



Response to the Productivity Commission Draft Report: Caring for Older Australians

March 2011

Introduction

The National LGBTI Health Alliance welcomes the Draft Report and acknowledges the careful and comprehensive examination of the issues impacting on the care of Australian seniors. In particular, we commend the Commission for including LGBTI people in arguing the need for the aged care sector to better respond to the diversity of the older population.

We draw the Commission's attention to our original submission and reiterate the points made there. We highlight these as being of continuing importance. In this response we recommend the following be included as recommendations in the Commission's Final Report:

1. Inclusion of LGBTI seniors in the Report Recommendations and Summary of Proposals
2. Recognition of LGBTI seniors as a special needs group in the Aged Care Act or Allocation Principles 1997
3. Recognition of the diverse needs of people within the LGBTI community
4. Ensuring older LGBTI people are not subsumed under category of 'culturally and linguistically diverse'
5. Establishing a National LGBTI Aged Care Plan
6. Establishing a National LGBTI Aged Care Advisory Council
7. Resourcing of LGBTI community organisations to provide services to LGBTI seniors
8. Development and resourcing of partnerships between LGBTI organisations and aged care providers
9. A national rollout of LGBTI training curricula in the residential and community care sectors
10. Expansion of funding for CACP, EACH and EACH-D packages targeting LGBTI seniors
11. Introduction of Federal anti-discrimination legislation that includes protections for LGBTI people receiving aged care and removal of exemptions from state legislation
12. Funding LGBTI organisations, such as the National LGBTI Health Alliance, to engage in national action on LGBTI ageing issues and coordinate national advocacy
13. Acknowledgment of the needs and rights of LGBTI people within all Government aged care documents
14. Modification to assessment and data collection instruments (e.g. as used by the Gateway Agency) to allow for diversity in gender, sexual identity and relationship status

1. Inclusion of LGBTI seniors in the Report Recommendations and Summary of Proposals

While LGBTI people were acknowledged in the Draft Report, we were concerned that reference to this group was absent from the draft recommendations. We strongly encourage the Commission to include specific reference to LGBTI seniors in Recommendations 9.1 and 9.2, and to expand reference to LGBTI seniors in the Summary of Proposals (reflecting the expansion of recommendations highlighted below).

2. Recognition of LGBTI seniors as a special needs group in the Aged Care Act or Allocation Principles 1997

Recognition within the Draft Report that older LGBTI people have particular needs and require culturally competent practice is an important message to the aged care sector and to Government. However, we believe that the Commission needs to go further and make a specific recommendation that older LGBTI people be formally acknowledged through an amendment to the Aged Care Act or Allocation Principles 1997 as a special needs group. This would acknowledge that like other groups, such as care leavers, older LGBTI people have special needs arising from a history of fear, persecution, discrimination, violence and abuse (as documented in our original submission). This history acts as a powerful barrier to older LGBTI people accessing services and thus to their ability to age well. Formal recognition by Government of this special needs status will enhance the targeting of services, make providers accountable for the delivery of culturally competent services, and go some way to redress the past and present fears of being outed, having one's privacy invaded and being discriminated against and abused.

3. Recognition of the diverse needs of people within the LGBTI community

The use of the term 'GLBTI' by the Commission in the Draft Report is important as this acknowledges the diversity of and coalitions within our community. In this spirit, we recommend that the Commission change the wording of the Key Points on p.269 and in the Summary of Draft Proposals on p. LXI from 'gay and lesbian' to GLBTI. Having said this, it is important to recognise the unique health and social needs that different people in the LGBTI community may have. We would like the Commission to acknowledge this in different parts of the Final Report. For example, on p. 51 it would be valuable to acknowledge the emerging critical issue of the ageing of gay men with HIV. Similarly this section would benefit from recognition of lesbians' disproportionate risk of cervical cancer, breast cancer and uterine/endometrial cancer and the impact of this on healthy ageing. In section 9.6 of Chapter 9 it would be valuable to note the high rates of poverty among lesbians and transgender people. We have particular concerns that lower socio-economic groups may not have good access to LGBTI culturally sensitive services. For example, church and charity run organisations, which may be least able to afford the expansion of staff training, will be more likely to offer lower socio-economic residential care places under bed trading and the lifting of limits on bed numbers.

4. Ensuring older LGBTI people are not subsumed under category of 'culturally and linguistically diverse'

While applauding the Commission's recognition of the cultural status of older LGBTI people, we recommend that, in the Final Report, the Commission more clearly distinguish between CALD and LGBTI groups. While there are some similarities in terms of a lack of recognition, the experiences and needs of the groups cannot be conflated. Bringing these two groups together under the heading of 'People from culturally and linguistically diverse backgrounds' potentially makes LGBTI people invisible (e.g. in the Contents page and in Draft Recommendations 9.1 and 9.2). There are other places within the Draft Report where acknowledgement of the cultural needs of older people is made (e.g. p. XXIV, p. XXIX - Figure 3, p. XL, p. XLIII, p. 36). While the Commission may intend that these references be inclusive of LGBTI people, it is likely, given the commonplace usage of the term culture to refer to ethnicity, that many readers will assume that this refers to CALD people only. Consequently we recommend that in the Final Report the Commission not subsume older LGBTI people under section 9.2 of Chapter 9, but locate it within its own section. We also recommend that the Commission amend all other references

to cultural needs and cultural competence throughout the report so that it is clear that this refers both to LGBTI and CALD people.

5. Establishing a National LGBTI Aged Care Plan

We reiterate the recommendation in our original submission for a National LGBTI Aged Care Plan, similar to that developed for other special needs groups (e.g. people with dementia and ATSI people). We encourage the Commission to take this up as a key recommendation. This should be a strategic plan with specified goals, guidelines and targets to be achieved over a 5-year period. We recommend that it include targeted funding for education and training, direct care, research, policy development, advocacy and other initiatives. This plan should be developed in partnership with LGBTI people and communities. Older LGBTI people need to be specifically included in this process. Similar to the ATSI Aged Care Plan, DoHA should be responsible for implementing the plan. This plan will provide a practical basis for the redressing of the history of discrimination faced by older LGBTI people.

6. Establishing a National LGBTI Aged Care Advisory Council

We also recommend that the Federal government establish a National LGBTI Aged Care Advisory Council to Minister for Ageing, Mark Butler, to oversee the process of development and implementation of the plan and to advise him on matters related to LGBTI aged care. This is particularly important given the unique and only recently recognised needs of this emerging group. Future planning for the needs of this group is becoming increasingly significant as the baby boomers age out of the closet.

7. Resourcing of LGBTI community organisations to provide services to LGBTI seniors

There is an extensive network of LGBTI community organisations throughout Australia which are well placed to provide both direct and indirect services to LGBTI older people. Research on LGBTI ageing demonstrates that LGBTI seniors often prefer to access information and receive services via the community organisations with which they are familiar and with which they feel able to disclose their identity and relationship status. Thus these community organisations provide value added services for LGBTI seniors. As well as direct services, this may include information provision, referral and case coordination. They are also very well placed to provide services that require specific knowledge of and expertise in the needs of the LGBTI community – such as strategies to reduce isolation or provide advocacy.

8. Development and resourcing of partnerships between LGBTI organisations and aged care providers

The effectiveness of these community organisations can be augmented by working in collaboration with other agencies, and we welcome the Commission's acknowledgement of the need for partnerships in the delivery of LGBTI aged care. There are some excellent recent examples of where these have worked to good effect. These include partnerships between ACON and the Aged and Community Services Association (NSW/ACT) and between Care Connect and QAHC in Queensland. Many LGBTI organisations have expressed a desire to expand their services to meet the needs of LGBTI seniors and they are well placed to work alongside aged care providers to this end. LGBTI community organisations bring added value by being (a) an advocate for the needs of LGBTI older people, (b) a resource and support for

mainstream organisations on LGBTI issues, and (c) a means of direct service delivery to LGBTI people (especially on a peer basis). We recommend that the Final Report includes a formal recommendation for the development and resourcing of such partnerships.

9. A national rollout of LGBTI training curricula in the residential and community care sectors

These partnerships have been crucial in the development and delivery of training to the aged care sector to promote LGBTI cultural competence among residential and community care providers. Thus we urge the Commission to include in the draft report a formal recommendation for a national rollout of LGBTI training curricula in both the residential and community care sectors.

10. Expansion of funding for CACP, EACH and EACH-D packages targeting LGBTI seniors

Recently Care Connect (in partnership with QAHC) was funded to deliver CACP, EACH and EACH-D packages to the LGBTI community in south east Queensland. This was a significant milestone in the recognition of the unique needs to LGBTI people. We urge the Commission to recommend that such packages continue to be funded across Australia, in line with the allocations made to other special needs groups (p.26).

11. Introduction of Federal anti-discrimination legislation that includes protections for LGBTI people receiving aged care and removal of exemptions from state legislation

The National LGBTI Health Alliance advocates for the introduction of Federal anti-discrimination legislation so that LGBTI people are protected at Federal level in relation to aged care. We also recommend the removal of exemptions from anti discrimination legislation at State levels, so that the aged care sector, including charities, are not given a green light to discriminate, leaving our elders in fear and hiding.

12. Funding LGBTI organisations, such as the National LGBTI Health Alliance, to engage in national action on LGBTI ageing issues and coordinate national advocacy

We welcome the Commission's support for independent advocacy organisations as part of the quality control and regulatory environment for aged care. We encourage the Commission to recommend that resources be directed LGBTI community organisations to provide formal advocacy services, information and referral services and to coordinate buddy support programs for LGBTI people. As noted in our original submission, we recommend that the National LGBTI Health Alliance be funded to facilitate national action on LGBTI ageing within LGBTI communities and coordinate national advocacy.

13. Acknowledgment of the needs and rights of LGBTI people within all Government aged care documents

We also urge the Commission to recommend the inclusion of LGBTI people in the National Aged Care Advocacy program guidelines. Specific mention of sexual orientation and sex and gender identity needs to be included in all user rights documents, including the Charter of Residents' Rights. As noted in relation to the Draft Report, all Government documents should specifically refer to LGBTI seniors and not subsume them under terms such as cultural diversity or diverse lifestyles.

14. Modification to assessment and data collection instruments (e.g. as used by the Gateway Agency) to allow for diversity in gender, sexual identity and relationship status

A major barrier to culturally competent practice with older LGBTI people, and researchers' capacity to study this population, is their general invisibility in the aged care sector. As has been repeatedly demonstrated in research, most aged care providers do not know of any LGBTI clients. As the Commission recognised in the Draft Report it is difficult to identify the number and distribution of older LGBTI people in Australia. This is a direct product of the failure of statutory authorities to record data on gender and sexual diversity. While concerns about privacy are inevitably a feature of the disclosure and identifying LGBTI identities, the current systems of recording, assessment and data collation render LGBTI people invisible. The most obvious way this happens is by the continuing use of forms that use out-dated marital status categories and that do not allow for the identification of transgender identities. The National LGBTI Health Alliance encourages the Commission to recommend that assessment and data collection mechanisms provide for a greater range of options in identifying gender identity and relationship status, including a specific option to identify same-sex partnerships. Space should also be available for people to state what aspects of their background and identity are important for service providers to know about. This would enable not just LGBTI seniors, but all older people to represent themselves in their own way. Specifically we recommend that the aims of the assessment tools highlighted on pp. 235-6 include the need to have diverse relationships and identities recognised. It is essential that the tools developed for the Gateway Agency are appropriate and specific to LGBTI people and that LGBTI people and community organisations are involved in developing these instruments.

Related documents

The following documents informed the original submission by the National LGBTI Health Alliance and are directly relevant to the points raised in this Response to the Draft Report:

National LGBT Health Alliance (2009) '*Submission to the Department of Health and Ageing Review of the Accreditation Process for Residential Aged Care*'.

<http://www.LGBTIhealth.org.au/sites/default/files/Alliance-Submission-Accreditation-Process-Residential-Aged-Care-July-2009.PDF>

National LGBT Health Alliance (2009) '*Submission to the Department of Health and Ageing, Office of Aged Care Quality and Compliance, Review of the Aged Care Complaints Investigations Scheme*'.

<http://www.LGBTIhealth.org.au/sites/default/files/200908-Alliance-Aged-Care-Complaints-Submission.pdf>

ACON (2006) '*Ageing Disgracefully: Acon's healthy glbt ageing strategy 2006-2009*'.

<http://www.acon.org.au/about-acon/Strategies/ageing>

The ALSO Foundation (2004) '*About Time! GLBT Seniors ALSO Matter – Strategic Plan*'.

<http://www.glhv.org.au/files/abouttime.pdf>

Alzheimer's Australia (2009) '*Dementia, Lesbians and Gay Men*'.

http://www.alzheimers.org.au/upload/Paper_15_final_web.pdf

Barrett, C., J. Harrison, and J. Kent. 2009. Permission to speak: Determining strategies towards the development of gay, lesbian, bisexual, transgender and intersex friendly aged care agencies in Victoria

<http://www.matrixguildvic.org.au/project.html>

GRAI (GLBTI Retirement Association Limited) (2010) "*We don't have any of those people here*"

Retirement Accommodation and Aged Care Issues for Non-Heterosexual Populations.
<http://grai.org.au/wordpress/wp-content/uploads/2010/07/We-dont-have-any-of-those-peoplehere.pdf>

GRAI (GLBTI Retirement Association Limited) (2010) *'Best practice guidelines: Accommodating older gay, lesbian, bisexual, trans and intersex (GLBTI) people'*. <http://grai.org.au/wordpress/wpcontent/uploads/2010/07/Best-Practice-Guidelines.pdf>

Harrison, J. 1999. A lavender pink grey power: Gay and lesbian gerontology in Australia. *Australasian Journal on Ageing* 18 (1): 32-37. Wiley Interscience. <http://dx.doi.org/10.1111/j.1741-6612.1999.tb00086.x>

Harrison, J. 2004. Towards the recognition of gay, lesbian, bisexual, transgender and intersex ageing in Australian gerontology. PhD Thesis, School of Health Sciences, The University of South Australia, Adelaide.

Harrison, J. 2005. Pink, lavender and grey: Gay, lesbian, bisexual, transgender and intersex ageing in Australian gerontology. *Gay and Lesbian Issues and Psychology Review* 1 (11-16).
<http://www.rainbowvisions.org.au/HarrisonGLIPReview.pdf>

Harrison, J and Irlam, C B (2010) *The removal of same-sex discrimination: Implications for lesbian, gay, bisexual, transgender & intersex (LGBTI) aged care* – Discussion Paper Adelaide. Australian Coalition for Equality and Diversity Futures.
<http://www.coalitionforequality.org.au/LGBTI-AgedCareDiscussionPaper.pdf>

Hughes, M. 2009. Lesbian and gay people's concerns about ageing and accessing services. *Australian Social Work*, 62(2), 186-201.

Hughes, M. 2007. Older lesbians and gays accessing health and aged care services. *Australian Social Work*, 60(2), 197-209.

Matrix Guild Victoria and Vintage Men (2008) *'My People: A project exploring the experiences of Gay, Lesbian, Bisexual, Transgender and Intersex seniors in aged-care services'*.
<http://www.matrixguildvic.org.au/MyPeopleReport2008.pdf>

Queensland Association for Healthy Communities (2008) *'The Young, The Ageing and The Restless: Understanding the experiences and expectations of ageing and caring in the QLD LGBTI community'*.
http://www.qahc.org.au/files/shared/docs/Ageing_Report.pdf

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