



# **National Lesbian, Gay, Bisexual, Transgender and Intersex Ageing Roundtable**

## **SUMMARY REPORT**

**A joint initiative of ACON and the  
National LGBTI Health Alliance**

18,19 October 2011

Held at the offices of ACON

414 Elizabeth Street, Surry Hills, (Sydney)

## **Acknowledgements**

ACON and the National LGBTI Health Alliance gratefully acknowledge the assistance of the Australian Department of Health and Ageing for funding to assist with holding the Roundtable.

This Summary Report has been drafted and compiled by Sujay Kentlyn, based on input from participants at the Roundtable. The advice and input from Dr Jo Harrison is gratefully acknowledged.

© 2011. ACON, National LGBTI Health Alliance

## Contents

Introduction	4.
Roundtable Objectives	5.
Roundtable Outcomes	5.
Guiding Principles for a National LGBTI Aged Care Strategic Plan	6.
Key Recommendations	7.
1. The development of a National LGBTI Aged Care Strategic Plan, by the Australian Government working in partnership with the LGBTI community sector	7.
2. Increase the visibility and empowerment of LGBTI older people	7.
3. Representation	8.
4. Aged Care Standards	8.
5. Workforce Education and Training	9.
6. Legislation and Policy	9.
7. Discrimination and Prejudice	10.
8. Resourcing of LGBTI community organisations	10.
9. The Australian Government's response to the recommendations of the Productivity Commission report, <i>Caring for Older Australians</i>	10.
Session One: Introductions and Setting the Scene	12.
Acronyms	14.

## Introduction

### Background

Since its inception in 2007, the National LGBTI Health Alliance has included ageing and aged care as a priority issue in its work, including various submissions to Government. The final report of the Productivity Commission inquiry into aged care, *Caring for Older Australians*, addressed the concerns of LGBTI older people in specific terms as a discrete group within the discussion of diversity issues.

At a meeting between the Alliance and the Minister for Mental Health and Ageing in August 2011, the Minister raised the idea of holding a discussion with the LGBTI community regarding aged care related issues and the Productivity Commission report. At the same time, a founder organisation of the Alliance, ACON, was holding discussions with DoHA<sup>1</sup> concerning a possible roundtable meeting to discuss developments in the residential aged care cultural sensitivity training pilot project they had been funded to undertake by DoHA in 2010. The two ideas merged together, enabling the pooling of resources for a large two-day Roundtable which was held at ACON on the 18<sup>th</sup> and 19<sup>th</sup> of October 2011.

Prior to the Roundtable taking place, participants were sent:

- an attendee Information pack, which included the Roundtable objectives;
- a high-level program outline;
- a summary of the main issues for LGBTI seniors identified by the National LGBTI Health Alliance and the key recommendations made by the Alliance to the Australian Government in relation to LGBTI seniors in submissions to government to date;
- a summary of the LGBTI content in the Productivity Commission report;
- Alzheimer's Australia's overview of the Productivity Commission report;
- the Productivity Commission's overview of the report from a consumer perspective;
- links to two COTA factsheets about the changes proposed by the report;
- documents related to national strategic plans around caring and Indigenous aged care;
- an invitation to attendees to submit a list key issues, solutions and deadlines prior to the Roundtable, which would be collated and used to facilitate discussion.

---

<sup>1</sup> See the list of acronyms at the end of this report for expanded version of all acronyms.

## Roundtable Objectives

1. To discuss and identify key issues in the area of LGBTI ageing and aged care to help inform the policy and advocacy work of the National LGBTI Health Alliance.
2. To provide an opportunity to present a summary of key issues faced by LGBTI communities regarding ageing and aged care to the Minister for Mental Health and Ageing, the Hon. Mark Butler MP, along with discussion about the Australian Government's response to the Productivity Commission report, *Caring for Older Australians*.
3. To provide an opportunity to further discuss LGBTI aged care training. Discussion will include the need for national training, and pathways to secure national training and collaboration around future funding proposal opportunities.

Comprehensive notes were taken during the Roundtable, supplemented by the worksheets produced during group discussions. The Alliance has made every effort to verify that participant contributions have been accurately recorded.

## Roundtable Outcomes

The Roundtable participants identified a number of key issues and actions in relation to LGBTI Ageing that they wanted brought to the attention of the Minister and the Department of Health and Ageing.

### 1. Issues

Two fundamental issues underpin the following recommendations:

- The general invisibility of LGBTI older people within mainstream society and within LGBTI communities, including the widespread ignorance of their specific needs, histories and life experiences. LGBTI older people are the experts on their own lives, experiences and needs.
- Older LGBTI people's experiences of prejudice and discrimination (which may include bullying, harassment, verbal, physical, psychological and/or sexual abuse) over the life course, from government, agencies, faith-based organisations, health providers, businesses, LGBTI communities, families, friends, and individuals. This includes a fear of prejudice and discrimination, which may or may not be warranted. These experiences cause LGBTI older people to: remain in or return to the closet; be reluctant to reveal their sexual orientation and/or sex and/or gender identity to government agencies and service providers; and be reluctant to make complaints when they experience prejudice or discrimination.

### 2. Areas for action

First and foremost, the development of a National LGBTI Aged Care Strategic Plan is essential, to underpin and provide a framework for all the following recommendations.

These recommendations are designed to address the above issues in specific ways. This is not an exhaustive list, but provides a summary of what Roundtable participants identified as actions that need to be taken.

### **Guiding Principles for a National LGBTI Aged Care Strategic Plan**

1. To make the specific needs and life experiences of older LGBTI Australians visible, in order to promote their health and wellbeing. LGBTI older people are experts on their own needs and situations and need to be at the forefront of the development of solutions.
2. To ensure LGBTI input to all government-related measures that affect the health and well-being of older LGBTI Australians.
3. To ensure LGBTI inclusive service provision in all areas of aged care.
4. To ensure that all aged care workers have the skills and knowledge they need to deliver appropriate person centred care to older LGBTI Australians.
5. To ensure that all government legislation, policies, standards, regulatory mechanisms, documentation and other materials that relate to or impact on the health and well-being of LGBTI older Australians are appropriate to their needs and experiences.
6. To ensure that LGBTI older Australians are treated with respect and are able to engage with the aged care sector and relevant agencies including government as confident consumers and self-advocates.

## KEY RECOMMENDATIONS ARISING FROM THE ROUNDTABLE

### 1. The development of a National LGBTI Aged Care Strategic Plan, by the Australian Government working in partnership with the LGBTI community sector.

A strategic plan is necessary to establish the priority issues for LGBTI aged care in Australia, and to establish priority areas, targets, objectives and outcomes in relation to addressing LGBTI issues in aged care. It would also serve to identify the resources necessary, and to guide the allocation of those resources. The Productivity Commission endorsed such a plan as warranted. Significant areas of public health policy, including Indigenous aged care, mental health, HIV/AIDS, women's and men's health, as well as carer concerns, and dementia issues, have in the past warranted and achieved direction through the development of such a national strategic plan.

### 2. Increase the visibility and empowerment of LGBTI older people.

Older LGBTI people are the experts on their own situations. Increasing their visibility, both within the LGBTI community itself as well as across the broader society, is essential in order to reduce the fear of prejudice and discrimination that they currently experience. There is a need to promote programs and services which enhance the visibility of LGBTI people and utilise their knowledge and develop their capacity for self-advocacy.

The invisibility of LGBTI older Australians is partially attributable to the lack of information about them, both in existing service delivery and in research priorities. Research will not only partly address the issue of LGBTI invisibility, but will provide an evidence base for the development of appropriate policy initiatives.

#### 2.1 Data Collection

Modification to all government and government-funded bodies' assessment, intake, and data collection instruments to allow for diversity in:

- a. Sex and Gender diversity
  - i) Intersex persons
  - ii) Transgender persons
  
- b. Sexuality (including same sex attraction, behaviours, and identities)
  - i) Lesbians
  - ii) Gay men
  - iii) Bisexual persons
  - iv) Men who have Sex with Men (MSM)/ Women who have Sex with Women (WSW )
  - v) Queer persons
  
- c. Relationship status

Relevant bodies include, but are not limited to, the Australian Department of Health and Ageing, the Australian Department of Human Services, the Australian Bureau of Statistics (especially the Census), and the Australian Institute of Health and Welfare.

## 2.2 Research

- a. That Government fund and promote research into the diversity of LGBTI identities and communities as distinctive sub groups of the Australian population (such as ATSI, CALD, etc.).
- b. That Government fund and promote research into the health and wellbeing of older LGBTI Australians, particularly including dementia, carers of older LGBTI, families, and social isolation.
- c. That Government fund and promote research into the patterns, models and outcomes of formal and informal care of older LGBTI Australians.
- d. All Commonwealth-funded research should include items about sexuality and sex/gender diversity.

## 3. Representation

- 3.1 Ensure LGBTI aged care related representation on significant consumer and other bodies related to aged care.
- 3.2 Ensure that there is an identified key contact/liaison person within the Department of Health and Ageing for the LGBTI sector.
- 3.3 Ensure that there is LGBTI representation on government advisory bodies and consultative committees, including consumer representative bodies in relation to aged care, such as:
  - a. The Ageing Consultative Committee (in relation to the Productivity Commission report: *Caring for Older Australians*)
  - b. Aged Care Planning Advisory Committee
  - c. The National Aged Care Alliance
  - d. National advisory bodies to the Minister regarding ageing matters, and
  - e. Any other relevant bodies.
- 3.4 Ensure LGBTI participation as advisors and contributors to all inquiries and consultations regarding policies, standards and regulations that affect LGBTI Seniors. This includes ensuring LGBTI input into key strategic advisory bodies established on a temporary basis in relation to specific reviews or inquiries.

## 4. Aged Care Standards

- 4.1 Require all government-funded aged care providers to develop policies and organisational processes to combat discrimination and promote inclusion of LGBTI people
  - a. Mandatory
  - b. Evidence of implementation
  - c. Annual Reporting
  - d. Complaints process
  - e. Enforceable penalties (e.g. tied to funding).
- 4.2 Residential Aged Care Accreditation Standards
  - a. specific inclusion of LGBTI people in the standards currently under review is necessary
  - b. revised standards need to be released in time to update VET competencies by February 2013 if this is practicable.

#### 4.3 Community Aged Care

Community Care Common Standards: specific inclusion of LGBTI in these is essential.

#### 4.4 Quality assessors should:

- a. demonstrate competency in LGBTI issues as a prerequisite of registration
- b. receive ongoing professional development in LGBTI issues.
- c. Assessment Tools should include LGBTI.

### 5. Workforce Education and Training

A more comprehensive report and set of recommendations will be forthcoming on the subject of workforce education and training. The following is a summary of the main points.

- a. Mandate proper levels of education and training for workers in the aged care sector, so that they will be more highly valued and appropriately remunerated.
- b. Develop an LGBTI accredited national training package for the VET sector.
- c. Include LGBTI-specific training for doctors, nurses, and allied health professionals in the tertiary education sector.
- d. Require existing aged care workers and health professionals to receive ongoing in-service training.
- e. Require that staff competency be monitored on a regular basis.
- f. Demonstrated staff competency needs to be is a prerequisite for ongoing funding of the service.

### 6. Legislation and Policy

#### 6.1 Recognition of LGBTI older people as a 'Special Needs' group:

- a. This needs to be achieved through measures such as inclusion of LGBTI older people in the Allocation Principles in relation to the Aged Care Act 1997, or within the Act itself. If other areas of diversity are adopted that identify special needs groups, LGBTI older people should be included in these.
- b. DoHA to amend all existing departmental policies, strategies, regulations etc. to include LGBTI.

#### 6.2 Encourage the allocation of LGBTI-specific residential and community care funding:

- a. HACC, CACP, EACH and EACH-D
- b. Residential aged care places
- c. Respite services
- d. Change qualifying age from 65 to 50 for PLWHA
- e. Include an 'outreach' component in all funding to actively seek out and inform existing and potential LGBTI care receivers.

6.3 Specific LGBTI inclusion in the Aged Care Complaints Scheme guidelines, priority areas, processes, and operations. Inclusion of LGBTI aged care issues in any new complaints related initiatives that are developed.

6.4 Include LGBTI in Departmental annual report.

6.5 Facilitate interface with other relevant Departments (e.g. Human Services, including Centrelink and Medicare), and special needs groups (e.g. disabilities).

6.4 Australian Seniors Gateway Agency (as proposed in the Productivity Commission report):

- a. A systemic indicator to identify LGBTI appropriate/friendly services (one model is the Rainbow Tick tool developed by GLHV).
- b. LGBTI cultural sensitivity training for Gateway staff.

## **7. Discrimination and Prejudice.**

7.1 Extension of Commonwealth Anti-Discrimination legislation to cover sex and/or gender, and sexuality.

7.2 All Australian Government funding agreements with aged care organisations and bodies to include a comprehensive non-discrimination clause.

- a. Compliance is monitored.
- b. Compliance is a prerequisite for ongoing funding.

7.3 Remove or do not include exemptions for faith-based organisations from anti-discrimination requirements.

## **8. Resourcing of LGBTI community organisations:**

- a. To participate in the development of a National LGBTI Aged Care Strategic Plan.
- b. To educate and inform older LGBTI Australians and the LGBTI sector about LGBTI ageing and aged care.
- c. To develop and deliver aged care workforce training, including in partnership with mainstream organisations.
- d. To deliver aged care services to older LGBTI Australians.
- e. To partner with the aged care sector on the delivery of services to older LGBTI Australians.
- f. To develop programs for Volunteers to support older LGBTI Australians.
- g. To provide advocacy for older LGBTI Australians.
- h. To provide a national Clearinghouse of LGBTI ageing information and resources.

## **9. The Government's Response to the Recommendations of the Productivity Commission Report, *Caring for Older Australians***

Roundtable participants appreciate the process of consultation which the Productivity Commission employed in the course of its inquiry. They particularly welcome the specific inclusion of LGBTI aged care issues in this report, and also welcome the support for a National LGBTI Aged Care Strategic Plan as

warranted. Participants gave overall support to the report recommendations in relation to LGBTI aged care, with many of the points listed above identifying specific ways in which these could be realised with regard to LGBTI older Australians.

The Roundtable particularly highlighted the following recommendations or statements in the report and responded as follows:

- 9.1 Support the establishment of an Australian Seniors Gateway Agency, provided that it is equipped with all necessary information relating to the care of LGBTI older Australians and LGBTI-friendly service providers; that staff are trained to give LGBTI culturally appropriate service, and their adherence to non-discrimination is audited; and that LGBTI needs, identifiers and referrals are included in all Gateway processes.
- 10.1 Quality and Outcomes Data Set should include LGBTI matters.
- 11.1 Recommendation regarding accreditation - Strongly support – see Point 4 ‘Aged Care Standards’, above.
- 11.2-11.5 LGBTI should be specifically included in all mentions of diversity.
- 11.3 Strongly support staff professional development - see Point 5 ‘Workforce Education and Training’, above.
- 15.1 Strongly support the establishment of an independent regulatory agency, provided there is LGBTI representation on the stakeholder advisory committee; accreditation standards fully address the concerns of LGBTI consumers and LGBTI input into processes and instructions to auditors; the agency is sufficiently independent of industry; and the agency has sufficient power to penalise non-compliance.

## SESSION 1: INTRODUCTIONS AND SETTING THE SCENE

Facilitator: Warren Talbot October 18<sup>th</sup>, 2011

### Introduction

Paul Martin, Chair of the Alliance Board – Opening Remarks

Warren Talbot, Alliance General Manager – Guidelines

Corey Irlam – collated feedback from those who responded to the call for input prior to the Roundtable.

Warren Talbot: Objectives; Agenda:

#### **Tuesday 18 October 2011**

Session 1: Introductions and Setting the Scene

Session 2: National LGBTI Aged Care Training

Roundtable Dinner

#### **Wednesday 19 October 2011**

Session 3: National Issues for LGBTI Ageing, including Strategic Frameworks

Session 4: Next Steps

Session 5: Meeting with Minister Butler

[The Roundtable included five main sessions. All were comprehensively documented and made available to participants as the Full Report. All recommendations have been summarised in this document.]

### 1. Roundtable Participants (in alphabetical order)

Marie Alford	AASA	South Australia
Catherine Barrett	GLHV, ARCSHS	Victoria
Heather Birch	The ALSO Foundation	Victoria
Alan Brotherton	ACON	New South Wales
Violet Buckskin	SA Health	South Australia
Dr Michele Chandler	Independent Researcher	New South Wales
Barbary Clarke	Independent	Victoria
Rob Collins	GLWA	Queensland
Dr Stephen Edwards	TCSGDP	Tasmania
Linda Forbes	AFAO	New South Wales
Michael Frommer	AFAO	New South Wales
Marisa Galiazzo	CCL	New South Wales
Craig Gear	ACON	New South Wales
Dr Jo Harrison	UniSA	South Australia
Annette Hogan	CCL	Queensland
Corey Irlam	ACON	New South Wales
Sujay Kentlyn	National LGBTI Health Alliance	New South Wales
Liam Leonard	GLHV, ARCSHS	Victoria
June Lowe	GRAI	Western Australia
Paul Martin	Healthy Communities	Queensland
Ricki Menzies	Healthy Communities	Queensland
Aly Murray	National LGBTI Health Alliance	New South Wales
Norman Radican	AASA	South Australia
Sen Raj	GLRL	New South Wales
Nada Ratcliffe	AIDS Action Council of ACT	Australian Capital Territory
Christopher Robb	National LGBTI Health Alliance	New South Wales
Warren Talbot	National LGBTI Health Alliance	New South Wales

Barry Taylor	National LGBTI Health Alliance	New South Wales
Stella Topaz	NSW Nurses' Association	New South Wales
David Urquhart	Community activist and elder	New South Wales
Anthony Venn-Brown	Community activist and elder	New South Wales
Ian Walker	ACON	New South Wales
Jessica Williams	Aged Care Worker	New South Wales
Gina Wilson	Oii Australia	New South Wales
Raymond Zada	Independent	South Australia

### Apologies

Russell Flynn	National LGBTI Health Alliance	Queensland
Sharyn Marshall	NTAHC	Northern Territory
Noel Tovey	Indigenous elder gay man	Victoria

## 2. Minister's Meeting Only (in alphabetical order)

The representatives of a number of organisations only attended the Session with the Minister, some with Observer-only status:

Mark Orr	ACON	New South Wales
Nicolas Parkhill	ACON	New South Wales
Alison Parkinson	Carers NSW	New South Wales
Glenn Rees	Alzheimer's Australia	Australian Capital Territory
Pat Sparrow	COTA	Victoria

### Apologies

Illana Halliday	ACS	NSW/ACT
Evan Mann	Carers Australia	ACT
Heather Witham	ACSA	Victoria

## 3. Overview: Dr Jo Harrison

- a. "How we got here" – a brief account of developments in relation to LGBTI aged care and social movements in the US and Australia over the last three decades. Referred to the importance of recognition and celebration of the efforts and contributions of all those people who have been a part of the process of change in Australia that led us to be holding this Roundtable today. Paid tribute to all those who had contributed, including those who have passed away. Paid tribute particularly to elders and activists including Kendall Lovett and Mannie de Saxe, Noel Tovey, Craig Johnston, David Urquhart, Dorothy McRae-McMahon and many others.
- b. The Roundtable process will be creating a poly-vocal history over the next two days. We all bring our own histories and experiences here today, and this event is part of an ongoing process of development of a social environment in which our elders will be free from harm and unafraid and in which diversity will be celebrated.

## 4. Information Exchange

Participants introduced themselves and their organisations, and talked about what they saw as the most important priorities.

## Acronyms

AASA	Alzheimer's Australia, SA
ACAR	Aged Care Approval Round
ACAT	Aged Care Assessment Team
ACS	Aged and Community Services Association of NSW & ACT Inc.
ACSA	Aged and Community Services Australia Inc.
AFAO	Australian Federation of AIDS Organisations
ARCSHS	Australian Research Centre in Sex, Health and Society
ATSI	Aboriginal and Torres Strait Islander
CACP	Community Aged Care Package
CALD	Culturally and Linguistically Diverse
CCCS	Community Care Common Standards
CCL	Care Connect Ltd
COTA	Council on the Ageing Australia
CSH	Community Services and Health
DHS	Department of Human Services
DoHA	Department of Health and Ageing
EACH	Extended Aged Care at Home
EACH-D	Extended Aged Care at Home – Dementia
GLHV	Gay and Lesbian Health Victoria
GLRL	Gay and Lesbian Rights Lobby (NSW)
GLWA	Gay and Lesbian Welfare Association (Queensland)
GRAI	GLBTI Retirement Association Inc. (WA)
HACC	Home and Community Care
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
MSM	Men who have sex with men
NTAHC	Northern Territory AIDS and Hepatitis Council
PC	Productivity Commission
PLWHA	People Living with HIV/AIDS
Oii	Organisation Intersex International
TCSGDP	Tasmanian Council for Sexual and Gender Diverse People
UniSA	University of South Australia
VET	Vocational Education and Training
WSW	Women who have sex with women