



Australian Government
Department of Health

**REVIEW OF THE NATIONAL
Lesbian, Gay, Bisexual,
Transgender and Intersex (LGBTI)
Ageing and Aged Care Strategy
FINAL REPORT
30 June 2017**



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Australian Healthcare Associates Pty Ltd was commissioned by the Australian Government to undertake this review and produce the resulting report.

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Abbreviations and glossary

Abbreviation/ Term	Definition
AACQA	Australian Aged Care Quality Agency
AAG	Australian Association of Gerontology
ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Team (ACAS in Victoria)
ACSIHAG	Aged Care Service Improvement and Healthy Ageing Grants
ACP	Advance care planning
ACSC	Aged Care Sector Committee
AGD	Attorney-General's Department
AHA	Australian Healthcare Associates
BIDS	Bulk Information Distribution System
Bisexual	A person who is sexually and emotionally attracted to more than one gender
Carers	People who provide personal care, support and assistance to another individual in need of support due to disability, medical condition, mental illness or frailty and ageing.
CHSP	Commonwealth Home Support Program
Complaints Commissioner	Aged Care Complaints Commissioner
CVS	Community Visitors Scheme
DACS Fund	Dementia and Aged Care Services Fund
the department	Department of Health
the Diversity Framework	the Aged Care Diversity Framework
Gay	A person whose primary emotional and sexual attraction is towards people of the same gender. The term is most commonly applied to men, although some women use this term.
GRAI	GLBTI Rights in Ageing Incorporated
Intersex	Intersex people are born with physical sex characteristics that do not fit stereotypical definitions of male and female. Intersex traits are natural manifestations of human bodily diversity. This may include variations in chromosomes, hormones, reproductive organs, genitals and other bodily features. Many people dislike the term 'condition' as it is considered pathologising. The term 'hermaphrodite' has sometimes been inappropriately used to describe intersex people. Some people may use the term 'disorders of sex development (DSD)' but the term intersex is becoming more widely accepted. Note: Intersex is not a form of gender identity.

Abbreviations and glossary

LGBTI	Lesbian, Gay, Bisexual, Transgender and/or Intersex
LGBTI Working Group	the National LGBTI Ageing and Aged Care Strategy Working Group
Lesbian	A woman whose primary emotional and sexual attraction is towards other women.
NACA	National Aged Care Alliance
NACAP	National Aged Care Advocacy Program
NSAF	National Screening and Assessment Form
OPAN	Older Persons Advocacy Network
Rainbow Tick	LGBTI Inclusive Practice Service Accreditation
RAS	Regional Assessment Service
the Government	the Australian Government
The LGBTI Strategy	The Ageing and Aged Care Lesbian, Gay, Bi-sexual, Transgender and Intersex Strategy
Transgender	An umbrella term used to describe individuals whose gender identity is not typically associated with their assigned sex at birth. Transgender does not imply any specific form of sexual attraction – e.g. transgender people identify variously as heterosexual, gay, lesbian, bisexual, pansexual or asexual. It includes all gender non-conforming people including transsexuals, cross-dressers, drag performers, and gender queer people. The very inclusivity of this term can be problematic because some feel that it erases the distinctions between, for example, those wishing to make permanent changes to their bodies to conform to innate gender feelings and those whose gender variance is in their style of gender presentation and expression. It is quite common for many transgender people to transition: to permanently adopt the style and presentation of the opposite gender even if they do not undergo medically assisted gender reassignment.
Val's Café	Val's Ageing and Aged Care (formerly Val's Café) was established in 2009 as a project to support the health and wellbeing of older LGBTI people. Val's is part of Gay and Lesbian Health Victoria (GLHV) at La Trobe University's Australian Research Centre in Sex, Health and Society.

1. Executive summary

1. Executive summary

1.1. Overview

The *National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy* (the LGBTI Strategy) was released by the Australian Government (the Government) in December 2012, as part of a wider aged care reform process designed to increase sector accountability and consumer information, choice and control. It was designed to inform the way the Government supports the aged care sector to deliver care that is sensitive to and inclusive of the needs of LGBTI people, their families and carers. The LGBTI Strategy was given a five-year implementation time frame.

This report reviews the actions undertaken to implement the principles and goals of the LGBTI Strategy and considers the success of the LGBTI Strategy – and opportunities for improvement – from the perspectives of stakeholders.

1.2. Methods

The Review process included:

- Collation of activities relating to the goals and actions defined in the LGBTI Strategy
- Analysis of responses to an online survey conducted between 28 March and 28 April 2017 (232 respondents)
- Analysis of written submissions to a consultation paper conducted between 28 March and 1 May 2017 (17 responses)
- Facilitation of three focus groups.

Stakeholders engaged in the Review process included aged care service providers, peak organisations and individuals.

1.3. Summary of key Review findings

1.3.1. Achievements

Stakeholders were strongly supportive of the principles and goals of the LGBTI Strategy. They considered the LGBTI Strategy has played an important role in raising awareness and visibility of issues relating to LGBTI-inclusive aged care, and that the sector (for the most part) is open to the shift towards increased LGBTI inclusion. However, perceptions of the extent to which improved awareness has led to tangible changes in service provision were mixed.

A range of activity has been undertaken through the LGBTI Strategy, with substantial progress made in many of the action areas. The following areas were noted as highlights:

- Support for workforce training and capacity building
- Improved collaboration between the Government and the LGBTI sector

1. Executive summary

- Recognition and specific articulation of LGBTI inclusiveness in a range of policy documentation and quality processes
- Funding for specific LGBTI projects and initiatives
- Improvements in visibility and availability of, and access to, LGBTI inclusive services.

1.3.2. Challenges and opportunities for improvement

Challenges and opportunities for improvement identified included:

- Recognising the ‘diversity within diversity’ within the LGBTI ‘category’, as well as significant overlap between different special needs groups
- Ensuring that the entry point to aged care (My Aged Care) is inclusive and accessible
- Translating improved knowledge (gained through training) into changes in organisational culture and practice
- Improving identification and data collection regarding numbers of LGBTI aged care consumers, to inform and evaluate service delivery
- Supporting the unique needs of carers
- Achieving a diverse workforce.

Responses to the survey suggest a disparity between organisational and individual views regarding the perceived inclusiveness of aged care services, suggesting that more could be done to ensure services are inclusive, accessible and culturally safe for older LGBTI people.

Stakeholders also identified opportunities for improvement in terms of how the LGBTI Strategy was communicated to the aged care sector. They suggested that a more comprehensive communications strategy implemented early in the life of the LGBTI Strategy, along with regular updates on progress (including reporting on outcomes), could have enhanced sector engagement. In addition, stakeholders noted that use of the LGBTI Strategy as a reference to guide and prioritise policy and funding decisions could have been improved.

1.4. Considerations for development of the Aged Care Diversity Framework

Stakeholders agreed that the principles and goals of the LGBTI Strategy remain relevant in addressing the ongoing challenges in ensuring that the aged care system meets the needs of LGBTI people, and felt that these should be included within the new Aged Care Diversity Framework (the Diversity Framework) and supporting action plans currently being developed. Stakeholders were also keen to ensure the momentum gathered through the life of the LGBTI Strategy is not lost.

Stakeholders considered that the Diversity Framework should:

- Support ongoing culture change within the sector to further improve the inclusiveness and appropriateness of aged care services for LGBTI aged care consumers, and to build trust

1. Executive summary

- Continue to recognise the ‘diversity within diversity’ among LGBTI aged care consumers and support those most vulnerable/disadvantaged (e.g. rural and remote LGBTI individuals and other intersecting special needs groups) and for whom recent gains have been less evident (e.g. transgender and intersex individuals)
- Facilitate access to the system in a way that is LGBTI-inclusive and appropriate, and address current barriers to information, access and disclosure presented by the My Aged Care system, Aged Care Assessment Teams (ACAT) and Regional Assessment Services (RAS)
- Acknowledge and support the role of carers (including family of choice and friends)
- Highlight the importance of an appropriately diverse and adequately-trained workforce
- Support self-advocacy (enabling consumers and carers to exercise choice)
- Facilitate relevant research to inform best practice.

Overall, stakeholders felt that the support provided to the aged care sector through the Diversity Framework should be practical in nature, and include measurable outcomes and performance indicators (with data collection and evaluation built in).

Development of the Diversity Framework and LGBTI Action Plan should continue to include strong consultation with LGBTI organisations, with efforts undertaken to ensure an appropriate mix of representation from relevant groups and sub-sectors, and include ‘grass roots’ consumers as well as peak bodies.

2. Introduction

2. Introduction

2.1. Inclusive aged care

2.1.1. Introduction

Australia, like many other countries, faces the challenge of caring for an ageing population. This challenge is compounded by the fact that Australia is a vibrant, multicultural society, whose policy and funding contexts, and service needs vary across states and territories. Additionally, aged care service providers exhibit substantial diversity in terms of their organisational structures depending on whether they are owned and managed by local governments, private corporations, not-for-profits or faith-based organisations; as this influences their interests and their approach to care recipients' needs (Chomik & MacLennan 2014).

Meeting the needs of the various subgroups of the ageing population is a particular challenge for aged care providers. These subgroups include the 'special needs' groups identified in the *Aged Care Act 1997* (the Act), which was amended in 2013 as part of the *Living Longer, Living Better* reforms to include LGBTI people.

In the same year (2013), the *Sex Discrimination Act 1984* was amended to provide new protections against discrimination on the basis of a person's sexual orientation, gender identity, and intersex status, and provide protection against discrimination for same-sex de facto couples. This amendment ensured that all aged care service providers, regardless of their organisation type, were required to provide non-discriminatory service. While the focus of this report is on the LGBTI Strategy, these legislative changes are noted to have played a key part in increasing awareness of issues relating to LGBTI-inclusive aged care over recent years.

The size of Australian LGBTI communities is difficult to determine (due in part to a perceived lack of safety by LGBTI people that inhibits disclosure –further discussed in *section 5.3.10*); however, government estimates (cited in the LGBTI Strategy) place the proportion of LGBTI people at around 11 per cent of the Australian population (Department of Health and Ageing 2012).

2.1.2. Issues in aged care for LGBTI communities

LGBTI communities are diverse groups (Crameri et al. 2015), and individuals within them may overlap with other 'special needs' groups as defined by *the Act*. However, many individuals share long-term experiences of discrimination and exclusion, as well as universal issues and concerns related to ageing (Department of Health and Ageing 2012).

Older LGBTI people have experienced a history of discrimination in Australian society, suffering from criminalisation, violence, stigma, discrimination, rejection by friends and family, and social isolation (Department of Health and Ageing 2012). Historically, distrust of the health and social services sector among LGBTI people often resulted in reluctance to utilise mainstream services, including aged care (Panich et al. 2005, Robinson & Wilson 2012).

A 2008 study in Victoria found that some older LGBTI people:

- Have never felt safe disclosing their sexual orientation or gender identity

2. Introduction

- Revisit past discrimination when encountering current discrimination, leading to feelings of anxiety and/or depression
- May be socially isolated, or relate to a 'chosen' network of family or friends rather than genetic family.

The same study found that very few older LGBTI people felt comfortable asserting their rights to prevent discrimination (Barrett 2008).

In light of this history and enduring barriers to access, cultural safety has been nominated as 'a critically important aspect of aged care services for older LGBTI people' (Crameri et al. 2015, p. 24). Organisational elements that contribute to cultural safety and inclusiveness in the health and human services sectors include:

1. Embedding LGBTI-inclusive practice across all systems, and continuously seeking opportunities for improvement
2. Ensuring staff and volunteers understand their responsibilities to LGBTI consumers and are trained and able to provide LGBTI-inclusive services
3. Ensuring LGBTI consumers are consulted about, and participate in, the planning, development and review of services
4. Ensuring LGBTI consumers can easily and confidently access services (e.g. by the use of welcoming physical and virtual environments)
5. Ensuring LGBTI consumers, staff and volunteers feel safe providing personal information (including their sexual orientation, gender identity and/or intersex status)
6. Identifying, assessing, analysing and managing risks to ensure the cultural safety of LGBTI consumers (GLHV@ARCSHS 2016).

2.2. The National LGBTI Ageing and Aged Care Strategy

Older Australians display the same diversity in gender, sexuality, sex, bodies, culture, race, religion, language, health, economic status and geographic location as the broader Australian population. Over recent years, as the Australian aged care sector has evolved, the specific care needs of individuals have become an increasing focus of policy development and service provision.

In 2011, the Productivity Commission released their report into Australia's aged care system, *Caring for Older Australians*. As part of the Government's response to the report, the *Living Longer Living Better* package of aged care reforms was introduced, grouping reforms across a range of aged care streams, including 'older Australians from diverse backgrounds'. This reform package was passed with bipartisan support.

In 2012, the Government commissioned a series of targeted consultations across Australia with consumers and stakeholders representing LGBTI people. These consultation sessions, held in all capital cities and a number of regional centres, aimed to assess the requirement for further tools and strategies to support the particular aged care needs of older LGBTI people.

The LGBTI Strategy was developed following this consultation process and aims to ensure that LGBTI people have the same opportunities and options that are available to all Australians in Australian

2. Introduction

Government-funded aged care services. It was supported by the National Aged Care Alliance (NACA) and released by the Government in December 2012. Following the change of government in September 2013, the LGBTI Strategy was endorsed by the new Government, with the only change being the replacement of annual implementation reporting with this end-of-Strategy implementation report.

2.2.1. Principles, goals and action areas

The LGBTI Strategy is guided by a set of principles which provide a framework for LGBTI inclusion across ageing and aged care, and which are designed to assist the aged care sector in delivering LGBTI-inclusive services within their own organisations. These principles provide the foundation for the LGBTI Strategy's goals (each with a number of action areas) and describe the tangible outcomes sought by the Government through the Strategy. The principles and goals are shown in Figure 2-1. The action areas are described in detail in *Chapter 3*.

2. Introduction

Figure 2-1: LGBTI Strategy principles and goals



2. Introduction

2.3. Aged Care Diversity Framework

With the ongoing reforms in the aged care sector, particularly around increasing consumer choice and control, the need for a more strategic and systematic approach to addressing the care needs of older people with diverse characteristics and life experiences has been identified.

At its conclusion, the LGBTI Strategy is to be replaced by a broader, overarching Aged Care Diversity Framework. The Diversity Framework is intended to address the systemic barriers to access to aged care services faced by diverse groups, with a special focus on people with diverse characteristics and life experiences as identified below:

- Aboriginal and Torres Strait Islander people
- people from CALD backgrounds
- LGBTI people
- people who live in rural, remote or very remote areas
- people who are financially or socially disadvantaged
- veterans
- people who are homeless or at risk of becoming homeless
- care leavers
- parents separated from their children by forced adoption or removal
- people with a disability
- people with mental health problems and mental illness
- people living with cognitive impairment, including dementia.

This approach recognises the diversity within and overlap between the identified diverse groups. The Diversity Framework will be based on a set of priorities and imperatives that will drive change, and will be supported by separate Action Plans to ensure issues specific to LGBTI, CALD, Aboriginal and Torres Strait Islander people and other diverse groups are addressed (Australian Government Department of Health 2017). In this way, the Diversity Framework recognises the shared challenges faced by individuals with diverse characteristics and life experiences, while the action plans will focus on the more specific needs of particular communities and will be 'living documents' to allow for ongoing flexibility.

The Aged Care Sector Committee (ACSC) established a Diversity sub-group to provide advice on the development of the Diversity Framework. Overseen by the sub-group, the development of the Diversity Framework and action plans will be informed by feedback from sector consultations.

It is envisaged that the Diversity Framework will be a living document, and initial action plans will be developed to focus on the particular needs of LGBTI consumers as well as Aboriginal and Torres Strait Islander people and people from CALD backgrounds.

2. Introduction

It is expected that the Diversity Framework will be completed by December 2017, and the action plans by May 2018.

2.4. Purpose of the Review

The implementation of the LGBTI Strategy was designed to take place over four and a half years to 30 June 2017.

While it was originally intended that the Government would report annually on progress towards implementation of the LGBTI Strategy, it was subsequently decided to replace annual reporting with a review of the LGBTI Strategy at its conclusion. Therefore, the purpose of this Review is to report on the Government's progress in implementing the LGBTI Strategy. In addition to identifying the successes of the LGBTI Strategy, this report also documents lessons learned and highlights areas in which further efforts are required. This will assist in the development of the Diversity Framework.

The current goals of the LGBTI Strategy will remain in place until the Diversity Framework is finalised, and work on specific Action Areas will also be ongoing.

2.5. Review approach

Work on the Review by the Department of Health (the department) commenced in December 2016 in consultation with the National LGBTI Ageing and Aged Care Strategy Working Group (see *Appendix A* for details of the LGBTI Working Group). It was agreed that the Review would report on the Australian Government's progress in implementing the LGBTI Strategy, and also identify gaps and areas where more needs to be done.

Subsequent steps in the Review included:

- A Ministerial announcement and widespread promotion of the consultation on the LGBTI Strategy through the department's Consultation Hub, comprising a:
 - Survey (28 March – 28 April 2017)
 - Template for written submissions (28 March – 12 May 2017)
 - Promoting the consultation paper via media release, the Bulk Information Distribution System (BIDS), the Department of Health's Twitter feed, and through LGBTI Working Group members' networks.
- Engagement of Australian Healthcare Associates (AHA) to:
 - Analyse the survey results and submissions feedback
 - Conduct three additional focus groups to explore stakeholder feedback (held between 2 and 6 June in Melbourne, Sydney and via teleconference)
 - Write the Review report (with input and feedback from the LGBTI Working Group).

2. Introduction

2.5.1. Summary of stakeholder input

Through the consultation process, stakeholders had an opportunity to provide input on:

- Achievements of the LGBTI Strategy in relation to its principles, goals and actions
- Lessons learned and suggestions for improvement
- Considerations for the development of the Diversity Framework.

Survey

The survey was completed by 232 respondents. Of these, 136 respondents identified as a representative of an organisation, 95 identified as an individual or carer, and one didn't specify (and was excluded from analysis).

Of the 136 organisation respondents, the majority (70.6%) identified themselves as aged care providers. The majority of individual respondents identifying as working in the aged care sector (48.4%).

Key findings from the survey analysis are included in subsequent chapters. Detailed analysis is provided in *Appendix C*.

Submissions

A total of 17 submissions were received. Respondents included:

- One service provider
- Eight peak bodies (four peak bodies representing consumers and four peak bodies representing providers)
- Two individuals/consumers
- Six others.

Findings from analysis of the submissions are included in subsequent chapters.

A list of participating organisations can be found at *Appendix B*.

Focus groups

AHA convened three focus groups with a total of 10 participants, including a mix of service providers and peak organisations (nominated by the department and the LGBTI Working Group). Through the focus groups, the successes, challenges and lessons learned from the LGBTI Strategy's implementation were discussed in more detail.

A list of participating organisations can be found at *Appendix B*.

3. Implementation of goals and actions

3. Implementation of goals and actions

3.1. Introduction

As depicted in Figure 2 the LGBTI Strategy has six strategic goals, each with a number of specific Action Areas designed to give practical effect to the goals.

While the Goals defined within the Strategy were intended to provide a sector-wide framework for improvement, the Action Areas were primarily the responsibility of the Government. This chapter provides information regarding activities undertaken in each Action Area. Note that some activities have been reported under multiple Action Areas where relevant.

It is acknowledged that due to a lack of indicators attached to specific goals or action areas, accurate measurement of outcomes arising from the Strategy is challenging. In addition, there has been no analysis of the effectiveness of the actions undertaken, beyond the stakeholder perspectives discussed in chapters 4 and 5. The discussion in this chapter focuses primarily on the activities and outputs of the Strategy.

Goal 1: LGBTI people will experience equitable access to appropriate ageing and aged care services

Andrew & Brian's story

Andrew is a gay man residing in an aged care home who is living with a diagnosis of dementia. Andrew's brother was appointed his guardian when Andrew was not able to make a decision about his care and accommodation.

Andrew has entered into a close relationship with Brian, another gay man in the aged care home. Andrew's brother had not been aware of his brother's past lifestyle as they lived in different states. When he found out about Andrew's relationship with Brian, he tried to have staff separate them asking carers to check on Andrew every hour to discourage all contact with his friend. This caused Andrew much distress.

The care manager and the staff were very supportive of Andrew and were aware of his right to maintain relationships and form new friendships of his choice. The care manager, Sue, contacted the Seniors Rights Service wanting advocacy support for Andrew and Brian. The advocate discussed the role of legal guardians, and how the role may be challenged if decisions made were not in the best interests of the older person. If Andrew's rights as an individual were not supported by his appointed guardian, the NSW Civil and Administrative Tribunal could intervene to legally uphold his rights. As well as the legal considerations, the advocate also suggested a social worker, trained mediator, or pastoral worker from the Community Church could be engaged to talk to Andrew and his brother about Andrew's wishes and right to have his preferences respected.

Sue felt confident to relay this strategy on to Andrew, and facilitated the next steps in allowing Andrew to continue his relationship with Brian without interference from his family.

3. Implementation of goals and actions

Action Area 1.1: Include information on, and discussion about, the needs of older LGBTI people, their families and carers in aged care related publications and information

The following activities were undertaken in relation to this Action Area:

- Development of a central web page with access to a [resource library providing information about aged care from an LGBTI perspective](#), which received more than 1,800 views in its first three months of operation in 2017
- Funding for the National LGBTI Health Alliance to establish an LGBTI Ageing and Aged Care Network and Ageing and Aged Care Advisory Group. The Network is a group of individuals and organisations involved in ageing and aged care and/or with LGBTI knowledge that provides a platform for consultation for the Government and the National LGBTI Health Alliance, to ensure the inclusion and recognition of the needs of older LGBTI people in aged care settings
- Funding for initiatives undertaken by Val's Café at La Trobe University and the Australian Association of Gerontology (AAG), resulting in publication of a number of articles on LGBTI inclusion in aged care.

The department noted that more could have been done to promote the Strategy after its initial launch and to highlight its successes in the years after publication. More recently, however, the department, in conjunction with the LGBTI Working Group, generated significant interest in the Review of the LGBTI Strategy and successfully leveraged this to generate interest and engagement in the development of the Diversity Framework.

Action Area 1.2: In consultation with LGBTI communities, ensure the Gateway [now known as My Aged Care] uses clear, visible indicators to identify aged care, respite and carer support services with specific expertise/interest in meeting the needs of LGBTI people. This will enable consumers to readily identify LGBTI inclusive aged care providers; and for aged care assessors or case managers to refer prospective clients efficiently and appropriately

The expansion of My Aged Care functionality in June 2015 enabled a single point-of-entry into the aged care system, including registration, assessment and referral functions. The My Aged Care service is growing, with an estimated 20,000 calls and more than 12,000 referrals to the service each week.

The My Aged Care consumer portal provides information for people who are LGBTI and their carers. The portal also provides links to the LGBTI Strategy and, more recently, the LGBTI Resource Library and other LGBTI resources (see *Action Area 1.1*). More work still needs to be done to ensure that services can address the specific needs of each group under the LGBTI umbrella.

In addition, the My Aged Care service finder provides some information to support LGBTI people to find LGBTI-inclusive aged care service providers. There are plans to expand this functionality to provide additional information about services, and a fact sheet was recently released that details the steps a provider should take before indicating they are LGBTI inclusive. A consumer fact sheet about LGBTI-inclusive residential care has also been released.

3. Implementation of goals and actions

Action Area 1.3: Use LGBTI-inclusive language and representation when developing new resources and reviewing existing resources. This will include developing a best practice intake and assessment form with accompanying procedures to help ensure it is culturally appropriate for LGBTI clients. These changes will be reflected in the aged care client record (ACCR)

The department has adopted LGBTI-inclusive language standards and best practice principles for the preparation of all new materials and resources, based on advice from the LGBTI Working Group. Work is also underway to reflect these changes in the My Aged Care client record.

Action Area 1.4: Identify and promote opportunities to maximise the health and wellbeing outcomes of older LGBTI people

The Aged Care Service Improvement and Healthy Ageing Grants (ACSIHAG) Fund was established in 2011, with the objective of strengthening the capacity of the health and aged care sectors to deliver high quality aged care, and to promote healthy ageing. ACSIHAG funding has targeted a range of priority areas including older people with diverse needs, such as older LGBTI people. ACSIHAG was redesigned as the Dementia and Aged Care Services (DACs) Fund in June 2015.

While many projects funded by ACSIHAG had an aged care focus, a number were related to healthy ageing, such as:

- The LGBTI Elders' Wellbeing Project (Evergreen Life Care)
- Project L.O.V.E. (ACON Health)
- Promoting Inclusive Health Care Program (Royal District Nursing Service)
- Healthy Ageing Project (AAG).

See Table 3-1 for further details.

Action Area 1.5: Support the needs of geographically isolated LGBTI people, their families and carers and recognise these needs in the delivery of aged care services

Steps taken towards achieving this action area include:

- The provision of LGBTI-awareness training to aged care providers in rural and remote areas. Training was provided by the National LGBTI Health Alliance, with funding from the Government
- The LGBTI Virtual Visitors Scheme. This service, co-funded by the Government and Myer GALFA (a joint venture between the Sidney Myer Fund and the Gay and Lesbian Foundation of Australia), is run through a partnership between the National LGBTI Health Alliance and the Nundah Activity Centre. This project provides older LGBTI people who are geographically or socially isolated with a tablet, internet access and technical support to enable volunteer 'visits' via Skype.
- The allocation of 45 LGBTI specific aged care places to providers in regional areas over the past two years.

3. Implementation of goals and actions

However, additional work is needed to better meet the needs of LGBTI people in rural and regional areas.

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

Community Visitors Scheme: Brian and Paul's story

Paul is a CVS volunteer who has been visiting Brian (77) on Saturday afternoons for the past six months. Brian is living with dementia and was isolated from the LGBTI community since having to go into residential aged care. Both Paul and Brian have benefited from the relationship and Brian is now able to remember Paul's name and when he is scheduled to come for a visit.

Paul and Brian spend their visiting time engaging in activities they both enjoy, such as personalising Brian's room to make it a space in which he can feel more comfortable. Mardi Gras and the memories of the parades that Brian has been to are now topics of discussion, something that Brian had not spoken about for many years – since going into care. Brian is much more alert, far more socially engaged and states that Paul is a close comfort to him.

Action Area 2.1: Make grants available from 2013–14 to expand the Community Visitors Scheme (CVS) to specifically include LGBTI people, their families and carers, to minimise social isolation

The CVS supports volunteers to provide regular visits to aged care consumers who are socially isolated.

In many cases, 'mainstream' organisations provide non-specific CVS services for LGBTI consumers, and are required to establish linkages with relevant community services to improve their knowledge of the specific needs of LGBTI consumers.

However, in 2013–14, grants were made available to fund LGBTI-specific CVS services. State-wide LGBTI services are now available in Victoria, New South Wales/Australian Capital Territory, Queensland and Western Australia.

3. Implementation of goals and actions

Action Area 2.2: Review the National Aged Care Advocacy Program (NACAP) guidelines to include an emphasis on promoting and maximising access to advocacy for older LGBTI people, starting from the entry point

The National Aged Care Advocacy Program (NACAP) is funded by the Government to provide free, independent and confidential advocacy support and information to older people (and their representatives) receiving or seeking to receive Australian Government-funded aged care services. NACAP funding was increased by 20 per cent in 2013 to meet demand for information about advocacy services for special needs groups, including LGBTI people.

A 2015 review of the NACAP recommended the development of a National Aged Care Advocacy Framework to support a nationally-consistent approach to the delivery of individual advocacy services. The NACAP guidelines were subsequently re-written and a draft framework developed. Both documents emphasise the need to promote and maximise access to advocacy services for older LGBTI people.

An open funding round for organisations wishing to provide advocacy services under the updated guidelines was launched in early 2017. The successful applicant in the funding round was the Older Persons Advocacy Network (OPAN) who, from 1 July 2017, have been engaged to deliver the NACAP as a single national provider. One of OPAN's members, the Senior Rights Service, specialises in the provision of aged care advocacy for LGBTI people. Another, ADA Australia, held forums on the LGBTI Strategy and LGBTI-inclusive aged care during 2017 in Cairns and the Gold Coast.

The draft National Aged Care Advocacy Framework will be finalised with OPAN in collaboration with key stakeholders.

Action Area 2.3: Increase awareness and understanding of advance care planning (ACP) among LGBTI people, their families and carers

Detailed information and guidance on ACP and palliative care was developed in early 2017. This information is available through the department's website and complemented by portals on My Aged Care. The My Aged Care portal also includes some LGBTI-specific information on these topics.

In addition, ACP resources available on the LGBTI Resource Library include:

- A detailed LGBTI-specific ACP fact sheet that includes a summary of the ACP mechanisms in each state and territory. The fact sheet web page had more than 400 views in its first two months of operation in 2017.
- Links to the CareSearch and palliAGED websites (see Action Area 2.4).

3. Implementation of goals and actions

Action Area 2.4: Develop initiatives in dementia assessment and early diagnosis services; acute care; respite care; and palliative care that are inclusive of and responsive to the needs of LGBTI people

The national Dementia Training Program commenced on 16 October 2016 following a 2015 analysis of dementia programs which found a wide variation in the quality of existing programs. Addressing the needs of LGBTI consumers is one of the requirements for the new program.

The Government also funds:

- **CareSearch** – an online resource designed to help people who need relevant and trustworthy information and resources about palliative care. The website was refreshed in January 2017 to make it more user-friendly. CareSearch is now linked to the new palliAGED website (see below).
- **palliAGED** – a website developed by Flinders University that aims to provide palliative care and end-of-life guidance within an aged care context. palliAGED was developed in response to a feasibility study by NOUS Group to ensure that updating the *Guidelines for a Palliative Approach in Residential Aged Care* and *Guidelines for a Palliative Approach for Aged Care in the Community Setting* would meet the requirements of the palliative care sector. It was launched during National Palliative Care week in May 2017.
- **Palliative Care Australia (PCA)** – a peak national organisation for palliative care and end-of-life issues. The PCA website provides brochures in 12 community languages.

The respite care obligations of Commonwealth Home Support Program (CHSP) and residential aged care providers in relation to LGBTI people are outlined in this report under Action Areas 3.1, 3.2, 3.3 and 3.4.

Action Area 2.5: Continue to support and evaluate innovative programs, projects and services addressing the goals of this Strategy and emerging issues, through the Aged Care Service Improvement and Healthy Ageing Grants Fund or similar fund

The three ACSIHAG grants rounds (2012, 2013 and 2014) and the subsequent 2016 DACS grant round have all prioritised projects addressing the aged care needs of, or trialling services to assist, people from diverse backgrounds. This priority ensures that the particular aged care requirements of people from the nine special needs groups defined in the *Act*, including LGBTI people, are identified and supported. A total of 13 grants that aim to promote health and wellbeing for older people who are LGBTI were provided, with funding in excess of \$8 million. A brief summary of each project/initiative is provided in Table 3-1 below.

These initiatives support the LGBTI Strategy's priorities of:

- Conducting research regarding LGBTI experiences, perceptions and needs in relation to aged care services
- Developing workforce and aged care service capability for the provision of LGBTI inclusive services and workplaces via the implementation of vocational (ACAT and RAS staff training) and online self-assessment training courses (National LGBTI Health Alliance online LGBTI

3. Implementation of goals and actions

Sensitivity training module), information resources and public events to empower LGBTI communities and build networks and links with ageing related health services

- Forming LGBTI community partnerships to improve the LGBTI communities' awareness of dementia, mental health, LGBTI- specific support and HIV.

The Government also funded a number of other projects (through ACSIHAG and other programs) which, while not LGBTI-specific, did have LGBTI aged care components.

3. Implementation of goals and actions

Table 3-1: ACSIHAG/DACS funded projects

Project Name	Lead Organisation	Project/Initiative Description
The LGBTI Elders' Wellbeing Project: Building Health and Wellbeing amongst LGBTI Elders	Evergreen Life Care	<p>This project ran from 1 July 2012 until 30 June 2014 and was designed to deliver wellness capacity building to LGBTI people over 65. It involved:</p> <ul style="list-style-type: none">• improving the health and wellbeing outcomes of LGBTI elders across a range of healthy ageing indicators relating to health, social and mental health status, risk factors and preventative behaviours, including dementia• sustaining independent, active and healthy lives, including social/family connectedness, informed access and engagement with aged care providers• improving the skills and awareness of aged care providers regarding the health and wellbeing needs of LGBTI elders, leading to improved quality of care for LGBTI elders.

3. Implementation of goals and actions

Project Name	Lead Organisation	Project/Initiative Description
<p>The LGBTI Dementia Program</p>	<p>Alzheimer’s Australia</p>	<p>This project ran from 1 July 2012 until 30 June 2015 and was designed to develop community partnerships, dementia awareness programs and dementia-specific training for LGBTI communities. Outcomes of this project included:</p> <ul style="list-style-type: none"> • the development and distribution of a suite of resources: ‘Caring for LGBTI People with Dementia: A Guide for Health and Aged Care Professionals’, ‘Do service providers really know what their needs are?’, ‘LGBTI & Dementia: The Important Issues,’ ‘Dementia Doesn’t Discriminate: Know the Signs’ and ‘Embracing Diversity’. A link to these resources can be found in the LGBTI Resource Library on the department’s website • LGBTI cultural awareness training, delivered on 24 separate occasions to 506 participants • Presentations at various conferences and forums.
<p>Project L.O.V.E. (Living Older Healthy Visibly Engaged)</p>	<p>ACON</p>	<p>This project ran from 1 July 2012 until 30 June 2015 and was designed to enhance the capacity of older LGBTI people to lead healthy, active and social lives.</p> <p>It involved the provision of health information tailored to the needs of older LGBTI people, and working with GPs and ageing-related healthcare providers to increase their skills in providing quality care to LGBTI people. As part of the project, 12 printed resources were developed along with web pages. These were complemented by six seminars attended by over 240 LGBTI people, aged care and health sector staff.</p>

3. Implementation of goals and actions

Project Name	Lead Organisation	Project/Initiative Description
Free to Be	ACH Group	<p>This project ran from 17 June 2013 until 30 June 2014 and was designed to build the skills and knowledge of staff and volunteers to deliver inclusive, accessible and non-judgemental aged care services for older people from LGBTI communities. Outcomes of this project included:</p> <ul style="list-style-type: none"> • providing LGBTI sensitivity training to over 700 people • training ten LGBTI Champions • developing and publishing a LGBTI Resource Book and Inclusive Language Guide. <p>This project won the ‘special needs’ category of the Australian Aged Care Quality Agency’s Better Practice Awards in 2015.</p>
Reaching OUT: Ageing and LGBTI Rights	Aged-care Rights Service	<p>This project ran from 17 June 2013 until 30 June 2014 and was designed to present education sessions to break down barriers of real and perceived discrimination of LGBTI people in services for the ageing. Outcomes of this project included:</p> <ul style="list-style-type: none"> • seven ‘Reaching Out’ legal and elder rights seminars with around 300 participants • six LGBTI awareness training sessions attended by around 600 aged care staff • five consultation sessions to raise LGBTI awareness attended by 42 aged care providers.
Senior People Living with HIV Voices Project	Living Positive Australia	<p>This project ran from 17 June 2013 until 30 June 2016 and was designed to provide high quality education to aged care providers around issues affecting older people with HIV, including issues of sexuality and infection control protocols. By September 2016, over 450 copies of the <i>Senior People Living with HIV Voices Project Handbook</i> had been distributed to community organisations and aged care providers, and the 12 Fact Sheets were downloaded around 10,000 times.</p>

3. Implementation of goals and actions

Project Name	Lead Organisation	Project/Initiative Description
<p>Diversity in Aged Care - Improving services for LGBTI Seniors</p>	<p>Queensland Association for Healthy Communities</p>	<p>This project ran from 17 June 2013 until 30 June 2016 and was designed to improve aged care services for older LGBTI people through providing:</p> <ul style="list-style-type: none"> • open access LGBTI awareness training to aged care services • consultancy advice to organisations on how to provide more inclusive services to LGBTI people. <p>Outcomes included:</p> <ul style="list-style-type: none"> • forming 16 LGBTI Ageing Action Groups • providing open access LGBTI awareness training to around 90 senior level aged care staff • providing consultancy advice to 30 organisations working with seniors on how to provide more inclusive services to LGBTI people • Holding four expos during Pride week that were attended by around 200 LGBTI people.
<p>Transgender Age Care Support Officer</p>	<p>Gender Centre</p>	<p>This project ran from 17 June 2013 until 30 June 2016. It was designed to provide front-line crisis case management to ageing transgender people. This involved hiring an aged care support officer for transgender people who worked as a liaison between transgender consumers and aged care providers, offered skills development and training to aged care staff, and provided advice and support to transgender aged care consumers.</p>

3. Implementation of goals and actions

Project Name	Lead Organisation	Project/Initiative Description
<p>Promoting Inclusive Health Care Program</p>	<p>Royal District Nursing Service</p>	<p>This project was funded from 17 June 2013 until 30 June 2017. It covered broader diversity (rather than just LGBTI) issues and involved:</p> <ul style="list-style-type: none"> • developing a framework and resources (including a website and smart phone App) for staff to support diversity in the provision of aged care • delivering a Diversity Education Program for the health and aged care workforce. <p>Outcomes of this project include:</p> <ul style="list-style-type: none"> • updating the RDNS diversity education program to VET standard • piloting this refined program with 44 staff across RDNS regional offices • developing an App version of the Diversity Education Program • developing an inclusive healthcare website and series of animations.
<p>Support for LGBTI People</p>	<p>National LGBTI Health Alliance</p>	<p>The National LGBTI Health Alliance is a peak organisation that has been funded since June 2013 to represent the needs of older LGBTI people requiring aged care (more details are provided under Action Area 5.2).</p>
<p>LGBTI Sensitivity Training</p>	<p>National LGBTI Health Alliance</p>	<p>The LGBTI Health Alliance has been funded since June 2013 to develop and deliver LGBTI sensitivity training to the aged care sector, through its partner organisations in each state and territory. Between July 2014 and June 2016 more than 5,000 aged care workers from 370 aged care services participated in face-to-face training, with another 4,106 aged care staff completing the online module (more details are provided under Action Area 4.1).</p>

3. Implementation of goals and actions

Project Name	Lead Organisation	Project/Initiative Description
<p>Supporting aged care services to develop LGBTI-inclusive services</p>	<p>La Trobe University</p>	<p>This project ran from 17 June 2013 until 30 June 2016 and was designed to support aged care services to better understand the needs of LGBTI people and their carers.</p> <p>Aged care services were offered a 12 month program of workshops coaching them through the practical steps involved in developing an LGBTI inclusive service.</p> <p>Key achievements included:</p> <ul style="list-style-type: none"> • An intergenerational project – a collaboration between Minus 18 (LGBTI youth network) and groups supporting older LGBTI people which produced four short films for aged care service providers. The films were launched at the National LGBTI Ageing and Aged Care Conference in October 2014 and were viewed over 5,300 times • Launch of the Aged Care HOW2 Program (facilitated in 2014 with 8 organisations) • The National LGBTI Ageing and Aged Care Conference in October 2014 (attended by 250 delegates) • Publication of over 15 LGBTI people and carers resources that have been accessed over 7,000 times. Key resources include: <ul style="list-style-type: none"> ○ We are still gay - an evidence based resource exploring the experiences and needs of Lesbian, Gay, Bisexual, and Trans Australians living with Dementia ○ An Extra Degree of Difficulty - an evidence based resource exploring the experiences and needs of older LGBTI cares and the carers of older LGBTI people ○ We're People first – an evidence-based Trans Health and Ageing guide to inclusive services ○ As We Age - an evidence based guide to intersex inclusive aged care services.
<p>Healthy Ageing Project</p>	<p>Australian Association of Gerontology</p>	<p>This project ran from 1 July 2015 until 30 June 2017. It was designed to improve the evidence base for healthy, active and productive ageing for LGBTI people, and involved education and information sessions targeting consumers, researchers and health professionals.</p>

3. Implementation of goals and actions

Goal 3: Ageing and aged care services will be supported to deliver LGBTI-inclusive services

Samantha's story: 'It's about what makes you happy'

When Samantha first moved into residential care, staff noticed that she kept to herself and seemed 'quite depressed'.

A few months later, Samantha mentioned to the lifestyle coordinator that she 'used to enjoy' wearing women's clothing, but that her family 'wasn't very happy with it'.

A number of staff members had undertaken LGBTI-inclusiveness training, which prepared them to respond appropriately to Samantha's disclosure, and to lead the way for other staff. They sat down with Samantha to find out more about what she wanted. At first, Samantha indicated that she only wanted to wear women's clothes in her room, and added, 'If I've got a dress on, then I want to be known as Samantha (not Sam)'.

Samantha began wearing dresses occasionally at first, and then more frequently as she found she was accepted. Staff acknowledged her by asking 'How are you feeling today, Samantha?' and she would reply, 'I feel good'.

Staff then began to introduce Samantha to the other residents, who also accepted Samantha for who she was.

This consistent acceptance from staff members, residents, and visitors helped Samantha to finally feel comfortable enough to come out as transgender and start living her life as a woman: 'She is obviously comfortable now. I don't think she worries as much about what people think. Now she is Samantha every day.'

Action Area 3.1: Recognise members of all the special needs groups identified in the *Quality of Care Principles 1997*, including LGBTI people, by specifically including them in the Accreditation Standards, Community Care Common Standards and Flexible Care Standards. Support the aged care sector in understanding how LGBTI people fit within these accreditation frameworks

The Government is currently developing a Single Aged Care Quality Framework (Single Quality Framework) for providers of Australian Government funded aged care. This will include:

- A single set of aged care standards for all aged care services
- A streamlined approach for assessing provider performance against quality standards
- Improved information on quality to help consumers to make choices about the care and services they need.

3. Implementation of goals and actions

The aim of the Single Quality Framework is to:

- Increase the focus on quality outcomes for consumers
- Recognise the diversity of service providers and consumers
- Simplify regulation and reduce administrative workload for providers by:
 - Minimising duplication between the standards, other provider responsibilities and other legislation
 - Streamlining the way provider performance is assessed and monitored against quality standards.

The development of the Single Quality Framework has been informed by feedback obtained through public consultation and input from a Standards Technical Advisory Group of industry experts and stakeholders, including the National LGBTI Health Alliance. It is expected that findings from the Review of National Aged Care Quality and Regulatory Processes will also feed into the final framework.

The final Single Quality Framework will embed consideration of the specific care needs of diverse groups, including LGBTI people, and these will be further detailed in the supporting guidance materials for providers.

Action Area 3.2: Promote understanding among aged care providers about the need for legal protection from discrimination on the grounds of sexual orientation, sex and gender identity, including unwanted disclosure of an individual's LGBTI status

In 2013, the *Sex Discrimination Act 1984* was amended to provide new protections against discrimination on the basis of a person's sexual orientation, gender identity, intersex status, and same-sex de facto couple status. All approved aged care providers are required to comply with this legislation and this was communicated to all providers at the time. This requirement is also made clear to all new approved provider applicants.

Furthermore, all approved aged care providers have a legal responsibility to respect their clients' privacy under the Act, the *Charter of Care Recipients' Rights and Responsibilities* and the Accreditation Standards. The *Charter of Care Recipients' Rights and Responsibilities* clearly sets out the following rights of LGBTI people receiving aged care:

- To be treated and accepted as an individual, and to have his or her individual preferences respected
- To be treated with dignity, with his or her privacy respected
- To receive care that is respectful of him or her, and his or her family and home
- To receive care without being obliged to feel grateful to those providing the care
- To full and effective use of all human, legal and consumer rights, including the right to freedom of speech regarding his or her care
- To have access to advocates and other avenues of redress

3. Implementation of goals and actions

- To be treated without exploitation, abuse, discrimination, harassment or neglect.

These protections are also included in the new draft Single Quality Framework.

The following initiatives funded by the Australian Government complement these legislated protections:

- LGBTI inclusiveness training (see Action Area 4.2)
- Development of the *Self-Assessment and Planning Tool for LGBTI Inclusive Aged Care* (see Action Area 4.1)
- The HOW2 Create Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Inclusive Services program, which coaches aged care service providers through the practical steps involved in becoming LGBTI inclusive (see Action Area 4.1).

[Action Area 3.3: From July 2015, include LGBTI people in the Home Support Program Guidelines as a Special Needs group to receive Special Needs consideration in line with the Aged Care Act 1997](#)

The *CHSP Manual* and *CHSP Guidelines* published in October 2016 both recognise the nine special needs groups defined under section 11.3 of the Act, specifically:

- The CHSP recognises the following special needs groups, which align with those recognised under the *Aged Care Act 1997* and by other aged care programs:
 - People from Aboriginal and Torres Strait Islander communities
 - People from culturally and linguistically diverse backgrounds
 - People who live in rural and remote areas
 - People who are financially or socially disadvantaged
 - Veterans
 - People who are homeless, or at risk of becoming homeless
 - People who are lesbian, gay men, bisexual, transgender and intersex people (including people who are perceived to be, or have in the past lived as such)
 - People who are care leavers
 - Parents separated from children by forced adoption or removal (Department of Health 2017).

3. Implementation of goals and actions

Action Area 3.4: Review aged care program guidelines (including Home Support and Home Care) to help ensure that service providers are clear about the service delivery expectations for LGBTI clients

The program guidelines for all aged care programs have explicit provisions for the care of special needs groups, including LGBTI people.

The CHSP Guidelines include the following requirements, which are consistent with the LGBTI Strategy:

- Grant recipients are responsible for ensuring people from special needs groups (including LGBTI people) have equal and equitable access to services
- The CHSP will:
 - Ensure that all clients have equity of access to services and that support is accessible, appropriate and free from discrimination
 - Ensure, through the quality framework (including the Home Care Standards), that grant recipients consider the requirements of special needs groups, and that services are delivered in a way that is culturally safe and appropriate for older people from diverse backgrounds
 - Support access to translation and interpreting services
 - Consider equity of access for special needs groups in the allocation of new funding
 - Ensure that the inability to pay for services does not exclude anyone from receiving services.

Guidelines and manuals for other aged care service types (including Residential Care, Short-Term Restorative Care and Transition Care) include a similar emphasis on ensuring quality aged care services for LGBTI people.

Additionally, the Australian Aged Care Quality Agency (AACQA) reference the National LGBTBI Health Alliance's *Key indicators of LGBTI inclusivity and their relationships to the AACQA accreditation standards* as part of their induction process.

Action Area 3.5: Ensure the Aged Care Complaints Scheme addresses LGBTI inclusion in its internal guidance and external awareness-raising materials aimed at consumers and industry

In 2016, the Aged Care Complaints Scheme was replaced by the Aged Care Complaints Commissioner (Complaints Commissioner). The Complaints Commissioner has been working to increase LGBTI awareness and inclusion in the aged care sector. Staff have been provided with LGBTI-awareness training and encouraged to access a range of support materials about aged care and people from LGBTI communities. The Complaints Commissioner has taken steps to ensure the language and images used in external education are LGBTI inclusive. The Complaints Commissioner has also engaged directly with older people from LGBTI communities through participation in a number of targeted events.

3. Implementation of goals and actions

Action Area 3.6: Seek opportunities to recognise and promote excellence in LGBTI ageing and aged care initiatives, activities and programs

The Government has funded a short educational video on LGBTI inclusion and awareness for the aged care sector. This 24-minute video highlights examples of excellence in the provision of LGBTI-inclusive aged care. It was broadcast three times on the Aged Care Channel in May 2017 and can be accessed via the Aged Care Channel and the department's LGBTI Resource Library website.

The Government recognises that more work needs to be done in this area. While two organisations received AACQA Better Practice Awards in recognition of their work on LGBTI inclusion, there is currently no specific recognition for providers or organisations doing excellent work in this area.

Action Area 3.7: Support and resource aged care and LGBTI peak organisations to help their members and stakeholders implement this Strategy

Since June 2013, the National LGBTI Health Alliance has been funded by the Government to:

- Promote relevant government strategies to the community and aged care providers
- Promote and provide LGBTI sensitivity and awareness training to aged care providers
- Raise awareness of the needs of older LGBTI people
- Educate and inform service providers, policy makers, government, communities and LGBTI people on inclusive practice and how this can be delivered in the Australian ageing and aged care sector
- Assist aged care services to develop LGBTI-inclusive policies
- Develop innovative projects to link older LGBTI people to appropriate aged care services.

Furthermore, the LGBTI Working Group was established in April 2014 to advise the Government on the implementation of the LGBTI Strategy. While the LGBTI Working Group was not established until two years into the life of the LGBTI Strategy, it has nonetheless provided an important source of expertise and advice on LGBTI issues and their application to the aged care system (see *Appendix A* for LGBTI Working Group Membership and Terms of Reference).

3. Implementation of goals and actions

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

Andrew's story

Andrew is a 77-year-old gay man living in residential aged care. He experiences acute social anxiety and frequent migraines. The nurse manager, Linda, is a lesbian who recognised Andrew may be a gay man, despite him being extremely closeted.

After several months of rapport-building, Andrew finally trusts Linda and she arranges for him to connect with a gay-friendly Christian ministry, as he was involved in the Catholic church. Andrew used to be a lay-preacher, but the burden of his hidden sexuality weighed heavily, negatively affecting his ability to have any social life.

Andrew's new friends and renewed connection with his spirituality have greatly improved his wellbeing. Andrew no longer experiences migraines and seems comfortable in a social setting.

Action Area 4.1: Support all Government-funded aged care providers to develop policies and organisational processes to address discrimination and prejudice; and to promote inclusion of LGBTI people, carers and staff within a best practice framework and among other residents/clients

A number of LGBTI-inclusion training courses and competencies for aged care providers have been developed with funding (or partial funding) from the Government. Key initiatives include:

- Development and distribution of the *Self-Assessment and Planning Tool for LGBTI Inclusive Aged Care* by Val's Café at La Trobe University's Australian Research Centre in Sex, Health and Society (ARCSHS). The self-assessment and audit plan is designed to allow aged care providers to assess their service's LGBTI inclusiveness
- Promotion of the LGBTI Inclusive Practice Service Accreditation (the Rainbow Tick) for aged care providers. This initiative allows providers to be voluntarily assessed and accredited for LGBTI inclusiveness
- Development and implementation of HOW2, a 12-month education program developed by Val's Café to coach aged care service providers through the practical steps involved in becoming LGBTI inclusive. The program was attended by ten aged care services in Victoria and audited by LGBTI organisations from other states, before being rolled out in Western Australia, Queensland and New South Wales
- Funding through ACSIHAG for the Royal District Nursing Service's Promoting Inclusive Health Care program (see Table 3-1)
- LGBTI sensitivity training for aged care staff and (from 2016) ACATs and RAS (see Action Area 4.2)

3. Implementation of goals and actions

- Train the Trainer courses for LGBTI inclusiveness by the National LGBTI Health Alliance (see Action Area 4.5).

In addition, the Single Quality Framework (in development) will include an emphasis on ensuring that each consumer's identity, cultural identity and diversity is respected, through delivery of services that are responsive, inclusive and sensitive. The Standards Technical Advisory Group for the Single Quality Framework includes a representative from the National LGBTI Health Alliance, who will also be involved in the pilot of the Diversity Framework (prior to finalisation) and the review of guidance materials.

Action Area 4.2: Deliver the 2012 Budget commitment of \$2.5 million over five years from 2012-13 to roll out LGBTI sensitivity training for the aged care workforce nationally

The Government provided funding of \$2.5 million over five years from 2012–13 to the National LGBTI Health Alliance to provide LGBTI sensitivity training for the aged care workforce nationally.

Between July 2014 and June 2016, the National LGBTI Health Alliance, through its partner organisations in each state and territory, delivered face-to-face training via 357 workshops to more than 5,000 aged care workers from 370 different aged care services (out of approximately 5,070 funded aged care homes). Another 4,106 aged care workers completed the online module between July 2014 and June 2016.

The Government and the LGBTI Health Alliance have recently signed a new three-year funding agreement to continue and expand the provision of LGBTI sensitivity training. In order to further promote this training, the National LGBTI Health Alliance will continue to strengthen its relationships with aged care provider peak organisations, and the Government will promote the training on a more regular basis through its BIDS communications system.

Action Area 4.3: Investigate and pursue options to increase LGBTI resources in accredited training competencies. This includes the vocational education training (VET) sector and the tertiary education sector – in particular, qualifications in aged care, home and community care, allied health, nursing, general practice and any relevant qualification related to aged care

The Government funded the National LGBTI Health Alliance to work with the Department of Education and Training on their VET diversity subjects. As a result, the Knowledge Evidence sections of the Work with Diverse People and Manage and Promote Diversity units of competency now include gender (including transgender), intersex, and sexual orientation/sexual identity (lesbian, gay, bisexual and heterosexual) components. The Manage and Promote Diversity unit is a core component of the Health and Community Services Training Package, which includes a Certificate IV in Ageing Support.

3. Implementation of goals and actions

Action Area 4.4: Facilitate opportunities to make professional development about LGBTI people continuously available for the aged care workforce, including nurses, general practitioners and allied health professionals. This includes support for aged care sector to implement organisational change

In addition to the LGBTI sensitivity training detailed under Action Area 4.2, the National LGBTI Health Alliance has provided Train the Trainer sessions to individuals within its partner organisations to enable them to deliver sensitivity training, and has provided training for LGBTI Champions (see Action Area 5.2). The National LGBTI Health Alliance has also advocated for LGBTI to be included in the core diversity subject for Certificate III and IV for aged care workers.

Action Area 4.5: Ensure all aged care assessment team workers and Gateway employees are trained in LGBTI awareness. This includes an understanding that those with HIV may experience age-related co-morbidities earlier than the general population

All new My Aged Care Contact Centre, RAS and ACAT staff are required to complete the mandatory My Aged Care Statement of Attainment course, which includes some information on LGBTI inclusiveness. Many RAS and ACAT staff have also undertaken the Government-funded National LGBTI Health Alliance LGBTI sensitivity training, but uptake varies across states and territories.

The Government has also funded three HIV advocacy organisations to develop and publish HIV-specific resources to support aged care providers, ACAT workers and My Aged Care employees:

- The Senior People Living with HIV Voices project was funded to provide high quality education to aged care service providers around issues affecting older people with HIV, including issues of sexuality and infection control protocols. The project produced 12 factsheets and a handbook about caring for older people with HIV to support the aged care and health sector workforce. The project has also presented at 20 LGBTI and aged care/health sector events.
- The Queensland Association for Healthy Communities, via their Diversity in Aged Care project, established LGBTI Ageing Action Groups in Cairns, Townsville, the Sunshine Coast, Brisbane and the Gold Coast. These action groups held over 30 training sessions for aged care providers and staff. The LGBTI and HIV resources they developed include online and face-to-face training modules which have been used to train over 200 staff from Queensland-based aged care providers
- The Australasian Society for HIV Medicine (ASHM) developed a booklet for aged care workers as part of their Viral Hepatitis, HIV/AIDS and STI Educational Activities project. The booklet provides practical information about HIV, the effect of HIV and HIV treatment, and caring for older people with HIV.

3. Implementation of goals and actions

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

GLBTI Rights In Ageing forum: 'Conversations'

In February 2017, a panel of LGBTI elders held a unique masterclass for aged care providers to learn first-hand the concerns and expectations of LGBTI elders as they approached aged care. Hosted by GLBTI Rights in Ageing Incorporated (GRAI), the forum, 'Conversations', facilitated an open-hearted discussion between six elders from the LGBTI communities and more than 50 aged care providers.

It was an eye-opening and moving event for the service providers, who listened as the panel described their experiences – both historical and present-day – and their fears about entering aged care. For the elders, the event was both nerve-wracking (as most had no previous background in public speaking, and certainly not about such personal issues), and also very empowering as they had the opportunity to voice their expectations to a receptive audience and communicate what would make them feel ill-at-ease and, conversely, what would help them to feel safe.

LGBTI elders have been largely invisible to aged care providers, due in part to their own historical reticence to disclose, and in part to the sector's erotophobia. This invisibility and silence was shattered and the tables turned: the elders were being heard rather than told.

One gay man spoke of the sadness of being rejected by his sons and the guts it takes to stand and state who you truly are. One lesbian asked if there would be lesbian-friendly outings, and another challenged the sector to openly advertise if they were LGBTI welcoming. They praised the sensitive services they had received and criticised negative ones. As one elder concluded, 'We baby boomers have seen many changes in our lifetime...today's LGBTI rights have been hard-won and are too precious to lose'.

The panel spoke with grace and eloquence, aware that they were speaking for those who could not speak, and for those who 'have blended in all their lives, and who are not going to change'. For the audience, this was an influential forum full of both emotion and practical advice, and the messages will not be readily forgotten.

3. Implementation of goals and actions

Action Area 5.1: Promote the principles of consumer directed care to empower older LGBTI people, their families and carers to help ensure they receive culturally appropriate services

In 2013, the Attorney-General's Department (AGD) released the whole of government *Guidelines on the Recognition of Sex and Gender* to assist departments in complying with amendments to the *Sex Discrimination Act 1984*. The department subsequently updated both the consumer and provider portals on the My Aged Care service finder, in line with these guidelines. The LGBTI community has identified a number of concerns with the guidelines, and a review commenced in March 2017.

As detailed under Action Area 1.2, the improved functionality on the My Aged Care service finder gives people who are LGBTI some ability to identify aged care services that promote themselves as LGBTI inclusive.

Fact sheets have also been published on My Aged Care for both consumers and providers, outlining the steps a provider should take before identifying themselves as LGBTI inclusive, and the questions consumers should ask in order to determine if a provider is LGBTI inclusive.

Action Area 5.2: Resource and support projects and approaches that seek to empower older LGBTI people as self-advocates and experts to be consulted about their own ageing and aged care needs and circumstances

The Government funds the National LGBTI Health Alliance and other LGBTI organisations to implement projects and resources that empower older LGBTI people. This includes training aged care staff to become LGBTI Champions within their organisations. Champions develop specialist knowledge in LGBTI issues and provide leadership to assist their organisation to deliver responsive and inclusive care. A total of 58 LGBTI Champions have been trained to date.

However, more work needs to be done to support self-advocacy.

Action Area 5.3: Establish new and use existing LGBTI consultative mechanisms on an ongoing basis to engage with the LGBTI sector about ageing and aged care issues. This includes enabling mechanisms such as communication strategies

In addition to its primary role outlined in Action Area 3.7, the LGBTI Working Group also provides input more generally on ageing and aged care policy development and implementation as it relates to LGBTI people.

The Government funds the National LGBTI Health Alliance for ageing and aged care related activities. One of the roles of the organisation is to represent older LGBTI people across the aged care sector, which it does through its membership and network organisations across the country. The Alliance's representation on government ageing and aged care advisory bodies provides the mechanism for LGBTI views to inform policy development and implementation.

Additionally, in September and October 2016, the Government ran five co-design workshops with the aged care sector, to see what was and was not working with My Aged Care. The workshops were attended by assessors, service providers, consumer advocates (including those representing LGBTI communities and carers), health professionals, and My Aged Care contact centre

3. Implementation of goals and actions

representatives, as well as department and state/territory government representatives. Together, participants listed improvements needed in My Aged Care policy, process and systems.

Issues raised during the co-design workshops have driven the next stage of My Aged Care development, including the delivery of ten workshops focussed on specific issues within the sector between October and December 2016. The workshops addressed particular themes raised during the co-design process, including the need to develop solutions to better support clients with diverse needs, such as:

- Enabling consumers to appoint a representative through an *Appointment of Representative Form*, without needing to speak with the Contact Centre
- Enabling third parties to refer a consumer with diverse needs to for assessment if they are unable to interact with the Contact Centre.

The Government has used outcomes from this process to implement changes to policy, process, system and communications. Policy and process enhancements, including communications and training, continue to be rolled out progressively during 2017. Significant changes to better support health professionals (who refer consumers) and consumers with diverse needs (including LGBTI consumers) became operational from Monday 3 July 2017. The majority of system-based solutions will be implemented in July 2017 and the remainder will be considered for future releases, based on capacity and relative priority.

Action Area 5.4: Include representatives from LGBTI communities and/or the LGBTI sector in all relevant ageing and aged care consultative mechanisms, to broaden discussions about the implementation of the aged care reform package

As outlined under Action Area 3.7, the LGBTI Working Group was established in April 2014 to advise the Government on the implementation of the LGBTI Strategy. The LGBTI Working Group has also had a role in providing advice on broader issues such as the development of resources and LGBTI-inclusive best practice.

The National LGBTI Health Alliance participates in all relevant ageing and aged care consultation mechanisms. Ms Sam Edmonds from the National LGBTI Health Alliance has been appointed to the Aged Care Sector Committee (ACSC) as a diversity representative and Chair of the ACSC Diversity Subgroup. The National LGBTI Health Alliance also participates in the:

- ACSC Communications Subgroup
- Department of Health LGBTI Ageing and Aged Care Working Group
- My Aged Care Gateway Advisory Group
- Aged Care Standards Technical Advisory Group
- Quality Advisory Group
- CHSP Advisory Group
- Aged Care Complaints Commissioner's Consultative Committee.

3. Implementation of goals and actions

Action Area 5.5: Continue to build and encourage partnerships between the federal Government, state Governments, LGBTI communities and the aged care sector, including Home and Community Care (HACC) and related agencies

As detailed in Action Areas 3.7, 5.3 and 5.4, the Government has taken a number of steps to encourage partnerships between LGBTI communities, the Government and the aged care sector.

Additionally, all state and territory HACC programs have been or are now scheduled to be incorporated into the CHSP. Two members of the LGBTI Working Group are also represented on the CHSP Advisory Group.

Action Area 5.6: Develop a communication plan to promote awareness of the LGBTI Ageing and Aged Care Strategy through existing communication channels among all stakeholders, including the National Aged Care Alliance, other ageing and aged care peak organisations, and other Commonwealth agencies and levels of government

A communications plan for the LGBTI Strategy was not developed until June 2016 (only 12 months prior to the conclusion of the Strategy). As a result, the department has not been able to fully implement the communications plan. Communications achievements over the life of the Strategy are detailed below.

When the LGBTI Strategy was initially launched in December 2012, it was promoted via:

- Ministerial media release
- Notification of around 13,000 aged care services and stakeholders through the BIDS communications system
- Publication on the department's website
- Electronic distribution to Commonwealth MPs
- Distribution of hard copies to key stakeholders, secretaries of Government departments and all senior officers within the department's aged care stream.

Since November 2016, the BIDS communication system has been used several times to communicate with aged care services and stakeholders to promote awareness of the LGBTI Strategy and related initiatives. These communications include:

- A message reminding stakeholders of the Strategy and promoting the LGBTI sensitivity training. This message prompted over 329 inquiries to the department either about the strategy, the training or both (November 2016)
- Promotion of the four LGBTI-specific CVS providers (February 2017)
- Promotion of the LGBTI Resource Library (April 2017)
- Promotion of the review of the Strategy. The review was also promoted via Ministerial media release, the department's Twitter feed and through the LGBTI Working Group members' organisations and networks (March 2017).

3. Implementation of goals and actions

Two editions of the department's Aged Care Newsletter contained articles profiling the new LGBTI resources and factsheets (June 2017). Like BIDS, the newsletter has a distribution list of approximately 13,000 aged care providers, stakeholders, media outlets and other interested parties.

The LGBTI Strategy was also promoted extensively by members of the LGBTI Working Group and other organisations. For example:

- The National LGBTI Health Alliance promoted the strategy directly in their newsletter, aged care publication journals, aged care media and at conference presentations (including their 2015 Health in Difference conference)
- The Queensland Association for Healthy Communities promoted the strategy directly in their LGBTI Action Groups and newsletter seven times
- Alzheimer's Australia promoted the Strategy directly on their website and aged care media four times
- The Royal District Nursing Service promoted the strategy directly on their website and networks six times
- La Trobe University's Val's Cafe promoted the strategy directly in their newsletter, aged care publication journals and aged care media five times (three of these were joint communications with the National LGBTI Health Alliance)
- The National LGBTI Ageing and Aged Care conferences in 2015 and 2016 were structured around the strategy and its implementation.

A short film on LGBTI inclusion and awareness in aged care was also commissioned by the department and broadcast three times on the Aged Care Channel (see Action Area 3.6). The LGBTI Strategy was a key focus of this film, which was viewed more than 1,800 times in its since the broadcast on 16 May 2017.

Action Area 5.7: Make funding available to develop the capacity of LGBTI advocates to establish information sources and support networks for LGBTI people through NACAP

As detailed under Action Area 2.2, following a 2015 review of the NACAP, the Government released new NACAP program guidelines and a draft National Aged Care Advocacy Framework to support a nationally consistent approach to the delivery of advocacy services. Both documents emphasise the need to promote and maximise access to advocacy for older LGBTI people.

The new NACAP is focused on providing individual advocacy services to consumers so they are supported in accessing and interacting with the aged care system. A funding round has recently been conducted, and the successful applicant was the Older Persons Advocacy Network. OPAN has been engaged as a single national provider to deliver the NACAP through its network of nine service delivery organisations across Australia, from 1 July 2017. With a strong national presence already in place and the ability to leverage existing networks and linkages, including groups supporting LGBTI communities, OPAN is able to ensure continuity of advocacy services that best meet the needs of consumers.

Moving to a single national provider model will allow the NACAP to build upon a long history of experience and capability in delivering advocacy services. The new NACAP will continue to support

3. Implementation of goals and actions

aged care consumers and assist them to better understand their rights, have their care needs optimally met, and have the opportunity to resolve problems and confusion.

Furthermore, a representative from experienced advocacy provider the NSW Seniors Rights Service, which has specific expertise in LGBTI issues, has been appointed to the ACSC Diversity Subgroup.

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

Experiences of dementia

Val's Cafe at La Trobe University worked in partnership with Alzheimer's Australia on a project documenting LGBTI people's experiences of dementia. The research informed the development of a guide to LGBTI inclusive dementia services, and narratives from the research formed the basis of an educational resource for service providers.

A short film was also made documenting a day in the life of a lesbian with younger onset dementia. The research and resources privileged the voices of LGBTI people living with dementia and promoted recognition of their experiences and needs.

Action Area 6.1: Increase the knowledge base, and practice guidelines about the health, wellbeing and experiences of LGBTI people within the residential and community aged care system

La Trobe University received funding to contribute to the knowledge base and practice guidelines for the provision of LGBTI-appropriate care. Specifically, La Trobe University has:

- Published six journal articles in LGBTI and/or ageing and aged care open access publications
- Developed and broadcast four LGBTI aged care training videos that have been viewed over 16,419 times
- Developed and published three guides for dementia practitioners and aged care services
- Held two conferences on LGBTI aged care, attended by over 400 delegates from the health and aged care sector
- Published 23 LGBTI knowledge base and practice guidelines for the aged care sector and workforce
- Contributed to the *LGBTI Ageing and Aged Care* special issue of the *Australasian Journal on Ageing*.

Additionally, the AAG was funded by the Government to deliver the following activities:

- Workshop (2013) – There's No Need to Straighten Up: LGBTI Ageing & Aged Care in Australia

3. Implementation of goals and actions

- Webinar (2014) – Understanding the Needs of Older LGBTI People
- Workshop (2014) – Rainbow Visions LGBTI Ageing Research Policy & Practice.
- Develop and produce the LGBTI Ageing and Aged Care Special Issue (2015) of the *Australasian Journal on Ageing*, a peer reviewed journal
- Conference presentation (2015) – Doing it Better: Strategies Targeting Older LGBTI Mental Health
- Masterclass (Nov 2016) – Older LGBTI Australia.

As detailed in Action Area 1.4, the Government has funded 13 grants to contribute to the knowledge base and practice guidelines in relation to the health, wellbeing and experiences of LGBTI people within the residential and community aged care system.

On 1 February 2016, an article about the Government-funded LGBTI Aged Care Champions program (titled ‘Champions – Perspectives on implementing the National Lesbian, Gay, Bisexual, Transgender and Intersex Ageing and Aged Care Strategy in Queensland’) was published in the *Australian Health Review*.

Action Area 6.2: Engage with the Australian Bureau of Statistics to include LGBTI indicators in the Australian Census and the Survey of Disability, Ageing and Carers (SDAC). Inclusion of LGBTI indicators within all ageing-related research projects

The Australian Bureau of Statistics (ABS) has incorporated a section into their General Social Survey to capture information on people’s sexual orientation. Consistent with the [Australian Government Guidelines on the Recognition of Sex and Gender, November 2015](#), the new [ABS Standard for Sex and Gender](#) variables was released in February 2016.

The department, the ABS and the LGBTI Working Group have also had ongoing discussions on LGBTI data collection, and the ABS has attended a number of LGBTI Working Group meetings.

These discussions culminated in the department hosting an LGBTI Data and Statistics Collection Roundtable on 29 June 2017 with the ABS, the Australian Institute of Health and Welfare (AIHW), the AGD and the LGBTI Working Group. This roundtable discussed:

- Data to be collected by the ABS
- How to appropriately ask about a person’s sexuality and/or gender identity and/or intersex status
- Data collection and sampling methodologies across the various agencies, with a focus on harmonising and linking matching metadata
- Establishing a consistent LGBTI data standard to improve the specific application and usage of the data by the various government agencies
- What questions should be asked, what questions need to be answered and why that information needs to be known
- Data collected in the My Aged Care client record
- Data to be collected on departmental IT systems.

3. Implementation of goals and actions

The 2016 Census of Population and Housing included a pilot test of the new Sex categories as part of the the Census collection, as well as enabling opt-in responses. The first results from this testing was released on 27 June 2017, in an article titled [Sex and Gender Diversity in the 2016 Census](#). The ABS intends to publish subsequent articles on final results of sex and gender reporting in the 2016 Census, including analysis of descriptive terms; characteristics of people who sex/gender is other than male or female; and lesson for future collections. The ABS will be seeking advice on these articles from peak groups, and will undertake targeted peer review.

The ABS has an established governance and consultation process to guide the development of SDAC. A number of changes to content for the 2015 SDAC were incorporated, but there were others, including LGBTI indicators, which could not be incorporated. The 2018 SDAC is fully user-funded, and the survey funders have agreed that there will be no change to survey content i.e. it is expected to contain the same content as the 2015 SDAC.

Action Area 6.3: Identify opportunities for appropriate inclusion of LGBTI indicators within aged care datasets and other monitoring mechanisms, following further consultation with the LGBTI sector

The department consulted with and will adopt the LGBTI Working Group's feedback on the appropriate LGBTI indicators and language to include within a client's support plan, available through the My Aged Care client record. On advice from the LGBTI Working Group, the department is also intending to modify My Aged Care call centre scripts and My Aged Care client record to ensure the descriptors for sexuality and/or gender are more accurate and inclusive.

LGBTI data gathered by the My Aged Care client record is captured, handled and stored in accordance with the *Privacy Act 1988*.

Separately, as outlined under Action Area 5.1, the department has adopted and implemented the Government's *Guidelines on the Recognition of Sex and Gender* in My Aged Care.

Action Area 6.4: Include LGBTI-related data and research in the Australian Institute of Health and Welfare (AIHW) data clearinghouse

The AIHW included data about older LGBTI people in its 2016 *Older Australia at a Glance* report, which links through to the AIHW data clearinghouse. This information related primarily to people who are lesbian or gay, and did not include data related to people who are bisexual, transgender or intersex.

Additionally, as detailed under Action Area 6.2, the AIHW participated in the LGBTI Data and Statistics Collection Roundtable on 29 June 2017, where structural barriers to LGBTI data collection were discussed in detail.

Action Area 6.5: Engage with the AIHW to develop more available data related to older LGBTI people as part of research projects

The AIHW has developed new sex and gender health metadata in the Metadata Online Registry (METeOR), Australia's repository for national metadata standards. This process was discussed at the LGBTI Data and Statistics Collection Roundtable on 29 June 2017.

3. Implementation of goals and actions

Action Area 6.6: Identify opportunities for qualitative and quantitative research to be used in the development and evaluation of service provision to LGBTI people, and in initiatives that are inclusive of ageing LGBTI people

As detailed under Action Area 2.5, all three ACSIHAG grants rounds (2012, 2013 and 2014) and the subsequent 2016 DACS round have prioritised projects addressing the aged care needs of, or trialling services to assist, people from diverse backgrounds, including LGBTI people. Details of the projects funded under ACSIHAG were outlined under Action Area 2.5. On 11 July 2017, Aged Care Minister Ken Wyatt MP announced \$34 million in funding grants to support innovation in dementia care and other aged care services, including the \$5.2million for two projects focussing on the LGBTI community. .

In addition, work undertaken by La Trobe University and the AAG sought to build the evidence base for inclusive care. La Trobe University (in partnership with the National LGBTI Health Alliance and the University of Washington) has recently been awarded an Australian Research Council Linkage Grant to develop a database on the health and wellbeing needs of older LGBTI people.

Despite these efforts, it is acknowledged that primary research remains an outstanding need.

Action Area 6.7: Evaluate Department of Health-funded projects specific to LGBTI people and establish partnerships with existing research bodies with LGBTI expertise to establish best practice approaches in aged care

All projects funded under DACS are required to be independently evaluated. This requirement did not apply to grants awarded under ACSIHAG, so the department has recently commissioned an evaluation of all ACSIHAG-funded projects.

In addition, relevant resources and research findings on best practice LGBTI aged care are being added to the LGBTI Resource Library (see *Action Area 2.3*).

3.2. Summary

Overall, numerous achievements are evident from the implementation of the LGBTI Strategy from 2012 to 2017, as summarised in this chapter.

The majority of action areas were substantially progressed. However, many were not fully implemented and a few saw minimal or no progression over the life of the Strategy. It should be noted, however, that the nature of many of the action areas means their implementation will always be of an ongoing nature. Key achievements included:

- Support for workforce training and capacity building
- Improved collaboration between government and the LGBTI sector
- Recognition of issues relating to LGBTI inclusiveness in a range of policy documents.

In addition, over \$8 million in funding was provided to support specific projects promoting the health and wellbeing of older LGBTI people.

3. Implementation of goals and actions

However, a number of factors hindered the implementation of the LGBTI Strategy, including:

- The significant level of ongoing reform undertaken in aged care over the past five years. The impact of the reforms meant that some action areas became less relevant, while others had resources diverted elsewhere. For example, the importance of addressing LGBTI access through My Aged Care increased substantially after the launch of the Strategy
- The decision to change from annual reporting to an overall implementation report on the Strategy. While this resulted in a more comprehensive final report, it removed some of the immediate urgency from implementation.
- The late development of a communications plan.

One decision which greatly enhanced the LGBTI Strategy's implementation was the establishment of the LGBTI Working Group in 2015. This provided a level of accountability that improved not only the pace, but also the quality of implementation.

In addition, this chapter highlights that the activities undertaken under the LGBTI Strategy were focused on aged care, with minimal attention paid to broader issues of 'successful ageing', wellbeing and early intervention to support transitions into aged care. Support across the entire ageing and aged care sector and capacity-building within communities is important to support these elements, and achievements were somewhat lacking in these areas.

Greater promotion of the activities supported by the LGBTI Strategy may have facilitated more widespread implementation, and helped to maintain the momentum over the life of a relatively long-term strategy.

Improved consultation between relevant groups in the ongoing evolution of My Aged Care will be a key opportunity for improving accessibility and inclusiveness of the aged care system for LGBTI people.

4. Stakeholder perspectives: achievements

4. Stakeholder perspectives: achievements

4.1. Introduction

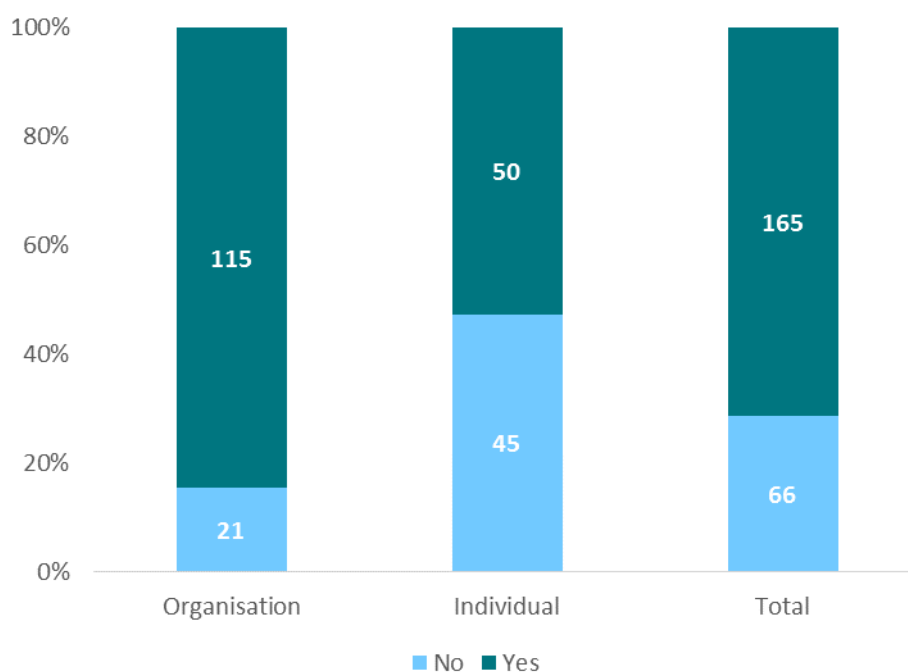
This chapter summarises stakeholder perspectives on the key achievements of the LGBTI Strategy – in particular, the ‘concrete steps’ taken towards the implementation of the Strategy’s principles and goals (provided in Figure 2). For many of the achievements, stakeholders also pointed out challenges and limitations, or made suggestions for improvement. These are covered in *chapter 5*, as they tend to relate more broadly to the Strategy and its implementation, rather than individual principles or goals contained within it.

4.2. Awareness

Awareness of the LGBTI Strategy was high among those responding to the consultation either through the survey or submission process. Across all categories of respondents, 71 per cent of survey respondents were aware of the strategy prior to receiving notification of the survey.

As shown in Figure 4-1 below, awareness of the LGBTI Strategy prior to the survey was notably higher for those respondents representing an organisation (115 respondents; 85%) than for individuals (50 respondents; 53%).

Figure 4-1: Proportion of respondents aware of the LGBTI Strategy



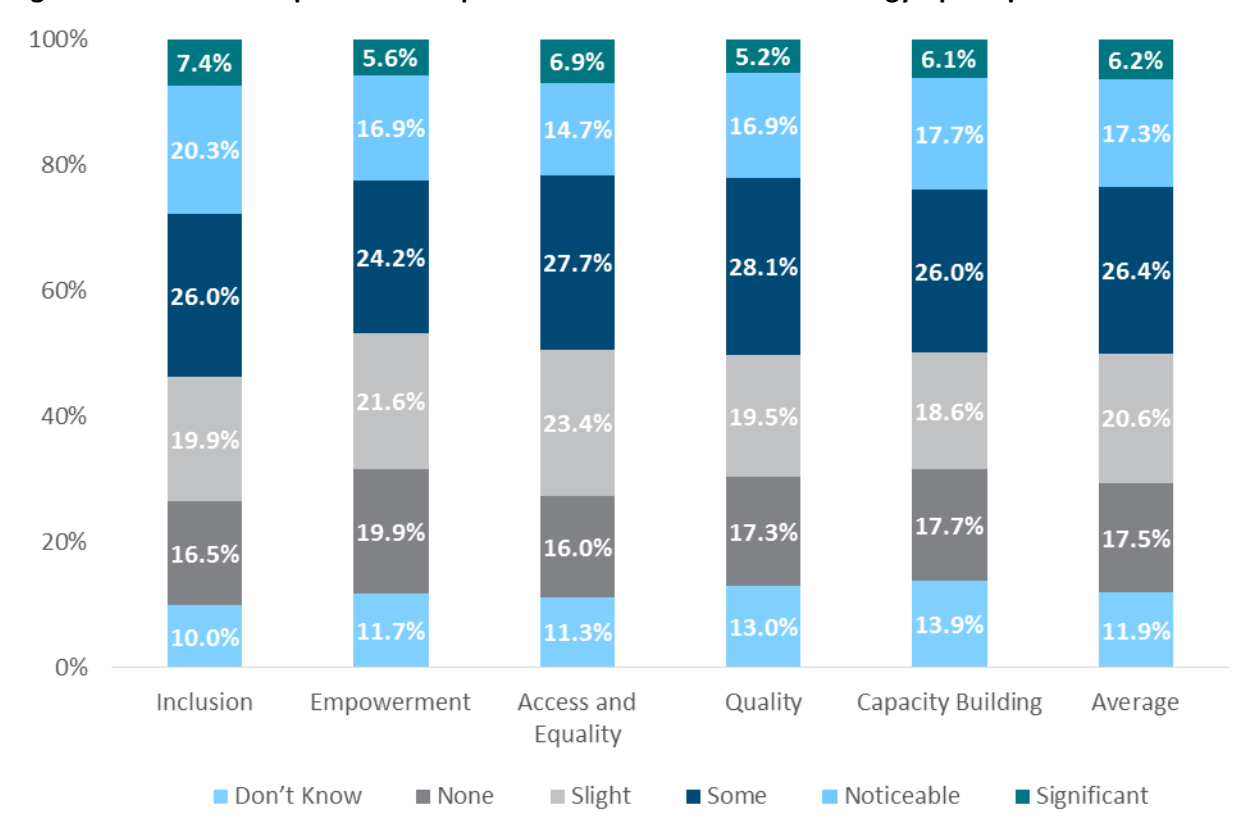
Of those who provided submissions, only one (an individual consumer) reported being previously unaware of the existence of the LGBTI Strategy. However, this does not mean that awareness is universally high. As one provider peak body noted, while the Strategy has been around for a number of years, ‘the majority of aged care organisations and many LGBTI individuals are not aware of it’.

4. Stakeholder perspectives: achievements

4.3. Principles

Stakeholders agreed overwhelmingly that the principles underpinning the LGBTI Strategy remain relevant, as they are 'indispensable to inclusive care'. As indicated in Figure 4-2, 50 per cent of the respondents reported either 'significant', 'noticeable' or 'some' improvement for all five principles.

Figure 4-2: Level of improvement reported for each of the LGBTI Strategy's principles



Further commentary on achievements or improvements in relation to the principles is summarised in the following sections.

Principle 1: Inclusion

Overall, individuals and organisations providing submissions to the consultation acknowledged the contribution of the Government's commitment and inclusive consultation style in implementing the inclusion principle. The development of the LGBTI Strategy itself (and the creation of the LGBTI Working Group) was seen to have accelerated the implementation of the principle, facilitating greater visibility of LGBTI issues. Other 'higher-level' achievements highlighted in this context included:

- Legislative changes, including to the *Sex Discrimination Act 1984*, and the inclusion of LGBTI as a special needs category under the Act. While not undertaken through the LGBTI Strategy, these changes were noted as signals of an important cultural shift towards inclusion
- Increased participation of LGBTI peak bodies on aged care and ageing advisory boards

4. Stakeholder perspectives: achievements

- Mention of specific considerations relevant to LGBTI needs/preferences in the National Aged Care Advocacy Framework
- Development of LGBTI-inclusive standards and best practice resources.

‘The community sector has demonstrated huge growth in awareness of LGBTI special needs status under the Act — there is now demand for information on how to meet needs of LGBTI consumers at all levels of service provision’ — consumer advocacy organisation.

Stakeholders noted the adoption of inclusive language by the Government and the alignment of the My Aged Care consumer and provider portals with the *Australian Government Guidelines on the Recognition of Sex and Gender* (which commenced in 2013). However, some disagreed with the recommendations provided in the Guidelines.

The development and improvement of information and resources for consumers was also highlighted, particularly the information available through My Aged Care and the ability to search for LGBTI-inclusive services through the service finder (noting that limitations with this search function were also identified – see *section 5.3.3*). Stakeholders also noted Government funding had been provided to create resources with visible depictions of LGBTI individuals.

Other concrete steps in the implementation of the inclusion principle identified were:

- Aged care conferences have had streams or presentations dedicated to LGBTI-inclusive practice
- Relevant issues have been covered in LGBTI, ageing and aged care and other media
- Specific information has been included in the CHSP manual
- LGBTI inclusiveness and awareness training has been provided by ACON.

It was also noted that some providers had run specific projects regarding LGBTI inclusion, while others had received AACQA Better Practice Awards which are presented each year for projects, initiatives or programs that act as exemplars for other aged care service providers to assist and to encourage improvement to care and services and/or obtained the Rainbow Tick.

Principle 2: Empowerment

The provision of advocacy services and other specific initiatives supporting consumer directed care were reported to have progressed the LGBTI Strategy’s principle of empowerment.

In particular, stakeholders noted the expansion of NACAP to include a focus on special needs groups, including LGBTI, along with support for consumers to self-advocate, and the development of resources to support consumers to navigate the aged care system.

4. Stakeholder perspectives: achievements

Other concrete steps reported by stakeholders in this context included:

- Government funding for the National LGBTI Health Alliance and other LGBTI organisations to implement projects and resources that empower older LGBTI people
- Projects that have engaged, or attempted to engage, with LGBTI consumers
- Promotion of information through LGBTI media so that the relevant communities know there are changes happening.

Principle 3: Access and equity

Many of the concrete steps that stakeholders felt had contributed to the principle of access and equity were achieved at the systemic level. These include legislative changes, guidelines for service providers and intended changes to the My Aged Care service finder and client record.

It was noted that, anecdotally, there has been an increase in recent years in consumers openly identifying as LGBTI. This has coincided with many providers' efforts to improve LGBTI inclusiveness (for example by employing LGBTI staff and/or having visually inclusive materials), and several small and independent residential service providers have taken on long term plans to become LGBTI care 'providers of choice'.

Principle 4: Quality

Submissions suggested that the identification of LGBTI people as a special needs population under the Act, and accreditation processes such as the Rainbow Tick have furthered implementation of the 'quality' principle, as well as the 'inclusion' principle.

It was also noted that training and multidisciplinary research have facilitated the promotion of best practice.

Principle 5: Capacity building

The following concrete steps were reported in relation to the capacity building principle:

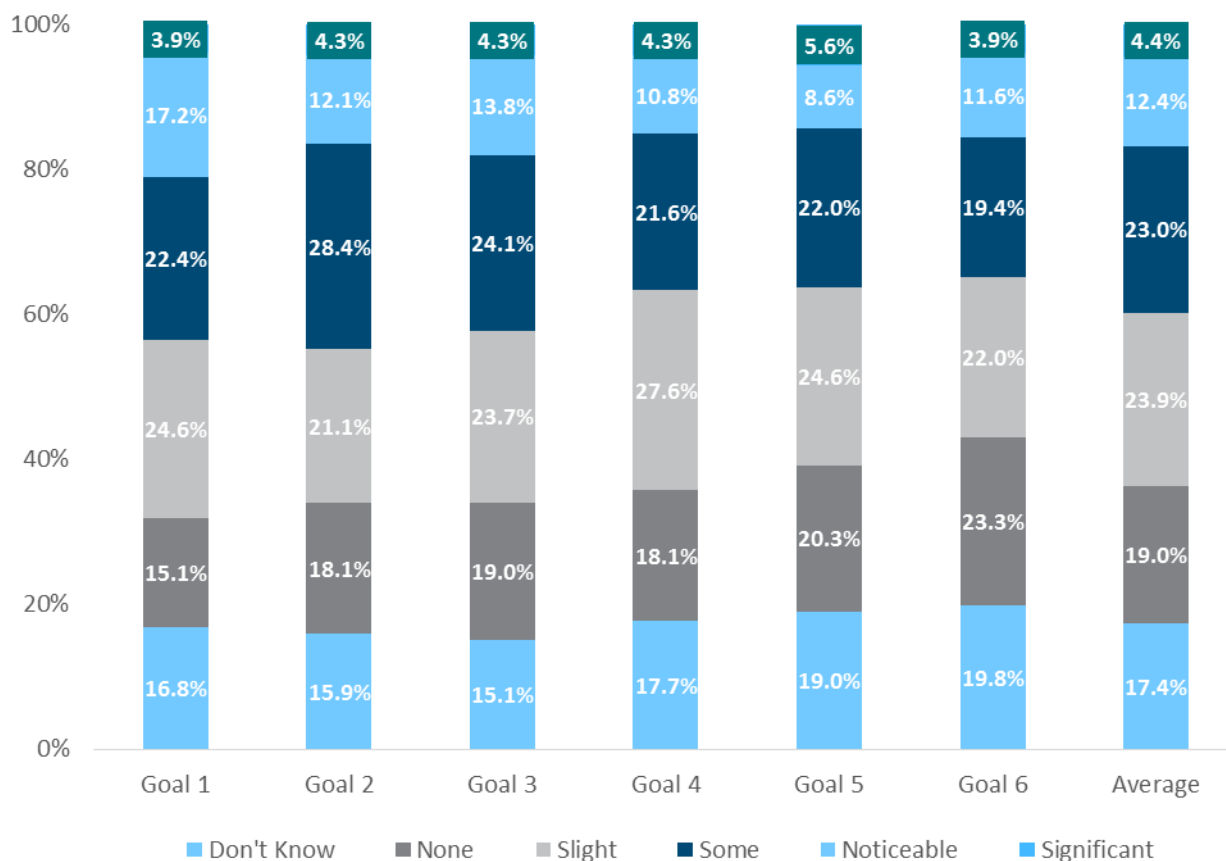
- Funding for training, conferences and networking
- Development and implementation of visual signs of LGBTI inclusion
- Employment of LGBTI staff (noting concerns described in *section 5.3.7*)
- Development of specific tools and resources for LGBTI people.

4. Stakeholder perspectives: achievements

4.4. Goals

While *chapter 3* presents the Government’s progress against specific action areas under each of the LGBTI Strategy’s goals, this section summarises stakeholder perspectives on the broader goals (see Figure 2-1 for detail). As indicated in Figure 4-3, 39.7 per cent of survey respondents reported either ‘significant’, ‘noticeable’, or ‘some’ improvement for all six principles. The proportion of respondents reporting no improvement averaged 19 per cent across the six goals.

Figure 4-3: Level of improvement against the LGBTI strategy goals



Further detail on stakeholder views is provided in the subsequent sections.

Goal 1: LGBTI people will experience equitable access to appropriate ageing and aged care services

As highlighted by stakeholder perspectives regarding the principles of inclusion and access and equity, achievements relating to this goal have been noted at multiple levels of the aged care sector, from changes in government policies to workforce training and the use of inclusive language throughout the sector.

The development of LGBTI-specific information on aged care issues (e.g. dementia care) and quality review and audit processes that better reflect inclusion were also felt to have contributed to progression of this goal.

4. Stakeholder perspectives: achievements

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

Again, recurring themes and overlap with achievements related to the LGBTI Strategy's principles were noted in stakeholders' responses. With goals 2 and 3 both relating to sector support for providing inclusive care, the concrete steps taken (as identified by stakeholders) are presented together. These include:

- Policy and legislative change
- More funding provided for LGBTI places in aged care
- Training and access to resources by organisations such as GRAI, ACON, and the National LGBTI Health Alliance
- Queensland Association for Healthy Communities and aged care sector collaboration to create LGBTI Aged Care Champion training
- Expansion of the CVS for LGBTI-specific services
- Workshops run by the OPAN and others
- The Rainbow Tick initiative.

Goal 3: Ageing and aged care services will be supported to deliver LGBTI-inclusive services

Stakeholders identified legislation amendments that identify LGBTI people as a special needs group as an achievement toward this goal. It was also reported that significant steps have been taken to ensure systems and content are inclusive.

Training and access to resources emerged as key themes identified by stakeholders; those provided by GRAI, ACON, and the National LGBTI Health Alliance were seen as particularly useful.

Other specific steps identified included:

- LGBTI-specific CVS funding
- Rainbow Tick accreditation
- Queensland Association for Healthy Communities and aged care sector collaboration to create LGBTI Aged Care Champion training.

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

Similar to Goal 3, workforce training (e.g. cultural diversity education, ACON training on LGBTI inclusivity and awareness) was most commonly mentioned by stakeholders in relation to implementation of this goal, with respondents noting that there are 'many training programs from many different areas and funding sources' available. The Government has allocated \$2.5 million in funding for workforce training since 2012.

4. Stakeholder perspectives: achievements

Engagement with the Rainbow Tick accreditation process was also mentioned as a means for improving the skill and competence of the workforce in relation to LGBTI inclusiveness.

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

Stakeholders mentioned the engagement and involvement of peak consumer bodies in national advisory and working groups as a key achievement in addressing the 'inclusion' principle and this relates directly to Goal 5.

Specifically, stakeholders noted that the department has set up a working group to ensure aged care reforms are LGBTI-focused, and funded a range of organisations to empower older LGBTI people (the work and support of ACON, NACA and other networks was acknowledged). In addition to the work of these bodies, one provider peak body suggested that online survey hubs would be useful to consult directly with LGBTI communities (and avoid over-reliance on LGBTI peak organisations).

One respondent noted that services are getting better in relation to LGBTI knowledge and pronoun use, generally through asking consumers. Another respondent highlighted the role of LGBTI Champions and a transgender person to advocate for consumers.

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

In general, stakeholders suggested that while some specific research has been undertaken, which has contributed to improved practice, further effort is required to realise this goal. Some progress noted in stakeholder submissions included:

- Funding provided (to the AAG) to develop a position paper that will help to:
 - Identify gaps in the evidence-base for LGBTI ageing
 - Provide a focus on research translation and policy/practice evaluation
- Studies into LGBTI needs by Gay and Lesbian Health Victoria (GLHV) and Val's Café
- Research by RDNS into the Partnering with Consumers engagement model
- Research on the needs and experience of carers is slowly growing
- Funding for projects to promote LGBTI-appropriate care

One stakeholder noted that it is now easier to access research, but there is a continuing need to support the translation of knowledge and evidence into practice.

Other issues noted included the need for stronger data collection processes to identify and address barriers to access (via My Aged Care) and referral between organisations, along with more culturally-appropriate data collection methods.

4. Stakeholder perspectives: achievements

One stakeholder highlighted the opportunity and need for longitudinal studies exploring LGBTI aged care needs over time.

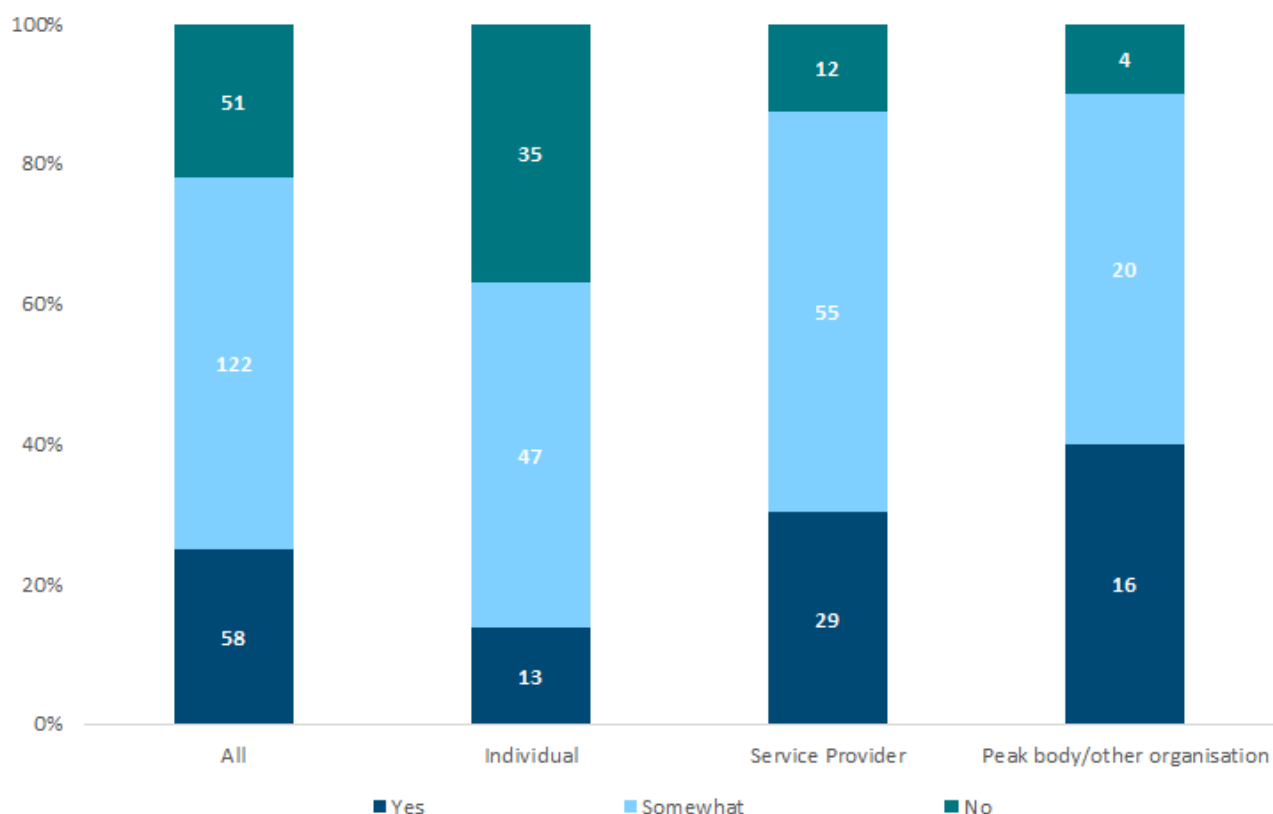
5. Overall stakeholder experience and future challenges

5. Overall stakeholder experience and future challenges

5.1. Overall experience of the LGBTI strategy

As shown in Figure 5-1 below, respondents agreed that, to some extent, the LGBTI Strategy had a positive impact on accessibility and inclusion in aged care. Twenty-five per cent of respondents agreed that the strategy had a positive impact, while 53 per cent reported a 'somewhat' positive impact. However, respondents who were individuals or carers were less likely than organisations to agree that the LGBTI Strategy had an impact on accessibility and inclusion in aged care, suggesting a possible disconnect between the experiences of the different stakeholder groups.

Figure 5-1: Respondents by category – Strategy impact on accessibility and inclusion in aged care



Broadly, stakeholders considered that the LGBTI Strategy had played an important role in raising awareness and visibility of issues relating to LGBTI-inclusive care. Changes to legislation, amendments to the Act to include LGBTI people as a special needs group, and amendments to the *Sex Discrimination Act 1984*, which occurred soon after the introduction of the LGBTI Strategy, were also cited as key to raising the profile of LGBTI issues.

Stakeholders commented that it is difficult to determine the extent to which improvements in awareness and provision of appropriate aged care to LGBTI people can be attributed to the LGBTI Strategy, as opposed to simply reflecting a broader societal shift towards improved inclusiveness.

Stakeholders felt that the sector is (for the most part) open to the shift towards inclusion – there has been little 'push back' to the concept of LGBTI-inclusive care. However, the extent to which improved awareness has led to tangible changes in service provision has been mixed. While training was generally felt to be 'pivotal' in achieving recent gains, stakeholders noted that it is only a single

5. Overall stakeholder experience and future challenges

aspect of the change required, with many other elements needed to affect broader systems and organisational change.

Many stakeholders (particularly consumer peak bodies) felt that the LGBTI Strategy's effectiveness could have been improved if the action areas had more measurable outcomes, and more regular reporting (the original intention was that the LGBTI Strategy would be reported against annually).

While stakeholders noted some gains in providing social support for lesbian, gay and (to a lesser extent) bisexual aged care consumers, a number suggested that a stronger focus on gender diversity and intersex status is required. In particular, improving the knowledge and confidence of aged care staff in working with transgender and intersex people, including their specific health-related issues, was considered necessary. Improving knowledge around other specific relevant health issues (such as the management of HIV) was also considered necessary.

Specific key challenges and areas for improvement, as identified by stakeholders, are summarised in *section 5.2* and inform the considerations for the development of the Diversity Framework presented in *section 6.3*.

5.1.1. Alignment with aged care reforms

Stakeholders acknowledged that during the life of the LGBTI Strategy, the sector was also undergoing major reform with the shift to a consumer-driven, market-based system and the introduction of the My Aged Care and consumer-directed home care packages.

In general, stakeholders felt that the LGBTI Strategy aligned – at least in intent – with aged care reforms such as *Increasing Choice in Home Care*. As one service provider peak body noted, the LGBTI Strategy aligns with the broader aged care reform agenda 'because the engagement of LGBTI communities in planning, delivery and evaluation of services enables their "choices" to be heard'.

However, there were calls for increased support to assist consumers in exercising their right to choose services that cater to their needs. Such support (as articulated by stakeholders) ranged from increased availability and transparency of relevant information to greater funding of advocacy organisations:

'Reforms depend on empowered consumers making informed choices, but consumers must have access to information about the extent to which providers are inclusive (e.g. whether they discriminate in employment)' –
consumer peak body

Some stakeholders noted that the shift to a market-based aged care sector may reduce the extent to which services cater to diversity (of any kind), because inclusive services may be more expensive to deliver (considering the 'additional' resources required to, for example, train staff and develop specific policies).

5. Overall stakeholder experience and future challenges

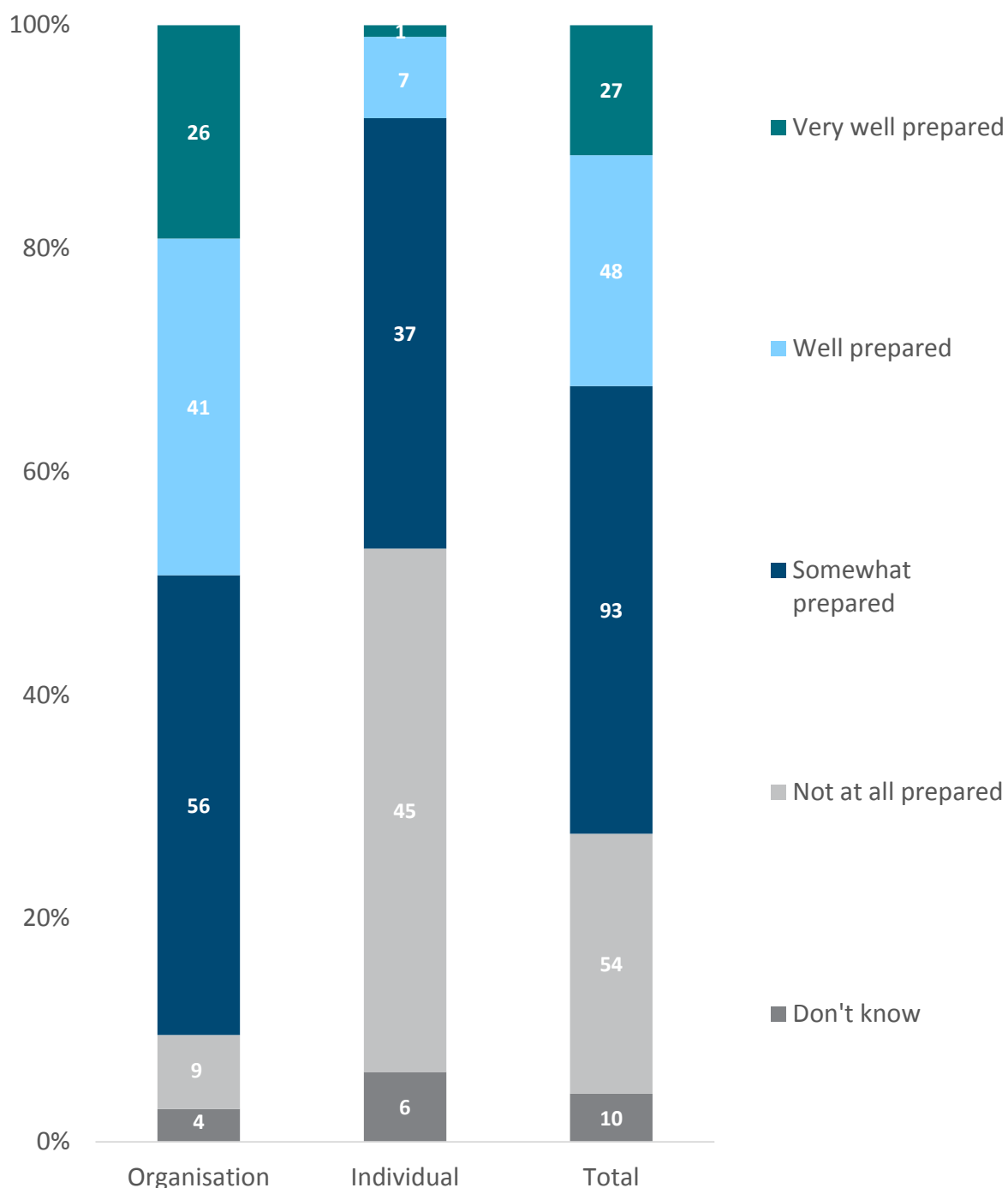
5.1.2. Sector preparedness

As shown in Figure 5-2 below, differences between organisational respondents to the survey and those responding as individuals/carers were apparent in perceptions regarding the aged care sector's preparedness to meet the needs of LGBTI communities.

Respondents representing an organisation indicated that almost half (49.2%) believed the aged care sector is 'well prepared' or 'very well prepared' to meet the needs of LGBTI consumers; however, far fewer individual respondents (8.3%) believed the aged care sector is 'well prepared' or 'very well prepared' to meet the needs of LGBTI consumers.

5. Overall stakeholder experience and future challenges

Figure 5-2: Preparedness of Aged Care Sector to meet needs of LGBTI communities



A number of stakeholders noted that implementation efforts related to the LGBTI Strategy had been more recent (particularly compared with the CALD Strategy), with much of the activity occurring late in the life of the LGBTI Strategy. Therefore, there were felt to be ongoing gaps. As one consumer advocacy organisation commented, 'very few services make reference to any internal policy or to LGBTI consumers in any way'.

From the survey responses, it was clear that a number of organisations had participated in LGBTI-sensitivity training for staff and management (77), and almost as many had policies on non-discrimination, LGBTI-inclusive practice and conflict resolution (73). However, significantly fewer

5. Overall stakeholder experience and future challenges

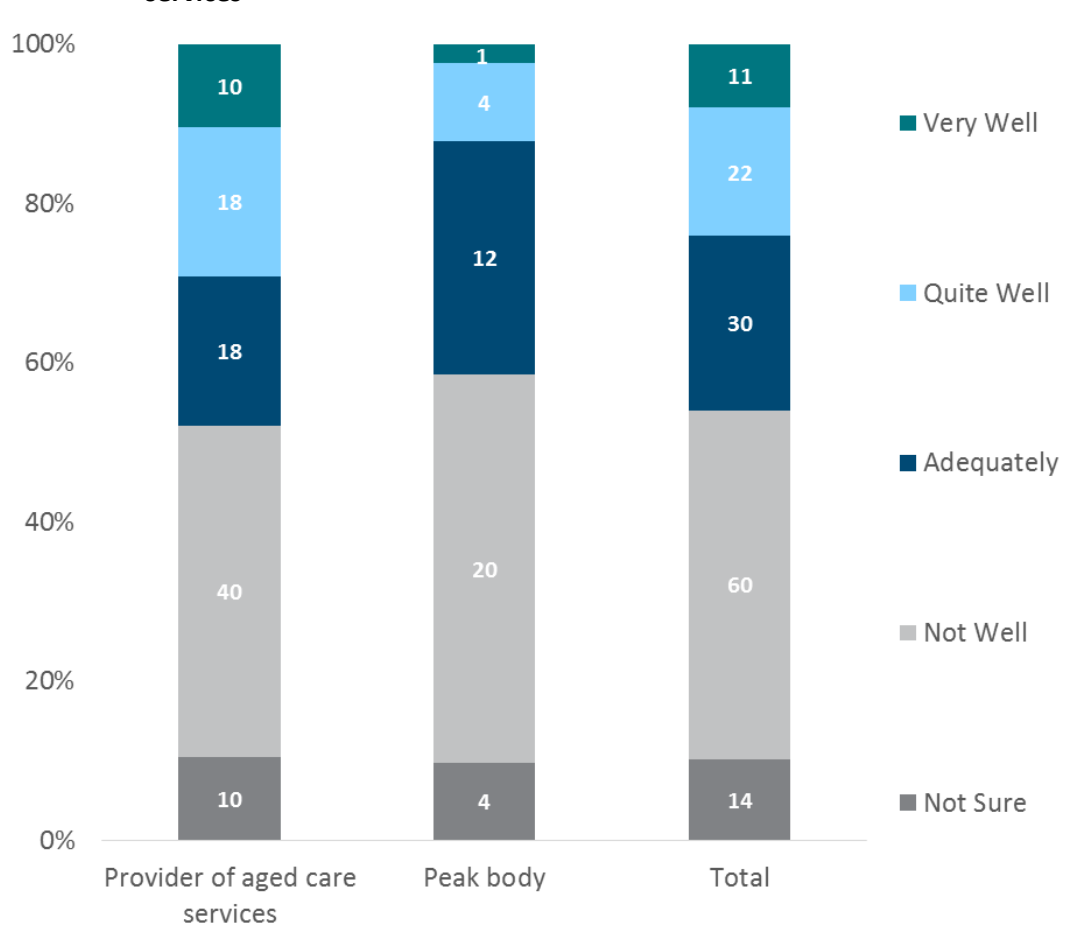
organisations were working towards formal accreditation or provided information regarding LGBTI-inclusive assessment practices (see Appendix C).

Common themes relating to challenges experienced within the sector are highlighted in *section 5.2*.

5.1.3. Sector support

As shown in Figure 5-3 below, 43.8 per cent of organisational respondents reported that they believed the aged care sector was 'not well' supported to deliver LGBTI inclusive services. Fifty per cent of community peak body representatives considered that the sector had been 'not well' supported.

Figure 5-3: Perceptions of level of support provided to the sector to deliver LGBTI-inclusive services



Note: respondents who identified as 'consumer and peak body' representatives were allowed to select more than one response to this question (question 11), and one did so. Therefore the 'peak body' column includes an additional response, and the overall total adds up to 137 (rather than 136).

It was noted that recognition as a special needs group, mention in accreditation/quality frameworks, and inclusion in the CHSP manual had helped providers improve their LGBTI-inclusiveness. However, further progress is required.

5. Overall stakeholder experience and future challenges

It was felt that opportunities for sector support will be presented through the Single Quality Framework, as well as the Diversity Framework (see *chapter 6*).

While LGBTI-specific accreditation processes were generally thought to be useful for both providers (in facilitating improved inclusiveness of their services) and consumers (in facilitating identification of services committed to providing inclusive care), the associated costs were perceived to be a significant barrier, particularly for smaller organisations.

Some stakeholders noted that particular segments of the aged care sector (e.g. some faith-based, smaller and rural/remote providers) may need more support to meet LGBTI needs than other organisations.

It was also noted that government consistency across policy areas and initiatives was important in supporting the sector to implement the LGBTI Strategy. One example of particular note was the transition from ACSIHAG to DACS funding, through which some stakeholders were left confused as to the intent of the funding and the extent to which it prioritised LGBTI-relevant projects.

5.2. Disparities in stakeholder views

It is important to highlight that, throughout the survey, the views of stakeholders varied significantly according to the type of respondent. As noted in Figure 2-1, organisational representatives were far more likely than individuals to have been aware of the LGBTI Strategy prior to completing the survey (85% compared with 53%). Across the questions regarding overall experience:

- Individuals were less likely than service providers or peak bodies to report that the LGBTI Strategy had an impact on accessibility and inclusion in aged care (see Figure 5-1)
- Individuals were far less likely than organisational representatives to report that the sector is prepared to meet the needs of LGBTI communities (see Figure 5-2)
- Service providers were slightly more likely than peak bodies to report that the sector is well-supported to provide LGBTI-inclusive care (see Figure 5-3).

While the reasons for these disparities are not well understood, they represent an important finding that suggests a disconnection between the experiences of various stakeholder types, and warrants further consideration and consultation.

5. Overall stakeholder experience and future challenges

5.3. Future challenges and areas for improvement

While the Government and other stakeholders identified a number of achievements associated with implementation of the LGBTI Strategy (see *chapters 3 and 4*), a range of ongoing challenges and areas for improvement were also identified. Many of these are broad issues that cut across the principles – and even goals – of the LGBTI Strategy.

5.3.1. Consumer characteristics – ‘diversity within diversity’

There was general acknowledgment that the LGBTI community is a broad and mixed population, with considerable diversity within the group (even beyond grouping of individuals with diversity of sexual orientation, gender identity and intersex status). In addition to this, there is significant overlap between special needs groups, with stakeholders noting that key overlaps include:

- LGBTI individuals from CALD backgrounds
- LGBTI individuals with disabilities (and, in particular, dementia)
- Geographically isolated LGBTI people

All of this variation means that a consumer’s needs (for care-related, health and social supports) must be considered on an individual basis.

A number of stakeholders suggested that, while considerable gains had been made for lesbian, gay and bisexual people, transgender and intersex people have not had the same experience, and improvements in inclusive care for these groups (including their specific health care needs) are lagging.

5.3.2. Supporting disclosure

Stakeholders highlighted that consumers should not be required to ‘fit’ the service provider. Conversely, the onus should be on providers to demonstrate inclusivity without demanding that consumers disclose their LGBTI status.

While stakeholders noted a trend towards greater openness and identification of LGBTI people in the context of aged care, it was felt to be important not to make disclosure a prerequisite for service access, particularly as disclosure often occurs only after a trusting relationship has been established.

On the other hand, supporting disclosure – particularly at intake (e.g. through My Aged Care/ACAT/RAS) – was felt to benefit not only the individual (to enable the most appropriate care and support) but also the broader sector (in terms of identifying population demographics and needs and evaluating service provision). In some cases, this was felt to be as simple as ensuring the intake forms were inclusive (for example, in the way information about gender or marital status is requested) and making sure that staff assisting in the process were knowledgeable and skilled in inclusive language and practice.

In residential care, disclosing LGBTI status to staff may be considered difficult, but stakeholders suggested that many LGBTI people will be even more fearful of other residents’ (and their families’) reactions if their LGBTI status becomes more broadly known.

5. Overall stakeholder experience and future challenges

5.3.3. System

Stakeholders highlighted a number of systemic issues that had an impact on the inclusiveness of the aged care system as a whole, and on the ease with which LGBTI people could navigate it.

Intake was felt to be a particularly important point for LGBTI inclusivity to be embedded in the system, with stakeholders highlighting the role of the My Aged Care portal and staff as well as ACAT and RAS staff.

While it is recognised that My Aged Care is a relatively new and evolving platform, perceived barriers created by the centralised access system was seen to, in some cases, compromise access and/or hinder choice for LGBTI aged care consumers. These include availability of appropriate information on the website, the language used in assessment forms and the awareness and sensitivity of staff.

While some effort had been made to enable consumers to identify LGBTI-inclusive services through My Aged Care, there was considerable doubt about the process for attaining such a label, with self-selection by services commonly seen to be a ‘tick the box’ approach. While accreditation processes may address this concern, they are not without challenges (see *section 5.3.8*).

5.3.4. Different environments: residential versus home care

Some stakeholders noted that, due to past experience, LGBTI people may be particularly fearful of entering residential care and that there may be more opportunities for improving inclusiveness in the home care setting – at least in the short term.

Stakeholders noted that there were significant differences between the challenges in providing LGBTI-inclusive care in the residential and home care settings. While there was generally considered to be more flexibility in home care (i.e. for consumers to choose different services from different providers), a lesser degree of oversight of how services are provided and less support for staff working in isolation were noted.

5.3.5. Leadership for culture change

The importance of sector and organisational leadership in effecting cultural change was highlighted by a number of stakeholders. While some noted that increasing LGBTI inclusiveness was – at least in part – reflective of broader societal change (rather than specific policies and initiatives in isolation), the role of supportive leadership was a recurring theme.

‘If residents are aware of an organisation's commitment to culturally safe services, it can increase trust between them and staff and subsequently allow them to be forward with their health concerns, which leads to improved health outcomes’ – advocacy organisation

5. Overall stakeholder experience and future challenges

Several stakeholders mentioned the role of 'LGBTI Champions' (who provide support to staff and organisations) in this context. A number also commented that, while staff training is a positive endeavour, anecdotally, many direct care staff are unable to put the training into practice in the workplace due to lack of organisational support.

5.3.6. Acknowledgment and support of carers

Stakeholders felt that LGBTI carers and carers of LGBTI consumers – and, in particular, partners of LGBTI aged care consumers – encounter greater difficulties in having their wishes heard compared with other carers. It was noted that LGBTI individuals may be less likely to have intergenerational support, and several stakeholders raised the importance of 'family of choice' for LGBTI people.

5.3.7. Workforce

Training

While funding for LGBTI- sensitivity training for staff has been welcomed, stakeholders have suggested that the effectiveness of the training has been limited in some cases because:

- Improved awareness does not necessarily translate into behaviour change 'on the ground'
- Upper-level management sometimes did not participate in training, which limited support for organisational change
- The cost of 'freeing up' staff to attend training was prohibitive
- Aged care services experience high levels of staff turnover.

A number of stakeholders recommended further LGBTI-sensitivity training for My Aged Care, ACAT and RAS staff.

One stakeholder noted that training would be improved if it were more sensitive to the different cultural views of aged care staff and included 'non-Westernised' perspectives where relevant.

Many stakeholders felt that training should focus on 'what do I need to do differently when I get back to the workplace?', and could include more practical elements such as managing conflicts between residents (e.g. where these were specifically related to intolerance or discrimination).

Also, while LGBTI-specific training was generally supported by stakeholders, some noted that consideration of *all* special needs groups should be embedded in all relevant sector training initiatives.

5. Overall stakeholder experience and future challenges

Recruitment

Recruitment of LGBTI staff was reported to be key in improving accessibility and the quality of services for LGBTI aged care consumers. However, a number of stakeholders expressed concern that the potential for ongoing discrimination against LGBTI employees among faith-based service providers remains (under the *Sex Discrimination Act 1984*). As summarised by an individual member of the LGBTI community, this affects ‘inclusion, access, equity and quality for consumers of these services’.

5.3.8. Standards and accreditation

Several stakeholders noted and welcomed the opportunity to embed inclusivity within the new Single Aged Care Quality Framework.

Some pointed out that some (particularly smaller) organisations did not have the resources or support necessary to embed LGBTI-inclusive practice, particularly through formal means such as Rainbow Tick accreditation. A nationally-consistent, affordable system of accreditation was suggested in order to support service providers in providing inclusive care. In particular, appropriate standards and accreditation processes could help to lift the ‘poor performers’ in the aged care sector.

5.3.9. Collaboration between sectors

While stakeholders reported much greater collaboration between the aged care sector and LGBTI organisations (facilitated and supported by the LGBTI Strategy), they also felt that further improvement in this area would strengthen the aged care sector’s ability to provide appropriate and inclusive care.

‘Non-LGBTI-specific services and agencies that develop LGBTI resources need to have better engagement with LGBTI consumers and organisations to ensure their inclusive practice materials are up-to-date and reflect current language, practices and understanding’ – consumer peak body.

It was also noted that (particularly smaller and rural/regional) organisations (in both the aged care and LGBTI sectors) sometimes struggled to resource the collaborations required to deliver inclusive care (see also *section 5.3.11* below).

The intersection between the aged care and health sectors was also mentioned, with at least one stakeholder noting that the health sector has not yet undertaken the same level of work around inclusiveness as the aged care sector.

5. Overall stakeholder experience and future challenges

5.3.10. Research, data and monitoring

Stakeholders noted that a lack of data regarding numbers of LGBTI aged care consumers (often due to a perceived lack of safety that inhibits disclosure – see *section 5.3.2*) means it is difficult to assess levels of need or access to services for LGBTI people.

While multidisciplinary research was noted to foster innovation, and be ‘good for promoting best practice’ (aged care provider), a number of stakeholders felt that more could be done – both in terms of more research and better translation of research into practice. One suggested that the use of client narratives, as well as other forms of data and evidence, could help to promote and support improvements in inclusive care.

In particular, many stakeholders felt that data collection, evaluation and reporting has been a key element missing from the implementation of the LGBTI Strategy, as the initial commitment to annual reporting was replaced with this end of implementation review.

5.3.11. Resourcing/funding

A number of stakeholders spoke of the need to ‘maintain the momentum’ gained through the (particularly more recent) years of the LGBTI Strategy.

While funding for training and individual projects (e.g. through ACSIHAG) was welcomed, in some cases a lack of continuity or focus on LGBTI-specific areas was seen as detracting from the agenda.

In many cases, stakeholders noted that organisations (particularly smaller service providers) found it difficult to resource activities and initiatives to improve their awareness of LGBTI issues and the inclusiveness of their care.

‘[The sector] needs more funding, especially to build partnerships between government, aged care providers and LGBTI organisations, to promote best practice’ – provider peak body.

6. The Aged Care Diversity Framework

6. The Aged Care Diversity Framework

6.1. The Aged Care Diversity Framework

The proposed Diversity Framework will focus on acknowledging individuals' diverse characteristics and life experiences. The actions to be taken under the umbrella of the Diversity Framework will be relevant to the Government, aged care providers, peak organisations, health professionals, consumers, their families and carers. The Diversity Framework is intended to assist providers and enhance the sector's capacity to better meet the diverse characteristics and life experiences of older people, thereby ensuring inclusive aged services.

While the Diversity Framework is the subject of a separate consultation process, the consultation tools for the review of the LGBTI Strategy asked stakeholders what themes or issues should be addressed in the Diversity Framework, and what specific issues should be included in the specific LGBTI action plan.

Unsurprisingly, comments provided here (through survey responses, submissions and focus groups) echoed the themes summarised in *chapters 4 and 5*, and these themes are clearly relevant to the Diversity Framework and LGBTI action plan. This chapter, therefore, summarises stakeholder views more specifically relating to the development and implementation of the Diversity Framework and LGBTI action plan, and provides some key considerations for the further development of those policies, based on all areas of stakeholder consultation.

6.2. Consultation findings

6.2.1. Visibility of LGBTI priorities

While there was some concern that LGBTI issues and priorities would be lost in a broader Diversity Framework, stakeholders also acknowledged the depth of diversity and overlap within and between special needs groups (and the challenges this diversity presents). In this context, stakeholders welcomed a specific action plan for LGBTI aged care priorities that would maintain a focus on their unique experiences, priorities and needs.

However, several respondents noted that there is a distinction to be made between LGBTI-specific and LGBTI-inclusive services, and some highlighted that, as all clients are individuals, the focus should be on providing care that meets the needs and wishes of consumers without categorising them.

6.2.2. Identified themes and issues

The principles of the LGBTI Strategy were seen to interface well with (the imperatives of) the Diversity Framework, as both seek to 'support the provision of culturally safe services for marginalised groups' (consumer advocacy organisation), and both are about supporting and embedding informed choice.

6. The Aged Care Diversity Framework

‘The current principles could easily be applied as cornerstones of the Diversity Framework’ – community advocacy organisation

However, some stakeholders felt there was a need to define ‘diversity’ and ‘inclusion’ and articulate the diversity and overlap existing within and between special needs groups.

Additional principles considered relevant to the Diversity Framework included:

- Transparency and accountability (of all stakeholders)
- Responsiveness
- Skilled workforce
- Commitment to monitoring and evaluation.

Structurally, the need for consistent policies and initiatives across government, as well as links and cross-references between the Diversity Framework and the Single Quality Framework were highlighted.

Implementation

Overall, stakeholders felt that the support provided to the aged care sector through the Diversity Framework should be practical in nature, use plain language, and include measurable outcomes (with data collection and evaluation built in).

They also suggested a stronger focus on implementation than had been seen with the LGBTI Strategy, and highlighted the need for a strong communication strategy and approach to sector engagement to maintain visibility within the relevant sector and broader community.

‘We need to move beyond dependence on external organisations for training and move to support for providers to embed policies, practice and approaches in their organisations’ – provider peak body

6.3. Considerations for development

The achievements and challenges identified in this review of the implementation of the LGBTI Strategy provide key learnings and considerations for the current development of the Diversity Framework.

Chapter 3 identified a number of implementation issues that can provide key learnings for the development of the Diversity Framework and the LGBTI Action Plan, as well as broader initiatives seeking to improve the inclusiveness of care for LGBTI communities.

6. The Aged Care Diversity Framework

As highlighted in *Chapters 4 and 5*, a number of strong themes emerged from the consultation process. These suggest a number of considerations to further inform the development of the Diversity Framework and associated LGBTI Action Plan. Broadly, the Diversity Framework should:

- Support ongoing culture change within the sector to further improve the inclusiveness and appropriateness of aged care services for LGBTI aged care consumers and to build trust at community and individual levels
- Recognise the 'diversity within diversity' among LGBTI aged care consumers and support those most vulnerable/disadvantaged (e.g. rural and remote LGBTI individuals and other intersecting special needs groups) and for whom recent gains have been less evident (e.g. transgender and intersex individuals)
- Facilitate access to the system in a way that is inclusive and appropriate, and address current barriers to information, access and disclosure presented by the My Aged Care system, ACATs and RAS
- Acknowledge and support the role of carers
- Highlight the importance of an appropriately diverse and adequately trained workforce
- Support self-advocacy
- Facilitate relevant research to inform best practice.

The Diversity Framework (and the associated LGBTI Action Plan) should also be practical in nature, and be supported by a strong communication and implementation focus. To support growth across the sector, it should provide actionable steps providers can take to improve the inclusiveness of their services without significant cost barriers. It should also include measurable outcomes, with data collection, performance indicators and evaluation processes and complaints mechanisms built in, and regular reporting of access data and outcomes should be provided.

Development of the Diversity Framework and LGBTI Action Plan should continue to include strong consultation with LGBTI organisations, with efforts undertaken to ensure an appropriate mix of representation from relevant groups and sub-sectors, and to include 'grass roots' consumers as well as peak bodies.

**Appendix A. Working Group
Terms of Reference
and membership**

Appendix A. Working Group Terms of Reference and membership

A.1. LGBTI Working Group Terms of Reference

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

TERMS OF REFERENCE

1. Background

The National LGBTI Ageing and Aged Care Strategy (the LGBTI Strategy) was released in December 2012 and the Assistant Minister for Social Services agreed to its continued implementation as a tool for informing future aged care policies. A Working Group will advise the department on the next steps to be taken in the implementation of the Strategy.

2. Role and Function

The Working Group will advise and guide the department on the implementation of specific goals and actions and the setting of future priority actions within the Strategy. The Working Group will establish a platform for members to openly discuss key issues and concerns within the sector, and provide an opportunity to showcase good news stories of achievements to date.

3. Deliverables

The Working Group is expected to:

- provide ongoing advice to the department on how to encourage and ensure appropriate care for LGBTI people is included in the core business of all aged care services;
- provide advice and guidance to the department on priority areas to support implementation of the Strategy;
- provide information relevant to implementation of the Strategy for noting or referral to the Aged Care Sector Committee, and relevant subgroups;
- identify activities or measures that will increase access for older LGBTI Australians to aged care services and healthy ageing activities in the community, and achieve specific goals and actions within the Strategy; and
- collaborate with the department in the preparation of a final report to the Minister and ongoing reviews in the implementation of the Strategy.

Appendix A. Working Group Terms of Reference and membership

4. Composition

The Working Group membership will represent a cross section of views and perspectives from across the aged care sector. This will include organisations with representation on the Aged Care Sector Committee (ACSC), as well as Departmental staff from relevant areas.

Having representation from both the ACSC and Government will ensure that the outcomes and recommendations of the Working Group are considered as part of the ongoing development of the aged care sector by the Government.

The Working Group will be chaired by a Departmental representative. Additional guests may be invited to attend meetings for specific discussions, as required.

There will also be consultation with representatives of other government portfolios on interface issues.

5. Voting and Quorum

As the Working Group is advisory only, with no decision-making powers, no formal voting rules or quorum are required. Recommendations will be made following general consensus. If an agenda item requires specific members to be involved in discussions, the Chair may defer items to future meetings if those individuals are not available.

6. Timeframes

The Working Group will be required to meet on a bi-annual basis, in April and August. Unless otherwise stipulated, meetings will be held from 10am to 4pm.

7. Attendance

Members will be expected to attend all Working Group meetings and be available for any teleconferences that may be required. In the event a member is unavailable for a meeting, a proxy representative from the organisation will be able to participate on their behalf (following prior approval by the department).

If members are to be accompanied by additional organisational staff, prior approval will need to be sought from the department. Non-members will only be able to participate as observers.

8. Financial Support

Members will not be remunerated for their participation in the Working Group. However, the department will cover the travel costs for the member (or their proxy) to attend each meeting. This will include flights, accommodation (where required) and reimbursement of taxi fares. If a proxy is attending, these same conditions will apply. Travel costs will not be paid to any additional organisational staff approved to attend the meeting.

Appendix A. Working Group Terms of Reference and membership

9. Secretariat

The Working Group secretariat for meetings will be provided by the department and will:

- prepare and distribute meeting agendas and related papers, preferably at least five business days ahead of the scheduled meeting;
- record minutes and actions items and circulate to members post-meeting; and
- coordinate travel arrangements for all members.

10. Confidentiality

Confidentiality is covered by the department's *Deed Poll of Confidentiality and Conflict of Interest* and documents will be marked confidential if not to be circulated.

Appendix A. Working Group Terms of Reference and membership

A.2. Working Group members

Name	Organisation	Details
Chair	DOH	Group Manager Ageing and Aged Care Services
Vice Chair	DOH	Branch Manager Ageing and Sector Support
Samantha Edmonds	National LGBTI Health Alliance	Silver Rainbow National Project Manager
Catherine Barrett	Alice's Garage	Director
June Lowe	GBTI Rights in Ageing	Chair
Corey Irlam	COTA Australia	Aged Care Reform Policy Manager
Sarah Walbank	Carers Australia	Policy and Research
Helen Carter	Care Connect	LGBTI Portfolio Officer
Melanie Dicks	Uniting	Head of Strategic Commissioning
Laura Sweeney	Australian Human Rights Commission	Advisor LGBTI Issues

Appendix B. Participating organisations

Appendix B. Participating organisations

A.3. List of organisations who provided consultation submissions

- Aged and Community Services Australia
- Aged and Disability Advocacy Australia
- Advocare Incorporated
- Australian Association of Gerontology
- Carers NSW
- COTA Australia
- Gay and Lesbian Rights Lobby
- Illawarra Forum
- National LGBTI Health Alliance
- Older Persons Advocacy Network (OPAN)
- True Relationships and Reproductive Health
- Uniting
- UnitingCare Australia
- Queensland Nurses and Midwives Union
- RSL Care RDNS Limited

In addition, two individuals provided responses.

A.4. Focus group participants

- ACON Health
- Aged and Community Services Australia
- Australian Human Rights Commission
- COTA Australia
- GRAI
- National LGBTI Health Alliance
- Queensland Aged and Disability Advocacy Inc
- Seniors Rights Service
- UnitingCare
- Val's Café

Appendix C. Detailed survey analysis

Appendix C. Detailed survey analysis

A.5. Introduction

This appendix provides additional information in relation to the LGBTI Strategy Review. The findings presented here are based on a combination of quantitative and qualitative data derived from the LGBTI Strategy review survey conducted by the department which closed on 28 April 2017. These findings are collated and discussed under the following key areas:

- Profile of respondents
- Awareness of the LGBTI Strategy and preparedness of the aged care sector
- LGBTI Strategy principles
- LGBTI Strategy goals
- Overall impact of the LGBTI Strategy
- Views regarding the Aged Care Diversity Framework.

A.6. Profile of respondents

The LGBTI Strategy review survey was completed by 232 respondents. As shown in *Table C*, 136 respondents (58.6%) identified as a representative of an organisation and 95 respondents (41.0%) identified as an individual. One respondent was unable to be identified as either a representative of an organisation or an individual/carer and was not included in analysis.

Of the 136 respondents that represented an organisation, the majority (70.6%) were providers of aged care services. Similarly, the majority of individual/carer respondents work in the aged care sector (48.4%). The majority of respondents in the individual/carer category were between the ages of 56-65 years (45%).

Table C-1: Profile of respondents

Type of Respondent	Sub-category of Respondent	Count	%
Representative of an organisation 136 (58.6%)	Provider of aged care services	96	70.6%
	Other organisation	21	15.5%
	Community or other peak body organisations	11	8.0%
	Service provider peak body organisations	6	4.4%
	Consumer peak body organisations	2	1.5%
Individual 95 (41.0%)*	Working in the aged care sector	46	48.4%
	Family member/ friend of someone using aged care	29	30.5%
	None of the above	19	20.0%
	Other	14	14.7%

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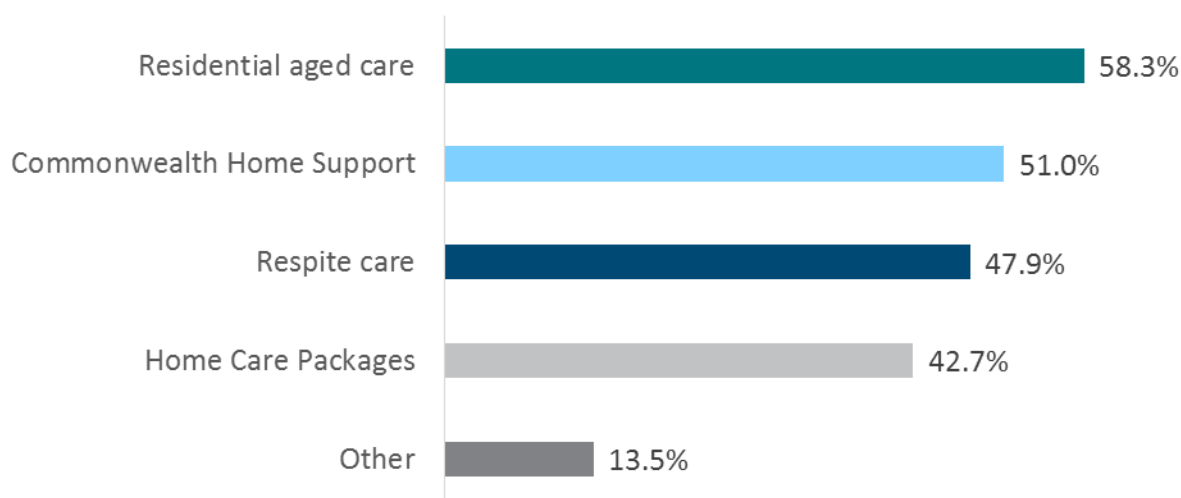
Type of Respondent	Sub-category of Respondent	Count	%
	Carer of someone using aged care	11	11.6%
	Consumer of aged care	3	3.2%
Not answered 1 (0.4%)		1	100%
Total respondents		232	100%

* Counts for individual sub-categories add up to more than total, as multiple responses were allowed

Aged Care Providers

Aged care service providers were asked to specify the types of care they provided (multiple choices allowed). Over 58 per cent indicated that they provide residential aged care, followed by Commonwealth Home Support (51.0%), respite care (47.9%), and home care packages (42.7%), as shown in Figure C-1.

Figure C-1: Distribution of aged care provider type of care



In addition, 61.5 per cent of aged care providers indicated that they were not for profit organisations, with the remainder identifying as either for profit (19.8%) or government funded (18.7%).

Consumer Peak Body Organisations

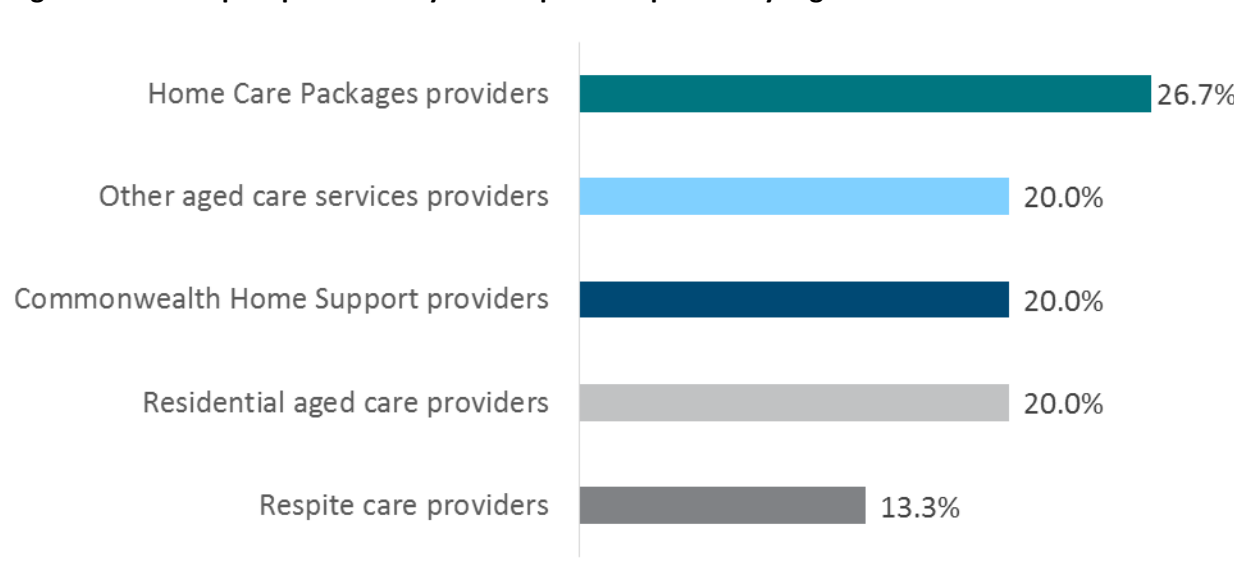
Consumer peak body organisations were asked to specify what groups they primarily represented (multiple choices allowed). Both respondents for this category chose other groups not captured within the multiple-choice responses.

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Service Provider Peak Body Organisations

Service provider peak body organisations were asked to specify what groups they primarily represented. Out of the 15 responses, home care package providers were the most common group (26.7%), as shown in Figure C-2.

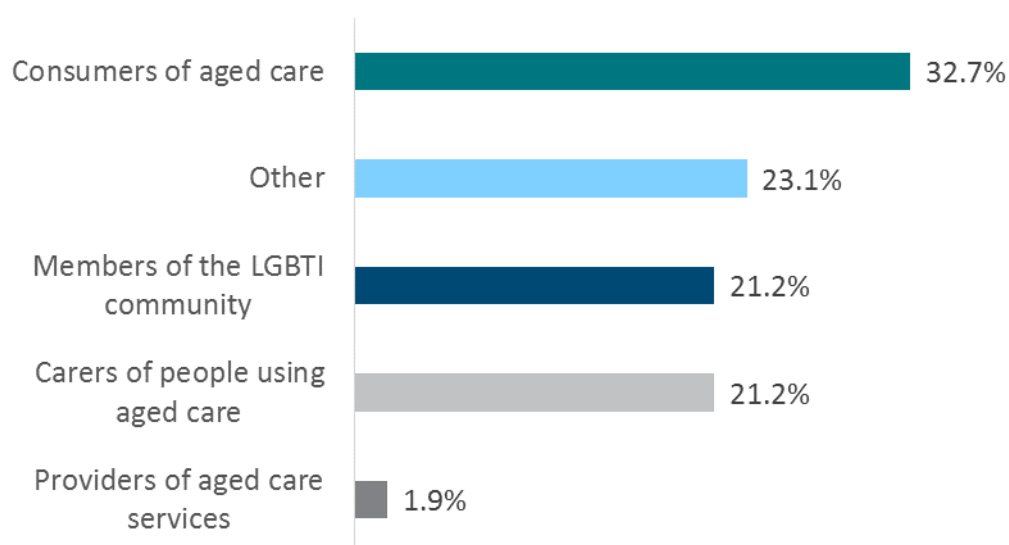
Figure C-2: Groups represented by service provider peak body organisations



Community Peak Body Organisations

Community peak body organisations were asked to specify what groups they primarily represented. Out of the 11 responses, consumers of aged care were the most common group (32.7%), as shown in Figure C-3.

Figure C-3: Groups represented by community peak body organisations

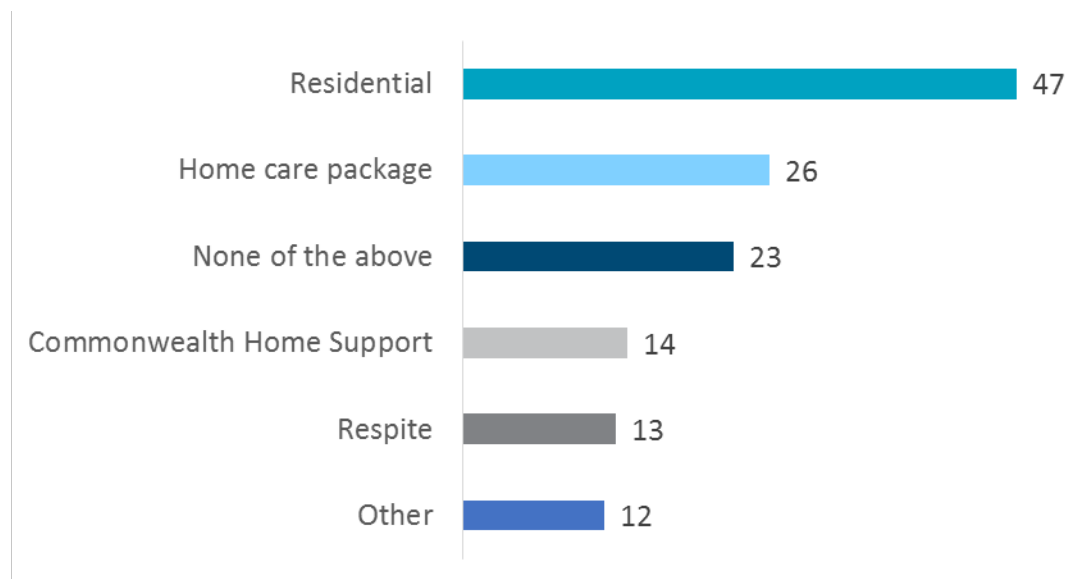


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Individuals

As shown in Figure C-4 below, 47 individual/carer respondents reported working in or using residential aged care, with 26 reporting working in or using home care packages.

Figure C-4: Number of respondents by health care services consumed



As shown in Figure C-5 below, individuals or carers responding to the survey predominantly identified as either gay (33 respondents) or lesbian (27 respondents), with fewer respondents identifying as bisexual (6 respondents), transgender (5 respondents) and intersex (3 respondents). Some of the responses under the 'other' category included 'pansexual', 'genderqueer', 'intersex variation lesbian' and 'third gender woman'. *Figure C-5* reports the number of respondents identifying as belonging to a special needs group (other than LGBTI).

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Figure C-5: Number of individual/carer respondents by sexual orientation/gender identity

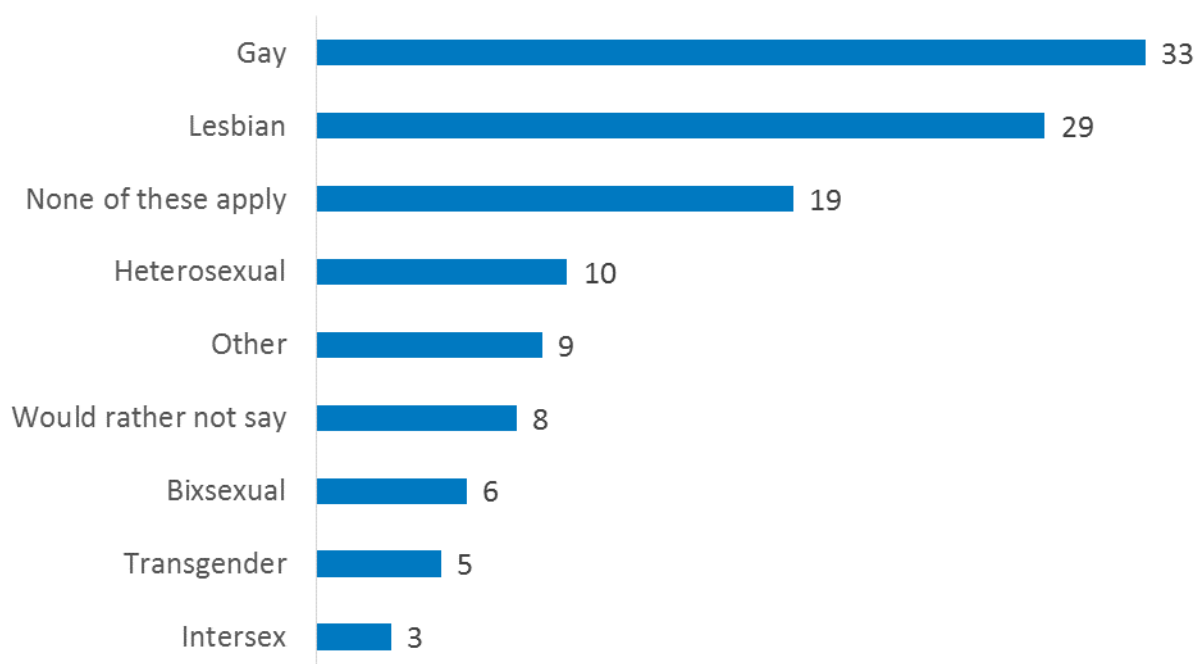
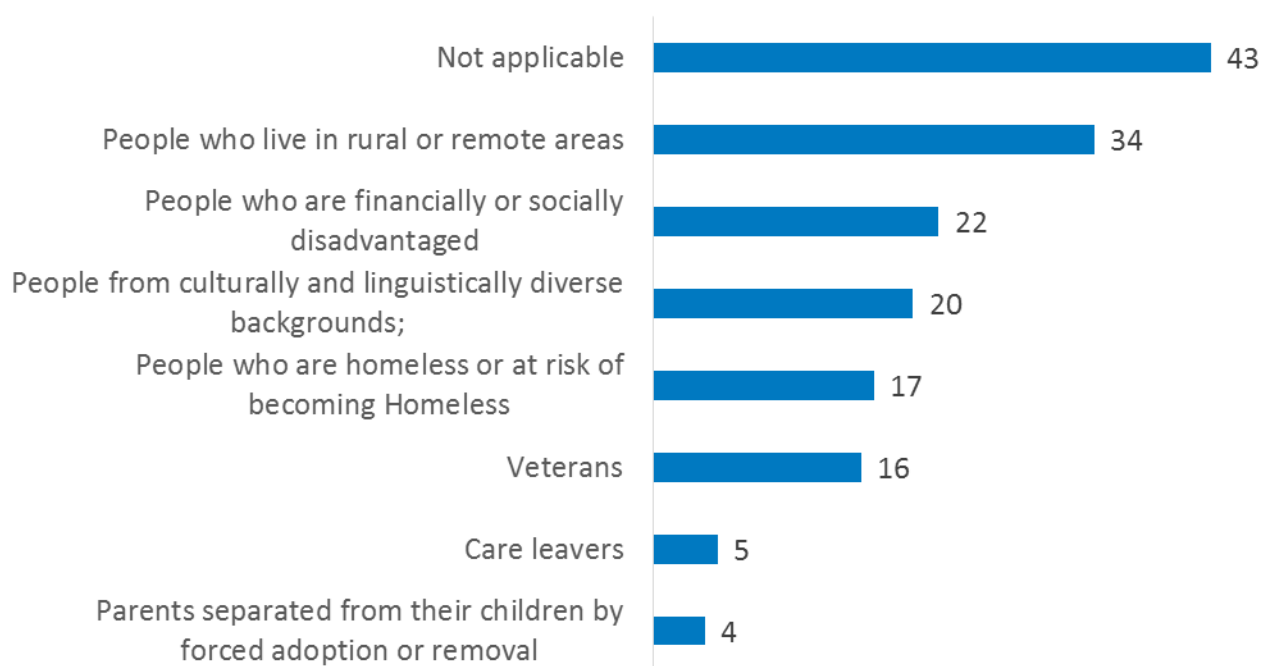


Figure C-6: Number of respondents by reported special needs group



Note: Multiple responses were permitted for this question.

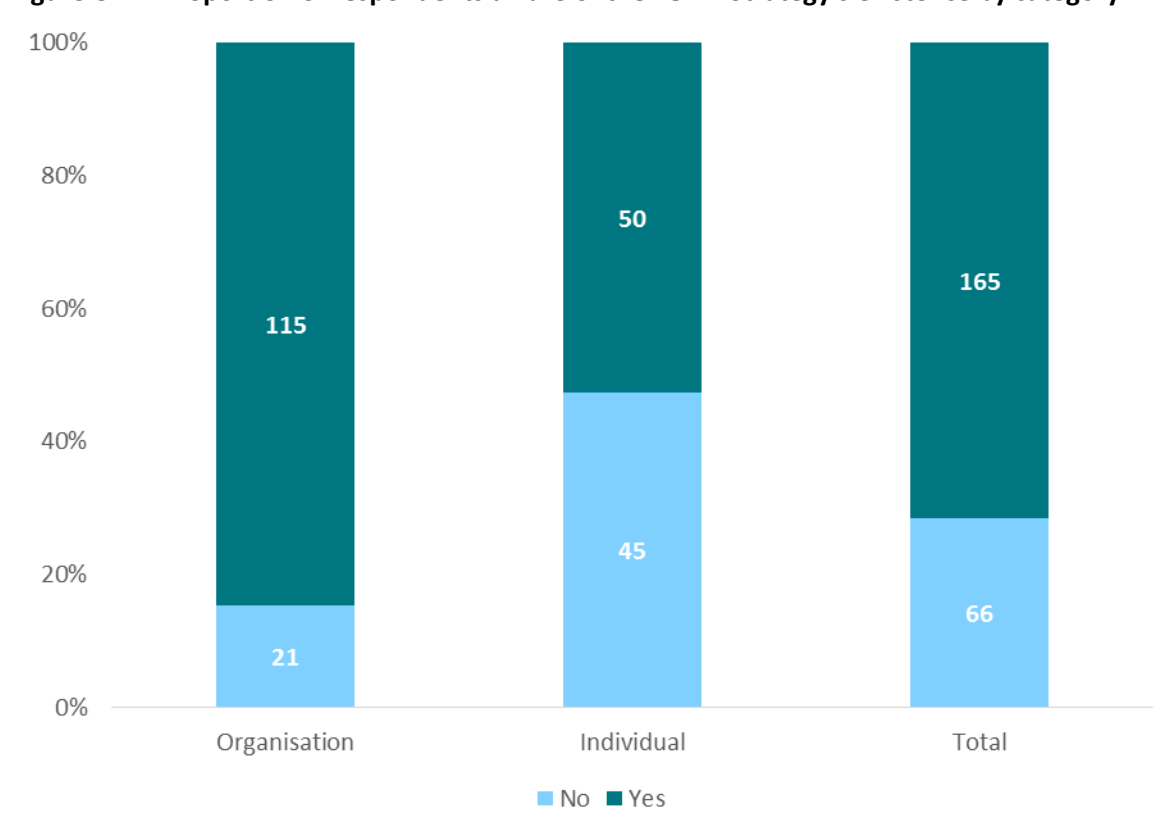
Together, *Figure C-5* and *Figure C-6* reflect the 'diversity within diversity' that characterises Australian communities, with many individual respondents identifying as LGBTI and many also reporting that they belong one or more other special needs categories.

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A.7. Awareness of the LGBTI Strategy

Survey respondents indicated a high level of awareness regarding the existence of the LGBTI Strategy, with 71 per cent of respondents indicating that they were aware of it before the survey. As shown in Figure C-7 below, awareness of the LGBTI Strategy prior to the survey was notably higher for those respondents representing an organisation (115 respondents; 85%) than for individuals (50 respondents; 53%).

Figure C-7: Proportion of respondents aware of the LGBTI Strategy's existence by category

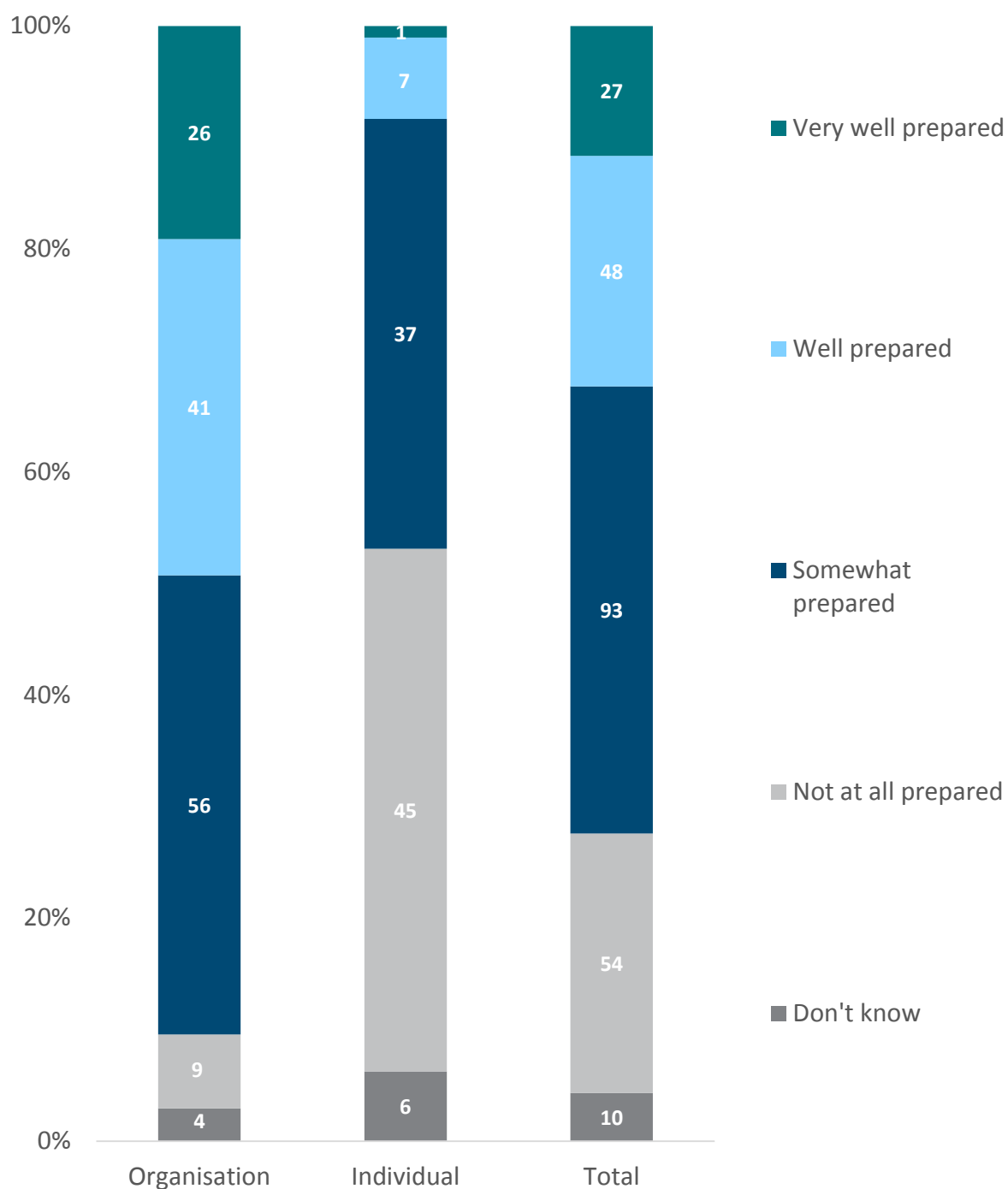


As shown in Figure C-8 below, differences between organisational respondents and those responding as individuals/carers were apparent in perceptions regarding the aged care sector's preparedness to meet the needs of LGBTI communities.

Half of the organisational representatives (49.2%) believed the aged care sector is 'well prepared' or 'very well prepared' to meet the needs of LGBTI consumers. However, far fewer individual respondents (8.3%) believed the aged care sector is 'well prepared' or 'very well prepared'.

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Figure C-8: Preparedness of Aged Care Sector to meet needs of LGBTI communities

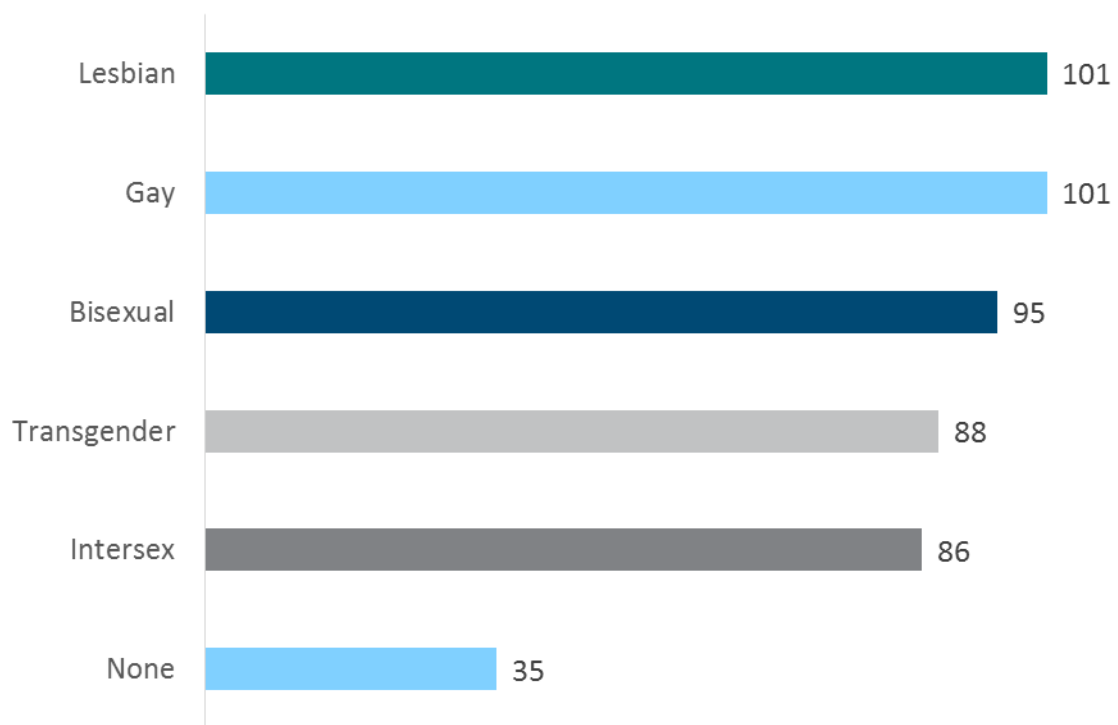


Organisations and LGBTI service provision

As shown in Figure C-9 below, 101 respondents representing an organisation reported that they provided safe and inclusive services for people who identify as lesbian or gay, with marginally lower numbers for bisexual (95), transgender (88) and intersex (86). However, more than 25 per cent of respondents representing an organisation reported that they did not provide safe and inclusive services for any of these groups.

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Figure C-9: Number of organisations providing inclusive and safe services for each LGBTI group

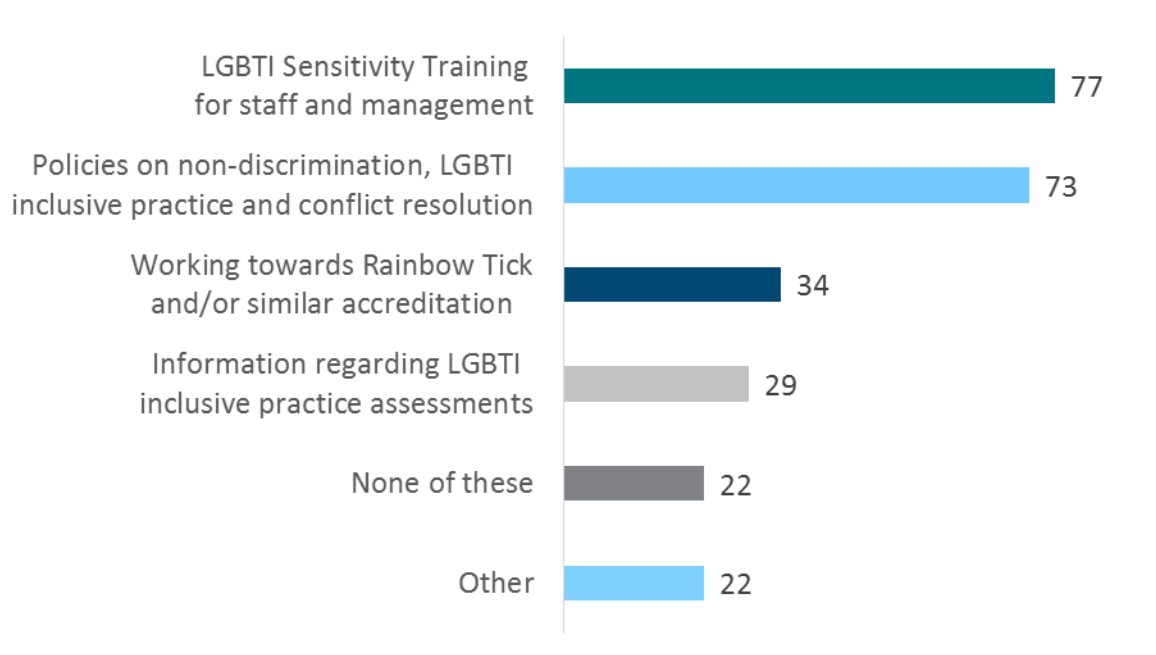


Note: Multiple responses were permitted for this question

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Figure C-10 below shows that of the 101 respondents representing an organisation that reported that they provided inclusive and safe services for at least one LGBTI group, 77 respondents reported that their organisation provides sensitivity training for staff and management; and 73 respondents reported that their organisation has policies regarding non-discrimination, LGBTI inclusive practice and conflict resolution.

Figure C-10: Number of organisations reporting specific actions to provide safe and inclusive services

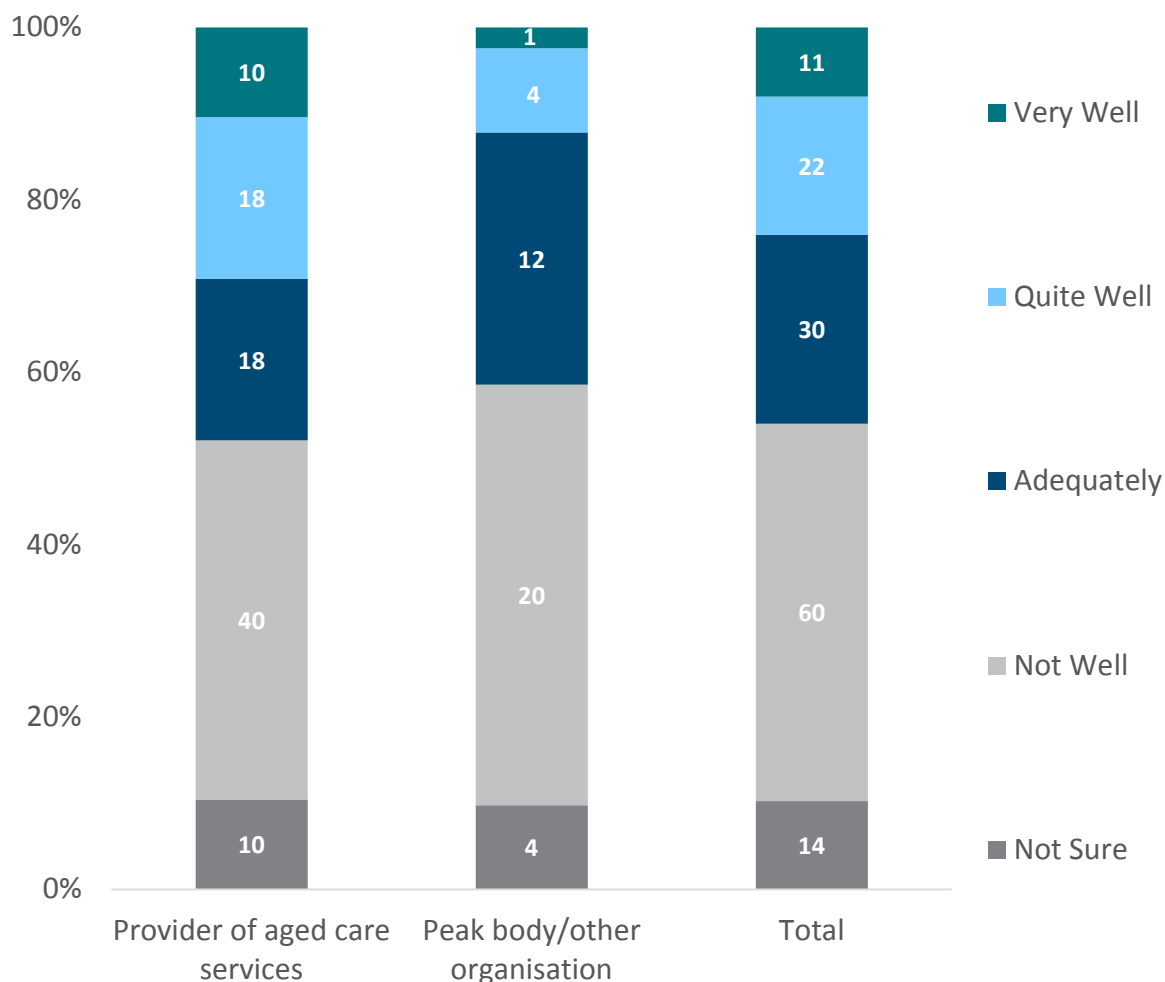


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Sector support to deliver LGBTI-inclusive services

As shown in Figure C-11 below, 43.8 per cent of organisational respondents reported that they believed the aged care sector was 'Not Well' supported to deliver LGBTI-inclusive services. A quarter of representatives of aged care service providers reported that they believed the aged care sector was 'Very Well' or 'Quite Well' supported to deliver LGBTI-inclusive services.

Figure C-11: Distribution of aged care provider support for LGBTI services



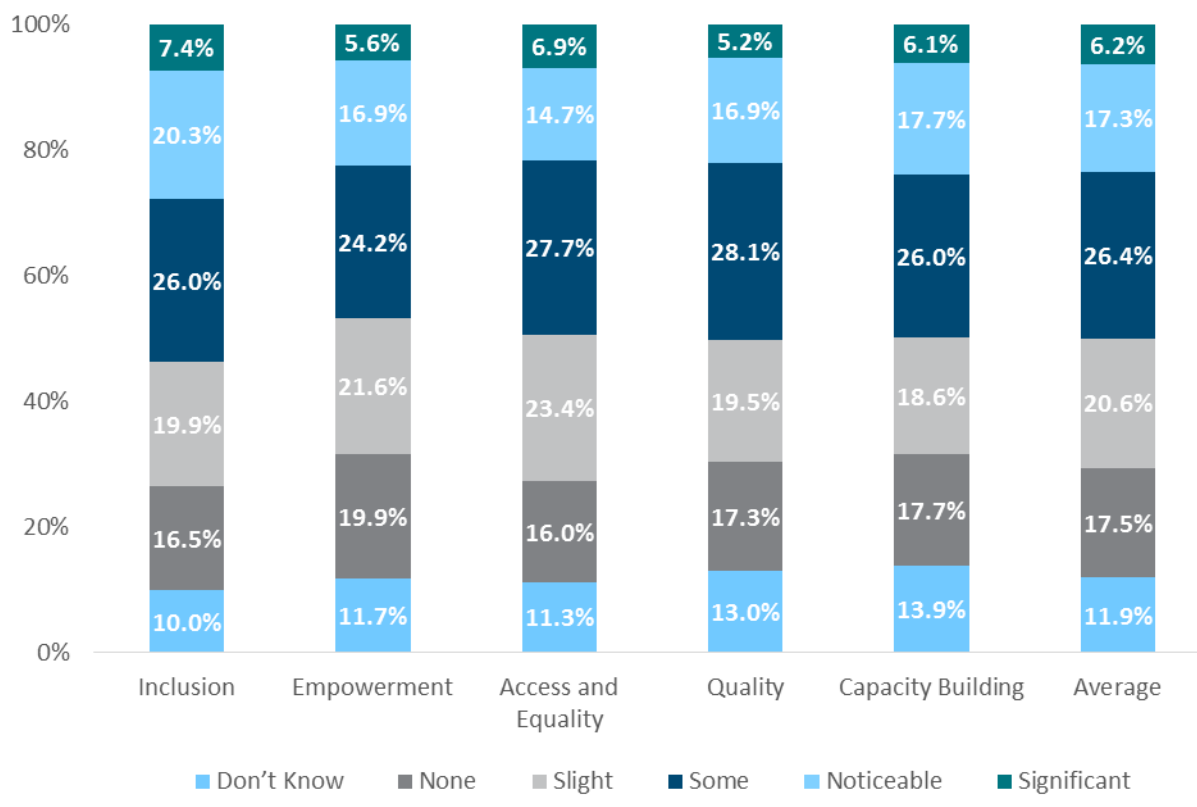
Note: respondents who identified as 'consumer and peak body' representatives were allowed to select more than one response to this question (question 11), and one did so. Therefore the 'peak body' column includes an additional response, and the overall total adds up to 137.

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A.8. LGBTI Strategy principles

Respondents were asked to rate the level of improvement in aged care services to LGBTI people in relation to each of the LGBTI Strategy's principles. As indicated in Figure C-12, half (50%) of the respondents reported improvement in aged care service provision as either 'Significant', 'Noticeable' or 'Some' for all five principles. The proportion of respondents reporting no improvement was less than 20 per cent for each of the five principles.

Figure C-12: Level of improvement reported for each of the LGBTI Strategy's principles



Respondents were also asked to provide examples to support their rating regarding improvement to aged care services. Analysis of these responses indicating two key themes: achievements and challenges.

Key achievements in relation to the principles included:

- Improvement under the 'inclusion' principle is reflected by greater choice in service providers available for LGBTI consumers now, as more providers offer inclusive service compared to 2012
- Increased availability of information regarding LGBTI issues and increased awareness
- Increased awareness among LGBTI community of their rights, and the increased articulation of rights and needs by the LGBTI community
- Increased involvement of LGBTI community members in shaping policies and initiatives
- Increased access and equity was reported due to increased choice for consumers

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- Increased awareness and responsive policies formulated and implemented due to the strategy
- Improved quality of care due to staff sensitivity training and quality standards co-developed with the LGBTI community
- Improved advocacy with peak bodies as well as grassroots organisations playing a key role through activism.

Key challenges in relation to the principles:

- Gaps in implementation of the principles were reported to be especially pronounced in remote and rural areas
- Staff education was reported to have noticeably improved, however acute health care was considered to be lagging behind
- Tokenism was identified as an issue, where service providers were reported to engage with a small number of advocates as a means of engagement
- Under-resourcing of advocacy organisations
- Some faith-based organisations were felt to be resistant and continue discriminatory practices
- Principles were reported to need to recognise that LGBTI are separate and often overlapping groups which have different needs and have seen differing levels of progress in terms of these principles

More than 85 per cent of all respondents agreed that the LGBTI Strategy principles should continue in other aged care reforms like the Diversity Framework.

An analysis of free text responses to the question ‘What if any changes to the principles would you make?’ revealed the following themes:

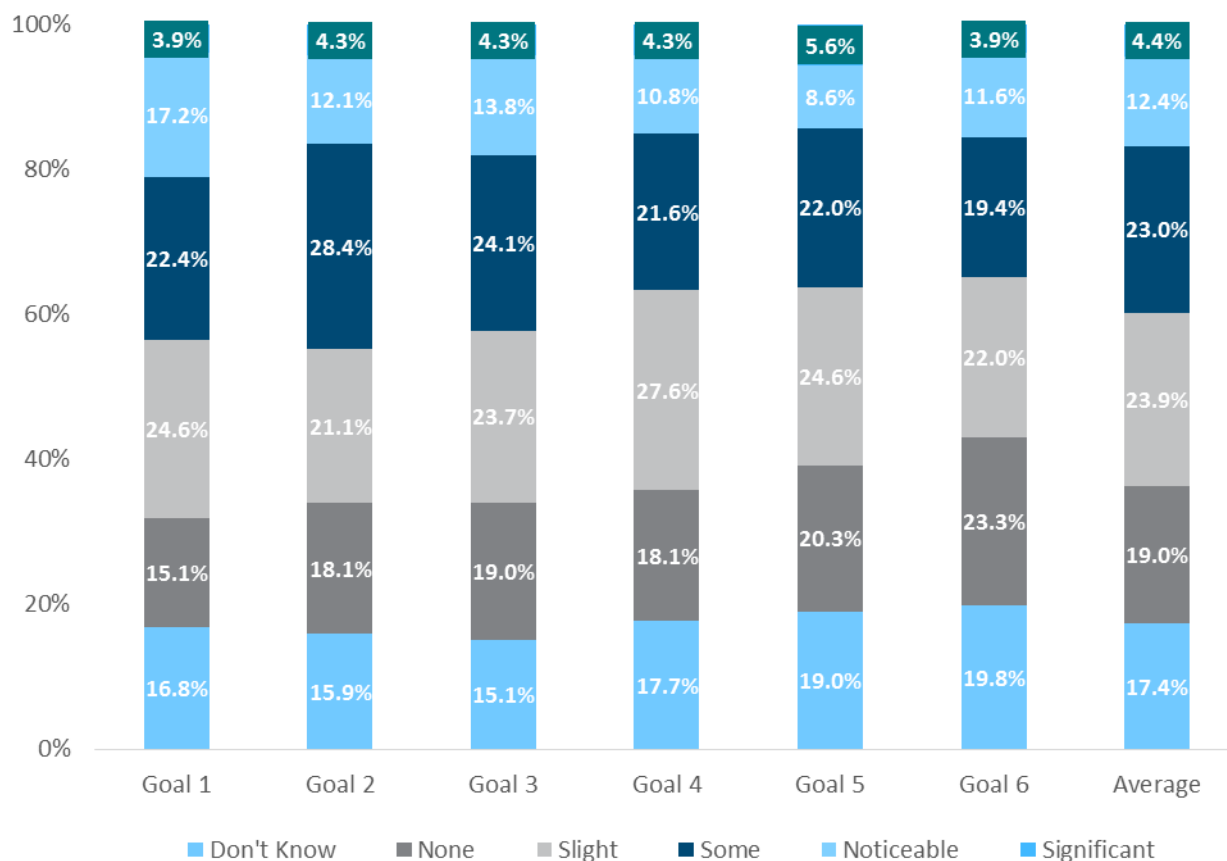
- Principles were sound and worthy
- Principles were perceived to be too broad, and needed specific actions linked to them
- Accountability emerged as a principle which was perceived as missing
- Applying these principles to LGBTI individuals in the broader community was perceived to be important for lasting change

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A.9. LGBTI Strategy goals

Respondents were asked to rate the level of improvement in aged care service provision to LGBTI people in relation to each of the LGBTI Strategy's goals. As indicated in Figure C-12, 39.7 per cent of respondents reported that service provision had improved 'significantly', 'noticeably', or 'some' across all six goals. The proportion of respondents reporting no improvement averaged 19 per cent across the six goals.

Figure C-13: Level of improvement against the LGBTI strategy goals



Respondents were also asked to provide examples to support their rating regarding improvement to aged care services.

Key themes identified for achievements included:

- High degree of satisfaction with the aged care sector reforms towards acknowledging and including all diverse groups
- Greater research and scholarly information available since the LGBTI Strategy's introduction
- Understanding that this is part of a bigger move towards person centred care
- Adequate funding available for LGBTI-specific efforts
- Ample training opportunities available for staff.

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Key themes identified for challenges included:

- There is a strong need to translate research and policy advice into meaningful plain language material for staff, providers and consumers
- Some services that are part of health networks or faith-based organisation may be particularly lagging
- Discrimination is still present, particularly within faith-based providers and in rural and remote areas, with clients often concealing their orientation and/or needs
- Broader, simultaneous aged care reform makes it difficult for services to 'keep up', and some feel under-resourced to do so
- Need for continuing workforce development initiatives rather than one-off 'sensitivity training'.

More than 85 per cent of all respondents agreed that the LGBTI Strategy goals should continue in other aged care reforms like the Diversity Framework.

Analysis of free text responses to the question 'What, if any changes to the goals would you make?' revealed the following themes:

- Need to address workforce diversity and development in concrete terms
- Greater focus on translating research into practice
- Recognising the diverse needs of LGBTI groups
- Plain language goals which providers are held accountable for
- Resistance to a superseding Diversity Framework which was perceived as being detrimental to or 'diluting' LGBTI issues
- Need to support culture-specific/minority group aged care service providers to accept and serve LGBTI individuals requiring their services.

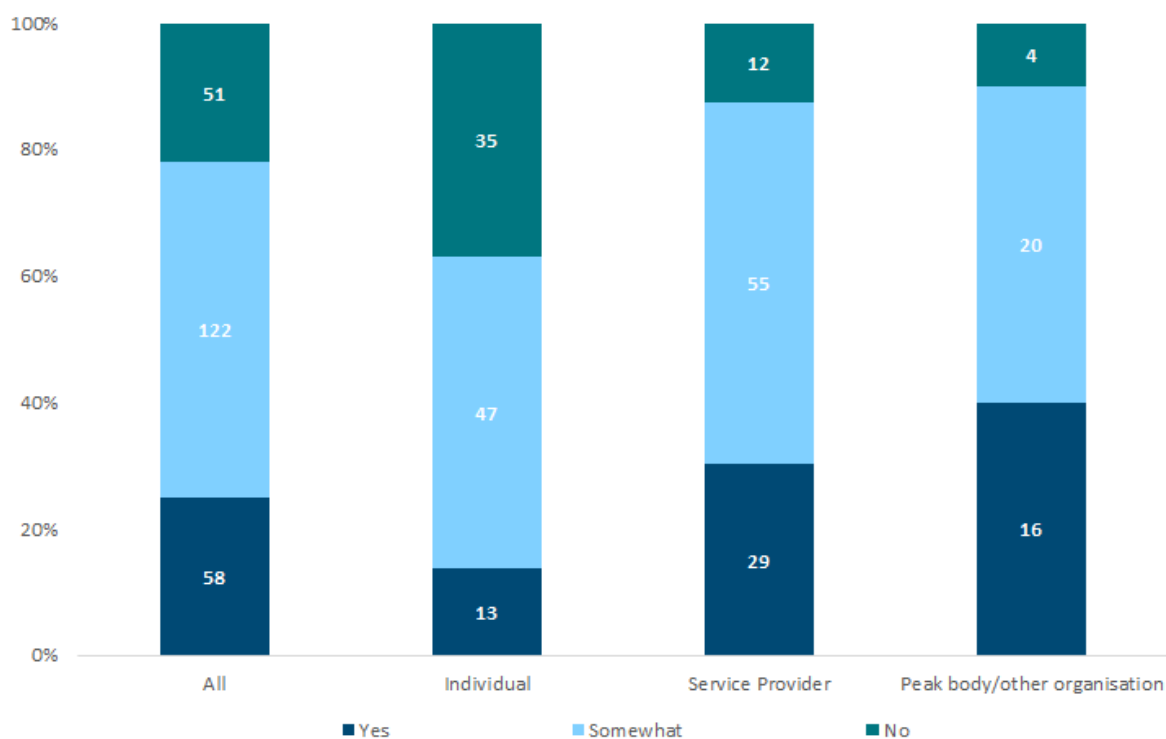
A.10. Overall contribution of the LGBTI Strategy

Respondents were asked whether they thought the LGBTI Strategy had contributed to making aged care more accessible and inclusive to LGBTI people.

As shown in Figure C-14 below, respondents agreed to some extent that the LGBTI Strategy had a positive impact on aged care, with 53 per cent reporting 'somewhat' and 25 per cent responding 'yes'. However, individuals/carer respondents reported no more than organisational respondents that the strategy had an impact on accessibility and inclusion in aged care.

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Figure C-14: Respondents by category – LGBTI Strategy impact on accessibility and inclusion in aged care



Respondents were asked to identify issues that the Diversity Framework should address. Key themes identified are as follows:

- Need to acknowledge differences (experiences, needs etc) between Lesbian, Gay, Bisexual, Transgender and Intersex
- Need for an ongoing focus on safety and inclusion
- Need to promote person-centred care that treats each individual with respect and acknowledges their uniqueness
- Limited support available in regional, rural and remote areas.

Respondents were asked 'what issues or specific actions do you believe should be included in the LGBTI Aged Care Action Plan that will be developed under the Diversity Framework?'. Key themes identified include:

- Greater specific and ongoing training for staff and management
- Initiatives to ensure greater LGBTI workforce participation and support staff diversity
- Incentives to ensure a suitably-trained workforce is available in rural and remote areas
- Promotion of sensitivity training and availability of LGBTI information resources in rural and remote areas
- Actions to ensure greater inclusion and services for transgender and intersex individuals
- Initiatives to encourage faith-based and ethno-specific service providers to be more LGBTI inclusive.

Appendix D. Cited references

Appendix D. Cited references

A.11. Cited references

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All information in this publication is correct as at November 2017