording such as 'encourage' and 'investigate' were almost universally regarded as being too non-committal, with language such as 'ensure', 'enforce' and 'require' being favoured. While it was acknowledged that not all of the actions are within the direct power of DoHA, actions which required liaison with other agencies could still be strengthened from terminology such as 'work with' or 'liaise with' to 'engage with' or 'advocate for'.

Along with the strength of the wording in the Goal and Action items, it was regarded as important that they adequately specify the action to be undertaken. This was raised as a necessary point both for clarity and for accountability from DoHA. For example, when an action states that DoHA will 'support', the nature of this support should be made clear (for example, whether this includes making the area a funding priority). It was however also understood that a balance needed to be made between having a clear and accountable action item on the one hand and limiting the capacity for DoHA to act by being too narrow and specific on the other.

Tone and Emphasis

Striking the right tone is essential to ensure that all stakeholders feel included and positive towards the Strategy. As this is an aspirational document which will set the example for other government departments and aged care service providers, it is important to achieve this from the outset. Issues of tone and emphasis arose mainly in the Guiding Principles Section.

Throughout the consultations participants preferred language that was positive and proactive in its approach. For example, rather than taking the deficit approach to ensure non-discrimination, emphasis was placed on using constructive terminology around inclusion and embracing diversity. Another example included replacing 'help' with 'assist'.

The term 'special needs group' was universally disliked.

It was also repeatedly raised that the emphasis must be placed upon aged care services, the government and LGBTI communities to ensure that the needs of older LGBTI people are being met, rather than on older LGBTI people themselves. While part of the vision of the Strategy is to have older LGBTI people actively engaged with and advocating within the aged care system, it is important to ensure that the onus be placed upon others to create an environment in which older LGBTI people can choose to disclose and become advocates or not. This is particularly pertinent given the general vulnerability often involved with ageing, combined with historical experiences of discrimination and prejudice.

Clarity

Being a government policy document, the language was often regarded as being too formal and complicated for the general public. There was also occasional confusion around what the document aimed to achieve, and the differences and relationship between the aspirational Goals and Principles and the tangible Strategic Goals and Actions (which could be presented in tabular form, for example).

If the document is intended for either a lay audience or for widespread viewing from the aged care workforce, the language, purpose and need for the Strategy will need to be made clearer.

It would also be useful to explicitly define what is covered by 'aged care', what is covered by 'ageing', and what the precise definition for terms such as 'older' are. During the consultations it was raised that most of the Principles and Goals refer to 'older LGBTI people', but that they need to apply to all LGBTI people who are within the aged care system (regardless of whether or not they are over sixty five, which is the usual definition of older). The term 'older' may thus need to be redefined or removed throughout the Strategy.

Consistency

The format and content of the Strategy should be consistent with the *National Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds* which is being concurrently developed. This will highlight the interrelated nature of the Strategies as well as aiding stakeholders in their understanding and implementation of them.

Human Rights Approach and Person Centred Care

Members of LGBTI communities frequently approached the Guiding Principles from a human rights perspective, and felt that they would benefit from being explicitly guided by a human rights approach with reference to the social determinants of health along with human rights instruments such as the proposed UN Convention on the Rights of Older Persons, the Madrid International Plan of Action on Ageing, or the Yogyakarta Principles on the Application of International Human Rights

Law in relation to Sexual Orientation and Gender Identity. A frequent comment that arose was that the Guiding Principles surely applied more broadly to all diverse groups, rather than just specifically to LGBTI.

Alternatively, it was raised from aged care services that the language used in the industry does not take a human rights approach. Rather, service providers typically suggested that the Guiding Principles be motivated from the perspective of Person Centred Care, which takes into account the differing aspects of an individual to apply tailored care.

While it was generally agreed that the Guiding Principles would be well informed by a unifying approach and philosophy, whether this should be a human rights approach or one focused on person centred care may depend upon the target audience of the Strategy. Alternatively, the two concepts could be entwined, as a human rights approach can promote and strengthen a focus on person-centred care.

Focus

Many participants and organisations strongly welcomed the inclusion of ageing in the Strategy, as the discrimination and homophobia faced by LGBTI communities and the resulting health inequities requires earlier addressing of ageing. However it was noted that the goals and action areas are almost entirely on aged care. As noted in the submission from COTA Australia, “The strategy either needs to be expanded to include other ageing issues, even if this is a future development task, or renamed to be clear it only deals with aged care”. Some of these ageing issues identified by COTA Australia include mental health and suicide; cancer; long term hormone therapy; drugs, alcohol and tobacco; diet; sexual health; HIV; transgender health issues in later life; and housing.

Participants in the face-to-face consultations were strongly of the view that the Principles and Goals should be expanding to include ageing issues around promoting healthy ageing, early intervention and prevention, health promotion and quality of life. This should include both the incorporation of LGBTI issues in healthy ageing initiatives aimed at broader communities as well as funding activities which address the specific issues faced by LGBTI people. Throughout the document, ‘aged care’ should be replaced with ‘ageing and aged care’ where appropriate to reflect this commitment.

There was also support for expanding the focus of the Strategy to include ageing in place (which includes, for example, retirement villages or in the home).

Themes occasionally arose which DoHA does not have direct control over and thus cannot make a strong commitment to in this Strategy. The most frequent of these were social housing and accommodation as well as remuneration for aged care workers. These issues have been included in this report where they arise, with participants suggesting that DoHA explore options around these issues where possible.

While recognising that DoHA is unable to commit other organisations to specific actions, it was also suggested that DoHA highlight what the expectations are for other organisations, in order to broaden the audience of the Strategy.

Implementation

Some consultation participants questioned how the Strategy would translate into specific action and changes in their lived experience. This could be assisted by providing clarity over the Strategic Goals and Actions section and emphasising that it constituted tangible actions to be completed over the coming five years. There were also questions on how the goals and actions could be practically enforced, and what the mechanisms were to encourage and ensure compliance from service providers. There was strong support for introducing policies and regulatory mechanisms to require compliance, as well as provide incentives for best practice.

While the work being undertaken by DoHA was strongly appreciated, there was recognition that holistic, whole of government approaches were the most desirable. Lacking this, it was highlighted as essential that DoHA develop strong partnerships between other departments and levels of government and services to ensure that the same work is not needlessly duplicated throughout the country.

Concerns were also raised over the potential to roll back the Strategy following changes in political will. This sentiment was particularly strong in Queensland where LGBTI communities have recently faced significant funding cuts.

Introduction Section

The introductory sections of the Strategy were not focused on during the face-to-face consultations, however comment was sought via written feedback and submissions.

Acronyms and Terms

Amendments were suggested for the following definitions:

Bisexual

- Can be expanded to include diverse sex and gender, rather than specifying men and women.

Gender Identity

- People may be of one biological sex and identify entirely with the other sex.
- Some do not wish to be labelled at all.

LGBTI

- Some people do not identify with these categories, making them non-inclusive. Sexual orientation, sex and gender diversity are broader terms.
- Suggestion of the term 'gender non-conforming' instead of 'gender diverse' as used by the World Professional Association for Transgender Health.

Transgender

- This is an umbrella term which encapsulates all those who do not fall into binary male and female heteronormative gender roles.
- The needs of each group within this term vary widely, resulting in a lack of fluidity between them.
- The notion transgender people were excluded from the gay liberation and from all feminist movements is contentious.
- Cross dressers are not necessarily transgender.

Transition

- There are many stages of transition, including before, during and after sex affirmation surgery.
- Taking cross-sexed hormones reduces the sexual functioning in natal sex.

Transexual

- Does not imply a rejection of natal sex or sexual anatomy. Some people adopt the term for historical reasons.
- While surgery is an option, not all transsexuals pursue it.
- The terms 'tranny' or 'tranni', as with all terms, are personal choices made at the individual level.

Transwoman and Transman

- As with all terms, these are self-identified choices made by the individual. Some people wish to use these terms to describe themselves.

Preface

The preface should ideally be kept as broad and as brief as possible, with the detail being placed in the Background section. There does however need to be a clearly articulated need outlined for the development of the Strategy.

This outline should include a clear context and history provided to the development of the Strategy. This history also needs to recognise that many people, including older LGBTI people and those who are now themselves older, took collective action to address and change the circumstances they faced.

The preface and introductory sections must include diversity of sex and gender as well as sexual orientation. As discussed in the theme on Diversity, it must be acknowledged that transgender and intersex people do have different needs than the gay, lesbian and bisexual communities (which is stronger than 'may have', as used in the Strategy), and that differences exist between the gay, lesbian and bisexual communities as well.

Why this Strategy has been developed

Focus

- Diagram 1 on page 9, which identifies the relevant policy frameworks which interact with this Strategy, should include the National Carer Recognition Framework and the National Carers Strategy.
- It is noted that the National Women's Health Strategy and the National Male Health Strategy may not include trans women and trans men respectively.

LGBTI Australians, Ageing and Aged Care

As it stands, this section does not reflect the long history of action around LGBTI ageing in Australia. This includes the actions taken by older LGBTI themselves. Recognition of this history is important to understand both the development of the evidence base around this issue, of the community courage developed, and of how the Strategy has come into being. Without this recognition the sense of community ownership and engagement with the LGBTI community will be diminished.

There are many references and links to background and resources that are notably absent from the draft Strategy.

Guiding Principles Section

Below are listed the main comments around the Guiding Principles in the Strategy. The original Guiding Principles from the Strategy are included for reference, and are indicated as such by italics.

Where conflicting views were given this is highlighted. Minor comments that appeared infrequently can be found in the detailed notes of each consultation in the appendices.

General Comments

Throughout the consultations there was some confusion over the difference between the Guiding Principles and the Goals and Actions sections. A clear introduction to these respective sections would be beneficial, as well as a motivation for the development of these principles (for example, taking a human rights approach to aged care).

The use of present tense for the Principles can be confusing, and can read as if claims are being made rather than expectations set. A combination of tenses could address this.

1. EMPOWERMENT – *Older LGBTI people are included in the development of Australian Government aged care policies and programs*

- Inclusion of older LGBTI people is not the same as empowerment. Terminology around ‘active participation’ or ‘active engagement’ could be used. Alternatively the principle could be renamed to incorporated ‘inclusion’.
- Inclusion of carers as discussed in the theme on Representation. This applies to the principle and all of the sub-principles.
- To enable empowerment, require both education and access to advocacy services.
- Throughout this Principle there is a strong emphasis on identifying and disclosing. This has the potential to isolate people who do not or will not identify but still have unmet needs.

1.1. Older LGBTI people are at the centre of all Australian Government aged care policies and programs that affect their lives and such policies and programs are developed and reviewed in consultation with older LGBTI people, their families, carers and advocates.

- Some felt this should be reworded to avoid potential misquotation which would imply older LGBTI people are at the centre of all policies and programs.

1.2. The specific needs and life experiences of older LGBTI people are visible so their health and wellbeing is promoted through the development of sustainable mechanisms to allow them to express their needs, wants and preferences in consultative structures to inform the development of aged care policies and programs.

- As discussed in the Language theme, need for clarity as well as the use of positive and proactive language. Suggestions have included making the life experiences ‘valued’, ‘celebrated’, ‘respected’. As well as the ‘specific needs’, could include the ‘wishes’, ‘wants’, ‘aspirations’ or older LGBTI people.

1.3. *Older LGBTI people are confident consumers and self-advocates when they engage with the aged care sector and relevant agencies, including government.*

- Capacity for empowerment and engagement will vary, as discussed in the theme on Representation. Important that older LGBTI people are included regardless.
- As discussed in the Language theme, emphasis needs to be on services rather than older LGBTI people. Suggested alternatives include ‘are supported to become confident’, ‘Services create an environment where older LGBTI people feel safe and are confident’.

1.4. *LGBTI community capacity is developed to assist in supporting the wider aged care service base to serve the needs of ageing LGBTI people to the highest possible standard.*

- As discussed in the Funding theme, the capacity of LGBTI communities need to be both developed and resourced.
- As well as supporting, this capacity can be used to inform and train/educate.
- Clarity over what the ‘aged care service base’ refers to.

2. RESPECT – *Understanding and being sensitive to, the needs of older LGBTI people in the delivery of aged care services*

- Stronger language, as discussed in the Language theme. Suggestions include rephrasing to ‘The needs of older LGBTI people are understood/met’.
- Inclusion of carers as discussed in the theme on Representation. This applies to the principle and all of the sub-principles.
- Include respect for the choice to disclose or not, as discussed in the Diversity theme.
- Include respect for diversity within LGBTI communities and within the people that constitute that community.
- Include respect for older LGBTI people’s choices and self-determination.
- Include a point addressing the privacy concerns faced by older LGBTI people, due to discrimination and fears of being outed.

2.1. *The life experiences, specific issues and needs of older LGBTI people are openly discussed in order to promote individual and collective LGBTI health and wellbeing.*

- More positive and proactive language. Rather than ‘specific issues’ and needs’, could use terms such as ‘concerns’, ‘wants’, ‘wishes’, ‘aspirations’. As well as discussing, the issues and needs of older LGBTI people should be addressed.
- Highlight the individuality and diversity of older LGBTI people’s lived experience, in line with the Diversity theme discussion.
- As discussed in the Representation theme, include family of older LGBTI people.
- Clarity over what constitutes ‘openly discussed’, that this does not include discussion of individual details.

2.2. *All government legislation, policies, standards, regulatory mechanisms, documentation and other materials that relate to or impact on the health and wellbeing of older LGBTI people are appropriate to their needs and experiences and are non-discriminatory.*

- As discussed in the Language theme, positive and proactive language should be used. This could include terms such as ‘inclusive’, ‘affirming’.
- Include reference to the language used by government.
- As discussed in the Representation theme, include family of older LGBTI people.

3. ACCESS AND EQUITY – All areas of aged care understand the importance of delivering LGBTI inclusive services

- Stronger language in by-line. Suggestions include ‘deliver’ rather than ‘understand the importance of delivering’.
- Needs a stronger focus on access, for example through advocacy services.
- Part of access includes older LGBTI people being aware of their rights and their choices.
- As discussed in the Diversity theme, a sub-principle is needed to state that everyone should have the same access to services. This needs to include HIV positive people, many of whom are displaying age related illnesses under the age of 65 and who require earlier access to aged care services.

3.1. *Older LGBTI people have confidence in revealing details of their life-style, sexual orientation, gender and/or sexual identity to aged care providers and/or government for the development of tailored and personally appropriate programs of care, that this information will be treated in strict confidence and with respect.*

- Emphasis needs to be shifted away from older LGBTI people, as discussed in the theme on Language.
- Language around ‘life-style’ may imply that being LGBTI is just a choice.
- Inclusion of carers as discussed in the theme on Representation.
- As well as confidence, older LGBTI people need to be supported to have the agency to disclose. It will be difficult to overcome fears of reprisal.
- Confidentiality is already implied, so is redundant. By emphasising this point, may create a taboo around LGBTI clients. Whether the information should be treated confidentially or shared needs to be the choice of the consumer.

3.2. *Aged care services are inclusive regardless of whether or not older LGBTI people disclose their sexual orientation or gender identity.*

- Widespread support for this principle.
- Inclusion of carers as discussed in the theme on Representation.
- Could broaden to include freedom from discrimination and prejudice.

3.3. *As part of a person-centred approach it is necessary to recognise that treating everyone the same may not be treating them equitably.*

- Require a clear definition of person-centred care. This could occur in the introduction to the Guiding Principles, as discussed in the theme on Language.
- Person-centred care is fundamental to the other Principles, so could elevate this sub-principle to 3.1.
- Confusion of two points (person-centred care is not about treating people the same) which should be separated.
- Very important point around equality and equity, as a common claim from service providers is “But we treat everybody the same”.

3.4. *All healthy ageing policy initiatives consider and address the needs of older LGBTI people.*

- Inclusion of carers as discussed in the theme on Representation.

3.5. *The Home Support and Home Care components of the aged care program deliver effective support to older LGBTI people and their carers, in order to help older LGBTI people remain living independently in their own homes and communities as long as possible.*

- Suggestion of replacing ‘help’ with the more positive term ‘assist’.
- Clarify that ‘as long as possible’ refers to ‘as long as desired/chosen’. Emphasis should be on enabling people to stay at home if they wish to, rather than requiring them to.
- As per the discussion on the Focus theme, broaden to beyond HACC.

4. QUALITY – Standards of care and services are appropriate to the needs of older LGBTI people

- Stronger language, as per the Language theme. Standard of care and services should meet older LGBTI people’s needs and be inclusive.
- Partnerships between aged care services, government, and LGBTI organisations are essential to providing best practice services. This could be included as a sub-principle.
- Inclusion of carers as discussed in the theme on Representation. This applies to the principle and all sub-principles.
- Include concept of quality of life along with quality of care.
- Include concept of continuous improvement and best practice approaches.
- Include concept of accountability from service providers.

4.1. *Aged care services understand what constitutes a LGBTI inclusive service and are encouraged and supported, through appropriate policy structures, to ensure as a minimum standard, a welcoming, confidential and culturally appropriate environment is created for older LGBTI people. This includes ensuring appropriate policies, procedures and systems are in place to provide the most appropriate care to older LGBTI people.*

- Stronger language, as per the Language theme. Aged care services should provide an inclusive service.
- Several aged care workers suggested replacing ‘culturally appropriate’ with ‘culturally safe’, as this is an understood term within the industry.
Part of the supports for aged care services must include training.

4.2. *All aged care workers have the skills and knowledge they need to deliver appropriate person-centred care to older LGBTI people, supported by their employer's policies and procedures.*

- As well as having skills and knowledge, many participants have suggested that workers need to have the appropriate attitude in order to deliver this care. Consumers know if a staff member disapproves or does not want to touch them. This contrasts with other participants who maintain that the emphasis should be placed on professionalism and providing quality treatment, rather than changing the personal beliefs of carers.
- Include that aged care workers will be supported, resourced and trained to acquire this skill and knowledge.
- Person-centred care is, by definition, appropriate.
- As per using positive language, care should be given 'for' rather than 'to'.
- Clarity around the definition of workers to include both paid and unpaid work.

4.3. *Research and translation of research into better practice is encouraged to support development of appropriate policies and programs for older LGBTI people.*

- As discussed in the Funding theme, this requires a commitment to resource and fund this research.
- As discussed in the Representation theme, include carers and family of older LGBTI people.

Strategic Goals Section

Below are listed the main comments around the Strategic Goals in the Strategy. The original Strategic Goals from the Strategy are included for reference, and are indicated as such by italics.

Where conflicting views were given this is highlighted. Minor comments that appeared infrequently can be found in the detailed notes of each consultation in the appendices.

General Comments

Some participants were unclear that this section included tangible Goals and Actions to be accomplished over a five year time period. The heading could include Actions as well as having a preamble to introduce the section.

While the goals are not listing in order of importance, the ordering can still impact on their reception. The last two goals, encapsulating the broader concepts of access and equity, could be elevated to help inform the remaining goals.

GOAL 1 – QUALITY SERVICE DELIVERY

Aged care services will be supported to deliver LGBTI-inclusive services

- As discussed in the Focus theme, broaden to include ageing and aged care.
- More proactive language could be used. Aged care services should be encouraged as well as supported.
- Include action around LGBTI specific packages, which give people confidence that the provider is LGBTI inclusive.
- Include action around a liaison between aged care services and LGBTI communities, using the model of GLLOs in the police force.

DoHA will:

1.1 Recognise members of special needs groups within the Residential Aged Care Accreditation Standards and Community Care Common Standards.

- As discussed in the Language theme, the term ‘special needs group’ was universally disliked. Suggestion of putting the term in italics to emphasise that it is a technical term.
- Some participants wanted to see a specific Standard for LGBTI people, while others were context with being incorporated as part of a special needs group.
- Need to ensure that specific and measurable outcomes and actions are incorporated in the Guidelines to the Standards.
- Recognition must be made that LGBTI people may be members of several special needs groups, as discussed in the Diversity theme.
- Community Care is under state control in Western Australia and Victoria. Clarity is needed over whether DoHA can carry out this action in these states.

1.2 Liaise with the Federal Attorney General's department to promote understanding on the need for legal protection from discrimination on the grounds of gender identity and sexual orientation.

- Include protection on the grounds of sex in order to be intersex inclusive.
- Broaden to include protection from harassment, vilification, and unwanted disclosure.
- Given many older LGBTI people's historical experience of discrimination from religious organisations, the existence of religious exemptions creates uncertainty and fear around services provided by religious organisations (regardless of whether or not they are LGBTI inclusive in practice). DoHA needs to advocate for their removal.
- Place purpose of action at the front of the sentence, that is 'Promote understanding on...'

1.3 Work with funded service providers to ensure their services are inclusive of older LGBTI people free from discrimination or prejudice.

- Stronger and more specific language, as discussed in the Language theme. DoHA should be able to enforce this for funded service providers through funding agreements, and engage with non-funded services.
- Inclusion of carers as discussed in the theme on Representation.
- Broaden to include freedom from homophobia. This protection needs to be from both aged care services and other clients in aged care services.
- Emphasise that this inclusion is not dependent upon the disclosure of older LGBTI people.

1.4 Explore options, beyond June 2015, to update the Home Support Program Guidelines to include LGBTI people as a Special Needs group or receive Special Needs group considerations in consistency with the Aged Care Act 1997 Special Needs groups.

- Stronger language, as discussed in the Language theme. Suggestions include 'Explore and implement', 'Explore and promote', 'Update the...'
- Broaden to apply to all Guidelines, and for all funded programmes to include special needs groups.

1.5 Ensure that the Aged Care Complaints Scheme addresses LGBTI inclusion within its materials and raise awareness by older LGBTI people of their rights and responsibilities and complaints processes.

- Include carers, as discussed in the theme on Representation.
- Broaden past the Aged Care Complaints Scheme to include the elder abuse hotline and aged care rights.

1.6 Seek opportunities to recognise and promote excellence in LGBTI aged care initiatives, activities and programs.

- As discussed in the Focus theme, broaden to include ageing and aged care.
- Stronger and more specific language, as per the Language theme. Suggestions include terminology of 'Recognise and promote' and recognition through sponsored awards.
- This action needs to include the input of LGBTI communities and older LGBTI themselves to determine what constitutes excellence in LGBTI aged care.

1.7 Support aged care and LGBTI peak organisations to assist their respective industries in the implementation of this Strategy.

- Stronger and more specific language, as discussed in the Language theme. If support entails funding, this should be specified.
- ‘Industries’ is an unusual term for LGBTI communities, and not well understood. Alternative suggestions have included ‘sectors’ or ‘members’.
- Clarity needed over what constitutes a peak body, and whether this action applies to both state and national peaks. Some participants have suggested explicitly naming peak organisations.
- As discussed in the Funding theme, include commitment to fund these organisations. Emphasis should be placed on capacity building of LGBTI organisations, as well as utilising local networks. Not every state has a LGBTI peak body (such as South Australia), and rural and remote areas often lack local LGBTI structures.

GOAL 2 – INCLUSIVE, EDUCATED AND SUPPORTED WORKFORCE

LGBTI inclusive aged care services will be delivered by a skilled workforce

- This by-line does not include mention of supporting the workforce (as in the Goal). This includes opportunities for debriefing around LGBTI issues, as well as support for LGBTI staff to be out as this will help bring about organisational change.
- Include support for organisations to undergo organisational change and opportunities for continuing professional development and best practice. This support could be based within the organisation (such as a fixed term LGBTI development officer) and/or LGBTI capacity building advisors available to networks of aged care services.
- Emphasise that this goal applies broadly to both aged care and related services (such as complaints bodies, allied health professionals, social workers, etcetera).
- This training needs to include considerations faced by diverse groups, as discussed in the theme on Diversity.

DoHA will:

2.1 Encourage all government funded aged care providers to develop policies and organisational processes to address discrimination and promote inclusion of older LGBTI people, carers and staff. This will include committing \$2.5 million over five years from 2012 to nationally rollout LGBTI sensitive training for the aged care workforce.

- Stronger language, as discussed in the Language theme. DoHA should be able to enforce this for funded service providers through funding agreements, and encourage non-funded services.
- As discussed in the theme on Education, training must be mandatory, as broad as possible, and ongoing. Five years is unlikely to be sufficient time to achieve a cultural shift throughout the entire aged care sector.
- Clarify whether the sensitivity training is the only initiative in this action.

- \$2.5 million dollars over five years is insufficient to implement training nationally.

2.2 Investigate options to work with the vocational education and training (VET) sector to develop new aged care and allied health curriculum materials on older LGBTI people, specifically addressing Certificate III and Certificate IV competencies.

- Stronger language, as discussed in the Language theme. Alternative suggestions have included ‘Investigate and pursue options’, ‘Work with’, ‘Engage with’, ‘Advocate for’.
- As discussed in the theme on Education, education must be as broad as possible. Should not be limited to just Certificate III and IV competencies, but include Diploma level (for managers) as well as tertiary education (to include doctors, nurses and other health professionals). Also needs to include ACATs.
- Inclusion of carers as discussed in the theme on Representation.

GOAL 3 – RESEARCH AND RESEARCH TRANSLATION

Older LGBTI people will be a target of ageing and aged care research

- Use positive language rather than ‘target’, as discussed in the theme on Language. Alternative suggestions have included replacing target with ‘priority’ or ‘focus’.
- Concern over potential misuse of statistics, as discussed in the Research theme.
- As discussed in Research theme, need to include actions around research translation, evaluation of projects and establishing partnerships with existing research bodies with LGBTI expertise. Research needs to inform best practice approaches.
- Include action on indentifying gaps in research to allow for targeting funding of research projects.
- Include research on the feasibility of LGBTI specific facilities.
- As discussed in the theme on Education, this should include both qualitative and quantitative studies.
- Inclusion of carers as discussed in the theme on Representation. This applies to the Goal and Action points.
- This research needs to include a focus on diverse groups, as discussed in the theme on Diversity.
- Suggestion of empowering older LGBTI people themselves to conduct research.

DoHA will:

3.1 Seek to increase the knowledge on the health, wellbeing and experiences of older LGBTI people, both within the aged care system and as part of ageing in place.

- Stronger language, as discussed in Language theme.
- As discussed in the Funding theme, needs a commitment to making grants available from this research.
- Clarification of what constitutes ‘ageing in place’.

3.2 *Work with the Australian Bureau of Statistics (ABS) to include LGBTI indicators within the Survey of Disability, Ageing and Carers (SDAC) and encourage the inclusion of LGBTI indicators within relevant ageing related research projects.*

- Stronger language, as discussed in the Language theme. Alternative suggestions have included ‘Engage’ instead of ‘work with’ and ‘advocate for’ instead of ‘encourage’.
- Broaden to include the census, as this data is used by DoHA to assign package caps.
- Broaden to include other surveys which may exist. SDAC is not used nationally (for example, it is not used in Victoria).

3.3 *Explore opportunities for appropriate inclusion of LGBTI indicators within aged care datasets and other monitoring mechanisms, following further consultation with the LGBTI sector.*

- Stronger language, as discussed in the Language theme.
- Using the HNI and MDS reporting could provide valuable data.
- Data needs to be collected in a more holistic way than just aged care datasets. Needs to be across the entire healthcare system, and begin before people become old. DoHA could play a role in promoting a whole of government approach.

3.4 *Work with the Australian Institute of Health and Welfare (AIHW) to establish the aged care Data Clearing House, ensuring LGBTI related data and research is included in this Data Clearing House.*

- Stronger language, as discussed in the Language theme. Alternative suggestions have included ‘Engage’ or ‘Advocate for’ instead of ‘work with’.

3.5 *Work with the AIHW to explore opportunities to increase the available data on older LGBTI people as part of relevant research projects it conducts.*

- LGBTI data should be increased across all research projects, making ‘relevant’ redundant.
- Stronger language, as discussed in the Language theme. Alternative suggestions have included ‘Engage’ or ‘Advocate for’ instead of ‘work with’.
- This data needs to be collected in a whole of government approach, across Commonwealth agencies and departments.

3.6 *Establish a central source of LGBTI resources to support evidence based practice in aged care and empowerment of LGBTI consumers. These resources will include access to information about older LGBTI clients, innovative service models and practical resources (eg. operations/procedures manuals, case studies, research materials, problem solving workflows, organisational change workplans and health promotion packages).*

- These materials need to be freely available and without restrictive copyrights to allow for service providers to access and use them effectively.
- The resources need to be suitable to the operational differences between different sized and types of providers (such as residential and community care).
- As discussed in the Research theme, translation of research needs to be emphasised.
- As discussed in the Research theme, data can be difficult to obtain. This may make evidence based practice impossible.
- As discussed in the Funding theme, this source would need to be resourced and funded.

GOAL 4 – ACCESS AND EQUITY

Older LGBTI people will experience equitable access to aged care services

- As for treating everybody the same, having access to the same services is not necessarily equitable. The services also need to be appropriate to older LGBTI people’s needs, which should be reflected in the by-line.
- As more choice becomes available, the ability to choose becomes the access issue. This requires having information on aged care services.
- As discussed in the Focus theme, broaden to include ageing and aged care services, as well as actions addressing the disparities in health outcomes (such as mental health).
- This Goal could include an action around LGBTI specific services, under the principle of access. Older LGBTI people may be more comfortable accessing these.
- Outreach and advocacy is required to ensure that the most marginalised have access to services and to assist them navigate the aged care system. This includes consideration of diversity. This makes the role of referrers (social workers, ACATs, hospital staff, meals on wheels, etcetera) critical.
- Inclusion of carers as discussed in the theme on Representation. This applies to the Goal and Action points.

DoHA will:

4.1 Encourage the promotion and discussion about the needs of older LGBTI people within ageing and aged care related publications and information.

- Stronger language, as discussed in the Language theme. DoHA can commit to only funding publications and information which is inclusive, and encourage in others.
- Broaden to include carer publications and LGBTI publications.

4.2 Identify aged care service providers with specific expertise/interest in meeting the needs of LGBTI clients within the Gateway, to enable consumers to identify suitable aged care providers and for aged care assessors or case managers, as relevant, to refer prospective clients efficiently and appropriately.

- Broaden to include respite and carer support services as well as aged care services.
- Issue of how services will be identified as such. Needs to be stronger than self-nominating, such as through use of the Rainbow Tick standard or via the accreditation process. Whatever process is employed must use visible indicators, and should involve consultation with LGBTI communities and consumers.
- Information about these services should be generally available, rather than just in the Gateway. This information must be sufficiently comprehensive to enable real choice between services and providers.
- This action should not be seen as limiting the responsibility of all services to achieve a minimum standard of inclusiveness. Not everyone will be able or wish to engage these expert services, but there is potential for other service providers to claim that they are not required to provide an inclusive service as LGBTI people are provided for elsewhere.

4.3 In the development of new resources and review of existing resources, encourage the use of LGBTI appropriate language and representation. This will include developing a best practice intake and assessment form with accompanying procedures to ensure it is culturally appropriate for LGBTI clients and reflects these changes within the ACAT client record form.

- Stronger language than ‘encourage’, as discussed in the theme on Language. Some resources, such as the Charter of Rights and Responsibilities, could be updated to ensure inclusion.
- Use the term ‘culturally safe’, which is understood within the industry, rather than ‘culturally appropriate’.
- Action should be broadened to cover all forms, including intake and assessment and ACAT forms.
- Include carers, as discussed in the theme on Representation.

4.4 Identify opportunities to sustain the health outcomes of older LGBTI people.

- Stronger and more specific language, as discussed in the theme on Language. Suggestions include ‘Identify and promote/pursue’, and replacing ‘sustain’ with ‘maximise’ or ‘improve’.
- As one of the few references to healthy ageing, needs to be expanded. Could include actions around healthy ageing, prevention and early intervention.
- Could include specific mention of the current health disparities (such as mental health and sexual health).
- As discussed in the Funding theme, need commitment to fund and resource these initiatives. This could include wording such as ‘LGBTI ageing will be a priority in funding rounds’.

GOAL 5 – EMPOWERMENT PROGRAMS

The aged care and LGBTI sectors will be supported and resourced to proactively address the needs of older LGBTI people

- The distinction between Goal 5 and Goal 6 needs to be made clear, and the repetition of the word ‘empowerment’ avoided.
- This could include establishing a centre of expertise at the implementation level for aged care services to contact for advice.
- Could include action around LGBTI champions in organisations or networks of organisations, using similar model to GLOs in the police force.
- Also needs to include supporting acute services, as these are often the first point of contact for older people.
- Support is also needed for carers of older LGBTI people and LGBTI carers.

DoHA will:

5.1 Make grants available from 2013-14 to expand the Community Visitors Scheme (CVS) to specifically include older LGBTI people, to minimise social isolation of older LGBTI people receiving aged care.

- Include carers, as discussed in the theme on Representation.
- CVS should be broadened so that access is not dependent upon receiving an aged care package. Additionally, this action can be widened beyond CVS to include other initiatives around social inclusion.
- Education and training should be provided to CVS volunteers, including issues around confidentiality, privacy and respect. Providers, visitors and schemes must be LGBTI inclusive and appropriate.

5.2 Review the National Aged Care Advocacy Program (NACAP) guidelines to include an emphasis on promoting and maximising access to advocacy for older LGBTI people commencing from entry point.

- Reviewing the NACAP guidelines will not be sufficient to provide a complaints and conflict resolution system capable of addressing the needs of LGBTI people. Some of the additional issues include individuals not being out, or being the only person out in a facility (and thus being unable to lodge an anonymous complaint). Additional actions, such as appointing an ombudsman or providing funding for a non-government organisation to provide such a service, should be considered.
- There is also a need for committed funding for advocates and advocacy programmes.
- Information and training needs to be made available to advocates and advocacy services, to increase their knowledge around LGBTI issues and resources.
- Advocacy needs to be provided more broadly for older LGBTI people living in the community as well as those accessing residential aged care.
- Inclusion of carers as discussed in the theme on Representation.

5.3 Identify opportunities to increase awareness and implementation of Advanced Care Directives (wills, Enduring Power of Attorney etc) among older LGBTI people.

- Stronger language, as discussed in the Language theme. Suggestions have included 'Increase awareness', 'Identify and promote'.
- Change emphasis to promoting Advanced Care Planning generally, and include reference to Advanced Health Directives, Person Responsible, and palliative care.
- Opportunities can include allied health professionals and services, as well as developing a set of resources around Advanced Care Planning for LGBTI people (such as the existing resource for NSW).
- Include carers, as discussed in the theme on Representation.
- Advanced Care Directives are not available in the Northern Territory. Federal harmonisation of End of Life planning is needed.
- As part of this process, develop relationships with consumer organisations such as Palliative Care Australia.

5.4 Continue to support innovative programs and projects addressing the goals of this Strategy and identified emerging issues, principally through the Aged Care Service Improvement and Healthy Ageing Grants Fund.

- As per the discussion in the Focus theme, expand to include prevention and healthy ageing initiatives.
- Do not limit to just the Aged Care Service Improvement and Healthy Ageing Grants Fund.

GOAL 6 – ENGAGEMENT AND EMPOWERMENT

The LGBTI sector will be actively engaged in the planning, delivery and evaluation of ageing policies and aged care programs and services

- As discussed in the theme on Representation, the engagement needs to include representatives from the LGBTI sector, older LGBTI people, their carers and family.
- As per Principle 1, older LGBTI people must determine what constitutes LGBTI inclusive services by being places on consumer based reference groups and ageing committees, and through consultations with them.
- As discussed in the theme on Funding, this requires resourcing, education and outreach to promote to the LGBTI and general community, particularly in states or regional and remote areas which do not have an identifiable LGBTI sector.
- Stronger emphasis needed on evaluation of programmes and services.
- Could include an action around investigating or facilitating alternative accommodation/social housing arrangements outside of in home or aged care facilities, such as shared ownership schemes.

DoHA will:

6.1 Facilitate older LGBTI people, as with any eligible aged care consumer, having a greater say in the delivery of their aged care through access to Consumer Directed Care in Home Care.

- Older LGBTI people need greater say around choosing their aged care, as well as in its delivery. Education, access to information and advocacy supports are needed to ensure this.
- Broaden to include all aspects of care and to all packages, rather than just CDC in Home Care.
- Inclusion of carers as discussed in the theme on Representation.

6.2 Include LGBTI representatives in all relevant ageing and aged care consultative mechanisms, including contribution to broader discussions regarding implementation of the Living Longer Living Better aged care reform package.

- As discussed in the theme on Representation, the LGBTI representatives need to include the LGBTI sector, older LGBTI people, and their carers.
- These representatives also need to be included in state and national peak bodies.

6.3 Encourage funded services to be delivered in a non-discriminatory manner supporting a person-centred care approach.

- Stronger language, as discussed in the Language theme. DoHA should be able to enforce this for funded service providers through funding agreements, and encourage non-funded services.
- More positive and proactive language, as discussed in the Language theme. Suggestions to include terms such as ‘equitable’, ‘inclusive’, ‘welcoming’.

6.4 Continue to sustain partnerships between government, community and the sector.

- Need clarity over which government (federal, state and/or local), which community, and which sector, and what the purpose of the partnership is for.
- As some older LGBTI people may not wish to disclose their identity or may not be connected with LGBTI communities it is vital that partnerships are fostered with generalist consumer organisations.
- More positive language. Suggestions include ‘Continue to sustain and grow’, ‘Develop partnerships’.

6.5 Develop a communication plan to promote awareness of the LGBTI Ageing and Aged Care Strategy and its annual reporting through DoHA’s existing communication channels particularly with peak organisations such as NACA, and with other Commonwealth agencies and levels of government.

- This communication plan should include all stakeholders, including LGBTI peak organisations and professional health bodies.

6.6 Support the implementation of this Strategy and engage with industry on LGBTI matters through a dedicated point of contact within DoHA for LGBTI ageing matters.

- As discussed in the Representation theme, engagement needs to include both industry and LGBTI communities.
- Individual organisations (or groups of organisations) would also benefit from having a point of contact within their services.

Reporting Section

There is minimal detail in the Strategy around the mechanisms to report demonstrable progress to all stakeholders. This process could form part of the communication plan proposed in Action 6.5.

All stakeholders, including LGBTI communities, need to be strongly involved throughout the reporting process. This includes a consultation process during the formal review of the Strategy.

APPENDIX A – MINUTES FROM CONSULTATIONS

Following are more detailed notes capturing the discussions at each of the open consultations conducted around the country.

As the second session focused in detail on the Guiding Principles and Strategic Goals sections of the Strategy, reference to these is made in the notes. Where specific wording was suggested by participants, this has been recorded as amendments to the text. General discussion points are also listed for each item that was discussed.

Notes for the below consultations are in the following pages:

Date	Location	Type of Consultation
8 October 2012	Sydney, NSW	General, open
9 October 2012	Newcastle, NSW	Regional, open
10 October 2012	Lismore, NSW	Regional, open
11 October 2012	Brisbane, QLD	General, open
12 October 2012	Cairns, QLD	Regional, open
15 October 2012	Adelaide, SA	General, open
16 October 2012	Alice Springs, NT	Regional, open
17 October 2012	Darwin, NT	General, open
19 October 2012	Perth, WA	General, open
22 October 2012	Melbourne, VIC	General, open
23 October 2012	Shepparton, VIC	Regional, open
24 October 2012	Hobart, TAS	General, open
26 October 2012	Canberra, ACT	General, open

Sydney Consultation

8 October, ACON Health Ltd., Surry Hills, NSW

Facilitators: Warren Talbot and Corey Irlam

Number of attendees: 35

Issues

- Discrimination, both within the general older population and within LGBTI communities.
- Healing the harm done to older LGBTI people.
- Fears around declarations to Centrelink and loss of benefits.
- Veterans have another layer of concerns. Terrified of disclosure. Many have mental health issues.
- Social housing for older people.
- Staff in residential villages still discriminatory and want to impose control upon residents. Need training, cultural change, and advocates.
- Stigma from other residents. This can include against LGBTI residents and against other residents who have LGBTI family. Exacerbated if other residents have dementia.
- Need for LGBTI specific facilities to counter stigma from staff and other residents. However, some LGBTI people would never reside in a specific facility as this would out them. Location of these facilities and the need to move also presents access issues.
- Organisational culture and workforce culture. Difference and diversity generally is discouraged. Change needs to come from management.
- How to identify facilities which are LGBTI inclusive and have other LGBTI clients.
- Passive discrimination and exclusion.
- Invisibility of LGBTI clients and issues. “We don’t have any of those people here” a very common comment.
- Lack of information about services for older LGBTI people.
- Importance of community care and allowing people to remain in their homes as long as possible.
- Poor standard of care in some nursing homes.
- Need to have well known, authoritative advocates.
- Gender-neutral language in assessment forms.
- Whole of organisation training, including from the top down.
- Needs of carers. Question of what LGBTI care networks look like.
- Important to provide a rationale for LGBTI engagement.
- Service providers need to be more specific than inclusive, and explicitly state that they are LGBTI friendly upfront.
- Accountability of service providers, and how this will be managed (including both for profit and not for profit).
- Impact of HIV on ageing.
- Community groups need to play a role.

Guiding Principles

- Some of the Principles are strategies. For example, person-centred care is a Principle. Education for workers is a strategy.
 - No Principle concerning value for money.
 - Need Principle on freedom from discrimination, which is stronger than equitable treatment.
 - Issue of intersectionality is missing, for example CALD, ATSI, disability, and dementia. Consultation needed with these communities.
 - Principle on Quality should include accountability/auditing.
 - Some of the goals will need to be short term to capture the current generation, and can be reduced as societal attitudes change.
 - Needs to focus on the diversity within LGBTI communities.
 - Need to use positive language and a positive outlook.
 - Freedom from value judgements.
 - Use human rights language – right to privacy, confidentiality, equal treatment, etc.
 - Need recognition of LGBTI partnerships, relationships, families, rather than just as individuals and communities. For example, Access and Equity needs to include recognition of same-sex relationships.
 - Onus on aged care providers to promote human rights and be non-discriminatory to LGBTI people (who may or may not disclose). Should be placed in a human rights context, then explain what this entails for LGBTI people.
 - Needs a clear relationship between the Guiding Principles and the Strategic Goals and Actions, such as via a table.
 - Inclusion of carers.
 - Value of principles generally in aged care.
 - Inclusion of LGBTI staff.
 - Question over how to respond to discrimination. Use current organisational processes.
1. **INCLUSION and EMPOWERMENT** – Older LGBTI people **and their carers** are included in the development of Australian Government aged care policies and programs
 - Inclusion of carers throughout the document.
 - Capacity for engagement will vary depending on whether someone has the ability to self-advocate. Important to provide inclusion regardless.
 - 1.3 Older LGBTI people are confident consumers and self-advocates when they engage with the aged care sector and relevant agencies, including government.
 - Capacity for engagement will vary depending on whether someone has the ability to self-advocate. Important to provide inclusion regardless.
 3. **ACCESS AND EQUITY** – All areas of aged care understand the importance of delivering LGBTI inclusive services
 - Currently all of the statements are about Equity, and none on Access. Include advocates for access and how individual complaints are dealt with.
 - 3.1 Older LGBTI people have confidence in revealing details of their life-style, sexual orientation, gender and/or sexual identity to aged care providers and/or government for the development

of tailored and personally appropriate programs of care, that this information will be treated in strict confidence and with respect.

- Onus on service provider as well as on the individual. This needs to be made clear during intake, assessment and to new staff.

3.3 As part of a person-centred approach it is necessary to recognise that treating everyone the same may not be treating them equitably.

- Clear definition of what person-centred care means.

Strategic Goals

Missing mention of HIV and faith based organisations.

1.1 Recognise members of special needs groups within the Residential Aged Care Accreditation Standards and Community Care Common Standards.

- No mention of NRCP. Include in manual or Gateway.

1.2 Liaise with the Federal Attorney General's department to promote understanding on the need for legal protection from discrimination on the grounds of gender identity, sex and sexual orientation.

- Make intersex inclusive.
- Religious exemptions need to be removed.
- Start sentence with the aim, that is 'promote...by'.

1.3 Work with funded service providers to ensure their services are inclusive of older LGBTI people and their carers free from discrimination or prejudice.

- Stronger language. Require funded service providers, and advocate to others.
- Inclusive of carers.
- Needs specific actions, such as training.

1.5 Ensure that the Aged Care Complaints Scheme addresses LGBTI inclusion within its materials and raise awareness by older LGBTI people and their carers of their rights and responsibilities and complaints processes.

- Inclusion of carers.
- Also include Elder abuse hotline and Aged Care Rights.

1.7 Support aged care and LGBTI peak organisations to assist their respective industries in the implementation of this Strategy.

- Needs to be more specific and use stronger language.

2. LGBTI inclusive aged care services will be delivered by a skilled workforce

- Include action on in-house education and training. Need to encourage process of continuous change.
- Education is also needed for other residents and visitors. Need programmes, events and promotions to change the culture of the organisation. More emphasis and education around the Charter of Rights and Responsibilities.
- Staff need opportunities to debrief, particularly when they are new and have not had a lot of experience. An active process of debriefing needs to be supported.

- Also need internal complaints processing.
 - Supports for LGBTI staff to come out.
 - Need a mandatory minimum level of training.
 - Question over what ongoing support and training updates will be available.
 - Question over who will be doing the training.
- 2.1 **Encourage Require** all government funded aged care providers to develop policies and organisational processes to address discrimination and promote inclusion of older LGBTI people, carers and staff. This will include committing \$2.5 million over five years from 2012 to nationally rollout LGBTI sensitive training for the aged care workforce.
- Stronger language.
 - Question over whether the only commitment here is the \$2.5 million.
 - \$2.5 million over five years will not be sufficient for the training.
 - Training needs to be mandatory and ongoing.
 - Training needs to include all staff, both full time, part time and voluntary, as well as management, administration etc.
- 2.2 Investigate **and pursue** options to work with the vocational education and training (VET) sector to develop new aged care and allied health curriculum materials on older LGBTI people, specifically addressing Certificate III and Certificate IV competencies.
- Stronger language.
 - Needs to be broadened to include professional staff (such as doctors and nurses) who don't access Certificate III and IV as well as non-care staff such as managers, boards and governing authorities. This is particularly important as change is driven from the top down.
3. Older LGBTI people will be a **target focus** of ageing and aged care research
- Positive language.
 - Concern around misuse of statistics and numbers. Need to note that numbers will always be underrepresented due to historical discrimination and lack of identification.
 - Need research into feasibility of LGBTI specific facilities compared with LGBTI friendly facilities.
- 3.3 Explore opportunities for appropriate inclusion of LGBTI indicators within aged care datasets and other monitoring mechanisms, following further consultation with the LGBTI sector.
- Stronger language.
- 3.6 Establish a central source of LGBTI resources to support evidence based practice in aged care and empowerment of LGBTI consumers. These resources will include access to information about older LGBTI clients, innovative service models and practical resources (eg. operations/procedures manuals, case studies, research materials, problem solving workflows, organisational change workplans and health promotion packages).
- Issue of how to translate research into practice. This needs more focus in this Goal.
 - Question over how the information will be dispersed and shared.

4. Older LGBTI people will experience equitable access to aged care services
 - Need to investigate opportunities for LGBTI specific facilities and services. These are needed now, though they may not be in ten years time.
 - Possibility of star rating for facilities (non-government), or use of Rainbow Tick standard.
 - ACAT teams need to be able to refer consumers to relevant and inclusive facilities, as well as knowing which facilities should be avoided. Relatives also need this information.
 - Older LGBTI people often more comfortable going to LGBTI specific services.
 - Need access to information about the aged care system.
- 4.1 Encourage the promotion and discussion about the needs of older LGBTI people within ageing and aged care related publications and information.
 - Stronger language. 'DoHA will only fund publications which are inclusive...'
 - Include carer publications and LGBTI publications.
- 4.2 Identify aged care service providers with specific expertise/interest in meeting the needs of LGBTI clients within the Gateway, to enable consumers to identify suitable aged care providers and for aged care assessors or case managers, as relevant, to refer prospective clients efficiently and appropriately.
 - Theme of self-selection by provider. Also important that all facilities have a minimum standard.
 - Include respite services and carer support services.
- 4.3 In the development of new resources and review of existing resources, encourage the use of LGBTI appropriate language and representation. This will include developing a best practice intake and assessment form with accompanying procedures to ensure it is culturally appropriate for LGBTI clients **and their carers** and reflects these changes within the ACAT client record form.
 - Inclusive of carers.
- 4.4 Identify opportunities to sustain the health outcomes of older LGBTI people.
 - Quality of life is as important as quality of care.
 - Need to look at healthy ageing, prevention and early intervention.
 - Needs to include urban, regional and rural areas.
- 5.1 Make grants available from 2013-14 to expand the Community Visitors Scheme (CVS) to specifically include older LGBTI people **and their carers**, to minimise social isolation of older LGBTI people receiving aged care.
 - Inclusive of cares.
- 5.2 Review the National Aged Care Advocacy Program (NACAP) guidelines to include an emphasis on promoting and maximising access to advocacy for older LGBTI people commencing from entry point.
 - Also need to include funding for advocates, as well as a mini-ombudsman.

- 5.3 Identify opportunities to increase awareness and implementation of Advanced Care Directives (wills, Enduring Power of Attorney etc) among older LGBTI people **and their carers**.
 - Inclusive of cares.

- 6. The LGBTI sector will be actively engaged in the planning, delivery and evaluation of ageing policies and aged care programs and services
 - Needs to include consumers, respite care, and carers.
 - Explore/facilitate alternative accommodation options.

- 6.2 Include LGBTI representatives in all relevant ageing and aged care consultative mechanisms, including contribution to broader discussions regarding implementation of the *Living Longer Living Better* aged care reform package.
 - LGBTI representatives need to be both consumers and from the sector.

- 6.3 **Encourage Require** funded services to be delivered in a non-discriminatory manner supporting a person-centred care approach.
 - Stronger language.

Newcastle Consultation

9 October, Noah's on the Beach, Newcastle, NSW

Facilitator: Corey Irlam

Number of attendees: 13

Issues

- Knowing that faith based providers can discriminate (whether they do in practice or not) prevent many consumers from engaging due to fear.
- Access to information and understanding the choices available from different providers.
- Affordable housing and ability to pay rent when unwell.
- Invisibility and fear around disclosing or being identified.
- Ignorance around LGBTI issues (particularly for transgender and intersex).
- Need for dignity in nursing homes. Older transgender may not have had all of their reassignment surgery, and need to be washed etcetera by carers who treat them with respect.
- Staff need to be sensitive to the needs of everyone.
- Education for aged care providers and members of LGBTI communities to empower them as consumers.
- Experiences of prior discrimination or poor treatment.
- If a person transitions while married (and does not divorce) they cannot change their legal sex on identifying documents. This immediately identifies someone as being transgender.
- Remove religious exemptions.
- Homophobia and heterosexism (including bi- and trans- phobia).
- Historical experience of discrimination and criminalisation and the resultant lack of awareness of rights.
- More flexibility in the aged care system and in interpreting regulations. Having to prove that you are transgender is degrading of your identity. System should focus on the holistic person first.
- System should enable LGBTI people to pass through invisibly if they wish to. Should not be required to disclose. Also should not be regarded as an issue so that people feel safe to disclose.
- "We treat everyone the same", but the life trajectory of LGBTI people can be very different from others. Care givers and others need to be aware of that.
- Need mechanisms to identify whether LGBTI people are being picked up and included in the system. Difficult though due to lack of disclosure. Could include tick boxes on assessment forms.
- Carers need cultural awareness. Some people liked to be asked about their lives, partners, etcetera, while others do not want to have to come out again and again and want carers to already know. However a lot of carers aren't told as this would breach confidentiality.
- Due to fear some people 'de-gay' their houses before a carer visits.
- Sensitivity training for aged care workers and health professionals.
- Having well known and trusted advocates.

- Difficulty ensuring that regions that are assigned LGBTI specific packages have a large enough LGBTI population to fill them.
- Transgender people are often largely invisible. Would be insulting to have to identify in order to qualify for a specific package. The Strategy should not expose people any more than they want to be.

Guiding Principles

- Concern over Strategy being rolled back after a change of government.
 - Use HIV support networks as examples on how to structure support networks.
 - The Principles are universal for all minorities. Question over whether it needs to be LGBTI specific, and whether a general human rights approach should be adopted.
 - Details are all there, however the covering sentences aren't as powerful as they could be.
 - The statements are good to see, however this does not necessarily translate into the experience faced by LGBTI communities. Need to examine them in the light of test cases.
 - The principles need to be sufficiently clear so that members of LGBTI communities can turn up and pass through the system invisibly and without repercussions.
 - Acknowledgement that the Principles are supposed to be aspirational.
 - The language is not accessible to consumers.
 - Carers are not mentioned in the Principles.
 - Concern about whether this policy could be reversed following a change in government, and how strongly it can be enforced with service providers.
 - Also need to include LGBTI staff, as they bring the greatest cultural understanding. Staff need to be comfortable and willing to come out, however anti-discrimination exemptions prevent this (noting that some faith based organisations are non-discriminatory).
 - Dislike of term 'special needs group'.
2. RESPECT – Understanding and being sensitive to, the needs of older LGBTI people in the delivery of aged care services
- This should include being able to take cultural clues, and not having to ask for an explanation.
 - Needs to include principle that some people want to be visible, some do not, and some (particularly transgender and intersex) do not have a choice.
3. ACCESS AND EQUITY – All areas of aged care understand the importance of delivering LGBTI inclusive services
- Add principle that the onus is on the staff and the organisation to create a safe and welcoming environment and to adapt to the needs of the client, not the other way around.
- 4.2 All aged care workers have the skills and knowledge **and attitude** they need to deliver appropriate person-centred care to older LGBTI people, supported by their employer's policies and procedures.
- As well as skills and knowledge, the appropriate attitude is required. Clients know when a staff member disapproves or does not want to touch you.

- On the other hand, need to ensure that for people of faith, the emphasis is on providing quality treatment and giving the client respect rather than stopping your religious beliefs.

Strategic Goals

Include specific advocates in aged care organisations, points of contact (using a model similar to the Gay and Lesbian Liaison Officers in the police force, or Aboriginal Outreach workers).

Government assistance to establish LGBTI specific facilities.

Should not focus so strongly on residential aged care, as LGBTI people are more reluctant to enter aged care and will try to stay within their homes for longer.

- 1.2 Liaise with the Federal Attorney General's department to promote understanding on the need for legal protection from discrimination on the grounds of gender identity, sex and sexual orientation.
 - Make intersex inclusive.
- 1.7 Support aged care and LGBTI peak organisations to assist their respective industries in the implementation of this Strategy.
 - Need definition on what constitutes a peak body.
 - Question on whether to name specific peak organisations.
2. LGBTI inclusive aged care services will be delivered by a skilled workforce
 - Workforce needs to be supported and encouraged to be out. Seeing LGBTI staff will reduce isolation.
- 2.1 ~~Encourage~~ **Ensure** all government funded aged care providers to develop policies and organisational processes to address discrimination and promote inclusion of older LGBTI people, carers and staff. This will include committing \$2.5 million over five years from 2012 to nationally rollout LGBTI sensitive training for the aged care workforce.
 - Stronger language.
- 2.2 Investigate options to work with the vocational education and training (VET) sector to develop new aged care and allied health curriculum materials on older LGBTI people, specifically addressing Certificate III and Certificate IV competencies.
 - Need to ensure that education includes multiple levels, including top down (directors, CEOs, board members, executive staff, and managers).
3. Older LGBTI people will be a target of ageing and aged care research
 - Most LGBTI data is quite new, as well as being non-representative as many people do not disclose or identify.
 - If numbers are low, may provoke backlash on why attention and money is being focused in this area. Need to understand that there will be under representation, and that the data will be skewed to those who are out. Research may not give a good view of the holistic community.

- 3.1 Seek to increase the knowledge on the health, wellbeing and experiences of older LGBTI people, both within the aged care system and as part of ageing in place.
 - Need to include studies on individual cases and stories, rather than just focusing on statistics.

- 3.6 Establish a central source of LGBTI resources to support evidence ~~based~~ informed practice in aged care and empowerment of LGBTI consumers. These resources will include access to information about older LGBTI clients, innovative service models and practical resources (eg. operations/procedures manuals, case studies, research materials, problem solving workflows, organisational change workplans and health promotion packages).
 - Given lack of evidence, 'evidence based' may be too stringent a criteria. Need to be clear on what is possible given this.

4. Older LGBTI people will experience equitable access to aged care services
 - Some form of outreach or advocacy is needed to ensure that the marginalised people that need targeted packages can be reached. This makes the role of referrers (social workers, ACAT teams, hospital staff, meals on wheels) especially important. However many do not want to interfere, due to privacy concerns.

- 4.1 ~~Encourage~~ **Ensure** the promotion and discussion about the needs of older LGBTI people within ageing and aged care related publications and information.
 - Stronger language.

- 4.2 Identify aged care service providers with specific expertise/interest in meeting the needs of LGBTI clients within the Gateway, to enable consumers to identify suitable aged care providers and for aged care assessors or case managers, as relevant, to refer prospective clients efficiently and appropriately.
 - Need verification of whether agency has expertise around LGBTI issues. This could be included in the accreditation system.

- 5.3 Identify opportunities to increase awareness and implementation of Advanced Care Directives (wills, Enduring Power of Attorney etc) among older LGBTI people.
 - Important point, particularly due to lack of relationship recognition. Need education from allied services

6. The LGBTI sector will be actively engaged in the planning, delivery and evaluation of ageing policies and aged care programs and services
 - LGBTI communities are not as engaged around issues of ageing. Need to facilitate, fund and explore opportunities for LGBTI communities to mobilise.
 - A community of care is especially important as many LGBTI people do not have children to support them when older.

- 6.3 Encourage funded services to be delivered in a non-discriminatory manner supporting a person-centred care approach.
 - Stronger language.

- 6.4 Continue to sustain partnerships between government, community and the sector.
 - Needs to specify which community.

Lismore Consultation

10 October, Lismore Workers Club, Lismore, NSW

Facilitator: Corey Irlam

Number of attendees: 18

Issues

- Assessments need to start with an exploration of what the consumer needs and what they want to achieve, and then offer packages around this (that is, Consumer Directed Care). Needs to be goal focused rather than service focused.
- Need organisational change, from the top down. Education can't just be for staff.
- Initiatives around healthy ageing could help people living in residential villages as well as social and community housing.
- Concept of family. Biological family versus family of choice. Need to recognise the input of family members, rather than just next of kin (which is the default if no Person Responsible is nominated).
- Diversity within LGBTI communities. Include many communities and experiences. All voices need to be listed to, and the differing needs understood and catered to.
- Recognise that not all members of a particular community have the same views.
- Difficulty getting ACAT assessments under 65. This can present difficulties for people living with HIV who may have accelerated ageing and need earlier access to aged care services.
- People falling between the gaps between disability and ageing services.
- Social isolation.
- Lack of community care services. Want more LGBTI community driven choices and services.
- Affordable housing and group homes.
- Choice around aged care options. Residential care gives some people independence, while others prefer community care, while others again would prefer new models such as shared accommodation.
- Education and information for LGBTI community around aged care. This needs to tap into friendship networks.
- Difficult to find LGBTI people in their 80s and 90s for research. Can be more effective to reach these people through social networks rather than LGBTI community organisations.
- LGBTI specific (or male/female only) facilities or wings. Including staff and carers.
- General ageism of society.
- Education of health professionals around aged care so that they can refer their patients.
- Some older LGBTI people have never disclosed their identity to anyone.
- Medical training scenarios don't include LGBTI people.
- Education for administration staff, as they are often the gatekeepers to services. Staff can be very helpful, but this is no help if the people on the desk turn you away.
- Accessible and inclusive forms.
- Story-telling is a very powerful tool both for LGBTI communities and education of the broader community. Can produce thematic anthologies and written stories to highlight the social impacts of discrimination and lack of inclusion on people's lives.

- Building capacity of LGBTI community, including social and grassroots groups. Tropical Fruits in Lismore well placed to provide support to LGBTI communities. However as a volunteer group does not have the capacity to provide formal support.
- Carers also need supports.
- Straight allies are very important, but they need to have information so that they can learn and become aware of the issues.
- Bottom up and top down approaches both needed.
- Treatment of LGBTI people varies greatly depending on individual staff.
- Lack of information around what services and packages are available.
- Regional areas face additional geographical barriers, increased social isolation, and access difficulties to services.

Introduction

- Definition of transgender. Cross dressers are not necessarily transgender.
- Inclusion of the term 'socially inclusive' in the document, which is a term understood by LGBTI communities.

Guiding Principles

- Should apply generally, and not just to LGBTI people.
- Could rephrase the language in terms of a human rights approach, or link to human rights instruments.
- Include mention of social determinants of health.
- Too aged care focus. Need to include a principle on healthy, social ageing.
- Change 'help' to 'assist', to change emphasis to a strengths based rather than deficit based model.
- Partnerships between aged care organisations and LGBTI health organisations are essential. This needs to be included in the Strategy, and could constitute a principle.
- Include principle that access to services will not be determined by socioeconomic status, or geographical location. Transgender and intersex people often require specialised services not available in regional areas, and thus require access to transportation.
- Specific mention that these apply across all of Australia, and include intersections of identities.
- Extend models from other special needs groups to LGBTI.
- Organisations need to recognise LGBTI relationships and family (also need to include definition of family and 'family of choice'.)

There are a number of simultaneous activities occurring through the *Living Longer Living Better* aged care reform package that will affect the lives of older LGBTI people, their families, carers and friends **and communities**.

- 1.1 Older LGBTI people are at the centre of all Australian Government aged care policies and programs that affect their lives and such policies and programs are developed and reviewed in consultation with older LGBTI people, their families, carers and advocates.
 - Confusing phrase. Principle of ‘nothing about us without us’.
 - Potential for this to be misquoted as ‘Older LGBTI people are at the centre of all Australian Government aged care policies and programs’. Could alter wording to ‘significantly included’.
- 1.2 The specific needs and life experiences of older LGBTI people are visible **and valued** so their health and wellbeing is promoted through the development of sustainable mechanisms to allow them to express their needs, wants and preferences in consultative structures to inform the development of aged care policies and programs.
 - Use positive language.
- 1.3 Older LGBTI people are confident consumers and self-advocates when they engage with the aged care sector and relevant agencies, including government.
 - Responsibility needs to be put on the service provider, rather than the consumer. For example, ‘Services are trustworthy so that...’
- 1.4 LGBTI community capacity is developed to assist in supporting the wider aged care service base to serve the needs of ageing LGBTI people to the highest possible standard.
 - Could expand this to also include the capacity of LGBTI communities enabling LGBTI communities to directly serve the needs of older LGBTI people, rather than just through the aged care service base. Or could make it another sub-principle.
2. **RESPECT** – Understanding and being sensitive to, the needs of older LGBTI people in the delivery of aged care services
 - Add sub-principle on respect for diversity within LGBTI communities and within the people that constitute that community.
- 2.1 The **varied** life experiences, specific issues and needs of older LGBTI people are openly discussed in order to promote individual, **family** and collective LGBTI health and wellbeing.
 - Highlight the individuality and diversity of lived experience.
 - Need to include mention of family.
- 2.2 All government legislation, policies, standards, regulatory mechanisms, documentation, **language** and other materials that relate to or impact on the health and wellbeing of older LGBTI people **and their families** are appropriate to their needs and experiences and are non-discriminatory.
 - This may be too siloed. Should be inclusive of everyone, not just LGBTI people.
3. **ACCESS AND EQUITY** – All areas of aged care understand the importance of delivering LGBTI inclusive services
 - Explicit mention that this is across all of Australia and includes diverse groups. Differences and difficulties due to geographical isolation need to be acknowledged.
 - Acknowledge diversity within diversity which may require additional consideration, such as LGBTI and CALD, ATSI, HIV/AIDS.

- 3.1 **Aged care services demonstrate LGBTI competence so that** Older LGBTI people have confidence in revealing details of their life-style, sexual orientation, gender and/or sexual identity to aged care providers and/or government for the development of tailored and personally appropriate programs of care, that this information will be treated in strict confidence and with respect.
- Onus needs to be placed on the service provider.
- 3.3 As part of a person-centred approach it is necessary to recognise that treating everyone the same may not be treating them equitably.
- Very important point, as always hear the remark ‘but we treat everyone the same’. Need to list this as the first sub-principle to emphasise it.
 - Include definition of person centred care, as there is often misunderstanding about what it actually involves.
- 3.5 The Home Support and Home Care components of the aged care program deliver effective support to older LGBTI people and their carers, in order to help older LGBTI people remain living independently in their own homes and communities as long as possible.
- Dislike the connotations of the word ‘help’ in this sentence. Emphasis should be changed to assisting older LGBTI people to determine what it is that they want to do, and then supporting them to achieve this. Need to be given choice on whether to stay at home.
4. **QUALITY** – Standards of care and services are **appropriate to meet** the needs of older LGBTI people
- Stronger language.
 - Include new sub-principle on the development of best practice.
- 4.1 Aged care services understand what constitutes a LGBTI inclusive service and are encouraged and supported, through appropriate policy structures, to ensure as a minimum standard, a welcoming, **safe, inclusive**, confidential and culturally appropriate environment is created for older LGBTI people. This includes ensuring appropriate policies, procedures and systems are in place to provide the most appropriate care to older LGBTI people.
- More proactive and positive focus.
 - What constitutes the ‘most appropriate care’ needs to be decided by older LGBTI people themselves.
- 4.2 All aged care workers have the skills and knowledge **and practices** they need to deliver appropriate person-centred care ~~to~~ **for** older LGBTI people, supported by their employer’s policies and procedures.
- Skills and knowledge themselves are not enough to ensure quality of care.
 - Need to change ‘care to’ to ‘care for’, which changes the emphasis.
 - To bring about organisational change, needs to include not just staff but a top down approach (boards, executive, managers, etc.)
 - Principle of change culture, from top down and bottom up.

Strategic Goals

- Change to 'Strategic Goals and Actions' for clarity.
 - LGBTI people under 65 displaying age related illnesses (e.g. due to HIV/AIDS) need to have access to ACAT assessments.
 - Whole document needs to be reviewed to examine expansion of support for healthy ageing.
1. **Ageing and** Aged care services will be supported to deliver LGBTI-inclusive services
 - Expand to include ageing as well as aged care.
 - Include action on providing LGBTI specific packages, as these give people confidence that the provider is LGBTI inclusive. They cannot be the only option however, as they will not be available in remote areas, and there is also the barrier of needing to identify.
 - Add action on having a liaison between agencies and LGBTI communities, using the example of GLLOs in the police force.
 - 1.1 Recognise **all** members of special needs groups **including LGBTI** within the Residential Aged Care Accreditation Standards and Community Care Common Standards.
 - Rewording of sentence for clarity.
 - Want LGBTI to be specifically named in the Standards, rather than be incorporated as a special needs group.
 - Also needs to be incorporated in the Guidelines for the Standards, in the form of specific outcomes and actions.
 - 1.2 Liaise with the Federal Attorney General's department to promote understanding on the need for legal protection from discrimination on the grounds of gender identity and sexual orientation.
 - Should be strengthened to include protection from 'harassment' and 'vilification'.
 - 1.3 Work with funded service providers to ensure their services are inclusive of older LGBTI people free from discrimination or prejudice **from both staff and other residents**.
 - Important to explicitly mention that this can come from both staff and residents.
 - Would be good to include mention of homophobia along with discrimination and prejudice.
 - 1.6 Seek opportunities to recognise and promote excellence in LGBTI **ageing and** aged care initiatives, activities and programs.
 - Expand to include ageing initiatives as well as aged care.
 - 1.7 Support aged care and LGBTI peak organisations to assist their respective industries in the implementation of this Strategy.
 - 'Industries' is a strange term to describe LGBTI communities. Could replace with 'sector' or 'communities'.
 2. LGBTI inclusive aged care services will be delivered by a skilled workforce
 - Include a new action on supporting organisations to go through a holistic change of the organisation from management down in a best practice approach.
 - Any training needs to be developed in consultation with LGBTI communities.

- 2.1 Encourage all government funded aged care providers to develop policies and organisational processes to address discrimination and promote inclusion of older LGBTI people, carers and staff. This will include committing \$2.5 million over five years from 2012 to nationally rollout LGBTI sensitive training for the aged care workforce.
 - Stronger language. 'Ensure', 'require' etc. rather than 'encourage'.
 - Should encompass all special needs groups in policies and processes, rather than just LGBTI.
 - Training needs to include volunteers as well as paid staff.
- 2.2 Investigate options to work with the vocational education and training (VET) sector to develop new aged care and allied health curriculum materials on older LGBTI people, specifically addressing Certificate III and Certificate IV competencies.
 - Should be broadened to include all health professionals.
 - Also needs to capture administrative staff and management, who may not have Certificate III or IV competencies.
 - Needs to include ACAT assessors. Challenges for people who are under 65 with aged related illnesses (e.g. due to HIV/AIDS) being assessed appropriately.
3. Older LGBTI people will be a **target focus** of ageing and aged care research
 - Positive language.
 - Current surveys also need to include sex and gender diversity as well as sexual orientation.
 - Need inclusion in the census, as DoHA uses this data to allocate numbers of packages.
 - LGBTI communities also need to be engaged in the research. Any projects need to be consultative with communities.
 - Include new action on research into evaluation of projects. Currently consumers have no way to identify how good programmes are.
 - Include new action on establishing partnerships with existing research bodies that have expertise in this field.
- 3.5 Work with the AIHW to explore opportunities to increase the available data on older LGBTI people as part of **relevant** research projects it conducts.
 - Should be included in all research projects, making the term 'relevant' redundant.
- 3.2, 3.4, 3.5 Use stronger term that 'Work with', such as 'Engage', and 'advocate for' rather than 'encourage'.
4. Older LGBTI people will experience equitable access to **ageing and** aged care services
 - Expand to include ageing initiatives as well as aged care.
 - Needs to include mention of regional areas somewhere in the goal or actions.
- 4.2 Identify aged care service providers with specific expertise/interest in meeting the needs of LGBTI clients within the Gateway, to enable consumers to identify suitable aged care providers and for aged care assessors or case managers, as relevant, to refer prospective clients efficiently and appropriately.
 - Identification needs to occur in consultation with LGBTI communities.

- Suggestion of Rainbow Tick standard, however it needs to be clear what this covers, and whether it includes all of LGBTI.
- 4.4 Identify **and promote** opportunities to ~~sustain~~ **maximise** the health outcomes of older LGBTI people.
- Stronger language.
 - These services also need to be affordable to people. Even finding a GP that bulk bills can be difficult.
 - Action needs to be expanded and fleshed out.
- 5.1 Make grants available from 2013-14 to expand the Community Visitors Scheme (CVS) to specifically include older LGBTI people, to minimise social isolation of older LGBTI people **receiving aged care**.
- CVS should be expanded so that recipients do not need to be on a package. Should be available to all regardless of whether accessing other aged care services.
- 5.3 Identify opportunities to increase awareness and implementation of Advanced Care Directives (wills, Enduring Power of Attorney, **Advanced Health Directives** etc) among ~~elder~~ LGBTI people.
- Knowledge of these is required before people become old.
- 5.4 Continue to support innovative programs and projects addressing the goals of this Strategy and identified emerging issues, principally through the Aged Care Service Improvement and Healthy Ageing Grants Fund **or similar**.
- Expand to include prevention and healthy ageing.
 - Do not wish to limit the action to just the Aged Care Service Improvement and Healthy Ageing Grants Fund.
6. The LGBTI sector will be actively engaged in the planning, delivery and evaluation of ageing policies and aged care programs and services
- Add new action on the approach undertaken by DoHA. For example, 'DoHA commits to community development approaches to funding'.
 - Training programmes need to include and involve LGBTI communities.
 - More emphasis needs to be placed on resourcing LGBTI organisations which have community knowledge and lived experience.
 - Key points in any tender process need to include that the organisation understands LGBTI issues.
- 6.2 Include LGBTI representatives in all relevant ageing and aged care consultative mechanisms, including contribution to broader discussions regarding implementation of the *Living Longer Living Better* aged care reform package.
- Also need inclusion in peak bodies, both at a state and national level.
- 6.3 Encourage funded services to be delivered in **an equitable, inclusive and** non-discriminatory manner supporting a person-centred care approach.
- Stronger language than 'encourage'.
 - Positive, proactive language.

- 6.4 Continue to **build and** sustain partnerships between government, community and the sector.
 - Take a proactive approach rather than maintaining the status quo.
- 6.5 Develop a communication plan to promote awareness of the LGBTI Ageing and Aged Care Strategy and its annual reporting through DoHA's existing communication channels particularly with peak organisations such as NACA, and with other Commonwealth agencies and levels of government.
 - Communication plan should include all stakeholders.
- 6.6 Support the implementation of this Strategy and engage with **industry aged care providers and LGBTI communities** on LGBTI matters through a dedicated point of contact within DoHA for LGBTI ageing matters.
 - Engagement needs to include LGBTI communities as well as the aged care sector.
 - Shift emphasis of sentence. 'Create a dedicated point of contact to...' as otherwise reads oddly to begin with 'Support the implementation' (which DoHA would be expected to do as it is their Strategy).

Reporting

- Require feedback to LGBTI communities.
- The results of each report need to be promoted.

Brisbane Consultation

11 October, Riverside Receptions, New Farm, QLD

Facilitators: Paul Martin and Robert Collins

Number of attendees: 38

Issues

- Staff recruitment. Difficult to find workers with LGBTI expertise or who identify as LGBTI.
- LGBTI clients have a preference for LGBTI staff.
- No training available for staff around LGBTI issues.
- Transgender people can fear going to a GP, and hospitals are worse. Fear of coming out and going into a facility. Staff need to be trained not to react to someone presenting as one gender and having the genitalia of another.
- Fear is a huge issue.
- Some organisations are very supportive, but older LGBTI people do not necessarily know this.
- Inclusive workplaces, of both clients and staff. Many staff are scared to be out for fear of losing their jobs. This makes finding culturally appropriate staff for clients harder.
- VET sector needs to include LGBTI training.
- Many parts of the industry, such as nursing, are quite accepting.
- Separation of couples when they enter aged care facilities (which happens to both LGBTI and non-LGBTI partners), for example if one person goes to high care and the other low.
- Consumers want to know how to find places that are accepting. No gay friendly homes seem to be available and people don't identify within homes.
- LGBTI specific facilities. Some in favour, while others want to be integrated with the rest of society.
- Phobia remains around HIV/AIDS amongst aged care workers.
- Social isolation in aged care facilities.
- Religious based organisations make LGBTI clients and staff uncertain about whether they will be accepted. Not widely known which of these organisations are welcoming. Given that these organisations are often large with a significant presence, this can significantly limit choices.
- Many older LGBTI people dismiss and service provided by church or religious groups, and can miss out on services due to this perception.
- Prejudice from other residents. Needs stronger focus on culture of facility, and emphasis on the Charter of Rights and Responsibilities. Residents need to be pulled up by staff.
- Transgender people may be on medication for life, many cannot afford to shave, etcetera. These considerations need to be known about by staff.
- Data capture.
- Support to remain living at home. In-home services need competent, trained, organised carers.
- LGBTI friendly services.
- Lack of biological families for support.

- Opportunities for aged care services to include older LGBTI people as volunteers, for example dementia helpline.
- Carers and health professionals often unaware of LGBTI issues and needs.
- Training in aged care facilities to combat homophobia.
- Invisibility of older LGBTI people in aged care services.
- Current training syllabus inadequate on LGBTI issues.
- Religious and for profit aged care providers may not deliver inclusive care for diverse groups. Church affiliation is not always publicised.
- Fear around disclosure and problem of being closeted.
- Aged care Gateway needs to identify and provide referral to services appropriate for LGBTI people. If web based, this requires web awareness which not everyone has.
- Difficulty accessing services and Departmental information, and getting through to the appropriate person or someone who is LGBTI friendly.
- Age discrimination in employment.
- 'Pink Guide' listing LGBTI friendly services.
- Assumptions of heteronormativity
- Historical trauma that HIV/AIDS has had on the gay community and the emotional and mental impact that has entailed.
- Historical discrimination, criminalisation and medicalisation.
- Social isolation.

Introduction

- Definition of 'family' in the non-traditional way needs to be included.

Guiding Principles

- More proactive tone.
 - Include accountability as a principle, and ensuring that there is translation into action.
 - Include capacity building as a principle.
 - Carers need a stronger mention throughout the document.
 - Add wording around the human rights of older LGBTI people, and reference human rights instruments such as the Yogyakarta Principles.
1. **EMPOWERMENT** – Older LGBTI people are included in the development of Australian Government aged care policies and programs
 - Need to have advocates as well as education.
 - 1.3 Older LGBTI people are confident **and well informed** consumers and self-advocates when they engage with the aged care sector and relevant agencies, including government.
 - As a part of empowerment, LGBTI communities need to understand their legal rights and be well informed.
 2. **RESPECT** – Understanding and being sensitive to, the needs of older LGBTI people in the delivery of aged care services
 - Need choice and self-determination.

- 2.1 The life experiences, specific issues and needs of older LGBTI people are openly discussed in order to promote individual and collective LGBTI health and wellbeing.
 - Need clarity over the definition of ‘openly discussed’.
- 2.2 All government legislation, policies, standards, regulatory mechanisms, documentation and other materials that relate to or impact on the health and wellbeing of older LGBTI people are appropriate to their needs and experiences and are non-discriminatory **and affirming**.
 - Positive language.
3. ACCESS AND EQUITY – All areas of aged care understand the importance of delivering LGBTI inclusive services
 - New sub-principle around communicating to older LGBTI people around their rights and their choices.
 - By-line is too vague. Needs to include ‘work towards’ or ‘deliver’ rather than ‘understand’. Stronger language gives more accountability.
- 3.1 Older LGBTI people **are provided with the resources to** have confidence in revealing details of their life-style, sexual orientation, gender and/or sexual identity to aged care providers and/or government for the development of tailored and personally appropriate programs of care, that this information will be treated in strict confidence and with respect.
 - Onus should not be upon the consumer to be confident and disclose.
 - As well as confidence, people need a supportive and safe space. Difficultly however for service providers to demonstrate the creation of such a space.
- 3.3 As part of a person-centred approach it is necessary to recognise that treating everyone the same may not be treating them equitably.
 - Include language around equal rights.
- 3.5 The Home Support and Home Care components of the aged care program deliver effective support to older LGBTI people and their carers, in order to help older LGBTI people remain living independently in their own homes and communities as long as **possible-appropriate**.
 - Clarify that ‘as long as possible’ is not longer than other groups.
 - Emphasis should be on enabling choice for people to stay at home if they wish to.
 - Do need to ensure that LGBTI people are not being forced into homes earlier than the broader community.
 - Should be broader than just HACC.
4. QUALITY – Standards of care and services are appropriate to the needs of older LGBTI people
 - Along with quality of care, issue of quality of life.
- 4.1 Aged care services understand what constitutes a LGBTI inclusive service and are encouraged and supported, through appropriate policy structures, to ensure as a minimum standard, a welcoming, confidential and culturally **appropriate safe** environment is created for older LGBTI people. This includes ensuring appropriate policies, procedures and systems are in place to provide the most appropriate care to older LGBTI people **with no assumption of heteronormativity**.

- Stronger language and inclusion of concept of heteronormativity (which would need to be defined at some point in the document). Accreditation Standards and forms should be amended to reflect this.
 - Culturally safety (as opposed to appropriate) is an embedded term in nursing and well understood in the industry.
- 4.2 All ~~aged-care~~ workers that provide services to older LGBTI people have the skills and knowledge and attitude they need to deliver appropriate person-centred care to older LGBTI people, supported by their employer's policies and procedures.
- Broader than just aged care workers. Needs to include any staff that interact with older LGBTI people.
 - Along with skills and knowledge, the appropriate attitude is required.
- 4.3 Research and translation of research into better practice is encouraged to support development of appropriate policies and programs for older LGBTI people.
- Include the concept of continuous improvement and culture of change either here or as a separate sub-principle.

Strategic Goals

1. Aged care services will be supported to deliver LGBTI-inclusive services
 - Promotion to LGBTI communities is needed so that people are aware that services are inclusive.
- 1.3 Work with funded service providers to ensure their services are inclusive of older LGBTI people free from discrimination or prejudice.
 - Stronger language. Should be a requirement.
- 1.4 Explore options, beyond June 2015, to update the Home Support Program Guidelines to include LGBTI people as a Special Needs group or receive Special Needs group considerations in consistency with the *Aged Care Act 1997* Special Needs groups.
 - Stronger language.
 - Include all Guidelines.
- 1.7 Support **and fund** aged care and LGBTI peak organisations to assist their respective industries in the implementation of this Strategy.
2. LGBTI inclusive aged care services will be delivered by a skilled workforce
 - Needs to include the university sector.
 - Add action on encouraging in-house training and continuing professional development.
 - Add action to support workers who wish to develop expertise in the area, in addition to the standard training. This could include a clearinghouse of resources or the establishment of a professional network.
 - Add a new action, 'DoHA will liaise with all allied health professional associations and medical colleges to ensure LGBTI aged care is addressed in their professional development programmes.'
 - Question over whether the training will be ongoing, and if not how will emerging issues and changes to the legislation be dealt with, and how will the issue of the high

- workforce turnover be addressed. Would need a half yearly or yearly refresher course (as for cultural awareness).
- End of life issues need to be included in any training.
- 2.1 Encourage all government funded aged care providers to develop policies and organisational processes to address discrimination and promote inclusion of older LGBTI people, carers and staff. This will include committing \$2.5 million over five years from 2012 to nationally rollout LGBTI **sensitive awareness** training for the aged care workforce.
 - Stronger language. 'Ensure' or 'mandate' rather than 'encourage'.
 - 2.2 ~~Investigate options to work with~~ **Require** the vocational education and training (VET) sector to develop new aged care and allied health curriculum materials on older LGBTI people, specifically addressing Certificate III and Certificate IV competencies.
 - Stronger language.
 - Add action around funding training programmes focused on LGBTI issues
 3. Older LGBTI people will be a **target priority** of ageing and aged care research
 - Use positive language.
 - Not enough actions focused on research translation. It is very difficult for providers to translate research into practise. Need to build links between what the research identifies and what providers can do.
 - Add action for funded pilots and trial programmes.
 - Needs focus on monitoring as well. Service shortfalls will have the greatest impact upon LGBTI people.
 - Need research to identify whether there is a market for LGBTI specific homes and facilities.
 - 3.3 Explore opportunities for appropriate inclusion of LGBTI indicators within aged care datasets and other monitoring mechanisms, following further consultation with the LGBTI sector.
 - Stronger language.
 - 3.6 Establish **and fund** a central source of LGBTI resources to support evidence based practice in aged care and empowerment of LGBTI consumers. These resources will include access to information about older LGBTI clients, innovative service models and practical resources (eg. operations/procedures manuals, case studies, research materials, problem solving workflows, organisational change workplans and health promotion packages).
 - 4.1 Encourage the promotion and discussion about the needs of older LGBTI people within ageing and aged care related publications and information.
 - Stronger language. Need to 'ensure'.
 - Should be undertaken in collaboration with peak LGBTI organisations, such as the National LGBTI Health Alliance.
 - 4.3 In the development of new resources and review of existing resources, **encourage ensure** the use of LGBTI appropriate language and representation. This will include, **but is not limited to**, developing a best practice intake and assessment form with accompanying procedures to

ensure it is culturally ~~appropriate~~-safe for LGBTI clients and reflects these changes within the ACAT client record form.

- Stronger language.
- All forms should be inclusive, including ACAT forms.
- 'Culturally safe' is a preferred term in the industry.

4.4 Identify **and pursue** opportunities to ~~sustain~~-improve the health, **welfare and wellbeing** outcomes of older LGBTI people.

- Stronger and more positive and proactive language.
- Include reference to specific health outcomes, such as mental health, to highlight the discrepancy between the LGBTI and the broader community.
- This is one of the few locations where it is non-aged care specific. Would be worthwhile to flesh this action out.

5. The aged care and LGBTI sectors will be supported and resourced to proactively address the needs of older LGBTI people

- As this is a new area for the aged care sector, it would be beneficial to establish a centre of expertise at the implementation level that people could contact.

5.1 Make grants available from 2013-14 to expand the Community Visitors Scheme (CVS) to specifically include older LGBTI people, to minimise social isolation of older LGBTI people receiving aged care.

- Needs to include in-home care.

5.3 Identify opportunities to increase awareness and implementation of Advanced Care Directives (wills, Enduring Power of Attorney etc) among older LGBTI people.

- Include development of resources around Advanced Care Planning for LGBTI people (in the form of the NSW resource provided in the Resources section).

6. The LGBTI sector will be actively engaged in the planning, delivery and evaluation of ageing policies and aged care programs and services

- Include an action on exploring culturally safe housing options, such as shared housing. For example, 'Facilitate alternative accommodation arrangements outside of in-home/aged care facilities'.
- Need to explicitly mention both the LGBTI sector and LGBTI individuals to ensure that both are involved. Then need clarity around which actions relate to the sector and which relate to consumers.

6.1 Facilitate older LGBTI people, as with any eligible aged care consumer, having a greater say in **choosing** the delivery of their aged care through access to Consumer Directed Care in Home Care.

- Stronger language.
- Older LGBTI people are not necessarily part of the LGBTI 'sector'. The by-line of the Goal may need to be changed to 'LGBTI communities'.

- 6.2 Include LGBTI representatives in all relevant ageing and aged care consultative mechanisms, including contribution to broader discussions regarding implementation of the *Living Longer Living Better* aged care reform package.
 - Clarity over whether these representatives are individual people or from the LGBTI sector.
- 6.3 Encourage funded services to be delivered in a non-discriminatory manner supporting a person-centred care approach.
 - Stronger language.
- 6.4 ~~Continue to sustain~~ **Develop** partnerships between government, community and the sector.
 - More proactive language.
- 6.5 Develop a communication plan to promote awareness of the LGBTI Ageing and Aged Care Strategy and its annual reporting through DoHA's existing communication channels particularly with peak organisations such as NACA, and with other Commonwealth agencies and levels of government.
 - Extend to include palliative care and allied health professionals.
 - Include LGBTI peak organisations such as the National LGBTI Health Alliance.

Cairns Consultation

12 October, Rydges Tradewinds, Cairns, QLD

Facilitator: Steven Kennedy

Number of attendees: 20

Issues

- Premature ageing amongst HIV positive people.
- Changes in political climate and removal of funding and services for LGBTI communities.
- Safety of disclosing LGBTI identity.
- Invisibility in health services, staff language, and advertising materials.
- Inclusive language on the 'coal face'.
- Attitudinal change on the ground.
- Transgender people have different issues, including medical procedures and presentation to staff.
- Education for aged care workers. Bottom up and top down.
- Recognition of services as rights.
- Stigma both within and outside aged care.
- Religious providers and fear of discrimination.
- Question of LGBTI specific services, or integration with wide community. Main point to be in an inclusive environment of like-minded people.
- Life history of stigma and discrimination, and not wanted to go back to it.
- Educational materials/packages for all involved in providing services to LGBTI people.
- Generation change. Younger generations less homophobic, but this does not help the generation currently in care.
- Education around the needs of HIV positive people.
- Heteronormative language needs to be avoided.
- Importance of the law and legislation in changing popular perceptions. Rights and political leadership important in shaping attitudes.
- Community visitor programmes help to break down prejudice, provide visibility as a community, and nurture confidence.
- Skills and training for front-line staff about expressing and conveying inclusivity.
- Education across intake workers, management, and staff on the ground.
- Role of LGBTI community and organisations in facilitating access to aged care services.
- Concept of community liaison (like GLLOs in the police force).
- Social and geographical isolation in regional areas.
- Disengagement of older LGBTI people from LGBTI communities.

Introduction

- Needs to include clear context and history.
- Needs to include a discussion of the meaning of 'family' for LGBTI people.

Guiding Principles

- Should be holistic/whole of government approach.

- 1.1 Older LGBTI people are at the centre of all Australian Government aged care policies and programs that affect their lives and such policies and programs are developed and reviewed in consultation with older LGBTI people, their families, carers and advocates.
 - Can separate the two points for clarity.
- 1.3 **Services are trustworthy and LGBTI competent so that** Older LGBTI people ~~are~~ **become** confident consumers and self-advocates when they engage with the aged care sector and relevant agencies, including government.
 - Services need to nurture this confidence. Responsibility on service providers.
- 2.1 The life experiences, specific issues and needs of older LGBTI people are openly discussed in order to promote individual and collective LGBTI health and wellbeing.
 - Clarify that ‘openly discussed’ is about LGBTI issues, rather than an individual’s business.
 - Include family here (along with a definition).
- 2.2 All government legislation, policies, standards, regulatory mechanisms, documentation, **language** and other materials that relate to or impact on the health and wellbeing of older LGBTI people are appropriate to their needs and experiences and are non-discriminatory.
 - Broader inclusivity is needed. Use ‘older Australians including LGBTI’.
 - Include emphasis on importance of language that is used.
 - All material relating to older Australians should be LGBTI inclusive.
3. **ACCESS AND EQUITY** – All areas of aged care understand the importance of delivering LGBTI inclusive services
 - Include rural/regional focus, either as a principle or in the introduction.
 - Recognise diversity within diversity, that is explicit mention of ATSI, CALD, etc.
- 3.4 All healthy ageing policy initiatives consider and address the needs of older LGBTI people **considering all aspects of culture and life issues, experiences and locations.**
 - Broader inclusivity.
 - Include HIV as well as a specific need. This needs to be addressed both clinically and in its social implications (including stigma).
- 3.5 The Home Support and Home Care components of the aged care program deliver effective support to older LGBTI people and their carers, in order to help older LGBTI people remain living independently in their own homes and communities as long as possible.
 - Emphasis should be in order to give/provide choice.
4. **QUALITY** – Standards of care and services ~~are appropriate to meet/inclusive of~~ the needs of older LGBTI people
 - Stronger language.
- 4.1 Aged care services understand what constitutes a LGBTI inclusive service and are encouraged and supported, through appropriate policy structures, to ensure as a minimum standard, a welcoming, **inclusive, safe and** confidential and culturally appropriate environment is created for older LGBTI people. This includes ensuring appropriate policies, procedures and systems are in place to provide the most appropriate care to older LGBTI people.
 - Stronger language.

- Importance of inclusion and safety.

Strategic Goals

1. Aged care services will be supported to deliver LGBTI-inclusive services
 - Include specific LGBTI packages of care, which promote confidence in the service provider.
- 1.1 Recognise members of special needs groups within the Residential Aged Care Accreditation Standards and Community Care Common Standards.
 - Should be specifically named.
- 1.2 Liaise with the Federal Attorney General's department to promote understanding on the need for legal protection from discrimination on the grounds of gender identity and sexual orientation.
 - Also need protection from unwanted disclosure.
- 1.3 Work with funded service providers to ensure their services are inclusive of older LGBTI people free from discrimination or prejudice.
 - Stronger language.
 - Include protection from homophobia.
 - Protection needs to be from services and from other residents.
- 1.4 Explore options, beyond June 2015, to update the Home Support Program Guidelines to include LGBTI people as a Special Needs group or receive Special Needs group considerations in consistency with the *Aged Care Act 1997* Special Needs groups.
 - Stronger language.
- 1.7 Support aged care and LGBTI peak organisations to assist their respective industries in the implementation of this Strategy.
 - Clarify what 'support' entails.
 - Industry applicable to aged care, but not to LGBTI communities/sector.
- 2.1 Encourage all government funded aged care providers to develop policies and organisational processes to address discrimination and promote inclusion of older LGBTI people, carers and staff. This will include committing \$2.5 million over five years from 2012 to nationally rollout LGBTI sensitive training for the aged care workforce.
 - Stronger language. Guidelines need to be placed around funding, so that these policies and processes are 'ensured' or 'required'.
 - Needs to include ACAT assessors.
 - Need to collaborate with LGBTI organisations in development of this training.
- 2.2 Investigate options to work with the vocational education and training (VET) sector to develop new aged care and allied health curriculum materials on older LGBTI people, specifically addressing Certificate III and Certificate IV competencies.
 - Stronger language.
 - Also needs to apply to professional staff and to management, for a top down approach.

3. Older LGBTI people will be a target of ageing and aged care research
 - Use positive language rather than 'target', for example 'Ageing and aged care research will be inclusive of older LGBTI people' or 'There will be a specific focus on LGBTI needs' or inclusion as a 'Priority Population'.
 - Concerns about misuse of statistics and numbers.
- 3.2 **Work Engage** with the Australian Bureau of Statistics (ABS) to include LGBTI indicators within the Survey of Disability, Ageing and Carers (SDAC) and **encourage advocate for** the inclusion of LGBTI indicators within relevant ageing related research projects.
 - Stronger language.
 - Also need to advocate for inclusion in the census.
- 3.4 Work with the Australian Institute of Health and Welfare (AIHW) to establish the aged care Data Clearing House, ensuring LGBTI related data and research is included in this Data Clearing House.
 - Include partnerships with existing research organisations, such as the Kirby Institute, ARCHS.
4. Older LGBTI people will experience equitable access to aged care services
 - Need to include mention of equity in all areas and regions. This should either be in a Principle or in the preamble.
- 4.2 **In consultation with LGBTI communities**, Identify aged care service providers with specific expertise/interest in meeting the needs of LGBTI clients within the Gateway, to enable consumers to identify suitable aged care providers and for aged care assessors or case managers, as relevant, to refer prospective clients efficiently and appropriately.
 - Importance of community consultation.
- 4.4 Identify opportunities to sustain the health outcomes of older LGBTI people.
 - Needs to be explicit and specific.
- 5.3 Identify opportunities to increase awareness and implementation of Advanced Care Directives (wills, Enduring Power of Attorney etc) among **older** LGBTI people.
 - Need for all LGBTI people to learn about these before they get older.
 - Include Advanced Health Directives.
6. The LGBTI sector will be actively engaged in the planning, delivery and evaluation of ageing policies and aged care programs and services
 - Need to be specific about how the consultation process will occur, and which groups will be involved. Suggestion of involving state and national LGBTI peak bodies.
 - Add action to reach out to LGBTI communities to inform and promote to the LGBTI and general community.
- 6.3 **Encourage Ensure** funded services to be delivered in a non-discriminatory manner supporting a person-centred care approach.
 - Stronger language.

Adelaide Consultation

15 October, Alzheimer's Australia South Australia, Glenside, SA

Facilitator: Corey Irlam

Number of attendees: 30

Issues

- No specific funded body for LGBTI work in South Australia, and Limited LGBTI press.
- Sensitivity training for aged care providers, organisational policies and procedures.
- Information in LGBTI community around inclusive services.
- Invisibility of LGBTI people and the lack of awareness amongst aged care providers on the needs of LGBTI people, and why this is an issue at all.
- Homophobia from workers and an unwelcoming environment.
- Appropriate language, including recognition of same-sex relationships and family. Inclusion on assessment forms may offend a lot of (non-LGBTI) people to be asked the question.
- Hospitals and allied service providers need education around these issues.
- As well as training, needs to be followed up with organisational change and challenging staff who remain homophobic.
- Ignorance in LGBTI community over where to go to access services.
- Recognition of families of choice and education around Person Responsible (as most people only know of next of kin).
- Openness to diversity needs to be considered during recruitment.
- Suburbia, regional and rural areas lack LGBTI community connections.
- Social isolation in regional and rural areas. Need to have telephone linkage or a web service.
- Accelerated ageing for HIV positive people, and increased incidence of dementia.
- Diversity within diversity and overlap with CALD and ATSI communities. Can be placed as a double disadvantage.
- ATSI community reluctance to talk about LGBTI issues, especially amongst older people.
- Family acceptance of older LGBTI people with dementia. Often dismiss or attempt to control their identity.
- Dementia regression for transgender people.
- Exemptions for religious organisations. Inclusive services don't have the funds to publicise this.
- Spirituality often overlooked in aged care, but these ends of life questions are important.
- Overseas workers and doctors may hold discriminatory attitudes towards LGBTI people due to stigma in countries of origin.
Managers need the skills to create an inclusive culture and stamp out discrimination from staff.
- While attitudes, values and beliefs cannot be changed, can focus and change workplace behaviour.
- Heteronormative environment in residential care and retirement villages.
- Difficulty accessing ACAT assessments if under 65. Either needs to be a forced issue (for example due to hospitalisation) or have an advocate.

- General unease talking about sex in aged care. Also need to be careful on placing LGBTI into only a sex context.
- Service providers are in positions of power over their clients. Must have advocates.
- Vulnerability letting people into your home to provide care. Staff need skills to make the client comfortable.
- Need to build people's trust, and not be tokenistic.
- Publications are often inappropriate.

Introduction

- Preface needs to have a stronger rights based focus.
- The preface and introduction needs strong, clear, punchy and bold statements. It needs to clearly communicate to people who are not well informed.

Guiding Principles

- Needs to acknowledge that every single person is different. Not just about drilling down into a particular group.
 - Aged care is a human right. This needs to be stated very strongly for people who have had their rights violated across their entire lives. Focus on respect for dignity of person which is common across all. Then highlight that there are some differences and specific issues.
1. **EMPOWERMENT** – Older LGBTI people are included in the development of Australian Government aged care policies and programs
 - Asking people for their opinion is not the same as empowerment. By-line needs to be reworded.
 - Include a principle around confidentiality and privacy, which are very important issues.
 - Empowerment not liked as a term in aged care. Instead terminology around choice and control is used.
 2. **RESPECT** – Understanding and being sensitive to, the needs of older LGBTI people in the delivery of aged care services
 - Stronger language. Need to respond to the needs as well.
 3. **ACCESS AND EQUITY** – All areas of aged care understand the importance of delivering LGBTI inclusive services
 - 3.1 Older LGBTI people have confidence in revealing details of their life-style, sexual orientation, gender and/or sexual identity to aged care providers and/or government for the development of tailored and personally appropriate programs of care, that this information will be treated in strict confidence and with respect.
 - Onus should be on changing behaviours of staff and removing fear and discrimination, rather than on older LGBTI people to disclose.
 - Need to create a safe environment to allow for disclosure.
 - Older LGBTI people should not have to disclose. Some older LGBTI people don't want to have to disclose, and want to be treated just like everyone else. Don't want to have to deal with managing the opinions of others.
 - Alternate view that services are driven by consumers standing up and saying what they want.

- ACAT assessments for people under 65.
- Older LGBTI people will not self identify on forms due to the history of the 'Pink Files'.

Strategic Goals

- 1.1 Recognise members of special needs groups within the Residential Aged Care Accreditation Standards and Community Care Common Standards.
 - Aversion to term 'special needs group'. A patronising term which adds to discrimination.
- 1.2 Liaise with the Federal Attorney General's department to ~~promote understanding on the need for~~ ~~provide~~ legal protection from discrimination on the grounds of gender identity and sexual orientation.
 - Stronger language.
- 1.3 Work with funded service providers to ensure their services are inclusive of older LGBTI people free from discrimination or prejudice.
 - This requires ways to ensure compliance and accredit.
- 1.4 Explore options, beyond June 2015, to update the Home Support Program Guidelines to include LGBTI people as a Special Needs group or receive Special Needs group considerations in consistency with the Aged Care Act 1997 Special Needs groups.
 - All funded programmes should include Special Needs groups, rather than just some. Needs to be approached in a holistic way.
- 1.7 Support aged care and LGBTI peak organisations to assist their respective industries in the implementation of this Strategy.
 - South Australia does not have a LGBTI peak organisation.
 - Rural and regional areas also do not always have these structures.
2. LGBTI inclusive aged care services will be delivered by ~~a skilled~~ ~~an inclusive~~ workforce
 - As well as being skilled, the workforce needs to have the appropriate attitude and values. Organisation change is required for this.
 - Suggestion of new action around having LGBTI champions in each organisation.
 - Important to have in-house training, which allows staff to hold each other accountable.
- 2.1 ~~Encourage~~ ~~Require~~ all government funded aged care providers to develop policies and organisational processes to address discrimination and promote inclusion of older LGBTI people, carers and staff. This will include committing \$2.5 million over five years from 2012 to nationally rollout LGBTI sensitive training for the aged care workforce.
 - Stronger language.
 - As well as policies and processes, there needs to be ongoing in-house training within organisations.
 - Focus needs to be on achieving organisation change, rather than just the workforce.
- 2.2 Investigate options to work with the vocational education and training (VET) sector to develop new aged care and allied health curriculum materials on older LGBTI people, specifically addressing Certificate III and Certificate IV competencies.
 - Stronger language, such as 'advocate for'.

3. Older LGBTI people will be a target of ageing and aged care research
 - Dislike use of 'target' – need to use positive language.
 - ATSI communities are tired of being a special needs groups, consulted with and being researched without seeing outcomes.
 - This research needs to have a direct connection to the issues on the ground.
 - Inclusion of an action around the evaluation of programmes and projects.
 - Research needs to be framed to inform best practice.

- 3.6 Establish a central source of LGBTI resources to support evidence based practice in aged care and empowerment of LGBTI consumers. These resources will include access to information about older LGBTI clients, innovative service models and practical resources (eg. operations/procedures manuals, case studies, research materials, problem solving workflows, organisational change workplans and health promotion packages).
 - Strong support for this action.

4. Older LGBTI people will experience equitable access to aged care services
 - Include action on LGBTI communities as advocates and sources of information, and providing this support prior to entry into aged care.

- 4.4 Identify opportunities to sustain the health outcomes of older LGBTI people.
 - This should include advocacy, support, information, additional services, capacity for flexibility and choice, and community role models.

5. The aged care and LGBTI sectors will be supported and resourced to proactively address the needs of older LGBTI people
 - In South Australia, there is no identifiable LGBTI sector.
 - Add action to fund LGBTI services/community groups, for example a community centre.

- 5.3 Identify opportunities to increase awareness and implementation of Advanced Care Directives (wills, Enduring Power of Attorney etc) among older LGBTI people.
 - Include Person Responsible.
 - Needs to clearly define what constitutes family, recognising that LGBTI people are less likely to have children and more like to be estranged from biological family and instead have 'families of choice'.

6. The LGBTI sector will be actively engaged in the planning, delivery and evaluation of ageing policies and aged care programs and services
 - As for Goal 5, there is no identifiable LGBTI sector in South Australia.
 - Including the rainbow flag on materials, badges, and signs is a good way of signalling that the service is LGBTI inclusive in a way that isn't in the face of non-LGBTI people.

- 6.3 Encourage funded services to be delivered in a non-discriminatory manner supporting a person-centred care approach.
 - Stronger language. Government funded services should be required, while other services can be encouraged.

Alice Springs Consultation

16 October, Chifley Alice Springs Resort, Alice Springs, NT

Facilitator: Steven Kennedy

Number of attendees: 4

Issues

- Will the Strategy fit into the Northern Territory Health Networks (Federal)? Need holistic approach, rather than lots of departments that don't communicate.
- Combine with National Medical Database, which becomes important if you lose the capacity to represent yourself.
- General perception that the old and the young do not stay in Alice Springs, and thus there are few services available and the local and state governments do not regard ageing as a priority issue.
- Importance of being in a safe environment.
- Aged care facilities devoid of diverse activities.
- Awareness raising is needed, both for aged care staff and for the broader community which remains very homophobic.
- Human rights approach would cover all forms of diversity, as well as diversity within diversity.
- Lack of choices in services. In Alice Springs, there is only one nursing home so there is nowhere else to go. Moving towns is very difficult when you are old.
- Lack of diversity in the general community.
- No structured LGBTI organisations.
- Remuneration for employees. Shortage of staff generally, resulting in poor skill levels.
- Focus in aged care needs to shift to person centred care, rather than being mass produced.
- Separation of couples entering care.

Guiding Principles

1. ACCESS AND EQUITY – All areas of aged care understand the importance of delivering LGBTI inclusive services
 - Need to reach out to remote areas, otherwise the Strategy will only be aimed at city people. This can be done by tapping in to local communities, and using local roles models and sporting people.
 - Needs to consider diversity, such as within Aboriginal and Torres Strait Islander communities.
 - For places such as Alice Springs, where there is such limited choice (having only the one nursing home), initiatives such as the Gateway will not be useful. Furthermore, Internet and phone access can still be problematic in remote communities.

Strategic Goals

- 1.2 Ensure that the Aged Care Complaints Scheme addresses LGBTI inclusion within its materials and raise awareness by older LGBTI people of their rights and responsibilities and complaints processes.
 - To raise awareness in remote communities without LGBTI organisations, information needs to be available in the offices of General Practitioners, hospitals, health workers and nurses (particularly as when in remote areas there are no GPs) who themselves need to be made aware of new developments.
 - Made aware of where to go for information upon assessment for aged care services.
- 2.1 Encourage all government funded aged care providers to develop policies and organisational processes to address discrimination and promote inclusion of older LGBTI people, carers and staff. This will include committing \$2.5 million over five years from 2012 to nationally rollout LGBTI sensitive training for the aged care workforce.
 - Stronger language than 'encourage'.
 - Need to provide templates/examples of organisational policies, which people need to be made aware of.
- 2.2 Investigate options to work with the vocational education and training (VET) sector to develop new aged care and allied health curriculum materials on older LGBTI people, specifically addressing Certificate III and Certificate IV competencies.
 - Education needs to be broadened as much as possible, and should ideally start at preschool to combat homophobia.
- 4.2 Identify aged care service providers with specific expertise/interest in meeting the needs of LGBTI clients within the Gateway, to enable consumers to identify suitable aged care providers and for aged care assessors or case managers, as relevant, to refer prospective clients efficiently and appropriately.
 - Question over how the service providers would be identified, and who would compile the information. In remote areas, there are no LGBTI community organisations to take on this role.
5. and 6. No LGBTI community structures to enable these. Information generally travels by word of mouth and through local networks.

Darwin Consultation

17 October, Mantra Esplanade, Darwin, NT

Facilitator: Steven Kennedy

Number of attendees: 10

Issues

- Remote and rural areas have access issues to services due to geography. Low populations across large areas and low number of people relative to the rest of the country.
- LGBTI specific services unlikely.
- Transportation is a huge issue.
- Strong culture of independence in remote areas.
- Lack of research in remote areas, and lack of funding for research. A COTA survey has been developed, but doesn't have the funding to be deployed.
- Advanced Care Directives do not apply in the Northern Territory.
- Invisibility of older LGBTI people in aged care services, forms, relationships, etcetera. Many older LGBTI people need to return to the closet.
- General societal ageism.
- Lack of recognition of sex generally.
- Lack of LGBTI community engagement around ageing issues.
- Due to dependence on services, fear making complaints.
- Organisational culture needs to change to be more client focused.
- Aged care staff remuneration makes it difficult to attract trained and educated staff.
- Development of LGBTI community capacity.

Guiding Principles

- Complexity of language. Difficult to understand – need shorter, more understandable sentences.
1. **EMPOWERMENT** – Older LGBTI people are included in the development of Australian Government aged care policies and programs
 - Difficult to establish whether voices are being heard or not. There needs to be a way to determine whether marginalised voices are represented.
 - Needs to acknowledge diversity within LGBTI communities, and that one person cannot speak for everyone.
 - Empowerment needs to embody the idea that older LGBTI people can speak up when they want to and not speak up when they don't want to. Emphasis should not be on them to be self advocates.
 - 1.3. Older LGBTI people are confident consumers and self-advocates when they engage with the aged care sector and relevant agencies, including government.
 - Knowledge is required in order to be self-advocates.
 - Also need to know that there are other people and agencies to advocate on their behalf.

2. RESPECT – Understanding and being sensitive to, the needs of older LGBTI people in the delivery of aged care services
 - Include sub-principle on accepting and being inclusive of diversity within communities.
 - Respect needs to be demonstrated and lead to results.
 - Respect needs to include respect for privacy and people’s choices.

3. ACCESS AND EQUITY – All areas of aged care understand the importance of delivering LGBTI inclusive services
 - Inclusion of sub-principle specifically including people in remote areas, who have extra difficulties accessing services due to geographical distance.
 - Access to community supports and transport is vital for people in remote areas, to help delay or prevent need to access aged care services.

- 3.1. Older LGBTI people have confidence in revealing details of their life-style, sexual orientation, gender and/or sexual identity to aged care providers and/or government for the development of tailored and personally appropriate programs of care, ~~that this information will be treated in strict confidence and with respect.~~
 - Using terms around ‘strict confidence’ is repetitious as it is a requirement in aged care generally, and the emphasis has the potential to create a taboo around LGBTI residents.

4. QUALITY – Standards of care and services are appropriate to the needs of older LGBTI people
 - Include sub-principle on continuous improvement.
 - Aged care providers need support and resources to develop policies. This includes providing model policies as well as funding.
 - In regional areas, there may be limited choices in terms of service providers. Sometimes the only choice is a faith based organisation. Thus all providers need to provide an inclusive environment, without exemption.

- 4.1 Aged care services understand what constitutes a LGBTI inclusive service and are encouraged and supported, through appropriate policy structures, to ensure as a minimum standard, a welcoming, confidential and ~~culturally appropriate safe~~ environment is created for older LGBTI people. This includes ensuring appropriate policies, procedures and systems are in place to provide the most appropriate care to older LGBTI people.
 - Many do not consider LGBTI issues to be about culture. Suggestion of replacing ‘culturally appropriate’ with ‘safe’.

- 4.2 All aged care workers have the skills and knowledge ~~and values~~ they need to deliver appropriate person-centred care to older LGBTI people, supported by their employer’s policies and procedures.
 - As well as skills and knowledge, need to impart values and attitudes as well. People know if you don’t want to be touching them.

Strategic Goals

- Need clearer demonstration of how the principles relate to the goals. This could be represented via a table. For example, how will older LGBTI people be engaged (Principle 1) to support Goal 1?

1. Aged care services will be supported to deliver LGBTI-inclusive services
 - As per Principle 1, consumers need to have a voice in what this quality service delivery is. They need to be involved in the process. Capacity to complain is not sufficient, and does not represent empowerment.
 - Include action on consumer based reference groups and consultations with consumers.
- 1.5 Ensure that the Aged Care Complaints Scheme addresses LGBTI inclusion within its materials and raise awareness ~~by~~ **amongst** older LGBTI people of their rights and responsibilities and complaints processes.
- 1.6 ~~Seek opportunities to~~ recognise and promote excellence in LGBTI aged care initiatives, activities and programs.
 - Stronger, more specific language. This could be achieved through sponsored awards.
- 1.7 Support aged care and LGBTI peak organisations to assist their respective ~~industries-members~~ in the implementation of this Strategy.
 - There is no LGBTI industry.
 - Emphasis needs to be placed on capacity building of LGBTI organisations
2. LGBTI inclusive aged care services will be delivered by a skilled workforce
 - Any training needs to take into account the different types of service delivery. For example, there are more controls in residential care which is more structured, and fewer in community care making value systems especially important.
 - Include action on specialised training for aged care staff who wish to become experts in the field.
 - In the Northern Territory, there is such as lack of staff that there is no incentive to pursue professional development.
 - As well as skills, aged care workers need organisational supports. This includes having supervisors and advocates who they can talk to if they have problems, concerns or need to debrief.
- 2.2 Investigate options to work with the vocational education and training (VET) sector to develop new aged care and allied health curriculum materials on older LGBTI people, specifically addressing Certificate III and Certificate IV competencies.
 - Stronger language.
3. Older LGBTI people will be a target of ageing and aged care research
 - Most research focused on the east coast, with little research done in the Northern Territory.
 - Include action around ensuring that data is captured across all areas of Australia, including regional and remote areas as well as Aboriginal and Torres Strait Islander. This can be more difficult as it cannot be purely internet based.
4. Older LGBTI people will experience equitable access to **appropriate** aged care services
 - Having access to the same services is not necessarily equitable, just as treating everybody equally does not mean that everyone is treated equitably.
 - Need for early access for people living with HIV.

- As more choice becomes available, the ability to choose becomes the access issue. Aged care providers need to provide a way of signalling that they are friendly, such as through having diverse materials and pictures.
- 4.1 Encourage the promotion and discussion about the needs of older LGBTI people within ageing and aged care related publications and information.
 - This is important as many people find it difficult to understand how LGBTI care is any different to everyone else. It's about the attitudes and behaviour that surrounds the care.
 - 4.2 Identify aged care service providers with specific expertise/interest in meeting the needs of LGBTI clients within the Gateway, to enable consumers to identify suitable aged care providers and for aged care assessors or case managers, as relevant, to refer prospective clients efficiently and appropriately.
 - Question over how the expertise/interest will be identified. Important to have independent identification, with input from consumers into this process.
 - Support for the Rainbow Tick certification.
 - 4.4 Identify opportunities to sustain the health outcomes of older LGBTI people.
 - Stronger language. Should specify that specific funding for projects will be available if this is the case.
 - In order to sustain the health outcomes of older LGBTI people, first need to identify LGBTI people (of all ages) in a holistic way in data.
 - 5.1 Make grants available from 2013-14 to expand the Community Visitors Scheme (CVS) to specifically include older LGBTI people, to minimise social isolation of older LGBTI people receiving aged care.
 - Education is required for CVS volunteers, including training on appropriate behaviour (such as confidentiality, privacy and respect).
 - Volunteers need to be screened for their appropriateness, and consumers must be able to veto.
 - 5.3 ~~Identify opportunities to increase~~ **Increase** awareness and implementation of Advanced Care Directives (wills, Enduring Power of Attorney etc) among older LGBTI people.
 - Stronger language.
 - Advanced Care Directives are not available in the Northern Territory. Federal harmonisation is needed.
 6. The LGBTI sector will be actively engaged in the planning, delivery and evaluation of ageing policies and aged care programs and services
 - Include action on encouraging a diverse range of options for consumers. For some the current facilities will be fine, while others will want specialised LGBTI services, and others again would prefer alternative models of residential care (small, personal and more catered to individual needs).
 - Include action on funding for diverse models of care, and the removal of financial disincentives for various models. For example, two people who move in together to

provide support for each other and being considered a couple with the reduced benefits that entails.

- 6.2 Include **LGBTI representatives representative of older LGBTI people** in all relevant ageing and aged care consultative mechanisms, including contribution to broader discussions regarding implementation of the Living Longer Living Better aged care reform package.
- Representatives of older LGBTI people themselves must be involved, rather than just LGBTI representatives.
- 6.4 Continue to sustain partnerships between government, community and the sector.
- The purpose of the partnership should be stated. Presuming that this is about the government using partnerships to implement the Strategy (which is the preferred approach), this could include reference to the government including the community and the sector in the development of new policies.

Reporting

- At the review of the Strategy, there should be a return to LGBTI communities. This input is necessary for any review or evaluation.
- Question over whether business plans will be available, and whether the priorities for each twelve month period will be released to the general public.

Perth Consultation

19 October, The Oxford Hotel, Leederville, WA

Facilitator: Margo O'Byrne

Number of attendees: 25

Issues

- Recognition of equal rights of LGBTI people.
- Lack of training for staff around LGBTI sensitivity.
- Policies aren't inclusive of same-sex relationships.
- Older LGBTI people 'de-gayng' their house for carers.
- Invisibility of older LGBTI people and a lack of awareness and understanding of their needs.
- Non-inclusive imagery and materials from aged care providers.
- Lesbian voice harder to reach than the gay voice.
- HACC is less structured than residential care, so can harder to regulate.
- Exemptions for religious providers.
- LGBTI community needs to be involved and engaged with the older community.
- Issue not thought about until you need aged care. People need information and awareness.
- Mentality that older people are an expensive burden.
- LGBTI people don't have the same access to community centres as non-LGBTI people.
- LGBTI community groups can provide great support (for example, Prime Timers).
- Additional supports needed as many older LGBTI people lack families to support them.
- Invisibility of older LGBTI.
- Fear of disclosure in unsafe environments.
- Issues should be personalised through the sharing of people's stories.
- Establishment of a central place of information.
- Rural and remote areas don't have the same support structures, and there is less information about what services are available.
- Organisations can be supportive without understanding the need for special policies and procedures. Often not aware due to the invisibility.
- Change culture including bottom up and top down approaches.
- Lack of general diversity in aged care facilities.
- Use of inclusive language.
- Aged care tends to neglect sexuality generally.
- Spectrum of positions in aged care providers, from haven't thought about it to hostile to actively engaged.
- Federal legislation very important in changing attitudes. Needs to be at a federal level as otherwise changes in state government can see overnight change.
- Recognition of same-sex relationships.
- Worker remuneration and improved conditions. High turnover affects getting to know and trusting carers.

Guiding Principles

- 1 EMPOWERMENT – Older LGBTI people are included in the development of Australian Government aged care policies and programs
 - As well as empowering older LGBTI people, aged care staff need to be empowered to feel comfortable in coming out. They can then act as advocates and empower other residents. This could be encapsulated in a new sub-principle.
- 1.3 Older LGBTI people are **supported to become** confident consumers and self-advocates when they engage with the aged care sector and relevant agencies, including government.
 - For a generation brought up to make do and not be self-advocates, this will be difficult.
 - Emphasis should not be placed upon older LGBTI people. Present tense implies that older LGBTI are already self-advocates, which is not the case. Wording needs to show that older LGBTI people will be supported to become confident consumers.
- 1.4 LGBTI community capacity is developed **and resourced** to assist in supporting the wider aged care service base to serve the needs of ageing LGBTI people to the highest possible standard.
 - Discussion around what this community capacity would look like. Suggestion that existing agencies, such as the Gay and Lesbian Counselling Service and the Aids Councils, be funded to introduce programmes focused on ageing issues. Other NGOs could be established to drive CVS programmes, awareness, etcetera.
 - Needs to include a commitment to resourcing/funding LGBTI communities.
 - ‘Aged care service base’ is confusing. Needs to explicitly state that this includes home and community care, assessment and respite services. This could be done in the introduction of the document.
- 2 RESPECT – ~~Understanding and being sensitive to, the~~The needs of older LGBTI people **are understood** in the delivery of aged care services.
 - The language of the principle needs to be stronger.
- 2.2 All government legislation, policies, standards, regulatory mechanisms, documentation and other materials that relate to or impact on the health and wellbeing of older LGBTI people are appropriate to their needs and experiences and are non-discriminatory and inclusive.
 - As well as being non-discriminatory, this principle should also encourage proactive inclusion of older LGBTI people.
3. ACCESS AND EQUITY – All areas of aged care ~~understand the importance of delivering deliver~~ LGBTI inclusive services
 - The principle needs strong language. Something can be understood without being delivered upon.
- 3.1 Older LGBTI people have confidence **and agency** in revealing details of their life-style, sexual orientation, gender and/or sexual identity to aged care providers and/or government for the development of tailored and personally appropriate programs of care, that this information will be treated in **strict** confidence and with respect.
 - ‘Strict’ confidence is an unnecessary tautology.
 - Older LGBTI people need both confidence and the capacity to disclose.

- Discussion of how older LGBTI people would disclose. Given the uncertainty associated with entering a facility, many would not disclose or tick a box for fear of reprisal.
 - On the other hand, some older LGBTI people want all of their carers to already know that they are LGBTI, and do not want to have to go through the disclosure process every time. A tick box would be ideal for this.
 - Potential for confidentiality to encourage silence around LGBTI issues. Wording of principle needs to ensure that the information is treated with sensitivity and whether the information is confidential is decided by the consumer.
- 4.1 Aged care services understand what constitutes a LGBTI inclusive service and are encouraged and supported, through appropriate policy structures, to ensure as a minimum standard, a welcoming, confidential and culturally ~~appropriate~~ safe environment is created and embraced for older LGBTI people. This includes ensuring appropriate policies, procedures and systems are in place to provide the most appropriate care to older LGBTI people.
- Consensus on the terminology of ‘culturally safe’ rather than ‘culturally appropriate’.
 - As well as creating a safe environment, more positive and proactive terminology can be employed.
- 4.2 All aged care workers have the skills, ~~and~~ knowledge, training and resources they need to deliver appropriate person-centred care to older LGBTI people and are supported by their employer’s policies, procedures and practices.
- Workers need support in the form of resources and training to develop and acquire skills and knowledge.
 - More is needed than just an organisation writing inclusion into their policies – organisation change is also required, and to embed within the organisation’s core values.
 - The definition of ‘workers’ needs to explicitly include both paid and unpaid work.
- 4.3 Research and translation of research into better practice is encouraged and resourced to support development of appropriate policies and programs for older LGBTI people.
- Needs strong commitment to resource/fund this research.

Strategic Goals

- 1.1 Recognise members of special needs groups within the Residential Aged Care Accreditation Standards and Community Care Common Standards.
- Community Care is under State rather than Federal control in WA (and VIC). Document needs some mention of the ability of DoHA to carry out the goals in these states.
 - As well as using the Accreditation Standards, provisions should be included in all DoHA contracts and funding agreements.
 - This action will only be effective if it is well monitored and followed up.
 - The key to this action will be in the wording of the outcomes that come from the relevant Standard. It needs to include tangible actions, rather than just requiring an organisational policy.
- 1.3 ~~Work with~~ Ensure/enforce that funded service providers to ensure their services are inclusive of older LGBTI people free from discrimination or prejudice.

- Needs stronger language, such as 'enforce' or 'ensure'.
- 1.4 ~~Explore options, beyond June 2015, to update~~ Update the Home Support Program Guidelines to include LGBTI people as a Special Needs group or receive Special Needs group considerations in consistency with the Aged Care Act 1997 Special Needs groups.
- Needs stronger language than exploration.
 - Question on whether the current National Framework Guidelines would be reviewed to include older LGBTI people.
- 2.1 ~~Encourage~~ Ensure all government funded aged care providers to develop policies and organisational processes to address discrimination and promote inclusion of older LGBTI people, carers and staff. This will include committing \$2.5 million over five years from 2012 to nationally rollout LGBTI ~~sensitive-sensitivity~~ training for the aged care workforce.
- Needs stronger language. As government funded, should be able to ensure or enforce by incorporating into all DoHA contracts and funding agreements.
 - All staff need training, from managers to cleaners.
- 2.2 ~~Investigate options to work~~ Work with the vocational education and training (VET) sector to develop new aged care and allied health curriculum materials on older LGBTI people, specifically addressing Certificate III and Certificate IV competencies.
- Stronger language than investigation.
 - Should not be limited to just Certificate III and Certificate IV. Also needs to include management positions which are at a Diploma level.
 - As well as the VET sector, this education needs to be included at a tertiary level at medical schools and universities to target nurses, doctors and other health professionals. This could be captured in a new action.
3. Older LGBTI people will be a ~~target-priority~~ of ageing and aged care research
- Positive language.
 - ~~Seek to increase~~ Increase the knowledge on the health, wellbeing and experiences of older LGBTI people, both within the aged care system and as part of ageing in place.
 - Stronger language.
- 4.1 ~~Encourage the promotion and discussion about the needs of~~ Increase the representation of older LGBTI people within ageing and aged care related publications and information.
- Stronger language.
- 4.3 In the development of new resources and review of existing resources, encourage the use of LGBTI appropriate language and representation. This will include developing a best practice intake and assessment form with accompanying procedures to ensure it is culturally appropriate for LGBTI clients and reflects these changes within the ACAT client record form.
- Stronger language than 'encourage'. Specific requirements could be included, such as updating the Charter of Rights and Responsibilities to ensure inclusion.
- 4.4 Identify ~~and resource~~ opportunities to ~~sustain the health outcomes of~~ promote healthy ageing of older LGBTI people.
- This action needs stronger language and to be more well defined.

- If this action is related to funding, this could be explicitly stated, for example 'LGBTI ageing will be a priority in funding rounds'.
- 5.1 Make grants available from 2013-14 to expand the Community Visitors Scheme (CVS) to specifically include older LGBTI people, to minimise social isolation of older LGBTI people receiving aged care.
- Strong support for this action.
 - Identify opportunities to increase awareness and implementation of Advanced Care Directives (wills, Enduring Power of Attorney etc) among older LGBTI people.
 - This needs to be undertaken for the entire community, however is particularly relevant for LGBTI communities due to lack of relationship recognition.
 - These can be state specific, and require federal harmonisation.
 - The uptake of Advanced Care Directives has been very minimal.
 - Implementation of Advanced Care Directives can be difficult in a community care setting, as there is no central database to lodge them. Thus stakeholders can be unaware that they exist.
- 6.1 Facilitate older LGBTI people, as with any eligible aged care consumer, having ~~a greater~~ the say in the delivery of their aged care ~~through access to Consumer Directed Care in Home Care~~.
- Stronger language.
 - Should apply to all aspects of care and to all packages, and not just to Consumer Directed Care in Home Care. For example, should include Home and Community Care which has a person centred approach.
 - Some people do not have the capacity to direct their own care.
- 6.3 ~~Encourage~~ Ensure funded services to be delivered in a non-discriminatory manner supporting a person-centred care approach.
- Stronger language. Government funded services should be required, while other services can be encouraged.
- 6.4 Continue to sustain partnerships between government, community and the sector.
- Needs clarification on which levels of government, which community and which sector. Suggestion of all levels of government, the LGBTI and broader community, and the aged care sector.

Melbourne Consultation

22 October, Victorian Aids Council/Gay Men's Health Centre, South Yarra, VIC

Facilitators: Dr Catherine Barrett, Corey Irlam

Number of attendees: 50

Issues

- Needs to be broader than just LGBTI, and include all diverse groups (CALD, ATSI, HIV positive, etcetera).
- Diversity within diversity. LGBTI just one characteristic, which overlaps with others. All need to be understood to enable participation in aged care.
- Stigma and discrimination in aged care. Needs cultural change.
- Aged care workers can have cultural differences if from a country where LGBTI people are criminalised.
- Not everyone identifies as LGBTI.
- Fewer biological family supports.
- Mental stress of hiding identity.
- Emphasis needed on ageing at home.
- Exemptions for faith based providers.
- Data collection.
- Holistic approach across all levels of government.
- End of life planning, including Person Responsible and Wills.
- Ageism, both in the general community and within LGBTI community.
- Fear of disclosure.
- Dementia and reverting to earlier stages of life/feelings.
- Advocacy for older LGBTI people
- LGBTI specific or gender specific facilities.
- Passive and subtle discrimination if you identify.
- Less understanding about bisexual, transgender and intersex issues. Need to understand and acknowledge differences between the groups.
- Need for advocacy and support.
- Staff feel unable to come out.
- Aged care services need to be affordable.
- Social isolation and geographic access issues. Community Visitor Scheme can address this.
- Invisibility and lack of discussion about the issues.
- Stories are vital to promoting understanding.
- General lack of education in the general public and other residents.

Introduction

- Many people who read this document may receive no other education around LGBTI issues. Important that it is very clear in the introduction and the preface around the history, issues, and why there is a lack of research.

- Page 3, paragraph 1, line 3, mentions ‘assume that people are heterosexual’ but does not mention sex and gender diversity.
- Page 3, paragraph 6, reads like a documentary. Need to humanise the language.
- Mention of HIV status in the document. HIV positive people are automatically outed due to their medication. Fear of HIV in the wider community and amongst aged care workers adds another level of stigma.
- The preface should clearly map out the document. The introduction from the Department made sense of the document, which should be done in the preface. Needs to be very clear on the purpose of the Principles and that there are Specific Goals and Actions which will be completed over the next five years.
- Page 9, diagram 1, show the interconnectedness of the other policies by linking them in the diagram.
- Page 9, diagram 1, would like to see what the links are to other policy areas outside of health.

Guiding Principles

Preface

- Not written in present tense (which implies that they have already happened), but as an aspirational, best practice list.
 - Person-centred care needs to be incorporated here. Principles of Empowerment and Respect arise out of this focus. Needs explicit mention that the Principles require a person centred approach, which focuses on the individual (rather than communities of people).
- 1.3 **The aged care sector is resourced so that** Older LGBTI people are confident consumers and self-advocates when they engage with the aged care sector and relevant agencies, including government.
 - Onus needs to be placed on services rather than on older LGBTI people.
 - Unrealistic to expect that older LGBTI people will be confident consumers and self-advocates.
 2. **RESPECT** – Understanding and being sensitive to, the needs of older LGBTI people in the delivery of aged care services
 - Include carers.
 - 2.1 The life experiences, specific issues and needs of older LGBTI people are openly discussed in order to promote individual and collective LGBTI health and wellbeing.
 - Dislike of term ‘specific issues’ and ‘needs’, which suggests a deficit. Would prefer positive language such as ‘preferences’ and ‘choices’.
 3. **ACCESS AND EQUITY** – All areas of aged care understand the importance of delivering LGBTI inclusive services
 - Specific acknowledgement of specific populations which are disadvantaged and experience a lack of access and equity, such as dementia, the homeless, transgender and intersex.
 - Suggest replacing ‘Access’ with ‘Diversity’.

- 3.1 Older LGBTI people have confidence in revealing details of their life-style, sexual orientation, gender and/or sexual identity to aged care providers and/or government for the development of tailored and personally appropriate programs of care, that this information will be treated in strict confidence and with respect.
 - Need to change emphasis to the service provider to create an environment where older LGBTI people feel comfortable and safe, whether or not they wish to disclose.
- 3.3 As part of a person-centred approach it is necessary to recognise that treating everyone the same may not be treating them equitably.
 - This is a statement rather than an aspirational goal.
 - Confusing two issues. Person-centred care is not about treating everyone the same, but about treating someone as an individual. Need to separate person-centred care and the concept of equality and equity.
 - Need definition of person-centred approach.
- 4.1 Aged care services ~~understand what constitutes~~ provide a LGBTI inclusive service and are encouraged and supported, through appropriate policy structures, to ensure as a minimum standard, a welcoming, confidential and culturally appropriate environment is created for older LGBTI people. This includes ensuring appropriate policies, procedures and systems are in place to provide the most appropriate care to older LGBTI people.
 - Stronger language.
- 4.2 All aged care workers have the skills and knowledge they need to deliver appropriate person-centred care to older LGBTI people, supported by their employer's policies and procedures.
 - Person-centred care is, by definition, appropriate.

Strategic Goals

1. Aged care services will be supported to deliver LGBTI-inclusive services
 - Stronger language. Should be required.
- 1.1 Recognise members of special needs groups within the Residential Aged Care Accreditation Standards and Community Care Common Standards.
 - Want a specific Standard related to LGBTI inclusive practise.
- 1.2 Liaise with the Federal ~~and State~~ Attorney General's department to promote understanding on the need for legal protection from discrimination on the grounds of gender identity, sex and sexual orientation.
 - Depending on what protections are offered by Commonwealth anti-discrimination legislation, individual States may need stronger protections.
 - Religious exemptions need to be removed or worked around.
 - Include 'sex' to be intersex inclusive.
- 1.3 ~~Work with~~ Require funded service providers to ensure their services are inclusive of older LGBTI people free from discrimination or prejudice.
 - Stronger language.
 - Needs to include reducing the fear around HIV/AIDS from workers.

- 1.6 ~~Seek opportunities to~~ recognise and promote excellence in LGBTI aged care initiatives, activities and programs.
 - Stronger language.
- 1.7 Support ~~and resource~~ aged care and LGBTI peak organisations to assist their respective industries in the implementation of this Strategy.
2. LGBTI inclusive aged care services will be delivered by a skilled workforce
 - Add action on continuous improvement and organisational change.
 - Add action to promote the Rainbow Tick standard.
- 2.1 ~~Encourage Require~~ all government funded aged care providers to develop policies and organisational processes to address discrimination and promote inclusion of older LGBTI people, carers and staff. This will include committing \$2.5 million over five years from 2012 to nationally rollout LGBTI ~~sensitive inclusive~~ training for the aged care workforce.
 - Stronger language.
- 2.2 ~~Investigate options Advocate for and~~ to work with the vocational education and training (VET) sector to develop new aged care and allied health curriculum materials on older LGBTI people, specifically addressing Certificate III and Certificate IV competencies.
 - Stronger language.
3. Older LGBTI people will be a target of ageing and aged care research
 - Change language of 'target' to more positive wording.
 - Actions 3.2, 3.3, 3.4 and 3.5 are all focused on statistics. Important to recognise qualitative research as well, which focuses on personal stories.
- 3.1 Seek to increase the knowledge ~~base~~ on the health, wellbeing and experiences of older LGBTI people, both within the aged care system and as part of ageing in place.
- 3.2 Work with the Australian Bureau of Statistics (ABS) to include LGBTI indicators within the Survey of Disability, Ageing and Carers (SDAC) and encourage the inclusion of LGBTI indicators within relevant ageing related research projects.
 - Survey of Disability, Ageing and Carers (SDAC) not used in Victoria. If there are other surveys these should be included.
- 3.3 Explore ~~opportunities mechanisms~~ for ~~appropriate~~ inclusion of LGBTI indicators within aged care datasets and other monitoring mechanisms, following further consultation with the LGBTI sector.
 - Stronger language.
 - In ATSI communities this requires building of trust and levels of staff knowledge.
- 3.5 Work with the AIHW ~~and other relevant organisations~~ to explore opportunities to increase the available data on older LGBTI people as part of relevant research projects ~~it conducts~~.
 - Stronger, broader language.
- 4.2 Identify aged care service providers with specific expertise/interest in meeting the needs of LGBTI clients within the Gateway, to enable consumers to identify suitable aged care providers

- and for aged care assessors or case managers, as relevant, to refer prospective clients efficiently and appropriately.
- Should not limit to just the Gateway. Provide systems for identifying providers with specific expertise, including in the Gateway.
 - Add point on helping older LGBTI people to navigate the service system.
- 4.4 Identify opportunities to sustain the health outcomes of older LGBTI people.
- Needs to be teased out and clarified.
 - Could help fill the gap around early intervention and prevention.
 - Add point on healing harm, from historical discrimination, historical effect of HIV/AIDS on communities, etc.
5. The aged care and LGBTI sectors will be supported and resourced to proactively address the needs of older LGBTI people
- Add action on LGBTI Champions within organisations (similar model to GLLOs).
 - Add action on creating pilot/test projects to ensure their effectiveness before wider implementation. (This could also be under Goal 3).
 - Add action on an education/awareness campaign in the wider community, to help combat general homophobia and prejudice.
- 5.1 Make grants available from 2013-14 to expand the Community Visitors Scheme (CVS) to specifically include older LGBTI people, to minimise social isolation of older LGBTI people receiving aged care.
- Should be made available to people before they need care packages.
- 5.3 Identify opportunities to increase awareness and implementation of Advanced Care Directives (wills, Enduring Power of Attorney etc) among older LGBTI people.
- Expand to include later life planning generally, as well as including palliative care.
6. The LGBTI sector will be actively engaged in the planning, delivery and evaluation of ageing policies and aged care programs and services
- Expand to include older LGBTI people and their carers.
 - Add action around exploring alternative housing and accommodation models (such as those being used by Matrix Guild). This would include shared ownership etc.
 - More emphasis and actions needed around evaluation of programmes.
 - As well as LGBTI communities, need to include acute services as these are largely used by older people.
- 6.3 **Encourage Require** funded services to be delivered in a non-discriminatory manner supporting a person-centred care approach.
- Stronger language.
- 6.4 Continue to sustain partnerships between government, community and the sector.
- Clarity over meaning. Currently too vague.
- 6.5 Develop a communication plan to promote awareness of the LGBTI Ageing and Aged Care Strategy and its annual reporting through DoHA's existing communication channels particularly

with peak organisations such as NACA, and with other Commonwealth agencies and levels of government.

- Also needs to be promoted to LGBTI communities, as well as professional bodies.

6.6 Support the implementation of this Strategy and engage with industry on LGBTI matters through a dedicated point of contact within DoHA for LGBTI ageing matters.

- Individual organisations would also benefit from having a point of contact within services (or networks of services).

Shepparton Consultation

23 October, UnitingCare Cutting Edge, Shepparton, VIC

Facilitators: Dr Catherine Barrett, Steven Kennedy

Number of attendees: 23

Issues

- Rural
 - Less access to services, and fewer choices.
 - Training more expensive and trainers are often less qualified.
 - Transport and travel costs can be prohibitive leading to access issues. Some places don't even have taxis.
 - Lack of developed LGBTI community structures. Need places to go, such as community centres (for example, Men's Shed).
 - Services need to be locally based, so that they understand the local area and its unique needs.
 - Increased cultural risk in rural areas, as information spreads more quickly. Increases problems around disclosure and need for confidentiality.
 - Social isolation compounded by distance and more conservative values.
- Diversity within diversity, and acknowledging overlap with CALD and ATSI.
- Invisibility of older LGBTI people, especially from more diverse communities.
- Exemptions for religious organisations. Significant problem due to more limited choice in regional areas.
- Resistance in data collection. Lack the necessary trust during initial assessments.
- More visible groups will identify with LGBTI, while others may not. Language using sexual orientation, sex and gender diversity more inclusive.
- No identifiable LGBTI sector, but lots of small, local initiatives.
- Indirect discrimination.
- Poor quality of aged care education.
- Lack of LGBTI inclusion in resources, handouts and training.
- Aged care staff are time and resource poor, making it difficult to address long term issues.
- Need organisation change around inclusion of diversity. Includes changing policies and procedures, education, and a diverse range of activities.

Introduction

- More information needed in the preface around an introduction to the history and why the Strategy is needed. Helpful for the workforce to have this information, and as a justification to the mainstream why the effort and funds are justified.
- Concern that LGBTI may be non-inclusive terminology, and not everyone identifies in this way. Could replace with sexual orientation, sex and gender diversity.

Guiding Principles

1. **EMPOWERMENT** – Older LGBTI people are included in the development of Australian Government aged care policies and programs

- Too much focus on labelling, outing, and being proud. This can isolate people who don't or won't identify but still have unmet needs.
 - Onus needs to be on the aged care providers to be inclusive regardless of disclosure.
 - Consumers may not want to identify with LGBTI specific packages (however if available from general aged care providers, it would not be known that you are on a specific package. LGBTI specific providers would force identification).
3. ACCESS AND EQUITY – All areas of aged care understand the importance of delivering LGBTI inclusive services
- Include reference to awareness from local services around the negative health outcomes (for example, mental health and sexual health) for LGBTI people.
 - Add sub-principle on access in rural areas, as face an additional disadvantage.
- 3.1 Older LGBTI people have confidence in revealing details of their ~~life-style~~, sexual orientation, gender and/or sexual identity to aged care providers and/or government for the development of tailored and personally appropriate programs of care, that this information will be treated in strict confidence and with respect.
- Onus should be placed on providers.
 - Life-style is not relevant, and suggests that being LGBTI is just a 'choice'.
 - Move this down to become 3.3.
- 3.2 and 3.3 are the important sub-principles. Together, they provide 3.1.
- 3.5 The Home Support and Home Care components of the aged care program deliver effective support to older LGBTI people and their carers, in order to help older LGBTI people remain living independently in their own homes and communities as long as possible.
- Include Residential Aged Care as a new sub-principle.

Strategic Goals

- 2.1 ~~Encourage~~ All government funded aged care providers ~~to~~ will develop policies and organisational processes to address discrimination and promote inclusion of older LGBTI people, carers and staff. This will include committing \$2.5 million over five years from 2012 to nationally rollout LGBTI sensitive training for the aged care workforce.
- Stronger language.
 - Need elements of train the trainer, so that organisations can train in-house.
 - Training needs to be regionally and culturally appropriate (and targeted to specific groups and services).
 - Trainers must themselves be skilled and well qualified. Will be difficult in regional areas. Many RTO trainers do not have sufficient skills or discipline specific experience.
 - Training needs to be available to all, regardless of number of packages/LGBTI specific packages. Also needs to cover all staff, acute, nurses and GPs.
 - Clarify that the training is from the 2012-2013 financial year.
- 2.2 ~~Investigate options to~~ Work with the vocational education and training (VET) sector to develop new aged care and allied health curriculum materials on older LGBTI people, specifically addressing Certificate III and Certificate IV competencies.

- Stronger language.
 - Should include doctors, nurses and acute.
- 3.1 ~~Seek to~~ Increase the knowledge on the health, wellbeing and experiences of older LGBTI people, both within the aged care system ~~and as part of ageing in place.~~
- Stronger language.
 - Define aged care system to include in the home.
- 3.3 Explore opportunities for appropriate inclusion of LGBTI indicators within aged care datasets and other monitoring mechanisms, following ~~further ongoing~~ consultation with the LGBTI sector.
- Consultation needs to be ongoing and regular so that it can evolve with the community.
- 3.6 Establish a central source of LGBTI resources to support evidence based practice in aged care and empowerment of LGBTI consumers. These resources will include access to information about older LGBTI clients, innovative service models and practical resources (eg. operations/procedures manuals, case studies, research materials, problem solving workflows, organisational change workplans and health promotion packages).
- Make compulsory to know of certain resources (for example a video that everyone must watch on induction) to ensure that everyone has a base level of competence. Need to have certain benchmarks (with extra resources on top of this).
 - Films are a good resource that are taken up well by staff. Effective way to communicate personal stories.
 - Also need resources on diversity within diversity.
- 4.1 Encourage the promotion and discussion about the needs of older LGBTI people within ageing and aged care related publications and information.
- Stronger language.
- 4.4 Identify opportunities to sustain the health ~~and wellbeing~~ outcomes of older LGBTI people.
- Include concept of treating health in a holistic way.
- 5.1 Make grants available from 2013-14 to expand the Community Visitors Scheme (CVS) to specifically include older LGBTI people, to minimise social isolation of older LGBTI people receiving aged care.
- Very important in rural communities to help combat social isolation.
6. The LGBTI sector will be actively engaged in the planning, delivery and evaluation of ageing policies and aged care programs and services
- Add action around funding peak bodies.
 - Need to include the narratives and stories of older LGBTI people themselves as much as possible.
- 6.1 Facilitate older LGBTI people, as with any eligible aged care consumer, having a greater say in the delivery of their aged care through access to Consumer Directed Care in Home Care.
- Older LGBTI people need to be supported, resourced and provided with advocates in order to achieve this.

- 6.3 **Encourage** Funded services to be delivered in a non-discriminatory manner supporting a person-centred care approach.
- Stronger language.
 - This can be demonstrated through: auditing and accreditation; uptake of services; whether training has been undertaken; whether the policies and procedures are in place; whether the organisation is affiliated with LGBTI organisations such as GLHV.³
- 6.4 Continue to sustain partnerships between government, community and the sector.
- More clarity on how this will be achieved. Needs a specific mechanism.

Hobart Consultation

24 October, Mercure Hotel, Hobart, TAS

Facilitator: Corey Irlam

Number of attendees: 26

Issues

- Training for aged care workers, including Cert III and IV and professional development.
- Education for management, allied health, admin staff, etcetera.
- Awareness raising. Many aged care providers not aware that there is an issue.
- Workers need sensitivity around possible physical differences in transgender and intersex people.
- Fear of disclosure and being out.
- Inclusive intake forms.
- Broader community education.
- Hesitance around engaging services from faith based service providers.
- Many LGBTI people have no children, and lack the traditional family supports. Need recognition of families of choice. This is particularly important for clients with dementia, where the biological families can impose their will and prejudices upon the client.
- Lack of privacy in aged care facilities and associated gossip amongst staff and residents.
- Safe sex for older people (particularly for HIV positive people).
- Accelerated ageing for HIV positive people.
- Incorporation of diversity into Accreditation Standards.
- Centrelink needs to be aware of LGBTI issues. Many older people, having lived a life of financial disadvantage due to their relationships not being recognised, now have their benefits reduced due to the new recognition.
- Awareness of and funding for LGBTI community legal services.
- Information on services included in the Gateway, including allied health services.
- Services need to be aware of any changes to reduce the need for welfare rights and advocacy services.
- Beyond education, also need to alter attitudes and values of workers going in to aged care.
- Staff often not challenged on homophobia, due to fears of relationship breakdown and staff retention. Management needs training on how to handle these difficult conversations.
- Resources for aged care providers, including a resource manual and policy templates.
- Increasing LGBTI community capacity.
- More difficult to regulate in-home carers as opposed to workers in facilities.
- Whole of organisation education.
- Personal stories and respected community champions to bring about attitudinal change.
- Don't need to change attitudes, but do need to ensure professionalism.
- RTOs passing people through courses that should not be.
- Mechanisms for enforcing compliance, such as Accreditation and making the outcomes of assessments publically available.
- Difficult to get staff to attend training if not paid to go. Some organisations will not pay unless it is mandatory.

- Increasing the amount of choice for the consumer. LGBTI expertise can become a promotional tool.

Guiding Principles

- Absence of the word ' homophobia'.
 - Document too focused on people being out.
 - Needs to use proactive and positive language, such as 'celebrate diversity'.
 - Use word 'compassion'.
 - Add that personal values are respected, while acknowledging that they should not necessarily be brought to the workplace.
 - Specify HIV/AIDS within document.
 - Include a value statement, for example trust, integrity, etc. A value set based on the Guiding Principles would be easier to display and communicate.
 - Access to services, particularly in rural areas. Many nursing homes are faith based, potentially limiting choice.
 - Carers need to have a sense of humour
 - Documentation versus identity. For example, legal gender on birth certificate may be different to your gender identity.
1. **EMPOWERMENT** – Older LGBTI people are included in the development of Australian Government aged care policies and programs
 - Sub-principles 1.1 – 1.3 apply to all older people. They need to be put into the context of highlighting LGBTI communities due to historical disadvantage and continuing negative health outcomes, otherwise may be seen as having preferential treatment.
 3. **ACCESS AND EQUITY** – All areas of aged care understand the importance of delivering LGBTI inclusive services
 - Need to include specific reference to regional and rural areas.
 - Access and equity cannot exist while religious organisations have exemptions from anti-discrimination provisions.
 - Include that LGBTI is not a homogenous group, with each community having its own unique needs which need to be considered for equitable treatment.
 - Mechanisms are needed for encouraging, rewarding, and punishing providers. This is particularly the case in regional and rural areas, where options are limited. Many people choose to retire in remote locations, which can provide difficulty in terms of choice.
 - Include a statement about recognising a person's self-identified (as opposed to legal) sex, and the need to be inclusive in residential care applications, ACAT forms, and HACC services.
- 3.1 Older LGBTI people have confidence in revealing details of their life-style, sexual orientation, gender and/or sexual identity to aged care providers and/or government for the development of tailored and personally appropriate programs of care, that this information will be treated in strict confidence and with respect.
 - Many older LGBTI people do not have confidence and are not self-advocates. For example, many intersex people have avoided disclosure for most of their lives. The onus should not be upon them to self-advocate.

4. **QUALITY** – Standards of care and services are appropriate to the needs of older LGBTI people
 - Include sub-principle that respect is given regardless of personal values (which are themselves to be respected). Staff need to remain professional at all times. Best approach is one that focuses on pride in your work and being the best carer you can be.
 - Include sub-principle on the importance of accountability.

Strategic Goals

1. Aged care services will be supported to deliver LGBTI-inclusive services
 - Include extra sanctions for breach of confidentiality, given the fear residents have around disclosure.
 - Make specific mention of HIV/AIDS groups.
- 1.1 Recognise members of special needs groups within the Residential Aged Care Accreditation Standards and Community Care Common Standards.
 - Dislike of term ‘special needs’ – italicise to indicate a technical term.
 - This action needs an associated outcome which is audited. As it is unlikely that there will be an outcome for each special needs group, could have a general recognition/respect of people’s sexuality which would encompass LGB. However this would not include sexual and gender diversity.
- 1.2 Liaise with the Federal Attorney General's department to promote understanding on the need for legal protection from discrimination on the grounds of gender identity and sexual orientation.
 - Question on why this is under Goal 1, about supporting aged care services.
 - Stronger and more precise language. Should explicitly mention advocating for including gender identity, sex and sexual orientation in Federal anti-discrimination legislation.
- 1.3 Work with funded service providers to ensure their services are inclusive of older LGBTI people **and** free from discrimination or prejudice.
- 1.4 ~~Explore options, beyond June 2015, to update~~ **Update** the Home Support Program Guidelines to include LGBTI people as a Special Needs group or receive Special Needs group considerations in consistency with the Aged Care Act 1997 Special Needs groups.
 - Stronger language.
- 1.6 Seek opportunities to recognise, ~~and~~ **and report** excellence in LGBTI aged care initiatives, activities and programs.
- 1.7 Support aged care and LGBTI peak organisations to assist their respective industries in the implementation of this Strategy.
 - There are no LGBTI industries. Suggestions of LGBTI groups or communities.
2. LGBTI inclusive aged care services will be delivered by a skilled workforce
 - Importance of remuneration highlighted.
 - Include action on developing resources to support the aged care sector, including best practise guidelines, centralised information, and example templates. The development of these resources needs to include all stakeholders.

- 2.1 **Encourage** all government funded aged care providers to develop policies and organisational processes to address discrimination and promote inclusion of older LGBTI people, carers and staff. This will include committing \$2.5 million over five years from 2012 to nationally rollout LGBTI sensitive training for the aged care workforce.
 - Stronger language. Use 'require', 'force', 'mandate', 'ensure' rather than 'encourage'.
 - \$2.5 million over five years is not enough money to adequately cover the aged care workforce across the nation.
 - Also need education for associated organisations, administrative staff, General Practitioners and other health professionals, governance boards, CEOs, team leaders, etcetera.
- 2.2 Investigate options to work with the vocational education and training (VET) sector to develop new aged care and allied health curriculum materials on older LGBTI people, specifically addressing Certificate III and Certificate IV competencies.
 - Needs to include other Certificates, such as diplomas. Should be included across the VET sector.
3. Older LGBTI people will be a target of ageing and aged care research
 - Change the word 'target'.
 - Weakness of language in 3.1, 3.2, 3.3, 3.4 and 3.5.
 - Add action on need to identify what research is already present (that is, a gap analysis) and direct research appropriately.
 - Researchers need to be trained, and adhere to standards and guidelines to ensure that they are sensitive when undertaking their projects.
 - Data needs to be collected at a hospital level.
 - Include action on including LGBTI data collection at the census level. However does raise question over who fills this in for people in care, as people may wish to avoid disclosure.
 - Research requires disclosure, which is problematic. Quantitative figures will be under represented as a result. Need to ensure that success of policies and programmes is not measured by the number of people who are out.
- 3.1 Seek to increase the knowledge on the health, wellbeing and experiences of older LGBTI people, both within the aged care system and as part of ageing in place.
 - Should state that there will be grants made available for research. Needs explicit commitment to funding research.
- 3.2 Work with the Australian Bureau of Statistics (ABS) to include LGBTI indicators within the Survey of Disability, Ageing and Carers (SDAC) and encourage the inclusion of LGBTI indicators within relevant ageing related research projects.
 - Regarding LGBTI indicators, need to ensure that these use measures of sex, gender and sexual orientation, as this will affect the result (for example, someone can engage in same-sex behaviour without identifying as LGB).
- 3.4 Work with the Australian Institute of Health and Welfare (AIHW) to establish the aged care Data Clearing House, ensuring LGBTI related data and research is included in this Data Clearing House.

- Discussion over whether to make specific reference to all health outcomes, including HIV/AIDS. May not need to be specifically dealt with in the context of the LGBTI Strategy.
- 3.6 Establish a central source of LGBTI resources to support evidence based practice in aged care and empowerment of LGBTI consumers. These resources will include access to information about older LGBTI clients, innovative service models and practical resources (eg. operations/procedures manuals, case studies, research materials, problem solving workflows, organisational change workplans and health promotion packages).
- This source could take the form of a website, forums/events, newsletter, manual, CD, or any combination of the above.
5. The aged care **sector** and LGBTI **sectors community** will be supported and resourced to proactively address the needs of **older** LGBTI people
- LGBTI sector is uncommon terminology. 'Community' is a more used term.
 - Definition of 'older' is over 65, however the Strategy should include all LGBTI people who are accessing aged care services regardless of age. 'Older' should thus be removed throughout the document.
 - Actions under this principle are generally thin, given the aspiration of the principle.
 - Include action to establish a resource which people can contact via email or phone for specific help on how to manage arising LGBTI issues.
 - Include specific mention of HIV/AIDS.
 - Add action to support the carers of LGBTI older people and carers who are LGBTI.
 - More research will need to be conducted on what older LGBTI people need and want. This can then allow for an assessment of what can be met and what resources are needed.
- 5.3 Identify opportunities to increase awareness and implementation of Advanced Care **Directives Planning** (wills, Enduring Power of Attorney, **Advanced Care Directives** etc) among older LGBTI people.
- Broaden action to include all Advanced Care Planning.
6. The LGBTI **sector community** will be actively engaged in the planning, delivery and evaluation of ageing policies and aged care programs, **facilities** and services
- Include facilities in the goal, to provide people with choice regarding the environment in which they live.
 - Goal includes evaluation, however none of the actions address this point. Need to empower the community in order to evaluate policies and programmes.
 - Add action on evaluating policies, processes, review of projects, etc.
 - To ensure community engagement, include action on including a representative of older LGBTI people on ageing committees.
- 6.3 **Encourage funded Funded** services to be delivered in a non-discriminatory manner supporting a person-centred care approach.
- Stronger language.
- 6.4 Continue to sustain **and grow** partnerships between government, community and the sector.

- Need to state what the purpose of the partnerships is, for example 'In fulfilling the goals and actions in this Strategy, DoHA will...'
- Rather than just sustaining partnerships, can also create new partnerships.

Canberra Consultation

26 October, The Griffin Centre, Canberra, ACT

Facilitator: Warren Talbot

Number of attendees: 20

Issues

- Stigma from aged care staff. This includes CALD staff from countries that have conservative values can retain stigma against LGBTI people.
- General lack of awareness around LGBTI issues and sexuality of older people.
- Education needed for other residents. People tend to become more conservative as they age.
- Invisibility of older LGBTI people. Many return to or stay in the closet when entering aged care. Makes it difficult to know the numbers of people.
- Have to assume LGBTI people are in the facility regardless of whether or not there are any who are openly identified.
- Lack of diversity in aged care and residential villages.
- LGBTI specific facilities, though these would not be feasible in regional areas.
- Removal of gender on applications for seniors cards.
- Include tick box on intake forms for LGBTI to give capacity for visibility. Needs to remain optional. Also requires that staff are trained to be sensitive to those that do identify.
- Medical issues (such as transwomen having risk of prostate cancer). Health professionals and carers need to be aware of this.
- Fear about disclosure, due to stigma. This fear can also delay admission to care.
- Bisexuality is often forgotten and needs to be addressed as its own category.
- Vulnerability. Service providers have the power in the relationship. Need to be aware that the care often involves very intimate situations, such as showering.
- Role of funded advocates to offer advice and support. Particularly needed for LGBTI people who are more likely to lack support from biological family who may not accept the identify of their relative but still places in a decision making position.
- Protections for LGBTI workers.
- Training for advocates.
- Advocates need to be from a trusted source outside of aged care that sits in LGBTI communities.
- Correct use of pronouns and titles.
- Education and awareness for the general population and other residents to overcome homophobia and prejudice.

Introduction

- Definition of 'Transwoman' and 'Transman' should not be limited to those who have transitioned.

Guiding Principles

Some confusion around purpose of Principles as ideals. Need to make more explicit in introductory paragraphs.

Needs stronger focus on consultation. Currently too government focused.

1. **EMPOWERMENT** – Older LGBTI people are included in the development of Australian Government aged care policies and programs
 - Inclusion is not the same as empowerment. Change to ‘actively participating in’ or ‘actively engaged’.
- 1.2 The specific needs and life experiences of older LGBTI people are visible so their health and wellbeing is promoted through the development of sustainable mechanisms to allow them to express their needs, wants and preferences in consultative structures to inform the development of aged care policies and programs.
 - The emphasis of the sub-principle should be on the consultation. Thus this part of the sentence should come first.
 - As well as needs, also include the more positive and proactive wishes/wants/aspirations.
 - As well as visibility, include positive terms such as acknowledged/celebrated/respected.
- 1.3 LGBTI community capacity is developed to assist in supporting, **informing and training** the wider aged care service base to serve the needs of ageing LGBTI people to the highest possible standard.
 - More explicit focus.
2. **RESPECT** – Understanding and being sensitive to, the needs of older LGBTI people in the delivery of aged care services
 - Document needs to reflect and include human rights and equality. LGBTI people have the right to equal treatment. Could include reference to the Yogyakarta Principles.
- 2.1 The life experiences, specific issues and needs of older LGBTI people are openly discussed **and addressed** in order to promote individual and collective LGBTI health and wellbeing.
 - As well as needs, also include the more positive and proactive wishes/wants/aspirations.
 - More proactive than discussion.
- 3.1 Older LGBTI people have confidence **and feel safe** in revealing details of their life-style, sexual orientation, gender and/or sexual identity to aged care providers and/or government for the development of tailored and personally appropriate programs of care, ~~that this information will be treated in strict confidence and with respect.~~
 - Difference between having confidence and being in a supportive and safe environment.
 - All information should be treated in confidence and with respect. Unnecessary to single this information out.
- 3.5 The Home Support and Home Care components of the aged care program deliver **sensitive, informed and** effective support to older LGBTI people and their carers, in order to help older

LGBTI people remain living independently in their own homes and communities as long as possible.

- Your home can be a very private and vulnerable place to have people care for you, so it is necessary that carers are well trained and sensitive around LGBTI issues.

4.1 Aged care services understand what constitutes a LGBTI inclusive service and are encouraged and supported **and trained**, through appropriate policy structures **and programmes**, to ensure as a minimum standard, a welcoming, confidential and culturally appropriate environment is created for older LGBTI people. This includes ensuring appropriate policies, procedures and systems are in place to provide the most appropriate care to older LGBTI people.

- Aged care staff need training as part of their support.

4.2 All aged care workers have the skills and knowledge **and attitude** they need to deliver appropriate person-centred care to older LGBTI people, supported by their employer's policies and procedures.

- Skills and knowledge need to be supplemented by an attitude of acceptance.

4.3 Research and translation of research into better practice is encouraged to support development of appropriate policies and programs **and training** for older LGBTI people **and their carers**.

- Include training
- Include carers.

Strategic Goals

1. Aged care services will be **encouraged and** supported to deliver LGBTI-inclusive services

- Proactive language.

1.1 Recognise members of special needs groups within the Residential Aged Care Accreditation Standards and Community Care Common Standards.

- Could also include in the overarching principles.

1.3 Work with funded service providers to ensure their services are inclusive of older LGBTI people free from discrimination or prejudice.

- Stronger language. Should be able to write this requirement into contracts with providers.
- More specific on how this will be achieved. For example, 'implement training opportunities' etc.

1.7 Support aged care and LGBTI peak organisations to assist their respective industries in the implementation of this Strategy.

- If this support will be in the form of funding it should be explicitly stated as such.

2. LGBTI inclusive aged care services will be delivered by a skilled workforce

- Not all workers can be trained to be inclusive and sensitive. Organisations thus need to have the appropriate culture and to hire staff with similar values.

2.1 Encourage all government funded aged care providers to develop policies and organisational processes to address discrimination and promote inclusion of older LGBTI people, carers and

staff. This will include committing \$2.5 million over five years from 2012 to nationally rollout LGBTI sensitive training for the aged care workforce.

- Stronger language than 'encourage'.
- 2.2 ~~Investigate options to~~ work with the vocational education and training (VET) sector to develop new aged care and allied health curriculum materials on older LGBTI people, specifically addressing Certificate III and Certificate IV competencies.
- Stronger language.
- 3.1 Seek to increase the knowledge on the health, wellbeing and experiences of ~~elder~~ LGBTI people, both within the aged care system and as part of ageing in place.
- Data and knowledge needs to be collected in a holistic way, and should start before people become old. Needs to be across the entire healthcare system.
 - Clarification on definition of 'ageing in place'.
4. Older LGBTI people will experience equitable access to aged care services
- There can be tensions between supporting cultural and religious communities and special needs groups such as LGBTI.
 - Many LGBTI people have had poor historical relationships with religious organisations, and will remain hesitant about them. Need ways of promoting the organisations that are inclusive.
- 4.2 Identify aged care service providers with specific expertise/interest in meeting the needs of LGBTI clients within the Gateway, to enable consumers to identify suitable aged care providers and for aged care assessors or case managers, as relevant, to refer prospective clients efficiently and appropriately.
- Question over regional access to the Gateway
 - Consumer needs to have enough information in order to select services. This will require providers to publish information and statistics on their performance, as well as highlighting both good and bad providers.
- 5.1 Make grants available from 2013-14 to expand the Community Visitors Scheme (CVS) to specifically include older LGBTI people, to minimise social isolation of older LGBTI people receiving aged care.
- As well as being targeted at LGBTI communities, the CVS should encourage LGBTI people to be visitors and LGBTI communities to run the programmes. This will ensure the most appropriate service for older LGBTI people.
- 5.2 Review the National Aged Care Advocacy Program (NACAP) guidelines to include an emphasis on promoting and maximising access to advocacy for older LGBTI people commencing from entry point.
- Information and training needs to be made available to advocates and advocacy services, as there is currently not a lot of knowledge amongst them around LGBTI issues and resources.
6. The LGBTI sector will be actively engaged in the planning, delivery and evaluation of ageing policies and aged care programs and services

- As well as empowering the LGBTI sector, individual older LGBTI people should be empowered.
 - Add action on training older LGBTI people as advocates and advisors to sit on national ageing committees. Need specific involvement from people who are HIV positive.
 - Add action on resourcing for grassroots organisations, such as social groups.
- 6.3 Encourage funded services to be delivered in a non-discriminatory manner supporting a person-centred care approach.
- Stronger language.
- 6.4 Continue to sustain partnerships between government, LGBTI communities ~~community~~ and the aged care sector.
- Clarity on which community and which sector.
 - Should also include older LGBTI people as well as LGBTI communities.

APPENDIX B – LIST OF WRITTEN SUBMISSIONS

The following organisations provided written submissions to the Strategy:

ACON Health Ltd.

Aged Care and Housing Group Inc.

Alzheimer's Australia

Australian Federation of AIDS Organisations

Australian Human Rights Commission

CareConnect

Carers Queensland

Changeling Aspects

CommunityWest Inc.

COTA Australia

Gay and Lesbian Rights Lobby Inc.

GLBTI Retirement Association Inc.

Leading Aged Services Australia

Positive Life NSW

The Benevolent Society