



COTA AUSTRALIA

Submission to National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy Review

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COTA Australia

COTA Australia is the national consumer peak body for older Australians. Its members are the State and Territory COTAs (Councils on the Ageing) in each of the eight States and Territories of Australia. The State and Territory COTAs have around 30,000 individual members and more than 1,000 seniors' organisation members, which jointly represent over 500,000 older Australians.

COTA Australia's focus is on national policy issues from the perspective of older people as citizens and consumers and we seek to promote, improve and protect the circumstances and wellbeing of older people in Australia. Information about, and the views of, our constituents and members are gathered through a wide variety of consultative and engagement mechanisms and processes.

Introduction

COTA Australia welcomes the opportunity to provide a submission to the National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy (LGBTI Strategy) Review.

We believe the LGBTI Strategy has provided the first step in creating LGBTI inclusive ageing and aged care in Australia, and provides the foundation needed to develop an effective Diversity Framework for aged care that is inclusive of the LGBTI community.

The LGBTI Strategy has led to an increase in awareness of older LGBTI Australians and seen the development of effective training and resources to support providers. However, a number of systemic issues remain unaddressed since the introduction of the LGBTI Strategy which COTA believes should be prioritised under the Diversity Framework (detailed under section 5.3). These include a more systematic focus on capacity building, consumer empowerment and better supporting carers.

COTA Australia would welcome the opportunity for continued involvement in the development of the Diversity Framework, including the action plan for older LGBTI people (amongst others).

Please find attached COTA Australia's responses to the LGBTI Review questions.

1. Tell us about you

1.1 What is your full name?

First name Ian

Last name Yates

1.2 What stakeholder category do you most identify with?

Peak body - consumer

1.3 Are you providing a submission as an individual or on behalf of an organisation?

Organisation

1.4 What is your organisation's name?

COTA Australia

1.5 Which category does your organisation most identify with?

Consumer Peak Body

1.6 Do you consent to potentially being contacted to discuss the contents of your submission?

Yes

1.7 Do you wish for your submission to remain confidential?

No

2. Aged Care Sector and LGBTI Care

2.1 How prepared do you think the aged care sector is to meet the needs of the LGBTI communities?

COTA Australia believes that the aged care sector has become more aware of the needs of LGBTI communities since the development of the LGBTI Strategy. However, the sector still requires support if it is to adequately meet the unique and diverse needs of older LGBTI Australians.

There remains a lack of consistent information and thus transparency, particularly through My Aged Care, around which providers are delivering LGBTI-inclusive support and services.

There is concern that some providers are developing perfunctory policies and procedures on providing LGBTI services that are limited in their depth or implementation.

2.2 As an individual or carer, do you think the aged care sector has been adequately supported to deliver LGBTI inclusive services?

N/A

2.3 As an organisation, do you think the aged care sector has been adequately supported to deliver LGBTI inclusive services?

A range of legislative changes and government and non-government developed strategies have been implemented and trialled since the introduction of the LGBTI Strategy to further support LGBTI communities, including:

- LGBTI Awareness Training.
- National LGBTI and ageing resources.
- LGBTI inclusive standards.
- The *Aged Care Principles ACT 1997* was amended to include people in the LGBTI community as a special needs group.
- The *Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013 (Cth)* was implemented.

COTA Australia commends the development of resources and training, in particular that these were developed and delivered in partnership with LGBTI and Ageing organisations. However, it is critical that this work is continued and prioritised as part of the LGBTI action plan under the Diversity Framework.

2.4 Before receiving notification of this submission open round, were you or your organisation aware of the existence of the National LGBTI Ageing and Aged Care Strategy (the LGBTI Strategy)?

Yes

3. Principles of the LGBTI Strategy

3.1 What concrete steps, if any, have you seen towards the implementation of the 'Inclusion' principle over the past 5 years?

- Resources and training have been developed for aged care service providers and rolled out through partner organisations.
- Creation of the National LGBTI Strategy Working Group.
- Updates to My Aged Care website and service finders in line with the Attorney-General's Department Guidelines on Sex and Gender Standard.
- The *Aged Care Principles ACT 1997* was amended to include people in the LGBTI community as a special needs group.
- The *Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013 (Cth)* was implemented.

3.2 What concrete steps, if any, have you seen towards the implementation of the 'Empowerment' principle over the past 5 years?

There have been a number of steps taken towards implementation of empowerment including:

- National Aged Care Advocacy Program was provided with additional funding for special needs groups, including LGBTI people.
- The National LGBTI Health Alliance was funded to develop resources to assist consumers navigating the aged care system.

Whilst these were implemented during a period of reform in aged care with a strong emphasis on greater choice and control to the consumer, this is still a long way off for older LGBTI Australians. LGBTI communities do not necessarily know what to expect and what LGBTI friendly services might be. It should also be acknowledged that older LGBTI people may be reluctant to speak about their issues due to past discrimination and there is still much to be done before empowerment can be fully realised for this group.

3.3 What concrete steps, if any, have you seen towards the implementation of the 'Access and Equity' principle over the past 5 years?

- The development of guidelines developed for Service Providers i.e. LGBTI aged friendly service checklist
- The *Aged Care Principles ACT 1997* was amended to include people in the LGBTI community as a special needs group.
- The *Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013 (Cth)* was implemented.

3.4 What concrete steps, if any, have you seen towards the implementation of the 'Quality' principle over the past 5 years?

- LGBTI Training for the ageing and aged care sector.
- Aged Care Quality Agency has trained aged care workers on how LGBTI applies within the standards.

COTA notes that despite the minimal integration of LGBTI specific issues within the quality standards, the single quality framework and amalgamation of the four current quality standards are envisaged to significantly improve upon this with the introduction of the proposed standard 1, *"I am treated with dignity and respect, and can maintain my identity. My individuality and diversity are valued. I can make choices about my care and services and the life I choose to live."*

3.5 What concrete steps, if any, have you seen towards the implementation of the 'Capacity Building' principle over the past 5 years?

- Government funding of organisations to provide training and develop resources for the broader aged care sector.
- Development of tools and resources for older LGBTI people.

3.6 Are these Principles still relevant?

COTA Australia believes that all the Principles are still relevant to the provision of appropriate care and support for older LGBTI Australians, the evaluation of the effectiveness of service provision, and the

continued development of consumer directed care for special needs groups, which includes people from LGBTI communities.

4. Goals of the LGBTI Strategy

4.1 What concrete steps, if any, have you seen towards the implementation of the 'Goal 1' over the past 5 years?

- An increase in information about the needs of older LGBTI people including the information available through My Aged Care, the Department's website, LGBTI awareness training, and the use of LGBTI inclusive language.
- Funding to promote opportunities to maximise the health and wellbeing outcomes of older LGBTI people, including:
 - o Self-Assessment Plan for Aged Care Services to assess the LGBTI inclusive service.
 - o National LGBTI sensitive online and vocational education and training courses.
 - o Lesbian, Gay, Bi-sexual, Transgender and Intersexual specific aged related topics (dementia) materials and publications.
- Of significant concern to the implementation of this goal is the lack of data identifying aged care recipients as being LGBTI. Accordingly, it is difficult for a tangible assessment of whether equity has been achieved in terms of access and outcomes for LGBTI people.

4.2 What concrete steps, if any, have you seen towards the implementation of the 'Goal 2' over the past 5 years?

- The original Aged Care Service Improvement and Healthy Ageing Grants (ACSIHAG) and Dementia and Aged Care Services Fund (DACs) have both included LGBTI populations as a target population within their funding guidelines. This has provided project based funding in the LGBTI sectors to support older people and organisations working with LGBTI people to access aged care.
- Additionally, LGBTI specific training and resources have been developed for workers in aged care to improve their cultural competency for working with LGBTI people through an understanding of their specific needs and the impact of their historical discrimination.
- The commencement of LGBTI specific Community Visitors Scheme services in VIC, NSW and QLD. COTA supports future opportunities to deploy CVS in all states and territories.
- The successful implementation and accreditation against the Rainbow Tick for some service providers.

4.3 What concrete steps, if any, have you seen towards the implementation of the 'Goal 3' over the past 5 years?

As above in Goal 2

4.4 What concrete steps, if any, have you seen towards the implementation of the 'Goal 4' over the past 5 years?

- 2012 Budget commitment of \$2.5 million over five years from 2012-13 to roll out LGBTI sensitivity training for the aged care workforce nationally.

4.5 What concrete steps, if any, have you seen towards the implementation of the 'Goal 5' over the past 5 years?

- Funding to the LGBTI Health Alliance and other LGBTI organisations (ACON, Val's Café, Living Positive Victoria, TARS, QuAC) to implement projects and resources that empower older LGBTI people. This includes the training of LGBTI Champions and a transgender person to advocate and promote LGBTI ageing and aged care initiatives, activities and programs in their organisations and industry.
- Establishment of the Working Group for the life of the Strategy to engage with the LGBTI sector about ageing and aged care issues.
- Engagement of issues related to older LGBTI people through the National Aged Care Alliance and related working groups.

4.6 What concrete steps, if any, have you seen towards the implementation of the 'Goal 6' over the past 5 years?

- Funding to La Trobe University, Australian Association of Gerontology to undertake projects specific to providing appropriate LGBTI care.
- Incorporation of sexual orientation in the ABS General Social Survey.
- AIHW included information about older LGBTI people in its 2016 Older Australia at a Glance report that links to the data clearinghouse.
- The inclusion of options other than male or female when discussing sex/gender in My Aged Care, though no reporting on the use or experiences of their registrations has occurred.

4.7 Are these Goals still relevant?

COTA believes these goals are still relevant for the future design of programs, supports and services for LGBTI inclusive ageing and aged care services. Indeed, the goals or variations on them are likely to form the basis of the various elements for all diverse populations needs.

5. Experience of the LGBTI Strategy

5.1 In terms of the LGBTI Strategy, what do you think the government and aged care sector has done to improve the LGBTI access to inclusive ageing and aged care services?

The strategy has raised awareness about the needs of older LGBTI communities, assisted providers to understand how they can support LGBTI clients, and introduced inclusive language.

5.2 In terms of the LGBTI Strategy, do you think it aligns with broader aged care reform like 'Increasing Choices'? If so, please specify.

The LGBTI Strategy closely aligns with the broader reform agenda to strengthen consumer choice and empowerment. The more providers that are supported to engage with and design services for LGBTI clients the more choice that consumers will have in determining how and when their care is provided.

5.3 In terms of the LGBTI Strategy, where do you think the government and aged care sector need to improve?

COTA believes that the LGBTI Strategy has been a first step in creating an LGBTI inclusive ageing and aged care sector. However, there are several systemic issues that need to be addressed as part of the Diversity Framework to ensure that the results from the LGBTI Strategy are built on and implemented in a more systematic and comprehensive way across the country:

Regular reporting – The decision to cease annual reporting against the LGBTI Strategy has shown that after 5 years many actions under each goal have had little to no activity. COTA believes that annual reporting on any future activity is a critical component to ensure steady improvements across the lifetime of any framework or action plan.

Increased provider engagement – Development of a system in which all government-funded aged care providers develop policies and organisational processes to address discrimination and prejudice; and to promote inclusion of LGBTI people, carers and staff within a best practice framework and among other residents/clients.

My Aged Care and Assessment team training – Ensure all My Aged Care staff and aged care assessment teams (currently RAS and ACAT workers) are trained in LGBTI awareness.

Inclusion of LGBTI indicator in My Aged Care – Without the requirement of the system to identify those who are of diverse sexual orientation, gender or sex, it will not be possible to compare equity of access or outcomes against the mainstream aged care population.

Increased consumer focused training and resources – Resource and support projects and approaches that seek to empower older LGBTI people as self-advocates and experts to be consulted about their own ageing and aged care needs and circumstances.

Increased focus on regional areas – Addressing limited service availability for LGBTI consumers outside major regional and metro areas.

Expanding Community Visitors Schemes (CVS) LGBTI services – Expansion of the current LGBTI specific CVS services to all states and territories (currently these services are not available in Northern Territory, South Australia and Tasmania).

Culturally appropriate resources – Translation of LGBTI resources and training and into languages other than English and culturally appropriate materials for provision to CALD and ATSI communities.

Capacity building – Support smaller organisations, programs, advocacy services to complete LGBTI-inclusive practice training and Rainbow Tick accreditation.

Supporting carers – support for carer services to advocate, research and develop resources focusing specifically on LGBTI carers and carers of LGBTI people. This should include access to services for LGBTI carers (counselling, self-care advice, respite etc).

Faith based exemptions – Exemptions in the *Sex Discrimination Act 1984 (Cth)* continue to allow faith-based providers to discriminate against LGBTI people in the provision services and employment. This may lead to the exclusion of older LGBTI people in other areas with no mechanism in place for them to be made aware of a specific provider's position.

Single Quality Framework – Provision of appropriate care and access for all people with special needs will be embedded within the Single Quality Framework.

Inclusion of family members – The CALD Strategy has an increased focus on 'family' rather than informal carers, and this concept should be extended to LGBTI relationships, where 'family of choice' may extend to other non-biological relationships.

Inclusive language – Change the wording of ‘marital status’ to ‘relationship status’ in the NSAF to be inclusive of LGBTI consumers.

6. Diversity Framework

6.1 What themes or issues do you believe the Diversity Framework should include/address?

- Principles from the original Strategy (inclusion, empowerment, access and equity, quality and capacity building).
- Strengthened focus on empowerment of LGBTI elders to ensure they understand the aged care system, know their rights and can self-advocate.
- Recognition that an individual may be affiliated with more than one special needs group, to ensure they are not siloed in any approach to improve their equity.

6.2 What issues or specific actions do you believe should be included in the LGBTI Aged Care Action Plan that will be developed under the Diversity Framework?

- **Capacity building** to support smaller organisations, programs, advocacy services to complete LGBTI-inclusive practice training and Rainbow Tick accreditation. This could also include support and monitoring under the Single Aged Care Quality Framework to ensure that LGBTI policy and procedural changes put in place by providers are leading to tangible changes in service provision options for LGBTI consumers and not merely a ‘tick-the-box’ exercise for providers.
- **Support for carer services** to advocate, research and develop resources focusing specifically on LGBTI carers and carers of LGBTI people. This should include access to services for LGBTI carers (counselling, self-care advice, respite etc.)
- **Strategies to address geographical disparities** in access to LGBTI specific services
- **Communication and engagement** strategies to ensure older LGBTI Australians are aware of what services they can receive and what options are available for accessing LGBTI specific services.

7. Other Comments

COTA notes that future development of the Diversity Framework will occur over a series of phases and that more comprehensive contribution to its development and consideration of its draft can occur at those times.