



Lessons learnt from navigators

LGBTI Service Delivery Models

Who is this resource for and why?

This resource may be helpful for the care finder line manager and the care finder as an additional resource to their existing expertise and knowledge. It is based upon experiences and reflections of Aged Care System Navigators and COTA Australia as part of the Australian Government funded Aged Care System Navigator Trial Measure (ACSN).

These lessons could be of assistance to care finder organisations and their teams.

Operation of the national care finder program is governed by [Care Finder Policy Guidance](#)

This resource is designed for the Primary Health Networks (PHNs) and Commissioned Care Finder organisations to consider when planning navigation services for lesbian, gay, bisexual, transgender, and/or intersex (LGBTI) individuals and communities. It includes an analysis of service delivery models from the experiences and reflections of the specialist LGBTIQ+ Navigator Organisations participating in the ACSN Trial.

Aims of document

We know that older LGBTI people are likely to have experienced violence, stigma, and discrimination throughout their lives. As a result, LGBTI older people may be reluctant to disclose who they are or share their histories with aged care services and therefore remain isolated or invisible within both the sector and the broader community

It is therefore essential if care finder services are to be successful in assertively reaching out and engaging LGBTI older people, there must be a connection with trusted sources within these communities. The use of ACSN LGBTI Navigators has proven the importance of this

specialist role, as it brings lived experience to the navigator role and with that comes visibility, safety, and trust.

This resource documents the unique and specialised nature of the ACSN work supporting LGBTI older people. It contains:

- Clear practice principles and observations from the models
- Lessons for care finders and other navigator-like programs
- Reflections on ACSN trial models for LGBTI older people
- Descriptions of the LGBTI models of service trialled in the ACSN trial
- Reflections and insights from Navigators


This document was developed in response to the specific needs of the trial and is not policy guidance.

Introduction

This document explores the ACSN service delivery model and how it could apply to care finders and other navigator-like programs, in providing specialist and intensive assistance to lesbian, gay, bisexual, transgender, and/or intersex (LGBTI) communities. The ACSN trial was designed to support older people who face barriers to accessing aged care, including those from diverse backgrounds who have experienced and continue to experience marginalisation when accessing and utilising aged care services. This includes LGBTI people.

The Australian Department of Health publication *Actions to support Lesbian, Gay, Bisexual, Trans and Gender Diverse and Intersex Elders: A guide for aged care providers* lists six outcomes for consumers.

Outcome number 4 is to encourage a proactive and flexible aged care system:



Engage with the local community and stakeholders to identify emerging needs and how service delivery models can be adapted to embrace those needs, including how the organisation's workforce demonstrates an inclusive approach to care.

Background

With the first iteration of the ACSN Trial from January 2019 to June 2021, Navigator Organisations including those supporting LGBTI people were funded to support their communities through two service models, Community, and Information Hubs.

The **Community Hub model** was peer/volunteer-based and hosted activities such as seminars, exhibitions, peer support groups, social activities, and the distribution of information.

The **Information Hub** relied on a waged worker to facilitate information provision, often utilising the same strategies as the Community Hubs. These Trials did not have formal key performance indicators (KPIs) against individual cases. The data reported was for group activity engagement, individual support, and promotional reach. While during this period there were some specialist support worker roles focused on more individualised funding, this role was not funded specifically for LGBTI populations.

With the extension of the Navigator Trial from July 2021, and informed by the Trial's evaluation, there was a shift in the service delivery model from community activities as a form of engagement and support to dedicated one-on-one specialist support. In partnership with LGBTIQ+ Health Australia (LHA), Meridian (ACT) and the Queensland Council for LGBTI Health (QC) in Cairns were both staffed with dedicated 0.6FTE LGBTI trial sites. The models adopted by COTA South Australia and COTA Tasmania were staffed with 0.2FTE in collaboration with LGBTI community organisations and integrating with mainstream Navigation services.

Target population(s)

Population Size LGBTI

The lack of current population-level data for LGBTI communities in Australia is a critical research gap. In international and Australian research, 3–4% of the population have reported identifying as gay, lesbian or bisexual. This figure is higher among people under 25 years old in Australia — rising to around 7%. Additional identities such as queer, pansexual, and asexual have not been included in existing research looking at population size. Internationally, studies have found approximately 1% of people report being transgender, although this is higher for young people. Existing studies often do not include questions capturing broad experiences of trans and gender-diverse people.¹

According to the 2016 Census, one in 17 (5.9%) people who reported diverse sex and/or gender identity were older Australians (aged 65 and over). Overall, 5.3% of people in same-

sex couples were aged 65 or over, compared with 20% of people in opposite-sex couples. This is likely an underrepresentation due to the decreasing preference for using online forms with age.²

The 2021 Census did not include appropriate questions on sex, gender, sexual orientation, and variations of sex characteristics.

A systematic review of medical literature in 2000 estimated that 1.7% of live births were people with intersex variations. Intersex advocacy groups have argued for using this as the best available estimate, in the absence of better data.³

For this analysis, and using the current research as a guide, we will use an estimation for the LGBTI population size as 10%.

LGBTI older people, mental health, and social networks

Research evidence has consistently demonstrated that a disproportionate number of people identifying as LGBTI experience poorer mental health outcomes and have a higher risk of suicidal behaviours than non-LGBTI people. The adverse mental health outcomes among LGBTI people are due to their experiences of stigma, prejudice, discrimination, and social exclusion, as key social determinants of health.⁴

We know that LGBTI older people are likely to have experienced violence, stigma, and discrimination throughout their lives. As a result, LGBTI older people may be reluctant to disclose who they are or share their histories with aged care services and therefore remain isolated or invisible within both the sector and the broader community.

Many LGBTI older people have lived through a time when they were pathologised or criminalised, aversion therapies were encouraged, and non-consensual surgeries were routinely performed. Additionally, many routinely experienced violence and discrimination as they grew up, and in some circumstances continue to experience this. As a result, many LGBTI older people have learned to hide their sexual orientation, gender identity, or intersex status to be safe, particularly when interacting with the health or social services sector. The fear and mistrust of these services in the past have led LGBTI older people to be reluctant to utilise mainstream services, including aged care. Reliving past discrimination when encountering new forms of discrimination in the aged care environment can lead to feelings of anxiety and/or depression.

An **intersectional approach** acknowledges that LGBTI older people may have multiple social identities and experiences. LGBTI older people who are First Nations (including Brotherboys and Sistergirls), living with HIV, from culturally and linguistically diverse (CALD) backgrounds, and/or living with disability and chronic health conditions, experience further stigma and discrimination, poorer health outcomes, and are at higher risk for homelessness.

Social isolation remains a major issue as LGBTI older people are 3-4 times less likely to have children, twice as likely to live alone, and twice as likely to be single. Critically a source of strength among some LGBTI people stems from community connectedness; a sense of connection to or emotional affiliation with other LGBTI people.

If care finder services are to be successful in assertively reaching out and engaging LGBTI older people, it is essential they establish connections with trusted sources within these communities. The use of ACSN LGBTI Navigators has proven the importance of this specialist role as it brings lived experience to the role and with that comes visibility, safety, and trust.

ACSN trial -LGBTI models of service

Two of the models of service delivery adopted by the ACSN trial were demonstrated within the LGBTI targeted trials.

[Table 1](#) summarises the strengths, challenges and key features of each model.

Table1 LGBTI models of service

Model	Trial	Strengths	Challenges
<p>Collaborative Outreach</p>	<p>COTA Tasmania COTA TAS has a sub-contract arrangement with Working It Out (WIO), a dedicated LGBTI support, advocacy and education service. Through this arrangement, an individual is identified as requiring specialised individual support with WIO acting as the conduit between the COTA TAS Navigator and the consumer, walking alongside the vulnerable person through the navigation journey.</p>	<p>WIO connects with LGBTI peers in the community who have their own informal networks, building trust and tapping into these sources to gain traction in LGBTI communities.</p> <p>The geographical reach extends to the whole state of Tasmania.</p> <p>KPIs are inclusive of the whole of the contract. This removes the data burden from LGBTI worker.</p>	<p>Requires strong commitment from the lead organisation to work with LGBTI organisation that may require support to gain knowledge of the ageing and aged care sector.</p> <p>The consumer is not seen by the same LGBTI Navigator throughout their navigation journey where trust needs to be re-established with a mainstream Navigator and their story retold.</p>
<p>Specialist Organisation Targeted Subgroup & Collaborative Outreach</p>	<p>COTA South Australia COTA SA has a dedicated LGBTI worker within its funded Rainbow Hub, which is a dedicated community hub supporting LGBTI older people. Consumers can get higher-level support from mainstream Navigators delivering Band 2/3 services within COTA SA.</p>	<p>Through regular social engagements and the ageing well program, the Rainbow Hub leads a community/peer-based model of support where those in need of aged care navigation services were identified and supported to work one-on-one with a navigator.</p> <p>Built upon existing funding from State</p>	<p>As above</p>

Model	Trial	Strengths	Challenges
		<p>government for Rainbow Hub.</p> <p>Role accounts for 13% of navigator service referrals, which aligns with estimated population size of LGBTI older people.</p> <p>KPIs are inclusive of the whole of the contract.</p>	
<p>Specialist Organisation Targeted Subgroup</p>	<p>LGBTI Health Australia</p> <p>LHA, in partnership with Meridian in the ACT and QC in Cairns, delivers dedicated one-on-one navigator services for LGBTI older people.</p>	<p>The organisations utilise their long-standing and respected position within the LGBTI sector and their extensive networks within their communities to reach and connect with potential consumers.</p> <p>Understanding lived experiences of older LGBTI communities across the life span.</p> <p>The consumer is seen by the same worker throughout their navigation journey with a trusted LGBTI Navigator without the need for further referral.</p> <p>Development of strong assertive outreach and community development approaches.</p>	<p>Specialist organisations may not be an older person's specific service. It may have to develop new networks to reach out to older people.</p> <p>Case numbers and KPIs are aligned with mainstream population targets and Partners are required to deliver KPIs against all Case Bands.</p> <p>Navigator role is 100% designated toward LGBTI individual support. In some areas, this may be too high an expectation for the estimated population size.</p>

Reflections on ACSN trial models for LGBTI older people

Each of the models implemented as part of the ACSN trial have merit. The unique and specialised nature of the work to support LGBTI older people, is apparent in all models. The following clear practice principles and observations emerged from the models:

- Peer support by an LGBTI community member provides a trusting and open foundation for service delivery. This also addresses the invisibility of LGBTI older people within the aged care system.
- A navigator who can provide continuity of care from outreach to navigation services reduces the number of times a consumer needs to tell their 'story'. This is very important, especially for LGBTI older people who have experienced previous discrimination in accessing government services. This provides a trauma-informed and person-centred approach that addresses the barriers faced by LGBTI older people in engaging and accessing aged care services.
- Many referrals come from non-clinical settings. Community development strategies such as social groups/activities, word of mouth, Rainbow Hubs and social media have proven to be effective in reaching out to LGBTI older people.
- Many LGBTI community-controlled organisation also provide LGBTI inclusion training and capacity building for the aged care sector such as the Silver Rainbow program. Along with providing navigation services, this provides a wholistic approach to addressing systemic access issues for LGBTI older people to aged care services. This also assists in funding inclusive and culturally safe aged care services for LGBTI older people.
- LGBTI community-controlled organisations have, over many decades, developed a strong reputation and trust with local LGBTI communities. They provide other relevant services to LGBTI older people such as Community Visitor Schemes, social events, support for people living with HIV and information, culturally safe programs (such as First Nations LGBTI Brotherboys and Sistergirls, and CALD communities) and local information for LGBTI communities. This is particularly important in addressing isolation and loneliness.
- There is a cohort of LGBTI older people requiring more complex and intensive support, especially those who experience intersecting forms of marginalisation (see intersectional approach above).
- Specialist LGBTI navigators have the skills to provide an authentic, non-judgemental, safe, welcoming and trusting support relationship to consumers, their carers, family and chosen family. These skills are transferable to working with non-LGBTI consumers from marginalised groups.

Lessons for Care finders and other navigator-like programs

1. The service delivery model needs to consider the demographics and geographical region the program is being delivered.
 - Mainstream population modelling for smaller populations like LGBTI communities will not work and requires a different approach. For example, in inner city areas of major capital cities (e.g., Sydney, Melbourne) the [Specialist Organisation Sub-group model](#) may be feasible due to the higher concentration of LGBTI people in these areas.
 - In smaller metropolitan, rural and remote areas, a Collaborative Outreach Model may be more feasible while still providing the specialist support LGBTI older people need. Regional areas of Australia where LGBTI older people migrate to for retirement should be recognised in local planning as a priority population for that region.
2. The Collaborative Outreach Model can be expanded and developed further to better meet the needs of LGBTI older people
 - The [Specialist Organisation Sub-group model](#) has the advantage of providing navigation services to LGBTI older people in its entirety from outreach and initial engagement through to provision of full navigation services (Bands 1 to 4).
 - The Collaborative Outreach Model trial often resulted in the LGBTI older person being referred to another mainstream worker to provide navigation services from the LGBTI service or worker providing outreach and engagement services. This resulted in the continuity of care being broken and consumers needing to re-tell their stories. An expanded role for the LGBTI service provider within the Collaborative Outreach Model would provide the consumer with continuous care with an LGBTI specialist navigator with whom they have developed trust providing a culturally safe and person-centred service. This avoids the consumer having to tell their story multiple times leading to a more trauma-informed approach.

3. The Collaborative Outreach Model can be expanded and developed further to be more feasible
- One of the disadvantages of the Specialist Organisation Sub-group model in the trial was difficulty meeting KPIs on par with mainstream organisation due to small LGBTI population numbers, especially in regional areas.
 - This could be addressed by expanding the scope of LGBTI organisations to actively seek non-LGBTI clients to have a higher caseload in areas with small LGBTI populations.
 - A partnership between mainstream care finder organisations and specialist LGBTI organisations could allow referral between organisations to ensure consumers' specific needs are met. This would allow mainstream care finder organisations to refer mainstream consumers to the LGBTI specialist organisations and vice versa resulting in sustainability for both organisations.

Additional resources

Directory of LGBTIQ+ Health Australia member organisations in each state/territory. PHNs can access information about local LGBTI communities and existing services and programs by engaging with LGBTI community-controlled organisations listed in the link below.

https://www.lgbtiqhealth.org.au/member_directory

Commonwealth Department of Health (2017). Aged Care Diversity Framework.

<https://www.health.gov.au/resources/publications/aged-care-diversity-framework>

Commonwealth Department of Health (2019). Actions to Support LGBTI Elders: A Guide for Aged Care Providers.

<https://www.health.gov.au/resources/publications/actions-to-support-lgbti-elders-a-guide-for-aged-care-providers>

National Seniors Australia & LGBTIQ+ Health Australia (2021). Listening to LGBT Seniors.

https://www.lgbtiqhealth.org.au/listening_to_lgbt_seniors

Silver Rainbow is a national program that provides training and capacity building to aged care providers to improve accessibility and inclusion for LGBTI older people accessing aged care services. Funded by the Commonwealth Department of Health and led by LGBTIQ+ Health Australia in partnership with a network of LGBTIQ+ partner organisation in each state and territory.

https://www.lgbtiqhealth.org.au/silver_rainbow

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¹ Research Matters: How many people are LGBTIQ? [A fact sheet by Rainbow Health Victoria \(2020\)](#)

² Australian Institute of Health and Welfare (2021) [Older Australians](#), AIHW, Australian Government, accessed 12 October 2022

³ Research Matters: How many people are LGBTIQ? [A fact sheet by Rainbow Health Victoria \(2020\)](#)

⁴ Commonwealth Department of Health (2019). [Actions to support LGBTI elders](#).