



Improving Choice in Aged Care - Survey

About LGBTIQ+ Health Australia

LGBTIQ+ Health Australia (LHA) is the national peak organisation working to promote the health and wellbeing of LGBTIQ+ people and communities. LHA is uniquely placed with a diverse membership that spans across states and territories, and includes LGBTIQ+ community-controlled health organisations, LGBTIQ+ community groups and state and territory peak bodies, service providers, researchers, and individuals.

LHA is strategically positioned to provide a national focus to improving the health and wellbeing of LGBTIQ+ people through policy, advocacy, representation, research evidence, and capacity building across all health portfolios of significance to our communities. We recognise that people's genders, bodies, relationships, and sexualities affect their health and wellbeing in every domain of their life.

SURVEY QUESTIONS

What is your interest in aged care? I work for a peak body.

What is the name of your organisation? LGBTIQ+ Health Australia

Level of agreement with the following statements

- Aged care assessments should consider a person's urgency for care – **strongly agree**
- Assessments should consider whether a consumer is from a special needs group – **strongly agree**
- Time restrictions for taking up a residential aged care place should be introduced – **disagree**
- Location restrictions for taking up a residential aged care place should be introduced – **strongly disagree**
- Places should be assigned according to priority within regions with limited supply – **strongly agree**

Please provide any comments about consideration of urgency in assessments.

Urgent need should always have priority. However, this needs to be considered in conjunction with special needs to ensure that outcomes are equitable appropriate. As detailed in later responses, a 'placement' for an LGBTIQ+ elder does not ensure access to an accepting and safe facility, due to homophobia, biphobia, transphobia and other discrimination or marginalisation. A specific example is a transwoman who is continually misgendered, with the ongoing discrimination having a toll on her health and wellbeing.

Please provide any comments about consideration of special needs of individuals or cultural considerations in assessments.

Current national policies, strategies and programmes identify LGBTIQ+ people as a priority population for action. This is due to research evidence consistently demonstrating that LGBTIQ+ people experience significant health disparities compared to their non-LGBTI counterparts.



LGBTIQ+ people face significant barriers to accessing the health care they need. Australian and international research has shown that LGBTIQ+ people under-utilise health services and delay seeking support due to actual or anticipated discrimination or stigma from service providers.

LGBTIQ+ people's experience of discrimination results in fear of accessing care and many LGBTIQ+ older people do not disclose their sexuality, gender or intersex status for fear of discrimination or rejection. This ranges from implicit structural discrimination that results in neglect and marginalisation, through to deliberate emotional, physical and/or sexual abuse.

LGBTIQ+ communities are diverse. Lesbian, gay, bisexual, transgender, intersex, queer people and other sexuality and gender diverse communities have distinct needs and distinct histories in relation to accessing and receiving health care.

Many LGBTIQ+ people have intersecting identities that expose them to overlapping forms of discrimination and marginalisation, which may compound the risk of poor outcomes. Many have experienced significant trauma throughout their lives. This is a particular risk for LGBTIQ+ Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds or people of faith, who can face rejection from each of their communities. Trans and gender diverse people including Brotherboys and Sistergirls carry a disproportionate burden.

Some LGBTIQ+ elders are also vulnerable to the actions of biological family members may not be aware of or are hostile to their relatives being LGBTIQ+. These relatives may take the opportunity to control their sexual expression or limit access to their partners or chosen family. Assessors need to ensure that the wishes and rights of LGBTIQ+ elders and their partners (if they have one) are paramount.

The assessment process needs to ensure that LGBTIQ+ older people feel comfortable and safe with divulging personal information including their sexual orientation, gender identity, or intersex status. It needs to give them multiple opportunities to do so, as comfort and trust builds over time.

For the assessment process to be inclusive of LGBTIQ+ diversity, a trauma-informed and person-centred approach is required. A trauma-informed approach views the historical experiences of discrimination, abuse and exclusion that many LGBTIQ+ people have experienced as trauma and encourages assessors to consider these experiences. A person-centred approach acknowledges the consumer as a unique individual and ensures that they are at the centre of all decision-making around their care, and that this care recognises their personal journey, identity, needs and wishes.

Due to many LGBTIQ+ elders having suffered historical instances of discrimination and endured barriers to accessing aged care services, it is critical that entry processes are inclusive, accessible and culturally safe for LGBTIQ+ elders.

Recognising the complexities of LGBTI elders' needs and affirming and respecting each individual can require significant experience, knowledge and/or training. Assessors need to be adequately and appropriately trained. Community-controlled LGBTIQ+ organisations have substantial expertise and need to have a greater role in providing support and improving access to culturally appropriate care.

What should be considered when assigning residential aged care places?

LGBTIQ+ elders' fear of discrimination creates a significant risk that they may not disclose or may not fully disclose their circumstances and needs. As outlined above, the assessment process needs to provide multiple opportunities for disclosure as trust builds over time.



As gender, sexuality and bodily diversity affects all areas of life, the assessment process needs to normalise discussion about these issues and include opportunities for disclosure and discussion across the full range of issues. This includes, for example, discussion about family (including family of choice), community engagement, relationships (including same-sex partners), carers, physical needs and medications. A specific example is the case of older trans woman who openly identified as trans but there was no option to indicate this on the assessment form used by My Aged Care. Instead, the box inappropriately indicating indeterminate/undecided/intersex was ticked. A specific LGBTIQ+ question or focus area may be helpful but is not sufficient.

There is a need for trained navigators who are part of the LGBTIQ+ community and/or trusted by the community to assist with the assessment process.

There is a high risk that, for an LGBTIQ+ elder, assignment of place will not mean access to a residential aged care bed that is culturally safe and acceptable for them. Due to past experience of discrimination, some LGBTIQ+ elders will need and seek access to a LGBTIQ+ specialised and/or community controlled facility. Others will accept or prefer a mainstream facility, but will need assurance that the service has appropriate planning, policies and practices in place, that staff are appropriately trained, and that other residents will not demonstrate homophobia, transphobia or other discrimination.

As outline below, significant action is needed to mitigate against supply issues, which are often widespread, not localised.

Please provide any comments about how the assignment system could be designed to mitigate localised supply issues. E.g. assigning places according to priority within regions with limited supply

Significant short-, medium- and long-term action is needed to deliver timely access to culturally safe LGBTIQ+ residential aged care, were supply problems are widespread.

In the short-term, there may be benefit in quarantining beds for LGBTIQ+ supportive facilities for urgent placements.

Incentives may also be required, as past evidence suggests that the LGBTIQ+ consumer aged care market is not sufficient to drive adequate and equitable changes in provider behaviour. In particular, there is a significant to facilitate the development of LGBTIQ+ community-controlled and specialist residential aged care.

With the shift to an increased consumer-choice, market-driven approach, much greater information is required to ensure meaningful and accurate information for consumers and for the market.

Appropriate and meaningful collection of data will enable measurement of who is and is not accessing aged care, and where they are falling through the gaps. The lack of broad-based data collection on LGBTIQ+ health is essential but needs to be supported by substantially improved data collection in the aged care sector.

Currently, we do have data on how many LGBTI older people are accessing aged care services, have been assessed for aged care but have not accessed services, have accessed aged care but then withdrawn, or are not accessing aged care.



The aged care system needs to report on the number of LGBTI older people who are accessing aged care services, and those who fall out of the system. This data needs to be made publicly available to ensure equity in service provision for LGBTI older people and provide essential data for planning.

This must include careful implementation of the Australian Bureau of Statistics (ABS) Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020 Standard, or as updated) - <https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables>.

Increased funding is needed for new research to better understand the needs of LGBTIQ+ people for residential aged care. This includes basic data about geographical locations of need, as well as the development of models of care that support LGBTIQ+ lifestyles and chosen family, and further development of inclusive aged care practices to identify elements that will improve the cultural safety of residents.

A range of changes are being implemented to support informed choice (see pages 15-17).

- Star ratings – **moderately important**
- Face-to face support – **extremely important**
- Dedicated support for Aboriginal and Torres Strait Islander people – **extremely important**
- Advocacy – **extremely important**
- My Aged Care Changes – **extremely important**
- More Transparent Accommodation Information – **extremely important**

Please provide any comments about the changes being implemented to support informed choice.

LHA broadly supports the proposed changes to support informed choice; however, we have significant concerns that the mechanisms are not sufficient.

Please provide any comments about additional measures or information needed to support informed choice.

Specifically, we recommend:

- Dedicated support, such as trained navigators, for LGBTIQ+ people.
- Expansion and strengthening of specific LGBTIQ+ quality assurance processes, such as rainbow tick and yellow tick.
- Mandatory diversity action plans that underpin and demonstrate the policies and practices a provider has in place to deliver safe and quality services to LGBTIQ+ people and other diversity groups.
- More robust assessment and disclosure practices focused specifically LGBTIQ+ needs, especially to maintain standards over time.

Star ratings are of value in general, but are unlikely to provide the level of detailed information to ensure informed choice by LGBTIQ+ older people.

How important is it for people to be supported to move aged care homes if they need to? – **Extremely important**

What is needed to better enable and support people to move between aged care homes if they want to do so?



It is of fundamental importance that LGBTIQ+ people can move aged care homes if needed— and potentially quickly, if they are encountering discrimination, marginalisation or abuse.

While at an individual level this is critical for health and wellbeing, it is also an essential market signal to providers that they have failed to deliver safe, inclusive care.

Transfers should be supported and assisted at minimum distress, disruption and cost.

Assistance to move between aged care homes may require financial resourcing and personal support, especially where the LGBTIQ+ elder does not have partner, family or friends who can assist.

Market Stewardship - Note: refer to the Market Stewardship section of the discussion paper (pages 19-28)

What measures would further ensure providers cater to special needs groups and those with additional cultural needs?

Measures needed to improve the residential aged market for LGBTIQ+ communities include:

- Providing active support to LGBTIQ+ elders, including support by people with lived experience who may be able to quickly build trust to improve access.
- Strengthen requirements for providers to undertake and maintain quality assurance processes, such as rainbow tick and yellow tick, including detailed disclosure.
- Incentivising financially or through other measures LGBTIQ+ community-controlled and specialised residential aged care services, including appropriate alternative models of care.
- Increasing data collection and research to expose gaps in the provision of LGBTIQ+ friendly residential aged care and provide solutions, including alternative models of care and making information available to support provider decision making.
- Ongoing consultation and engagement with LGBTIQ+ elders and their supporters to ensure continuous improvement of the system.

Overall impact on the sector

Overall, what impact will these changes have on the aged care sector? Please select two answers i.e. the direction of the impact positive or negative and the potential scale of the impact. – [positive](#), [very little](#).

Please highlight your level of agreement with the following statements about the potential impact of the changes. The changes will lead to:

- Improved choice for consumers - [Agree](#)
- Improved access for consumers - [Disagree](#)
- Increased quality – [Neither agree nor disagree](#)

Overall impact for people accessing residential care

Please indicate your level of agreement with the following statement: These changes will have a positive impact for people accessing residential aged care - [agree](#)

What will be the biggest impact for people accessing aged care?



Health and wellbeing for lesbian, gay, bisexual, trans, intersex, queer (LGBTIQ+) people and sexuality, genders, and bodily diverse people and communities throughout Australia.

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The proposed new system has the potential to benefit LGBTIQ+ elders as it provides an increased opportunity to select a provider of choice that has the capacity to respond to specific LGBTIQ+ needs.

However, there will continue to be significant market gaps with no suitable provider in many areas and a significant lack of information to help people identify providers that can meet their needs.

There is a clear need for more mainstream providers to undergo LGBTIQ+ quality assurance processes; for more LGBTIQ+ community-controlled and specialised residential aged care; and for increased information and assistance to support consumer choice.