

# Submission on the National LGBTI Ageing and Aged Care Strategy

The Benevolent Society  
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## 1 Introduction

The Benevolent Society congratulates the Australian Government on its commitment to removing barriers and improving the provision of aged care services to lesbian, gay, bisexual, trans/transgender and intersex (LGBTI) people and their carers. We also support the inclusion of LGBTI communities as a special needs group under the *Aged Care Act 1997*, as this will improve LGBTI people's access to appropriate and suitable care, which will facilitate social inclusion that will, in turn, lead to improved wellbeing.

The Benevolent Society welcomes the opportunity to contribute to the National LGBTI Ageing and Aged Care Strategy.

The purpose of the Benevolent Society is to create caring and inclusive communities and a just society. In essence we believe that LGBTI older people are entitled to services that:

- are free from discrimination, with appropriately trained staff who respond positively and sensitively to LGBTI persons and foster their confidence, self worth and wellbeing;
- acknowledge and accept their sexuality, their partners and their families of choice, and include them in care planning in the same way family members of heterosexuals are included, understanding that friends and same-sex partners are often more important to LGBTI older people than their families of origin;
- understand health issues relating to older people of diverse sexualities and gender identities;
- are prepared to facilitate the person's participation in LGBTI community events; and
- use language of inclusion that is gender neutral and does not contain discriminatory terminology.

## 2 Recommendations

We recommend that:

1. The draft Strategy be amended to provide greater acknowledgement of carers of older LGBTI people (whether their same-sex partner or other significant people in their lives) and, specifically, that Diagram 1 on page 9 be amended to include reference to the National Carer Recognition Framework and the National Carer Strategy.
2. The Guiding Principles be redrafted to ensure that they are clearer and contain a requirement to deliver appropriate aged care services to older LGBTI Australians.

3. The Guiding Principles be redrafted to ensure that the personal relationships of older LGBTI people, such as 'families of choice', are more explicitly recognised, so that they can be acknowledged and respected by aged care service providers.
4. The Strategic Goals be redrafted to ensure that they are clearer with a stronger requirement to deliver appropriate aged care services to older LGBTI Australians.
5. Further consideration be given to the best method of confidential complaints resolution for LGBTI clients within the aged care sector.

We make a number of other comments on the draft Strategy below.

### 3 About The Benevolent Society

The Benevolent Society is Australia's first charity. We are a secular, non-profit organisation working to bring about positive social change in response to community needs. Our purpose is to create caring and inclusive communities and a just society. Since our earliest days in 1813, we have advocated for positive social change and progressive social policy, identified major social challenges and worked to meet them.

#### Snapshot

- The Benevolent Society is a secular, non-profit organisation with 870 staff and 720 volunteers who, in 2011/12, directly helped 61,000 people in New South Wales and Queensland.
- We deliver services from 64 locations with support from local, state and federal government, businesses, community partners, trusts and foundations.
- We support people across the lifespan – delivering services for children and families, older people, women and people with mental illness and their carers, and through community development and social leadership programs.
- Our revenue in 2012 was \$84 million. Almost 30% was spent on services for older people, people with a disability & carers.
- In 2012, 81.2% of our income came from government sources. Client fees generated 7.6%, investment income contributed 4.5% and private fundraising and other sources raised 6.7%.
- The Benevolent Society is a company limited by guarantee with an independent Board.

We deliver leading edge programs and services, find innovative solutions to complex social issues and advocate for a more just society. The Benevolent Society helps the most vulnerable people in society, and supports people from all backgrounds including Aboriginal and Torres Strait Islanders, people from culturally and linguistically diverse communities and members of LGBTI communities. We believe that building stronger communities will lead to a more inclusive Australia.

## **4 The Benevolent Society and older people**

The Benevolent Society has provided support to older people since the establishment of the organisation in the early 19th century. At the turn of the 20th century The Benevolent Society's campaigning was instrumental in the introduction of an age pension. We began providing community-based services for older people in their own homes in the 1980s and this is now the largest area of our work with older people.

Today, we support older people primarily through:

- community care services for frail older people and those with disabling health conditions who need assistance with activities of daily living;
- services for carers of older people (more details below);
- supported housing for older people on low incomes;
- community development, information services and education; and
- research, evaluation and advocacy.

## **5 The Benevolent Society and carers of older people**

We provide direct assistance to carers through:

- the Commonwealth Respite and Carelink Centre for southern and eastern Sydney which provides outreach, assessment, information, support, advocacy and links to services;
- in-home, community-based and centre-based respite care on a planned and emergency basis;
- carer education, support and training, carer support groups and other activities.

We work directly with carers as clients, but we also work with and support carers of people who are clients of our other community care services including aged care packages, domestic assistance, food services, centre-based day care, and case management/brokerage services.

Our carer services place a priority on reaching 'hidden' carers and make particular efforts to reach and support carers in Aboriginal and Torres Strait Islander communities, geographically isolated people, carers from culturally and linguistically diverse backgrounds and LGBTI carers.

Our work with older people and with carers is primarily in southern, eastern, northern, western and south-western areas of Sydney.

## **6 The Benevolent Society and LGBTI Communities**

Some service providers believe that their services should be, and are, open to all without discrimination, and that everyone should be treated the same. However, as an agency that values diversity, The Benevolent Society understands that the goal is not to treat everyone as if they are the same, but rather to treat people as individuals with different historical and cultural experiences (including sexual orientation, past experiences, race, gender, etc). These differences influence people's beliefs, behaviour and interactions with health and welfare professionals.

### **Supporting older people and carers**

We recognise that some LGBTI seniors may be reluctant to access aged care services because of past negative experiences with institutions and people in authority. In the past they may have needed to maintain strict privacy around their sexuality and gender identity, and may now be very cautious about whether attitudes have really changed and to whom they can safely disclose information.

In 2008 The Benevolent Society established an internal 'Hidden Communities Working Party' with the purpose of considering ways in which The Benevolent Society could provide better and more appropriate community care and support for communities that have historically been oppressed. The Hidden Communities Working Party has undertaken research to guide The Benevolent Society's advocacy and practice in supporting LGBTI older people and carers.

The Hidden Communities Working Party actively participates in LGBTI-specific community events and advocacy campaigns that reflect The Benevolent Society's purpose of supporting the values of inclusive communities and a just society. For example, we had a picture published in the 'This Is Oz' online photo gallery with a message challenging homophobia and celebrating diversity. This was a

community initiative in partnership with ACON for International the Day Against Homophobia and Transphobia (IDAHO).

### **Staff training**

Earlier this year, The Benevolent Society hosted a workshop for community care practitioners on responding to the needs of clients from LGBTI communities. The workshop was designed by the peak body Aged & Community Services NSW in collaboration with ACON. The workshop was attended by our staff as well as by staff from other service providers. Trainers explained the barriers that LGBTI clients and their carers face in inviting care staff into their lives, and the steps that can be taken to create a safe and welcoming environment.

We acknowledge that among our staff (as in the general community) attitudes towards LGBTI people vary and it is important that we have appropriate training and supervision processes in place to ensure that personal attitudes do not impinge on the services we provide to LGBTI clients.

### **Foster care**

As an accredited provider of out-of-home care for children who are unable to live with their birth parents, The Benevolent Society welcomes foster carers of any sexual orientation, and actively recruits same-sex couples and single people from LGBTI communities as foster carers. We recruit through advertising in LGBTI media, information evenings targeted specifically at LGBTI communities, and promotion at LGBTI community events such as the Sydney Gay and Lesbian Mardi Gras festival.

Approximately one-fifth of our current foster carers are from LGBTI communities.

## **7 General comments on the draft Strategy**

### **Carers**

We note that there are few references in the draft Strategy to the carers of older LGBTI people. Specifically, Diagram 1 on page 9, which identifies the policy frameworks in existence or under development which are likely to interact with the Strategy, does not include the National Carer Recognition Framework nor the National Carer Strategy.

There is also a lack of acknowledgement throughout the document of the importance of support for carers.



As noted by the Productivity Commission<sup>1</sup>, 83% of older Australians receiving assistance in the community are supported wholly or partly by informal carers. Informal carers enable many older people to avoid or delay admission to residential care and support people's preference to remain living in the community. Their role is vital but many informal carers are under great stress. Their psychological wellbeing is lower than any other group in the community. Carers of a spouse or partner are least likely of all carers to seek help. Carers of people with dementia or complex needs are the most vulnerable.

While being a carer can be challenging, we also recognise that carers may derive esteem and meaning from their role as carers, particularly those caring for a spouse or partner.

Many carers of older LGBTI people are, of course, older people themselves and often the person's same-sex partner.

How services think about and support carers has changed over the past decade. Carers are now seen as joint partners with formal services in the caring role, as well as having needs and receiving support services in their own right. The overall aim of providers should be to achieve the right mix of services and support and to personalise this.<sup>2</sup>

Research undertaken by Carers NSW<sup>3</sup> and Alzheimer's Australia<sup>4</sup> on hidden carer groups identified ageing LGBTI communities as a potentially vulnerable and 'hidden' carer group.

### **Recommendation 1**

The draft Strategy be amended to provide greater acknowledgement of carers of older LGBTI people (whether their same-sex partner or other significant people in their lives) and, specifically, that Diagram 1 on page 9 be amended to include reference to the National Carer Recognition Framework and the National Carer Strategy.

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<sup>1</sup> Productivity Commission (2010) *Caring for Older Australians*, Productivity Commission Issues Paper

<sup>2</sup> The Benevolent Society and Centre for Health Service Development, University of Wollongong (2009) *Working with and supporting informal carers*, Research to Practice Briefing No. 5

<sup>3</sup> Carers NSW (2001) *Reaching Hidden Carers*, a Position Paper by the Carers Coalition

<sup>4</sup> Birch, H. (2009) *Dementia, Lesbians and Gay Men*, Alzheimer's Australia Paper 15

## 8 Guiding Principles

The Benevolent Society is concerned that the Guiding Principles do not place sufficient requirements on aged care service providers to deliver appropriate services to older LGBTI Australians. For example, Principle 4.1 states that “Aged care services understand what constitutes a LGBTI inclusive service and are *encouraged and supported* [emphasis added], through appropriate policy structures, to ensure as a minimum standard, a welcoming confidential and culturally appropriate environment is created for older LGBTI people.” We suggest that ‘encouraged and supported’ be replaced with ‘required’.

### Recommendation 2

The Guiding Principles be redrafted to ensure that they are clearer and contain a requirement to deliver appropriate aged care services to older LGBTI Australians.

### Families of choice and support networks

LGBTI Australians have a variety of family structures, including traditional and non-traditional structures, as well as other significant and caring relationships. Many older LGBTI people have been rejected by or are estranged from their biological family members because of their sexuality or gender identity, and as a result often consider very close friends to be ‘families of choice’.

These family-like relationships and support networks are essential to the health and wellbeing of older LGBTI people. Acknowledgement of the importance of, as well as respectful treatment of, these relationships by aged care service providers is therefore critical.

### Recommendation 3

The Guiding Principles be redrafted to ensure that the personal relationships of older LGBTI people, such as ‘families of choice’, are more explicitly recognised, so that they can be acknowledged and respected by aged care service providers.

We further recommend amendments to each of the Guiding Principles, as highlighted in bold italicised text below:

1. EMPOWERMENT – Older LGBTI people ***and their carers*** are included in the development of Australian Government aged care policies and programs.

1.1. Older LGBTI people ***and their carers*** are at the centre of all Australian Government aged care policies and programs that affect their lives and such policies and programs are developed and reviewed in consultation with older LGBTI people, their families, carers and advocates.

1.2. The specific needs and life experiences of older LGBTI people **and their carers** are visible so their health and wellbeing is promoted through the development of sustainable mechanisms to allow them to express their needs, wants and preferences in consultative structures to inform the development of aged care policies and programs.

1.3. Older LGBTI people **and their carers** are confident consumers and self-advocates when they engage with the aged care sector and relevant agencies, including government.

1.4. LGBTI community capacity is developed to assist in supporting the wider aged care service base to serve the needs of ageing LGBTI people **and their carers** to the highest possible standard.

2. RESPECT – Understanding and being sensitive to, the needs of older LGBTI people **and their carers** in the delivery of aged care services.

2.1. The life experiences, specific issues and needs of older LGBTI people **and their carers** are openly discussed in order to promote individual and collective LGBTI health and wellbeing.

2.2. All government legislation, policies, standards, regulatory mechanisms, documentation and other materials that relate to or impact on the health and wellbeing of older LGBTI people **and their carers** are appropriate to their needs and experiences and are non-discriminatory.

3. ACCESS AND EQUITY – All areas of aged care **deliver, and** understand the importance of delivering LGBTI inclusive services

3.1. Older LGBTI people **and their carers** have confidence in revealing details of their life-style, sexual orientation, gender and/or sexual identity to aged care providers and/or government for the development of tailored and personally appropriate programs of care, that this information will be treated in strict confidence and with respect.

3.2. Aged care services are inclusive regardless of whether or not older LGBTI people **and/or their carers** disclose their sexual orientation or gender identity.

**We strongly support Guiding Principle 3.2.**

3.3. As part of a person-centred approach it is necessary to recognise that **treating everybody equitably does not always mean treating everybody the same.**

3.4. All healthy ageing policy initiatives consider and address the needs of older LGBTI people **and their carers.**

3.5. The Home Support and Home Care components of the aged care program deliver effective support to older LGBTI people and their carers, in order to help older LGBTI people remain living independently in their own homes and communities as long as possible.

4. QUALITY – Standards of care and services are appropriate to the needs of older LGBTI people **and their carers.**

4.1. Aged care services understand what constitutes a LGBTI inclusive service and are **required,** through appropriate policy structures, to ensure as a minimum standard, a welcoming, confidential

and culturally appropriate environment is created for older LGBTI people **and their carers**. This includes ensuring appropriate policies, procedures and systems are in place to provide the most appropriate care to older LGBTI people.

4.2. All aged care workers have the skills and knowledge they need to deliver appropriate person-centred care to older LGBTI people **and their carers**, supported by their employer's policies and procedures.

4.3. Research and translation of research into better practice is encouraged to support development of appropriate policies and programs for older LGBTI people **and their carers**.

## 9 Strategic Goals

We endorse all of the Strategic Goals. However, as with the Guiding Principles, we are concerned that the goals are unclear in places and do not contain strong enough directives. This is particularly important given the commitment by DOHA on page 16 to regularly report against the goals – this reporting will only be useful if the listed goals are sufficiently clear to enable objective assessment.

### Recommendation 4

The Strategic Goals be redrafted to ensure that they are clearer with a stronger requirement to deliver appropriate aged care services to older LGBTI Australians.

### Strategic Goals 5 and 6

We note that the intention of Strategic Goals 5 and 6 is to ensure that LGBTI clients are, where appropriate, able to advocate for equality and inclusive services on their own behalf. We also acknowledge goal 5.2 which calls for a review of the National Aged Care Advocacy Program guidelines to include an emphasis on promoting and maximising access to advocacy for older LGBTI people commencing from entry point.

However, we are concerned that LGBTI clients who are not open about their sexuality, or who may be the only 'out' resident at a facility, may have difficulty in lodging an 'anonymous' complaint either with the provider directly or with the Aged Care Complaints Scheme. There needs to be further work in this area, including consideration of other models which could be utilised (such as an ombudsman, or funding for a LGBTI-specific non-government organisation). Above all, any service which is established must be independent, confidential and capable of being trusted with highly sensitive information.

## Recommendation 5

Further consideration be given to the best method of confidential complaints resolution for LGBTI clients within the aged care sector.

We recommend amendments to the Strategic Goals, as highlighted in bold italicised text below:

1.2 ***Raise with the*** Federal Attorney General's Department ***the need for comprehensive anti-discrimination legislation on the grounds of sexual orientation and sex and gender identity, with no exemptions (for example, for faith-based organisations).***

1.3 Work with funded service providers to ensure their services are inclusive of older LGBTI people ***and their carers*** and are free from discrimination or prejudice.

1.4 Explore options, beyond June 2015, to update the Home Support Program Guidelines to include LGBTI people ***and their carers*** as a Special Needs group or receive Special Needs group considerations in consistency with the Aged Care Act 1997 Special Needs groups.

1.5 Ensure that the Aged Care Complaints Scheme addresses LGBTI inclusion within its materials and raise awareness by older LGBTI people ***and their carers*** of their rights and

1.6 ***Recognise and promote*** excellence in LGBTI aged care initiatives, activities and programs.

1.7 Support aged care and LGBTI peak organisations to assist their respective industries in the implementation of this Strategy.

## GOAL 2 – INCLUSIVE, EDUCATED AND SUPPORTED WORKFORCE

LGBTI inclusive aged care services will be delivered by a skilled workforce

DoHA will:

2.2 Investigate options to work with the vocational education and training (VET) sector to develop new aged care and allied health curriculum materials on older LGBTI people ***and their carers***, specifically addressing Certificate III and Certificate IV competencies.

## GOAL 3 – RESEARCH AND RESEARCH TRANSLATION

Strategic Goal 3

Older LGBTI people ***and their carers*** will be a target of ageing and aged care research

DoHA will:

3.1 Seek to increase the knowledge on the health, wellbeing and experiences of older LGBTI people ***and their carers***, both within the aged care system and as part of ageing in place.

3.5 Work with the AIHW to explore opportunities **for the consistent collection of reliable demographic** data on older LGBTI people **and their carers across Commonwealth agencies and departments** as part of relevant research projects it conducts.

3.6 Establish a central source of LGBTI resources to support evidence based practice in aged care and empowerment of LGBTI consumers **and their carers**. These resources will include access to information about older LGBTI clients **and their carers**, innovative service models and practical resources (eg. operations/procedures manuals, case studies, research materials, problem solving workflows, organisational change workplans and health promotion packages).

#### GOAL 4 – ACCESS AND EQUITY

##### Strategic Goal 4

Older LGBTI people **and their carers** will experience equitable access to aged care services.

DoHA will:

4.1 Encourage the promotion and discussion about the needs of older LGBTI people **and their carers** within ageing and aged care related publications and information.

4.3 In the development of new resources and review of existing resources, **require** the use of LGBTI appropriate language and representation. This will include developing a best practice intake and assessment form with accompanying procedures to ensure it is culturally appropriate for LGBTI clients **and their carers** and reflects these changes within the ACAT client record form.

4.4 Identify opportunities to sustain the health outcomes of older LGBTI people **and their carers**.

#### GOAL 5 – EMPOWERMENT PROGRAMS

The aged care and LGBTI sectors will be supported and resourced to proactively address the needs of older LGBTI people **and their carers**.

DoHA will:

5.2 Review the National Aged Care Advocacy Program (NACAP) guidelines to include an emphasis on promoting and maximising access to advocacy for older LGBTI people **and their carers** commencing from entry point.

5.3 **Increase awareness** and implementation of **estate planning and Advance Care Directives** among older LGBTI people **and their carers**.

**We note that Wills and Enduring Powers of Attorney are not the same as Advance Care Directives.**

#### GOAL 6 – ENGAGEMENT AND EMPOWERMENT

6.1 Facilitate older LGBTI people **and their carers**, as with any eligible aged care consumer, having a greater say in the delivery of their aged care through access to Consumer Directed Care in Home Care.

6.2 Include LGBTI representatives in all relevant ageing and aged care consultative mechanisms, including contribution to broader discussions regarding implementation of the Living Longer Living Better aged care reform package.

6.3 **Require** funded services to be delivered in a non-discriminatory manner supporting a person-centred care approach.

6.4 Continue to sustain partnerships between government, community and the sector.

6.5 Develop a communication plan to promote awareness of the LGBTI Ageing and Aged Care Strategy and its annual reporting through DoHA's existing communication channels particularly with peak organisations such as NACA, and with other Commonwealth agencies and levels of government.

6.6 Support the implementation of this Strategy and engage with industry on LGBTI matters through a dedicated point of contact within DoHA for LGBTI ageing matters.