

Mr. Ian Holland, Secretary
Standing Committee on Community Affairs
References Committee
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Parliament House
Canberra ACT 2600
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7 May 2013

**RE: Inquiry into the Aged Care (Living Longer Living Better) Bill 2013
Supplementary statement**

Dear Mr. Holland:

The GLBTI Retirement Association Inc. (GRAI) appreciated the opportunity to appear before the above enquiry. Our statement has since been tabled (sent by email). In response to several questions from the Committee this short supplementary statement provides commentary on several additional points.

1. Under the Aged Care (Living Longer Living Better) Bill 2013, LGBTI (lesbian, gay, bisexual, trans and intersex) people have now been added as a new special needs group. As this is a new category and as discussed at the Committee hearing, GRAI has concerns that the rationale for including LGBTI as a special needs group and the implications for this in service practice and delivery are likely to be poorly understood by many providers in the aged care sector. We therefore ask that the wording of the Bill includes additional information on the rationale as to why LGBTI have been included with some of the unique needs of this group are spelt out. Is there scope for a preamble in the section dealing with special needs groups?
2. As it is not possible to assume that providers understand the issues of LGBTI in aged care, training becomes essential. We were asked at the hearing for suggestions on how this could be included in the Bill. This is best left to the parliamentary drafts people. However words to the effect of 'providers need to ensure that staff demonstrate cultural competency . . . etc' may assist this.
3. Ultimately if demonstration of LGBTI cultural competency is included in standards accreditation this will drive training and up-skilling of staff. This is however outside the remit of this Bill. Again advice on how to link this Bill to Aged Care accreditation requirements will be left to the drafting people.

4. One of the committee members picked up on the funding issue of allocated places for special needs groups in relation to LGBTI people. While this may work for other more visible special needs groups, this may not ensure that LGBTI needs are met. Is there scope to have some equivalency of resources of allocated for organisational development targeted at institutional change? This would address some of the concerns outlined in the points above and ultimately lead to improved service delivery. LGBTI people are everywhere and not restricted to geographical or specific facility locations.
5. Our point about the particular vulnerability that some older LGBTI people experience in receiving care in their own home was picked up by one of the Senators. The Bill almost exclusively concentrates on the delivery of care through residential aged care however any reference that can be made to flag the particular issues as related to delivery of community care for vulnerable groups would be appreciated. Again advice on how this can best be included would be appreciated.

Again we thank you for the opportunity to contribute to this important legislative reform. If you would like clarification on any of the above points, do not hesitate to contact me

Yours sincerely,

Dr Jude Comfort
Chair