



Australian Government
Department of Health

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

A guide for aged care providers

All older people experience a high quality aged care system that ensures equitable access and outcomes and embraces their diverse characteristics and life experiences.



Aged Care Sector Committee Diversity Sub-group
February 2019

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

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

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

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

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

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

In this Action Plan each action must be considered separately for lesbian, gay, bisexual, trans and gender diverse, and intersex peoples, and for people living with HIV (many of whom are gay and bisexual men). A generic LGBTI action or response will not meet the unique needs of the people and communities that make up the LGBTI acronym. For example, intersex and trans/gender diverse people can have diverse sexualities, including being heterosexual. In developing an LGBTI inclusion policy you will need to have a policy that addresses the specific needs of lesbians, gay men, bisexual people, trans and gender diverse peoples and intersex peoples.


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

Samantha Edmonds

Silver Rainbow National Project Manager

On behalf of everyone that contributed to this plan

‘This Action Plan is a resource that will assist aged care service providers to better understand how they can advocate for and support LGBTI elders and older people.’



What is this plan about?

Australia is a diverse nation, and this is reflected in the diversity of religion, spirituality, sexuality, culture, socio-economic background, geographic spread, medical and care needs, and personal experiences of our senior population.

The Australian Government is committed to ensuring that all consumers of aged care can access information and receive aged care services appropriate for their individual characteristics and life experiences. The Aged Care Diversity Framework (the Framework), launched in December 2017, is a key part of achieving this.

This is one of four distinct action plans developed under the Framework:

- *Actions to support all diverse older people, an overarching set of actions in recognition of the many commonalities within and between diverse groups.*
- *Actions to support older Aboriginal and Torres Strait Islander people*
- *Actions to support older people from Culturally and Linguistically Diverse backgrounds*
- *Actions to support older Lesbian, Gay, Bisexual, Trans and gender diverse, and Intersex peoples*

The plan can assist providers to identify actions they could take to deliver more inclusive and culturally appropriate services for consumers. It acknowledges that there is no 'one-size-fits-all' approach to diversity, and that each provider will be starting from a different place and operating in a different context. Therefore, this action plan is designed so that providers can work through three levels of actions – Foundational, Next Steps, and Leading the Way – and decide which are most relevant to their organisation, in consultation with consumers, their support people, and staff.

Delivery of safe and inclusive services to people with diverse needs and life experiences is built into the Aged Care Quality Standards. Diversity is woven through the Standards and underpinned by Standard 1 to value the identity, culture and diversity of each consumer and to deliver culturally safe care and services. The Aged Care Quality and Safety Commission will assess aged care providers based on the quality of service experienced by service users (consumers).

There are many benefits for providers in taking action to provide better services to diverse groups. These include opportunities to:

- celebrate successes with consumers, their support people and the wider community;
- engage with new groups of potential consumers;
- improve the wellbeing and satisfaction of consumers;
- build new partnerships with the community;
- increase the vibrancy of the service environment;
- demonstrate to employees with diverse backgrounds and life experiences that they are valued and engaged within the service.

Actions to support inclusive care for Lesbian, Gay, Bisexual, Trans and Gender Diverse and Intersex consumers

The following six outcomes, taken from the Aged Care Diversity Framework, provide a guide for assessing current performance, identifying gaps and designing pathways to improve inclusive service provision. Each outcome has example actions to support providers:

Outcome for Consumers 1: Making informed choices

Older people have easily accessible information about the aged care system and services that they understand and find the information helpful to exercise choice and control over the care they receive.

Provide information in an appropriate format, through different forms (online/hardcopy/newsletter/verbal) and in a language the consumer understands)

Foundational Actions

- Provide consumers with clear, simple and understandable LGBTI inclusive information about how your service will cater for their individual personal, clinical, spiritual, social, end of life and palliative care needs.
- Provide information about advocacy services available specifically for L, G, B, T & I consumers and carers, and assist them to access these services if they choose, especially for consumers who may not have family involved in their care.
- Provide information on complaints procedures and ensure staff are well equipped to support LGBTI consumers to make complaints.
- Educate staff on why personal information LGBTI people give may be sensitive; ensure they are skilled in being able to safely and appropriately get this information from LGBTI consumers and people living with HIV.
- Develop consumer information about how and why information will be kept/recorded on sexuality, gender and intersex status and ensure it complies with privacy laws. Make it clear to the consumer that they can control who sees that information.
- Ensure that newsletters contain information about LGBTI activities, events, services, health and wellbeing needs, concerns and ensure it is disseminated to people living at home as well as in residential care.

Outcome for Consumers 1: Making informed choices

Moving Forward

- Review and develop information using a diversity lens. Co-design with a range of LGBTI consumers and carers to create information and intake forms that are inclusive of individuals from each of L, G, B, T & I.
- Ensure that you can demonstrate to consumers, their families of choice and carers what specific LGBTI inclusive practices, policies, procedures and activities are in place before indicating that you are an LGBTI specialist provider on My Aged Care.
- Collect data and set performance indicators to ensure that LGBTI cultural safety targets are achieved, and service delivery is improving.
- Assist the older person and their families of choice and carers with accessing assessment services by providing a skilled and trained LGBTI liaison person or navigator/s, who is L, G, B, T or I.
- Maintain management and governance level responsibility for implementing and monitoring LGBTI cultural safety and responsiveness across all organisational systems against quality standards.
- Display visual cues of inclusion such as rainbow flags, brochures and posters at your service, once all policies are in place and staff have been trained.

Leading the Way

- Evaluate all physical and virtual environments to ensure they are culturally safe and LGBTI consumers can easily and confidently access services and information. Implement a continuous improvement process where gaps are identified.
 - Establish an LGBTI Advisory Group that reports to the governance body and is engaged as part of a co-design process in all aspects of service delivery. Ensure there are clear pathways of communication for consumers to provide input and feedback to this Group.
-

Outcome for Consumers 2: Adopting systemic approaches to planning and implementation

Older people are active partners in the planning and implementation of the aged care system.

Engage consumers in a culturally safe, supportive environment that enables them to participate as active partners, as well as articulate their individual needs

Foundational Actions

- Families of choice (who may or may not include biological family), are recognised, respected and involved in planning the care and/or support of LGBTI consumers. Families of choice must not be excluded from decision making discussions unless requested by the consumer.
- Ensure all staff in your organisation are knowledgeable about and meet legislative requirements, such as anti-discrimination and privacy laws, and Aged Care Quality Standards.
- Complete an LGBTI self-assessment to measure performance against Rainbow Tick Standards (or similar) and the Aged Care Quality Standards, which involves LGBTI consumers, carers and families of choice (both within and external to the organisation).
- The whole governing body makes a commitment to embedding LGBTI culturally safe and inclusive practices across the whole organisation.

Moving Forward


- The governing body implements, monitors and reviews systems for LGBTI inclusion across the organisation, and continually seeks opportunities for improvement.
- In consultation with each of L, G, B, T & I peoples develop, implement and review policies, procedures and practices that meet the unique needs of each group.
- Regularly review how the policies are implemented and how care and services are delivered with L, G, B, T & I peoples.
- Ensure that policies recognise and respect the differences between trans men and trans women and those who are gender diverse.
- Develop policies, procedures and practices that meet the unique needs of people living with HIV. Regularly review how the policies are implemented and how care and services are delivered to people living with HIV. Ensure these policies address stigma and discrimination against people living with HIV and other blood borne viruses.

Outcome for Consumers 2: Adopting systemic approaches to planning and implementation

Leading the Way

- Establish ongoing partnerships and collaborations with LGBTI and HIV organisations to:
 - Review the LGBTI self-assessment that was conducted and develop an implementation and evaluation strategy with the governing body
 - Develop systemic steps to deliver services to LGBTI elders and older people and those living with HIV across all diversity groups within the local community
 - Ensure services are culturally appropriate and responsive
 - Ensure that LGBTI consumers (those receiving services and those who are living in the community) are consulted about, and actively participate in the planning, development and review of services.
-

‘Delivery of safe and inclusive services to people with diverse needs and life experiences is built into the Aged Care Quality Standards. Diversity is woven through the Standards and underpinned by Standard 1 to value the identity, culture and diversity of each consumer and to deliver culturally safe care and services.’



Outcome for Consumers 3: Accessible care and support

Older people in rural, remote, regional and metropolitan Australia have access to aged care services and supports appropriate to their diverse characteristics and life experiences

Collaborate with stakeholders to identify and overcome barriers in accessing the aged care system

Foundational Actions

- Trial the use of different technologies to connect LGBTI people living in rural/remote areas with other interested LGBTI people/groups/communities to improve social connections. Including building partnerships with other services.
- Support consumers in your service to maintain their connection to their communities, attend or participate in L, G, B, T & I specific events in their communities, and engaging local LGBTI community groups in to the service. This includes other communities that people may be connected to such as Aboriginal and Torres Strait Islander communities.
- Respected families of choice are introduced (if agreed to by the consumer) to staff and other consumers.
- Invite families of choice to participate in all personal and communal celebrations and activities.
- Plan and develop actions to combat social isolation and cultural safety risks for LGBTI elders and older people, for example by connecting with the LGBTI Community Visitors Scheme and Virtual Visitors Schemes.
- Conduct a regular activity with staff where they reflect on their own culture, attitudes, values and beliefs and how this shapes the way they interact with LGBTI older people. Part of this should include staff sharing their values and beliefs, and any stereotypes they hold, about LGBTI people, and how this can impact on the quality of care given to LGBTI older people.

Outcome for Consumers 3: Accessible care and support

Moving Forward

- Ensure your organisational policy supports culturally safe, responsive and trauma informed practice across services and systems including particular support for training, professional development and cultural capabilities in working with and providing care and services to Aboriginal and Torres Strait Islander LGBTI peoples, Brotherboys and Sistersgirls.
- Establish knowledge of and connections to support groups and organisations for referral and support of partners and families of people who choose to transition and/or who come out later in life.
- Explicitly state your commitment to LGBTI inclusive services and ensure all staff are aware of their legal responsibilities related to LGBTI clients.
- Engage with regional, state or national LGBTI support services to provide advice and support to your organisation and LGBTI consumers.

Leading the Way

- Partner with LGBTI organisations in the development and delivery of flexible models of care for LGBTI older people, for example multigenerational community care, especially for rural and remote areas.

‘A proactive and flexible aged care system that responds to the needs of existing and emerging diverse groups, including an increasingly diverse aged care workforce.’



Outcome for Consumers 4: A proactive and flexible aged care system

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

Engage with the local community and stakeholders to identify emerging needs and how service delivery models can be adapted to embrace those needs, including how the organisation's workforce demonstrates an inclusive approach to care

Foundational Actions

- Provide education and training to staff at every level of the organisation, including the governing body, which includes a specific understanding of the different lived experiences within and amongst L, G, B, T & I peoples, and is delivered by a suitably qualified, reputable and experienced LGBTI organisation. At least 90% of staff should be trained.
- Educate staff to provide safe and inclusive services for intersex peoples, in recognition that many intersex people have lived a lifetime of trauma and the effects that this may have on them.
- Provide staff with education on the experiences and needs of people living with HIV and other blood borne viruses and training on how they can respectfully support them through service delivery.
- Adopt workforce recruitment, retention, and development approaches that ensure an adequately skilled and culturally safe workforce which is responsive to the needs of LGBTI peoples and people living with HIV.
- Provide opportunities for informal education of staff and volunteers. For example, sharing case studies, hearing stories from older LGBTI people and people living with HIV during team meetings, news articles and watching videos and discussing what happened, etc.
- Partner with LGBTI and HIV organisations and have these organisations visit the service to provide advice, education, information and support for all staff and consumers.

Moving Forward


- Embed diversity and inclusive practice in the induction of all staff. As part of their induction, ensure new staff complete LGBTI cultural awareness training including legislative requirements.
- Actively recruit staff who have the lived experiences of being L, G, B, T and/or I.
- Conduct a needs analysis of the local community in which you are based, in partnership with LGBTI organisations, to identify who is in your community and develop ways to engage with them.

Outcome for Consumers 4: A proactive and flexible aged care system

Leading the Way

- Ensure recruitment processes, employment policies and employment contracts stipulate that your organisation is inclusive of L, G, B, T & I peoples, and ensure that staff can meet these organisational requirements.
 - Staff are given a rainbow badge to wear once they have completed LGBTI inclusivity training, provided by a reputable LGBTI organisation, and they have signed a charter that states that in wearing the badge the person commits to being and LGBTI advocate and ally, to creating a safe, welcoming and inclusive environment for all LGBTI peoples.
 - Create or engage with an LGBTI Community of Practice. Communities of Practice provide an environment in which professionals can share their practice experiences, develop and discuss areas of interests and build a sense of community.
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‘Seek out, develop and use tools, training and information that support delivery of care that is inclusive of diverse characteristics and life experiences.’



Outcome for Consumers 5: Respectful and inclusive services

Services effectively meet the specific needs of older people with diverse characteristics and life experiences, their families, carers and representatives in a respectful and inclusive way.

Seek out, develop and use tools, training and information that support delivery of care that is inclusive of diverse characteristics and life experiences

Foundational Actions

- In collaboration with consumers and their families, develop, review, implement, monitor and evaluate policies and practices on the inclusion of L, G, B, T & I peoples, and make the policies and evaluation available if requested by consumers.
- Ensure all staff across the organisation and other consumers/families are aware of the right for LGBTI consumers to personalise their own rooms or homes and have access to materials that reflect who they are.
- Invite older people from L, G, B, T & I communities to share their stories and life experiences with other consumers and their families at social events. In Aboriginal and Torres Strait Islander communities this might be called a 'yarning' circle.
- Through training and education, ensure the service and staff are aware of the range of relationships (including multiple partnerships) and family structures that LGBTI consumers may have. Develop policies and procedures that highlight the importance of families of choice in these relationships.
- Ensure all staff across the organisation respect the LGBTI person's rights to connect, relax and share intimacy with significant/consenting others/partners, regardless of gender, and ensure your policies and practices reflect this.
- Ensure all staff are skilled in, and sensitive to providing personal care for older people who are trans, gender diverse or intersex. Ensure they understand that there may be specific personal care, medical or health needs that they must be aware of and respond to.
- Communicate the work you are doing to be LGBTI inclusive to LGBTI communities and LGBTI elders and older people in particular through LGBTI media.
- Develop and implement clear policies that address LGBTI-phobic actions and comments when they occur by staff, residents, other families and carers and visitors – whether or not you are aware of clients or staff who have disclosed their LGBTI status.
- Review employment practices and rostering so that LGBTI people can choose the gender of their personal care worker. This choice is then respected and acted upon.
- Ensure a culturally safe environment in residential aged care by including LGBTI specific literature, pictures, artworks, posters et cetera.

Outcome for Consumers 5: Respectful and inclusive services

Moving Forward

- Identify, assess, analyse and manage risks that can cause harm to LGBTI peoples to ensure culturally safe services.
- Regularly review all staff's understanding and implementation of policies and the delivery of care services as they relate to L, G, B, T & I peoples and people living with HIV.
- Train staff to understand and deliver trauma-informed care and the intersectionality and impact of complex trauma, discrimination, and minority stress on L, G, B, T and/or I people and people living with HIV. Ensure staff can identify issues of trauma, abuse and violence and provide referral, and facilitate access, to appropriately skilled and welcoming support and psychological services. If possible, facilitate access to these services.
- Enable access to people or services to meet the sexual and intimate needs of LGBTI consumers. This may include taking the consumer to a service, or engaging the service, for the consumer if they are living in residential aged care or accessing a home care package and this has been identified as a need.
- Staff affirm LGBTI sexualities, identities, genders, bodies and relationships by celebrating key LGBTI events, (e.g. local Pride festivals), participating in commemorative events (e.g. Transgender Day of Remembrance), affirming stories of LGBTI people in the media and hosting LGBTI presenters.
- Establish focus groups where L, G, B, T and/or I peoples can share constructive feedback on what is working and what isn't within the service. Ensure this is part of a continuous quality improvement process. This is reflected through improvement in systems and services in the organisation..

Leading the Way

- Facilitate training for a pool of LGBTI champions across the organisation, and where possible ensure this includes LGBTI workers, to:
 - communicate information
 - provide advice to the governing body on how to embed a culture of cultural safety and inclusivity
 - be a safe contact for LGBTI consumers in your service
 - develop a community of practice
- Ensure that Champions are at every level of the organisation and that there are effective processes in place to add people to this pool or remove people if needed.
- Implement the "I" statements in the LGBTI consumer companion document to the action plan – What are Lesbian, Gay, Bisexual, Trans and Gender Diverse and Intersex consumers looking for from their aged care providers.
- Obtain LGBTI accreditation (currently Rainbow Tick).

Outcome for Consumers 6: Meeting the needs of the most vulnerable

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

Provide inclusive service models to address the needs of the most vulnerable, and work with other stakeholders to ensure that the full spectrum of needs are met

Foundational Actions

- Recognise that some lesbian women want to know they will be looked after by women and where possible, that there are lesbian care staff available.
- Recognise (and respond appropriately to) the trauma that some gay men may have experienced due to losing friends, family, and partners due to the AIDS epidemic.
- Provide education at all levels of the organisation to ensure staff understand that bisexual peoples are often discriminated against not just by non-LGBTI peoples but also by lesbian and gay peoples.
- Trans and gender diverse people should be empowered to express their gender identity and expression. This expression of gender identity must be respected by your service and all those who access it.
- Affirmation also includes acknowledging significant relationships and respecting gender expression in policies and procedures and through inclusive delivery of care.
- Advocate on behalf of trans and gender diverse people accessing/residing in the service, where coercive or abusive relationships and situations occur within their family and seek expert guidance if required.
- Ensure that older people with HIV who are accessing/residing in your service, have support to access ongoing appropriate health, medical care and social support services. People with HIV have an ongoing need for care by an S100 prescribing doctor to ensure effective antiretroviral therapy is maintained.
- Ensure knowledge of, and compliance with, universal precautions for bodily fluids, specifically for providing respectful and appropriate care for people living with HIV.
- Read and affirm your commitment to the Darlington Statement, developed by intersex organisations and advocates in 2017, which articulates the human rights demands of people with intersex variations in Australia and Aotearoa/New Zealand.
- Educate staff and have information available on the specific characteristics of some of the more common intersex variations (AIS, CAH, XXY) and do not treat people who are intersex as a homogenous group.
- Develop a culture within your organisation that asks open questions and does not make assumption about someone's background or life experience, even in casual conversation.

Outcome for Consumers 6: Meeting the needs of the most vulnerable

Moving Forward

- Bisexual people often have different needs to lesbian women or gay men. Ensure that staff are educated about person-centred care and have a good understanding of bisexuality that is not grounded in stereotypes. Consider how your diversity/inclusivity policies and practices address this.
- Educate staff to provide safe and inclusive services to trans and gender diverse people, ensuring they are aware many older trans and gender diverse people may have lived a lifetime of trauma (due to discrimination) and support or referral to specialist services may be required as a result.
- Actively engage with the trans and gender diverse community and organisations to ensure that the correct support and care is given to consumers. Staff, other residents and their families (and/or visitors), are educated about trans and gender diverse histories, stories and experiences.
- Work with intersex consumers and engage with intersex or specialist organisations to ensure that intersex older people receive the necessary health services, care and supports needed to maintain their health and wellbeing.
- Develop and implement policies and practices that meet the unique needs of Aboriginal and Torres Strait Islander LGBTI people including Brotherboys and Sistergirls. Regularly review how the policies are implemented and how care and services are delivered with them and with organisations that support them.
- Develop policies and actions to respond to the range of diverse characteristics or life experiences, an L,G,B,T and/ or I person may have and that these may present as a unique set of needs and challenges. For example, someone who is gay and also African may be excluded from their ethnic community because of their sexual orientation.

Leading the Way

- Establish partnerships or teamwork collaboration with LGBTI Aboriginal or Torres Strait Islander organisations to engage with Elders to determine what older Aboriginal LGBTI Brotherboys and Sistergirls need, including what is best practice for outreach and service delivery to these communities.
- Have policies, procedures and practices that meet the unique needs of intersex people. Regularly review how the policies are implemented and how care and services are delivered with intersex people. Ensure that policies recognise and respect the differences between different intersex variations.
- Engage organisations that represent LGBT and I peoples to conduct an audit of your service to ensure that it is culturally safe for LGBTI elders and older people.

Resources

General resources

Aged Care Complaints Commissioner available in a variety of languages

www.agedcarequality.gov.au/accessibility

NSW Nurses and Midwives Association: 10 Questions to Ask

www.10questions.org.au/leaflets.html

Department of Health Aged Care Diversity Framework

www.agedcare.health.gov.au/support-services/people-from-diverse-backgrounds/aged-care-diversity-framework

People with diverse needs Department of Health

www.myagedcare.gov.au/eligibility-and-assessment/eligibility-diverse-needs

Government resources

Aged Care For LGBTI Elders: *Getting Started with My Aged Care*: Department of Health

www.agedcare.health.gov.au/support-services/my-aged-care/aged-care-for-lgbti-elders-getting-started-with-my-aged-care

Finding a LGBTI Inclusive Home Care Package on the Service Finder: Department of Health

www.agedcare.health.gov.au/support-services/my-aged-care/aged-care-for-lgbti-elders-getting-started-with-my-aged-care

LGBTI Advance Care Planning Department of Health

www.agedcare.health.gov.au/support-services/my-aged-care/lgbti-advance-care-planning
www.agedcare.health.gov.au/support-services/my-aged-care/lgbti-advance-care-planning-by-state-and-territory-0

LGBTI: Inclusion and Awareness in Aged Care: Department of Health

www.youtube.com/watch?v=TvpXe_gDv1E

My Aged Care – LGBTI Inclusive aged Care Service Benchmarks: Department of Health

www.agedcare.health.gov.au/support-services/my-aged-care/my-aged-care-provider-factsheet-lgbti-inclusive-aged-care-service-benchmarks

Advocacy Services: Department of Health

www.agedcare.health.gov.au/support-services/the-national-aged-care-advocacy-program

Community Visitors Scheme: Department of Health

www.agedcare.health.gov.au/support-services/cvs-auspices-lesbian-gay-bisexual-transgender-and-intersex-contact-details

Carer Gateway: Australian Government

www.carergateway.gov.au/resources-for-lesbian-gay-bisexual-transgender-intersex-carers

National Health Organisations and Programs

National LGBTI Health Alliance

www.lgbtihealth.org.au/

www.lgbtihealth.org.au/national-lgbti-aged-care-awareness-training-project-an-overview/

www.lgbtihealth.org.au/sites/default/files/Alliance%20Health%20Information%20Sheet%20Inclusive%20Language%20Guide%20on%20Intersex%2C%20Trans%20and%20Gender%20Diversity_0.pdf

IndigiLez

www.indigilez.org/

Intersex Human Rights Australia

www.hra.org.au

BiPlus Australia

www.biplusaustralia.org

National Palliative Care and End of Life Organisations

Palliaged (Palliative Aged Care)

www.palliaged.com.au/

End of Life Directions for Aged Care (ELDAC)

www.eldac.com.au

Palliative Care Australia

www.palliativecare.org.au/wp-content/uploads/dlm_uploads/2017/11/LGBTI-Position-Statement.pdf

Other relevant key organisations and programs

LGBTI Inclusive Practice – the Rainbow Tick: GLHV

www.glhv.org.au/lgbti-inclusive-practice

Dementia Australia LGBTI Resources

www.dementia.org.au/resources/LGBTI

Brothers and Sisters NT

www.facebook.com/SistersBrothersNTCelebratingDiversity/

Val's LGBTI Ageing and Aged Care

www.latrobe.edu.au/arcshs/health-and-wellbeing/lgbti-ageing-and-aged-care

Alice's Garage

www.alicesgarage.net

HOW2 Program: GLHV (LGBTI Inclusive Organisation Program)

www.glhv.org.au/how2-program

Older Persons' Advocacy Network (OPAN)

www.opan.com.au/

Transgender Victoria

www.transgendervictoria.com/

Other relevant resources

Gender, Bodies and Relationships Passport: *National LGBTI Health Alliance*

www.lgbtihealth.org.au/passport

The Facts – Ageing and HIV: *Living Older Visibly and Engaged (LOVE) Project, ACON*

www.loveproject.org.au/resources/hiv-and-ageing/

Trans Health and Ageing: *An evidence-based guide to inclusive services: J.R. Latham & Catherine Barrett*

www.latrobe.edu.au/_data/assets/pdf_file/0004/814792/Trans-Ageing-And-Aged-Care-Project.pdf

Intersex and Ageing (speech transcript): *Morgan Carpenter, Intersex Human Rights Australia (IHRA)*

www.ihra.org.au/28385/intersex-and-ageing/

Aged Care Assessment Service (ACAS) LGBTI inclusive guide sheets: *ARCSHS & Val's Cafe*

www.opalinstitute.org/uploads/1/5/3/9/15399992/lgbtizguidezsheets_web.pdf

An extra degree of difficulty: *Narrative Resource: Val's Café & Carers Australia*

www.opalinstitute.org/uploads/1/5/3/9/15399992/an_extra_degree_of_difficulty.pdf

Carers guide to inclusive services: *Val's Café & Carers Australia*

www.opalinstitute.org/uploads/1/5/3/9/15399992/an_extra_degree_of_difficulty_carers_guide.pdf

Cycle of Invisibility: *Silver Rainbow, National LGBTI Health Alliance*

www.lgbtihealth.org.au/resources/cycle-of-invisibility/

Case Studies

People living with HIV

HIV Associated Neurocognitive Disorder

James is a 70 year old man living with HIV who is receiving carer visits as part of his homecare package. He lives alone and his HIV status is known to the workers providing him with care. A new study shows that people ageing with HIV are susceptible to HIV Associated Neurocognitive Disorder (HAND), the symptoms of which are often reversible through medication if it can be diagnosed in time. However, it is usually close family or partners who are the ones to notice changes indicating a possible HAND diagnosis. Because of the study, carers in the service are briefed to watch out for changes indicating HAND. James' care worker notices he is having difficulty making decisions and concentrating and suggests a visit from his HIV doctor to investigate. The agency develops a plan to monitor changes in the behaviours of clients living with HIV for signs of HAND.

Inclusive Service Provision

A service providing in-home care recognises that a proportion of its clients may be living with HIV. A worker notices that Bill is not taking their medication and has developed mouth ulcers, potentially as a result of HIV activation. As a result of this, the worker speaks to a supervisor about what can be done to improve service provision to clients living with HIV. The service implements policies and procedures that recognise the importance of access to specialist care for people with HIV, including guaranteeing to provide a service in which people living with HIV will feel safe. Understanding of the relevant policies and procedures is included as part of induction training for all staff.

Standard precautions

Staff in an age care service are trained in the use of standard precautions in dealing with body fluids which apply to people living with or without HIV. A worker is reprimand by management for not using gloves to take the temperature of a person living with HIV. The worker takes the issue to HR as, based on the training they received, they know that gloves are not part of standard precaution practice for taking someone's temperature, and that this would constitute an additional, unnecessary precaution when taking the temperature of person living with HIV. HR agrees with the worker and, as a result, all levels of management are required to undertake HIV awareness training as part of LGBTI inclusiveness training.

Trans and Gender Diverse

Stacey has been in residential aged care for 6 months. Over that time her partner Jenny has noticed that Stacey has become more and more withdrawn and depressed. Jenny has raised this with the staff but they tell Jenny that it's just a settling in period and that Stacey doesn't mix with other residents and Jenny should encourage her to do this. Jenny felt that there was something else going on but Stacey wouldn't tell her what was wrong.

Jenny works on a Monday and so has never visited Stacey during that day. Jenny felt that maybe something happens on a Monday so she swapped her work shift and made a surprise visit to Stacey. She was completely horrified by what she saw. Stacey's family was visiting and she was dressed in men's clothes and being referred to by her dead name of David and with he/him pronouns. A 'dead name' usually refers to a trans or gender diverse person's birth name which they don't want used anymore. To use someone's 'dead name' is inappropriate, disrespectful and often traumatic.

Jenny confronted the staff. They said that Stacey's family don't agree with how she identifies and so requested that she is dressed as "he should be, as a man". They couldn't see anything wrong with this and said Stacey never argues and they were doing what the family wanted. Jenny made a complaint to management, explaining that Stacey would not argue or complain as she was frightened of being "kicked out" and losing contact with her family. Management also couldn't see a problem as Stacey put the clothes on and it was only "one day". The service didn't have any policies on supporting people who are transgender or gender diverse.

Jenny decided that she had to move Stacey. She started to look around and came across another provider a bit further away. Jenny knew this was the aged care service that Stacey needed. When she walked through the door Jenny saw pictures of different groups of L, G, B, T and I older peoples, posters from LGBTI events and noticed brochures about various LGBTI support services and community groups.

Peter, the manager of the service, gave her information on how they support each of L, G, B, T and I older people and shared their policies on this. They also explained that all their staff, from the governance body to care staff, received annual training on being inclusive of LGBTI older people. In addition, they made it clear on all their employment forms that they were an inclusive service. Their residents' code of conduct also explained to other residents that they were inclusive and that the service would not tolerate discrimination in any form.

Social support and dementia

Gemma, a 66 year old woman living with dementia, and her partner live in a fairly isolated rural location. Gemma self-identifies as a lesbian and has always liked social and community group activities. She actively participates in a dementia specific social support group twice a week, this being the only local social support group option. However, as her dementia progresses, she is less inhibited in her discussion with group members, of whom the average age is 84. As a result discussions are increasingly becoming heated and quite verbally aggressive, especially with two of the men in the group, causing Gemma to become distressed and agitated.

Staff have received accredited dementia training and their manager has attended the How 2 Create an LGBTI Inclusive Service course which supports their activity planning and evaluation in relation to diverse needs. They identify that the dynamic of the group is adding to Gemma's distress and agitation, affecting her behaviour and wellbeing. However, they also acknowledge the value and benefits of ongoing social connection and don't want to have to remove Gemma from the group.

A social worker is engaged in helping facilitate the group dynamic for several weeks. They explain what behaviour is expected by the group participants, including the two men who have been at the centre of some of the aggression, and continue to manage the group dynamic by interrupting any discriminatory comments or behaviour, de-escalating heated discussions, and providing individual support and follow-up where necessary.

During this time, the social support staff have built a good trust relationship with Gemma and her partner. They have provided additional individual support, have taken time to know (and have documented) her story and interests; and her partner has reported how valuable the respite time is that they have arranged. Gemma's health and wellbeing improves, her distress and agitation is minimised, and the team monitor her response in case further adaptation is required.

Intersex

Jane is a 78-year-old woman who has an intersex variation. Her health has deteriorated in the last 12 months and she is starting to receive home care services.

When Jane was first referred to a provider she was uncertain about how she would be treated but she felt more comfortable when she noted that on their website they had a brief summary about how they met the needs of each of L,G,B,T and I people.

Jane was sent some additional forms to fill in and these forms also asked about sex, gender, pronouns and sexuality, and asked if the person had an intersex variation. The forms had a section where Jane could give her consent about what information could be kept on her file and who could read this information. This was particularly important to Jane as she had some personal care needs that she did not want other people in the service, apart from her care worker, knowing about. Jane wasn't yet comfortable providing details of her intersex variation, but she was happy that the forms included her and addressed her privacy needs. She asked the provider if she could change the information she provided at any time and the provider said she could.

Jane also received an introductory pack to the service that included a brochure that specifically addressed the provider's commitment to being LGBTI inclusive and safe and their commitment to ongoing LGBTI staff training. It even noted that they had reviewed all their forms with a local LGBTI organisation that Jane was involved with. The brochure spoke about each of L,G,B,T and I separately and had a few dot points on how they met the different needs of each group, and contained information about local advocacy services.

Bisexuality

Jacob is a bisexual man who, after a fall, entered an independent living unit in an aged care facility. He is recently divorced & his ex-wife visits him regularly. The aged care facility did not ask about sexuality during intake and assumed he was heterosexual. In Jacob's experience, service providers don't understand bisexuality or are judgmental, so he decided not to mention it.

Jacob has started a relationship with another man in the living facility, visiting each other's units. Staff have noticed the relationship and, while they know that Jacob has been married to an opposite-sex partner in the past, they also know that who a resident wants to have a relationship with is a private matter which deserves both their support and discretion.

After a few months, workers notice the men spending more and more time at each other's units. They've also noticed that Jacob and his new partner have been spending less and less time engaging with other residents, and withdrawing from social outings. They seem anxious and reluctant whenever a social activity is offered to them, and workers become concerned about them.

One worker who has developed a good rapport with Jacob, asks if there's anything else he needs or would like in regards to his relationship. For Jacob this is a huge relief, and he reveals that they would like to be able to go on a social outing with the other residents, but they're concerned about their reactions to the relationship.

The staff member assures Jacob that the organisation is committed to creating safe spaces and opportunities for all residents, and that all staff have been trained in inclusive practice and will be willing and able to support their involvement in the social activities and interrupt any problems – should they arise. The staff member suggests that they ask their LGBT&I advisory group to get someone from the bisexual community to do an educational session for residents on bisexuality. Jacob agrees this would be a good strategy.

Within the next month, Jacob and his partner re-engage with the social activities and outings, and appear a lot happier and at ease. On their request, staff also arrange for the two to move into the same unit, where they are able to have their own space. Their social engagement and general wellbeing continues to improve as they feel increasingly supported.

