

**NATIONAL LESBIAN, GAY, BISEXUAL,
TRANSGENDER AND INTERSEX (L G B T I)
AGEING AND AGED CARE STRATEGY**



Australian Government
Department of Health and Ageing

National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy

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MINISTERIAL FOREWORD

I greatly welcome the opportunity to present the Australian Government's new *National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy* (the Strategy).

The Australian Government is committed to ensuring equitable access to high-quality, culturally appropriate aged care for all LGBTI people.

The Strategy will inform the way the Australian Government supports the aged care sector to deliver care that is sensitive to and inclusive of the needs of LGBTI people, their families and carers. It will also be used to guide future funding priorities by assisting the Department of Health and Ageing in implementing the activities outlined in the Living Longer Living Better aged care reform package.

A range of initiatives have been put in place to better meet the aged care needs of LGBTI people. These initiatives recognise that:

- there have been decades of inequitable treatment for LGBTI people;
- many LGBTI people have suffered stigma, family rejection and social isolation; and
- many LGBTI people have had a life experience of fear of rejection and persecution, coupled with the impact of potential or actual discrimination.

For these reasons, LGBTI ageing is a unique and important experience warranting particular attention.

This Strategy aims to ensure that LGBTI people have the same opportunities and options in aged care that are available to all Australians. It is designed to not only raise awareness of the issues but also, in a very concrete way, improve the ageing and aged care experience of LGBTI people, recognising and valuing the diversity of this group. Although LGBTI people rarely want to be solely defined by their sexual orientation, sex or gender identity, for many it is an important part of who they are. Aged care services need to ensure that they provide a consumer directed approach to meeting the care needs of older LGBTI people, resulting in appropriate and targeted services.

Aged care must be relevant to the lives of LGBTI people, not the other way around. It is essential for aged care services to support the lives of older LGBTI people, their families and carers to continue to contribute to and engage with their communities.

The National LGBTI Health Alliance is to be commended for its significant contribution to this Strategy and I thank them for their time and commitment.

I look forward to the implementation of this Strategy and its initiatives, which will benefit LGBTI people well into the future.

Mark Butler MP





CONTEXT

The ageing of the 'baby-boomer' generation and the expectation that demand for services will dramatically increase in the future, has inspired a greater focus on ageing and aged care in Australia. Until comparatively recently, there has been minimal examination and inclusion of the needs of older Australians of diverse sexual orientation (lesbian, gay, bisexual), sex (intersex) or gender identity (transgender).

People of diverse sexual orientation, sex or gender identity are a group requiring particular attention due to their experience of discrimination and the limited recognition of their needs by service providers and in policy frameworks and accreditation processes.

The growing numbers of lesbian, gay, bisexual, transgender and intersex (LGBTI) people accessing aged care services represents an emerging and potentially challenging area for aged care service providers. This Strategy is designed to enable better education care and support for LGBTI people in aged care. It will help staff to understand any differences between their personal values or beliefs and appropriate and inclusive workplace behaviour and practice.



It is important to consider the needs of LGBTI people as distinct individuals and to take into account the diversity within the groups to which they belong.



Issues

The strategic planning and delivery of aged care services in Australia has involved limited attention being paid to the needs of LGBTI people. In general, the approaches that have been adopted assume that all people are heterosexual and gender conforming. Such approaches have reinforced the invisibility of older LGBTI people and as a result have ignored a sizeable group of Australians of diverse sexual orientation, sex or gender identity, which is estimated to be up to 11% of the Australian population.

Older LGBTI Australians have lived through a time in the nation's history when they suffered stigma, discrimination, criminalisation, family rejection and social isolation.

Part of this history is LGBTI people, including older people, taking action to change the circumstances they faced. This personal responsibility to create positive change is a significant aspect of LGBTI people's history and is linked to the resilience many LGBTI people demonstrate.

The LGBTI population is not a homogenous group, although there may be similarities between groups in relation to sexual orientation, sex or gender identity. Nor are these groups mutually exclusive; for example, someone may be transgender and a lesbian. Groups within LGBTI communities have specific social, cultural, psychological, medical and care needs. For example, transgender people have different needs than gay men. However, they share the experience of being part of a minority population likely to have been subjected to exclusion, discrimination and stigma throughout most of their lives.

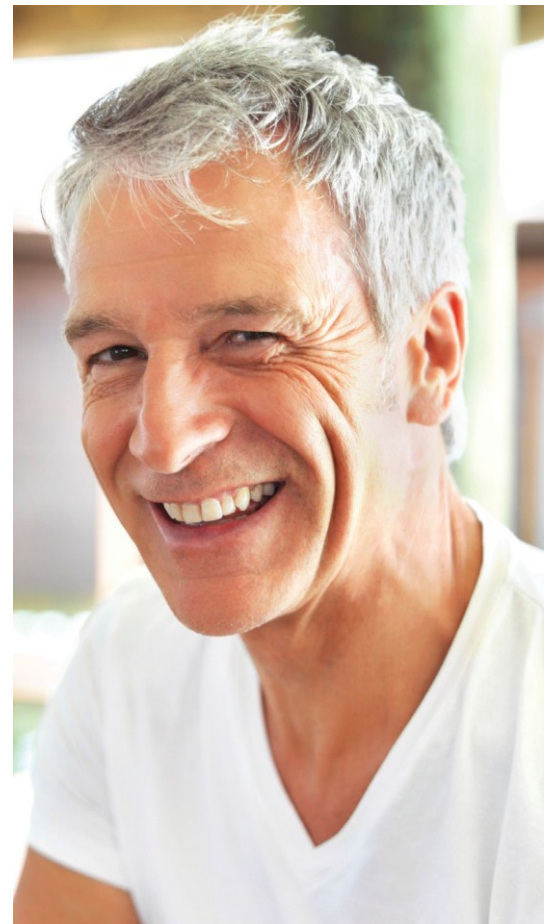
LGBTI people rarely want to be solely defined by their sexual orientation, sex or gender identity but for many it is an important part of who they are. Some LGBTI people are, or have been, very involved and visible in LGBTI communities and will happily identify and socialise with these communities. Others will have minimal contact with groups of LGBTI people. Most LGBTI people have strong connections outside LGBTI communities, through their family, friends and social and community groups. As they may have experienced rejection from their biological family, many LGBTI people may form core relationship links with a non-biological family, which they consider their 'family of choice'. These people may be more important to LGBTI people than their biological family and should be included in care planning in the same way family members generally are.



It is important to consider the needs of LGBTI people as distinct individuals and to take into account the diversity within the groups to which they belong. Each of the lesbian, gay, bisexual, transgender and intersex communities may have its own needs, as do the individual people in these groups. For example, some LGBTI people will want to be able to move through the aged care system without disclosing their sexual orientation, sex or gender identity. Others will strongly wish to disclose and have their identity recognised and embraced. Others may not have any choice about disclosing – which can often be the case for transgender and intersex people.

As with any group, LGBTI people also have other diverse characteristics that overlap and influence their specific needs and how they access services. This ‘diversity within diversity’ includes LGBTI veterans; care leavers; people from culturally and linguistically diverse backgrounds; Aboriginal and Torres Strait Islander people; people living with HIV; people living with dementia; those in palliative care; those suffering financial disadvantage; and those living in rural and regional areas. All of the issues discussed in this Strategy tend to be exacerbated for LGBTI people who are also members of these other groups. This can result in very different experiences and needs that need to be considered when providing aged care services.

Despite these unique considerations, older LGBTI people share many of the same issues and concerns as all older Australians. These include mental and physical health in ageing; using increased longevity in ways that feel rich and meaningful; being able to make informed choices about retirement and health care; continuing workplace and community involvement; concerns about living situations, and needs for both interpersonal and institutional supports; the impact of chronic diseases and illnesses, including dementia; and issues surrounding bereavement and end of life preparations.



Up to 11% of the Australian population may be of diverse sexual orientation, sex or gender.



LGBTI people and Ageing and Aged Care

An LGBTI person who is currently receiving aged care services grew up knowing that they could be imprisoned or forced to undergo medical ‘cures’ if their sexual orientation or gender identity was known. Homosexuality was considered a mental illness, so people found to be gay, lesbian or transgender could be subjected to attempted ‘cures’ like aversion therapy. Consequently, many older LGBTI people learned to hide their sexual orientation or gender identity to be safe, particularly when interacting with the medical profession. Being ‘outed’ could have meant losing your job, family and friends on top of being imprisoned or given invasive medical ‘treatments’. These myths about sexual orientation and gender identity went largely unchallenged until the 1970s, when male homosexuality began to be decriminalised in Australia, and mental health professions removed homosexuality from their lists of mental disorders.

It is important for those working in aged care to consider the impact of the historical discrimination faced by older LGBTI people and its effect on LGBTI people using aged care services. While legislative reforms have gone a long way to promoting equality, many LGBTI



People of diverse sexual orientation, sex or gender identity are a group requiring particular attention due to their experience of discrimination and the limited recognition of their needs and preferences by service providers as well as in policy frameworks and accreditation processes.

people hide their sexual orientation, sex or gender identity on a daily basis because they continue to fear discrimination. The experience of discrimination has a detrimental impact on the health and wellbeing of LGBTI people. There is now clear evidence that the more discrimination an LGBTI person encounters, the poorer their health and wellbeing.

In recent years the voices of older LGBTI people have started to be heard by service providers. This has resulted in an increased number of organisations actively considering how their service can respond to the needs of older LGBTI people. Some aged care services have responded positively, understanding that LGBTI people are part of the broader diversity of Australia. However, others have done little to address LGBTI issues, perhaps feeling ill-equipped or unaware of the issues involved or actions that may be taken. This Strategy will outline Government actions to address the issues faced by LGBTI people; while also supporting and resourcing the aged care sector to take the necessary steps to implement the Strategy.

LGBTI issues have also been neglected in Australian gerontology until recently, including clinical and service practices, training and education, research, policy development and legal reform. However, an increasing body of knowledge has emerged over the past decade through the actions of LGBTI individuals and organisations. This has been followed by partnerships with mainstream organisations and growing interest from the aged care sector.

LGBTI individuals and organisations have promoted and participated in research about the particular issues and needs of older LGBTI people and how to effectively address them. This includes documenting the invisibility of older LGBTI people within aged care and its impact on ageing and aged care policy and practice. The literature has focused mostly on older gay and lesbian people. There has been less work on bisexual, transgender and especially intersex people. Although research and policy are increasingly highlighting LGBTI ageing issues, the consensus remains that more research is required as a basis for further development of policy and practices to promote healthy ageing of LGBTI Australians. The Appendices section of this Strategy includes references to the some of the academic literature and LGBTI community resources available.



Despite these unique considerations, older LGBTI people share many of the same issues and concerns as all older Australians.

ANNUAL REPORTING

The Department of Health and Ageing (DoHA) will implement the strategic goals of this Strategy and report progress against this Strategy annually. Progress towards achieving individual strategic goals will cover more than one reporting period.

There will be public accountability for progress. The annual reports will be reviewed by key stakeholders as part of a consultation process to set priorities for the following years. DoHA will ensure that there are adequate mechanisms to publicise this Strategy and the release of annual reports.

A formal review of the Strategy will feed into the broader review in 2017 of the implementation of *Living Longer Living Better* aged care reforms.

PRINCIPLES

The *Living Longer Living Better* aged care reform package includes a number of simultaneous activities that will affect the lives of older LGBTI people, their families and carers. The five principles outlined below provide a framework for LGBTI inclusion in aged care beyond the specific goals and actions of this Strategy. They are also designed to help aged care organisations consider their own LGBTI-inclusive practices. The principles are based on an overarching commitment to making the needs of LGBTI people understood, respected and made visible in Australia's aged care policies and programs.

These principles are written in present tense to promote the expectation of putting them into practice immediately or as soon as practicable.

The principles are based on the overarching commitment to the viewpoint that the needs of LGBTI people are understood, respected and made visible in Australia's aged care discourse and in aged care policies and programs.





INCLUSION – The rights and needs of older LGBTI people, their families and carers are included in the development of Australian Government aged care policies and programs

- LGBTI people are at the centre of all Australian Government aged care policies and programs that affect their lives. As such, policies and programs are developed and reviewed in consultation with older LGBTI people, their families, carers and advocates.
- The specific needs, wants and life experiences of LGBTI people are visible, acknowledged and respected so their health and wellbeing is promoted through the development of sustainable mechanisms to allow them to express their needs, wants and preferences in consultative structures to inform the development of aged care policies and programs.
- The life experiences, specific needs and wants of older LGBTI people, their families and carers are openly discussed and addressed to promote individual and collective LGBTI health and wellbeing.
- Older LGBTI people are involved in the development and evaluation of aged care programs and services through participatory consultative structures; these structures include, where appropriate, involvement by their families, carers and advocates.
- All government legislation, policies, standards, regulatory mechanisms, documentation and other materials that relate to or impact on the health and wellbeing of LGBTI people are appropriate to their needs and experiences and are inclusive.

EMPOWERMENT – Older LGBTI people, their families and carers are supported with the knowledge and confidence to maximise their use of the aged care system

- LGBTI individuals feel supported to develop confidence as consumers and self-advocates when they engage with the aged care sector and relevant agencies, including government. Older LGBTI people will have confidence to direct their care needs through a consumer-directed care service model. Appropriate advocacy services will support older LGBTI people where necessary.
- LGBTI people will decide whether or not to disclose their sexual orientation, sex or gender identity. Their self-identity if declared will be respected and maintained.
- The diversity within LGBTI communities is acknowledged and celebrated, and the individual and specific needs of people within those communities are recognised and addressed in the provision of aged care services.
- Older LGBTI people, their families and carers have the knowledge, capacity and support to exercise choice in both the type of culturally appropriate aged care service they want and the provider they prefer.



ACCESS AND EQUITY – All areas of aged care understand the importance of, and deliver, LGBTI-inclusive services

- Aged care services create an LGBTI-inclusive environment.
- In addressing the needs of older LGBTI people, the planning and provision of aged care services must be consumer directed, recognising that LGBTI people may have intersecting identities in relation to disability (including HIV status), ethnicity or cultural background.
- Aged care services are LGBTI inclusive and non-discriminatory regardless of whether or not LGBTI people and/or their carers disclose their sexual orientation, sex or gender identity, and they support other residents/clients in this practice.
- Aged care services recognise the value of approaching everyone as individuals, within a consumer-directed care approach. Consideration of a consumer's individual needs requires an appreciation of their history, health status (including HIV status), culture and experiences.
- All healthy ageing policy initiatives consider and address the needs of LGBTI people.
- The Home Support and Home Care components of the aged care program deliver effective, inclusive and informed support to older LGBTI people, their families and carers. This gives choice to LGBTI people to remain living independently in their own homes and communities as long as possible, if they wish to.
- LGBTI people who are geographically isolated have access to the range of services across the aged care continuum.

QUALITY – Care and support services provide quality services that meet the needs of older LGBTI people, their families and carers and are assessed accordingly

- Aged care services provide appropriate policy structures to ensure that, as a minimum standard, a welcoming, inclusive, confidential and culturally appropriate environment is created for LGBTI people. This includes responding to the needs of older people living with HIV.
- Aged care services ensure appropriate policies, procedures, practices and systems are in place to provide the most appropriate care to LGBTI people. Partnerships between government, aged care providers and LGBTI organisations are fostered to facilitate the delivery of best practice in all aged care services.
- All aged care workers have the skills, knowledge and training opportunities to challenge negative stereotypes so as to deliver appropriate consumer-directed care to LGBTI people and are supported by their employer's policies, practices and procedures.
- All aged care staff, from administration to management, understand the life experiences and needs of LGBTI people and are equipped with the necessary tools to provide LGBTI-inclusive practice.
- All aged care services are respectful of difference and diversity, are culturally appropriate and are LGBTI inclusive.
- Research, and translation of research into better practice, is encouraged and resourced. Development of policies and programs for LGBTI people, their families and carers is evidence based and informed by current research.

CAPACITY BUILDING – LGBTI individuals and communities have the capacity to both articulate their aged care needs and be involved in the development of services and the workforce to meet these needs

- The capacity of LGBTI communities is understood and factored into approaches to support LGBTI people accessing aged care services.
- The capacity of LGBTI communities is strengthened to assist in supporting the wider aged care service base to better meet the needs of LGBTI people.
- LGBTI people have the capacity to engage with, contribute to and shape the development and delivery of aged care services through volunteering.
- The capacity of LGBTI communities is strengthened to develop a workforce with the skills and knowledge to deliver LGBTI appropriate, sensitive and inclusive aged care services.
- The capacity of LGBTI communities is developed through partnerships with aged care providers and peak organisations to assist the wider aged care service base to meet the needs of LGBTI people, their families and carers to the highest possible standard.



STRATEGIC GOALS AND ACTIONS

The strategic goals and actions are the tangible outcomes that DoHA will achieve from 2012 to 2017.

GOAL 1 – LGBTI people will experience equitable access to appropriate ageing and aged care services

ACTION AREAS

DoHA will:

- 1.1 Include information on and discussion about the needs of older LGBTI people, their families and carers in aged care related publications and information.
- 1.2 In consultation with LGBTI communities, ensure the Gateway uses clear, visible indicators to identify aged care, respite and carer support services with specific expertise/interest in meeting the needs of LGBTI people. This will enable consumers to readily identify LGBTI inclusive aged care providers; and for aged care assessors or case managers to refer prospective clients efficiently and appropriately.
- 1.3 Use LGBTI-inclusive language and representation when developing new resources and reviewing existing resources. This will include developing a best practice intake and assessment form with accompanying procedures to help ensure it is culturally appropriate for LGBTI clients. These changes will be reflected in the aged care client record (ACCR).
- 1.4 Identify and promote opportunities to maximise the health and wellbeing outcomes of older LGBTI people.
- 1.5 Support the needs of geographically isolated LGBTI people, their families and carers and recognise these needs in the delivery of aged care services.



GOAL 2 – The aged care and LGBTI sectors will be supported and resourced to proactively address the needs of older LGBTI people

ACTION AREAS

DoHA will:

- 2.1 Make grants available from 2013–14 to expand the Community Visitors Scheme (CVS) to specifically include LGBTI people, their families and carers, to minimise social isolation.
- 2.2 Review the National Aged Care Advocacy Program (NACAP) guidelines to include an emphasis on promoting and maximising access to advocacy for older LGBTI people, starting from the entry point.
- 2.3 Increase awareness and understanding of advance care planning among LGBTI people, their families and carers.
- 2.4 Develop initiatives in dementia assessment and early diagnosis services; acute care; respite care; and palliative care that are inclusive of and responsive to the needs of LGBTI people.
- 2.5 Continue to support and evaluate innovative programs, projects and services addressing the goals of this Strategy and identified emerging issues, including through the Aged Care Service Improvement and Healthy Ageing Grants Fund or any similar fund.



GOAL 3 – Ageing and aged care services will be supported to deliver LGBTI-inclusive services

ACTION AREAS

DoHA will:

- 3.1 Recognise members of all the Special Needs groups identified in the Quality of Care Principles 1997, including LGBTI people, by specifically including them in the Accreditation Standards, Community Care Common Standards and Flexible Care Standards. Support the aged care sector in understanding how LGBTI people fit within these accreditation frameworks.
- 3.2 Promote understanding among aged care providers about the need for legal protection from discrimination on the grounds of sexual orientation, sex and gender identity, including unwanted disclosure of an individual's LGBTI status.
- 3.3 From July 2015, include LGBTI people in the Home Support Program Guidelines as a Special Needs group to receive *Special Needs* consideration in line with the *Aged Care Act 1997*.
- 3.4 Review aged care program guidelines (including Home Support and Home Care) to help ensure that service providers are clear about the service delivery expectations for LGBTI clients.
- 3.5 Ensure the Aged Care Complaints Scheme addresses LGBTI inclusion in its internal guidance and external awareness-raising materials aimed at consumers and industry.
- 3.6 Seek opportunities to recognise and promote excellence in LGBTI ageing and aged care initiatives, activities and programs.
- 3.7 Support and resource aged care and LGBTI peak organisations to help their members and stakeholders implement this Strategy.



GOAL 4 – LGBTI-inclusive ageing and aged care services will be delivered by a skilled and competent paid and volunteer workforce

ACTION AREAS

DoHA will:

- 4.1 Support all government-funded aged care providers to develop policies and organisational processes to address discrimination and prejudice; and to promote inclusion of LGBTI people, carers and staff within a best practice framework and among other residents/clients.
- 4.2 Deliver the *Living Longer Living Better* commitment of \$2.5 million over five years from 2012-13 to roll out LGBTI sensitivity training for the aged care workforce nationally.
- 4.3 Investigate and pursue options to increase LGBTI resources in accredited training competencies. This includes the vocational education and training (VET) sector and the tertiary education sector - in particular qualifications in aged care, home and community care, allied health, nursing, general practice and any relevant qualification related to aged care.
- 4.4 Facilitate opportunities to make professional development about LGBTI people continuously available for the aged care workforce, including nurses, general practitioners and allied health professionals. This will include support for the aged care sector to implement organisational change.
- 4.5 Ensure all aged care assessment team (ACAT) workers and Gateway employees are trained in LGBTI awareness relevant to their duties. This will include understanding that people living with HIV may experience age-related co-morbidities earlier than the general population.



GOAL 5 – LGBTI communities, including older LGBTI people, will be actively engaged in the planning, delivery and evaluation of ageing and aged care policies, programs and services

ACTION AREAS

DoHA will:

- 5.1 Promote the principles of consumer directed care to empower older LGBTI people, their families and carers to help ensure they receive culturally appropriate services.
- 5.2 Resource and support projects and approaches that seek to empower older LGBTI people as self-advocates and experts to be consulted about their own ageing and aged care needs and circumstances.
- 5.3 Establish new and use existing LGBTI consultative mechanisms on an ongoing basis to engage with the LGBTI sector about ageing and aged care issues. This includes enabling mechanisms such as communication strategies.
- 5.4 Include representatives from LGBTI communities and/or the LGBTI sector in all relevant ageing and aged care consultative mechanisms, to broaden discussions about the implementation of the *Living Longer Living Better* aged care reform package.
- 5.5 Continue to build and encourage partnerships between the federal government, state governments, LGBTI communities and the aged care sector, including Home and Community Care (HACC) and related agencies.
- 5.6 Develop a communication plan to promote awareness of the National LGBTI Ageing and Aged Care Strategy and its annual reporting through DoHA's existing communication channels among all stakeholders, including the National Aged Care Alliance (NACA), other ageing and aged care peak organisations, and other Commonwealth agencies and levels of government.
- 5.7 Make funding available to develop the capacity of LGBTI advocates to establish information sources and support networks for LGBTI people through NACAP.



GOAL 6 – LGBTI people, their families and carers will be a priority for ageing and aged care research

Note: Some LGBTI people may elect not to disclose their sexual orientation, sex or gender identity.

ACTION AREAS

DoHA will:

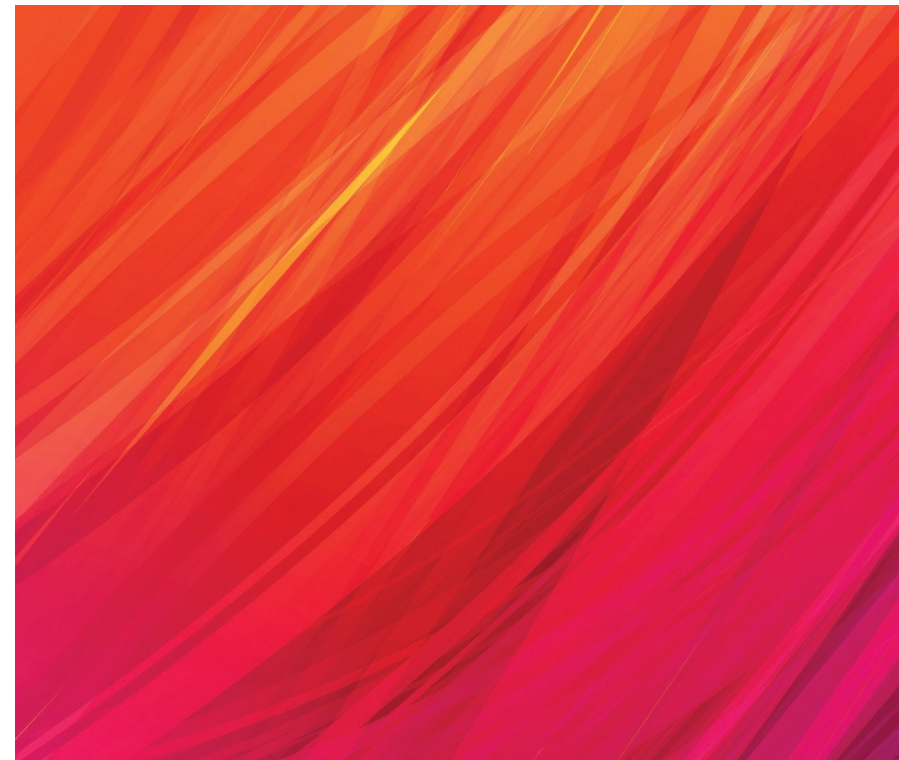
- 6.1 Increase the knowledge base, and practice guidelines about the health, wellbeing and experiences of LGBTI people within the residential and community aged care system.
- 6.2 Engage with the Australian Bureau of Statistics to include LGBTI indicators in the Australian Census and the Survey of Disability, Ageing and Carers (SDAC). Encourage the inclusion of LGBTI indicators within all ageing-related research projects.
- 6.3 Identify opportunities for appropriate inclusion of LGBTI indicators within aged care datasets and other monitoring mechanisms, following further consultation with the LGBTI sector.
- 6.4 Include LGBTI-related data and research in the Australian Institute of Health and Welfare (AIHW) data clearinghouse.
- 6.5 Engage with the AIHW to develop more available data related to older LGBTI people as part of research projects.
- 6.6 Identify opportunities for qualitative and quantitative research to be used in the development and evaluation of service provision to LGBTI people, and in healthy ageing initiatives that are inclusive of LGBTI people.
- 6.7 Evaluate DoHA-funded projects specific to LGBTI people and establish partnerships with existing research bodies with LGBTI expertise to establish best practice approaches in aged care.

APPENDICES

Gender, Gender Identity and Sexuality Terms

Bisexual	A person who is sexually and emotionally attracted to men and women.
Gay	A person whose primary emotional and sexual attraction is towards people of the same gender. The term is most commonly applied to men, although some women use this term.
Gender	<p>Characteristics that are often believed to be innate or biologically determined but include roles, behaviour, activities and attributes that a particular society considers appropriate for women and men.</p> <p>Note: 'Man' and 'woman' are gender terms; 'male' and 'female' are sex terms, derived from biology, and relate to anatomical and chromosomal attributes.</p>
Gender-diverse	People whose understanding or performance of their gender does not conform to social expectations based on their sex assigned at birth.
Gender Identity	<p>A person's sense of identity defined in relation to the social roles, attributes and behaviours customarily ascribed by society to 'women' and 'men'. For most people, biological sex and gender identity (birth assigned) are aligned, but for some (e.g. transgendered) they are in conflict. Others identify as androgynous (as both man and woman) and some reject any gender labels entirely.</p> <p>Note: 'Intersex' relates to sex (not gender) identity, although some intersex people also identify as transgendered.</p>
Family	In this Strategy, family includes family of choice. Due to possibly having experienced rejection from their biological families, some LGBTI people may form core relationship links with others who they may refer to as their 'family of choice'. This is similar to many other people's relationships with their biological family.
Intersex	<p>The presence of intermediate or atypical combinations of physical features that are usually seen to distinguish female from male. This may include variations in chromosomes, hormones, reproductive organs, genitals and other bodily features. Many people dislike the term 'condition' as pathologising, preferring to see intersex differences as naturally occurring human variations. The term 'disorders of sex development' (DSD) is not generally favoured. Nor is the term 'hermaphrodite', which has sometimes been inappropriately used to describe intersex people.</p> <p>Note: Intersex is not a form of gender identity.</p>
LGBTI	An acronym that refers to a group of people with diverse sexual orientation, sex or gender identity. It includes lesbian, gay, bisexual, transgender and intersex people and other sexuality, sex and gender non-conforming people, regardless of their term of self-identification. The letters may be in different orders (e.g. GLBTI) or without the 'I'.
Lesbian	A woman whose primary emotional and sexual attraction is towards other women.

Sex	The biological and physiological characteristics associated with ‘female’ and ‘male’. This includes chromosomal configuration, hormonal profile, reproductive organs, and secondary sex characteristics such as breasts, body hair and voice.
Sexual Orientation / Sexuality	The feelings or self-concept; direction of interest; or emotional, romantic, sexual or affection-related attraction towards others.
Transgender (short: Trans)	An umbrella term that encapsulates all people who do not fit the understanding of male and female gender roles. Transgender is an adjective to describe a diverse group of individuals who cross or transcend culturally defined categories of gender. The gender identity of transgender people differs to varying degrees from the sex they were assigned at birth. Transgender does not imply any specific form of sexual attraction – e.g. transgendered people identify variously as heterosexual, gay, lesbian, bisexual, pansexual or asexual. It includes all gender non-conforming people including transsexuals, cross-dressers, drag performers, and gender queer people. The very inclusivity of this term can be problematic because some feel that it erases the distinctions between, for example, those wishing to make permanent changes to their bodies to conform to innate gender feelings and those whose gender variance is in their style of gender presentation and expression. It is quite common for many transgendered people to transition: to permanently adopt the style and presentation of the opposite gender even if they do not undergo medically assisted gender reassignment. (See also Transition, Transsexual, Gender).
Transition	Describes both a public act and a process. It involves the permanent and public adoption of the style and presentation of the gender opposite to that of a person’s birth-assigned sex. It usually includes a change of name, chosen style of address and pronouns, as well as adopting the dress and style of presentation of a person’s innate gender. It also describes the process of changing one’s lived gender by permanently changing one’s body. For transsexuals this is a process of cosmetic procedures as well as cross-sexed hormone replacement therapy (HRT) and surgical intervention, usually referred to as sex or gender reassignment surgery (SRS-GRS) and now called gender affirmation surgery. The use of HRT, with or without surgical intervention, is usually referred to as medically assisted gender reassignment. Not all who transition undergo medically assisted gender reassignment. Some transgendered people (e.g. cross-dressers) remove facial and body hair and take cross-sexed hormones to improve their presentation. (See also Transgender, Transsexual).
Transsexual	A person who experiences a marked conflict between innate feelings of gender identity and the gender conventionally associated with their birth-assigned sex. It sometimes involves a rejection of their birth sex, including sexual anatomy and secondary sexual characteristics. This rejection is referred to as gender dysphoria. Transsexuals may undergo medically assisted gender reassignment, through cross-sexed HRT and gender affirmation surgery. For most transsexuals, HRT and/ or surgery significantly reduces the feelings of anxiety associated with gender dysphoria. (See also Transition, Transgender).
Transwoman	A person who has transitioned from a man to a woman (some may prefer to be referred to as ‘male to female’).
Transman	A person who has transitioned from a woman to a man (some may prefer to be referred to as ‘female to male’).



Acronyms and Terms

- ACAT** Aged Care Assessment Team
- Aged Care** Encompasses Australian Government funded programs providing personal care and/or nursing services, including home care (community care), the Home and Community Care Program, respite care, residential care and (from July 2015) the Home Support program.
- Aged Care Gateway** The identifiable entry point for the aged care system to enable timely and reliable information to be accessed by older people, their families, and carers.
- Carers** People who provide personal care, support and assistance to people with disability, a medical condition (including terminal or chronic illness), mental illness, or frailty due to age (as per the *Carer Recognition Act 2010*). Carers can be family members, friends, relatives, siblings or neighbours.
- Care Leaver** For the purpose of the Strategy, a care leaver is an adult who spent time in care as a child (i.e. under the age of 18). This care would have been approved by the state through a court order or on a voluntary basis. It could have been foster care, residential care (mainly children’s homes) or another arrangement outside the immediate or extended family. The care could have been provided directly by the state or by the voluntary or private sector. The term ‘care leaver’ includes Forgotten Australians, Former Child Migrants and Stolen Generations.
- Community Care** Care consisting of a package of personal care services and other personal assistance provided to a person who is not being provided with residential care (as per section 45-3 of the Aged Care Act 1997).

Consumer Directed Care (CDC)	For the purpose of this Strategy, CDC empowers the consumer to have more control over their own life. It focuses on the person's life goals and strengths, placing their needs at the centre of the services and support (including aged care and health services). The person makes choices and/or manages the services they access, to the extent they can and wish to do so, including who will deliver the services and when. Where there is a carer, their needs are also acknowledged and considered. CDC incorporates many of the principles of person-centred care, while putting the consumer in charge of decisions about their care.
EACH	Extended Aged Care at Home
HACC	Home and Community Care
HIV	Human Immunodeficiency Virus
Home Care	From 1 July 2013, two new types of Home Care packages (Level 1 and Level 3) will be established to complement the existing community aged care packages (CACPs) (Level 2 packages) and EACH packages (Level 4 packages). They will provide a continuum of home care options covering basic home care support all the way through to complex home care.
Home Support	A new program to start on 1 July 2015 that will combine the HACC program, the National Respite for Carers Program, Day Therapy Centres and the Assistance with Care and Housing for the Aged Program. The Home Support program will focus on prevention and reablement as the first level of care in an end-to-end aged care system.
Peak Organisation	An association of industries or groups that is generally established to develop standards and processes, or to act on behalf of all members when lobbying government or promoting the interests of the members.
Residential Care	Personal care and/or nursing care that is provided to a person in a residential facility in which the person is also provided with accommodation. It includes appropriate staffing to meet the nursing and personal care needs of the person; meals and cleaning services; and furnishings, furniture and equipment (as per section 41-3 of the <i>Aged Care Act 1997</i>).
Special Needs Group	The term 'people with Special Needs' is defined in section 11-3 of the <i>Aged Care Act 1997</i> and sections 4.4B to 4.4E of the <i>Allocation Principles 1997</i> made under the Act. There are eight groups of people with <i>Special Needs</i> : people from Aboriginal and Torres Strait Islander communities; people from non-English speaking (culturally and linguistically diverse) backgrounds; people who live in rural or remote areas; people who are financially or socially disadvantaged; people who are veterans, (of the Australian Defence Force or an allied defence force), including the spouse, widow or widower of a veteran; people who are homeless, or at risk of becoming homeless; people who are care leavers; and people from the LGBTI community.



Resources

To find a local LGBTI organisation in your area, visit the National LGBTI Health Alliance website at www.lgbtihealth.org.au/members and search for a relevant member in your state.

Gay and Lesbian Health Victoria has developed standards for LGBTI-inclusive practice. These help service providers understand how to create an inclusive environment for LGBTI staff, clients and visitors. The items below are available from <http://www.glhv.org.au/gbti-inclusive-practice>:

- GLBTI inclusive practice audit for health and human services
- GLBTI inclusive practice – a guide to working with rural communities
- The CAC Pack: sexuality and GLBTI inclusive practice in community aged care
- The RAC Pack: sexuality and GLBTI inclusive practice in residential aged care
- Beyond 'we treat everyone the same': A report on the 2010–2011 program How2 create a GLBTI inclusive service
- The Rainbow Tick prospectus and standards
- LGBTI Ageing Clearinghouse of relevant information

The following resources are also available:

GRAI Best Practice Guidelines

<http://grai.org.au/wordpress/wp-content/uploads/2010/07/Best-Practice-Guidelines.pdf>

Advance care planning for LGBTI people (NSW specific)

<http://www.scu.edu.au/aslarc/index.php/8>

We live here too: A guide to lesbian inclusive practice in aged care (Matrix Guild Vic.)

http://www.matrixguildvic.org.au/docs/booklet_WeLiveHereToo.pdf

Key Reading List

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All information in this publication is correct as at November 2012.