



# **2<sup>nd</sup> National Lesbian, Gay, Bisexual, Transgender and Intersex Ageing and Aged Care Roundtable**

## **REPORT**

**National LGBTI Health Alliance**

**12-13 August 2014**

Held at the offices of ACON  
414 Elizabeth Street, Surry Hills, (Sydney)

## **Acknowledgements**

The National LGBTI Health Alliance gratefully acknowledge the assistance of the Australian Department of Social Services (DSS) for funding to assist with holding the Roundtable.

This Summary Report has been drafted and compiled by Samantha Edmonds, based on input from participants at the Roundtable. The advice and information from all participants is gratefully acknowledged.

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# 1. Introduction

Since its inception in 2007, the National LGBTI Health Alliance (the Alliance) has included ageing and aged care as a priority issue in its work.

In October 2011 the National LGBTI Health Alliance convened the first National Roundtable on LGBTI Ageing and Aged Care. The key recommendation of that Roundtable was the development of a national ageing and aged care strategy for older LGBTI people.

This was followed by a raft of changes in 2012 that saw the recognition of the needs and issues of older LGBTI people. These started with the Living Longer Living Better aged care reform package, which now includes LGBTI people as a special needs group under the *Aged Care Act (Cth)*.

In December 2012, the National LGBTI Ageing and Aged Care Strategy (the Strategy) was developed to inform the way the Government responds to the needs of older people from LGBTI communities and to better support the aged care sector to deliver care that is sensitive and appropriate to their needs. The Strategy is underpinned by a set of five key principles, which inform the key strategic goals and actions. These principles are inclusion, empowerment, access and equity, quality and capacity building.

To support these changes the Government announced it will provide \$24.4 million to assist older Australians with diverse needs including LGBTI people. As well, the Government announced that it will provide \$2.5 million to support older LGBTI people by delivering specific sensitivity training for people who work in aged care. The Alliance has been awarded a contract for most of that work, building on the work undertaken by ACON and Aged and Community Services Australia in 2010-2011.

The Alliance LGBTI Aged Care Awareness Training is being provided to a broad range of staff working in ageing and aged care, students studying aged care and aged care assessment teams nationally through 8 partner organisations. The Alliance has also been funded to educate people (LGBTI, non-LGBTI), services, government and organisations about the roll out and implementation of the government's LGBTI Ageing & Aged Care Strategy and about changes to inclusive practice in the Australian aged care sector.

In addition in 2013 the *Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013 (Cth)* was implemented. From 28 June 2013 it is unlawful to discriminate against a person on the basis of sexual orientation, gender identity and intersex status under federal law. All aged care providers are required to comply with this legislation. Religious organisations that provide Commonwealth-funded aged care services are not exempt.

Prior to the 2<sup>nd</sup> National Roundtable Participants were sent an information pack containing the following information:

- The objectives and agenda for the Roundtable
- Summary Report of the 1<sup>st</sup> National LGBTI Aged Care Roundtable (2011)
- Alliance Inclusive Language Guide
- An analysis of the National LGBTI AAC Strategy that compared the recommendations of the first Roundtable against the National Strategy and actions taken since the Strategy was launched
- Government Executive Summary of the work the Government has done in implementing the Strategy (DSS)

## 2. Roundtable Objectives

1. To review the progress of the National LGBTI Ageing and Aged Care Strategy and identify:
  - Progress on implementation of the Strategy
  - Priority areas for the next 1 – 2 years of the Strategy
  - What areas of the first Roundtable were not included in the strategy and how these can be advanced
  - Any emerging issues.
2. To identify healthy ageing opportunities, needs and wants of older LGBTI people, including housing, health, mental health and other non-aged care sector services.
3. To discuss the progress of cultural change within the ageing and aged care sectors and initiatives to achieve support of LGBTI people within aged care.

## 3. Roundtable Overview

Deb Lennis from Leichhardt Council, representing the D’harawal People of the Eora Nation welcomed Roundtable participants to country.

Following introductions from Susan Ditter, CEO of Working It Out and Chair of the Alliance and Rob Collins, Convenor of the Alliance Ageing and Aged Care Working Group the Roundtable commenced with a number of sessions that provided a framework for the day. This included a session on current research and projects being conducted in the LGBTI sector on older people and their needs, which provided a strong foundation from which discussions could grow. The following research and projects were covered:

- Veronica Wensing: ACT LGBTIQ Ministerial Advisory Council
- Alan Brotherton, Director Policy, Strategy & Research: ACON – Project L.O.V.E
- Sujay Kentlyn: Outrageous Ageing
- Barbary Clarke: Australian Lesbian Health Coalition 'Participatory Action Research on Older Lesbians and Legislation, Housing, Superannuation, Family Support, and Health Expenditure'.
- Catherine Barrett: Latrobe University Projects

### 3.1 “What makes us seniors/elders? What are our issues/concerns? What do we need/want?”

#### Intersex Elders

Gina Wilson spoke about her experiences as an Intersex Elder. Gina has been on life-long hormone replacement therapy (HRT). Gina noted that there has been no research on the long-term effects of HRT, and no follow-up, and is afraid of what the side-effects of these medications could be. Gina commented that she had to continually tell her life story and explain about being intersex to doctors and specialists. She has become a constant educator. Gina also spoke about her negative experiences as her mother’s carer. Gina stated that she is worried about how she will be cared for and wants to be treated with the same care and resources as others.

Gina likes the word ‘elder’ as it describes a person given respect, someone who is a carrier of wisdom and experience over a lifetime.

#### Trans and Bisexual Elders

Sally Goldner spoke about the importance of recognising diversity within diversity. She considered how far society has come in recognising and accepting trans people and how in the last 2 years this change has been exponential, although some people may have initial difficulty in getting their head around other than

male or female i.e. non-binary. It's about thinking beyond binaries – from having surgery or not having surgery, from being male, female or any gender identity (including none at all). In ageing it's about being treated with dignity.

Bisexual people are further behind. Research shows they have worse health outcomes and a study in the United States revealed that 15% of US college students don't believe that bisexuality exists.

Bisexual and trans people are further behind gay and lesbian in terms of overall progress. It is therefore necessary in order to gain access to bi and trans experiences to consider communicating with those who are 55 and over to gain comparisons to what gay and lesbian people are now experiencing at 65.

### **Lesbian Elders**

Barbary Clarke commented that being a lesbian senior is distinct from being a lesbian elder. The term elder has to be earned, it is something given by the community. She pointed out that second-wave lesbian feminists are *still* fighting for the human rights of lesbians. Convincing the Commonwealth Senate Committee on the Social Determinants of Health that sexism and heterosexism do affect LGBTI people's health; making submissions to the UN's Beijing+20 consultation on discrimination against women; arguing for a question on sexual orientation to be included in the Australian Longitudinal Study on Women's Health surveys; and demanding the right of freedom to associate with their own kind.

Ageism divides and conquers LGBTI communities, when older lesbians are not recognised for their past and present activism; treated with disrespect; deemed to be uninformed; and not considered as having anything useful to offer. For older lesbians, including those in aged care, it's about financial viability; appropriate cognitive stimulation; and having their needs and wishes listened to and respected.

*For me to be a lesbian elder, I need you to look me in the eye, recognise my status, and SEE ME.*

### **Gay Elders**

Geoff Davis started his talk saying he has been gay since he was 4 years old and he is now 78. He stated he was lucky he grew up in a moderate family with a feminist mum and a trade unionist dad. He came out in his 40s. Geoff has created his own family by adopting a Chinese son and he has 5 honorary grandsons who are all supportive. Geoff commented that by developing 'families' and connections throughout our lives we will have support as we grow older.

Geoff feels that young LGBTI people have grown up in the age of individualism and so have no sense of community. He reflected on ageism within LGBTI communities and the need for older LGBTI people to do more by promoting and telling their stories through the media. He said that gay men need to be role models for the younger gay generations. Geoff also believes that it's important that young and older LGBTI people mix in groups and share their experiences.

### **Carers of Older LGBTI People**

Catherine Barrett (Val's Café) & Meredith Butler (Carers Victoria) spoke about the research they are doing, which is building on what is known about carers generally, then taking the focus onto the specific needs and issues of carers of older LGBTI people. Carers of LGBTI older people face many issues including financial, legal and burden of care. However they, and the person they are caring for, also face additional issues such as concerns about safety in residential aged care, fear of discrimination or actual discrimination and fear of having other formal services coming into their home. There can also be an additional barrier if the person does not consider themselves a carer. The outcomes of the research will be discussed at the LGBTI AAC Conference in October.

## **4. Roundtable Recommendations**

### **4.1 LGBTI Ageing and Housing – from Housing to Homing**

*Facilitator: Rob Collins Presenter: Anneke Deutsch*

#### **Recommendations**

1. Seed fund innovative partnerships with developers & registered housing providers to explore LGBTI inclusive co-housing projects E.g. shared equity; Increased homelessness of older women (Older Women's Study)
2. Fund a feasibility study to investigate residential care options such as LGBTI wings or group homes

There are a number of issues facing older LGBTI people when it comes to housing especially around access to housing choice and access to the rental market. There is pressure on older LGBTI people in rural areas to move into bigger regional centres or cities for access to services, which is exaggerated by the intersection with sexuality and gender identities. This is a particular issue for older trans people who may need to access the medical knowledge and skills available in cities. In addition older LGBTI people can face homo/trans/bi/intersex phobia from other residents.

### **4.2 Getting Older: It's Not All about Aged Care**

*Facilitators: June Lowe and Dan Parker*

#### **Recommendations**

3. Fund the extension of older LGBTI training to agencies and organisations serving older adults including social services, financial, legal advice, employment, disability, carer support, mental health, health and wellbeing campaigns
4. Promote LGBTI and age inclusive policies and practices in all agencies and organisations

For the first time in history there are 2 generations of retired people and we are now having to consider 'the years have been added to life, now life must be added to the years'. In addition the narrative of seeing older people as burdens is being challenged by economists. This means that government and communities need to look beyond aged care and look at strategies to ensure the continued engagement of older people in all aspects of life. However there are still barriers for older people – individual, attitudinal and structural.

### **4.3 Review of the National LGBTI AAC Strategy**

*Facilitator: Corey Irlam*

#### **Recommendations**

5. Update VET qualifications with LGBTI competencies
6. Include LGBTI with special needs/diversity outcomes in all aged care standards and linked to accreditation
7. Include LGBTI within the Survey of Ageing, Disability and Carers and in all government research
8. Need to ensure workplace inclusion strategies for aged care organisations

The National LGBTI Ageing and Aged Care Strategy is actually a document that the government needs to implement however DSS funds the LGBTI and AAC sectors to deliver on the goals of the Strategy. This group reviewed the strategy and mapped the programs that are being implemented against this. They then considered the various goals of the strategy that had not been implemented and identified what the key focus for DSS should be over the next 12 months

#### **4.4 End of Life Decision Making**

*Facilitator: Barbary Clarke*

##### **Recommendations**

9. Nationally consistent and inclusive Legislation for wills, power of attorney, advanced care directives and other end of life needs
10. High quality, culturally safe and appropriate staffing for palliative care in Residential Care
11. Training and Education: LGBTI inclusivity training extended from aged care to palliative care contexts
12. 'What would be a good death?' Funding for LGBTI Community workshops and discussions around death

There is a lack of consistent and inclusive legislation across Australia around death and dying and as a result documentation associated with death and dying also varies across Australia. There is also a lack of clarity around the roles and responsibilities of power of attorney and guardianship, who this is applied to and how it happens. In addition older LGBTI people have a fear of institutional responses to their needs and therefore how they will be treated within community, residential aged care and palliative care settings. There needs to be education of older LGBTI people on aspects of death and dying such as advance care directives, options that are available and how to make requests and who to make them to.

#### **4.5 Community Visitors Scheme & other Community Visitor Options for Older LGBTI People**

*Facilitator: Catherine Barrett Presentation: Anneke Deutsch*

##### **Recommendations**

13. Reform the eligibility criteria for CVS to include residential aged care, broader home care eligibility and younger people in care
14. Provide information and education to generic CVS to ensure they are LGBTI inclusive and make referrals
15. Review data collection on sexual orientation, gender identity and intersex status

#### **4.6 Older LGBTI People and Mental Health**

*Facilitator: Dan Parker*

##### **Recommendations**

1. The standards around LGBTI inclusion established in the National LGBTI Ageing and Aged Care Strategy should be applied to mental health-focused organisations and bodies providing mental health, suicide prevention and drug and alcohol services to LGBTI older adults. The Commonwealth should provide funding to adapt existing curricula and provide training in LGBTI older adult-



inclusive mental health practice to mental health, drug and alcohol and consumer support organisations receiving Commonwealth funding.

2. The Commonwealth provides funding to develop and provide training in older adult mental health issues and concerns to LGBTI community-based organisations currently providing mental health and drug and alcohol services.
3. The Commonwealth provides funding to develop and implement a national mental health promotion and early intervention initiative to decrease stigma about mental health issues and increase awareness among LGBTI older adults of common older adult mental health problems, and provide support and direction for early intervention and treatment.

The above 3 recommendations were made in recognition of the fact that good mental health is an essential component of healthy ageing; that LGBTI older adults can be expected, from all available evidence, to have significant needs for mental health services; that to date older adult-focused mental health services have lacked models and training for LGBTI inclusive practice; and that LGBTI-focused clinical services themselves lack expertise in work with older adults.

## **5. Discussions with The Hon. Senator Dean Smith**

Senator Dean Smith attended and participated in the Roundtable. Senator Smith was representing the Assistant Minister for Social Services, Senator the Hon. Mitch Fifield.

Senator Smith advised he had both a strong policy and personal interest in LGBTI issues, especially the needs of LGBTI people as they age. He noted the new Government was committed to continuing the work of the previous government through the National LGBTI Ageing and Aged Care Strategy and was considering appropriate consultation mechanisms, including using a Departmental Working Group, to report on the implementation of the National Strategy and to continue a dialogue with the LGBTI community.

Senator Smith also noted a strong interest in supporting the needs of ageing LGBTI people living outside the metropolitan areas, giving the necessary support to LGBTI people with dementia, progressing sensitivity training in aged care settings and guaranteeing that LGBTI people are treated with respect and dignity as they age. He also commented on the need to take into account the effects of social isolation, especially amongst older LGBTI people, when considering home care.

Roundtable participants acknowledged the positive work of the government in addressing the needs of older LGBTI people and thanked the government for the following:

- The Strategy: it has changed the landscape forever – LGBTI issues cannot be forced back into the ageing closet
- Community Visitors Scheme – funded by Assistant Minister Fifield will start breaking down social isolation
- The Abbott Government engagement on LGBTI ageing issues has shown good commitment
- Funding of national training which has been taken up in a positive way by Aged Care Providers is transformational
- Continuing to support ACSIHAG and funding projects that are making a difference
- Travelling to attend the Roundtable
- Support of the Sex Discrimination Act and removing the exemptions for religious AAC providers
- Funding for LGBTI specific packages

## 6. Additional Recommendations

During discussions between Roundtable participants on day two further recommendations were made.

### 6.1 Research

4. Inclusion of LGBTI into all aspects of Commonwealth funded research
  - a. Ensure intersex, gender and sexuality is included
  - b. Also needs to look beyond ageing & aged care
5. Need for specific research into the health and wellbeing and needs of older LGBTI people (including the needs of each sub-group)

### 6.2 Diversity within Diversity

6. Always ensuring paid bisexual, trans, gender diverse, intersex, lesbian and gay input into any initiatives to ensure current thinking in these areas and ensuring that discriminatory attitudes are challenged
7. Ensuring that the needs and issues of the following groups are included within projects, programs and research and addressed:
  - a. Culturally and Linguistically Diverse LGBTI People
  - b. LGBTI people living in Rural and Regional Australia
  - c. Aboriginal and Torres Strait Islander LGBTI people

Including the specific needs of each sub-group, as these may be different, in each sub-point.

## 7. Government Action

The day ended with a discussion on some actions that the Department of Social Services, the government and the LGBTI sector could take in moving forward on today's Roundtable discussions and implementation of the National LGBTI Ageing and Aged Care Strategy. These are:

### Department of Social Services

1. DSS are to ensure that they include reporting on LGBTI in their Annual Report.
2. The Departmental Committee on implementation of the National LGBTI Ageing and Aged Care Strategy is established as soon as possible and a clear indication of who is on the Committee is provided. The Committee must provide an Annual Report on the implementation of the Strategy and identify clear measures of success.
3. Establish regular meetings between DSS, DOH and the National LGBTI Health Alliance to discuss the implementation of the Strategy and other related issues and held every six month. When needed additional relevant people will be included on key issues.

**Minister Fifield**

4. Minister Fifield requested to attend the National LGBTI Ageing and Aged Care Conference on the 28 and 29 October 2014
5. Minister Fifield requested to attend the Health in Difference Conference on the 13-15 August 2015

## Appendix A – What else did people want?

Participants were asked to write down and submit other issues and areas for action and other recommendations that were important to them but which had not been captured in the joint recommendations. These are:

- Collection and recording of older LGBTI peoples' histories/stories to reduce invisibility and ensure recognition of their struggles and achievements
- That sex, sexuality and gender identity discrimination be considered an important social determinant of LGBTI peoples' health in every sphere
- Research and reporting on all federally-funded research to be sex, sexuality and gender identity (separating L,G,B,T,I) and age disaggregated not just one box for all
- No federal funding for religious-run organisations that exercise their right to discriminate against LGBTI people
- The impact of changes in retirement age and access to employment and work
- Older LGBTI people are acknowledged for their awesomeness and capacity to contribute meaningfully to society
- Strategies for ensuring information on LGBTI ageing and aged care issues are covered by media directed at LGBTI communities
- Greater LGBTI representation and inclusion on all government advisory boards and consultative committees addressing ageing and aged care issues
- Commonwealth government show their leadership through COAG or another mechanism e.g. hosting a Roundtable to bring together all State and Territory governments dealing with ageing (not aged care) to facilitate LGBTI appropriate care and services both in state and territory services and services/programs funded by state/territory governments
- Adequate recognition and compensation for consultations with LGBTI seniors
- Research and Support services for indigenous older LGBTI Australians
- Establishment of legal advocacy group/organisation for LGBTIQ populations for the elderly in particular
- Develop specific mechanisms within or outside Gateway to assist LGBTI communities to find LGBTI friendly aged care services
- Older people have the right to be who they are – Declaration of Rights of Older People, Wales 2014
- Funding for the continuation and expansion of the National Ageing and Aged Care Training especially promotion to disability, CALD and indigenous organisations and develop additional units in the training that address the special needs of LGBTI people in these groups
- Inclusion of LGBTI ageing for all qualifications – both medical and allied health to catch potential service providers while they are still training
- Funding of research and community development projects to explore and resource the intersection of healthy, positive and culturally safe ageing across LGBTI, CALD and ATSI
- Inclusive language guide reflected and in use across all government publications, media releases, speeches, committees and parliament

## Appendix B – Further Information on Older LGBTI People and Mental Health

Participants acknowledged that Australia lacks comprehensive studies of the mental health, health and psychosocial needs of LGBTI older adults, who have been poorly represented in both national LGBTI surveys addressing mental health and suicide prevention, and in national studies of the mental health of the broader Australian community. Funding such studies at a national or state level would inform mental health promotion, prevention and early intervention, and focused mental health services.

Participants identified the following issues of concern:

1. The dementia epidemic greatly distorts how we understand older adult mental health, and may keep our focus away from ways in which for many older adults mental health improves with ageing.
2. International studies give us reason to be concerned that LGBTI older adults may not see the same improvements in mental health as they age, and may continue to have elevated rates of some mental health problems.
3. LGBTI older adults may have higher levels of mental health problems than heterosexual peers, but less access to services and to providers.
4. LGBTI older adults will have the all-to-common difficulties finding mental health services that are “age-friendly”, plus added difficulties finding providers competent in working with LGBTI older adults.
5. “Siloes” of funding, training and education keep mental health and aged care services separated.
6. Trends and requirements in research funding often determine what gets studied, and what doesn’t. Mental health disorders often get the emphasis, with less research directed to what leads to good mental health and to “resilience”.
7. LGBTI communities lack a shared or common awareness of the impact of stigma, of prevention strategies, or of the need and pathways to promote healthy ageing in our communities.
8. LGBTI counselling services may not be that skilled or knowledgeable about working with older individuals.
9. Fear of ageing may be high in LGBTI communities, and negative views of ageing not often questioned.
10. Mixed (locked) wards are problematic for lesbian women

Some of the gaps identified were:

1. Pre-determined research frameworks focused on particular mental health disorders (such as depression, anxiety, or dementia) and there is limited funding for looking at issues of what promotes good mental health in later life.
2. There is inconsistent and limited training for almost all mental health disciplines in working with LGBTI older adults. Most health and mental health disciplines received almost no training in understanding and addressing health disparities among LGBTI individuals.
3. Prevention and mental health promotion programs for older LGBTI adults are lacking, as are targeted services.
4. Models of using evidence-based mental health treatments with older LGBTI adults exist, and some innovative programs have been initiated overseas, but they have yet to be trialled and implemented in Australia.
5. There is limited research on and understanding of the possible impacts of sexual violence on individuals (primarily women, but some men as well) as they age.
6. LGBTI mental health services lack education in working with older adults.

7. LGBTI-inclusive older adult mental health services are lacking, and will not occur unless there are clear guidelines, expectations or even mandates.
8. There needs to be an integration of what is known about mental health and ageing from the ageing, LGBTI and various mental health disciplines.

Participants identified these areas as working or having great potential:

1. Beyond Blue has done some good campaigns, though it is unclear if the LGBTI and older adult focuses are yet integrated.
2. QLife has produced several brochures with an older adult focus, but has yet to develop a strong older adult mental health focus.
3. MindOUT is doing good work with mental health organisations to improve access and inclusion, and to increase community knowledge and skills; though it does not have a strong older adult focus as of yet.
4. There is increased awareness of the role of social connectedness in mental health for older adults.
5. Programs like the Men's Shed are encouraging, and finding LGBTI counterpart models would be good.
6. Beyond Blue's campaigns are increasing awareness of effective language to reach men in particular, and are challenging stereotypes that gay men are more aware and receptive to mental health messages than heterosexual peers.
7. Sujay Kentlyn provided training to GLCS NSW in working with older adults; broader training is needed.
8. Programs like Partners in Recovery show opportunities for systems changes.
9. Alzheimer's Australia work in the area of LGBTI inclusive dementia care is a model to follow.
10. MindOUT's "Going upstream" provides a good overview of levels of intervention for mental health promotion and services.

# Appendix C – Older LGBTI Positive Ageing Campaign

## 1. Older LGBTI inclusivity in organisations

- a. Alliance to show leadership: model age-inclusivity and promote age-inclusivity in other LGBTI and mainstream organisations
  - i. Have explicit age-inclusive policies
  - ii. Deliver sample words of a policy for others' benefit
  - iii. Develop a check-list of recommended criteria – a 'grey rainbow tick' (e.g. acknowledge we are present in all decades – not a single tick box for 65+)
  - iv. Ensure all events (seminars etc.) include an age focus
  - v. Commit to education for LGBTI-age inclusivity within other organisations, including employment opportunities

## 2. Positive ageing campaign in the community - *connectivity, belonging, meaning*

- a. Research – to conduct a needs assessment and identify activities/program/strategies that will appeal to and have value for older LGBTI (incl. old-old).
  - i. Produce a national report
  - ii. Include place-based research – (city, regional, rural and remote)
- b. Special focus on older adults who are 'hard to reach' (due to geography, health or lifestyle issues):
  - i. Network of champions for older LGBTI inclusion
  - ii. Road trips from city to rural areas
  - iii. Innovative outreach, street displays/stalls – go where people are.
  - iv. "I need social engagement where I live" & training/awareness raising to achieve inclusivity of mainstream services.
- c. Point/s of connection:
  - i. Have a resource guide to projects that have worked/are working
  - ii. Social activities and regular peer outreach
  - iii. Multigenerational activities (befriending program, art projects, history projects, service provision, events with youth facilitators)
  - iv. Use of volunteers, 'purposeful volunteering'.
    - Are mainstream volunteering organisations older LGBTI welcoming?
- d. Innovative use of technology
  - i. Internet, i-connect, apps, skypes
  - ii. Facebook sites, on-line groups
  - iii. Lezflash and gay flash for impromptu events
  - iv. Film club on-line – LGBTI films through history & discussion group
  - v. Other on-line OLGBTI interest groups

### Barriers

Cost  
Transport  
(Geographical)  
Time  
Prejudice  
Not confident  
Cultural  
Identity not  
claimed

## 3. Re frame/re-image old – promote positive values of older LGBTI to combat ageism and promote connectivity.

- a. Variety of visibility campaigns – state based with national collaborations where appropriate
  - i. Stories and images – 'we are here' and show our strengths

- ii. Photo and film projects
- iii. Commitment to regular input to mainstream and LGBTI media



## Appendix D – Key Achievements: DSS Update

Substantial activity on the implementation of the Strategy has occurred since its release in December 2012 and is ongoing. Key achievements to date include:

- Development of information specifically designed to meet the needs of older LGBTI people has been incorporated into national policy/training documents and operational tools of relevance to the aged care sector, including:
  - the My Aged Care Website
  - My Aged Care National Contact Centre training material
  - Aged Care Assessment Program (ACAP) Guidelines and National Training Resource
  - Home Care Package guidelines
- Expansion of the National Aged Care Advocacy Program (NACAP) to have a stronger focus on providing advocacy services to older people from special needs groups under the *Aged Care Act 1997*, including LGBTI people.
- Expansion of the Community Visitors Scheme to specifically target older people from special needs groups, including LGBTI people, who may be lonely or socially isolated.
- Funding of ten projects worth \$2.9 million (GST exclusive) that are delivering various activities specifically targeting older LGBTI people. These projects aim to raising awareness of the issues affecting older LGBTI people, support aged care services to better understand the needs of LGBTI people and break down the barriers of real and perceived discrimination of LGBTI
- Supporting the Aged Care Channel to broadcast a 30 minute live forum promoting the Strategy to Aged Care Channel members (aged care service providers), highlighting the Strategy's principles, goals and actions and encouraging providers to adopt these when developing their own policies and processes to ensure they are equipped to provide culturally appropriate care to older LGBTI people.
- Funding the Alliance to deliver sensitivity training to raise awareness across the aged care sector of LGBTI people and their ageing related issues, and provide the knowledge and skills basis for organisations to work to become more LGBTI inclusive.

Further information on the Strategy can be found at <http://www.health.gov.au/lgbtistrategy>

## Acronyms

AAC	Ageing and Aged Care
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
ALHeC	Australian Lesbian Health Coalition
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
CHSP	Community Home Support Program
COTA	Council on the Ageing Australia
CSH	Community Services and Health
DSS	Department of Social Services
EACH	Extended Aged Care at Home
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
TGV	Trans Gender Victoria
VET	Vocational Education and Training

# Participants

## ACT

Veronica Wensing, Manager – ACT Office for Women, ACT LGBTI Minister’s Advisory Council

## National

Gávi Ansara, Manager Research and Policy – National LGBTI Health Alliance

Gina Wilson, Organisation Intersex International

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## NSW

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Russell Westacott, CEO – The Aged Rights Service (TARS)

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## Queensland

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Helen Carter, State Manager NSW & Qld, CareConnect

Helen Daintree, Ageing in Diversity Health Promotion Officer, Qld Aids Council (QuAC)

Polly Tsai, Australian Lesbian Medical Association

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## Tasmania

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Heather Birch, Individual

Meredith Butler, Carer and Community Education Officer (LGBTIQ), Carers Victoria

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Sally Goldner, Spokesperson – Transgender Victoria

Savio D’sa, Marketing and Stakeholder Relations Manager – Australian Association of Gerontology

## WA

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Dan Parker, Clinical Psychologist – Sexual Health and Clinical Immunology, Royal Perth Hospital

Geoff Davis, GLBTI Rights in Ageing (GRAI)

June Lowe, Chair – GLBTI Rights in Ageing (GRAI)

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