

The influence of staff values and beliefs on LGBTI inclusive aged care services

Introduction

In recent years there have been significant reforms recognising the rights of older LGBTI Australians. These include an amendment to the Aged Care Act to afford older LGBTI people special needs group status and the removal of faith based aged care services provider's exemptions from providing services to LGBTI people. Reforms have also included the development of a *National LGBTI Ageing and Aged Care Strategy*. The Strategy describes the Government's commitment to ensuring the needs of older LGBTI people are understood, respected and addressed in Australia's aged care policies, programs and services. It includes goals related to supporting ageing and aged care services to deliver LGBTI inclusive services.

The focus on LGBTI inclusivity has thrown the spotlight on the influence of the diverse aged care workforce on LGBTI inclusive service delivery. Older LGBTI people have voiced concerns that faith based services and culturally and linguistically diverse (CALD) staff will discriminate against them. Alongside this a small number of service providers mistakenly report they are exempt from providing services to LGBTI people because they are a faith based service or because they have a CALD workforce.

The aged care workforce is diverse in terms of characteristics such as background, culture, faith/religion, age, geographical location (metropolitan, rural, regional) etc. Diversity is sometimes perceived as a barrier to the provision of LGBTI inclusive services and this is seldom discussed in formal ways. The silence perpetuates a status quo where CALD staff may be targeted as homophobic or transphobic. While the reality is that discrimination is perpetrated by a broad range of staff and is influenced by a variety of values and beliefs that may be unrelated to ethnicity or religion/faith. The aim of this project was to facilitate a respectful and valuing discussion about the influence of workforce diversity on LGBTI inclusive aged care services.

About the project

The project involved a survey of older LGBTI people, aged care and human service providers and community members. Participants were asked: whether they thought workforce diversity (culture, faith/religion, age, geographical location etc.) influenced the provision of LGBTI inclusive aged care and if so, how? They were also asked to share a story about examples of good practice in the delivery of LGBTI inclusive service by a diverse aged care workforce.

The project was approved by La Trobe University Human Ethics Sub-Committee and disseminated through an online platform as well as hard copy distribution at the Val's Café National LGBTI Ageing and Aged Care Conference in 2015. A total of 83 people participated in the survey and were mostly service providers (74%) with a smaller number of older LGBTI people (14%) and community members (12%).

Survey participants articulated that the values and beliefs of all staff influence the provision of LGBTI inclusive aged care and these need to be addressed. To achieve this participant's suggested organisations need to demonstrate leadership by clearly communicating to staff the organisation's position and requirements related to LGBTI inclusive services.

About this resource

This resource provides an outline of the survey results and draws on a framework for cultural safety adapted from Cramer, Barrett, Latham and Whyte (2015) to address the gap between staff values and beliefs and organisational leadership. The resource is structured to be used as a discussion point for change management, leadership action, staff reflection and education.

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Survey key findings

In the following section key findings are presented. Direct quotes from surveys are shown in italics and survey responses are numbered.

80% of survey participants indicated they believed the diversity of the aged care workforce influenced the provision of services to older LGBTI people. When asked to describe these influences a number of participants noted that all staff have their own culture - or values and beliefs that influence services:

All workers bring their culture, religion, beliefs to work (13), each person in the aged care workforce brings a range of personal experiences and personal attitudes to their role (15), as well all being our own experiences, values and attitudes with us and these influence our responses (22), The difference between person and professional values and roles need to be continually highlighted and monitored (23).

Most participants reported that a diverse workforce was a positive attribute; with a number highlighting that workforce diversity reflected the diversity of older people in the community saying workforce diversity:

enhances services (1) reflects the diversity of the LGBTI clients (4), allows/improves access for many of our clients who would either like to receive care from a care worker with a similar language etc as well as providing some clients with access/awareness of other diverse cultures. Many of our clients enjoy learning about different cultures (8), the more diverse the better as each have a story of being marginalised (8), many cultures have a greater sense of respect for seniors than Australian Anglo culture. Many cultures hold Trans and Intersex people in high regard and not in a medical framework. I think also that many diverse cultural workers are very to adopt LGBTI inclusion as part of best practice and that diverse ethnicity as a barrier to LGBTI inclusion is a total misnomer (26), Diverse cultures have experiences of "discrimination" unfairness etc so may be more understanding (28), I think the diversity that we see within our workforce enriches the service provision to our clients (30).

A smaller number of participants reported problems related to workforce diversity and these included issues related to geographical location, religion and ethnicity:

Particularly in regional areas LGBTI are dispersed and transport is often the issue. Also a limited number of workforce pool to draw from for ageing let alone LGBTI ageing (10), religious, religious teachings could inhibit accepting gay (GLBT) persons, some newly arrived and/or extremely conservative religious groups exist ... they may have limited understanding of these people both within their midst due to fear of coming out (32), the prevalence of church run aged care and immigrant workers if they are from cultures with prejudice against LGBTI people is a risk to the wellbeing and safety of older LGBTI Australians (43).

A number of participants reported that CALD diverse staff are often unfairly targeted as homophobic/transphobic – while in reality discrimination was perpetrated by a broad range of staff:

I think it is unfair to blame CALD staff for organisations not being LGBTI inclusive (4), In my experience I have come across some who do not have sufficient understanding of the specific needs of people who are very different from them. For example I have seen non-Muslim staff show prejudice against Muslims and likewise I have seen non LGBTI staff show prejudices against an LGBTI person (52).

When asked what needed to be done to support the diverse aged care workforce to provide LGBTI inclusive aged care, a significant number of respondents commented on the importance of organisational leadership saying inclusive services were:

dependent on the management & their view on LGBTI issues this then flow down to grass roots (2), we need something to motivate our managers (7), it can be difficult to make positive changes without management support (14), it is a whole of organisational approach that is going to make the difference. everyone needs to be on the same page (17), whilst negative perceptions of LGBTI people can be embedded in one's culture, I believe that Diversity adds a richness ... it is important to make expectations of behaviour at work clear to all (18).

Suggestions for LGBTI inclusive service delivery by a diverse workforce

Survey participants reported that the aged care workforce, like the community more broadly, holds a broad range of values and beliefs about older LGBTI people. They added employers need to clearly communicate organisational requirements relating to LGBTI inclusive service delivery.

In this next section we provide suggestions and strategies to assist organisations to understand and support all staff delivering aged care services to be LGBTI inclusive.

Understanding culture

Survey participants emphasised that diversity is not limited to CALD, ethnicity or faith/religion. Rather all staff have their own culture - values and beliefs. Our values and beliefs may be tied to age, geographic location, faith/religion or ethnicity, and many other characteristics. They influence the way we act and the way aged care services are delivered. Our individual values and beliefs collectively contribute towards organisational cultures. To help understand the influence of individual staff member's cultures in your work place we suggest some questions for discussion:

- Q:** what did you learn about LGBTI people throughout different stages of your life?
- Q:** how much of what you learned regarding LGBTI people is myth or fact?
- Q:** to what extent do these lessons influence your values and beliefs now?

Understanding LGBTI histories and impacts

Survey participants acknowledged that some older LGBTI people are fearful of discrimination by aged care service providers. It is important that all staff understand LGBTI histories and how these histories impact older LGBTI people. To explore this - watch the *Then and Now* Films and read the narratives in the *No Need to Straighten Up* report (resources listed on page 4) and then discuss:

- Q:** how do older LGBTI people's historical experiences influence their perceptions of aged care services?
- Q:** how would an older LGBTI person receive the message that your organisation and individual staff in your service won't discriminate against them?

Understanding power imbalances

Health and human services have exercised considerable control over the lives of older LGBTI people. Disclosure could mean enforced 'cures'; Trans people may still be forced to seek psychiatric services and intersex people may be coerced into hormonal therapies and surgeries. These power imbalances contribute to older LGBTI people's reluctance to access aged care services – due to fear of pathologising and discrimination. While some survey participants suggested LGBTI staff could be 'matched' with LGBTI clients – this fails to address the importance of organisations recognising historical power imbalances and communicating to LGBTI clients that that all staff at all times will be LGBTI inclusive.

- Q:** in what ways do you think you and your organisation hold positions of power in your interactions with older LGBTI clients?
- Q:** what can you and your service do to send a message to older LGBTI people that it is safe to access your service?

Demonstrating organisational leadership

Survey participants reported that organisations need to provide leadership to ensure staff clearly understand the organisation's commitment and requirements regarding LGBTI inclusivity. Organisations must provide clear and explicit guidelines on LGBTI inclusive practice. Organisations that do so recognise that staff have varying values and beliefs regarding LGBTI clients and inclusive practice and while they are at work they are all on the same page. These clear and explicit guidelines need to be communicated to staff throughout the employment journey – at recruitment, induction and an ongoing basis such as team meetings, staff performance development etc. Communication of the organisation's vision and ethos regarding LGBTI inclusive service delivery and providing staff with an understanding of LGBTI rights and legislative requirements will help to mitigate the delivery of services based on individual staff values and beliefs.

- Q:** what documented messages does your organisation have about LGBTI inclusivity?
- Q:** how is the message about LGBTI inclusivity communicated to staff?

Further information and resources:

In the following section we outline a range of other resources that could be utilised in a 5-step education session for service providers. All the resources listed can be found on the Val's Café website at: valscafe.org.au

Step	Suggested Use
1. Terminology	Read Cramer, P; Barrett, C & Firth, T (2015). <i>Aged Care Assessment Service lesbian, gay, bisexual, transgender, and intersex (LGBTI) inclusive guidesheets</i> . Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia, (particularly Sheet 10 to familiarise yourself with commonly used terms).
2. History and its impacts	<ul style="list-style-type: none"> • Watch the <i>Then and Now</i> films (see valscafe.org.au) • Read stories in: Barrett, C; Whyte, C; Leonard, W and Comfort, J. (2013). <i>No need to straighten up: Discrimination, depression and anxiety in older lesbian, gay, bisexual, transgender and intersex Australians</i>. Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia. • Discuss how historical perceptions of LGBTI people still influence the attitudes and beliefs of staff and other residents, clients and service users • Reflect on your values and beliefs and how these influence your interactions with LGBTI staff and service delivery to older LGBTI people.
3. Legislative reforms	<ul style="list-style-type: none"> • Read <i>Guide Sheet 3: Legislative and Other Reforms</i>, in Cramer, P; Barrett, C & Firth, T (2015). <i>Aged Care Assessment Service lesbian, gay, bisexual, transgender, and intersex (LGBTI) inclusive guidesheets</i>. Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia • Read: Department of Health and Ageing. (2012). <i>National lesbian, gay, bisexual, transgender and intersex (LGBTI) ageing and aged care strategy</i>. Canberra.
4. Principles of LGBTI inclusive aged care	<ul style="list-style-type: none"> • Gay and Lesbian Health Victoria has developed a set of National Standards for LGBTI inclusive Services which provide a framework to assist organisations to become LGBTI inclusive. The Standards are: organisational capability; cultural safety; professional development; consumer consultation; disclosure and documentation; access and intake. Utilising these Standards, Val's Café developed the Self-assessment and Planning (SAP) tool to assist aged care services to understand the journey to become LGBTI Inclusive. Undertaking the <i>Val's Café Self Assessment and Planning Tool</i> is a useful way of understanding how inclusive your organisation is and planning for improvements.
5. Cultural safety	<ul style="list-style-type: none"> • Read: Cramer, P; Barrett, C; Latham, JR and Whyte, C. (2015). <i>It is more than sex and clothes: Culturally safe services for older lesbian, gay, bisexual, transgender and intersex people</i>. <i>Australasian Journal on Ageing</i>. 34(S2), p 21–25.

