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Association of
Gerontology

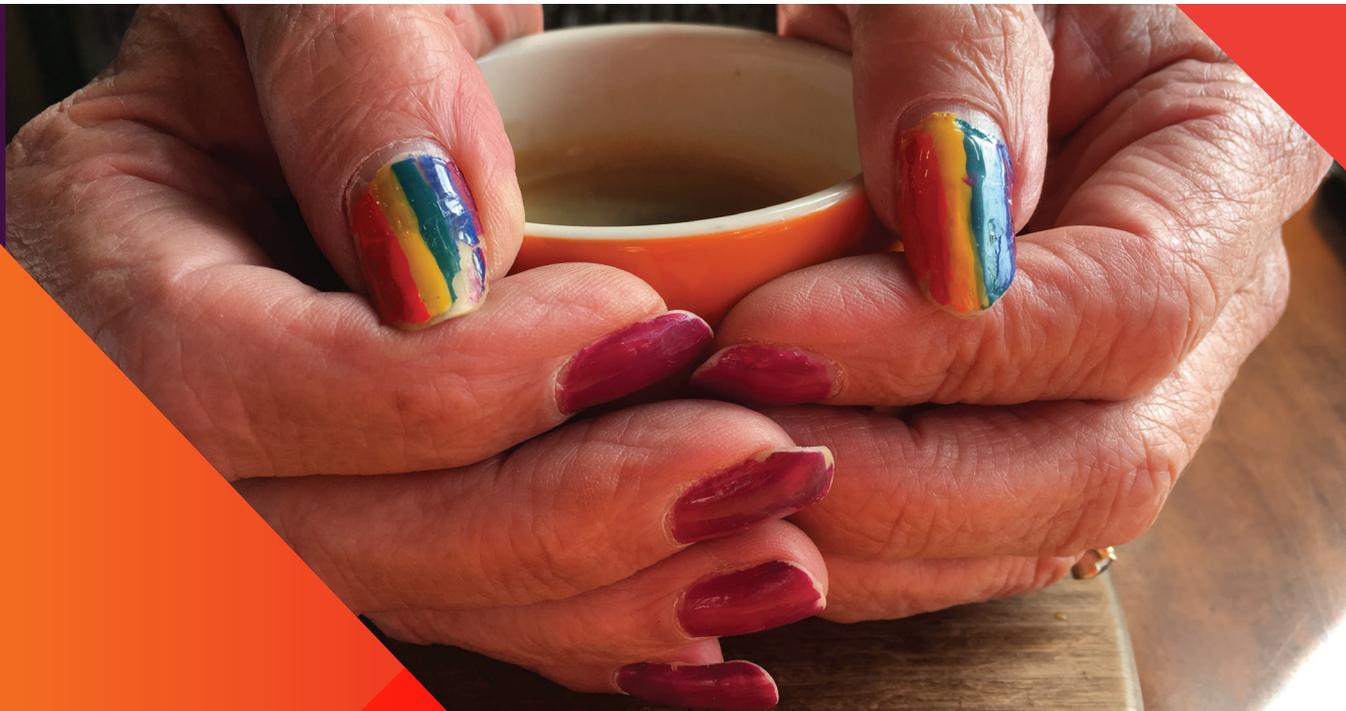


LGBTI ELDERS: IN THEIR OWN WORDS

Report on a workshop held on 7 November 2017
at the Crown Convention Centre, Perth

PRESENTED BY JUNE LOWE, GRAI
(GLBTI RIGHTS IN AGEING INC)

HOSTED BY AAG LGBTI AGEING
SPECIAL INTEREST GROUP



ACKNOWLEDGEMENTS

ACKNOWLEDGEMENT OF COUNTRY

Australian Association of Gerontology (AAG) acknowledges Traditional Owners of Country throughout Australia and recognises the continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures; and to Elders both past and present. For further information see AAG's Aboriginal and Torres Strait Islander Ageing Advisory Group (ATSIAAG)



SPONSOR

Funded by the Australian Government through the Dementia and Aged Care Services Fund



Australian Government
Department of Health

CONTRIBUTORS

Hosted by

AAG LGBTI Ageing Special Interest Group (SIG)

Presented by

June Lowe, GRAI (GLBTI Rights in Ageing Inc) with support from Dr Catherine Barrett, Alice's Garage

LGBTI Elders

- ▶ Marion
- ▶ Tjala
- ▶ Chris
- ▶ Finch
- ▶ Janice

Photographs courtesy of Michael Blyde Photography and Catherine Barrett

This report has been prepared by Ms Tonye Segbedzi, AAG

ATTRIBUTION

This report uses material from the Commonwealth (Department of Health) Review of the National LGBTI Ageing and Aged Care Strategy Final Report (2017) and the Aged Care Diversity Framework (2017), with permission under the Creative Commons Attribution 4.0 International Public License

NOTE ABOUT TERMINOLOGY

When using the acronym LGBTI we are using the language that is known within the ageing and aged care sector. We recognise and acknowledge that there are people of diverse relationships, bodies, sexualities and genders that are not reflected within this acronym.



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EXECUTIVE SUMMARY

This report summarises the proceedings and outcomes of the AAG workshop on LGBTI Elders: In Their Own Words held on 7 November 2017 in Perth. The workshop aimed to give participants unique insights into the social histories of LGBTI elders, building empathy and motivation to foster inclusivity within their own workplaces.

The workshop took place in the context of a changing policy landscape. After a long history of discrimination, the government released a five-year National LGBTI Ageing and Aged Care Strategy in 2012. Throughout 2017, the government consulted with stakeholders to conduct a review of the strategy and to develop a new Aged Care Diversity Framework, supported by specific Action Plans. The Final Report on the Review and the Diversity Framework were both released shortly after the workshop but work on the LGBTI Action Plan is still ongoing.

The workshop was presented by June Lowe (GRAI) with support from Dr Catherine Barrett (Celebrate Ageing). Twenty-nine people attended the workshop, including LGBTI consumers, researchers, policy-makers, service providers, peak bodies and advocacy groups.

The workshop began with an introduction to give context, followed by individual presentations from the panel of five LGBTI elders (whose stories and insights are summarised later in this report). Participants then broke up into smaller groups for facilitated 'table-top discussions' guided by a case study. The participants' reflections are detailed later in this report. **In summary, they called for education for aged care staff and other residents, and the development of good policies and procedures to create a safe and inclusive environment for older LGBTI people. The workshop also recommended resourcing and better links between aged care providers and LGBTI services to support older LGBTI people. While there were differing views about the desirability of LGBTI-specific aged care services, there was clear consensus about the need to include LGBTI Elders in the design of aged care services.**

Following the workshop, AAG published a Conference Communique on 'Safe and inclusive care for older LGBTI people.' AAG also undertook an evaluation which found that respondents had very positive views about the content and quality of the workshop.

In response to this report, AAG affirmed it believes that older **LGBTI people should experience a high quality aged care system that ensures equitable access and outcomes and embraces their diverse characteristics and life experiences.** AAG resolves to continue to work collaboratively with LGBTI elders, our partners and stakeholders to advocate for and support this objective.

ABOUT US

Australian Association of Gerontology (AAG)

Since 1964, the Australian Association of Gerontology (AAG) has been Australia's peak national body linking researchers, educators, policy-makers, practitioners and other experts engaged in ageing issues. With over 1200 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 LGBTI Ageing Special Interest Group (SIG) that:

- ▶ works with the LGBTI community to improve the lives of older LGBTI people
- ▶ fosters networking and collaboration between older LGBTI people, researchers, practitioners and policy makers
- ▶ provides comment and advice on LGBTI ageing issues when called on by AAG.

AAG's purpose is to improve the experience of ageing through CONNECTING RESEARCH, POLICY and PRACTICE

GRAI (GLBTI Rights in Ageing Inc)

GRAI is a Western Australian community-based group with a mission to create a responsive and inclusive mature age environment that promotes and supports a quality life for older and ageing people of diverse sexualities and gender identities. It is voluntary group that works to enhance the quality of life for GLBTI (gay, lesbian, bisexual, trans and intersex) elders, focusing on improving GLBTI awareness in aged care services (both residential and community care).

GRAI advocates for the rights of GLBTI elders; provides training in the aged care sector; and collaborates with researchers to increase the visibility, understanding of, and respect for GLBTI elders. It also facilitates social connectivity in the community through peer and intergenerational friendships.

Alice's Garage

Alice's Garage is a National Program empowering LGBTI Elders and promoting healthy LGBTI Ageing. Founded by Dr Catherine Barrett in 2016, the program works with LGBTI Elders to identify their issues of concern and strategies to address these. LGBTI Elders co-design and co-lead many of the projects undertaken. Alice's Garage is part of the Celebrate Ageing Program established by Dr Barrett to challenge ageism, build respect for older people and address the problems of ageism. Celebrate Ageing, and Alice's Garage are self-funded. Income is generated from educational activities such as workshops and conferences to fund initiatives that might not otherwise be funded (or are not currently recognised as funding priorities)

BACKGROUND

Introduction

Until recently, LGBTI elders were invisible in aged care and in the community, with their needs usually unexpressed and overlooked. With little past exposure, service providers are often unsure how to guarantee the well-being and cultural safety of this cohort. Historic marginalisation has left a legacy of insecurity for LGBTI elders that renders many unwilling to enter an environment or access a service which they believe is hostile or indifferent to their needs.

Policy context

The size of Australian LGBTI communities is difficult to determine (due in part to a perceived lack of safety by LGBTI people that inhibits disclosure). However, the proportion of LGBTI people is estimated at around 11 per cent of the Australian population (Department of Health and Ageing 2012).

The National LGBTI Ageing and Aged Care Strategy (the LGBTI Strategy) was released by the government in December 2012. It was designed to inform the way the government supports the aged care sector to deliver care that is sensitive to and inclusive of the needs of LGBTI people, their families and carers. The LGBTI Strategy was given a five-year implementation time frame.

In 2013, the 'special needs' groups identified in the Aged Care Act 1997 were amended to include LGBTI people. In the same year (2013), the Sex Discrimination Act 1984 was amended to provide new protections against discrimination on the basis of a person's sexual orientation, gender identity, and intersex status, and to provide protection against discrimination for same sex de facto couples. This amendment ensured that all aged care service providers, regardless of their organisation type, were required to provide non-discriminatory service.

During the first half of 2017, the government conducted a review of the LGBTI Strategy in consultation with stakeholders. On 7 November, AAG held the LGBTI elders workshop that is the subject of this report. On 8 November 2017, Minister Ken Wyatt (Minister for Ageing and Indigenous Health) invited a group of key stakeholders (including AAG, GRAI and Celebrate Ageing) to participate in an LGBTI Aged Care Think Tank to discuss improving the ageing and aged care experiences of LGBTI people, their families and carers.

On 23 November 2017, Minister Ken Wyatt launched the Review of the National LGBTI Ageing and Aged Care Strategy Final Report (the LGBTI Strategy Final Report). It found (at page 2):

"Stakeholders were strongly supportive of the principles and goals of the LGBTI Strategy. They considered the LGBTI Strategy has played an important role in raising awareness and visibility of issues relating to LGBTI-inclusive aged care, and that the sector (for the most part) is open to the shift towards increased LGBTI inclusion. However, perceptions of the extent to which improved awareness has led to tangible changes in service provision were mixed."

During 2017, the Government also established the Aged Care Sector Committee Diversity Sub-Group (which included representatives from AAG). Following a national consultation process, the sub-group developed the Aged Care Diversity Framework, which was launched on 6 December 2017.

The Diversity Framework builds on the previous LGBTI and Culturally and Linguistically Diverse (CALD) Ageing and Aged Care Strategies, with the vision that (at page 6):

“All older people experience a high quality aged care system that ensures equitable access and outcomes and embraces their diverse characteristics and life experiences.”

The Diversity Framework has six overarching imperatives (at page 6):

1. Equity of access and outcomes
2. Empowerment
3. Inclusion
4. Quality
5. Capacity building
6. Responsive and accountable.

The Diversity Framework will be supported by individual Action Plans focusing on solutions to address specific barriers and challenges affecting particular diverse groups' ability to access mainstream and flexible aged care services. The sub-group will develop three plans in the first half of 2018 (for LGBTI, CALD and Aboriginal and Torres Strait Islander people) and another plan in the second half of 2018 (for older people who are homeless or at risk of homelessness). As at the time of writing this report, consultation for the LGBTI Action Plan was still ongoing.

LGBTI issues in aged care

The LGBTI Strategy Final Report noted the following LGBTI issues in aged care (at pages 6-7):

“Older LGBTI people have experienced a history of discrimination in Australian society, suffering from criminalisation, violence, stigma, discrimination, rejection by friends and family, and social isolation (Department of Health and Ageing 2012). Historically, distrust of the health and social services sector among LGBTI people often resulted in reluctance to utilise mainstream services, including aged care (Panich et al. 2005, Robinson & Wilson 2012).

A 2008 study in Victoria found that some older LGBTI people:

- ▶ Have never felt safe disclosing their sexual orientation or gender identity
- ▶ Revisit past discrimination when encountering current discrimination, leading to feelings of anxiety and/or depression
- ▶ May be socially isolated or relate to a 'chosen' network of family or friends rather than genetic family.

The same study found that very few older LGBTI people felt comfortable asserting their rights to prevent discrimination (Barrett 2008).

In light of this history and enduring barriers to access, cultural safety has been nominated as 'a critically important aspect of aged care services for older LGBTI people' (Cramer et al. 2015, p. 24).

Organisational elements that contribute to cultural safety and inclusiveness in the health and human services sectors include:

1. Embedding LGBTI-inclusive practice across all systems, and continuously seeking opportunities for improvement
2. Ensuring staff and volunteers understand their responsibilities to LGBTI consumers and are trained and able to provide LGBTI-inclusive services
3. Ensuring LGBTI consumers are consulted about, and participate in, the planning, development and review of services
4. Ensuring LGBTI consumers can easily and confidently access services (e.g. using welcoming physical and virtual environments)
5. Ensuring LGBTI consumers, staff and volunteers feel safe providing personal information (including their sexual orientation, gender identity and/or intersex status)
6. Identifying, assessing, analysing and managing risks to ensure the cultural safety of LGBTI consumers (GLHV@ARCSHS 2016)."

REPORT ON THE WORKSHOP

Workshop proceedings

The LGBTI Elders: In Their Own Words workshop aimed to give participants unique insights into the social histories of LGBTI elders, building empathy and motivation to foster inclusivity within their own workplaces.

During the workshop, participants:

- ▶ heard from a panel of LGBTI elders, who shared stories of their own life experiences and expectations of aged care and community services; and
- ▶ explored practical ways that the concerns and expectations of LGBTI elders could be addressed in both residential and home care service provision.

The workshop was held on Tuesday 7 November 2017 from 9.30 am to 12.30 pm at the Crown Convention Centre, Perth. The workshop preceded the 50th AAG Conference which commenced the following day. This was a free event.

The workshop was presented by June Lowe (GRAI), with support from Dr Catherine Barrett (Alice's Garage) and a panel of five LGBTI elders. It was hosted by AAG's LGBTI Ageing Special Interest Group and sponsored by the Department of Health. Further information about the workshop is provided in the flyer at Appendix 1.

Twenty-nine people attended the workshop. Participants included LGBTI consumers, researchers, policy-makers, service providers (in aged and health care), peak bodies and advocacy groups.

June Lowe began the workshop by giving a brief introduction and some context. This was followed by individual presentations from the panel of five LGBTI elders. Their moving stories and valued insights are summarised in the next section of this report.

After a short break for morning tea, participants broke up into smaller groups for facilitated 'table-top discussions' with the LGBTI elders, guided by a case study about "Dale and Lillian" (see Appendix 2). The discussion questions were designed to draw out key lessons for service providers about practical strategies for creating cultural safety. Reflections from participants are summarised in a later section of this report.

The workshop closed with a brief summing up and heartfelt thanks to the LGBTI elders.

LGBTI elders in their own words

The workshop presented a panel of five LGBTI elders, who offered stories of their own life experiences and expectations of aged care and community services. Their narratives explored:

- ▶ 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 services;
- ▶ ways in which service providers can reduce minority stress, ensure equal access, and create a stance of positive affirmation, enabling LGBTI clients to feel free 'to be themselves'.

This format modelled empowering aged care consumers to be directors of their own care. In itself, this provided a demonstration of good practice in constructive consultation and ways to meet the special needs of aged care consumers.

The stories from the elders (briefly summarised below) were very personal and profoundly moving. To their own surprise, several speakers shed tears during their presentations. This was a poignant reminder of the importance of creating a safe and supportive space for older LGBTI people to speak and be heard.

**The past isn't dead,
it isn't even past**

Marion

- ▶ Marion has a nursing background and her textbooks described lesbians as a 'perversion'
- ▶ She realised she was lesbian in her 20s but kept it a secret
- ▶ She maintained a 'decoy' separate bedroom when she was living with her partner
- ▶ The 2002 Gay Games in Sydney changed her perceptions about being 'out'
- ▶ She is concerned about the possibility that home carers might not be gay-friendly and would like to know what training they receive.
- ▶ If she needs to go into residential aged care, she wants a safe environment, so she doesn't have to hide.
- ▶ She hopes that in residential aged care she would be able to:
 - ▷ share a room with her partner and have privacy
 - ▷ kiss and hold hands with her partner
 - ▷ read lesbian books and watch lesbian movies
 - ▷ celebrate gay events such as Pride
 - ▷ be protected from hurtful comments by other residents
 - ▷ have a say in whether males provide personal care to her.
- ▶ She would find it reassuring to see something that shows the aged care service provider is gay-friendly.

I'd like some assurance that we'll be treated with dignity and respect by home carers

Finch

- ▶ When Finch was young, people said he was like the camp character played by Kenneth Williams in the English "Carry On" movies
- ▶ Back then "queer" was not a nice word and shame was the crushing identity of those years
- ▶ He joined the gay liberation movement when he came to Australia in the 1970s. Denis Altman's book 'Homosexual: Oppression and Liberation' literally changed his life.
- ▶ After that he refused to feel ashamed of being gay, but it was still very difficult to be out in the workplace.
- ▶ He has been very upset by the recent marriage equality debate, which has brought out a lot of stuff that he thought we had already moved past.
- ▶ He is worried that if he goes to residential aged care, it will feel like 'being shoved back in the closet'.

Old wounds have been re-opened by the marriage equality debate

Tjala

- ▶ Realised that she was lesbian in her early 40s after separating from her husband. The different times that people come out has an impact. There is no homogeneity.
- ▶ Disclosing your sexuality carries an element of risk so it is an act of courage for LGBTI people. How do I know if it's safe to be out? What do I put on the forms?
- ▶ Many older gay people have few family members to help them because having children wasn't an option for them back then
- ▶ Do we censor our homes when caregivers come in by removing the rainbow duck in the bathroom? If we sense animosity, we will.
- ▶ I'd be mortified if I had to have a male caregiver help me shower.
- ▶ My greatest fear is of having to go into residential care.
- ▶ I googled 'gay aged care' and only found one provider that mentioned LGBTI on their home page.
- ▶ A friend said to me that 'blending in means closing the door on who you really are and living a life of secrecy and sadness

None of us want to be the only
gay in the village.

Chris

- ▶ He was ready to come out when AIDs happened, so he went back in the closet for 10 years.
- ▶ He didn't really come out until he did a support course, and then he 'burst out of the closet.'
- ▶ He is the President of a support group for older gay and bisexual men. The group does lunches and book club and other social events
- ▶ He knew a couple of men who had been together for 30 years when both of them had to go into aged care. Eventually they ended up in the same facility but were placed in separate rooms. They had to pretend they were just friends. In reception, they wouldn't let him hug or kiss them because they were so scared of the other residents finding out.

If I ever have to go into a
nursing home, I am not going
back in the closet

Janice

- ▶ She has lived most of her life as a lesbian and likes being part of that subculture
- ▶ She had a smooth coming out process and has been with the same partner for 35 years
- ▶ She is very careful around young people to combat the stereotype of 'recruiting for the cause' or untoward behaviour.
- ▶ What she would like in aged care is:
 - ▷ Women tending to her personal care
 - ▷ Lesbian-friendly activities such as books and films
 - ▷ The service provider should 'come out' first with LGBTI-friendly symbols
 - ▷ Don't 'out' us by asking if we are gay or putting us in a special group
 - ▷ Don't steer us towards Church based organisations, no matter how good they are
 - ▷ Respect and follow our wishes
 - ▷ We need to feel safe.

My physical needs are the same as any woman, but my emotional needs are very different



REFLECTIONS FROM WORKSHOP PARTICIPANTS

How would you react if you walked into a room in an aged care facility and saw an older same-sex couple kissing?

- ▶ Smile
- ▶ Mind my own business
- ▶ Be amazed
- ▶ Think 'isn't that nice'
- ▶ Give them privacy
- ▶ Ask 'should I give you a minute?'
- ▶ Realise that they love each other
- ▶ Come back later
- ▶ Say 'oops sorry'
- ▶ See it as a special love moment
- ▶ Think 'how lovely'

Tabletop discussion about the case study: Dale and Lillian (Appendix 2)

Why is Dale sensitive?

- ▶ Trauma (historical and current)
- ▶ Past and present discrimination
- ▶ Carer stress
- ▶ Lack of emotional support from family and friends
- ▶ Limited financial resources
- ▶ Limited choice of aged care providers
- ▶ Loss of control (Guardianship Board decision)
- ▶ Fear of church-based organisations
- ▶ Lack of LGBTI-friendly services
- ▶ Their relationship was not acknowledged / respected by Lillian's family, the Guardianship Board or aged care workers

Where is this coming from on the service provider's part?

- ▶ Ignorance / denial that they have LGBTI clients
- ▶ Lack of education/training for staff
- ▶ Inadequate policies / procedures
- ▶ Power imbalance between provider and clients
- ▶ Legislation gaps (e.g. discriminatory employment laws)
- ▶ Historical context (Church-based organisation)



What could your service do differently?

- ▶ Educate staff and other residents
- ▶ Seek Rainbow Tick accreditation
- ▶ Display rainbow flags on website and in buildings
- ▶ Get trained staff to wear rainbow badges
- ▶ Provide a trained LGBTI liaison person (or concierge service)
- ▶ Ensure correct language is used
- ▶ Work with LGBTI groups in the community (e.g. Prime Timers)
- ▶ Practise role playing with case examples
- ▶ Employ gay staff
- ▶ Provide counselling /personal support
- ▶ Good case management
- ▶ Provide advocacy /referral services
- ▶ Assess and manage risks for LGBTI clients
- ▶ Consider establishing an LGBTI-specific residential aged care facility
- ▶ Celebrate LGBTI events (e.g. Pride Week) and culture (e.g. show LGBTI movies)
- ▶ Develop LGBTI social groups
- ▶ Follow up on instances of discrimination.

What needs to shift?

Culture

- ▶ Understand that 10% of clients are LGBTI
- ▶ Quash the myth that 'we treat everyone the same'
- ▶ Recognise the injustices that have been done to LGBTI people
- ▶ Recognise that LGBTI people have equal rights
- ▶ Recognise the impacts of heteronormativity
- ▶ Make a long-term commitment (culture change takes time).

Design of aged care services

- ▶ Engage LGBTI Elders in co-designing inclusive services
- ▶ 'Come out' as an LGBTI-inclusive service, for example:
 - ▷ Display LGBTI inclusive symbols
 - ▷ Celebrate LGBTI culture (e.g. Pride Week, IDAHOBIT etc)
 - ▷ Offer LGBTI-inclusive activities e.g. movie nights/ books
 - ▷ Market to attract LGBTI clients
- ▶ Undertake Rainbow Tick accreditation
- ▶ Set up an LGBTI concierge service (to assist with access, navigation, advocacy, connection)
- ▶ Hire LGBTI staff
- ▶ Consider providing LGBTI-specific aged care services (but there were differing views about this).

Education and training

- ▶ Educate and train the managers so they can lead change
- ▶ Educate and train staff
- ▶ Educate other residents
- ▶ Educate LGBTI Elders about their rights
- ▶ Education must be ongoing (not one-off).

Legal and policy

- ▶ Change employment laws so faith-based services cannot discriminate against LGBTI staff
- ▶ Develop LGBTI-inclusive policies and procedures
- ▶ Reassess the language used (around gender, sexuality, partners etc)
- ▶ Don't force people to disclose
- ▶ Allow same sex couples to share a room
- ▶ Give clients the option of privacy (e.g. do not disturb signs)
- ▶ Give clients the option of male or female personal care workers.

Resourcing

- ▶ Provide sufficient ongoing resourcing to support LGBTI-inclusive services
- ▶ Collaborate with other relevant services, for example:
 - ▷ LGBTI support services
 - ▷ advocacy services
 - ▷ counselling
 - ▷ pastoral care (not faith-based).

AAG CONFERENCE COMMUNIQUE

Shortly after the AAG's 50th Annual Conference was held in November 2017, AAG published a series of communiques on key messages from the conference. The communique on "Safe and inclusive care for older LGBTI people" (see Appendix 3) provided a brief summary of:

- ▶ AAG's activities relating to older LGBTI people over the past few years
- ▶ the LGBTI elders workshop that is the subject of this report
- ▶ a conference presentation by Dr Sue Malta on providing a safe and inclusive aged care space for older LGBTI people
- ▶ a poster presentation by Robyn Burton on a tailored service to enable positive ageing for older LGBTI people accessing aged care service.



AAG EVALUATION

AAG was funded by the Department of Health to do an evaluation of some of its work. AAG engaged the National Ageing Research Institute to design an evaluation program and evaluation tools. As part of this process, AAG sent surveys to people who attended the LGBTI elders workshop that is the subject of this report. In summary, the evaluation found that:

- ▶ Nine people responded to the survey (around one third of workshop participants).
- ▶ Of those who responded, 56% worked in residential aged care and 22% worked in community aged care services.
- ▶ Respondents had very positive views about the content and quality of the workshop.
- ▶ 89% of respondents felt they had learnt something new during the workshop that may influence or change their future work in the field of ageing.
- ▶ All respondents agreed that the presenters were effective communicators.
- ▶ All respondents felt that the workshop was well-organised and run and that there was a good mix of participants.
- ▶ One respondent suggested that a microphone for speakers would have been good as they were difficult to hear at times.

I am now so much more aware of the issues for LGBTI people as they age and in particular about their concerns about their care.

-workshop participant



AAG RESPONSE TO THIS REPORT

AAG believes that:

Older LGBTI people should experience a high quality aged care system that ensures equitable access and outcomes and embraces their diverse characteristics and life experiences.

AAG resolves to:

continue to work collaboratively with LGBTI elders, our partners and stakeholders to advocate for and support this objective.

AAG thanks:

the Department of Health, the LGBTI elders who shared their stories and the stakeholders who participated in the workshop for their valuable contribution to this project.



APPENDIX 1

AGEING: THE GOLDEN OPPORTUNITY

LGBTI ELDERS: IN THEIR OWN WORDS

50th
AAG
CONFERENCE

08–10 NOVEMBER 2017

CROWN PERTH, WESTERN AUSTRALIA

WORKSHOP HOSTED BY

AAG's Lesbian, Gay, Bisexual, Transgender and Intersex Ageing Special Interest Group (LGBTI SIG)

PRESENTED BY

June Lowe
GRAI (GLBTI Rights in Ageing Inc)



Until recently, LGBTI elders were invisible in aged care and in the community: their needs unexpressed and overlooked. With little past exposure, service providers are often unsure how to guarantee the well-being and cultural safety of this cohort

Historic marginalisation has left a legacy of insecurity for LGBTI elders that renders many unwilling to enter an environment or access a service which they believe is hostile or indifferent to their needs. A profound shift of organisational culture is needed to normalise diverse sexuality and gender within services, to achieve a setting where LGBTI elders are valued and respected and enabled to live openly if they so choose.

This workshop will present a panel of LGBTI elders, who will offer stories of their own life experiences and expectations of aged care and community services. These narratives will explore:

1. The psychological and social impacts of being an older member of the LGBTI community;
2. The impact of LGBTI elders' past histories of pervasive discrimination on their decision-making regarding access to services;
3. Ways in which service providers can reduce minority stress, ensure equal access, and create a stance of positive affirmation, enabling LGBTI clients to feel free 'to be themselves'.

The format models empowering care recipients to be directors of their own care. In itself, this is offers a demonstration of good practice in constructive consultation and planning ways to meet clients' special needs.

Workshop participants will gain unique insights into the social histories of LGBTI elders, building empathy and motivation to foster inclusivity within their own workplaces.

After identifying LGBTI elders' concerns and expectations, workshop facilitator June Lowe will draw out key lessons for service providers, and explore some practical ways these issues can be addressed in both residential and home care service provision.



Tuesday, 7 November 2017



9:30am to 12:30pm



Crown Convention Centre Perth
Great Eastern Hwy
Burswood WA 6100



FREE

To book please visit www.aagconference.asn.au

Funded by the Australian Government through the
Dementia and Aged Care Services Fund.



APPENDIX 2

Story 2: Dale and Lillian - An impressive mind

My name is Dale and I was born in 1943. My partner Lillian was born in 1937. We were together for 20 years. The most impressive thing about Lillian was her brain. She had a first class honours degree and her thesis had been on aged care. She was a great advocate of leaving people in their homes and supporting them.

"A care worker used to talk to me about "people like you". I didn't know what she was talking about ...so I finally latched onto what she meant...that I am a lesbian."

Lillian's children turned their backs on her. Before she was diagnosed it was always Lillian who went to see them and they visited her once a year as a rule. But after she was diagnosed the children never visited, never sent her birthday or Christmas or Mother's Day Cards, they never even rang to ask how she was.

As Lillian's condition worsened they just wanted to be in control and they didn't want me to be in control. That's how I read it. It was all about me, not about looking after their mother. The fact is they didn't give a fig, but they're all standing in line now waiting for the Will to be read. The next thing I know I am summoned to the Guardianship Tribunal. So I lost control of access and accommodation for a year, and I lost control of Lillian's finances forever.

After three or four years of being the sole carer I had to get help. I was really in serious trouble by then in terms of physical labour. It was very demanding. So an EACH-D (extended aged care in the home – dementia) package was taken up and in home care provided by one of the organisations that service this area. And that's when we really had problems. Lillian's anxiety continued because of the irregular and unpredictable care worker schedule and roster, and she stopped weeing and developed a severe urinary tract infection. So I employed someone privately.

Some of the care providers assumed Lillian was my mother. They would say "Oh is your mother sick is she", or "your mother's got dementia". And I'd say it's not mother, she's my partner. They were very proper, you know, church going ladies.

One of the care workers used to talk to me about "people like you". I'd forgotten all about that. "People like you", she said. I didn't know what she was talking about at first. People like me; you mean intelligent or well read? So I finally latched onto what she meant, the fact that I am a lesbian. She was a strange piece of work; even the service providers knew she was a bit odd. I can't remember which organisation she came from.

It was always church based service providers servicing the EACH-D. The non-church ones, as far as I could make out, don't service here. So we don't have a lot of choice, not much choice at all. I was concerned about the church based services because I thought they'd come with prejudice. I thought they'd come with attitude.

I can't say their prejudice was upfront but I'm fairly sure it was there in the background. I would look in the paperwork to see whether I was described as a partner or carer, but they didn't falter on that front filling in the forms. But you don't know what's in the backs of people's minds.

I went to a carer support group and it was fantastic, great stuff. There might have been some people biting on their tongues about the fact I was a lesbian, I don't know, but it didn't bother me because I didn't notice it. But nobody left the room. I think there's enough out there in public about same sex couples that I think you'd have to go a long way to find somebody who'd react.

I was the only one in our carers support group who was still caring at home and I'm the only one in the group who cared at home until death. For me it was the better choice from the point of my conscience and being true to her, but also in terms of convenience because otherwise I would be worrying, having sleepless nights. And I have to live with myself afterwards, so I had to have a good conscience about it. So that's why it happened. There might have been a time when it became impossible but it didn't, Lillian died before it was impossible. It got very close though.

Something I fear down the track is if you have to go into a facility and you're on your own, you don't even have any like-minded people. You might as well just pull the plug, you know. It would be just awful.

I have a couple of friends who stayed with me the entire time I was caring for Lilian. But some of my friends dropped off, maybe because I didn't have the time or energy to stay in touch. But the other side of it is you find that people who would normally drop in for a coffee and a chat stop doing that, and my reading of this is that they don't know what to do, so they stay away.

When Lilian died, suddenly they were all knocking on the door and ringing me up, "Hey, how about a cup of coffee. How about coming out to dinner, how about..." It buggers you up a bit.

And so when it was all over I crashed, I came down with the flu. I was sick for months after Lilian died. Finally, I'm okay. Finally. I think I'm okay. I haven't gone out yet.

The whole experience is still in the foreground of my life. I know it's happened and it's affected me but I haven't come to terms with it. I've always thought of myself as an onion and I just keep growing skins around things. I haven't grown the skin around it yet, or the bark on a tree.

Questions for discussion

1. How does Dale describe the impacts of the application for Guardianship on her?
2. Why do you think Dale cared for Lilian at home for so long?
3. What assumptions did service providers make about Dale and Lilian's relationship – and how could such assumptions be avoided?
4. What do you think the care worker meant by 'people like you' – and what impact might such statements have on LGBTI people?

We are still gay ...

Pauline Crameri, Catherine Barrett, Sally Lambourne, J.R. Latham
October 2015



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APPENDIX 3



Australian Association of Gerontology (AAG) 50th Annual Conference “Ageing - the Golden Opportunity”

Communique: Safe and inclusive aged care for older LGBTI people

1 December 2017

AAG’s 50th Annual Conference “Ageing – the Golden Opportunity” was held in Perth from the 8-10 November. The conference attracted more than 450 delegates.

AAG is a membership organisation whose purpose is to improve the experience of ageing through connecting research, policy and practice. Since 1964, AAG has been Australia’s peak body linking professionals working across the fields of ageing. The multidisciplinary membership includes researchers, aged care leaders, geriatricians, nurses, allied health professionals, policy makers, advocates for older people and others with expertise in ageing.

Ageing issues for Lesbian, Gay Bisexual, Transgender and Intersex (LGBTI) people have been a focus for AAG for the past few years. Among other things, AAG has delivered the following activities:

- Workshop (2013) – There’s No Need to Straighten Up: LGBTI Ageing & Aged Care in Australia
- Webinar (2014) – Understanding the Needs of Older LGBTI People
- Workshop (2014) – Rainbow Visions LGBTI Ageing Research Policy & Practice
- Develop and produce the LGBTI Ageing and Aged Care Special Issue (2015) of the *Australasian Journal on Ageing*, a peer reviewed journal
- Conference presentation (2015) – Doing it Better: Strategies Targeting Older LGBTI Mental Health
- Masterclass (Nov 2016) – Older LGBTI Australia.

This year, AAG’s Annual Conference opening keynote speech was provided by the Hon Ken Wyatt AM, Minister for Aged Care and Minister for Indigenous Health. The Minister stressed the Government’s awareness of the diverse needs of older people across Australia. The Government’s Final Report on the LGBTI Ageing and Aged Care Strategy was released in late November 2017, an Aged Care Diversity Framework will be released in December 2017, and an Action Plan for older LGBTI people will follow in mid-2018. AAG was invited to participate in the Minister’s think tank session, held in Perth during the conference, to discuss aged care for older LGBTI people.

June Lowe, Chair of GLBTI Rights in Ageing Inc, facilitated the [AAG pre-conference workshop](#) “LGBTI Elders: In their own words” hosted by [AAG’s LGBTI Special Interest Group](#). The workshop heard from a panel of five LGBTI Elders, speaking about their own life experiences and how these have shaped their hopes and fears about ageing and aged care. The statement by one Elder that “*I’d like some assurance that we’d be treated with dignity and respect by aged care providers*” was echoed by everyone on the panel. This was followed by small group discussion among the 30 workshop participants, based on a case study. The participants called for

AAG acknowledges the traditional land owners of Australia and we welcome all Aboriginal and Torres Strait Islander people in our activities. AAG aims to improve equity in access to services and support for ageing Aboriginal and Torres Strait Islander people.

education for aged care staff and other residents, and the development of good policies and procedures to create a safe and inclusive environment for older LGBTI people. The workshop also recommended resourcing and better links between aged care providers and LGBTI services to support older LGBTI people. While there were differing views about the desirability of LGBTI-specific aged care services, there was clear consensus about the need to include LGBTI Elders in the design of aged care services.

Dr Sue Malta, Social Connections and Relationships Stream Leader at the National Ageing Research Institute (NARI), presented the results of a study which highlighted the importance of providing a safe and inclusive aged care space for older LGBTI people and aged care workers who identify as LGBTI. Ongoing staff training and monitoring, awareness and sensitivity to LGBTI history, as well as strong, enforceable anti-discrimination policies/procedures, and employing staff who identify as LGBTI or are LGBTI-friendly were seen as imperatives; as was the need for consumer and staff input into management decisions. Active policies and practices to honour cultural diversity, in all its forms, were also seen as important.

Robyn Burton, Diversity Project Manager at ECH Inc, gave a poster presentation on a project to explore how a tailored service might enable positive ageing for LGBTI people who are accessing ageing and aged care services.

Other highlights from the conference

AAG has released a series of communiques on key messages from the conference:

AAG released its first communique on the key messages from the conference on 21 November 2017. This communique, focussing on assuring equity of access and quality outcomes for Aboriginal and Torres Strait people, can be found here:

[AAG Conference Communique 1: Assuring Equity of Access and Quality Outcomes for Older Aboriginal and Torres Strait Islander People](#)

A second communique highlighted some of the key talks at AAG's 50th Annual Conference, including: the presentations by the AAG 2017 Gary Andrews International Fellow Professor Sube Banerjee from the Centre for Dementia Studies at the University of Sussex on multimorbidity and dementia; the Presidential Symposium exploring AAG's 2017 Hot Topic "[The economic opportunities of an ageing population – how much do we value the golden goose?](#)"; the perspectives on ageing and aged care from a Culturally and Linguistically Diverse perspective, and; the AAG Ageing Workforce Education Special Interest Group (AWESIG) inaugural symposium exploring evidence as to how to build health and aged care workforces. The communique can be found here:

[AAG Conference Communique 2: Highlights from the conference](#)

A third communique highlighted the pre-conference workshop on late life changes in housing: choices, enablers and barriers to ageing in place, the symposium on ageing well and the built environment, and other concurrent sessions exploring the latest evidence on creating environments to age well in. The communique can be found here:

[AAG Conference Communique 3: Latest evidence on creating environments to age well in](#)

Media contact:

Michael Tan
Membership & Marketing, AAG
mtan@aag.asn.au
+61 3 8506 0525

NOTES





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Australian Association of Gerontology

Suite 8, 322 St Kilda Road
St Kilda VIC 3182
Australia

Telephone: **+61 3 8506 0525**

Email: **enquiries@aag.asn.au**

Web: **www.aag.asn.au**



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