

Aged Care Assessment Service (ACAS)
Lesbian, Gay, Bisexual, Transgender
and Intersex (LGBTI) inclusive
guide sheets



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Acknowledgments

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Val's Café

Val's Café is part of the Sexual Health and Ageing program located within the Australian Research Centre in Sex, Health and Society at La Trobe University. Val's Café seeks to improve the health and wellbeing of older Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people. Central to this aim is the creation of safe and inclusive services that recognise and value older LGBTI people.

Val's Café works directly with stakeholders and service providers to foster an understanding of the histories, experiences and needs of older LGBTI people, and works to build the capacity of services to be LGBTI inclusive. Val's Café conducts research, provides education, develops resources, and advocates on behalf of the needs of older LGBTI Australians. The Val's Café website, www.valscafe.org.au provides links to resources and a regular newsletter provides information on LGBTI inclusive practice. Val's Café membership is free and links service providers to updated information.

The Aged Care Assessment Service (ACAS) LGBTI inclusive assessment guide sheets have been developed by Val's Café in collaboration with ACAS staff who attended the 2014 LGBTI Inclusive Assessment workshops. The workshops and guide sheets were jointly funded by the Australian Department of Social Services and the Victorian Department of Health and Human Services.

Many of the references and resources cited in these guide sheets can be found on the Val's Café website www.valscafe.org.au

Use of the guide sheets

The LGBTI inclusive assessment guide sheets provide a comprehensive range of information to assist with the delivery of LGBTI inclusive assessment. Each individual guide sheet provides a succinct outline of information, and assists with building knowledge and understanding for ACAS staff in the development and delivery of LGBTI inclusive aged care assessment.

Understanding history



Older LGBTI people and history

Many older LGBTI Australians have lived through a time when disclosing their sexual orientation or gender identity could result in imprisonment, forced medical 'cures', or the loss of employment, family and friends. For many, their only protection was to hide their sexual orientation or gender identity. These experiences have shaped their health, wellbeing and fears about aged care. This guide sheet provides an outline of older LGBTI Australians historical experiences.

Why understanding history is important in assessment

- History is the key to understanding why older LGBTI people have been relatively invisible.
- Historical experiences of stigma and discrimination can lead to poorer health and wellbeing.
- Some older LGBTI people:
 1. have never known a time when it was safe to disclose their sexual orientation or gender identity
 2. have 'straightened up' their lives in order to stay safe
 3. were rejected by biological families
 4. have established networks of 'chosen' family or friends
 5. fear that accessing aged care services means a return to the control by institutions
 6. may revisit historical trauma when encountering discrimination.

Many older LGBTI people now accessing aged care were teenagers in the 1950s and 1960s when the major institutions of medicine, the state and religion substantially shaped their sense of self and the responses of family and friends. For example:

Medicine

- Being gay, lesbian, bisexual or trans was considered an illness from which people could be cured
- Interventions or attempted 'cures' ranged from behavioural and cognitive therapies to invasive surgeries and partial lobotomies
- Trans people are still pathologised: 'Gender Dysphoria' is considered a mental illness.
- Intersex people continue to be forced or coerced into medical interventions such as hormone treatments and invasive surgeries to make them conform to stereotypical ideas about what is appropriately male or female.

When I was 14 my mother knew there was something different. She spoke to my father and they went to a doctor and they put me in [a psychiatric institution]. I was in [that institution] for nearly four months having shock treatment to try and cure me of being the way I was feeling.

Larry, gay, 75 years¹

Background

- Older LGBTI people were subjected to discrimination by a range of government organisations.
- Homosexuality was criminalised throughout Australia and conviction could have meant incarceration.
- Gay men and trans people were regularly subjected to police harassment and entrapment.
- Being identified as LGBT could result in the loss of employment, including dishonourable discharge from the armed forces.

Noel Tovey described how he was arrested and imprisoned in 1951 for the ‘abominable crime of buggery’ when police raided a party he was attending. He was 17 years old, it was the era for the witch hunt for... gay men. Noel served time in Pentridge prison and still has a criminal record as a result. The impact on other aspects of Noel’s life is evidenced when he arrived at the theatre for rehearsal following the media coverage of his arrest. Eight boys went up to Maggie Maxwell and told her they didn’t want to work with me, that I was a notorious homosexual, that I’d been in gaol, and that I was an Aboriginal.

Noel, gay, 79 years¹

Religion

- Religious institutions played a significant part in forming religious and social views about LGBTI people.
- These teachings also contributed to the understanding that being LGBT identity was sinful – an anathema.

Dawn recalled the reaction by her deeply religious parents to the news that she was leaving her husband to start a relationship with a woman: my parents ... got me into the car...They said ‘You’re a sick person; we’re going to take you to a [local priest]. When Dawn was asked what they thought the priest would do, she commented that it was more important what her parents thought he would do, cure her.

Dawn, lesbian, 68 years¹

Actions for ACAS

- Educate staff about older LGBTI Australians’ historical experiences.
- Ensure education clarifies how each subgroup has had different experiences.
- Utilise case studies from *My Story My People* resource to discuss how historical experiences have impacted on health and wellbeing and fears of aged care services.
- Invite staff to discuss their own misconceptions of LGBTI people.

Other references and resources

See the Val’s Café website www.valscafe.org.au for information and resources including:

Barrett, C., 2008, *My People – Exploring the experiences of gay, lesbian, bisexual, transgender and intersex seniors in aged care services*. Melbourne, Matrix Guild Inc and Vintage Men Inc.

Barrett, C; and Whyte, C., 2012, *My Story, My People*, Stories about older gay, lesbian, bisexual and transgender people’s experiences of aged care. Extracts from the My People study. Gay and Lesbian Health Victoria, Matrix Guild of Victoria and Vintage Men Inc. Melbourne.

Cultural safety of older LGBTI Australians

What is cultural safety

- Culture is about our individual and collective ideas, customs, beliefs, values and behaviours.
- Culture shapes the way we live our lives.
- Cultural awareness involves understanding the lives, experiences and needs of older LGBTI people.
- Cultural safety takes cultural awareness a step further. It involves understanding:
 - lesbian, gay, bisexual, transgender and intersex history
 - the potential power imbalances between service providers and older LGBTI people
 - the influence of staff values and beliefs on the services provided to older LGBTI people.

This guide sheet will highlight the importance of cultural safety for LGBTI inclusive practice.

Why cultural safety is important in assessment

- Cultural safety is a fundamental human right.
- Staff have a role to play in communicating to older LGBTI people that their culture is valued and respected.
- Many older LGBTI people need to know they are culturally safe before they fully participate in assessment.
- Culturally safe services are more likely to holistically assess the needs of an older LGBTI person.

Considerations for ACAS

Four components of culturally safe assessment are:

1. history
2. power
3. my culture
4. my organisation.

1. Understanding history

Older LGBTI people have lived through extraordinary experiences of discrimination. These experiences have adversely impacted on their health, wellbeing and their perceptions of health services. Many feel that they won't be valued, understood or safe accessing aged care services (*see also Guide sheet 1 – Understanding history*).

2. Power imbalances

Assessors hold positions of power and power imbalances may be amplified in the interaction with older LGBTI people. Historical responses to disclosure may mean some older LGBTI people fear negative responses and substandard services if they disclose their sexual orientation or gender identity.

3. My culture

- Every ACAS staff member has their own individual culture – ideas, beliefs and values.
- Without explicit organisational guidelines, policies and protocols to guide responses to older LGBTI people, staff may rely on their own ideas, values and beliefs.
- Some staff may not be aware how their own ideas, values and beliefs influence the services they provide.

4. My organisation

- Organisational guidelines for LGBTI inclusive assessment assist in ensuring inclusive assessment occurs consistently.
- Organisations need to provide guidance for staff through their documented commitment to older LGBTI people to ensure staff do not use their own values and beliefs as a guide to respond to older LGBTI people.
- Assessors who understand their own culture are better placed to practice within their organisation's guidelines in order to provide LGBTI inclusive services.

Actions for ACAS

- Ensure all staff understand LGBTI history and how it has impacted on the visibility of older LGBTI people, their willingness to access aged care services and disclose their needs.
- Ensure staff understand the potential power imbalances between older LGBTI people and an ACAS assessor.
- Provide ongoing opportunities for staff to reflect upon their values and beliefs and how these might impact on LGBTI inclusive assessment, such as case conference.
- Audit your service (see *Val's Café Self-Assessment and Planning Tool*) to determine how LGBTI inclusive your service is.
- Consider how an older LGBTI person may view your service - how would they determine that your service is culturally safe?
- Ensure staff are familiar with the commitment of ACAS to be LGBTI inclusive.
- Ensure staff are aware of their organisation's mission, values, policies and documentation regarding LGBTI inclusivity.
- Reinforce to staff the aim of an LGBTI culturally safe assessment is to assist in ensuring older LGBTI people feel valued, respected and safe, regardless of whether they disclose their sexual orientation or gender identity.

Other references and resources

R Williams, Cultural Safety - what does it mean for our work practice? (1999) *Australian and New Zealand Journal of Public Health* 23 (2), p 213.

Discrimination and its effects



Discrimination and its effect on older LGBTI people

Experiences of discrimination have had a detrimental impact on the health and wellbeing of older LGBTI Australians and contributed to a fear of discrimination in aged care services and subsequent delays in accessing the services they need. The experiences of discrimination mean that some older LGBTI people have been invisible and their experiences and needs have, until recently, not been well addressed in research, policy and service provision.

Why an awareness of the effects of discrimination is important in assessment

- Many older LGBTI people have never known a time when it felt safe to disclose their sexual orientation or gender identity. Disclosure could result in imprisonment, forced medical 'cures', or the loss of employment, family and friends.
- A recent study by *beyondblue* found that this discrimination impacted on health and wellbeing – leading to depression, anxiety and attempted suicide. Other impacts included a fear of institutions.
- While there have been many reforms targeting overt discrimination, a national survey of LGBTI Australians found that 67% modified their behaviour on a daily basis because of the fear of discrimination. Older LGBTI people share this fear of discrimination².
- In contrast, some service providers believe 'it's okay for LGBTI people now', because of legislative reforms and the visibility of LGBTI people in the media.
- Participating in an assessment can be a stressful experience for an older LGBTI person, whose past experience of assessment or disclosure may have resulted in negative consequences.
- Older LGBTI people may believe they need to hide their sexual orientation or gender identity from assessors in order to be safe and to ensure they receive the services they require.
- For older LGBTI people and their partners with dementia there may be particular anxiety around inadvertent disclosure.
- Some biological family members may have never supported LGBTI family and still hold discriminatory views. This may include not recognising a same sex or trans gender partner. An older LGBTI person may be at risk of elder abuse if they are dependent on these family members.

Considerations for ACAS

A study³ of older LGBT people in the USA found nearly 66% had experienced victimisation multiple times and 82% at least once. Almost 33% reported depression and nearly 40% had contemplated suicide. Similarly research in the UK⁴ found that half the older LGB participants felt their sexual orientation has, or will have, a negative effect on getting older including their health and wellbeing. Participants also reported that they had been denied healthcare or provided with inferior care due to their sexual orientation or gender identity.

Both of these international studies reported that participants had diminished support networks in comparison to their heterosexual peers which put them both at greater risk of social isolation, and potentially more reliant on service providers for support and assistance as they age. In both studies many participants feared accessing mainstream aged care services due to fear of discrimination.

Regarding health and wellbeing, the US study found that in comparison to older heterosexual people, older LGB participants had higher rates of disability and mental distress; gay and bisexual older men were more likely to experience poor physical health and live alone, and older lesbian and bisexual women had higher rates of cardiovascular disease, and obesity. The UK study found that lesbian, gay and bisexual people were 50% less likely to receive support from biological family, gay and bisexual men were twice as likely to have experienced depression and anxiety, and lesbian and bisexual women were more likely to have been diagnosed with depression and anxiety.

Research both in Australia and abroad indicates that:

- Many older LGBTI people fear discrimination and therefore delay accessing services placing increased carer strain and burden on existing relationships.
- Some older LGBTI people have reported that because they have experienced discrimination all their lives, they would commit suicide rather than access aged care services.
- Intersex people's experiences of age have been ignored and greatly value finding a health professional who takes a proactive interest to learn – so they don't have the responsibility of educating everyone.
- Older LGBTI people may be vulnerable to elder abuse involving biological families who prohibit an older LGBTI relative from accessing a partner, discrediting the partner for the purpose of financial gain or preventing access to gender expression.

Actions for ACAS

- Ensure ACAS staff understand the historical experiences of discrimination that many older LGBTI people have endured and how this might impact on their participation during an assessment and fear of accessing mainstream aged care services.
- Develop staff awareness that older LGBTI people may continue to fear discrimination on a daily basis.
- LGBTI people may still be hiding their sexuality despite the commitment by ACAS to the provision of LGBTI inclusive assessment. Ensure staff are mindful that older LGBTI people may still be fearful of the process and feel the need to 'straighten up' or hide their sexual orientation or gender identity.
- Ensure the provision of a culturally safe, LGBTI inclusive assessment regardless of disclosure, referral information.

Legislation and other reforms



Legislation and other reforms

Over the past two decades there have been significant legislative and social reforms recognising the rights of LGBTI people and older LGBTI Australians more specifically. While many reforms encompass each of the five subgroups (lesbian, gay, bisexual, transgender and intersex), it is important to understand that there are still significant disparities in the reforms achieved across Australia. This guide sheet outlines the key Victorian State and Federal reforms.

Why an understanding of these reforms is important

1. Recent reforms represent new opportunities for older LGBTI Australians to exercise their rights as citizens.
2. Many older LGBTI people still don't understand their rights in relation to these reforms.
3. In situations of conflict, some service providers and family members do not recognise the rights of older LGBTI people.
4. Some older LGBTI people are cynical about their capacity to achieve their rights.
5. ACAS assessors are well placed to advise older LGBTI people on their rights and to take legislative reforms into account when conducting assessment.

Things to consider

The following section summarises the key reforms impacting on older LGBTI Australians. The reforms are listed by groups impacted to highlight differences.

Broad reforms (affect all older LGBTI Victorians)

- 2000: amendment to the *Victoria Equal Opportunity Act 1995* prohibiting discrimination on the basis of sexual orientation and gender identity
- 2011: *Productivity Commission Report into Caring for Older Australians* highlights the importance of recognising older LGBTI people
- 2012: *Living Longer Living Better* reforms result in an amendment to the *Aged Care Act 1997* recognising older LGBTI people as a Special Needs Group
- 2012: Federal Government releases the *National LGBTI Ageing and Aged Care Strategy*
- 2013: Amendment to the *Sex Discrimination Act 2013* provides federal protection against discrimination on the basis of sexual orientation and gender identity, including in the provision of aged care services.

Lesbian, gay and bisexual related reforms

- 1973: Australian and New Zealand College of Psychiatry declassified homosexuality as a mental illness
- 1980: Homosexuality decriminalised in Victoria
- 2001: Amendment to the *Victorian Relationships Act 2001* to give same-sex couples similar rights to heterosexual de facto couples such as hospital access, medical decision making, access to superannuation, inheritance rights, property tax, landlord or tenancy rights, mental health treatment, and victims of crime procedures

- 2009: amendment to the *Commonwealth Relationships Act 2009* to equalise treatment for same-sex couples with respect to taxation, superannuation, social security, health insurance, aged care and child support, immigration, citizenship, Veterans Affairs
- 2014: Victorian Government introduced a process for expunging gay men's convictions for the 'crime' of homosexuality.

Trans specific reforms

- 1980: *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)* includes 'gender identity disorder' in its list of mental disorders
- 2013: DSM-5 changes from 'gender identity disorder' to 'gender dysphoria'.

Intersex specific reforms

- 2006: Consensus statement on management of intersex disorders: international best practice for medical treatment of intersex – cautions against surgery for purely cosmetic reasons
- 2013: *Sex Discrimination Act 2013* includes provision for male, female and X in passports.
- 2013: Victorian decision making principles for the care of infants, children, adolescents with Intersex Conditions ... informed consent or deferral of 'normalising' surgeries.

Actions for ACAS

1. Provide staff with information on reforms to ensure they are able to advocate for the rights of older LGBTI people.
2. Ensure these rights are foremost in negotiations with biological family members.
3. In the absence of clarity around rights, contact organisations such as the Victorian Gay and Lesbian Rights Lobby or the Victorian Equal Opportunity and Human Rights Commission.
4. Ensure staff understand that although these reforms are in place older LGBTI people may still experience discrimination or be fearful of aged care services.

Other references and resources

National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy, 2012, Department of Health and Ageing

Also see the Victorian Equal Opportunity Rights Commission website: www.VEOHRC/vgllr and www.humanrights.gov.au

Productivity Commission 2011, *Caring for Older Australians: Overview, Report No. 53, Final Inquiry Report*, Canberra. www.pc.gov.au/inquiries/completed/aged-care/report/aged-care-overview-booklet.pdf

Victorian Gay and Lesbian Rights Lobby and Law Institute of Victoria, *Over the rainbow: A Guide to the Law for Lesbians and Gay Men in Victoria*, 2005. www.gaylawnet.com/ezone/partners/cl.over_rainbow.pdf

Victorian Equal Opportunity Commission

Older LGBTI people's experiences and fears

LGBTI older people's experiences and fears

Many older LGBTI Australians have experienced discrimination that has impacted on their health, wellbeing and willingness to access aged care services. This guide sheet highlights the voices of older LGBTI Australians to illustrate, in their own words, their experiences and fears of ageing and aged care services.

Why it is important

Hearing directly from older LGBTI people about their fears and experiences can be a valuable way of understanding what older LGBTI people might bring to an ACAS assessment.

Invisibility

Older lesbians, unless they are really butch, are not identifiable. If an aged care service comes into the home and sees a little old lady they're not going to wonder if they are gay. Unless they have great big photos of their lovers on their walls, what else would you find that would identify you? There is nothing in my house that identifies that I am a lesbian.

Susan, 77 years, lesbian¹

[The case manager is] in her 30s, married with family... I took it for granted that she's put two and two together...and then [she] said to me, 'Well, you know, when I first met you two it never entered my head that you might be gay but I do now.'

Kevin, 75 years, gay⁵

Social isolation

Heterosexuals...you know, they've got their family and they've got their children and grandchildren for support and everything, where as we have nothing. We don't have that in our lives. And that can make it quite difficult, because we do have to rely on each other.

Nick, 50 years and George 63 years, gay⁵

The other bludgers who live here give me a hard time. Discrimination against transsexuals is everywhere. People judge me because I've got a penis, I'm a transsexual. I only leave my room if I feel like a meal. One bludger says he's going to flatten me...he says it's because of what I am.

Nancy, 79 years, trans³

Staff responses

One of the care workers used to talk to me about 'people like you'. 'People like you', she said. I didn't know what she was talking about at first. People like me, you mean intelligent or well bred?

Rita, 71 years, lesbian⁵

Concerns about aged care

If lesbians wanted to go into an aged care facility as a couple you would be very lucky to find one that would accept you as such. You would even be lucky to find one that would give you adjoining rooms... although it is illegal to discriminate there is always a way out.

Anne, 77 years, lesbian¹

I know of a gay man in a nursing home who is worried he will be ostracised...if it becomes known that he's homosexual...when you get into a vulnerable position you think: no, I don't want to give these people a chance to mess me around. I would rather things go along on an even keel.

Joseph, 61 years, bisexual¹

It's wicked really. Being admitted to a nursing home might mean being outed. So you can imagine...a gay guy who lives in a block of flats somewhere and...suddenly he is taken out of there and he is put into a nursing home. Suddenly, this is it, this is a different life that he never wanted or never thought he'd be in and he is smack bang into the middle of heterosexuality.

Bill, 71 years, gay¹

I would need to be in a place where I was treated at all times as a woman, not as a transgender person, and not as a freak, and not as a weird person but purely as a woman. I could not live somewhere where I had to modify my behaviour or keep the staff and residents and management happy by trying not to come up against their preconceptions. If I could not find a place that would allow me to be a woman I would suicide without a hesitation because I will never go back to that pretence, to that vigilance, to that exhaustion of trying to keep everybody happy by pretending to be something I'm not.

Caren, 68 years, trans woman⁶

Group settings

A lot of people here don't like me. I would rather mix with my own kind, with my own group. I would rather mix with a lot of gay people. You dread coming here sometimes. This is the only place where I have been getting [harassed]. I think it's because I'm not with my people. I don't go around telling people (that I'm a lesbian). But you just can't miss it at the same time. You can't hide it. I can't be my own personality here, can't be myself.

Margaret, 56 years, lesbian¹

I have been in a nursing home since I had a stroke. I can't talk to the staff about being gay because I am worried my care will be worse. I'm not able to live a gay man's life here because there's no privacy, and there are rules and some people think (being) gay is disgusting.

Tom, 64 years, gay¹

Other references and resources

Then & Now Film – Val's Café

Building rapport – sending a message of welcome

Building rapport and sending a message of welcome

Many older LGBTI people believe that aged care service providers do not value, respect or understand their sexual orientation or gender identity. Many also believe they will not be safe accessing mainstream aged care services. Building rapport and communicating a message of welcome to older LGBTI clients can help ensure they feel able to discuss all their needs during an assessment. This guide sheet provides key considerations and actions for services to send a message to older LGBTI people that they are welcome and valued.

Why building rapport and providing a message of welcome is important

- Participating in an ACAS assessment may be one of the first interactions an older LGBTI person has with the aged care sector.
- The assessment provides a valuable opportunity to build rapport and communicate that older LGBTI people are respected, valued and safe.
- A message of welcome can assist an older LGBTI person to feel confident accessing aged care services which can help them to maintain their health, wellbeing and independence.
- An empathic approach to assessment can encourage an older LGBTI person to disclose more information about their care needs and help to prevent undue strain on their informal carers.
- Many older LGBTI people will not disclose their sexual orientation or gender identity unless they feel that it is safe to do so.
- It is important to recognise that while older LGBTI people may disclose if they feel safe to do so, this is not the aim of an LGBTI inclusive assessment.

Considerations for ACAS

1. For each point of access along the service continuum, consider how service delivery might be perceived from the perspective of an older LGBTI person and how the service can demonstrate LGBTI inclusive practice.
2. Broadly focus on LGBTI inclusive language rather than limiting the message to direct questions about sexual orientation or gender identity.
3. For staff working on the telephone, consider the subtleties that demonstrate LGBTI inclusivity, for example utilising inclusive language, not making assumptions based on voice etc.
4. Remember that terms, labels and acronyms such as 'LGBTI' are relatively recent and some older LGBTI people may not relate to them. Warmth, respect and valuing diversity and individualism can transcend the use of labels.
5. Be aware that some older LGBTI people with dementia and their partners may find the risk of inadvertent disclosure stressful.
6. Be mindful that some older trans people may have 'non congruent' bodies or experience difficulty maintaining their gender identity.
7. Many older LGBTI people will appreciate hearing about the efforts of your service to be LGBTI inclusive.
8. Making an effort to proactively understand the experiences of older LGBTI people is likely to be valued.

Actions for ACAS

- Include both strong and subtle message of inclusion and welcome for LGBTI people throughout the assessment process.
- Ensure all staff in the service are aware of and utilise LGBTI inclusive language including at initial contact, intake and assessment. For example, use emergency contact rather than next-of-kin, partner rather than husband or wife, use 'how do you describe your gender' etc.
- Where required, reframe questions to be LGBTI inclusive regardless of how they are worded in the documentation.
- Review service communication strategies, for example literature promoting your service, letters, forms, website information, email footers, call waiting information to include LGBTI inclusive language, terminology and subtle messages of welcome.
- Ensure staff use language that includes all subgroups – rather than narrowly focus on gay and lesbian needs.
- Be creative and find solutions that meet those of your service for example, if people provide a welcoming environment, seek out opportunities to convey a message of welcome such as a rainbow pin on a lanyard etc.

Other references and resources

LGBTI National Health Alliance, Information Sheet, *Inclusive Language Guide: Respecting people of intersex, trans and gender diverse experience*, www.lgbtihealth.org.au

Organisation Intersex International Australia – educational information and resources regarding intersex people, www.oii.org.au

Bi-sexual alliance, www.bi-alliance.org

Transgender Victoria, www.transgendervictoria.com.

LGBTI inclusive assessment



Having conversations and LGBTI assessment

LGBTI inclusive ACAS assessment is a crucial point in the aged care continuum to support older LGBTI people to confidently access and utilise aged care services. Conducting an LGBTI inclusive assessment is more complex than ‘asking the right questions’ to elicit disclosure. It involves understanding cultural needs – or the lives LGBTI people are living, their strengths, capacities, family, supports and social connections. This sheet outlines key considerations and actions for LGBTI inclusive assessment.

Why it is important

- LGBTI inclusive assessment can assist an older LGBTI person to feel valued and confident articulating their story, concerns and needs.
- LGBTI inclusive assessment can enable service responses that support older LGBTI people’s needs, goals, safety and wellbeing.
- Some older LGBTI people may not disclose if presented with a list of questions (for example, are you gay?) but are likely to respond more positively to subtle cues that the service is LGBTI inclusive.
- Some older LGBTI people delay accessing aged care services they need, because they fear discrimination. An ACAS assessment may be their first interaction with the aged care service system.
- Many older LGBTI people will not fully disclose their needs unless they see indications that it is safe to do so.

Considerations for ACAS

1. Active listening can provide the opportunity to communicate to older LGBTI people that you work for an LGBTI inclusive service.
2. Providing positive comments about LGBTI people and using LGBTI inclusive language may assist an older LGBTI person to feel valued and safe disclosing their needs.
3. Some LGBTI people have been disowned by their biological family because they are LGBTI. Others have friends who become family, and some may have same sex partners who want to be acknowledged, with or without the label of partner.
4. If an older LGBTI person does not feel safe disclosing their needs, the assessment may miss important underlying and presenting issues.
5. Most older LGBTI people will value your interest and respectful communication, so you don’t need to present as an expert.
6. Some older same sex attracted and gender diverse people do not label themselves as LGBTI.
7. The focus needs to shift from ‘labelling’ to communicating a message of welcome, respect and safety.

Actions for ACAS

- Encourage staff to consider and reflect on the impact of their own values and beliefs on the service they provide.
- Utilise case studies (see resources) in team meetings and case conferences to build skills and confidence in LGBTI inclusive assessment.
- Ensure all clients have the opportunity to nominate their gender identity and sexual orientation.
- Remind staff not to assume a client's gender on the basis of their appearance or voice.
- Only gather information about sexual orientation or gender identity from the client or the client's nominated representative.
- Ensure all ACAS staff members are aware of the services and support available to LGBTI people and if referring to mainstream services, their capacity to be LGBTI inclusive.

Other references and resources

For case studies see *My Story My People*, www.valsafe.org.au/resources

The role of administration and intake in LGBTI inclusive assessment

LGBTI older people accessing aged care

Providing a message of safety and welcome at all the points of service access is crucial in the development and provision of an LGBTI inclusive service. Many older LGBTI people delay or avoid accessing aged care support services due to fear of discrimination. This fear is largely a result of their historical experiences of discrimination.

Why is intake and administration important in providing an LGBTI inclusive service

For many older LGBTI people who need to access aged care, all points of access to a service, including the first contact, will influence their confidence and willingness to use a service. As such, a service that provides a welcoming, LGBTI inclusive experience at every point through the service journey including at intake and administration will assist in genuinely demonstrating that the service is safe and LGBTI inclusive. Intake and administration staff interact with ACAS clients at many points of the ACAS service journey and therefore provide an important opportunity to convey a message of welcome to LGBTI older people regardless of whether they have disclosed or not.

Considerations for ACAS

- All staff have a role to play in providing an LGBTI inclusive assessment service.
- Be aware of the important role that intake and administration provide as part of an LGBTI inclusive assessment service and how interactions will be perceived by an older LGBTI person accessing ACAS.
- Many older people requiring an aged care assessment are anxious about the assessment. For many older LGBTI people this will be heightened and may be their first contact with an aged care service provider.
- Many older LGBTI people are invisible to services. Staff need to utilise LGBTI inclusive language at all times and not make assumptions based on the information provided, for example, a partner may not be of the opposite sex; the sound of a voice may not be a reliable way to determine a person's gender – male or female etc.
- When completing documentation with the client over the telephone, consider how you frame the questions. Assume everyone you speak to could be LGBTI and ensure you utilise LGBTI inclusive terminology at all times.
- Don't make assumptions when completing any required documentation. Let the client know you have to ask these questions and make every attempt to frame them to be LGBTI inclusive.

Actions for ACAS

- Ensure all intake and administration staff in your team are aware of their role in an LGBTI inclusive ACAS. Everyone has a part to play at each point of the service journey, and together these demonstrations of LGBTI inclusivity result in providing a genuinely LGBTI inclusive service and sending a strong message of welcome to the client.
- Provide opportunities for discussion and utilise case studies in staff meetings to assist in developing confidence in the delivery of LGBTI inclusive service provision.
- Ensure staff are familiar with LGBTI inclusive language and terminology and utilise these in each interaction with clients, by framing questions such as, who is your main contact rather than next of kin; do you have a partner rather than are you married? Is it Mr, Mrs, Miss, or Ms and if you need to collect a title, ask the person what they prefer to use and be guided by them.
- Participate in ongoing education in your team and help ensure colleagues are aware of their role in providing an LGBTI inclusive service.
- Utilise other ACAS LGBTI inclusive guide sheets to assist with understanding the histories, experiences and needs of older LGBTI clients.



Disclosure and documentation

Disclosure and documentation and LGBTI older people

It is important that ACAS staff consider how to respond to the disclosure of sexual orientation and gender identity and how this information is documented in the assessment, care planning and referral processes. This guide sheet outlines considerations and actions in relation to the disclosure of sexual orientation or gender identity and aspects relating to documentation of this information.

Why it is important

- Many older LGBTI people have lived through extraordinary experiences of discrimination and responses to disclosure. Responses may have included incarceration, forced cures, loss of employment, loss of faith, loss of family due to stigma, shame and ridicule. Rarely was disclosure celebrated or affirmed.
- It is important that ACAS assessors understand this history and feel confident and comfortable providing positive and affirming responses to disclosure on sexual orientation, gender identity or intersex status (SOGIIS).
- Some service providers report feeling unsure how to respond to disclosure.
- Some staff may be unsure what to do with information about sexual orientation and gender identity once it has been shared.
- Affirming an older LGBTI person's disclosure of sexual orientation or gender identity can help to build rapport that enables the client to feel more confident disclosing their needs during an assessment.

Considerations for ACAS

- If your service promotes itself as LGBTI inclusive, some older LGBTI people will assume staff know what to do if they disclose their sexual orientation or gender identity.
- Providing guidelines for staff on responses to disclosure can ensure all staff clearly understand their responsibilities, and comply with privacy legislation and requirements.
- When an older LGBTI person discloses their sexual orientation or gender identity to ACAS staff, it is important to:
 - be prepared and have considered how to respond
 - respond in a positive way
 - have a clear understanding of the issues regarding disclosure (including who the disclosure is to be shared with) and documentation, is the client telling you and does the client want this information to be recorded?

Actions for ACAS

1. Prepare positive responses to older LGBTI people's disclosure. Some examples that staff might consider utilising which are affirming and encourage further discussion include:
 - Thank you for sharing that with me.
 - Is there anything in particular you think I need to know to assist you or that might be beneficial in relation to your care plan?
 - Do you have a partner?
 - Are you very connected to other LGBTI people?
 - Is there anything we can do to help you connect with other LGBTI people?
 - I've been reading an LGBTI inclusive guide to assessment, and I'd like to know what you think.
 - Our service is currently working on becoming more LGBTI inclusive.
2. If a client does disclose, check if they would like this information to be recorded and if so, before any information is recorded:
 - provide them with information about how the information may be shared, used and who may access it
 - ask what they would like recorded
 - ask what terms or description they would like you to use.
3. Don't assume that services you may be referring to are LGBTI inclusive – ensure the client consents and is aware of who you are referring to.
4. If you have never met an older LGBTI person and you are unsure how to respond, let the client know you have been participating in a LGBTI inclusive program and you would value any suggestions they have.

Resources to support LGBTI inclusive assessment

Resources to support LGBTI assessment

An important aspect of LGBTI inclusive ACAS assessment is being aware of LGBTI services, supports and resources available to assist older LGBTI people. This guide sheet outlines a range of resources to support and assist with the provision of LGBTI inclusive assessment services.

Why it is important

- Understanding services, supports and resources available can assist you to meet the needs of older LGBTI clients.
- Knowing resources and supports for older LGBTI people can assist in demonstrating your service is LGBTI inclusive.
- An older LGBTI person participating in an assessment will recognise and value your efforts and ability to provide information.

Considerations for ACAS

1. Having information about LGBTI services on hand can signal that your service is LGBTI inclusive.
2. If your website includes support services in the community for older people, add information about LGBTI resources and services to demonstrate LGBTI inclusivity.
3. It is important to ensure information regarding appropriate support services is current in order to provide appropriate referrals for older LGBTI people.

Resources, information and referral

LGBTI Advocacy and support services

Bisexual Alliance Victoria Inc is a non-profit volunteer-run organisation dedicated to promoting the acceptance of bisexuals in LGBTI and mainstream society. Contact: bi-alliance.org

Country Network promotes and fosters contact and friendship among gay men regardless of where they may reside. One of the aims of Country Network, an online community, is to overcome the possible social and emotional isolation experienced by some gay men. Links and information are also available on their website. Contact: countrynetwork.com.au/aims.htm

Matrix Guild Victoria Inc was founded by and for the benefit of lesbians over forty years of age. Matrix is committed to the support of appropriate care and accommodation choices and alternative lifestyle options for older lesbians in Victoria. Matrix Guild initiated the funding application for the My People and Permission to Speak studies. They have housing for older lesbians, a brochure for aged care services on caring for older lesbians and are available to provide education and support to aged care services. Contact: matrixguildvic.org.au

Organisation Intersex International (OII) Australia is the Australian affiliate of OII, a global network of intersex organisations. Intersex Australia is an independent support, education and policy development organisation, by and for intersex people. The work of Intersex Australia focuses on human rights, bodily autonomy and self-determination, and on evidence-based, patient-centred healthcare. Intersex Australia promotes human rights and bodily autonomy for intersex people, and provides information, education and peer support. Contact: oii.org.au

Out and About Community Visitors Scheme Switchboard (see below) operate the ‘Out and About’ Community Visitors Scheme which aims to reduce social isolation and increase community connectedness and resilience for LGBTI Victorians over 65 years who are HACC eligible. For information or referral contact Switchboard for further details: switchboard.org.au

Switchboard (Vic) Inc is a volunteer organisation which provides a free, confidential and anonymous telephone counselling, referral and information service for the Victorian and Tasmanian LGBTI community and its supporters. switchboard.org.au

TransGender Victoria is a community based organisation supporting the Victorian transgender community, their families, friends, partners and others. The organisation advocates for legislative reform and works with government and community groups in all aspects of human rights for transsexuals and cross-dressers. Contact: transgendervictoria.com

Victorian AIDS Council (VAC) was formed in 1983 as a central part of the Victorian community response to the HIV/AIDS epidemic. VAC continues to lead the response by providing a range of services which include prevention education, treatment and care of PLHIV and counselling services. Contact: vac.org.au/

Vintage Men is a social and support group for mature gay and bisexual men and their friends. Vintage Men provide support to older men isolated in aged care and at home. Contact: primetimersww.com/vintagemen/

Val’s Café resources

Val’s Café works to improve the lives of older LGBTI people through research, resource development, capacity building and promoting the visibility of older LGBTI people. All of the following and many more are available from valscafe.org.au

Self assessment and planning tool: for LGBTI inclusive aged care (the SAP tool). The SAP tool is an audit, designed specifically to enable aged care services to undertake a self-audit of LGBTI inclusivity and plan improvements.

Then and Now: three short films in which older lesbians, gay men and trans Australians describe their life experiences and needs.

My Story, My People: a resource developed by Val’s Cafe in consultation with community representatives and service providers. Based on the My People research report, this resource utilises case studies to assist service providers to understand the perspectives of older LGBTI service users. This resource is ideal for staff education.

Big Fat Idea Video: As part of the La Trobe University ‘Big Fat Idea’ series Catherine Barrett filmed her ‘big fat idea’ for a society that is inclusive of older LGBTI people. This is a great resource for staff knowledge and education

No need to straighten up - Discrimination, depression, anxiety and older LGBTI Australians: This report is based on interviews with older lesbian, gay and trans Australians. Funded by *beyondblue* the findings demonstrate the impact of history on older LGBTI people’s health, wellbeing and lives more broadly. The report includes recommendations for policy makers and service providers and narratives for the education of service providers.

Creating GLBTI inclusive Home and Community Care Services (the HACC Pack): This resource provides information regarding the development and implementation of LGBTI inclusive HACC services in Victoria.

National lesbian, gay, bisexual, transgender and intersex (LGBTI) Ageing and Aged Care Strategy 2012: The strategy provides a framework to inform Australian Government commitment, policy, programs and service development priorities, including resource allocation and the ‘special needs’ status of LGBTI people.

My People: A report on interviews with 25 GLBT people receiving aged care services in Victoria. The report was commissioned by Matrix Guild Victoria and Vintage Men and funded by the Reichstein Foundation. The report explores issues from the perspectives of older people with case studies that provide a valuable education tool.

Permission to Speak: Following on from My People, Matrix and Vintage Men received further funding from Reichstein Foundation to explore the perspectives of service providers on caring for older GLBTI people.

Also refer to the resources listed on each guide sheet.

Glossary

This glossary includes a range of terminology used throughout the ACAS guide sheets.

Bisexual	A person who is sexually and emotionally attracted to men and women.
Camp	Historically a person referred to as 'camp' was gay.
Coming out	The process through which an LGBTI person comes to recognise and acknowledge, both to themselves and to others, their sexual orientation, gender identity or intersex status.
Closet	Refers to the act of hiding sexual orientation or gender identity.
Gay	A person whose primary emotional and sexual attraction is toward people of the same sex. The term is most commonly applied to men, although some women use this term.
Gender identity	A person's sense of identity defined in relation to the categories male and female. Some people may identify as both male and female, while others may identify as male in one setting and female in other. Others identify as androgynous or intersex without identifying as female or male.
Homophobia	The fear and hatred of lesbians and gay men and of their sexual desires and practices.
Heterosexism	The belief that everyone is, or should be, heterosexual and gender normative and that other types of sexuality or gender identity are unhealthy, unnatural and threat to society.
Intersex	A biological condition where a person is born with reproductive organs and/or sex chromosomes who are not exclusively male or female. An incorrect term for intersex is hermaphrodite.
Lesbian	A woman whose primary emotional and sexual attraction is toward other women.
LGBTI	An acronym used to describe people from diverse sexual orientation or gender identity, people who are lesbian, gay, bisexual, transgender and intersex. Sometimes presented as GGBTI or LGBTIQQ (adding people who are 'queer' or 'questioning' their sexuality orientation or gender identity). The acronym SSAGQ (same sex attracted and gender questioning is often used for young people).
LGBTI inclusive practice	The aims of inclusive practice are to recognise, understand and meet the needs of LGBTI people whether or not they choose to disclose their sexual orientation or gender identity.
Queer	An umbrella term that includes a range of alternative sexual and gender identities, including gay, lesbian, bisexual and transgender. Many older people find the term queer offensive, as it literally means 'odd'.
Sexuality:	A central aspect of being human throughout life and encompasses sex, gender identities

and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors (World Health Organization, 2006, page 5).

Sexual health

A state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled (World Health Organization, 2006, page 5).

Sexual orientation

The feelings or self-concept, direction of interest, or emotional, romantic, or sexual attraction toward others.

Transgender

A person who does not identify with their gender of upbringing. The terms male-to-female and female-to-male are used to refer to individuals who are undergoing or have undergone a process of gender affirmation (see Transsexual).

Transphobia

Fear and hatred of people who are transgender.

Transsexual

A person who is making, intends to make, or has made the transition to the gender with which they identify.

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