Submission template

National LGBTI Ageing and Aged Care Strategy Review

[Extension granted to 5 pm, 19 May 2017]

Instructions:

• Save a copy of this template to your computer.
• Populate Section 1 with your details.
• If you would like to respond to a specific criteria please use Section 2 of the template.
• If you would like to provide general comments please use Section 3 of the template.
• Email your submission to ageing.and.diversity@health.gov.au

Privacy Statement

The Australian Department of Health is committed to protecting your privacy in accordance with the Commonwealth Privacy Act 1988 including the thirteen Australian Privacy Principles (APPs) contained in that Act. The APPs replaced the old Information Privacy Principles (IPP) on 12 March 2014.

The Department’s APP privacy policy (required by APP 1.3) can be accessed at the Department’s APP privacy policy web page. The APP privacy policy explains how the Department handles personal information generally, including its collection, storage, security, access, use and disclosure.

All submissions received will be treated with discretion, and no personally identifying information from your submission will be released to any third party.

Thank you for your interest.
1. Tell us about you

1.1 What is your full name?

**First name**  James

**Last name**  Beckford Saunders

1.2 What stakeholder category do you most identify with?

Other

1.3 Are you providing a submission as an individual (go to question 1.4) or on behalf of an organisation (go to question 1.6)?

**Organisation**

1.4 Do you identify as a:

☐ Lesbian  ☐ Intersex

☐ Gay  ☐ Other __________________________

☐ Bisexual  ☐ Would rather not say

☐ Transgender  ☐ None of these apply

1.5 Do you identify with any other of these special needs groups?

Choose an item.

1.6 What is your organisation’s name?

**Australian Association of Gerontology**

1.7 Which category does your organisation most identify with?

Other

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

Yes

1.9 Do you wish for your submission to remain confidential?

No
Questions 2 to 6 – intentionally omitted

7. Other comments

About AAG

The Australian Association of Gerontology (AAG) is Australia’s peak national body linking professionals working across the multidisciplinary fields of ageing. Since 1964, we have connected researchers, policy-makers and practitioners to help them collaborate on evidence-based approaches to improve the experience of ageing.

With over 1,100 members across every State and Territory in Australia, our members include researchers, geriatricians, nurses, allied health professionals, aged care practitioners, policy makers, consumer representatives and other experts in ageing. AAG has 18 Collaborating Research Centres that represent all major research in ageing in Australia.

AAG has a well-established LGBTIQ Ageing Special Interest Group. The Special Interest Group brings together expertise in LGBTI-ageing from across AAG’s multidisciplinary membership base to improve the experience of ageing for people of diverse sexuality, sex and gender – with a special emphasis on influencing policy and promoting practice changes. Further information is available on AAG’s website.

AAG’s role in supporting the implementation of the LGBTI Strategy has included the following activities:

- **Understanding the Needs of Older LGBTI People** – AAG webinar (May 2014)
- **Australasian Journal on Ageing LGBTI Ageing and Aged Care Special Issue** (October 2015)
- **Older LGBTI Australia** – AAG masterclass (November 2016)
- Co-author of **Briefing Paper on Diversity Framework: Supporting LGBTI, CALD & ATSI Elders to Age Well** (November 2016)
- Co-chair of the National Aged Care Alliance (NACA) Equity of Access & Outcomes Working Group
- Member of the Aged Care Sector Committee Diversity Sub-Group.

AAG has recently been funded by the Department of Health as part of the Dementia and Aged Care Services (DACS) Fund to deliver on the following LGBTI-related activities in 2017/2018:

- position papers
- media monitoring and dissemination
- diversity workshops
- diversity project
- AAG National Conference.

This submission is made on behalf of the AAG LGBTIQ Ageing Special Interest Group.

**Endorsement of the National LGBTI Health Alliance submission**

AAG endorses the National LGBTI Health Alliance submission to this consultation.
Additional comments

AAG makes the following additional comments:

1. Improve the evidence base

   Goal 6 of the LGBTI Strategy is that LGBTI people, their families and carers will be a priority for ageing and aged care research. We understand there has not been a great deal of activity in this area to date, and much more work is required to achieve this goal. The LGBTI Action Plan should retain the goal and actions highlighted in the Strategy, and include the additional actions set out at subparagraphs a) to d) below.

   AAG plans to develop a position paper over the next 6-9 months that will further elucidate these actions. We will work with LGBTI stakeholders to examine the current evidence base, identify gaps, consider funding frameworks, and make recommendations about future approaches to and priorities for LGBTI-ageing research that will inform policy and practice improvements. This position paper is funded by the Department of Health under the DACS Fund.

   a) Identify the gaps in the evidence-base for LGBTI ageing

   In order to target future research activity, we need to identify the gaps in the current evidence-base for LGBTI-ageing. The US Institute of Medicine has identified LGBTI older adults as an especially under-researched population. There is also a lack of research about specific groups within the LGBTI community (for example, research about older lesbians). See paragraph 3 for further comments about diversity within diversity.

   The LGBTI Strategy includes actions related to data, and we note that a round-table about data is planned for June 2017. We know there is insufficient population-based data to properly assess disparities between groups (for example, data about older transgender people). However, community-based data has revealed some significant differences between groups within the LGBTI community. For example, it suggests that older bisexual adults have higher risks of poor health when compared to lesbian and gay older adults (perhaps partly due to higher identity stigma). This highlights the need for further data collection and research.

   b) Focus on LGBTI ageing translation and evaluation

   In addition to data and primary research, there is a real need for research translation – to ensure that the information we have about LGBTI ageing is used to inform future policy and practice improvements. Similarly, there is a need for quantitative and qualitative evaluation of policy and practice, so we can learn from what has already been done. This may include evaluation of projects previously funded under ACSIHAG.

   c) Work in partnership with LGBTI communities to design research activities

   See paragraph 2 for further comments on ‘nothing about us without us.’

   d) Provide appropriate resourcing for LGBTI ageing research activities.

   We need to consider what LGBTI ageing research is currently being funded, whether more funding is required, and develop a framework to ensure appropriate resourcing is available. These activities could be informed by the forthcoming AAG position paper discussed in subparagraph 1 above.
2. **Nothing about us without us**

Goal 5 of the LGBTI Strategy acknowledged that ageing and aged care policies, programs and services must be designed, implemented and evaluated in collaboration with LGBTI communities – i.e. ‘nothing about us without us.’ Much more work is required to achieve this goal. The LGBTI Action Plan should include an explicit commitment to engage with LGBTI elders (consumers and carers) during these processes, and to provide appropriate supports to empower them to self-advocate. This capacity building may involve the activities listed in Goal 5 of the LGBTI Strategy and other practical forms of support identified by LGBTI elders.

AAG will hold a pre-conference workshop at its 2017 National Conference that models this approach. *LGBTI Elders: In Their Own Words* will be presented by June Lowe (Chair of GLBTI Rights in Ageing Inc.) together with a panel of LGBTI elders, who will offer stories of their own life experiences and expectations of aged care and community services. AAG will provide practical support (in the form of travel expenses) to facilitate participation by the panelists. The workshop will explore:

- the psychological and social impacts of being an older member of the LGBTI community.
- the impact of LGBTI elders’ past histories of pervasive discrimination on their decision-making regarding access to ageing and aged care services.
- ways in which service providers can reduce minority stress, ensure equal access and create a stance of positive affirmation that enables LGBTI consumers ‘to be themselves’.

3. **Recognise diversity within diversity**

The LGBTI Action Plan should explicitly recognise there is diversity within the broader LGBTI community. What unites each of the individual groups within the community is their lived experience of discrimination. However, each individual group has different lived experiences of ageing. They may have different needs and/or may require different strategies to address them.

Historically some groups have had more of a ‘voice’ than others. We note that Goal 1.5 of the LGBTI Strategy recognises the specific needs of geographically isolated LGBTI people. However, LGBTI Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, women, people living with disabilities or mental illness, and in particular people living in poverty and social disadvantage will experience multiple layers of discrimination and have less opportunity to voice their particular concerns. They may face difficulties finding acceptance from within mainstream culture, their own cultures, and the LGBTI community. The LGBTI Action plan needs to consider diversity within diversity, to gain a more nuanced understanding of ageing and to address inequities within the LGBTI community.

4. **Resource ongoing practice improvements**

Over the past five years, the LGBTI Strategy has helped to raise the level of awareness about the needs of older LGBTI people. The LGBTI Action Plan needs to move beyond awareness-raising to focusing on concrete practice improvements in ageing and aged care services – i.e. on what specific changes service providers make to ‘the way they do things’ on a day-to-day basis, to make their services LGBTI-inclusive.

We know that some aged care providers have already used the Rainbow Tick process as a framework to guide practice improvements. However, we understand that the cost of obtaining formal Rainbow Tick accreditation may be prohibitive for many service providers— particularly smaller agencies. At the other end of the spectrum, we are concerned that some organisations are taking a superficial approach to LGBTI-inclusive policies and practice – by using a ‘tick-the-box’ process that does not meaningfully engage with the differing needs of LGBTI consumers.
We also note that culture change is not a ‘one-off’ project – it takes sustained efforts over a period of years to embed new ways of working. The LGBTI Action Plan should include ongoing government support for the LGBTI and ageing and aged care sectors to develop, implement and evaluate LGBTI-inclusive practice improvements.

At this stage, many organisations in the sector are still awaiting formal notification of the outcome of the Department of Health’s Dementia and Aged Care Services (DACS) 2016 funding round. We were pleased to see the emphasis on supporting older people with diverse social and cultural needs in the DACS Fund Guidelines, and trust this will be reflected in the grants to be made. Additional resourcing for sector support may be required when the Diversity Framework and LGBTI Action Plan are finalised.

5. **Support workforce diversity and resource ongoing training**

We note that Goal 4.1 of the LGBTI Strategy promoted inclusion of LGBTI carers and staff. However, this has been somewhat overlooked and more work is required to achieve this goal. The LGBTI Action Plan should include a greater emphasis on supporting cultural inclusion of LGBTI people in the ageing and aged care workforce (including paid workers, carers and volunteers).

We are particularly concerned that exemptions for faith-based organisations still exist in areas of service provision and employment. This can result in the exclusion of LGBTI people from the ageing and aged care workforce. In addition, there is no mechanism that allows older LGBTI consumers to know if a provider adopts these discriminatory approaches to their employees and volunteers.

We also note that Goals 4.2-4.5 of the Strategy supported improvements in education, training and professional development for the workforce. We are concerned there may be a perception that enough funding has already been invested in this area. However, education, training and professional development are an ongoing process that continues from the VET and tertiary levels through to lifelong professional development. All of these stages of education and training must continue to be appropriately resourced by government.

In 2016, AAG also established the Ageing, Workforce & Education Special Interest Group. Among other things, the group is interested in building workforce capacity, culturally inclusive workplaces, education in ageing, and ongoing support needs of the workforce. Further information about the group is available on AAG’s website.

This submission has been authorised by the Chief Executive Officer of AAG.

James Beckford Saunders  
Chief Executive Officer  
Australian Association of Gerontology

---