



**CREATING GLBTI INCLUSIVE
HOME AND COMMUNITY
CARE SERVICES.**



Dr Catherine Barrett
Carolyn Whyte
Pauline Crameri

THE HACC PACK



About Val's Café

Val's Café was established in 2009 to promote the health and wellbeing of older gay, lesbian bisexual, transgender and intersex (GLBTI) Australians. To achieve this Val's conducts research and advocacy, delivers education, develops resources, and builds community capacity. Val's has a website that provides links to resources for service providers and provides a regular newsletter. Val's membership is free and links service providers to updated information.

Val's Café is part of the Sexual Health and Ageing Program at The Australian Research Centre in Sex, Health and Society, La Trobe University.

For more information about Val's Café contact:

Carolyn Whyte
Val's Café Coordinator

215 Franklin Street
Melbourne, Victoria 3000.

Phone: +61 3 9479 8739
Email: c.whyte@latrobe.edu.au
Web: valscafe.org.au

Design Micah Scott
Photos Marco Fink

© MAV 2014

**CREATING GAY, LESBIAN,
BISEXUAL, TRANSGENDER AND
INTERSEX (GLBTI) INCLUSIVE
HOME AND COMMUNITY CARE
SERVICES.**

THE HACC PACK

DR CATHERINE BARRETT
CAROLYN WHYTE
PAULINE CRAMERI

ACKNOWLEDGMENTS

This project is supported by funding from the Commonwealth and Victorian Governments under the Home and Community Care program.

We would like to thank the following groups and individuals for their feedback on draft versions of this resource

Castlemaine Community Health

Caulfield Community Health

City of Ballarat

City of Banyule

City of Boroondara

City of Greater Bendigo

City of Kingston

City of Monash

City of Port Phillip

Maroondah City Council

Mornington Peninsula Shire

CONTENTS

<u>GLOSSARY</u>	6
<u>SECTION 1: BACKGROUND AND INTRODUCTION</u>	8
Community perceptions of sexuality	8
<u>SECTION 2: FROM HISTORICAL EXPERIENCES TO CURRENT LEGISLATION</u>	12
History matters	12
My People – the experiences of older GLBTI people	13
Changes to the legislation – for older people	15
<u>SECTION 3: THE EXPERIENCES OF GLBTI PEOPLE ACCESSING SERVICES</u>	16
Older GLBTI people	16
GLBTI Carers	18
Young GLBTI people with disabilities	19
<u>SECTION 4: UNDERSTANDING DOMAINS - THE NEEDS OF GLBTI CLIENTS</u>	20
Older gay, lesbian and bisexual people's health and wellbeing	20
Young people	21
<u>SECTION 5: LINKING GLBTI INCLUSIVE PRACTICE TO HACC FRAMEWORKS</u>	24
1. Diversity Planning in HACC services	24
2. Active Service Model	25
3. HACC Assessment Framework	25
4. Community Care Common Standards	26
<u>SECTION 6: STANDARDS FOR GLBTI INCLUSIVE SERVICES</u>	30
Standard 1: Organisational capability	32
Standard 2: Cultural safety	33
Standard 3: Professional development	36
Standard 4: Consumer consultation	38
Standard 5: Disclosure and documentation	39
Standard 6: Access and intake processes	41
<u>SECTION 7: RESOURCES</u>	46
<u>SECTION 8: REFERENCES</u>	50
<u>APPENDIX 1: COMMUNITY CARE COMMON STANDARDS</u>	53

GLOSSARY

This glossary has been adapted to reflect the way these terms have been utilised in this resource.

BISEXUAL

A person who is sexually and emotionally attracted to men and women.

CAMP

Historically a person referred to as 'camp' was gay.

COMING OUT

The process through which a GLBTI person comes to recognise and acknowledge (both to self and to others) his or her sexual orientation, gender identity or intersex status.

CLOSET

Refers to the act of hiding sexual orientation or gender identity.

GAY

A person whose primary emotional and sexual attraction is towards people of the same sex. The term is most commonly applied to men, although some women use this term.

GENDER IDENTITY

A person's sense of identity defined in relation to the categories male and female. Some people may identify as both male and female, while others may identify as male in one setting and female in other. Others identify as androgynous or intersex without identifying as female or male.

GLBTI

An acronym used to describe people from diverse sexual orientation or gender identity, people that

are gay, lesbian, bisexual, transgender and intersex. Sometimes presented as LGBTI or GLBTIQQ (adding people who are 'queer' or 'questioning' their sexuality orientation or gender identity). The acronym SSAGQ (same sex attracted and gender questioning is often used for young people).

GLBTI inclusive practice: a set of standards for health and human services to identify and meet the needs of GLBTI consumers. The standards include: creating a welcoming environment; consumer consultation regarding service planning and review; identifying and addressing the risk of homophobia/transphobia; addressing issues around disclosure and privacy; providing education to challenge homophobia and transphobia amongst staff and to ensure care is evidence based and person-centred; and embedding inclusive practice across organisational systems and seeking opportunities for improvement. The aims of inclusive practice are to understand and meet the needs of GLBTI clients – whether or not they choose to disclose their sexual orientation or gender identity.

HOMOPHOBIA

The fear and hatred of lesbians and gay men and of their sexual desires and practices.

INTERSEX

A biological condition where a person is born with reproductive organs and/or sex chromosomes that are not exclusively male or female. An incorrect term for intersex is hermaphrodite.

LESBIAN

A woman whose primary emotional and sexual attraction is toward other women.

QUEER

An umbrella term that includes a range of alternative sexual and gender identities, including gay, lesbian, bisexual and transgender. Many older people find the term queer offensive, as it literally means 'odd'.

SEXUAL ORIENTATION

The feelings or self-concept, direction of interest, or emotional, romantic, or sexual attraction toward others.

SEXUALITY

... a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors (World Health Organization, 2006, p. 5).

SEXUAL HEALTH

... a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled (World Health Organization, 2006, p. 5).

TRANSGENDER

A person who does not identify with their gender of upbringing. The terms male-to-female and female-to-male are used to refer to individuals who are undergoing or have undergone a process of gender affirmation (see Transsexual).

TRANSPHOBIA

Fear and hatred of people who are transgender.

TRANSSEXUAL

A person who is making, intends to make, or has made the transition to the gender with which they identify.

SECTION 1: BACKGROUND AND INTRODUCTION

This HACC Pack has been developed for Home and Community Care (HACC) services in Victoria to assist in meeting the needs of gay, lesbian, bisexual, transgender and intersex (GLBTI) clients. It was developed as part of a project to pilot, evaluate and disseminate education to staff in HACC services in Victoria. The project was funded by the Victorian Department of Health and conducted by Val's Cafe in partnership with the Municipal Association of Victoria.

The aim of the HACC Pack is to provide a resource, to accompany training sessions, that assists HACC service providers to develop awareness, practical skills, guidance and confidence to provide GLBTI inclusive services. In particular the content includes:

1. Understanding historical responses to sexuality, ageing and disability
2. Legislative changes recognising the needs of older GLBTI people
3. Links between GLBTI inclusive assessment and HACC frameworks
4. Domains of care – or the needs of GLBTI people
5. Assessment techniques
6. A list of resources.

COMMUNITY PERCEPTIONS OF SEXUALITY

Before considering the specific needs of GLBTI clients it is useful to stop and consider community perceptions of sexuality more broadly. The following section outlines the widely held community perception that older people and people who have a disability are not sexual. This has meant that we have also not considered the sexual (or gender diversity) of these groups.

Sexuality and ageing

It is useful to stop and consider what the term sexuality means. The definition used in this resource has been adapted from a definition developed by The World Health Organization (2006). The term sexuality refers to something that encompasses sex but is much broader and includes gender identities and roles, sexual orientation, eroticism, pleasure and intimacy.

This document aims to equip service providers to promote wellbeing in relation to sexuality – in other words, it aims to promote sexual health. What we are considering is sexuality, what we are aiming for is sexual health. The term sexual health is often misunderstood to be about preventing young people from getting sexually transmitted diseases. However, the term sexual health is much broader than prevention. Sexual health refers to physical, emotional, mental and social wellbeing in relation to sexuality. The term sexual health has particular relevance to the issues outlined in this resource. In particular it refers to the following rights of older people:

1. To affirmative responses to sexual expression
2. To be free from sexual abuse
3. To be free from discrimination relating to sexual orientation or gender identity.

This resource recognises that achieving these rights requires that HACC services have the information and skills to promote sexual health. In other words, the rights of service providers also need to be addressed and sit alongside the rights of older people. Before providing practical guidance, a summary of the evidence relating to the importance of sexual health to the emotional wellbeing of older people will be outlined.

There is a substantial body of evidence linking sexual health to emotional wellbeing (Planned Parenthood Federation of America, White Paper, 2003) including the wellbeing of older Australians. For example, in 2011 the Electronic Journal of Applied Psychology published a special edition on emotional wellbeing and ageing that included a paper on sexual health (Barrett, 2010). This paper provides a critique of the evidence linking sexual health to emotional wellbeing. The paper references studies demonstrating that sexual health can increase happiness (Trudel et al., 2000), reduce stress (Charnetski & Brennan, 2001) and is a strong predictor of higher quality of life (Weeks, 2002).

Further links between sexual health and emotional wellbeing have been made by the Department of Health Victoria (2011b) in its 'Well for Life' report which notes that: positively acknowledging the way a person expresses their sexuality can enhance emotional wellbeing (p. 33). The Well for Life program began with a focus on physical activity, then emotional wellbeing. The report notes that:

Emotional wellbeing is essential to a happy and healthy life. Activities to enhance emotional wellbeing strengthen an individual's capacity to maintain their independence, autonomy and general wellness. A combined focus on the three elements of physical activity, nutrition and emotional wellbeing supports the Victorian Department of Health's priority of promoting physical and mental health and wellbeing among older people. Well for Life is an integrated health promotion approach. Agencies use a range of interventions and partnerships to achieve positive outcomes for individuals and the community.

The Well for Life activities build on the holistic, health promoting principles of the active service model being implemented by Home and Community Care (HACC) services. By identifying an individual's abilities and focusing on restorative care to build capacity, the HACC Active Service Model approach assists people to make gains in their general health and wellbeing. Support services play a key role in encouraging and assisting individuals to identify and act on opportunities for independence and self-management (p. v).

The growing body of evidence on the importance of sexual health to the wellbeing of older people has resulted in the development of other resources on sexuality/intimacy by a number of peak bodies and other organisations including:

1. Alzheimer's Australia (Caring for someone with dementia: intimacy and sexual issues)
2. Alzheimer's Australia (Quality dementia care: understanding dementia care and sexuality in residential facilities)
3. National Stroke Foundation (Sexuality after stroke)
4. Better Health Channel (Dementia, sexuality and intimacy)
5. The Department of Veterans' Affairs (Relationships and communication)
6. The Royal Australian College of General Practitioners (Sex and the older man)
7. The National Ageing Research Institute (The Wellness project: promoting older people's sexual health).

While these resources represent a shift to recognition of older people as sexual, many staff delivering community aged care services have never received education on sexuality and may continue to hold the view that older people are not sexual. This presents a number of challenges in the delivery of person-centred care. In particular, without adequate guidance, staff may label sexual expression as deviant and fail to respond to sexual expression in a person-centred way. This barrier to person-centred care was highlighted in a study of sexual health promoting practices conducted by the National Ageing Research Institute (Osbourne et al., 2002). The study found that without policy to guide practice, responses to sexual expression were informed by staff values and beliefs about what was acceptable, rather than the client's needs.

While sexual health is an important component of the wellbeing of older people it is often not recognised as such in the provision of services to older people. Responses to sexual expression are varied and often informed by individual values and belief of service providers – which are often grounded in the values and beliefs of the community. Older people's sexuality can also vary according to the individual cultural group, and the cultural diversity of staff also influences responses to sexual expression.

Community values and beliefs

Understanding community perceptions of older people's sexuality is particularly important for HACC service providers. The consequences of a broadly held belief that older people are asexual may be that:

1. Many service providers have not had sexual health education and do not have policies and procedures to guide affirmative responses to sexual expression
2. Service providers working with older people may not have had education on how to prevent the sexual assault of older women
3. Some service providers responses to sexual expression are grounded in their own values and beliefs, shaped by ageist community perceptions
4. Perceptions of older people as asexual mean some older people think that sexual health is not something they can reasonably expect
5. Perceptions of older people as asexual may mean some of their families may want sexual expression eradicated
6. Until now many service providers have been unaware that older people can be sexually/gender diverse.

In the following section, we briefly outline strategies to promote positive responses to sexual expression.

Building confidence to respond to sexual expression

Most service providers have not been provided with education on how to respond to sexual expression in affirmative ways. One resource guiding responses in community aged care is the Well for Life report. The Well for Life concept started with a focus on improving the nutrition and physical activity of older people in a range of settings. The Department of Health Victoria has further enhanced

Well for Life by including a focus on improving emotional wellbeing. The Well for Life report includes a help sheet: Improving emotional wellbeing for older people at home. Help sheet 28 (2011b, p. 33): Sexual Expression. This help sheet provides a very useful guide to affirmative responses to sexual expression in home care (see: health.vic.gov.au/agedcare). Some of the strategies include:

1. Facilitate regular forums for staff to:
 - a. discuss case studies or experiences in relation to sexual expression
 - b. understand sexual expression as a person's right.
2. Invite staff to discuss what they think about sexual expression in order to:
 - a. acknowledge values, beliefs and staff discomfort
 - b. address myths
 - c. understand the impact of discriminatory responses
 - d. enable staff to differentiate between their needs and the older person's needs
 - e. identify inappropriate sexual expression
 - f. enable staff to feel supported.

A resource developed by the Australian Research Centre in Sex, Health and Society (Barrett, 2009) builds on these affirmative strategies to produce '10 tips' for affirmative responses to sexual expression in aged care services. The tips reiterate the concept that giving staff 'permission to speak' about sexuality is one of the most powerful ways of building staff confidence and competence in responding affirmatively to sexual expression. Talking about sexuality is also crucial to clarifying professional (sexual) boundaries for staff and clients.

SECTION 2: FROM HISTORICAL EXPERIENCES TO CURRENT LEGISLATION

This section focuses on the historical experiences of GLBTI people – and therefore relates predominately to older GLBTI people.

HISTORY MATTERS

An older GLBTI person, currently receiving home care, 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 also considered to be a pathological condition and people found to be gay, lesbian or transgender could be forced to undergo cures like shock therapy. Consequently, many older GLBTI people learned to hide their sexual orientation or gender identity to be safe. Being ‘outed’ could mean losing your job, family, friends and being imprisoned or given ‘curative’ treatments.

The Encyclopedia of Sexual Behaviour (Ellis & Abarbanel, 1961) includes a chapter on ‘homosexuality and other perversions’. Information included in the chapter is now widely recognised as inaccurate and reading this will be offensive to many GLBTI people and their friends or family. However, at the time this information represented a commonly held view and had a devastating impact on many older GLBTI people.

We invite you to read the extract below from the Encyclopedia and imagine you are a teenage boy in the 1960s. As you read the extract, be aware of how it would make you feel about what you read:

The causes of homosexuality [are]: In the complete absence of a father, or in the presence of a weak father, or perhaps an alcoholic father who spews forth hatred against the mother, the boy-child falls in love with his mother and seeks to become her lover. In panic flight from the specter of incest, he represses his sexual desire most effectively by suppressing his feeling toward all women (p. 487).

Homosexuality may be associated with other perversions (such as exhibitionism, sadism), neurosis, insanity, or alcoholism. Homosexuality is socially important because it may involve or lead to other offenses, such as blackmail and occasionally murder (p. 808).

Older gay clients currently accessing HACC services would have encountered these beliefs when they were growing up. The Encyclopedia also includes equally inaccurate and offensive information on ‘gay women’ and transgender people, which would also have had a significant effect on their sense of self and their understanding of community perceptions of their sexual orientation or gender identity.

The beliefs went largely unchallenged until the 1970s when homosexuality was decriminalised. The first state in Australia to decriminalise homosexuality was South Australia in 1972. The last was Tasmania in 1997.

MY PEOPLE - THE EXPERIENCES OF OLDER GLBTI PEOPLE

It is important for those providing services to older GLBTI people to consider how the belief that 'homosexuality' was 'badness' and 'madness' has impacted on older GLBTI people. For example, the My People study presents the story of a student nurse in the 1950s who told her nursing tutor that she was attracted to females. The nurse was referred to the hospital psychiatrist and given electric shock therapy to 'cure' her attraction to women. The nurse said: 'it was supposed to teach me how to be straight, all it taught me was to keep my mouth shut' (Barrett, 2008, p. 36). In another interview James (a gay man) reflected on his experiences as a young man and said:

I ended up in a psych[iatric] ward. I was in and out for months and I didn't know why I was attracted to men so I had to go to a psychiatrist. He told me he thought I was gay. They gave me shock treatment because I was stressed out and panicking and I didn't know what I was. They reckoned homosexuality was a sickness. But I don't believe it's a sickness. Because you love the same sex doesn't mean it's a sickness. (p36).

As a consequence of these negative views, many older GLBTI people went to extraordinary lengths to hide their sexual orientation or gender identity to feel safe. This was particularly highlighted in the My People, My Story resource where Elizabeth, a 75-year-old lesbian, talked about her sexual orientation:

There is a few people that know I am gay. I've got a friend who knows and I'm blowed if I can remember how she found out. Next door neighbour, I think, is suspicious but I never said anything and I never say anything. Apparently there are a couple of gay women living around here but I never say anything. You wouldn't see them because everyone is living incognito. We are all living behind enemy lines. There are two reasons why I don't disclose that I'm a gay woman. One, the church has taught that being gay is an anathema. Two, you can attract negative attention. So you are always making sure that in no way do you give it away that that's what you are. I sometimes wonder whether there is a couple of people have guessed but if they have I still don't verify it, because once people know you receive negative attention. Being a gay woman attracts negative attention (pp. 11-12).

The historical experiences of older GLBTI people have had a significant effect on their health and wellbeing as well as their fears about discrimination when accessing home care.

The My People report identified a number of legacies for older GLBTI people as a result of their historical experiences of discrimination. In particular the study found that some older GLBTI people:

1. Have never experienced a time when they have felt safe disclosing their sexual/gender identity
2. Revisit past discriminatory experiences when encountering discrimination
3. Have learned that they need to be assertive to prevent discrimination or hide their sexual orientation or gender identity
4. Often have a network of 'chosen' family or friends rather than genetic family ties, while some may have few social connections.

The My People study also found that some older GLBTI people closet their sexual orientation or gender identity when accessing home care because:

1. They are aware that discrimination occurs, as they have:
 - a. Experienced discrimination in home care services
 - b. Heard reports about discrimination in these and related services
 - c. Witnessed discriminatory responses from service providers to GLBTI people in the media
2. They fear a diminished standard of care or deterioration in their relationships with their care workers
3. They fear the resignation of valued home care workers
4. They believe that service providers do not expect them to be sexual or GLBTI
5. They believe that many service providers do not understand what GLBTI or GLBTI culture means and therefore how to meet their needs.

While some older GLBTI people closet (hide) who they are to protect themselves from discrimination, others are unable to hide. The My People report identified a number of older GLBTI people that had difficulty hiding their sexual orientation or gender identity from service providers including:

1. Transsexuals who do not 'pass' as a man or a woman
2. Cross-dressers who do not have the opportunity to cross-dress in privacy
3. Those who have a demonstrative relationship with their same sex partner
4. Men who are HIV positive and are therefore expected to be gay
5. Older people with dementia who have lost their capacity to assess when and where it is safe to disclose their sexual/gender identity.

The consequences of hiding sexual orientation and gender identity from service providers are significant. For some service providers this means they do not believe they have any GLBTI clients. The consequences of this invisibility for older people are also significant. The My People report found that some older GLBTI people who felt unable to disclose their sexual/gender identity also:

1. Felt unable to be themselves
2. Felt devalued or depressed
3. Experienced stress and pressure from maintaining a façade of heterosexuality
4. Have unmet care needs
5. Have limited opportunities for sexual expression.

Consequently, while up to 15% of the population is GLBTI (Smith et al., 2003) many older GLBTI people will hide their sexual orientation or gender identity and will not be visible to service providers.

The tendency of GLBTI people to hide their sexual orientation or gender identity makes it almost impossible for services to conduct an accurate demographic profile of GLBTI clients in their catchment. Many GLBTI people will not disclose their sexual orientation or gender identity just because a service needs a demographic profile of clients. Often a service needs to demonstrate a commitment to GLBTI inclusive practice before a GLBTI client will disclose.

CHANGES TO THE LEGISLATION - FOR OLDER PEOPLE

Recognition that older people are sexual is an important step in the education of service providers to understand that older people are also sexually (and gender) diverse. In 2012 there were significant reforms that recognised older GLBTI people. At a national level the Productivity Commission Inquiry into Caring for Older Australians considered the needs of older GLBTI people.

In August 2011 the Productivity Commission released its report on caring for older Australians (see: pc.gov.au/projects/inquiry/aged-care). The following section presents the recommendations from the Inquiry relating to GLBTI people and then the section describing the issues for older GLBTI people:

The recognition of sexual preference and gender identity as an aspect of diversity has been relatively recent and this has important implications for the provision of aged care services for the current cohort. Many older gay, lesbian, bisexual, transgender and intersex (GLBTI or sexually diverse) people have experienced considerable discrimination over the course of their lives and this may continue in aged care where their sexuality and/or gender identity are not recognised or supported in the delivery of aged care services.

The Australian Government has recognised that some parts of the mainstream aged care system could be more sensitive towards the preferences and needs of GLBTI people.

In the Commission's view, consideration of the development of a specific GLBTI strategy is warranted given the anticipated increase in demand for aged care services by this group and the limited recognition of their needs and preferences in the current policy framework, delivery of services and accreditation processes. Initiatives that increase the awareness of GLBTI issues within the aged care industry, such as training for aged care workers, are important in creating an environment in which sexual diversity is respected and catered for. There should be further initiatives between the Department of Health and Ageing (DoHA) and peak bodies to help create an aged care system that can better cater for and respond to the needs and preferences of GLBTI older people. Service providers have an obligation to ensure both policies and practices acknowledge these needs and respond appropriately. (Volume 2/11 Catering for diversity (p. 253) - 11.4 GLBTI people).

The Productivity Commission report represents a significant shift nationally in recognition of the needs of older GLBTI Australians. It noted that:

The Australian Government should ensure the accreditation standards for residential and community care are sufficient and robust enough to deliver services which cater to the needs and rights of people from diverse backgrounds including culturally and linguistically diverse, Indigenous and sexually diverse communities (Volume 2/11 Catering for diversity (p. 253) - 11.4 GLBTI people).

Perhaps one of the most significant responses to the report is the change to the Aged Care Act to recognise older GLBTI people as a special needs group.

SECTION 3: THE EXPERIENCES OF GLBTI PEOPLE ACCESSING SERVICES

The tendency of GLBTI people to hide their sexual orientation or gender identity from service providers can mean that some service providers don't realise they have GLBTI clients and don't see a need to provide GLBTI inclusive services. The failure of services to be inclusive of GLBTI clients reinforces to GLBTI people that it is not safe to disclose.

OLDER GLBTI PEOPLE

The experiences of older GLBTI people accessing community aged care services were documented in the My People study and included the following issues:

1. Some older gay and lesbian people will 'degay' their house before workers arrive
2. Some older GLBTI people will hide their sexual orientation or gender identity because they fear disclosure will mean losing a valued direct care worker
3. Some gay men will not disclose their sexual identity because they fear services will assume they are HIV positive and I withdraw services because they fear contagion of HIV
4. Some GLBTI people will wait to build up a relationship with service providers before disclosing their sexual orientation or gender identity
5. Some GLBTI people are very open about their sexual orientation or gender identity and will want assurances they will not be discriminated against
6. Many GLBTI people will listen for workers responses to GLBTI issues in the media to gauge a reaction to GLBTI people before making a decision on disclosure
7. Some GLBTI people accessing a group program, such as a planned activity group, fear that staff will not effectively manage homophobic and transphobic responses from older heterosexual people
8. Some older GLBTI people may be ostracised by families who do not value their sexuality or gender identity
9. Some older GLBTI people may be socially isolated because they do not have children and were cut off from families because they were GLBTI.

In a follow-up study to the My People study, the Permission to Speak study explored the perspectives of aged care service providers on caring for older GLBTI people. Six of the themes relating to the perspectives of service providers are listed next.

Ageism, homo/transphobia and the community

The homophobic and transphobic views of some aged care service providers were considered to reflect the views of the community. However, the dependency of older GLBTI people on services meant that homo/transphobia was more damaging when held by service providers. Homo/transphobia in rural communities, family members and older heterosexuals in shared services, such as planned activity groups (PAGS) were also reported to create obstacles for older GLBTI people.

Perceptions of asexuality in aged care

Some service providers considered their industry was prudish and conservative. Sexuality was understood to be about sex and older people were not expected to be sexual or sexually diverse.

Sexual expression was regarded as problematic and management strategies aimed at eradicating sexual expression included libido suppressants. A recurrent theme was the lack of permission to speak about sexuality. This was reflected in the reported consequent need for change to create GLBTI inclusive services for older people.

The unknown needs of older GLBTI people

Many service providers did not understand the needs of older GLBTI people. There was a common perception that being GLBTI was about 'who you had sex with' and older people were not expected to have sex. Consequently, older people who were GLBTI were not considered to have special care needs. However, there was a genuine interest in stories about and from older GLBTI people and in learning about their care needs.

The challenge of group based settings

Challenges for older GLBTI people in group based environments, such as planned activity groups (PAGs), were identified. Not only was there uncertainty around the needs of older GLBTI people accessing services, but also issues around supporting them as part of a mainstream group based program. Client rights appeared to be clouded by the levels of comfort some staff had with older GLBTI people, as well as discrimination from other clients also accessing the service and the ability of staff to manage this.

Gay men and the fear of HIV/AIDS

There was a general perception that all gay men were HIV positive and aged care service providers reported a general fear in the industry about the contagion of HIV/AIDS. Several service providers reported withdrawing physical contact from an older gay man, believing he was HIV positive (because he was gay), and that they could contract HIV from day-to-day contact. Several service providers reported they would 'over-glove' if they were caring for a gay man. The consequence for some older gay men was a reinforced belief that they needed to hide their sexuality from aged care service providers to avoid discrimination.

Fear of the unknown – transgender people

Fear was also apparent in the conversations around older transgender people. They appeared more likely to receive a negative response, including in some rural areas, where staff had never met a transgender person. Stories were shared of older transgender people encountering discrimination from co-clients when attending a community based service in a group setting and of cross-dressers being prohibited from cross-dressing. Concerns were also expressed about the readiness of aged care service providers to support transsexuals to maintain their gender identity, particularly if the client had dementia.

GLBTI CARERS

GLBTI people often undertake the role of carer. The study: No Need to Straighten Up – Discrimination, depression, anxiety and older lesbian, gay, bisexual, transgender and intersex Australians (Barrett et al., 2013) found that many of the interview participants were carers at some point in time to partners, other family members or friends. The report draws the parallel between this and the findings of the Stonewall report, which showed that older LGBT people in the study had a significantly higher rate of providing care than heterosexual counterparts in the study (Guasp, 2011).

Statistics outlined in the Stonewall report also raise some considerations for the care and support of LGBT people as they age. The report highlighted that 40% of gay and bisexual men over 55 years interviewed were single compared to 15% of heterosexual men, though the number of single lesbian and bisexual women 55 years and over was 30%, close in comparison to 26% of heterosexual women. The Stonewall report also noted that substantially fewer lesbian, gay and bisexual people in the study had children (40%) compared with heterosexual men and women in the study (90%). As children often assist with the carer and support needs of a parent as they age, this may be a consideration for care and support needs of older GLBTI people as they are less likely to have children.

GLBTI carers face many of the same issues experienced by heterosexual carers such as poorer health and wellbeing, stress, grief and financial hardship. In addition, the caring role is physically and emotionally demanding, and sometimes can contribute to the breakdown of relationships. However, there are a number of issues specific to GLBTI carers which may include:

1. Increased social isolation due to fear of discrimination or being outed by service providers and/or other service users
2. Potential lack of other supports for care and respite e.g. family/children resulting in over reliance on carer
3. Reluctance to access HACC services because of fear of discrimination or belief that they need to “straighten up” or go back into the closet, which compounds the burden on the carer
4. Lack of support for carer to debrief and talk about issues and challenges of caring
5. Delays in accessing services may increase vulnerability to premature admission to permanent care due to carer burnout and illness.

The following extract from the No Need to Straighten Up report highlights a number of these issues:

The stress involved in caring for an intimate partner also put pressure on some relationships. Pam described the care she provided for her partner for 25 years after she became ill. Pam’s partner was reluctant to have services come into their home because she was concerned about adverse responses to her sexuality. As a consequence, Pam gave up work to become her full-time carer and they moved to a rural area to reduce expenses. Pam described how she was a 24/7 carer and it was a big mistake. I think that taking on the carer’s role led to the destruction of our relationship. I overdid it. The change in their relationship dynamic and her partner’s health had a dramatic impact on their lives. ‘I thought this person was going to be in my life forever, said Pam, However, that’s changed’. Their relationship ended. Pam’s experience reinforces the

importance of services being GLBTI-inclusive to ensure equity and access for GLBTI people. Perhaps if this was the case, Pam and her partner may have been more confident accessing services and their outcomes may have been quite different.

Service providers need to be aware of these issues and recognise that GLBTI carers may be caring for a family member, a partner or a friend, or may be the person being cared for.

YOUNG GLBTI PEOPLE WITH DISABILITIES

The Well Proud report (Department of Health Victoria, 2008b) identified that GLBTI people with a disability can face a number of additional challenges, which can have an impact on the kinds of services and supports they seek, and how they interact with service providers. For example, they may have had limited information and opportunities to develop a positive self-perception of their sexual orientation or gender identity. They may rely on a small network of supporters who may not be aware of their sexual orientation or gender identity. Alternatively, they may be out (have disclosed their sexual orientation or gender identity to others), but feel that their sexual orientation or gender identity is ignored as a result of their disability.

SECTION 4: UNDERSTANDING DOMAINS - THE NEEDS OF GLBTI CLIENTS

This section presents the relatively limited information about the health and wellbeing of older GLBTI people. It outlines the historical experiences of older GLBTI people and describes the subsequent impacts on visibility and the health and wellbeing of older GLBTI people.

OLDER GAY, LESBIAN AND BISEXUAL PEOPLE'S HEALTH AND WELLBEING

The most comprehensive study of the health and wellbeing of older GLB people is the Stonewall report: Lesbian, Gay and Bisexual People in Later Life (Guasp, 2011) in which a survey was commissioned of 1,050 heterosexual and 1,036 lesbian, gay and bisexual people over the age of 55 across Britain. The survey asked about their experiences and expectations of getting older and examined their personal support structures, family connections and living arrangements. It also asked how they feel about getting older, the help they expect to need, and what they would like to be available from health and social care services. The report provides a compelling evidence base for the first time about older lesbian, gay and bisexual people in Britain.

The study found that lesbian, gay and bisexual people over 55 are:

1. More likely to be single (gay and bisexual men are almost three times more likely to be single than heterosexual men, 40% compared to 15%)
2. More likely to live alone (41% of LGB people live alone compared to 28% of heterosexual people)
3. Less likely to have children (just over a quarter of gay and bisexual men and half of lesbian and bisexual women have children compared to almost nine in ten heterosexual men and women)
4. Less likely to see biological family members on a regular basis (less than a quarter of LGB people see their biological family members at least once a week compared to more than half of heterosexual people).

The study also found that LGB people share many worries about ageing with their heterosexual peers but are consistently more anxious across a range of issues including future care needs, independence and mobility, and health including mental health and housing.

Half of the LGB participants reported feeling that their sexual orientation has, or will have, a negative effect on getting older.

A healthy lifestyle is important and while the smoking trends of older LGB people broadly follow those of heterosexual people, there are other notable differences. Older LGB people:

1. Drink alcohol more often (45% drink alcohol at least 'three or four days' a week compared to just 31% of heterosexual people)
2. Are more likely to take drugs (1 in 11 have taken drugs within the last year compared to 1 in 50 heterosexual people)
3. Are more likely to have a history of mental ill health and have more concerns about their mental health in the future
4. Lesbian and bisexual women are more likely to have ever been diagnosed with depression and anxiety (two in five have been diagnosed with depression, one in three with anxiety).

5. Gay and bisexual men are twice as likely to have ever been diagnosed with depression and anxiety than heterosexual men
6. 49% of lesbian, gay and bisexual people worry about their mental health compared to 37% of heterosexual people.

With diminished support networks in comparison to their heterosexual peers, more LGB people expect they will need to rely on formal support services as they get older.

Lesbian, gay and bisexual people are nearly twice as likely as their heterosexual peers to expect to rely on a range of external services including GPs, health and community care services and paid help. However, at the same time LGB people feel that providers of services won't be able to understand and meet their needs:

1. Three in five are not confident that social care and support services, like paid care, or housing services would be able to understand and meet their needs
2. More than two in five are not confident that mental health services would be able to understand and meet their needs
3. One in six are not confident that their GP and other health services would be able to understand and meet their needs.

As a result nearly half of the LGB participants in the study said they would be uncomfortable being out to care home staff, a third would be uncomfortable being out to a housing provider, hospital staff or a paid care worker, and approximately one in five wouldn't feel comfortable disclosing their sexual orientation to their GP.

Significant numbers of disabled LGB people also report they have not accessed the health, mental health and social care services in the last year they felt they needed.

The cumulative experience and concerns of older LGB people leaves them specifically concerned about the prospect either of living alone without support or having to enter care homes which will not meet their needs.

It is important to acknowledge that the experiences of GLBTI people in Australia may differ from those documented in this British study. There are also expected to be significant differences within the GLBTI community, given differences relating to ethnicity, rurality, socioeconomic status, etc.

YOUNG PEOPLE

In addition, the Well Proud report (Department of Health Victoria, 2008b) identified that the process of 'coming out' for young people living with disabilities may also mean the loss of vital family support to manage their disability because of their sexual orientation or gender identity and find themselves distanced from peers with disabilities. They may also experience isolation and marginalisation within the GLBTI community, and find themselves rejected in the culture of 'body beautiful' that exists in some parts of the GLBTI community. These factors may have a detrimental effect on health and wellbeing.

The national study *Writing Themselves in 3* (Hillier et al., 2010) presented key findings into the health and wellbeing of GLBTI young people in Australia. These findings included:

1. Confirming the link between homophobic abuse and negative health indicators. There were strong links between homophobic abuse and feeling unsafe, excessive drug use, self-harm and suicide attempts
2. Homophobic abuse was reported in the study as widespread with 61% of the young people having experienced verbal abuse, 18% physical abuse and 26% reported having experienced 'other' forms of homophobia such as gossip and graffiti
3. Support from friends, family and professionals was observed to be a crucial buffer against the impact of homophobic abuse.
4. Trans or 'Gender Questioning' young people were generally more likely to have always known their sexual identity and, were more likely to disclose, but less likely to receive support. They were also on a whole at a higher risk of homelessness, physical abuse, self-harm and suicide
5. The study showed there had been a general increase in support across the board at both the personal and societal level for GLBTI young people and as a result, 79% of the respondents reported that they felt 'good' about their sexuality. This represented a marked improvement on previous studies.
6. Sexuality education in schools remains predominately focused on heterosexuality with only 15% of the young people reporting they found the sexuality education provided by their school as useful.

The study did not ask about disability; however it did acknowledge that there are 'multiple layers of influence' that determine how a young person feels about their sexuality. GLBTI young people who have a disability encounter discrimination often associated with identifying as same sex attracted or gender diverse.



SECTION 5: LINKING GLBTI INCLUSIVE PRACTICE TO HACC FRAMEWORKS

There are strong links between the current frameworks for HACC services in Victoria and GLBTI inclusive practice. In particular, between GLBTI inclusive practice and:

1. Diversity Planning
2. The Active Service Model
3. HACC Assessment Framework
4. The Community Care Common Standards

This section will explore each of these HACC frameworks and their links to GLBTI inclusive HACC services.

1. DIVERSITY PLANNING IN HACC SERVICES

Recognition of the needs of GLBTI people in Victoria has been boosted as a result of HACC Diversity Planning. Diversity is a concept that recognises that each person is unique and has different beliefs, values, preferences and life experiences. For some people these differences may result in barriers to accessing or using services. For example, barriers such as a lack of confidence, a lack of information or a belief that a service will not respond to their needs may impede a person's willingness or ability to access a service.

Diversity planning and practice includes a focus on the HACC five special needs' groups and the characteristics within and across these groups. The groups are:

1. People from Aboriginal and Torres Strait Islander backgrounds
2. People from culturally and linguistically diverse (CALD) backgrounds
3. People with dementia
4. People living in rural and remote areas
5. People experiencing financial disadvantage (including people who experience or are at risk of homelessness).

Diversity planning and practice also addresses other characteristics that may be a barrier to accessing services such as age, socioeconomic status, gender, faith, spirituality and those who identify as GLBTI. By taking into account the diversity characteristics of individuals and communities, HACC services can better respond to the needs of individuals and communities.

HACC funded organisations were required to develop a HACC Diversity Plan for the period 1 July 2012 to 30 June 2015 that identified their priorities based on a population planning approach. It is expected that the outcome will include improved service responses to GLBTI communities.

Further information about HACC Diversity Planning and Practice can be found in Strengthening Diversity Planning and Practice: A Guide For Victorian Home And Community Care Services (see health.vic.gov.au/hacc/downloads/diversity/diversity_guide.pdf) & Diversity Planning and Practice Policy Statement (see [docs.health.vic.gov.au/docs/doc/495E13BE784CEF4ECA257C7D002251DB/\\$FILE/diversity%20planning%20and%20practice.pdf](http://docs.health.vic.gov.au/docs/doc/495E13BE784CEF4ECA257C7D002251DB/$FILE/diversity%20planning%20and%20practice.pdf))

2. ACTIVE SERVICE MODEL

In 2010 the Victorian HACC Active Service Model (ASM) was implemented to promote independence and social inclusion for older people. The ASM is a quality improvement initiative that explicitly focuses on promoting capacity building and restorative care in service delivery (Department of Health Victoria, 2010). The goal of the ASM is for people in the HACC target group to live in the community as independently and autonomously as possible. In this context, independence refers to the capacity of people to manage activities of daily life and autonomy refers to making decisions about one's life.

The ASM is located in the broad policy context, which emphasises early intervention and prevention in all services and for older people, helping them to 'stay involved in everyday activities to maintain or rebuild their confidence and stay active and healthy'. In Victoria, there are a number of related developments which share one or a number of the objectives of person-centred care, social inclusion, working with people's strengths and references, working collaboratively with the person and the carer, and proactively promoting health and capacity.

As the previous sections have outlined, some older GLBTI people feel they need to hide their sexual orientation and gender identity from service providers – meaning their needs relating to autonomy and independence are not being adequately addressed. Some older GLBTI people may become socially isolated as a result of receiving HACC services if they feel they need to hide their connections to GLBTI people and events.

Underpinning ASM is the importance of assessment as a means of determining peoples' needs.

For further information about the Active Service Model (ASM) see health.vic.gov.au/hacc/projects/asm_project.htm and for a comprehensive range of ASM resources see health.vic.gov.au/hacc/projects/asm_resource.htm

3. HACC ASSESSMENT FRAMEWORK

Good quality home based assessment and care planning are key enablers for the implementation of the Active Service Model and have been incorporated into the ASM. Assessment approaches that build on client and carer strengths and abilities with a focus on improving their quality of life, social participation and functional capacity are fundamental to the implementation of the ASM approach. Most referrals to HACC services will prompt a Living at Home Assessment, to gain a broad understanding of the type and range of a person and their family or carer's needs for community-based services, in order to build people's capacity to remain living as independently as possible. This involves careful care planning, matching the person's needs to the most appropriate service response either from informal sources, community resources, groups or subsidised services.

The assessment and care planning processes build on the person's and carer's autonomy, by offering choices and focusing on individual strengths and interests. They also encourage people to do more for themselves, by regaining skills and capacities wherever possible, strengthening social, community

and family connections. The assessment is a process of relationship building which occurs over time as a person's needs change, become more evident or they become more receptive to intervention. In this sense, assessment is usually not a one-off event, but an ongoing process of building trust and understanding. Building trust with GLBTI clients can assist these clients to feel that it is safe to disclose their sexual orientation and gender identity. This in turn can result in a better understanding of their needs – particularly in relation to social and community connections.

For further information about the HACC Assessment Framework see health.vic.gov.au/hacc/assessment.htm#download

4. COMMUNITY CARE COMMON STANDARDS

The Community Care Common Standards (CCCS) are applicable to the Home and Community Care (HACC) program nationally. The CCCS comprise three standards:

- Standard 1 Effective Management
- Standard 2 Appropriate Access and Service Delivery
- Standard 3 Service User Rights and Responsibilities.

There are 18 expected outcomes: eight effective management outcomes; five appropriate access and service delivery outcomes; and five service user rights and responsibilities outcomes.

The CCCS guide contains information about the standards and expected outcomes, the quality review tools and process and related documents.

The links between GLBTI inclusive practice and the Community Care Common Standards can be made in relation to almost every standard. The following table highlights some of the key CCCS expected outcomes and selected practice and processes that link to GLBTI inclusive practice:

CCCS expected outcomes	CCCS practices and processes	GLBTI inclusive practice
1.4: Community understanding and engagement	Meeting the needs of people most in need of services, who are most disadvantaged, and who have limited access to services due to cultural and linguistic barriers or special needs such as sensory loss or dementia	<p>Gain an understanding of GLBTI communities</p> <p>Undertake research or training to understand the experiences of older and disabled GLBTI people</p> <p>Identify gaps in service delivery and develop appropriate strategies and responses</p> <p>Engage key stakeholders – work with community partners, participate in networks (e.g. Val's Café)</p> <p>Develop policies and procedures that support GLBTI inclusive service delivery</p>
1.5 Continuous improvement	Striving to improve outcomes for service users, staff, volunteers and the organisation through leadership, research, monitoring, consultation and evaluation	<p>Conduct an audit of the service to determine compliance with the National Standards for GLBTI Inclusive Practice and utilise the outcomes to plan improvements.</p> <p>Encourage and facilitate ongoing feedback from GLBTI service users and their representatives (including complaints, compliments and other feedback), management, staff, volunteers, the community, and other relevant stakeholders</p>
1.6: Risk management	Identification and implementation of strategies to reduce the occurrence of risks	<p>Reduce the risk of homophobic responses to GLBTI clients by providing staff education</p> <p>Develop organisational policies that make the organisation's position on GLBTI inclusive practice clear to all stakeholders including other service users, staff</p>

CCCS expected outcomes	CCCS practices and processes	GLBTI inclusive practice
2.1: Service access	Service users should be afforded access to services in accordance with funding program guidelines and their assessed needs, with consideration given to the amount and type of services the service provider is funded to provide. This includes access for people with special needs	<p>Address the needs of GLBTI service users in the services' HACC Diversity Plan</p> <p>Ensure messages of GLBTI inclusion are included in promotional material for the service and at points of access, such as intake, assessment, and service delivery to send a message of welcome to GLBTI community members</p> <p>Provide ongoing professional development opportunities for staff regarding the needs of GLBTI people and demonstration of inclusive service provision</p>
2.2: Assessment	The assessment process ensures that the services delivered are appropriate to the needs of the service user and are in accord with the funding requirements and guidelines	<p>Assessment staff need to:</p> <ul style="list-style-type: none"> develop skills and have an understanding of the history and needs of GLBTI older and disabled people be aware that disclosure may not occur at assessment ensure the assessment is a conversation, and to utilise GLBTI inclusive strategies and language at all times to send a message of welcome and inclusivity respond in a competent and welcoming manner if a GLBTI service user discloses <p>The services should provide clear guidance on undertaking GLBTI inclusive assessment. Strategies should be included in the services' assessment guidelines, and policy and procedure. (Refer to Section 6, Standard 6 for GLBTI inclusive assessment practice)</p>

CCCS expected outcomes	CCCS practices and processes	GLBTI inclusive practice
3.1 Information Provision	<p>Each service user, or prospective service user, is provided with information (initially and on an ongoing basis) in a format appropriate to their needs to assist them to make service choices and gain an understanding of the services available to them and their rights and responsibilities</p> <p>Providing information to prospective service users ensures they understand the type and amount of services they may be eligible to receive and their rights and responsibilities as service users</p>	<p>Service information should include GLBTI inclusive language and imagery to send a message of welcome and inclusivity to current and prospective GLBTI service users</p> <p>Ensure the service further outlines rights and responsibilities to include sexual orientation and gender identity, and to ensure the safety of GLBTI clients from homo/transphobia from other service users and staff</p>
3.2 Privacy and Confidentiality	<p>Each service user's right to privacy, dignity and confidentiality is respected including in the collection, use and disclosure of personal information</p>	<p>If a service users discloses their sexual orientation or gender identity, ask if or how they would like the information documented or shared</p> <p>Ensure staff have a full understanding of privacy and consent legislation and requirements, and how it relates to sharing information and disclosure. In addition ensure the service is aware of legislation with regard to HIV</p> <p>Include specific information on disclosure of sexual orientation or gender identity, and HIV status in service policies and procedures such as privacy and, confidentiality, assessment, care planning, referral etc.</p>

The Community Care Common Standards (CCCS) guide (Commonwealth Department of Health and Ageing, 2010) can be found at health.gov.au/internet/main/publishing.nsf/Content/ageing-publicat-commcare-standards.htm

SECTION 6: STANDARDS FOR GLBTI INCLUSIVE SERVICES

Gay and Lesbian Health Victoria has developed a set of GLBTI standards for health and human services (including HACC services) to provide guidance on how to be inclusive of GLBTI clients. The standards have been adapted from Well Proud to include pragmatic indicators that reflect broad quality frameworks. The standards include: organisational capability, GLBTI cultural safety, professional development, consumer consultation and participation, disclosure and documentation, and access and intake processes.

The aim of the standards/GLBTI inclusive practice is to assist services to understand the needs of GLBTI clients and to provide services that are inclusive of GLBTI people, whether they disclose or not.

The standards take a systemic approach to GLBTI inclusive practice. This approach recognises that the values and beliefs of service providers can be a significant barrier to GLBTI inclusive practice. It recognises that providing a power point presentation may not be enough to change practice. It offers a framework that sits alongside education, recognising that when change is complex, organisations need to be very clear to staff what is expected of them. The standards also show how GLBTI inclusive assessment in HACC services cannot be viewed in isolation from staff education, or policies around disclosure and documentation or considerations about the safety of GLBTI clients who disclose their sexual orientation or gender identity.

The following pie chart shows the links between GLBTI inclusive access and intake processes (a key point for assessment) and the other standards for GLBTI inclusive practice. It presents assessment as one part of whole system change. For example, GLBTI inclusive access and intake processes can communicate to GLBTI clients that it is safe to disclose their sexual orientation and gender identity. If a GLBTI client discloses it is important that staff understand the disclosure and documentation processes. It is also important that staff have had professional development to understand the organisations disclosure and documentation processes and ensure the cultural safety of the client.



This systemic, service wide approach provides a framework for services to check that staff are adequately resourced to meet the needs of GLBTI clients. It shifts the onus off individual staff responses (from being either GLBTI inclusive or not) to providing clear guidance about what the organisation expects in the delivery of services to GLBTI clients. For examples of the application of these standards to health and human services, please see the report: Beyond we treat everyone the same – How2 create a GLBTI inclusive service (Barrett & Stevens, 2012). The subsequent report, Beyond a rainbow sticker – A report on How2 create a gay, lesbian, bisexual, transgender and intersex (GLBTI) inclusive service (Barrett, Turner & Leonard, 2013) highlights the application of these standards by a number of HACC service providers. Both reports are available from: valscafe.org.au/

In the next section considerations in the application of the GLBTI inclusive practice standards to HACC services are presented. You will note that the standards link closely to each other – not surprising given this is a ‘whole of service’ approach. It is really important that no standard is viewed in isolation. For each standard the following are provided:

1. General considerations for HACC services
2. Examples of strategies

Additionally, many of the sections include further resources specific to each standard. Furthermore, in Standard 6 (access and intake) additional information includes the adaptation of the HACC assessment and ASM principles and their relationship to GLBTI inclusive practice.

STANDARD 1: ORGANISATIONAL CAPABILITY

The organisation embeds GLBTI inclusive practice across all organisational systems and continuously seeks opportunities for improvements.

Indicators

1. Are the standards outlined in this document reflected in the organisation's mission statement, vision, job descriptions, service contracts, performance appraisal system, service models, diversity plan and quality management plan?
2. Does the organisation demonstrate its commitment to the health and wellbeing of GLBTI people by creating a workplace that values GLBTI employees?
3. Does the organisation have an integrated GLBTI consumer feedback system which ensures continuous quality improvement and planning in relation to these standards?
4. Does the organisation have systems for monitoring compliance with these standards and making continuous improvements to enhance GLBTI inclusive practice?

General considerations for HACC services

1. Addressing myths about sexuality/disability and ageing is an important way for an organisation to build its capacity to meet the needs of GLBTI clients
2. Diversity planning provides the opportunity for organisations to conduct a GLBTI inclusive practice audit to check their progress against the standards, reflect on current practice and identify opportunities for improvement
3. Gaps identified in the audit could be listed as actions in the HACC diversity plan
4. The audit could be repeated on an annual basis to monitor improvements.

Examples of strategies

1. The service conducts an audit of its compliance against the National Standards for GLBTI Inclusive Practice and utilises the audit to plan for improvements
2. The service repeats the audit on an annual basis to monitor progress
3. The service explicitly refers to the importance of GLBTI inclusive practice in its HACC diversity plan
4. The service's strategies for GLBTI inclusive practice are included in their quality plan
5. The service's statements about diversity include references to sexual orientation and gender identity and is reflected in organisational processes including: employment processes, staff orientation, team meetings, performance reviews, etc.
6. The service has professional values and codes of conduct that are clearly articulated to staff and define their responsibility to deliver and support GLBTI inclusive care.

STANDARD 2: CULTURAL SAFETY

Services and programs identify, assess and manage risks to ensure the cultural safety of GLBTI consumers.

Indicators

1. Does the organisation disseminate information about GLBTI cultural safety across its services and to other organisations?
2. Does the organisation's risk management systems include strategies to identify and manage potential risks to the cultural safety of GLBTI consumers?
3. Does the organisation have processes for identifying and responding to breaches of the cultural safety for consumers by staff, consumers, visitors or volunteers?

General considerations for HACC services

1. Cultural safety involves understanding GLBTI history, the power imbalances that can exist between service providers and GLBTI clients, and how the values and beliefs of individual staff can influence service delivery. These components influence and intersect with the organisation's response and commitment to GLBTI inclusive practice
2. GLBTI cultural safety is achieved through the process of the service provider/organisation understanding its own culture and the power relationship with GLBTI clients
3. A GLBTI culturally safe service is a service in which GLBTI are recognised and valued
4. Before undertaking a GLBTI inclusive assessment it is important to ensure that: potential risks have been identified (see table with sample of potential risks and minimisation strategies on following page); that staff education has been provided to ensure a positive response; and that the organisation has a policy or procedure on documentation
5. Some services do not believe they have any GLBTI clients and so do not believe they need to be GLBTI inclusive. The failure to provide a GLBTI inclusive service may reiterate to GLBTI people that it is not safe to disclose to service providers
6. Some service providers display messages of welcome to GLBTI people before ensuring that the service is safe for GLBTI clients
7. Staff providing services in group settings need to understand the risks of homophobia and transphobia to GLBTI people from other clients. Service providers need to understand their responsibility to protect GLBTI clients from discrimination from other service providers and other clients in these settings
8. Some people who choose not to disclose their sexual orientation or gender identity may revisit previous discrimination and trauma if homophobic or transphobic remarks are made.
9. Appropriate responses to discrimination provide the opportunity to communicate to GLBTI people that they are valued
10. Unless services are GLBTI inclusive, GLBTI people will not disclose their needs including their needs relating to community connectedness. This may result in GLBTI people becoming more socially isolated as a result of linking into the service
11. Some GLBTI people feel they need to hide indicators that they are GLBTI in their own home so that they feel safe from discrimination by service providers. Service providers need to understand that by broadly communicating a message of GLBTI inclusivity they can assist GLBTI clients to feel safe in their own home when accessing services
12. In rural services the concerns of GLBTI people may be amplified because of the likelihood that they will know service providers and will interact with service providers as community members,

for example in the local supermarket

13. Some older gay men hide their sexuality because they believe staff think all gay men are HIV positive.
14. Some gay men receive substandard care from service providers who mistakenly believe that all gay men are HIV positive and they can contract HIV from touching a HIV positive client
15. Some older transgender people may have difficulty 'passing' and become the subject of derision because of a perceived 'ambivalent' gender.

Examples of strategies

1. Identify potential risks related to GLBTI inclusive assessment and/or service delivery, and identify strategies to minimise these risks (see table with sample of potential risks and minimisation strategies below)
2. Conduct a staff survey to explore staff values, beliefs and attitude towards GLBTI people and determine strategies for staff education
3. Ensure staff in the service have an understanding of the components of GLBTI cultural safety – the historical experiences of older GLBTI people, power imbalances that may occur, the impact of their own cultural reality, values, beliefs and attitudes may have in the delivery of services to older GLBTI people
4. Provide clear guidance to staff regarding the organisation's mission, values, policies and documentation, and how their cultural reality intersects with these in the provision of culturally safe services
5. Provide education so that staff understand what homophobia and transphobia are (particularly more indirect forms of discrimination e.g. negative stereotypes, reduced standard of care) as well as their responsibility not to discriminate
6. Provide education for staff on their responsibility to protect GLBTI people from discrimination from other clients in group based settings such as a PAG
7. Provide education for staff on the historical treatment of older GLBTI people and the impacts of discrimination on their health and wellbeing
8. It is not about asking a question about sexual orientation or gender identity; it is about providing a GLBTI inclusive service that will ensure any disclosure by a GLBTI client will receive a safe, positive, welcoming response by staff and the service. And if a GLBTI client accessing the service doesn't choose to disclose, they are still receiving a message that they are valued and the service is safe, inclusive and welcoming
9. Have a specific strategy (or statement within an existing strategy) articulating the organisational responsibilities in relation to GLBTI clients and the required response to incidents of homophobia or transphobia.

Examples of potential risks and minimisation strategies:

No.	Potential risk	Risk minimisation strategy
1	The organisation has GLBTI inclusive processes that encourage GLBTI clients to disclose, but the organisation is not GLBTI inclusive as a whole.	It is important to ensure that all the standards are addressed before inviting clients to disclose their sexual orientation or gender identity
2	That GLBTI inclusive processes are implemented before the organisation has developed a policy on documentation of people's sexual orientation and gender identity	It is important to have an organisational policy on disclosure and documentation – and staff familiar with this policy before implementing GLBTI inclusive assessment
3	That GLBTI inclusive processes are implemented before staff education is provided on GLBTI inclusive practice	Once the organisation has a process/policy for assessment and documentation/disclosure then staff education is provided.
4	That assessment is conceptualised as a 'tick box' of questions related to sexual orientation and gender identity – missing the subtleties of building rapport and trust	Staff education is provided to understand how some older GLBTI clients wait to build rapport before disclosing, or test the responses of service providers before disclosing
2	That the organisation promotes itself as GLBTI inclusive and GLBTI clients disclose their sexual orientation and gender identity when it is not safe to do so	Rather than promoting itself as GLBTI inclusive an organisation could promote the activities it is undertaking to achieve GLBTI inclusive practice
5	A staff member inadvertently discloses a person's sexual orientation or gender identity when it is not safe to do so	The organisation needs to ensure that all staff are familiar with Standard 4 relating to documentation and disclosure (and their own health privacy principles,) and understand the potential consequences of disclosing sexual orientation and gender identity when it is not safe to do so

STANDARD 3: PROFESSIONAL DEVELOPMENT

Professional development is provided to ensure all staff in the service are confident about GLBTI inclusive practice and understand their responsibilities in relation to service delivery to GLBTI consumers.

Indicators

1. Does the organisation have a systematic process for assessing the professional development needs of staff and volunteers relating to GLBTI inclusive practice?
2. Does the organisation systematically provide professional development to all staff and volunteers that includes legal responsibilities, GLBTI inclusive practice and cultural safety and a consideration of the impact of employee's attitudes and beliefs?
3. Does the organisation keep up to date with current trends in the field of GLBTI service provision and use evidence to educate staff on how to improve outcomes for its GLBTI consumers?
4. Does the organisation participate in professional associations and other forums in its field regarding the provision of services to GLBTI consumers?

General considerations for HACC services

1. There is a general perception in the community that older people and people with disabilities are not sexual
2. Views of older people/people with disabilities as asexual mean that many service providers working with older people/people with disabilities have never had education on how to respond in affirmative ways to sexual expression
3. It is important that staff education is provided on the importance of:
 - a. Understanding the effects of staff values and beliefs on the services provided
 - b. Sexual expression to the wellbeing of older people
 - c. Affirmative responses to sexual expression
 - d. Client privacy
 - e. Professional (sexual) boundaries.
4. Perceptions of asexuality may lead to disbelief that older people/people with disabilities are sexually/gender diverse
5. Some service providers believe that older gay people are 'no longer gay' because they are old – education needs to be provided to clarify what sexuality and gender are
6. Achieving GLBTI inclusive practice requires that service providers understand their own values and beliefs about GLBTI people
7. GLBTI inclusive practice requires that staff understand any unhelpful or inaccurate stereotypes they have in relation to GLBTI people
8. It is important that service providers understand what HIV is and what it is not. In particular, that service providers understand:
 - a. Not all gay men are HIV positive
 - b. Not all HIV positive people are gay men
 - c. That stigma and discrimination in services have a devastating impact on the wellbeing of HIV positive people
 - d. The role of standard/universal precautions in protecting staff against HIV
9. Professional development needs to include pragmatic strategies (policies, procedures, guidelines) to support such substantial changes

10. Professional development needs to include working with families who are GLBTI and working with families who are not supportive of a client's sexual orientation or gender identity.

Examples of strategies

1. Undertake a staff survey to determine staff understanding of older GLBTI people, their experiences and needs to assist in guiding professional development content and approach
2. Provide education for staff on:
 - a. the social context of views of older people/people with disabilities as asexual
 - b. the rights of older people/people with disabilities to sexual expression
 - c. the rights of older people/people with disabilities to sexual and gender diversity
 - d. the rights of older people/people with disabilities to be free from sexual coercion and violence
 - e. the importance of sexual boundaries.
3. Include the following three important components of cultural safety in the education content:
 - a. understanding GLBTI history
 - b. the power imbalances that may exist between service providers and GLBTI clients
 - c. the values and beliefs that individual staff bring to service delivery and how these interact with older GLBTI people and GLBTI inclusive service delivery.
4. Educate staff about the historical experiences of older GLBTI people and the impact on health and wellbeing
5. Educate staff on GLBTI people's perceptions of community care
6. Educate staff on GLBTI inclusive practice – to ensure they are clear about the organisation's expectations
7. Facilitate opportunities for staff to discuss (in respectful ways) their values and beliefs relating to GLBTI people and the impact these are likely to have on the care they provide.

STANDARD 4: CONSUMER CONSULTATION

GLBTI consumers/the GLBTI community are consulted about, and participate in, the planning, development and review of the service.

Indicators

1. Does the organisation work with GLBTI consumers (or GLBTI community) to identify the needs of the GLBTI consumers and use this information to develop GLBTI inclusive services?
2. Does the organisation have a system for the ongoing monitoring of its GLBTI consumers to identify changing needs and evaluate outcomes of service improvements?
3. As part of its ongoing assessment of the consumer experience, does the organisation analyse its performance in working with GLBTI consumers and undertake appropriate service improvements?

General considerations for HACC services

1. Some GLBTI people have hidden their sexual orientation or gender identity all their lives in order to be safe. Services may need to build respect and trust before consumers feel safe to provide feedback
2. Investing in feedback from GLBTI people is very worthwhile. Older GLBTI people have amazing stories that can be such an important tool for understanding their responses to services and how to improve a service
3. Narratives shared by GLBTI people are a powerful strategy for educating staff
4. While building up trust and respect it may be useful to tap into existing narratives about the experiences of older GLBTI people accessing services, e.g.: My People report
5. In rural areas consulting consumers may be particularly challenging where GLBTI people do not want their sexual orientation or gender identity known in a small town.

Examples of strategies

1. Publicise (on your website etc.) the work you are doing to become more GLBTI inclusive to demonstrate to GLBTI clients that you have a commitment in this area
2. Utilising your existing consumer consultation processes including annual surveys and develop a specific statement on your interest in feedback from GLBTI clients – and be patient
3. Establish a GLBTI advisory committee to help advise on planning for improvements and reviewing progress towards GLBTI inclusive practice
4. Invite GLBTI representatives onto an existing diversity committee, or consumers advisory group to help advise on planning for improvements and reviewing progress towards GLBTI inclusive practice
5. Contact organisations that provide support to older GLBTI people, such as Matrix Guild, Vintage Men, Transgender Victoria and Gay and Lesbian Health Victoria, for more specific information (contact details in Section 7).

STANDARD 5: DISCLOSURE AND DOCUMENTATION

GLBTI consumers feel safe to provide personal information, including disclosure of sexual orientation or gender identity, because they know systems are in place to ensure their privacy.

Indicators

1. Does the organisation have a policy on when it is and is not appropriate to collect information on a consumer's sexual orientation and gender identity?
2. Does the organisation only collect information about sexual orientation or gender identity from the consumer, or from the consumer's nominated representative?
3. Do staff inform GLBTI consumers that information about sexual orientation or gender identity is confidential, clarify when disclosure is appropriate, and inform consumers how information will be used and stored?
4. Do staff check how consumers would like this information recorded and take reasonable steps to inform consumers about how the information may be used, who may access it and the consequences of not providing it?
5. Are staff aware of the importance of and strategies for responding in a positive and respectful way to disclosure?

General considerations for HACC services

1. Some GLBTI people think that by disclosing information on sexual orientation or gender identity to intake and assessment staff – this information will be communicated to all staff providing them with services
2. Some GLBTI people will not disclose to assessment staff but prefer to build up a relationship with their direct care service providers and then disclose (once they feel they are valued as a person).
3. Some GLBTI people in same sex relationships prefer not to disclose but feel they have no choice because they share a house with their same sex partner
4. Some service providers dismiss the need to address the processes for disclosure and documentation because they do not directly or explicitly ask older clients if they are GLBTI. However, organisations that promote their services as GLBTI inclusive will inadvertently communicate to GLBTI clients that staff are prepared for disclosure
5. Some family members may believe that it is important to disclose sexual orientation or gender identity to staff. If this occurs it is important to consider how the client would have liked this information to be shared
6. Services need to ensure staff confidence and competence relating to disclosure and documentation. This can be achieved through the development of an organisational policy and procedure relating to disclosure and through staff education about the policy. Building staff confidence and competence is key to person-centred care (Active Service Model) or ensuring that clients feel safe, articulating their needs.

Examples of strategies

1. Be aware that if you are promoting your service as GLBTI inclusive some GLBTI clients will assume you will know what to do if they disclose
2. Have a specific policy to guide staff on responding to disclosure
3. Educate staff to ensure they are aware that they are likely to be providing services to GLBTI clients, regardless of whether or not these clients have disclosed
4. Educate staff on the rights of GLBTI people to privacy – including how information is shared with

biological family, other staff, other services

5. Provide education for staff to understand the importance of communicating that it is safe to provide information on sexual orientation or gender identity – to all clients, regardless of whether or not they disclose.

STANDARD 6: ACCESS AND INTAKE PROCESSES

Access and intake processes send a message of welcome to GLBTI consumers at the point of access and beyond

This standard also includes reflections on the relationship between the assessment principles outlined in the HACC assessment guide: Strengthening assessment and care planning: A guide for HACC assessment services in Victoria and the Standards for GLBTI inclusive practice. In particular the sections on: initial needs identification; skills, techniques and strategies and assessment techniques are modified to provide a GLBTI inclusive approach. This section then lists: general considerations, examples of strategies and HACC assessment principles and their relationship to GLBTI inclusive practice.

Indicators

1. Does the organisation welcome GLBTI consumers through a range of different strategies that are appropriate to the environment?
2. Are the organisation's promotional and educational materials GLBTI inclusive (inclusive languages and images, GLBTI specific information)?
3. Are access and intake forms and processes GLBTI inclusive?
4. Does the organisation promote its services to the GLBTI community?

General considerations for HACC services

1. Some older GLBTI people have hidden their sexual orientation or gender identity all their lives to escape discrimination and may need to feel/see evidence that a service is GLBTI inclusive before they disclose
2. Sending a message of welcome to GLBTI clients is not simply reliant on explicit/blatant questions relating to sexual orientation or gender identity but can be communicated by genuinely GLBTI inclusive language through all facets of the service
3. Many HACC services don't have a 'foyer' accessed by clients to display posters welcoming GLBTI clients. However, the same messages of welcome can be communicated through the website or information documentation and packs developed for clients
4. Some service providers express concern that messages of welcome to GLBTI clients will upset heterosexual clients who are homophobic. Staff who have addressed their own values and beliefs about GLBTI people are likely to feel more confident and comfortable communicating the importance of GLBTI inclusive services to heterosexual clients that are homophobic
5. Labels and acronyms such as 'GLBTI' are relatively recent and some older GLBTI people may not relate to them. Some older same sex couples have never labelled themselves as 'gay' and definitely not labelled themselves as 'queer', even if they have spent their lives together. The term 'camp' may be more likely to be used. Some younger GLBTI people identify with the word 'queer' – warmth and valuing of diversity and individualism can transcend the use of labels
6. Some older GLBTI people with dementia may lose the capacity to maintain their 'closet' and no longer be able to hide their sexual orientation or gender identity. In these cases it is particularly important that GLBTI clients receive a message of welcome and feel safe
7. Some older transgender people may have 'non congruent' bodies or have difficulty maintaining their gender identity, making them more vulnerable to judgements and discrimination by others. Therefore a message of welcome is likely to be valued
8. Some GLBTI people will test out the responses of staff to GLBTI people in the media before

making a decision about disclosure

9. Working with families requires particular attention. Some GLBTI people have been disowned by their biological family because they are GLBTI. Others have friends who become family. Others may have same sex partners that want to be acknowledged – with or without the label of partner
10. It is important that assessment and intake staff are aware of the services available to GLBTI people and the capacity of these services to be inclusive.

Examples of strategies

1. Provide education on the use of inclusive language e.g. 'partner' rather than 'spouse', or asking: is there someone important to you, whom you would like to involve in discussions about your care?
2. Provide education to ensure staff are aware that GLBTI clients will look for clues/test that a service is inclusive by gauging responses to GLBTI issues in the media
3. Review information provided to clients (hard copies and web based) to check GLBTI inclusive language
4. Provide information on web/in brochures about the commitment to GLBTI people/actions to become more GLBTI inclusive
5. Provide education for staff and put systems in place so that staff understand how to positively respond to GLBTI clients that disclose.

The HACC assessment principles and their relationship to GLBTI inclusive practice

1. Person-centred care: or culturally safe (GLBTI inclusive) care is important, and assessment is focused on empowerment and building trust with clients over time. Person-centred also requires understanding that some GLBTI people's families may be configured differently (same sex couples, non-biological families) – and this needs to be respected
2. Appreciation of cultural diversity: the inclusion of sexual orientation and gender identity in HACC diversity planning means that definitions of diversity now explicitly include GLBTI people. Framing the needs of GLBTI people 'culture' reflects the understanding that 'being GLBTI' is more than 'who you have sex with' or 'what you wear'. Rather, the concept of cultural diversity reflects values, beliefs, social connections and a range of activities that need to be captured in HACC assessment
3. Carer-focused services: involve ensuring that families (including same sex families and families of choice) are treated with respect and dignity
4. Promoting independence: involves the service providing information on social and recreational activities relevant to GLBTI communities and seeks to improve the client's quality of life and social participation in GLBTI communities as appropriate
5. Initial contact and initial needs identification: the HACC Assessment Guide highlights the importance of the initial contact. The guide notes that this is the person's first contact with your service and the initial needs identification is a broad screening process to uncover underlying and presenting issues. The intake worker is invited to seek as much information as possible about existing supports so that this can be built upon. Building trust between all parties is an important first step
6. Skills, techniques and strategies: HACC Assessment Guide: Strengthening assessment and care planning: A guide for HACC assessment services in Victoria identifies that clients will seek information to gain an impression about the organisation. The language used and the way you listen will inform their perception. It is really important that the language of assessment is GLBTI inclusive

Assessment techniques: the HACC Assessment Guide outlines how assessment needs to occur within a supportive, non-judgemental environment. This means leaving personal values and preconceived assumptions aside, having an open mind and respecting the client's values, health and life experiences, and relationship choices. Adapting these principles to GLBTI inclusive practice involves HACC staff leaving aside preconceived assumptions about GLBTI people and respecting the values, life experiences and relationship choices of GLBTI. Education for HACC staff carrying out assessment and care planning needs to include inviting staff to identify their own values and beliefs.

In other words, the concept of GLBTI culture is fundamental to good assessment. The focus of GLBTI inclusive HACC assessment is about cultural needs – the lives GLBTI people are living, their strengths, capacities, family and social connections. An important foundation to cultural assessment is the provision of cultural safety – or ensuring that the service can ensure the safety of GLBTI people so they can feel safe to disclose, if they choose to.

Assessment is only one part of the service's response of building a relationship with the individual, family member or carer. It is important to remember that:

- a. GLBTI people may test service providers to determine whether they are homophobic
- b. Remember that even if a GLBTI client does not disclose their sexual orientation or gender identity they are still likely to value your efforts to be GLBTI inclusive
- c. Your response to clients stories about GLBTI people may determine whether or not they feel it is safe to disclose their sexual orientation or gender identity
- d. If a client is unable to disclose their sexual orientation or gender identity the assessment will miss important underlying and presenting issues
- e. You don't need to present as an expert – most GLBTI people will value your interest and respectful communication
- f. Remember that it can take time to build trust and the GLBTI client may disclose at another point of service delivery, such as with a direct care worker, once they establish a relationship of trust with the person or service.

Assessment information sources – respecting self report

The HACC assessment guide also identifies a range of assessment sources including self report and other key sources. The guide notes that this can include observation and information from other key sources including family members, neighbours, carers and GPs. However, GLBTI inclusive practice is one of the few areas where self report is the only information source that is appropriate. An assessment that someone 'looks gay' or 'looks trans' is not appropriate. An assessment that involves asking family, neighbours or other health professionals whether a client is GLBTI is also not appropriate. What matters here is direct communication with the client and providing a safe environment so that the client can disclose, if they wish to. If a GLBTI client does not want their sexual orientation or gender identity disclosed, their privacy must be respected.

Building rapport and having conversations

As outlined on the previous page in relation to initial contact, many GLBTI people will not disclose their sexual orientation or gender identity unless they feel that it is safe to do so. The HACC assessment

guide suggests that assessment needs to ensure people are empowered through the process, and assessment requires sensitivity in how questions are asked. All questions should be asked in the context of engaging with the person and building rapport. Successful interviewing includes asking questions in a conversational manner, rather than reading questions from a list or form.

These points about 'the art' of skilled assessment are particularly important. Some GLBTI people might not disclose if presented with a didactic list of questions (e.g. are you gay?) but may be more likely to respond to other cues that the organisation is inclusive – particularly where inclusive language is used. For example, asking a male client if they have a 'partner' rather than a 'wife' is an inclusive question that is more engaging. If such a question was asked in the context of a conversation that 'felt friendly', or if it was asked following positive comments about GLBTI people/GLBTI inclusive practice – then a GLBTI person may feel sufficiently valued and safe to disclose.

The My People study described a number of stories of older GLBTI people accessing home care – who waited to build up a relationship with their service providers before disclosing their sexual orientation. These older GLBTI people waited till rapport was built. It's important to remember that many clients LOVE their HACC direct care worker/s and want to know that disclosure won't jeopardise the relationship they have or the service they receive.

Active listening

The My People study also described how some GLBTI clients tested whether their service providers were homophobic before deciding whether to disclose. For example, one older gay man initiated a conversation with his care worker about a GLBTI person in the media. The worker's response was homophobic (the worker incorrectly believed he was heterosexual) affirming to the client that it was not safe to disclose his sexual orientation.

The HACC Assessment Guide identifies that how well an assessor listens has a major impact on the assessment and their relationship with the person. Listening requires adequate time to understand the person's values, concerns, stories and needs. Active listening with GLBTI clients can provide the opportunity to identify opportunities to communicate to GLBTI clients that you are providing a GLBTI inclusive service.

Disclosure, documentation and service provision

If the GLBTI client has disclosed at assessment, it is important to explain that through the care planning process they may be referred to an external organisation or to internal services. It is imperative to explain to the person the range of people who could potentially be part of their service delivery for example, an external organisation's assessor, HACC Coordinator, PAG Coordinator, a range of Direct Care Workers, brokered services etc. If the person has disclosed their sexual orientation or gender identity at assessment, it is important to ask how and if they would like this information documented and/or shared. This will assist the person to decide whether they wish to share this information.



SECTION 7: RESOURCES

RESOURCES – GENERAL

WELL PROUD

The Department of Health Victoria developed this report in 2009. The report includes a summary of evidence relating to the needs of GLBTI people in Victoria, an overview of the legislation and some generic recommendations for GLBTI inclusive practice.

Available from: valscafe.org.au

GLBTI INCLUSIVE PRACTICE AUDIT

Following the launch of Well Proud, Gay and Lesbian Health Victoria received a significant number of calls from services that wanted to become more GLBTI inclusive but didn't know where to start. In response the GLBTI inclusive practice audit was developed. The audit reflects the Rainbow Tick standards by presenting a simple 25-question check list for organisations to check how GLBTI inclusive they are and plan for improvements.

Available from: valscafe.org.au

BEYOND WE TREAT EVERYONE THE SAME: HOW2 CREATE A GLBTI INCLUSIVE SERVICE

Gay and Lesbian Health Victoria coordinate a biannual program called: How2 create a GLBTI inclusive service. The program coaches health and human service organisations through the steps involved in becoming more GLBTI inclusive. This report includes seven chapters authored by organisations that participated in the program. Each chapter describes what the organisation did in relation to each of the GLBTI inclusive practice standards. The document also includes 'rural considerations' developed in conjunction with the Centre for Excellence in Rural Sexual Health (CERSH).

Available from: valscafe.org.au

BEYOND A RAINBOW STICKER

A report on How2 create a gay, lesbian, bisexual, transgender and intersex (GLBTI) inclusive service (Barrett, Turner & Leonard, 2013). The second How2 project report highlights the application of the GLBTI inclusive practice standards by a range of services providers including community aged care services.

Available from: valscafe.org.au

RESOURCES – OLDER GLBTI PEOPLE

VAL'S CAFÉ

Val's Café was established in 2009 to support those providing services to older GLBTI people. Val's works directly with stakeholders and service providers to foster an understanding of the histories, experiences and needs of older GLBTI people, and works to build the capacity of services to be GLBTI inclusive. Val's conducts research, provides education, develops resources, and advocates on behalf of the needs of older GLBTI Australians. Val's has a website that provides links to resources for service providers and Val's produces regular newsletters for members to keep them informed. Membership is free
Contact: c.whyte@latrobe.edu.au or website: valscafe.org.au

MY PEOPLE

A report on interviews with 25 GLBT people receiving aged care services in Victoria. The report was commissioned by Matrix Guild Victoria (support for older lesbians) and Vintage Men (support for older gay and bisexual men) and funded by the Reichstein Foundation. The report explores issues from the perspectives of older people.
Available from: valscafe.org.au

PERMISSION TO SPEAK

Following on from My People, Matrix and Vintage Men received further funding from Reichstein Foundation to explore the perspectives of service providers on caring for older GLBTI people.
Available from: valscafe.org.au

DEMENTIA, LESBIANS AND GAY MEN

A position paper developed by Alzheimer's Australia that outlines issues facing older lesbians

and gay men with dementia.

Available from: valscafe.org.au

TRANSGENDER VICTORIA

A community based organisation supporting the Victorian transgender community, their families, friends, partners and others. The organisation advocates for legislative reform and works with government and community groups in all aspects of human rights for transsexuals and cross-dressers. Sally Goldner has been particularly supportive of Val's Café and assisted with education of service providers.

Contact: transgendervictoria.com

MATRIX GUILD VICTORIA INC.

Founded by and for the benefit of lesbians over forty years of age. The Guild is committed to the support of appropriate care and accommodation choices and alternative lifestyle options for older lesbians in Victoria. Matrix Guild initiated the funding application for the My People and Permission to Speak studies. They have housing for older lesbians, a brochure for aged care services on caring for older lesbians and are available to provide education and support to aged care services.

Contact: matrixguildvic.org.au

VINTAGE MEN

A social and support group for mature gay and bisexual men and their friends. Vintage Men provide support to older men isolated in aged care and at home.

Contact: primetimersww.com/vintagemen/

ORGANISATION INTERSEX INTERNATIONAL AUSTRALIA

OII Australia is the Australian affiliate of OII, a global network of intersex organisations. Intersex

Australia is an independent support, education and policy development organisation, by and for intersex people. The work of Intersex Australia focuses on human rights, bodily autonomy and self-determination, and on evidence-based, patient-centred healthcare. Contact: oii.org.au

GAY AND LESBIAN SWITCHBOARD.

Switchboard is a volunteer organisation which provides a free, confidential and anonymous telephone counselling, referral and information service for the Victorian and Tasmanian gay, lesbian, bisexual, transgender and intersex (GLBTI) community and its supporters. Contact: Melbourne: (03) 9663 2939, Regional Victoria: 1800 184 527

Switchboard also operate the “Out and About” Community Visitors Scheme which aims to reduce social isolation and increase community connectedness and resilience for LGBTI Victorians over 65 years.

Contact: switchboard.org.au

BISEXUAL ALLIANCE

Bisexual Alliance Victoria Inc. is a non-profit volunteer-run organisation dedicated to promoting the acceptance of bisexuals in GLBTI and mainstream society. Contact: bi-alliance.org

NATIONAL LESBIAN, GAY, BISEXUAL, TRANSGENDER AND INTERSEX (LGBTI) AGEING AND AGED CARE STRATEGY 2012

aims to provide a strategic framework to inform Australian Government commitment, policy, programs and service development priorities, including resource allocation and the “special needs” status of LGBTI people, as it implements the reforms.

Available from health.gov.au/lgbtistrategy

RESOURCES – YOUNG GLBTI PEOPLE

WRITING THEMSELVES IN 3

The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people. The study involved responses from over 3000 young people aged between 14 and 21 from across Australia. WTi3 provides important data and insights in to the experiences of GLBTI young people, such as sexual feelings, homophobia, support and school.

glhv.org.au/files/wti3_web_sml.pdf

RAINBOW NETWORK VICTORIA

Rainbow Network Victoria is for anyone who works with same sex attracted or gender questioning young people in any setting. It provides free resources, training, e-newsletters, networking events, advice and guidance.

Their website has many resources, not just for workers, but also for young GLBTI people: rainbownetwork.net.au

ZOE BELLE GENDER CENTRE

Zoe Belle Gender Centre (ZBGC) supports and improves the health and wellbeing of Victoria’s sex and gender diverse population. The centre has a project that concentrates specifically on young people and their website has a range of resources including an excellent ‘Question and Answers’ page. ZBGC also provide resources and support to workers. gendercentre.com

SAFE SCHOOLS COALITION VICTORIA

Safe Schools Coalition Victoria (SSCV) aim to reduce homophobia and transphobia in schools, and to create learning environments where every student can learn, every teacher can teach, and every family can belong. Their website has

a wealth of resources with frequent updates on news and events for young GLBTI people: safeschoolscoalitionvictoria.org.au

PEERS OUTSMARTING HOMOPHOBIA (POSH)

Today there are many beliefs and assumptions about same sex attraction and same sex attracted people and sadly, the best known of them are very negative and harmful. 'Homophobia - you don't have to wear it' is the message of this booklet. Read what other young people have to say and make sure you have lots of beliefs to choose from that make you feel good when you wear them. That way you will always outsmart homophobia. The booklet is available for ordering or downloading glhv.org.au/consumer-material/out-smarting-homophobia

OMG! I'M QUEER

OMG I'm Queer is a street magazine and resource for same sex attracted and gender diverse young people living in the City of Melbourne. Created by young people, OMG I'm Queer takes on sexuality and gender identity, exploring them with real-life experiences and attitudes. The resource features contributions from comedian Tom Ballard, headspace and Ygender. minus18.org.au

GQ

GQ: Gender Questioning is a resource produced by GLHV in conjunction with the Trans Melbourne Gender Project. It is designed to provide information and support to young people between 16 and 25 who are questioning their gender or supporting someone who is doing so. It is distributed through counsellors, school nurses and health services. glhv.org.au

YOUTH AFFAIRS COUNCIL OF VICTORIA (YACVIC)

The peak body and leading policy advocate on young people's issues in Victoria. They conduct support groups, provide resources and opportunities for young people to be directly involved in advocacy. yacvic.org.au

YGENDER

YGender is for Trans, Genderqueer, Gender Questioning young people and friends. Based in Melbourne's CBD/inner suburbs, they organise at least four events each month to provide the opportunity for sex and gender diverse (SGD) young people to meet and socialise. Their website also has some great information including a 'library' which contains a list of SGD specific fiction and non-fiction. ygender.com

MINUS18

Minus18 is Australia's largest support network for Gay, Lesbian and Trans teenagers all over Australia. The opportunity exists for young people to connect online through their website or at social events and workshops. Resources, information and opportunities to connect are all available through their website minus18.org.au

SECTION 8: REFERENCES

- Alzheimer's Australia (2009). Caring for someone with dementia: intimacy and sexual issues. Help sheet 2.19. Available from: alzheimers.org.au
- Alzheimer's Australia. (2010). Quality Dementia Care: Understanding Dementia Care and Sexuality in Residential Facilities. November 2010
- alzheimers.org.au/research-publications/quality-dementia-care-papers.aspx
- Australian Government Attorney-General's Department. (2009). Overview of the Australian Government's Same Sex Law Reform. Available from: ag.gov.au/samesexreform
- Barrett, C. (2008). My people: Exploring the experiences of gay, lesbian, bisexual, transgender and intersex seniors in aged care services. Melbourne, Matrix Guild Victoria Inc and Vintage Men Inc. Available from: matrixguildvic.org.au
- Barrett, C. (2009). Ten tips for organisational responses to sexual expression by older people. Unpublished resource.
- Barrett, C., Harrison, J., and Kent, J. (2009). Permission to speak. The perspectives of service providers caring for older GLBTI seniors. Melbourne, Matrix Guild Victoria Inc and Vintage Men Inc. Available from: matrixguildvic.org.au
- Barrett, C. (2010). Auditing organisational capacity to promote the sexual health of older people. *Electronic Journal of Applied Psychology*. 7(1): 31-36.
- Barrett, C., and Stephens, K., (2012). Beyond: 'we treat everyone the same'. A report on the 2010 – 2011 program: How2 create a gay, lesbian, bisexual, transgender and intersex inclusive service. Gay and Lesbian Health Victoria, Melbourne Australia.
- Barrett, C., Turner. L., and Leonard, L., (2013). Beyond a rainbow sticker. A report on How2 create a gay, lesbian, bisexual, transgender and intersex (GLBTI) inclusive service 2012 - 2013. Gay and Lesbian Health Victoria, Melbourne Australia.
- Barrett, C., Whyte, C., Leonard, W., and Comfort, J. (2013). No need to straighten up: Discrimination, depression and anxiety in older lesbian, gay, bisexual, transgender and intersex Australians. Gay and Lesbian Health Victoria, Melbourne Australia.
- Better Health Channel (1999). Dementia, sexuality and intimacy. Available from: betterhealth.vic.gov.au
- Birch, H. (2008) Dementia, lesbians and gay men. Alzheimer's Australia, Paper 15.
- Available from: glhv.org.au.
- Charnetski, C., and Brennan, F. (2001). Feeling good is good for you: How pleasure can boost your immune system and lengthen your life. Emmaus: Rodale Press, Inc.
- Cummins, D., and Trotter G (2008). Ageing and HIV disease - a client's perspective. *Australian Journal of Advanced Nursing*. 25(3): 58 – 64.
- Department of Veterans' Affairs: Relationships and communication. Available from: dva.gov.au/health_and_wellbeing/physical_health/mhpe/Pages/relcom.aspx
- Department of Health and Ageing (2011). National Plan to Reduce Violence against Women and their Children (2010). Available from: fahcsia.gov.au/sa/women/progserv/violence/nationalplan/Pages/default.aspx
- Department of Health and Ageing (2010). Report on the Operation of the Aged Care Act 1997. 1 July 2009 – 30 June 2010. Available from: health.gov.au/internet/main/publishing.nsf/Content/ageing-reports-acarep.htm
- Department of Health Victoria (2011b). Diversity planning and practice policy statement, Department of Health Victoria (2010), Active Service Model

- project. Available from health.vic.gov.au/hacc/projects/asm_project.htm
- Department of Health Victoria, Active Service Model resources, Available from health.vic.gov.au/hacc/projects/asm_resource.htm
- Department of Health Victoria, HACC Assessment Framework Available from health.vic.gov.au/hacc/assessment.htm#download
- Department of Health Victoria (2010) HACC Cultural Planning update – the move to Diversity Planning. Available from health.vic.gov.au/hacc/projects/diversity_framework.htm
- Department of Health Victoria. (2011a) Strengthening diversity planning and practice: A guide for Victorian Home and Community Care Services. Available from health.vic.gov.au/hacc/downloads/diversity/diversity_guide.pdf
- Department of Health Victoria. (2008b). Well Proud: A guide to GLBTI inclusive practice for health and human services. Available from: health.vic.gov.au/glbtimeac/resources.htm.
- Department of Health Victoria (2009). Well for Life: improving emotional wellbeing for older people at home. Available from health.vic.gov.au/agedcare/publications/wellforlife.htm
- Department of Human Services Victoria (2008a). Gender and diversity lens for health and human services: Victorian women’s health and wellbeing strategy stage two 2006 – 2010. Available from: health.gov.au
- Ellis, A. and Abarbanel, A. (Eds.) (1961), *The Encyclopaedia of Sexual Behaviour*, Corsano Co. Ltd.
- Flood, M. and Hamilton, C. (2005). Mapping Homophobia in Australia. Australia Institute Webpaper, July 2005. glhv.org.au/node/39.
- Frawley, P., Barrett, C., and Dyson, S. (2012) *Real People – Core Business. Living safer sexual lives: Respectful Relationships. Report on the development and implementation of a peer led violence and abuse Prevention Program for People with Intellectual Disabilities*. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.
- GLBTI Retirement Association Inc (GRAI). (2010). We don’t have any of those people here. Retirement Accommodation and Aged Care Issues for Non-Heterosexual Populations (2010). GRAI; Curtin Health Innovation Research Institute; WA Centre for Health Promotion Research; Centre for Research on Ageing; Curtin University, Bentley, Western Australia.
- Guasp, A. (2011). Lesbian, gay and bisexual people in later life. Stonewall. London. Available at: stonewall.org.uk/documents/lgb_in_later_life_final.pdf
- Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, B., and Mitchell, A., (2010), *Writing Themselves In 3 (WTi3) - The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.
- Hughes, M (2008) *Imagined Futures and Communities: Older Lesbian and Gay People’s Narratives on Health and Aged Care*. *Journal of Gay & Lesbian Social Services*, Vol. 20, No. 1/2, 2008, pp. 167-186
- McWhinney, I. (1989). The need for a transformed clinical method. In Stewart, M. & Roter, D. (Eds.), *Communicating with medical patients* (pp. 25-57). Newbury Park: Sage.
- National Stroke Foundation (2008). Fact sheet 2. Sexuality after stroke. Available from: strokefoundation.com.au
- Osbourne, D., Barrett, C., Hetzel, C., Nankervis, J., & Smith, R. (2002). *The Wellness project: promoting older people’s sexual health*. The National Ageing Research Institute. Available at: mednwh.unimelb.edu.au

Pitts, M; Smith, A, Mitchell, A and Patel, S (2006). Melbourne, Gay and Lesbian Health Victoria. Private lives: A report on the health and wellbeing of GLBTI Australians. The Australian Research Centre in Sex, Health and Society. Available at glhv.org.au.

Planned Parenthood Federation of America (2003). The health benefits of sexual expression. White Paper. Available from: plannedparenthood.org

Quality Improvement Council (2004). Continuous quality improvement and accreditation in health and community services. Health and Community Services Standards, La Trobe University, Melbourne.

Royal College of General Practitioners. Andrews, C and Piterman, L. (2007). Sex and the older man – GP perceptions and management. Australian Family Physician. 36 (10) 785–880. Available from: racgp.org.au/afp/200710/19336

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. Australian and New Zealand Journal of Public Health. 27 (2) pp138–145

Trudel, G., Turgeon, L and Piché, L. (2000). Marital and sexual aspects

of old age. Sexual and Relationship Therapy, 15 (4): 381–406.

Weeks, D. (2002). Sex for the mature adult: Health, self-esteem and countering ageist stereotypes. Sexual and Relationship Therapy, 17 (3), 231–40.

World Health Organization. (2006). Defining sexual health: Report of a technical consultation on sexual health. Available from: who.int/reproductive-health

APPENDIX 1: COMMUNITY CARE COMMON STANDARDS

The Community Care Common Standards (CCCS) guide (Commonwealth Department of Health and Ageing, 2010) can be found at: health.gov.au/internet/main/publishing.nsf/Content/ageing-publicat-commcare-standards.htm

Expected Outcome 1.1: Corporate Governance

The service provider has implemented corporate governance processes that are accountable to stakeholders.

Expected Outcome 1.2: Regulatory Compliance

The service provider has systems in place to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards.

Expected Outcome 1.3: Information Management Systems

The service provider has effective information management systems in place.

Expected Outcome 1.4: Community Understanding and Engagement

The service provider understands and engages with the community in which it operates and reflects this in service planning and development.

Expected Outcome 1.5: Continuous Improvement

The service provider actively pursues and demonstrates continuous improvement in all aspects of service management and delivery.

Expected Outcome 1.6: Risk Management

The service provider is actively working to identify and address potential risk, to ensure the safety of

service users, staff and the organisation.

Expected Outcome 1.7: Human Resource Management

The service provider manages human resources to ensure that adequate numbers of appropriately skilled and trained staff/volunteers are available for the safe delivery of care and services to service users.

Expected Outcome 1.8: Physical Resources

The service provider manages physical resources to ensure the safe delivery of care and services to service users and organisation personnel.

Expected Outcome 2.1: Service Access

Each service user's access to services is based on consultation with the service user (and/or their representative), equity, consideration of available resources and program eligibility.

Expected Outcome 2.2: Assessment

Each service user participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity.

Expected Outcome 2.3: Care Plan Development and Delivery

Each service user and/or their representative, participates in the development of a care/service plan that is based on assessed needs and is provided with the care and/or services described in their plan.

Expected Outcome 2.4: Service User Reassessment

Each service user's needs are monitored and regularly reassessed taking into account any relevant program guidelines and in accordance

with the complexity of the service user's needs. Each service users' care/service plans are reviewed in consultation with them.

The independence of service users is supported, fostered and encouraged.

Expected Outcome 2.5: Service User Referral

The service provider refers service users (and/or their representative) to other providers as appropriate.

Expected Outcome 3.1: Information Provision

Each service user, or prospective service user, is provided with information (initially and on an ongoing basis) in a format appropriate to their needs to assist them to make service choices and gain an understanding of the services available to them and their rights and responsibilities.

Expected Outcome 3.2: Privacy and Confidentiality

Each service user's right to privacy, dignity and confidentiality is respected including in the collection, use and disclosure of personal information.

Expected Outcome 3.3: Complaints and Service User Feedback

Complaints and service user feedback are dealt with fairly, promptly, confidentially and without retribution.

Expected Outcome 3.4: Advocacy

Each service user's (and/or their representative's) choice of advocate is respected by the service provider and the service provider will, if required, assist the service user (and/or their representative) to access an advocate.

Expected Outcome 3.5: Independence

