

DIVERSITY FUTURES



**THE REMOVAL OF SAME-SEX DISCRIMINATION:
IMPLICATIONS FOR LESBIAN, GAY, BISEXUAL,
TRANSGENDER & INTERSEX (LGBTI) AGED CARE**

DISCUSSION PAPER

2010

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EXECUTIVE SUMMARY

Background

This paper is provided, as a starting point, to encourage further discussion between the Department of Health and Ageing (DoHA) and the lesbian, gay, bisexual, transgender and intersex (LGBTI) community about the specific health needs of LGBTI older people, and to identify key issues for the aged care sector in the provision of services to LGBTI consumers.

Peak LGBTI bodies and concerned individuals have recently been involved in providing evidence, regarding LGBTI ageing issues, to current government inquiries into the accreditation process, complaints investigation mechanisms and suicide.

This document largely focuses on the implications of the legal reforms for residential aged care and associated processes. We note there are a range of issues raised in this document relevant to in-home care and other components of the aged care industry.

Understanding LGBTI Elders

The future of aged care in Australia is one in which the LGBTI face of ageing will be visible and prominent. This is in direct contrast to the current situation, where LGBTI aged care consumers are largely invisible, or 'closeted', as a result of a lifetime of ensuring their sexual orientation was not known by even the closest of friends.

In order to understand the specific needs of LGBTI aged care consumers, it is necessary to understand the journey of their life and the historical discrimination they have experienced. This document largely focuses on members of the same-sex attracted community, given it discusses the impact of the 2008 reforms removing discrimination faced by same-sex couples. While many of these issues are shared by members of the transgender and intersex communities, it is noted that this groups of aged care consumers often have additional and specific issues in an aged care setting that are not fully explored by this paper.

The government's stated intention to make sexual orientation and gender identity-based discrimination illegal at Federal level is a positive indicator of change that will impact on the processes of aged care quality improvement.¹

The invisibility of current LGBTI consumers

As a consequence of the historical circumstances and discrimination faced by older LGBTI consumers, most current recipients of aged care services have lived lives of invisibility in regards to their sexual orientation and gender identity.

In an aged care setting, this can often lead to service providers assuming they have no LGBTI consumers - and thus no strategies, policies or procedures are developed or implemented to provide a safe and inclusive environment, beyond the notion of respect for an individual resident's cultural heritage as outlined within the Residential Aged Care Manual.²

In accordance with the views of various LGBTI organisations, we do not believe the current Residential Aged Care Manual adequately caters for LGBTI consumers. We strongly encourage the *specific* mention of the LGBTI community within the manual, to ensure that document adequately conveys the importance of creating a safe and inclusive environment.

¹ Irlam, C (2009) The Road to Equality. SX. Sydney. <http://sxnews.e-p.net.au/opinion/road-to-equality-corey-irlam-5794.html>

² In particular, user rights principles that refer to dignity, customs and lifestyle are relevant here, as conveyed to Dr Harrison in correspondence from DoHA in November 2008.

Out & Proud Baby Boomers

The Australian population is ageing and it is estimated that one quarter of the population will be aged 65 years and older by 2050. The cohort aged 65 and over is currently estimated at 13% of the Australian population. This amounts to approximately 2,860,000 people within the current national population of twenty two million.³

Australia lacks comprehensive data about the actual numbers of LGBTI older people. The 2003 Australian Study of Health and Relationships⁴ found that, while only 2% of the population identify as non-heterosexual, up to 15% have experienced same-sex attraction or had sexual contact with someone of the same-sex.

Similarly, the Australian Medical Association suggests that between 8 and 11 percent of Australians are 'not exclusively heterosexual'⁵ Taking this estimate, the older population of Australia which may be LGBTI or non-heterosexual may be 228, 800.

It should be noted that, as the population ages and more baby boomers who have always been open about their sexual and gender identities reach later life, it is likely larger numbers of aged care consumers may be comfortable with self identifying as LGBTI.

The 2008 Legal Reforms

The imperative to 'come out' to access entitlements

The 2008 legal reforms remove discrimination against older same-sex couples seeking to access residential aged care facilities. Additionally, they raise the prospect of LGBTI older people having to 'come out' or disclose to service providers and assessors, so that rights and entitlements are claimed and attained. This is a novel situation in relation to aged care, an area of service provision which, to date, has been somewhat oblivious to LGBTI older people's identities as consumers of services.

Approved providers and others are facing the prospect and reality of same-sex couples disclosing their relationship status, or feeling somewhat pressured to do so, at assessment and during entry to residential care. Clearly, providers require guidance and advice around appropriate ways of responding to this significant change across the aged care sector. The Department and its agencies have an obvious leadership role to play in this process.

The impact of the 2008 removal of same-sex discrimination

Without diminishing the outstanding step forward taken by the 2008 reforms, a concern remains regarding the extent to which the aged care industry has been adequately prepared to address the anticipated increase in LGBTI aged care consumers self identifying and disclosing their same-sex partnership status.

The 2008 changes to the *Aged Care Act 1997* provide a financial incentive to same-sex couples to declare their relationships. Anecdotal reports now indicate that same-sex couples are declaring their relationships to ensure they obtain the best financial situation for their relationships.

This has led to a number of concerns in key impact areas. These are outlined in the Figure on page 14 of this discussion paper.

³ Australian Bureau of Statistics 3201.0 - Population by Age and Sex, Australian States and Territories, Jun 2008
<http://www.abs.gov.au/Ausstats/abs@.nsf/mf/3201.0>

⁴ Smith, A, Rissell, C, Richters, J, Grulich, A and De Visser, R (2003) Sex In Australia Sexual Identity, sexual attraction and sexual experience in a representative sample of adults in Australian and New Zealand Journal of Public Health. 27 (2) pp138 – 145

⁵ Australian Medical Association (2002 Online) Sexual Diversity and Gender Identity at
<http://www.ama.com.au/web.nsf/doc/WEEN-5GA2YX>

Concerns related to LGBTI consumers in aged care

There is a plethora of overseas literature⁶ and research evidence related to LGBTI ageing and aged care. In the local sphere, there is a growing base of Australian literature reporting the experiences and expectations of LGBTI people, including same-sex couples, and service provider perspectives.

There is a growing base of qualitative evidence⁷ of discrimination against LGBTI older consumers occurring in all levels of aged care, ranging from organisational policies to abuse by staff and other residents⁸. Data from this research is detailed in this paper and a list of the relevant literature is provided.

A culturally appropriate approach to LGBTI service provision

A culturally appropriate service model for LGBTI consumers would include interventions and approaches which serve to make clients feel comfortable and successfully convey an attitude of respect and understanding of LGBTI needs.

The User Rights Principles, Residential Aged Care Standards, Charter of Residents' Rights and Responsibilities, Resident Agreements, and other mechanisms and instruments need to specifically refer to LGBTI consumer rights, so residents' rights processes are explicitly inclusive.

There are currently no LGBTI-specific projects within existing aged care advocacy services across Australia. Similarly, there is currently no LGBTI community organisation resourced to provide aged care advocacy. Such projects could serve to provide LGBTI consumers with an immediate source of support, while undertaking educative programs with the aged care sector.

Options for Action

In the light of the issues raised in this paper, some options for action which could progress the process of ensuring that same-sex partners in aged care are treated in a culturally appropriate way are presented below.

We urge the government to consider the importance of these issues and engage in a broad and holistic manner with the LGBTI community. The opportunity to continue discussion of these issues and options at a Departmental and Ministerial levels would be warmly welcomed.

⁶ National Gay and Lesbian Task Force, Koskovich, G, Frazer, MS et al (2009) Outing Age 2010: Public Policy Issues affecting Lesbian, Gay, Bisexual and Transgender Elders. Washington DC. NGLTF.
http://www.thetaskforce.org/downloads/reports/reports/outingage_final.pdf

⁷ Barrett, C Harrison J and Kent J (2009) Permission to Speak: Determining strategies towards the development of gay, lesbian, bisexual, transgender and intersex friendly aged care services in Victoria. Matrix Guild Victoria Inc. Melbourne.
<http://www.matrixguildvic.org.au/project.html>

Hughes M. Lesbian and gay people's concerns about ageing and accessing services. *Australian Social Work* 2009; 62: 186-201.

Hughes M. Older lesbians and gays accessing health and aged care services. *Australian Social Work* 2007; 60: 197-209.

⁸ Harrison, J and Riggs, DW (eds) (2006) *Gay and Lesbian Issues in Psychology Review Vol 2 No 2 Special Issues on LGBTI Ageing*. [http://www.groups.psychology.org.au/Assets/Files/GLIP_Review_Vol2_No2\[1\].pdf](http://www.groups.psychology.org.au/Assets/Files/GLIP_Review_Vol2_No2[1].pdf)

A range of options available to address the issues identified in this discussion paper, include but are not limited to:

- ☑ The updating of all paperwork and procedures in aged care, so all forms and information sheets are appropriate and unambiguous;
- ☑ Amendments to the Residential Aged Care Manual to specifically mention LGBTI consumers and explicitly direct approved providers to adopt non-discriminatory measures and practices;
- ☑ The recognition of LGBTI elders as a special needs group for the purposes of aged care;
- ☑ The development of an LGBTI Aged Care Plan;
- ☑ The funding of a network of LGBTI aged care advocates around Australia;
- ☑ The training of service providers in LGBTI-appropriate and competent care, including in relation to HIV / AIDS issues;
- ☑ The establishment of capacity development positions in LGBTI community organisations;
- ☑ The funding of LGBTI community organisations to provide direct care services; and
- ☑ The commissioning or conduct of research investigating LGBTI aged care issues from stakeholder and consumer perspectives. Such an examination could serve to collate existing data, while canvassing options for future approaches to program development, policy reform and other initiatives.

The Way Forward

We hope the Department and Minister find this document a useful starting point for discussion of issues faced by LGBTI aged care consumers. We look forward to continuing discussion of the points raised in this paper with the government, at both Ministerial and Departmental levels. We would welcome the opportunity to advise and assist the Department and the Minister in determining the most effective and efficient manner in which to respond to the concerns raised here and by other members and organisations from the LGBTI community.

Through a partnership approach to the identification of solution-driven mechanisms, we are certain a plan can be developed which will serve to ensure that aged care reflects the recognition and celebration of diversity in relation to sexual orientation and gender identity. Through such an approach, same-sex partners experiencing assessment for admission to residential aged care facilities will know they are protected, safe, and included.

Background to this Discussion Paper

Introduction

The Australian Coalition for Equality (ACE) and Diversity Futures welcome the opportunity to inform the Department of Health and Ageing (DoHA) of the implications of the 2008 reform of aged care legislation, and to suggest mechanisms by which these may be addressed.

This paper provides a starting point to further discussion between DoHA and the LGBTI community about the specific health needs of older lesbian, gay, bisexual, transgender and intersex (LGBTI) people. It also identifies key issues for the aged care sector in the provision of services to LGBTI consumers. In doing so, it supports recent submissions emphasising LGBTI issues, made by peak LGBTI bodies and concerned individuals, to current government inquiries into the accreditation process, complaints investigation mechanisms and suicide (See Appendix C).

A discussion of issues impacting on LGBTI consumers in aged care is relevant to the broader examination of current deliberations taking place around the National Health and Hospitals Reform Commission review and recommendations.⁹ The NHHRC examined the matter of control and operation of aged care and recommended a consumer-driven future direction for the industry, within the context of Commonwealth control.

Understanding LGBTI Elders

To date, LGBTI aged care consumers have been largely invisible, 'closeted' as part of ensuring their sexual and gender identity remained hidden from even the closest of friends. However, the future of aged care in Australia is one in which the LGBTI face of ageing will be both visible and prominent. Consumer-driven and client-centred approaches to LGBTI ageing and aged care service provision could well serve to ensure this future involves service delivery of the highest quality and efficiency. The Commonwealth has a critical role to play in ensuring this outcome is achieved.

In order to understand the specific needs of LGBTI aged care consumers, it is necessary to understand the journey of their life.

More than just 'gay & lesbian'

This paper focuses on the impact of the 2008 reforms which removed discrimination against same-sex couples. As such, it does not discuss in great detail the specific issues faced by transgender or intersex older people. While many of the issues faced by same-sex couples, about appropriate cultural care, are shared by transgender and intersex individuals, it is important to note these groups within the LGBTI community also have a range of specific needs in an aged care setting.

The current literature focuses primarily on the gay and lesbian – rather than the bisexual, transgender or intersex experience – although some limited literature on these areas is emerging.¹⁰

In particular, there is an absence of Australian research or other sources which specifically focus on either the experience of abuse or the needs of bisexual,

⁹ Commonwealth of Australia (2009) *A Healthier Future for all Australians. Final Report*. <http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/nhhrc-report>

¹⁰ See summary of work by Keppel, B http://home.gwi.net/~bobbik/resources_chi_2007.htm

transgender or intersex older people – although Nobel refers to general issues associated with intersex experience in Australia. There is a limited range of work completed internationally on this issue.¹¹

Transgender people may face specific health issues that can be overlooked. They may have difficulty accessing assistance or dealing with the repercussions of medical intervention, hormone treatment, or the denial of access to one's own choice of clothing.¹²

Older bisexual people are often rendered invisible by assumptions that a consumer's sexuality is indicated by the gender of their current partner. This can lead to bisexual people having to constantly re-emerge from the closet over their lifetime. While there is a lack of specific information in this area, some research indicates that bisexuals suffer the highest anxiety, depression and negative effect of all sexual orientations due to more current adverse life events, greater childhood adversity, less positive support from family and a higher frequency of financial problems.¹³

When addressing issues related to same-sex couples, it is therefore important to consider the appropriateness of expanding consideration of significant issues to include all members of the LGBTI community.

Discrimination - The historical reluctance of older LGBTI people to disclose

At a broader societal level, being gay, lesbian or bisexual is often incorrectly associated solely with the matter of sexual relationships. Given the well recognised ageist nature of our society, and the construction of old age as asexual, it is generally assumed someone in his or her later life is not sexually active.¹⁴ This mistakenly results in the belief by many service providers and others across the aged care sector that same-sex couples do not require specific attention and would not have special needs as a result of their sexual or gender identities.¹⁵

Sexual orientation and gender identity have a bearing on issues far broader than one's physical relationships. As is the case for heterosexual relationships, healthy same-sex relationships also encompass love and shared experiences. Similarly, gender identity – a person's sense of being male or female – is a vital component of well-being. Bearing these points in mind, it is essential policy makers, service providers and aged care professionals are aware of the historical perspectives impacting on the life experiences of LGBTI aged care consumers. As Birch highlights in the discussion paper published by Alzheimer's Australia:

For many older gay men, the laws forbidding their expression of their sexuality shaped their younger years. Being oneself only with friends and 'closeted' to the rest of the world was about survival. They may now find

¹¹ McFall Sullivan, S (2008) Five Questions for David Cameron: An Intersex Elder's View of Aging in OUTWord Winter. San Francisco. American Society on Aging.
<http://www.asaging.org/networks/index.cfm?cg=LAIN>

¹² Barrett C (2008) My People: A project exploring the experience of Gay, Lesbian, Bisexual, Transsexual and Intersex seniors in aged-care services. Melbourne: Matrix Guild Vic Inc, Vintage Men.

¹³ Jorm, AF Korten, AE Bryan R Jacomb, P and Christensen, H (2002) *Sexual orientation and mental health: results from a community survey of young and middle-aged adults*. The British Journal of Psychiatry 180: 423-427

¹⁴ Robinson, P (2008) The Changing World of Gay Men Palgrave Macmillan London

¹⁵ Barrett C (2008) op cit.

themselves again in an atmosphere that is not supportive and even perhaps hostile.

A gay man aged 80 today may have developed his sense of identity and self-worth in a secret world where people like him hid their identities and maintained a very different public persona. He would have been 44 when the American Psychiatric Association declassified homosexuality as a mental disorder in 1973. He would have been 50 when the first Lesbian and Gay Mardi Gras was held in Sydney. When he was in his mid to late 50s he would have heard about a disease that killed many of his friends, and when he was almost 60 he may have feared identification and discrimination based on the Grim Reaper advertisements aimed at preventing the spread of AIDS screened on TV and in newspapers in 1987.

It was not uncommon for lesbians and gay men to enter into heterosexual relationships for cover as a form of 'passing' as a heterosexual or in the hope that 'it would all go away'. There may be previous spouses of the opposite sex and adult children for whom the person's current sexual identity is either unknown or an issue of contention.¹⁶

Serious historical reasons lie behind the decision on the part of older members of the gay & lesbian community to refrain from disclosing their sexual orientation. Moreover, for some older generation LGBTI people, terms such as 'gay' and 'lesbian' are not within their own vocabulary. They may even find these terms confronting and prefer to use indicative language which may include reference to a 'companion' or 'special friend', while assuming that the meaning behind such labels is understood should the situation be safe.

The government's stated intention to make sexual orientation and gender identity-based discrimination illegal at Federal level is a positive indicator of change that will impact on the processes of aged care quality improvement.¹⁷

The invisibility of current LGBTI consumers

At present, most LGBTI consumers of aged care services have lived invisible lives, in regards to their sexual orientation or gender identity. Whilst an obvious outcome of the above mentioned historical circumstances and concomitant discrimination, this leads to the following self-perpetuating situation.

In an aged care setting, this often leads to service providers assuming they have no LGBTI consumers. Thus, no strategies, policies or procedures are actively pursued to provide a safe and inclusive environment - beyond the notion of respect for an individual resident's cultural heritage, as outlined within the Residential Aged Care Manual.¹⁸ With a lack of LGBTI-relevant policies and procedures, service providers fail to indicate that the environment itself is safe and inclusive of LGBTI elders. Faced with such a potentially unsafe environment, LGBTI consumers invariably then maintain the cycle by deciding not to disclose their sexual or gender identity.

¹⁶ Birch, H 2009 *Dementia: Lesbians and Gay Men* Alzheimer's Australia Discussion Paper Number 15. <http://www.alzheimers.org.au/content.cfm?infopageid=6243>

¹⁷ Irlam, C (2009) *The Road to Equality*. SX. Sydney. <http://sxnews.e-p.net.au/opinion/road-to-equality-corey-irlam-5794.html>

¹⁸ In particular, user rights principles that refer to dignity, customs and lifestyle are relevant here, as was conveyed to Dr Harrison in correspondence from DoHA in November 2008.

Out & Proud Baby Boomers

The relative invisibility of LGBTI aged care consumers is likely to become passé in the very near future, as the first waves of the baby boomer generation become consumers of aged care services.

The first baby boomers (those born from 1946) became eligible for the age pension with the start of 2010. Projections indicate that up to 107,000 women will reach the pension age of 64 this year. Next year, 100,000 baby boomer men will reach the male pension age of 65 and a further 120,000 women the pension age. This bulge is expected to expand for 15 years. It is also expected that boomers will live longer than earlier pensioners. Both the Henry review of taxation and Treasury's third Intergenerational Report, to be released in 2010, are expected to focus on the march of boomers into their 60s and early 70s. By 2050, the proportion of the population aged 85 or older will triple to 5 per cent.¹⁹ Two particular aspects of the LGBTI component of this large cohort render it essential that the aged care sector prepares, without delay, for its imminent arrival.

Obviously, a greater number of this ever-bulging wave of "new elders" will also be members of LGBTI communities. However, unlike earlier generations of LGBTI aged care consumers, these LGBTI baby boomers have increasingly lived their lives "out of the closet". They will be far less likely to be satisfied with invisibility within an aged care setting.

Among this growing group of LGBTI baby boomers is a sub-group which will further exacerbate the need for the aged care sector to rapidly become LGBTI-inclusive. As Willett identifies, the history of Australian gay and lesbian activism suggests there will be an aggressive impact on aged care.²⁰ Those who founded and drove the gay liberation movement – seasoned, "out", long-term activists – are extremely unlikely to retreat to the closet because the aged care sector has failed to develop appropriate policies and practices. Rather, it could be expected this sub-group would both demand and campaign for equity and respect for LGBTI culture.

¹⁹ Martin, P (2009) 'First flush of boomers line up for pensions' in Sydney Morning Herald December 31. p 5

²⁰ G. Willett, (2000) *Living Out Loud: A History of Gay and Lesbian Activism in Australia*, Allen and Unwin. Sydney.

The 2008 Legal Reforms: The imperative to ‘come out’ to access entitlements

It is positive that the reforms remove discrimination against older same-sex couples seeking to access residential aged care facilities. However, they additionally raise the prospect of LGBTI older people having to ‘come out’ or disclose to service providers and assessors, so their rights and entitlements are claimed and attained. This is a novel situation in relation to aged care - an area of service provision which, to date, has been somewhat oblivious to LGBTI older people’s identities as consumers.

Approved providers and others will be facing the prospect and reality of same-sex couples disclosing their relationship status, or feeling pressured to do so, at assessment and entry to residential care. Clearly, providers require guidance and advice around appropriate ways of responding to this significant change across the aged care sector. The Department and its agencies obviously have a key role to play in this process.

The impact of the 2008 removal of same-sex discrimination

Recent Australian legal reform has amended 85 pieces of legislation to recognise same-sex couples in a range of areas of federal jurisdiction, including aged care.²¹ The Same-Sex Relationships (Equal Treatment in Commonwealth Laws – General Law Reform) Act 2008 amended the Aged Care Act 1997 so that same-sex couples would be given equity of treatment when assessment for residential aged care bonds, fees and charges takes place.

Prior to these changes, when Centrelink conducted assessment for residential care subsidy on behalf of DOHA, the family home - in which the same-sex partner of the person entering residential care resided - would be counted as an asset for assessment purposes. This resulted in increased liability for fees and, in some cases, required the house to be sold for expenses to be paid, leaving the partner without a home. Prior to the reform, a person who was living with a same-sex partner (but solely owned the home) had the value of the home included in his or her aged care assets assessment because he or she was treated as a single person, unless other exemptions applied.

From 1 July 2009, members of same-sex couples have been treated in the same way as members of opposite-sex couples in relation to income and assets tests for entry to permanent residential aged care. For the first time, members of a same-sex relationship are each taken to have 50% of the total value of the couple’s income and assets when determining aged care fees and charges.

A Departmental Fact Sheet has been produced and disseminated which outlines these changes and includes relevant scenarios.²²

The LGBTI community broadly welcomes the introduction of provisions to remove discrimination faced by people in same-sex relationships. For too many years, stories have circulated within the LGBTI community - about one partner being forced to sell their family home to provide the necessary funds for the other partner to be cared for in a residential aged care facility. We applaud the government and the department for working through the various challenges and barriers to implementing this policy.

²¹ Australian Human Rights Commission (2008) Same sex: Same Entitlements. Discrimination against people in same-sex partnerships: Financial and work-related entitlements and benefits. Sydney. Chapter 14. Aged Care.

²² Department of Health and Ageing (2009) “Changes to residential aged care fees and charges for same-sex couples from 1 July 2009 - Home Exemptions”
<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-rescare-same-sex-charges.htm>

Without diminishing the outstanding step forward represented by the 2008 reforms, a concern remains regarding the extent to which the aged care industry has been adequately prepared for the anticipated increase in LGBTI consumers self-identifying and disclosing their same-sex partnership status.

The financial benefits brought about by the 2008 federal reforms provide a challenging circumstance under which a person in, for example, their 80's must consider bucking their life long trend of remaining closeted. As we enter the new decade, we note aged care consumers will be increasingly likely to have lived in an era of being 'out and proud'.

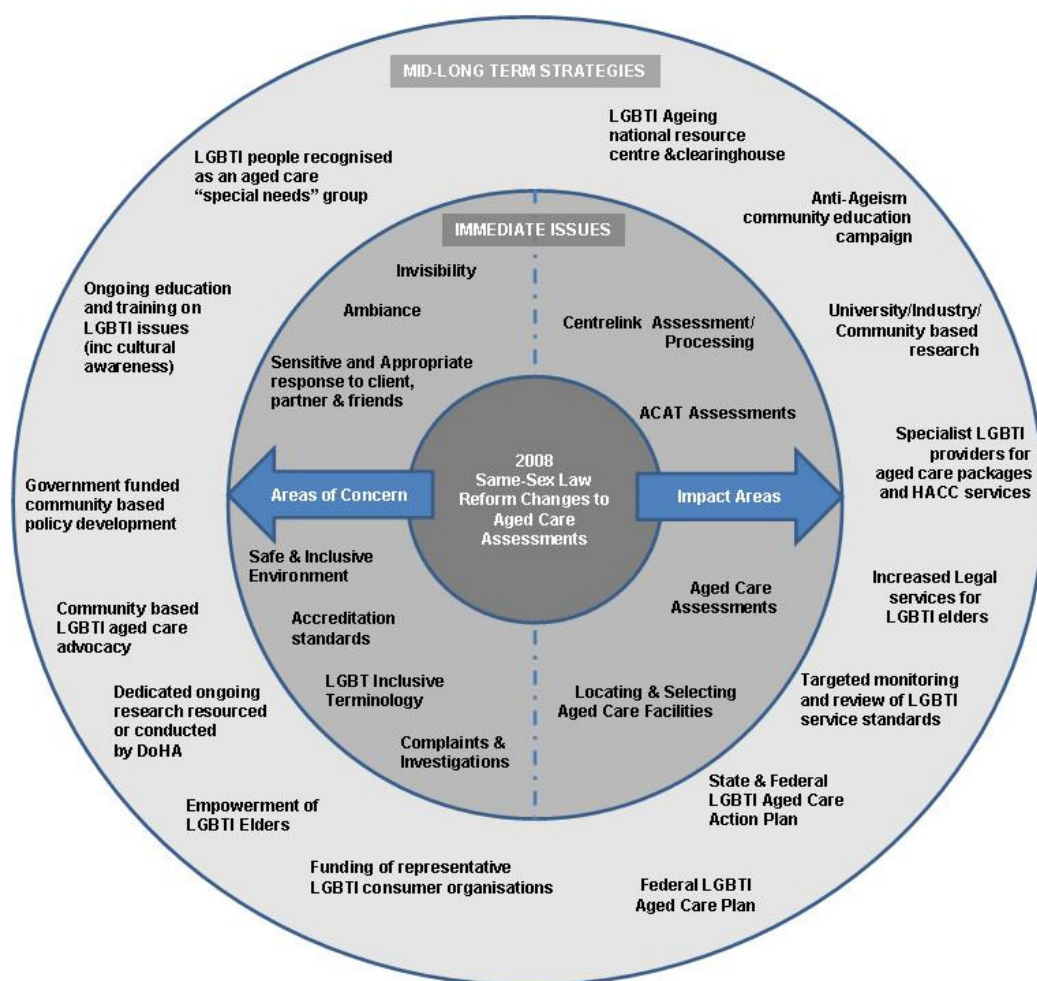
Concerns related to LGBTI consumers in aged care

Immediate Impacts & Concerns in relation to LGBTI Aged Care

LGBTI elders who are uncomfortable disclosing their relationship have referred to having to 'de-gay' their homes prior to a visit from a service provider or an Aged Care Assessment Team, to ensure they were not identified as being in a same-sex relationship²³. The 2008 changes to the *Aged Care Act 1997* provide a financial incentive to same-sex couples to declare their relationship. Anecdotal reports now indicate that same-sex couples are declaring their relationships to ensure they obtain the best financial situation. This has led to a number of concerns in key impact areas listed outlined in Figure 1 below.

Beyond these issues related to immediate impact is the need for the aged care industry to prepare for and adjust to LGBTI consumers more clearly self-identifying within the aged care industry. Some suggestions regarding mid to long term strategies are highlighted. However, these are not canvassed at length in this discussion paper.

Figure 1 Immediate Impacts and Mid to Long Term Strategies



23 Potts, A (2010) Policy Vacuum on Gay Seniors in Sydney Star Observer January 27 p1

Mahar, J (2010) Back into the Closet: *Gays Find Few Friends in Aged Care* Sydney Morning Herald April 17 p9
<http://www.smh.com.au/national/back-into-the-closet-gays-find-few-friends-in-aged-care-20100416-skqc.html>

Impact Areas

As can be seen in Figure 1, the 2008 changes to the Aged Care Act impact on **four key areas** controlled or influenced by the Department of Health and Ageing:

1. Centrelink Assessment/Processing

Centrelink is responsible for processing aged care income assessments on behalf of the Department of Health and Ageing. Generally, this process is by mail and no face to face contact occurs between the consumer and the government representative. We congratulate and thank Centrelink for providing gay & lesbian sensitivity training to these staff members of Centrelink to prepare them for any issues that may arise due to the culturally and historically based sensitivities of LGBTI people.

2. ACAT Assessments

While acknowledging that ACAT assessors are likely to have been trained in the technical aspects of the 2008 reforms, we are concerned these assessors have not been provided with any form of cultural sensitivity training to prepare them for the likely increase in self-identifying same-sex couples.

3. Aged Care Assessment and Admission Process

The assessment and admission, by the residential aged care facility, forms part of the intake process for both temporary (respite/rehabilitation) and permanent accommodation. There are a number of steps in this process where concerns have been identified regarding the need for a culturally-sensitive approach to LGBTI consumers.

4. Locating & selecting residential aged care facilities

As part of the selection process for an aged care facility, the same-sex partner, members of their family or close personal friends (otherwise referred to as members of their 'chosen family')²⁴ of LGBTI consumers may seek to find an appropriate facility. It is at this point that first impressions count. Indicators of acceptance of diversity and an inclusive approach during visits to facilities are of key importance in demonstrating a particular facility has appropriate mechanisms in place to be accepting and welcoming of LGBTI consumers.

Areas of Concern

The information presented below expands on the areas of concern identified in Figure 1. These concerns are canvassed in greater detail throughout this paper. A brief overview is provided here, in conjunction with the diagram, for explanatory purposes.

1. Invisibility

Current practices in aged care assume heterosexuality and gender conformity. The result is a 'cycle of invisibility,' under the guise of 'respect for privacy', in which the fears of consumers are reinforced by the failure of providers to understand the significance of sexual orientation and gender identity. As a result, the exclusion of LGBTI ageing concerns continues.

2. Ambiance

From the moment an LGBTI consumer or their partner or representative enters a residential aged care facility, the general ambiance - decor, signage, and 'vibe' of the

²⁴ Harrison (2004) Towards the Recognition of GLBTI Ageing in Australian Gerontology. PhD Thesis. Faculty of Health Sciences. University of South Australia.

facility - is important. Such elements need to be visibly welcoming and inclusive of LGBTI people. Indicators may be as simple as a poster conveying support for LGBTI people. Similarly, the appropriate response by a staff member to the way an individual introduces the person accompanying them, as a partner or special friend, could convey an atmosphere of safety and acceptance to LGBTI consumers.

3. Sensitive and appropriate responses to clients, partners & friends

The manner in which service providers respond to the client, partner and friends is critically important. For example, an ACAT team member could demonstrate an inclusive approach to the 'chosen family' member or significant other assisting an LGBTI aged care consumer. Similarly, an aged care facility staff member could provide appropriate recognition and priority to a life-long partner or special friend of the aged care consumer. A sensitive and appropriate response could ensure the consumer feels comfortable and satisfied that all their needs are being met.

4. Safe and inclusive environment

Relevant questions to be asked in relation to the nature of the environment include: does the aged care sector promote a LGBTI-friendly environment?; is the sector trained in an understanding of LGBTI history?; and, do employees and employers feel they have been provided the necessary tools to provide a culturally appropriate environment for their LGBTI consumers?

5. Accreditation Standards

Relevant questions in relation to standards include: do approved providers receive encouragement to provide culturally competent services to LGBTI consumers?; how is service quality in this area monitored?; and, what role does the Aged Care Standards and Accreditation Agency play in this process?

6. LGBTI Inclusive Terminology

A simple and key indicator of acceptance of diversity is the use of appropriate language in publications and forms. Given the high-profile reinforcement of the Australian government's position that same-sex couples cannot marry, it is particularly important that forms include terms other than 'married', 'husband', 'wife' or 'spouse'.

7. Complaints and Investigations

There is a need to ensure LGBTI consumers have the protections other consumers of residential aged care are afforded. LGBTI consumers require access to culturally sensitive advocacy support, complaints mechanisms and other means to exercise their rights.

Mid to Long-Term Impacts & Concerns

Ultimately, we would urge the government to consider a range of strategies to encourage the viable long-term adaptation of current aged care practices to ensure a fully inclusive environment for LGBTI consumers. We are happy to discuss these further, although they are not canvassed in detail in the paper.

Research Evidence to Date

The Australian population is ageing and it is estimated that by 2050 one quarter of the population will be aged 65 years and older. The cohort aged 65 and over is currently estimated at 13% of the Australian population - approximately 2,860,000 people within the current national population of twenty two million.²⁵

The first baby boomers (those born from 1946) became eligible for the age pension with the start of 2010. Projections indicate up to 107,000 women will reach the pension age of 64 this year. In 2011, 100,000 baby boomer men will reach the male pension age of 65 and another 120,000 women will reach pension age. This bulge is expected to continue and expand for 15 years. It is also anticipated that boomers will live longer than earlier pensioners.

Both the Henry review of taxation and Treasury's third Intergenerational Report, to be released in 2010, are expected to focus on the march of boomers into their 60s and early 70s. By 2050 the proportion of the population aged 85 or older will triple to 5 per cent.²⁶ That a proportion of these boomers will be older LGBTI people who have increasingly lived their lives out of the closet raises significant issues requiring attention well in advance.

Australia lacks comprehensive data on the actual numbers of LGBTI older people. The 2003 Australian Study of Health and Relationships²⁷ found that, while only 2% of the population identify as non-heterosexual, up to 15% have experienced same-sex attraction or had sexual contact with someone of the same-sex.

Similarly, the Australian Medical Association suggests between 8 and 11 percent of Australians are 'not exclusively heterosexual'²⁸ Taking this estimate, the older population of Australia that may be LGBTI or non-heterosexual is around 228,800.

Older people may not identify as non-heterosexual, particularly if they have previously had a heterosexual relationship, including marriage, or if they do not have a current same-sex partner.

LGBTI seniors experience discrimination and social isolation. In a study²⁹ of over 24,000 Australians, those over 65 years of age were the group most likely to believe homosexuality is immoral (53%). Survey results demonstrate that 43% of LGBT people in Queensland had a negative experience relating to their sexuality or gender identity when accessing aged care or carer services, mostly due to a lack of knowledge of LGBT issues or lack of acceptance/understanding of LGBTI people (65%).³⁰ Survey research conducted in Western Australia reveals a similar picture of the experience of LGBTI older people.³¹

²⁵ Australian Bureau of Statistics 3201.0 - Population by Age and Sex, Australian States and Territories, Jun 2008 <http://www.abs.gov.au/Ausstats/abs@.nsf/mf/3201.0>

²⁶ Martin, P (2009) 'First flush of boomers line up for pensions' in Sydney Morning Herald December 30. p5

²⁷ Smith, A, Rissell, C, Richters, J, Grulich, A and De Visser, R (2003) Sex In Australia Sexual Identity, sexual attraction and sexual experience in a representative sample of adults in Australian and New Zealand Journal of Public Health. 27 (2) pp138 – 145

²⁸ Australian Medical Association (2002 Online) Sexual Diversity and Gender Identity at <http://www.ama.com.au/web.nsf/doc/WEEN-5GA2YX>

²⁹ M. Flood & C. Hamilton (2005). *Mapping Homophobia in Australia*. The Australia Institute.

³⁰ Queensland Association for Healthy Communities The Young, The Ageing and The Restless <http://www.qahc.org.au/seniors#survey>

³¹ Lovelock, G & Horner, B (2006) Building Bridges <http://www.glhv.org.au/node/279>

There is a plethora of overseas literature³² and research evidence related to LGBTI ageing and aged care. In the local sphere, there is a growing base of Australian literature reporting the experiences and expectations of LGBTI people, including same-sex couples, and service provider perspectives.

Eight key issues of concern in relation to LGBTI aged care consumers³³

Barrett's 2008 study, conducted for Matrix Guild Inc, examined the experiences of LGBTI older people in Victorian aged care services and identified eight core issues impacting negatively on the provision of appropriate, quality care for LGBTI aged care consumers:

1. **The impact of historical experiences of discrimination:** The current generation of LGBTI older people was coming of age at a time when their sexual orientation or gender identity could result in enforced medical 'cures' such as shock treatment or lobotomy, imprisonment or loss of family, employment and friends. Consequently, they have special needs which need to be understood by aged care service providers.
2. **Invisibility as an impact of current discrimination:** Some LGBTI older people closet their sexual orientation or gender identity in aged care services and there are reasons behind this occurrence.
3. **The impact of identity concealment:** LGBTI older people who feel unable to disclose their sexual/gender identity may: feel unable to be themselves and therefore feel devalued or depressed; experience stress and pressure from maintaining a façade of heterosexuality; have unmet care needs; and have limited opportunities for sexual expression.
4. **The impact of inadvertent visibility:** Some LGBTI older people are exposed to discrimination from staff, co-clients and visitors because they are unable to hide their sexual or gender identity.
5. **The impact of dementia:** Some LGBTI seniors have dementia and need staff to understand that the grief and loss involved in having a same-sex partner with dementia is no less than that experienced by a heterosexual couple.
6. **Enabling sexual and cultural expression:** Sexual and cultural expression is important for the mental health of LGBTI seniors in many respects.
7. **Inadequate standards of care:** Some aged care services discriminate against LGBTI seniors by failing to create LGBTI-friendly services.
8. **Achieving a safe environment:** A positive response to the disclosure of sexual orientation or gender identity can result in LGBTI seniors feeling understood, valued and safe.

³² National Gay and Lesbian Task Force, Koskovich, G, Frazer, MS et al (2009) Outing Age 2010: Public Policy Issues affecting Lesbian, Gay, Bisexual and Transgender Elders, Washington DC. NGLTF. http://www.thetaskforce.org/downloads/reports/reports/outingage_final.pdf

³³ Barrett C (2008) op cit.

The impact of ongoing discrimination on health including discrimination in relation to HIV/AIDS status

As a population group, LGBTI people experience higher rates of mental health problems (including anxiety and depression),³⁴ higher use of alcohol, tobacco and other drugs³⁵ and higher rates of sexually transmitted infections (including HIV among gay men). Lesbians are at increased risk for breast cancer,³⁶ more likely to be overweight³⁷ and less likely to be aware of the need to test for cervical cancer.

Gay men living with HIV are living longer due to the improved treatments,³⁸ but these treatments are causing premature ageing among those who have been on treatment for some time.³⁹ The average age of a person living with HIV is 45 years. Nearly 30% of people living with HIV in Australia are aged over 50, and this percentage will only increase. Aged care services are unlikely to be prepared to support people living with HIV (or Hepatitis C).

LGBTI people often delay accessing health services due to fear or previous experiences of stigma and discrimination. When they do access a service, they may not disclose their sexual or gender identity until they feel safe in relation to the provider's response. This could impact negatively on their health and on outcomes from treatment.

The impact of discrimination and stigma on LGBTI elders

There is a growing base of qualitative evidence⁴⁰ of discrimination against LGBTI older consumers occurring in all levels of aged care, ranging from organisational policies to abuse by staff and other residents.⁴¹ Appendix B details some of the data which have emerged from this rapidly growing base of Australian research.

Few consumers 'out' themselves, or disclose voluntarily to their aged care provider, for fear of experiencing discrimination. This is attributed, in part, to aforementioned past experiences of criminalisation, violence and prejudice.

³⁴ Suicide Prevention Australia (2009) Position Statement: *Suicide and self-harm among Gay, Lesbian, Bisexual and Transgender Communities* <http://www.suicidepreventionaust.org>

³⁵ Pitts, M Smith, A Mitchell, A and Patel, S (2006) *Private Lives: A report on the health and wellbeing of GLBTI Australians*. Gay and Lesbian Health Victoria. The Australian Research Centre in Sex, Health and Society, Melbourne.

³⁶ The International Lesbian and Gay Association (2006) *Lesbian and Bisexual Women's Health Report*, Women's Health, Common Concerns, Local Issues.

³⁷ Pitts et al op cit. 49% of women in were overweight or obese, compared to 38% of women in the National Health Survey 2001 (ABS)

³⁸ AFAO, NAPWA, ACON Ahead of Time: A practical guide to growing older with HIV <http://www.acon.org.au/sites/default/files/AFAO-Growing-Older.pdf>

³⁹ Ross Duffin (2009) TALKABOUT <http://www.positivelife.org.au/talkabout/2009/oct-nov/ageing-hiv>

⁴⁰ Barrett, C Harrison J and Kent J (2009) Permission to Speak: Determining strategies towards the development of gay, lesbian, bisexual, transgender and intersex friendly aged care services in Victoria. Matrix Guild Victoria Inc. Melbourne. <http://www.matrixguildvic.org.au/project.html>

Hughes M. Lesbian and gay people's concerns about ageing and accessing services. *Australian Social Work* 2009; 62: 186-201.

Hughes M. Older lesbians and gays accessing health and aged care services. *Australian Social Work* 2007; 60: 197-209.

⁴¹ Harrison, J and Riggs, DW (eds) (2006) *Gay and Lesbian Issues in Psychology Review* Vol 2 No 2 Special Issues on LGBTI Ageing. [http://www.groups.psychology.org.au/Assets/Files/GLIP_Review_Vol2_No2\[1\].pdf](http://www.groups.psychology.org.au/Assets/Files/GLIP_Review_Vol2_No2[1].pdf)

Current practices in aged care assume heterosexuality and gender conformity. This situation is compounded by aged care providers generally reducing sexuality and even gender identity to sexual activity, rather than conceiving of it as a component of identity with many facets. The result is a 'cycle of invisibility' under the guise of 'respect for privacy', in which the fears of consumers are reinforced by the failure of providers to understand the significance of sexual orientation and gender identity, and the perpetuation of the exclusion of LGBTI ageing concerns.⁴²

Thus, for example, same-sex partners are sometimes not recognised or acknowledged, and the significance of 'friends' and 'companions' is underestimated, resulting not only in distress but also in a loss of support for the consumer. Harrison⁴³ discusses a case in which a lesbian being admitted to a nursing home felt unable to reveal that the 'friend' accompanying her at admission was really her life partner. The partner was therefore not given the same visiting and decision-making rights as the woman's children. A recently broadcast ABC radio documentary *Brian and Norm: A Love Story*⁴⁴ gave a first-hand account of the experience of a gay man who had placed his partner in a nursing home. Fear of discrimination meant they both returned to the closet and hid their relationship from staff at a time when Norm, who had dementia, was most needing affection and emotional connection to Brian.

Transgender people may face specific health issues that can be overlooked, and may have difficulty accessing or dealing with the repercussions of medical intervention, hormone treatment, or the denial of access to one's own choice of clothing.

At the same time aged care services can expect to be increasingly accessed by consumers who fought hard for recognition and civil rights and are accustomed to being not only visible as LGBTI people who can access a range of targeted services and cultural opportunities. This poses a challenge for services unaccustomed to responding in a culturally appropriate fashion to LGBTI consumers.⁴⁵

The baby boomer generation will increasingly be open and accustomed to self-advocacy around health and social service matters. The aged care sector could move to begin the process of preparation for this eventuality by ensuring appropriate care is delivered in the present context.

In this context, the Australian Medical Association has stated that

*'...there is a need to recognise sexual and gender diversity within the aged care sector as this lack of recognition means that the health needs of many older people are not being adequately addressed with culturally appropriate care'*⁴⁶

Discrimination can manifest in the form of non-recognition of same-sex couples, unfavourable treatment or vilification and abuse of clients. Discrimination, whether actual or perceived, can prevent clients from the LGBTI community from feeling comfortable to be themselves, and result in negative physical and mental health outcomes. It is important that discrimination is not perpetuated by staff, as well as other consumers or visitors.

⁴² Harrison J (2001) 'It's none of my business': Gay and lesbian invisibility in aged care in *Australian Occupational Therapy Journal* Vol 48 No3 Sept pp. 142-145
<http://www.blackwell-synergy.com/doi/full/10.1046/j.0045-0766.2001.00262.x>

⁴³ Harrison J (2005) Pink Lavender and Grey: Gay, lesbian, bisexual, transgender and intersex ageing in *Australian gerontology* in *Gay and Lesbian Issues and Psychology Review* Vol 1 No 1 pp.11-16
http://www.psychology.org.au/units/interest_groups/gay_lesbian/8.7.22_10.asp#vol1no1

⁴⁴ ABC Radio National 360 Brian and Norm: A Love Story Producer Shevonne Hunt. Broadcast 13.3.10
<http://www.abc.net.au/rn/360/stories/2010/2839237.htm>

⁴⁵ Harrison (2006) op cit.

⁴⁶ Australian Human Rights Commission (2008) op cit.

Taking steps to address concerns in relation to LGBTI aged care

A culturally appropriate approach to LGBTI service provision

A culturally appropriate service model for LGBTI consumers would include interventions and approaches serving to make clients feel comfortable, and successfully conveying an attitude of respect and understanding of LGBTI needs.

There are ways in which aged care service providers can communicate to older LGBTI people to reassure them an environment is non-discriminatory - through language, practices and symbols. Specific training in LGBTI issues, as part of broader cultural competency, could present and discuss such options with providers of care.

For example, application forms and interviewers could refer to 'partner' or 'significant other' rather than 'husband' or 'wife' and could include phrases such as 'including same-sex couples' in explanatory materials. There is evidence that such subtle signals of openness have encouraged older GLBTI clients to discuss issues and concerns that may otherwise have remained unaddressed. Promotional material for programs and services needs to include imagery and text recognising diversity in the community, including in relation to sexual and gender identity.

The first step to valuing LGBTI older people is to recognise they exist. Aged care data collection processes and service monitoring mechanisms need to record, where feasible, the sexual orientation/gender identity of respondents - so the views and experiences of LGBTI seniors can be counted. While this does not mean that LGBTI older consumer are to be forced to 'come out', forms used for data collection and evaluation processes can allow for older LGBTI people to be open, should they choose to do so. The interpretation of such data must consider the likelihood of a lower reporting rate.

The notion of resident and consumer centered care is highlighted in the report of the Health and Hospitals Reform Commission, which has canvassed the issues connected to the consumer experience in aged care in Australia.⁴⁷ COAG discussions are focusing on these matters, and LGBTI aged care must be a significant element of any consumer-driven future direction to improve the efficiency and effectiveness of the aged care system.

Quality, Compliance and Residents' Rights Mechanisms

Safe and culturally appropriate support for same-sex couples and for older LGBTI people can only be achieved through extensive education programs, and quality improvement and compliance mechanisms which are regularly evaluated for their effectiveness.

The government's interpretation of the applicability of the user rights principles to LGBTI elderly people was conveyed in correspondence from the Department on behalf of the Minister, the Hon Justine Elliot MP:

'The Australian Government acknowledges the diversity of the cultural and life experiences of individuals who rely on the services provided by the aged care sector. For aged care providers and policy makers alike, this diversity presents substantial challenges to ensure that the appropriate levels of care and service, sensitive to individual needs and

⁴⁷ Commonwealth of Australia (2009) op cit.

preferences are provided. The report *My People* presents a valuable insight into some of the issues faced by LGBTI senior Australians as they enter aged care services. The case studies highlight a number of negative experiences of aged care.

*The User Rights Principles for both residential and community care services funded under the Aged Care Act 1997 are very clear that each client's rights to privacy, dignity and confidentiality should be recognised and respected. Furthermore, it is expected that each client's individual interests, customs and beliefs are valued and fostered. Each client has the rights to exercise choice and control over his or her lifestyle whilst not infringing on the rights of other people.*⁴⁸

The commitment from the Minister and the Department to the user rights principles as they apply to LGBTI older people is evidence of an awareness of the specific issues LGBTI elders face. A 'social determinants of health' perspective recognises LGBTI elders have faced particular social and economic - as well as political - hardship throughout their lives and warrant special consideration in aged care policy and procedures.

The User Rights Principles, Residential Aged Care Standards, Charter of Residents' Rights and Responsibilities, Resident Agreements, and other mechanisms and instruments need to specifically refer to LGBTI consumer's rights, so residents' rights processes are explicitly inclusive.

In particular, Accreditation Standard 3: Resident Lifestyle, already requires consideration of these factors in accreditation processes - in a technical, but not explicitly stated, sense. The application of standards to LGBTI experience needs to be made explicit. Other relevant standards are identified in the following table, drawn from a guide to inclusive practice with LGBTI health and human service consumers and developed by the Victorian Ministerial Advisory Committee on GLBTI Health and Well-being.

Table identifying standards relevant to LGBTI aged care⁴⁹

Theme	QIC Standards ¹	EQulP standards ²	Residential aged care standards ³
Consumer participation	1.1, 2.1, 2.2, 2.4, 2.5, 2.6, 3.4	1.1.1, 1.1.2, 1.2, 1.2.1, 1.6, 1.6.1	3.9
Cultural diversity	2.3 (see also p.3.08)	1.6.3	1.6, 2.13, 3.4, 3.8
Evidence-based practice	2.2, 3.3	1.4.1	2.13
Legislation	1.7, 2.4	1.6.2	3, 3.10
Health promotion	2.2	2.4.1	2
Staff development	1.2	2.2.3	1.3

¹ The Quality Improvement Council
² The Australian Council on Healthcare Standards
³ The Aged Care Standards and Accreditation Agency

⁴⁸ Fiona Nicholls Assistant Secretary Quality Policy and Programs Branch, Office of Aged Care Quality and Compliance [Correspondence to Dr Jo Harrison 20th November 2008]

⁴⁹ Ministerial Advisory Committee on GLBTI Health and Well Being (2009) Well Proud: A Guide to GLBTI Inclusive Practice for Health and Human Services South Melbourne (p.26)

A system enabling regular monitoring and audit of residential aged care providers and community services against an agreed set of standards, specific to LGBTI consumers, could serve to enforce culturally appropriate provision of care - and reduce the level of fear and anxiety experienced by current and future consumers.

*Permission to Speak*⁵⁰ provides a framework for provision of appropriate aged care for LGBTI residents. Critically, the majority of participants who reported positive experiences of aged care services had an advocate. In some cases, the advocate was a family member or friend, while in others it was an aged care service provider. Advocates generally understood LGBTI older people, demonstrated empathy, were trusted and played a pivotal role in crisis management around incidents of discrimination.

There are currently no LGBTI-specific projects within existing aged care advocacy services across Australia. Similarly, there is currently no LGBTI community organisation resourced to provide aged care advocacy services. Such projects could serve to provide LGBTI consumers with an immediate source of support, while undertaking education programs with the aged care sector.

Paperwork and processes

The forms used in the processes of assessment for, and admission to, residential aged care could be audited and amended to ensure that terminology is inclusive and appropriate. This includes forms such as those used for application for entry to respite or residential aged care, and those contained within the 5 Steps to Residential Care kit. Guides attached to these forms would need to clearly convey, to those administering the forms, that inclusive language and approaches are mandatory. This information could also include a reminder prompt - around the matter of older LGBTI people being likely to prefer not to disclose due to historical experience - and recommend ways of handling this situation in a competent manner.

Coding guides associated with forms, such as the Aged Care Client Record (ACCR) codes, as well as those on any associated assessment paperwork, would also need to be amended and reflect inclusive language and terminology. This will be particularly relevant where marital status, household status, carer information and related matters are raised. Departmental, approved provider and other agency forms would require auditing in this process. A service LGBTI audit guide could also be developed which is appropriate to an aged care context, and implemented by providers. An example of a generally applicable LGBTI audit form⁵¹ is at Appendix F.

An Inclusive Residential Aged Care Manual

Amendment of the Residential Aged Care Manual, to explain the implications of the legal changes that have occurred, could assist providers, residents and their representatives by conveying clear instructional information to providers in relation to same-sex partners. In the short-term, a supplementary guideline to the manual could be sent to all approved providers, providing them with immediate information regarding the legal reforms - and ways in which these can be accommodated in administrative processes and daily care systems. Such a guideline could make

⁵⁰ Barrett, C Harrison, J and Kent, J (2009) op cit.

⁵¹ Gay and Lesbian Health Victoria n.d. [Sexual Diversity Health Services Audit](http://www.glhv.org.au/files/glhv_%20audit_1.pdf)
http://www.glhv.org.au/files/glhv_%20audit_1.pdf

immediately clear that a phrase such as ‘the other person in the relationship’ could be replaced with the more appropriate term ‘partner’.

Specific sections of the manual that would be most appropriate for update are those relating to matters of culture and lifestyle, including:

- planning and allocation of places;
- residents rights;
- advocacy;
- community visitors scheme;
- special needs for extra service placements;
- education and staff development around diversity and legislation;
- connection outside the facility;
- emotional cultural and spiritual support; and
- privacy and dignity.

Education and Training Initiatives

Examination of current training initiatives, including those mentioned in this paper, along with the development of appropriate new educational resources, could be considered. Such training resources and programs would serve to impact significantly on attitudes across the residential aged care sector and play a prominent role in processes leading to the creation of a safe, homelike environment for LGBTI residents. A training needs analysis and development process would serve to draw on and supplement or adapt existing relevant resources, while ensuring new educational materials are developed as appropriate.

The Aged Care Standards and Accreditation Agency, the Aged Care Advocacy Services, Alzheimer’s Australia, Aged and Community Services Associations, provider organisations, and other training agencies could clearly play a role in this process in addition to key LGBTI organisations. The resourcing of dedicated advocacy projects related to LGBTI aged care would greatly enhance this process. Training and education matters are further canvassed in Appendix E.

An Investigation into LGBTI aged care needs

We recognise the lack of research into the specific needs of LGBTI aged care consumers presents a distinct challenge for the Department. An investigative process could be undertaken or commissioned by the Department to examine the matter of LGBTI related needs in aged care. In similar fashion to the initial investigations into residents’ rights, conducted by Chris Ronalds,⁵² such an examination could serve to collate existing data - while canvassing options for future approaches to program

⁵² Ronalds, C Godwin, P and Fiebig, J (1989) Residents’ Rights in Nursing Homes and Hostels Final Report AGPS Canberra.

development, policy reform and other initiatives, in a manner acceptable to the Department.

The impetus for a scoping study or similar investigative process is provided by the HHRC process, which highlights the importance of consumer-focused mechanisms. As a significant future group of informed consumers, LGBTI residents and their representatives may well require preparatory processes to be put in place so the sector is able to meet needs without inefficiencies or disruptions. An investigative process would serve to commence this process now, so the planning can commence.

We would urge the Department to ensure such an investigation did not impede action in the areas identified as immediate concerns but was, rather, conducted to inform mid to long term strategies.

Such an investigative process could include consideration of:

- The possible benefit of recognition of LGBTI people as a special needs group for the purposes of aged care. This could include consideration of LGBTI people who are retreating into the closet or choosing to remain invisible and silent due to fear of residential aged care;
- Training, education, practice guidelines⁵³ and initiatives enhancing culturally appropriate service provision to LGBTI consumers;
- Residents' rights mechanisms or other initiatives which could assist to ensure LGBTI consumers and their representatives have their rights protected;
- Resources for advocacy programs and projects associated with LGBTI aged care; and
- The value of a Departmental LGBTI aged care initiative or strategy.

Options for Action

In the light of the issues raised in this paper, some options for action which could progress the process of ensuring same-sex partners in aged care are treated in a culturally appropriate way are presented here.

Certainly, there has been small-scale funding support made available by the Department to various events or activities undertaken by LGBTI organisations, or in partnership with mainstream aged care organisations. We commend the government for a range of solid first steps to engagement with the LGBTI community in relation to ageing issues.

However, we would urge the government to consider the importance and urgency of the concerns raised in this paper and encourage broad and holistic engagement around these issues.

A range of options are available to address the issues identified in this paper, including but not limited to the following:

- The updating of all paperwork and procedures in aged care, so all forms and information sheets are appropriate and unambiguous;

⁵³ Ministerial Advisory Committee on GLBTI Health and Well Being (2009) Well Proud: A Guide to GLBTI Inclusive Practice for Health and Human Services South Melbourne

- ☑ The insertion of amendments to the Residential Aged Care Manual, which explicitly direct approved providers to adopt specified non-discriminatory measures and practices;
- ☑ The recognition of LGBTI elders as a special needs group for the purposes of aged care;
- ☑ The funding of a network of LGBTI aged care advocates around Australia;
- ☑ The funding of LGBTI community organisations to provide direct care services;
- ☑ The training of service providers in LGBTI-appropriate and competent care including in relation to HIV / AIDS issues;
- ☑ The establishment of LGBTI aged care capacity development positions in LGBTI community organisations;
- ☑ The commissioning or conduct of research investigating LGBTI aged care issues from stakeholder and consumer perspectives. [Such an examination could serve to collate existing data while canvassing options for future approaches to program development, policy reform and other initiatives]; and
- ☑ The development of a LGBTI National Aged Care Plan administered by DoHA.

The opportunity to further discuss these immediate, 'quick win' options and medium to longer term options would be welcome. We acknowledge the importance of dialogue at both Ministerial and Departmental levels.

Current Support for addressing concerns in relation to LGBTI Older People

Viewpoints from the Aged Care Sector

There is a rapidly increasing recognition of LGBTI aged care concerns across Australian gerontology and the LGBTI community, including representative organisations. Research, policy development, advocacy and other initiatives are occurring across Australia in relation to LGBTI ageing, and this is reflected in aged care and LGBTI organisations' platforms, strategic plans, managerial structures, investigative projects, publications, internal discussions, research processes and information dissemination.

There is some limited evidence of approved providers expressing support for education processes and mechanisms of support which will enable them to develop a culturally appropriate approach to the provision of services to LGBTI older consumers. Approved provider organisations have begun approaching Dr Harrison and other experts, seeking guidance on staff training and input into industry conferences and seminars - including the Better Practice conferences of the Aged Care Standards and Accreditation Agency and the State Conference of ACSA NSW/ACT.

The recent launches of the Alzheimer's Australia Discussion Paper (No.15) *Dementia: Lesbians and Gay Men* brought together provider representative organisations and LGBTI community organisations at locations around Australia. These launches, which took the form of interactive workshops, question and answer sessions and educational presentations, included the Aged and Community Services Associations in some States, AIDS Councils, Carers Associations, LGBTI older people, Councils on the Ageing, Aged Care Advocacy Services and LGBTI community organisations, as well as Alzheimer's Australia. A detailed National Roundup of action related to LGBTI ageing is presented in this paper at Appendix C.

Participants at all of the launches expressed a positive attitude to the prospect of future collaborative work around LGBTI aged care, including the areas of education and training. In South Australia, a LGBTI resource will be developed by Alzheimer's Australia's SA & NT Dementia Training Study Centre, which is funded by the Department.

Research, currently being conducted by Curtin University on behalf of the Western Australian organisation GLBTI Retirement Association Inc. (GRAI), is revealing that while most providers are continuing to claim LGBTI people do not reside in their facilities (an attitude reflective of the invisibility of LGBTI people in aged care contexts), other providers are indicating strong support for the research project and its stated aim of developing practice guidelines for providers in relation to LGBTI consumers.⁵⁴

In South Australia, there is a history of Uniting Care Wesley Services, which is the auspicer for the Bfriend project, a LGBTI community support program which works with older LGBTI people within its brief, requesting cultural competency and anti-homophobia training for its aged care service providers including residential care providers. The training resource 'Not Round Here' was used as the basis for the implementation of this training, which was well received by providers.⁵⁵ We note,

⁵⁴ Comfort, J (2009) Interview. JOY FM radio November 19th.
http://www.cpod.org.au/page.php?id=165&page_style=joy.css&no_brand=1

⁵⁵ Penley-Miller, K and Mahamati (2000) *Not Round Here: Affirming Diversity, Challenging Homophobia Training Manual*. Australian Human Rights Commission. Sydney

however, that existing resources such as 'Not Round Here' do not include specific issues pertaining to LGBTI elders, but do incorporate broad issues surrounding homophobia.

In Victoria, providers are participating in a project, operating through the ALSO Foundation and La Trobe University, which provides aged care services with an opportunity to discuss issues connected to caring for LGBTI consumers. This demonstrates both a desire and need for information, support and collaborative problem solving in relation to LGBTI aged care. The Victorian launch of the Alzheimer's paper included a supportive Executive Director of Nursing, from a residential aged care facility, on the panel of speakers. The organisation Gay and Lesbian Health Victoria conducts sensitivity training in relation to aged care, on request, and has worked closely with the Carers' Association in Victoria. The Victorian Ministerial Advisory Committee on GLBTI Health and Wellbeing has produced a previously mentioned guide to inclusive practice for health and human services, which includes proposed topic areas for the education of staff in aged care.

In Queensland and Western Australia, mainstream providers from both residential and home care arenas have been involved in events, action groups and developmental projects related to LGBTI aged care. The Queensland Association for Healthy Communities is providing information and education support to aged care providers.

In New South Wales, the approved provider Riviera Health has commenced small scale staff education and developed t-shirts and a poster to celebrate LGBTI aged care, and displaying these while participating in the 2010 Sydney Gay and Lesbian Mardi Gras fair day and parade.

In NSW and SA, AIDS Councils and LGBTI health organisations are in the process of seeking State government funding for Positive Ageing projects; these would seek to promote a positive image of older LGBTI people to the LGBTI and broader community. Service provider organisations have endorsed and supported these grant applications. Working Groups focused on ageing issues have been established by LGBTI community organisations in various locations around Australia, and include membership from mainstream providers in aged care. In NSW, this process has resulted in ACON having a representative on the management body of The Aged Rights Advocacy Service (TARS), and discussion of co-operative development of training resources is underway.

Evidence of provider support for LGBTI-sensitive service delivery dates back to at least 2001. In that year, a forum was held in South Australia which included current and former Directors of Nursing on a panel discussing LGBTI aged care during the Feast Festival. Unequivocal support was expressed for education and training initiatives which would assist those working in residential aged care to provide culturally appropriate and sensitive services. One former manager of a major aged care service spoke of the suicide of a resident, indicating that he felt sexual identity issues could have been a factor in this event. The manager, himself gay, subsequently came out to his staff, initiated training on LGBTI needs and vowed such an event would never recur in one of his facilities.

The community of LGBTI older consumers also includes people whose partners have been consumers of residential aged care. One such person, a participant at a forum in regional NSW in 2004,⁵⁶ reported the approved provider with which she and her same-sex partner were connected had developed a respect for, and understanding of,

Beyond That's So Gay: The Book (2009) <http://www.prideandprejudice.com.au/thatssogay/>

⁵⁶ MacDonald, S (2004) Presentation to Rainbow Visions Forum on GLBTI Ageing. <http://www.rainbowvisions.org.au>

their special needs over time. Such positive reports speak to the potential for sensitivity and quality care to be embraced by approved providers. These are, however, isolated instances and the need for a consistent approach across all approved provider organisations is urgent. Further information relating to LGBTI aged care initiatives around Australia, as well as International initiatives of relevance is at Appendix C.

Government / Political Viewpoints

While the government is yet to announce an official policy on the specific issues related to LGBTI aged care, there has been a broad range of support across the political spectrum.

In January 2010, Senator Ursula Stephens, Parliamentary Secretary for Social Inclusion, mentioned LGBTI ageing policy issues during her speech to the Social Inclusion conference in Melbourne, stating:

“Another question is who is thinking about the policy challenges and service models for meeting the needs of ageing gay and lesbian couples? This is another policy challenge coming down the pipeline that I haven’t heard anyone talking about.”⁵⁷

In addition, during the supplementary senate estimates in February 2010, representatives of the Department of Health and Ageing responded to questions regarding LGBTI people within the aged care industry. While no concrete funding, or initiatives were identified by the Department during its appearance before the Senate committee, there were positive indications from the Department that it was engaging in discussion with LGBTI advocates on specific health needs.⁵⁸

Australian Labor Party (Federal)

During the 2007 Federal Election, the ALP, in response to questions about LGBTI Ageing by the National LGBT Health Alliance, indicated that:

Labor understands the specific needs of GLBT older people using aged care services. Labor has committed to modernise the quality and accreditation system used in aged care. Within that review we will examine how well the existing quality system assesses whether providers meet the needs of GLBT people and other specific groups such as culturally and linguistically diverse communities and Aboriginal and Torres Strait Islander people.

Further, in 2009 the ALP National Conference included the following statement in their National Platform:

Labor recognises that special effort is required to address the complex and diverse health needs of Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people.

⁵⁷ http://www.deewr.gov.au/Ministers/Stephens/Media/Speeches/Pages/Article_100129_130439.aspx

⁵⁸ Senate Community Affairs Committee, 10 February 2010, Committee Hansard Pg 76 & 77, <http://www.aph.gov.au/hansard/senate/commtee/S12751.pdf>

Australian Greens

The Australian Greens' Federal sexuality and gender identity policy includes agreement that all Australians should have "*access to the full range of medical and health services required by people with needs related to their sexuality and gender identity.*"

In response to questions in the 2007 election, the Greens agreed that "Yes, there needs to be additional support for older GLBT people."

Australian Liberal Party

To our knowledge, the Australian Liberal Party has made no public commitment on the issue of LGBTI Ageing. However during a recent interview, the current leader of the Opposition, Tony Abbott, responded to a question on LGBTI ageing thus:

Yeah, look Doug, this is a new issue for me and I would probably want to consider how that is best done in practice before being prescriptive. Now, obviously you don't want to see people who love each other and care for each other and who have been living together for years to be separated in their old age. I mean, obviously, that is a most unfortunate thing and what I would want to see is a practice that works for people and before I say yes to any particular mandatory system I guess I'd want to consider how we get the practice right, how we best get the practice right.⁵⁹

This is a positive sign of potential bi-partisanship on the issue of addressing LGBTI ageing.

⁵⁹ Radio Interview with Tony Abbott, Joy 94.9, 25 March 2010
<http://www.currentaffairs.net.au/transcript-of-abbott-interview-with-doug-pollard/>

The Way Forward

This paper is provided as a starting point to encourage further discussion between the Department of Health and Ageing (DoHA) and the LGBTI community about the specific health needs of lesbian, gay, bisexual, transgender and intersex (LGBTI) older people and to identify key issues for the aged care sector in the provision of services to LGBTI consumers.

The aged care sector faces the imminent emergence of a burgeoning, very visible and far more assertive LGBTI cohort of aged care consumers. With their impending arrival comes a need for close cooperation across all levels of government, relevant community organisations and the aged care sector to ensure development and implementation of culturally aware aged care service provision to LGBTI consumers.

Consumer-driven and client-centred approaches to LGBTI ageing and aged care service provision could well serve to ensure that this future involves service delivery of the highest quality and efficiency. The Commonwealth has a particularly critical role to play in ensuring that this occurs.

Our belief is that the most effective outcome will be achieved, initially, through further discussions between the Department of Health and Ageing (DOHA) and the LGBTI community, on the specific needs of LGBTI elders and key issues for the aged care sector in service provision to LGBBTI consumers. This document has been provided to inform those discussions.

We look forward to discussing the points raised in this paper with the government, at both Ministerial and Departmental levels. We would welcome the opportunity to advise and assist the Department and the Minister in the process of determining the most effective and efficient manner in which to respond to the concerns that have been raised here.

Through a partnership approach to the identification of solution-driven mechanisms, we are certain that a forward plan can be developed which will serve to ensure that aged care reflects the recognition and celebration of diversity in relation to sexual orientation and gender identity. In this context, same sex partners experiencing assessment for admission to residential aged care facilities will know that they are protected, safe, and included.

APPENDICES

A. DEMOGRAPHICS

B. RESEARCH DATA – DISCRIMINATION IN AGED CARE

C. NATIONAL ROUNDUP OF LGBTI AGED CARE ACTIVITIES

D. INTERNATIONAL INITIATIVES IN LGBTI AGED CARE

E. EDUCATION AND TRAINING

F. SEXUAL DIVERSITY HEALTH SERVICES AUDIT

APPENDIX A Demographics

The Australian population is ageing and it is estimated that by 2050 one quarter of the population will be aged 65 years and older. The cohort aged 65 and over is currently estimated at 13% of the Australian population. This amounts to approximately 2,860,000 people within the current national population of twenty two million.⁶⁰

The first wave of baby boomers (those born from 1946) became eligible for the age pension with the start of 2010. Projections indicate that up to 107,000 women will reach the pension age of 64 this year. In 2011 100,000 baby boomer men will reach the male pension age of 65 and a further 120,000 women will reach pension age. This bulge is expected to expand for 15 years. It is also expected that boomers will live longer than earlier pensioners. Both the Henry review of taxation and Treasury's third Intergenerational Report, to be released in 2010, are expected to focus on the march of boomers into their 60s and early 70s. By 2050 the proportion of the population aged 85 or older will triple to 5 per cent. That a proportion of these boomers will be older LGBTI people who have increasingly lived their lives out of the closet raises significant issues which require attention well in advance.⁶¹

Australia lacks comprehensive data about the actual numbers of LGBTI older people. The 2003 Australian Study of Health and Relationships⁶² found that while only 2% of the population identify as non-heterosexual, up to 15% have experienced same-sex attraction or had sexual contact with someone of the same-sex. Similarly, the Australian Medical Association suggests that between 8 and 11 percent of Australians are 'not exclusively heterosexual'⁶³ Taking this estimate the older population of Australia that may be LGBTI or non-heterosexual may be 228, 800.

Older people may not identify as non heterosexual, particularly if they have previously had a heterosexual relationship including marriage or if they do not have a current same-sex partner.

The Australian Bureau of Statistics acknowledges that the number of same-sex couples is underreported⁶⁴ and notes "a reluctance to identify and lack of knowledge that same-sex relationships would be counted ... some people will worry about privacy, such as not feeling comfortable revealing that information in smaller towns where the Census Collector would be known to the person".

⁶⁰ ABS 3201.0 - Population by Age and Sex, Australian States and Territories, Jun 2008
<http://www.abs.gov.au/Ausstats/abs@.nsf/mf/3201.0>

⁶¹ Martin, P (2009) 'First flush of boomers line up for pensions' in Sydney Morning Herald December 30. p 5

⁶² Smith, A, Rissell, C, Richters, J, Grulich, A and De Visser, R (2003) Sex In Australia Sexual Identity, sexual attraction and sexual experience in a representative sample of adults in Australian and New Zealand Journal of Public Health. 27 (2) pp138 – 145

⁶³ Australian Medical Association (2002 Online) Sexual Diversity and Gender Identity at
<http://www.ama.com.au/web.nsf/doc/WEEN-5GA2YX>

⁶⁴ Dennett, H (2007) Sydney Star Observer, More Gays Stand Up In Census, - Issue 873 - Published 28 June
<http://www.ssonet.com.au/display.asp?ArticleID=6679>

APPENDIX B

Research Data – Discrimination in Aged Care

Most participants in the second stage of the Matrix Guild and Vintage Men research⁶⁵ advocated for LGBTI-specific aged care services. This can be seen as an indication that they felt existing aged care providers were failing to fulfill their duty of care and provide high quality, trustworthy services.

‘Rather than giving lip service to the notion (of resident centred care), participants wanted to see service providers demonstrate genuine commitment to ensuring their safety and understanding of their needs... Perhaps the most pressing need for education relates to the legal responsibilities of aged care service providers to provide non-discriminatory care’⁶⁶

Unsurprisingly, many participants in the initial *My People* survey of aged care residents referred explicitly to the need to be surrounded by ‘my people’, or non-judgemental partners, friends, family-of-origin, and aged care providers with whom they could be open about themselves and feel comfortable and safe. However, the decision to hide one’s sexual orientation or gender identity in aged care services is also reinforced by recent reports of deliberate or inadvertent discrimination when disclosure occurs.⁶⁷

Examples uncovered in the *My People* report include:

- Lesbian residents who were too afraid to come out, or disclose their sexual orientation, to aged care staff for fear of discrimination;
- Staff refusing to care for an HIV-positive gay man;
- Staff discomfort with, and refusal to assist, a cross-dresser;
- Use of chemicals to extinguish sexual expression by a male resident;
- Lack of staff, and co-resident, experience with, and understanding of, transsexual residents; and
- Refusal to allow expressions of intimacy between visiting partners and residents.

Partly due to the decision of many LGBTI residents of aged care facilities not to disclose their sexuality, some ‘...aged care service providers are unaware of LGBTI clients and their particular needs. This invisibility, and the lack of evidence regarding the experiences of LGBTI seniors, perpetuates the status quo in which discrimination often goes unchallenged.’ The second stage research of the Matrix Guild and Vintage Men project revealed that ‘*A sense of mistrust and fear was apparent in many stories*’ (p. 27) as a result of past discrimination.

Further, the research revealed that even when aged care staff were aware of residents’ sexual orientation, this was often not discussed openly, but ‘talked around’, which some providers who were research participants felt might compromise resident care:

I looked after an old lesbian who would have been older than 70 and her partner Beryl used to visit. We would talk with her around their relationship. We couldn’t say the word lesbian because they never told

⁶⁵ Barrett, C Harrison, J and Kent J (2009) op cit.

⁶⁶ Ibid

⁶⁷ Ibid

us that they were. But we knew that Beryl was the person who took home the clothes to wash and she was the one who was recorded as the next of kin in the medical records ('Penny', nurse, high care).

Conversely, this 'talking around' the matter of identity and relationship status may, for some residents or service consumers, be a culturally appropriate approach, provided it takes place in tandem with indications of non-discriminatory attitudes and treatment of the resident's 'companion' with the status of partner. For others this may not be the case and matters of sexual and gender identity can be raised and readily discussed.

Further, the research revealed that some aged care service providers felt it was inappropriate to ask a resident about their sexual orientation, thus leading to a 'dance' between some clients who want to disclose, but are afraid to do so, and some staff who suspect the answer, but are reluctant to ask. One narrative reported in the final report involves a man whose life was completely changed (for the better) by two words: a staff member referred to his 'partner' as potentially female *or male*. That lack of assumption on the part of the staff member gave him the courage to come out, and receive culturally competent care. Certainly, he may not have chosen to come out, and the framing of the staff member's comment would require great sensitivity in order to avoid exacerbating anxiety or fear.

The Perspective of Service Providers

The Stage Two research in the Matrix Guild and Vintage Men research project, reported in *Permission to Speak* asked service providers to respond to outcomes from the stage one research. Despite LGBTI older people constituting a significant population cohort, the following statement represents a fairly typical reaction of an aged care provider who was presented with the Executive Summary of the report from stage one, *My People*.

It was interesting reading but I don't really know if we would do anything. We don't really have enough numbers of (LGBTI) clients...We see about 5000 clients a year. With everything else going on this would not be a priority unless we had the clients ('Marg', acting manager, aged care assessment service).

Even when there is managerial knowledge of legislation prohibiting discrimination against LGBTI people or of residents' rights mechanisms, the researchers found that 'the practical implementation of such legislative requirements has fallen short in some aged care services' Despite legislative and administrative mechanisms, discrimination persists within residential aged care services.

The report contains direct quotes from LGBTI aged care residents:

'You cop it sweet and shut up.

My family and I don't talk because I'm gay and they disapprove.

Having 'shock therapy' was supposed to teach me how to be straight.

All it taught me was to keep my mouth shut.

Some older women would be terrified of talking.

People of his vintage didn't really have the words to describe what was in them.

I keep my mouth shut. I have to be careful what I say. I have no conversation. I can't talk to the staff in here'

The report also conveys responses from aged care providers:

'There is a silence.

Some of the staff whisper and snigger.

They don't talk about it. It's not part of their lexicon.

We need to acknowledge our discomfort.

It requires constantly working with staff to say that it is OK to talk about it (sexuality)'

The research revealed service provider attitudes to LGBTI aged care issues. General agreement was expressed that *'the community did not value seniors nor consider them to be sexual or sexually diverse'* As one man put it:

'That is part of the social conscience, that older people should not be seen or heard. If an older person is gay they stand out more and society says: How dare you do this!' (Patrick, coordinator, LGBTI support and advocacy group).

Consensus was reached by one focus group of aged care service providers that a LGBTI senior would have *'to be very brave to disclose in aged care'* due to potential sexuality discrimination by those who are charged with LGBTI older people's care.

As soon as you mention sexuality people think that you are talking about sex. There is not enough distinction made between sex and intimacy. There is very little discussion about intimacy and how we relate to a person in an intimate way. I think that we have to be very careful not to proscribe this in a narrow way. (Focus Group 3: community support and advocacy groups)

LGBTI activism is often seen to be only about sex rather than also being about a range of issues related to our sexualities. LGBTI activism and sexualities are defined as just about sex...We need to be able to say this is what it is like to be a lesbian; this is what our sex is like. ... It has been taboo to speak about this for long enough. ... We need to celebrate what we do and talk openly about our sex and female sexuality generally. (Elizabeth; coordinator, LGBTI support and advocacy group).

APPENDIX C

LGBTI aged care initiatives and activities in Australia

Australia-wide Initiatives

Alzheimer's Australia Discussion Paper *Dementia: Lesbians and Gay Men* was launched on a national level by Hon Michael Kirby in Sydney at an event organized by Alzheimer's Australia, ACON and Aged and Community Services Association NSW / ACT.

<http://www.alzheimers.org.au/content.cfm?infopageid=6243>

Alzheimer's Australia Discussion Paper was launched across Australia in all States and Territories, at collaborative events involving Alzheimer's Australia, LGBTI community organisations, AIDS Councils and aged care organisations.

Australian Coalition for Equality along with other LGBTI organisation lobbied for stronger dialogue between the government, departments and the LGBTI community as part of the implementation of the 2008 Same-Sex Law reforms. This resulted in the inclusion of LGBTI community representatives in the interdepartmental committee on the removal of same-sex discrimination (coordinated by Attorney-General Department) involving fifteen departmental representatives and the establishment of a communications community reference group (coordinated by Centrelink) involving human service departments and other key staff.

ACON and 31 organisations endorsed a campaign document regarding the impact of same-sex law reform on centrelink customers and lobbied for protective grandfathering measures. The campaign received support from the Australian Association of Gerontology and other leading aged care organisations.

<http://www.acon.org.au/advocacy/news/centrelink-changes>

Suicide Prevention Australia published a Position Statement *Suicide and Self-Harm Amongst Gay, Lesbian, Bisexual and Transgender Communities* which included relevant information regarding suicide and older LGBTI people. The statement calls for a Federal LGBTI aged care strategy.

<http://suicidepreventionaustralia.org/PositionStatements.aspx#section-9>

Eight GLBTI community organisations and individuals, including academics, have sent submissions to DoHA reviews of aged care accreditation processes and the Complaints Investigation Scheme.

A symposium of GLBTI organisations will present research and practice findings at the International Federation on Aging global conference to be held in Melbourne in May 2010.

GLBTI and aged care organisations agreed to submit proposals to the Aged Care Standards and Accreditation Agency Better Skills Conferences in 2010

The National Conference of the Australian Association of Gerontology continued to include GLBTI aged care issues in its program. In 2006 nine papers on GLBTI aged care were presented in the context of the conference theme *Diversity*.

<http://www.glhv.org.au/?q=taxonomy/term/94>

Health in Difference conferences in 2002 and 2005 included sessions on GLBTI aged care, the former including international experts from the USA.

The first peer reviewed academic journal edition devoted to GLBTI ageing issues *Gay and Lesbian Issues and Psychology Review* was published in Australia in 2006.

<http://glhv.org.au/node/255>

The LGBT National Health Alliance has identified ageing as a priority area for its deliberations and activities.

<http://www.lgbthealth.org.au>

New South Wales

The Hunter based GLBTI organisation Rainbow Visions conducted groundbreaking work in relation to GLBTI ageing including a web resource guide, forums, academic presentations in conjunction with the University of Newcastle and the development of an e-list on GLBTI ageing.

<http://www.rainbowvisions.org.au/resourcesAgeing.html>

ACON published its GLBT Ageing Strategy 2006-2009 and established a Working Group of its Board to focus on ageing issues. The Working Group includes experts and service providers from the GLBT and aged care sectors. Ageing is now a priority area in ACON's organisational strategic plan.

ACON has held forums, roundtables, consultations, seminars and celebrations on ageing. The organisation now has a representative on the Aged Care Rights Service board. ACON sponsors the group Mature Age Gays, which has conducted member surveys. ACON has aged care organisations such as COTA NSW on its working groups and advisory committees, including on same-sex law reform.

<http://www.acon.org.au/about-acon/Strategies/ageing>

<http://magnsw.org/index.htm>

The 10/40 Matrix group for older lesbians provided social support and operates a funded web site at

<http://www.olderdykes.org>

Health Consultant Greg Millan produces regular newsletter EMALÉ and holds workshops for gay men around ageing issues.

Riviera Health commenced internal training of staff in residential aged care around GLBTI issues, in conjunction with ACON Northern Rivers Branch.

<http://www.rivierahealth.com.au>

Victoria

The ALSO Foundation developed a strategic plan on GLBTI ageing and set up a seniors committee. The Foundation conducted an early piece of research investigating the experiences of LGBTI elders, authored by Robinson and Chamberlain.

<http://www.also.org.au>

<http://glhv.org.au/node/105>

Gay and Lesbian Health Victoria, a consortium of organisations based at La Trobe University, operates a clearinghouse which includes GLBTI ageing resources. In conjunction with the ALSO Foundation, which has undertaken ageing research and training, GLHV runs projects Black Swan Training, Val's Café and Everyday Angels, which celebrates the achievements of service providers. GLHV also works with service providers using a storyboarding approach to examine attitudes to LGBTI aged care and as a mechanism for educational development.

<http://glhv.org.au/taxonomy/term/40>

<http://glhv.org.au/node/555>
<http://glhv.org.au/node/517>
<http://glhv.org.au/node/546>

The Carers Association Vic established Rainbow Carers including training for Association staff and support for GLBTI carers.

The ALSO Foundation, COTA Vic and the City of Yarra run Living Longer Living Stronger exercise classes for seniors.
<http://glhv.org.au/node/556>

The Ministerial Advisory Council (MAC) on Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing publishes reports which raise aged care issues and suggest strategic approaches and practice guidelines.
<http://glhv.org.au/node/500>
<http://glhv.org.au/node/589>

Most recently the MAC has published Well Proud, A Guide to GLBTI inclusive practice for Health and Human Services
http://www.glhv.org.au/files/well_proud.pdf

Matrix Guild Victoria Inc and Vintage Men Inc published two reports of funded research into discrimination in GLBTI aged care.
<http://www.matrixguildvic.org.au/project.html>

The Victorian Women's Trust provided funding to Matrix for a publication on older lesbians, bisexual and transgender women and aged care.

Matrix housing for older lesbians, benefactor grant provided and MOU developed with Victorian Women's Housing Association.
<http://www.matrixguildvic.org.au/project.html>

Development of GLBTI retirement estate in process
<http://www.lintonestate.com.au>

Gay and Lesbian Solidarity Inc and Intersection website and lobbying and educational activities conducted by older LGBTI activists.
<http://home.zipworld.com.au/~josken/inters3.htm>

Western Australia

<http://www.grai.org.au>

The GLBTI Retirement Association Inc (GRAI) is conducting Lotteries West funded research into GLBTI service provision in aged care accommodation, through Curtin University. This groundbreaking research will report at the International Federation on Ageing conference in May 2010. It is expected that this research will develop practice guidelines for working with LGBTI people in residential aged care settings as an outcome of the project.

GRAI was established in Perth, Western Australia in August 2005 to explore the development of retirement and aged care services and facilities for older and ageing people of diverse sexualities and gender identities.

GRAI conducted an online survey of LGBTI needs and expectations around aged care in 2005-2006. The results of this research were reported by Graham Lovelock, a founder of GRAI, at the 2006 Australian Association of Gerontology National Conference. <http://glhv.org.au/node/279>

For several years GRAI has held an annual lecture and undertaken a range of other activities and events on LGBTI ageing which are publicised in a newsletter.

GRAI was a member organisation of the coalition that lobbied the Federal government around the impact of the 2008 reforms on elderly LGBTI people. The organisation has also provided information and evidence to a range of government inquiries in relation to aged care, emphasising the need for policy and law reform in relation to LGBTI ageing.

GRAI's Chairperson Jude Comfort and Virginia Hales, who also works for Alzheimer's Australia (WA), launched the Alzheimer's Association paper on lesbians and gays and dementia in Perth.

Queensland

Queensland Association for Healthy Communities (formerly AIDS Council) established an Ageing Action Group and conducts an associated survey, and produces an advertisement, booklet and other publications. The organisation also contributed to government strategic plans around ageing and aged care.

<http://www.qahc.org.au/seniors>

Dr Mark Hughes and Dr Sue Kentlyn are conducting research through University of Queensland GLBTI into networks of support in aged care

South Australia

Media producer Logan Bold creates an award winning radio documentary '5 tables for 5': Conversations on Queer Ageing, which is available as a CD set.

<http://radio.adelaide.edu.au>

GLBTI Feast Festivals over several years include forums on GLBTI ageing, a Wisdom of Age event with older GLBTI people presenting, a Remedies and Recipes intergenerational event, and a live theatre development intergenerational event.

<http://www.feast.org.au>

SA Ministerial Advisory Council on Gay and Lesbian Health provided research based strategic advice to SA Health Minister around aged care issues including the implications of state based same-sex relationship recognition legal reform.

The AIDS Council of SA investigates establishing an ageing working group and proposes social marketing campaign around GLBTI ageing

Dr Jo Harrison completed PhD on GLBTI aged care at the University of South Australia and continues to produce associated publications and undertake a range of activities and initiatives in the field.

<http://arrow.unisa.edu.au:8081/1959.8/62214>

A lesbian health group was established which including former directors of nursing in order to discuss at the needs of older lesbians. Members participated in public forums on LGBTI aged care.

Dr Vicki Crowley of the University of South Australia is currently conducting research into the cultural dimensions and discourse of queer ageing.

Tasmania

In 2003 the Department of Health and Human Services commissioned an independent consultant to conduct a needs analysis of Tasmania's GLBT communities which found that issues relating to ageing are of significant concern.

Among other things it found that

Institutionalised aged care for GBLT people poses a threat of abuse because of their sexuality and/or gender identity. The major issues include a fear of physical and emotional abuse if they disclose their sexuality or gender identity and reduced standards of care as a consequence of prejudicial attitudes on the part of some carers.⁶⁸

The findings of the needs analysis form the basis of the work of the DHHS GLBT reference group,⁶⁹ including the development of a strategic plan for LGBT health and well-being.

Funded service providers such as Working It Out and community organisations such as the Coming Out Proud Program continue to advocate, lobby and educate around the issue of GLBT ageing.

Launch of Alzheimer's Australia paper Dementia Lesbians and Gay Men by Senator Bob Brown. Senator Brown has distributed copies of the report to all Federal MPs.

Northern Territory

GLBTI community in Darwin establishing links with COTA NT. Alzheimer's Australia paper launch being held in Darwin and Alice Springs involving NTHAC (AIDS Council) in both locations.

Articles on GLBTI aged care including reports of the Matrix Guild Victoria research in NTHAC newsletters.

Australian Capital Territory

Launch of Alzheimer's Australia paper Dementia: Gay Men and Lesbians involving aged care, LGBTI and other organisations.

⁶⁸ http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0009/8937/NeedsAssessment.pdf

⁶⁹ http://www.dhhs.tas.gov.au/about_the_department/structure/groups/chief_health_officer/population_health/units/population_and_health_priorities/glbti_communities_reference_group

APPENDIX D

International Initiatives in LGBTI Ageing and Aged Care

The Obama Administration announced a national Resource Centre for GLBT Elders
<http://www.hhs.gov/news/press/2009pres/10/20091021a.html>

The National Gay and Lesbian Task Force released 2010 updated edition of Outing Age report on public policy and GLBT ageing.
http://www.thetaskforce.org/press/releases/pr_112309

Residential care initiatives for LGBTI elders in Santa Fe, San Francisco, Los Angeles, Palm Springs and other locations.

Palm Springs Golden Seniors Centre – Dr Daniel Parker currently moving from Perth to take up position of Director.

Direct care and support, as well as advocacy services for GLBT seniors operate across the US, including services such as:

New Leaf Services to Elders

<http://www.newleafservices.org/index.php/services/outreach-to-elders>

Openhouse: which provides training, leadership development, social networking, advocacy and housing in San Francisco.

<http://www.openhouse-sf.org>

Old Lesbians Organising for Change: National US Organisation of old lesbians which educates empowers and takes action in relation to lesbian ageing. OLOC adopts a 'nothing about us without us' approach to lesbian ageing and has Australian members.

<http://www.oloc.org>

National Centre for Lesbian Rights Elder Law Project The project researches and takes action in relation to lesbians and ageing.

<http://www.nclr.org>

American Society on Aging GLBT Constituency Group (LAIN) Provides an online resource directory, conference track, networking, education and other services to professionals.

<http://www.asaging.org/lain>

SAGE Connect

Services and Advocacy to GLBT Elders, based in New York, provides an online database of resources and publications in GLBT ageing. SAGE is the oldest and largest GLBT ageing organisation in the USA

<http://www.sageusa.org/sageweb/>

Lambda Legal conducts Federal and State anti discrimination cases and lobbies for reforms to regulations in aged care, focussing on GLBT ageing.

<http://www.lambdalegal.org/>

In the UK Age Concern's GLBT focussed training program Opening Doors is overseen by a GLBT ageing unit within the organisation

<http://www.ageconcern.org.uk/AgeConcern/late-life-for-lesbian-gay-bisexual-over-60.asp>.

The American Society on Aging's online resource directory lists European and other initiatives in LGBTI aged care.

<http://www.asaging.org/lain>

APPENDIX E

Training and Education

The provision of non-discriminatory and culturally appropriate services and the conduct of non-threatening assessment processes necessitates the delivery of training to aged care providers, including staff on the floor and at ground level around issues connected to discrimination, confidentiality, and sensitivity to LGBTI experience and concerns. It is also important that competencies which surround treatments for clients who are HIV positive and the special needs of transgender clients be developed and maintained. The early onset of ageing associated with HIV positive status also raises significant issues for providers in aged care.

Transgender and intersex people are also particularly vulnerable to discrimination in aged care settings, to the point where they may avoid seeking assistance altogether. There is qualitative evidence of denial of services, forcibly preventing cross-dressing and deliberate physical violence when people are revealed to be transgender (Barrett, 2008; Harrison, 2005).

Transgender people may also have medical issues related to their original gender that emerge with ageing, such as osteoporosis or prostate cancer. These may not be addressed because the resident may be too intimidated to seek medical advice of any kind. Educational and training approaches which alert providers to these circumstances and proffer solutions to dilemmas to which they raise.

A common viewpoint among health professionals is that a person's sexuality is "private" and not relevant to their treatment. Harrison argues that this is a barrier to a full understanding of a client's life experiences, and may also be a way of avoiding the need for change.

The mass 'outing' of older LGBTI people is not an appropriate response to the dilemma of the invisibility of this consumer group, which experiences fear and predominantly adopts hiding as a survival strategy. Certainly, gay men and lesbians who grew up prior to the advent of gay liberation may have lived their entire lives without revealing their sexuality and coming out may not be a feasible option for them.

In this respect, the measure of a successful process of the development of provider cultural competency is not the coming out of older consumers. The goal of culturally appropriate service provision will be reached when LGBTI consumers receive a message conveyed by providers which indicates that they are within a safe environment where the prospect of harm or discrimination has been eliminated through appropriate screening and education of all staff.

Certainly, some consumers may well choose to come out to providers once they are aware of a contextual environment of safety and harm elimination. It is crucial that aged care service providers 'avoid assumptions which limit opportunities for coming out, while respecting diversity around identity, life history and self-understandings'. Harrison, (2005)

Education of service providers is very important, and overseas evidence suggests that initiatives based on empowerment, involving gay and lesbian professionals from related organisations and organising speakers' bureaus of older educators, have been particularly successful. Several excellent texts exist from the USA which have

commenced some of this education of health professionals and service providers [3-5]⁷⁰

In correspondence responding to a concern that, in practice, legal reforms that impact on elderly couples and the processes of aged care may force couples to out themselves, the Attorney General Robert McClelland wrote:

‘Specifically in relation to education in relation to the aged care sector, the Department of Health and Ageing has advised me that it will develop information which will be provided to all residential aged care homes, peak industry groups and approved providers. Further the Department has also advised me that it will undertake communication activities in order to inform consumers of the reforms. Further, as you know, the Department of Health and Ageing funds an Aged Care Advocacy Service in each state and territory, which provides support to people with accommodation issues, and information will also be provided to these service providers’.

[Letter to Dr J Harrison 24th November 2009]

Such a broad communicative and educative strategy is urgently needed in relation to residential aged care, at the level of approved providers, assessors, direct care staff, relevant agencies such as Aged Care Assessment Teams, consumers and their representatives. Without this the notion of quality assessment and compliance with standards which promote the right to lifestyle choice and expression of culture will continue to exclude LGBTI service users.

⁷⁰ Makadon H, Mayer K, Potter J, Goldhammer M (Eds.) (2008) Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health. Philadelphia: American College of Physicians.

APPENDIX F

Gay and Lesbian Health Victoria Sexual Diversity Service Audit Guide

The audit form which is applicable to health and human services in relation to LGBTI clients, can be accessed through the Gay and Lesbian Health Victoria web site. This form is generally applicable to LGBTI services, but could provide a model for an aged care appropriate form.

<http://www.glhv.org.au/node/251>



Attitudes towards sexuality in Australia have undergone remarkable change in the last 50 years.

Gay men and lesbians experience less social stigmatisation and personal hatred than what was once prevalent, and, there is increased visibility of homosexuality in mainstream social arenas. Despite these positive changes, a person who is gay, lesbian, bisexual, transgender or intersex (GLBTI) cannot take their acceptance for granted—whether from their family, in the local shopping centre, in their working lives. Or from their health care provider. It does not take much imagination to consider the effects of this uncertain position on a person's health and this is why sexuality becomes relevant to providing good health care.

While GLBTI people have the same basic health needs as the general population their shared experiences of discrimination or fear of discrimination, create common health issues, including:

- > a higher prevalence of mental health disorders, obesity, smoking, and unsafe alcohol and drug use;
- > delayed use of health services and/or keeping sexual identity and behaviours secret for fear of health providers' reactions ranging from discomfort and embarrassment to hostility;
- > reduced use of preventive screening for a range of physical health conditions, such as cervical and breast cancer among lesbians and anal cancer among gay men;
- > actual experiences of discrimination within the health care system.¹

Recognising the diverse needs of individuals and populations is a core component of providing good quality care. This audit is an informal tool to help you assess GLBTI people's access and quality of care at your service. Small changes can make a big contribution to providing better care.

¹ Ministerial Advisory Committee on Gay and Lesbian Health (2002) *What's the Difference? Health Issues of Major Concern to Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians*. Department of Human Services, Melbourne.

> **NOTE: Tick in the YES/NO columns. 1 point for YES**

creating a welcoming environment

There are some simple ways of communicating to GLBTI people that they are coming to a welcoming and safe environment.

YES NO

- 1> Does your service display an anti-discrimination policy with a positive statement of equal care such as "We do not discriminate regardless of age, race, ethnicity, religion, sexual orientation, gender, or disability?"
- 2> Does your service display pamphlets and posters which include positive images of people of diverse sexualities?
- 3> Do staff use language that does not exclude GLBTI people? For example, using the term "partner" instead of husband or wife.

the intake process

The intake process provides one of the first indicators to a GLBTI person that they can feel comfortable about disclosure in this service.

YES NO

- 4> Does your intake form include gender-neutral options such as 'domestic partner' or 'same-sex partner' along with standard terms like 'married'?
- 5> Does your service adopt each client's definition of 'family' which may include, but not be limited to, significant others, relatives by blood, same-sex partners, or spouses?
- 6> Concerns about confidentiality can inhibit disclosure about sexual behaviour and/or identity. Is it obvious to the client that confidentiality is protected and privacy respected?

the consultation

Communication skills remain central to creating a trusting and open climate

YES NO

- 7> Sexual identity doesn't always correlate with sexual behaviour. For example, a lesbian-identified woman may have sex with men. Do you use gender-neutral questions to ask about relationships and sexual behaviour?
- 8> If a client's same-sex partner accompanies them, is the partner acknowledged or included in the same way a heterosexual partner is?
- 9> When a transgender person attends your service do you address them as their chosen gender?
- 10> When a child has same-sex parents can you include both in discussions about the child's health care?
- 11> Young people questioning their sexuality are at greater risk of self-harm. Fear of disclosure, chiefly that parents will be told, can get in the way of timely health care. When a young person tells you they may be GLBTI, do you assure them of their confidentiality, and provide a supportive response?

staff training

All staff dealing directly with clients have an important role in creating safe and welcoming environments.

YES NO

- 12> Have direct-care staff had training to identify and address basic health issues that may particularly affect GLBTI clients?
- 13> Do staff know that Victorian legislation recognises same-sex partners as 'domestic partners' with equivalent rights to spouses, including entitlement to decision-making regarding care, hospital visitation, and care of children?
- 14> Does your service have a written anti-discrimination policy with specific reference to sexual orientation and gender identity?
- 15> Are GLBTI staff members able to be open about the gender of their partner in your service?
- 16> Because of the potential for discrimination towards GLBTI people, do staff treat information about sexual orientation and gender identity as highly sensitive information?

health promotion and outreach

YES NO

- 17> Does your service have links to other agencies that can provide services and support to GLBTI clients?
- 18> Rather than presuming a heterosexual audience when designing health promotion activities, do you consider how GLBTI clients would be included?
- 19> Has your service ever consulted GLBTI clients in the development of health promotion activities?
- 20> Is your service able to refer GLBTI clients to appropriate, 'GLBTI-friendly' specialist services and resources if necessary?

Scoring

TOTAL

Count your total positive responses to see how your service/practice scores.

- 0 - 8** Your service is still a challenging one for someone who is GLBTI. Don't despair; small steps can make a big difference.
- 9 - 14** Your intentions are good. Your agency/practice has made a start and shows potential to providing more inclusive care.
- 15 - 19** The work on these issues is happening on several fronts now and starting to make a real difference – coordination and consolidation are the next steps to go further forward.
- 20** Your service is exemplary in it's sensitivity and quality of care for GLBTI people. GLBTI people feel well-treated, respected and supported. Congratulations.

ideas for action

Change doesn't happen overnight. Reflect on the answers you gave in the audit. Using the framework suggested below, keep a record of the actions you might take to bring about short, medium and long term change.

Identify any important issues to address in relation to:

> Creating a welcoming environment

> The intake process

> The consultation

> Staff training

> Health Promotion and Outreach

> Policy

2. Identify those actions which you see as possible to implement:

> In the next 6 weeks...

> In the next 6 months...

> In the next year...

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Designed by Lin Tobiasz / La Bella Design



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Glossary of Terms

Ageism

Stereotyping, prejudice and discrimination based on a person's age. This could include the expectation that people of a certain age cannot or do not act, think or believe in a certain way.

Bisexual

People who have the potential to experience lasting romantic, emotional and/or sexual attraction to another person of any gender.

Closet (In the closet) (Closeted)

Undisclosed sexual orientation or gender identity – the opposite to being 'out'. Individuals may hide their sexual orientation and gender identity from all others, or in specific circumstances, e.g. at work, from parents, from health professionals, in certain social situations.

Coming out (Being out) (Out)

Voluntarily acknowledging one's own sexual orientation or gender identity. An individual's own acknowledgement may be referred to as coming out to yourself. This precedes any coming out to others. An individual may be out in some aspects of their life but not in others, e.g. with close friends but not with family of origin.

Community

Term used as an abbreviation for a subset of society composed of people who are not heterosexual. This could be any combination of gay, lesbian, bisexual, transgender, or intersex people.

Cross dresser

A person who has an inescapable emotional need to express their alternate gender identity and be accepted in that role on a less permanent basis. An example is a man who feels the need to wear clothing usually designated as women's clothing.

Family of Choice

People who are chosen to be part of an individual's family, eg same-sex partners, or community of trusted friends who provide support similar to that of a family.

Family of Origin

People related by birth or marriage, including parents, siblings, aunt, uncles, nephews and nieces.

Friend

A term which may be used to refer to a same-sex partner, eg this is my friend.

Gay

Term used to describe people who experience lasting romantic and sexual attractions for the same-sex. (Note: some older gay men may refer to themselves as camp rather than use the term 'gay'. Others may use terms such as 'companion' or 'special friend' and not use terms such as gay at all).

Gender Identity

A person's own sense of being male or female, which may not be the same as the sex allocated at birth.

Homosexual

See "gay" above.

Homophobia

Fear of or discrimination against people who are lesbian or gay (homosexual) which may be demonstrated through hostility, disapproval of, or prejudice towards homosexuals as individuals, or homosexual behaviour or cultures.

Intersex

General term used for a variety of conditions in which a person is born with reproductive or sexual anatomy or chromosomes that do not seem to fit the typical definitions of female or male.

Lesbian

Term used to describe women who experience lasting romantic and sexual attractions for other women. (Note: some older lesbians may refer to themselves as a gay woman, rather than use the term 'lesbian'. Others may use terms such as 'companion' or 'special friend' and not use terms such as gay or lesbian at all).

Same-sex relationship

A relationship between two women or two men.

Straight

Heterosexual.

Transgender

Refers to individuals who do not identify with the gender assigned to them at birth. The terms male to female (M2F/MTF) and female to male (F2M/FTM) transgender persons refer to individuals who are undergoing or have undergone a process of gender affirmation.

Transsexual

A person who identifies as a member of the 'opposite' sex, i.e. other than their birth sex. Transsexuals may seek hormone therapy and often surgery to bring their body into line with their gender identity. They may use the terms MTF or M2F (male to female) or FTM or F2M (female to male).

Transitioning

Transitioning often consists of a change in style of dress, selection of a new name, and a request that people use the correct pronoun. This may or may not include necessary medical care like hormone therapy, counselling, and/or surgery.