



BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING

Submission to:

The Review of Accreditation Process
For Residential Aged Care Homes

July 2009

About ACON

ACON (formerly known as the AIDS Council of NSW) was formed in 1985 as part of the community response to the impact of the HIV/AIDS epidemic in Australia. Today, ACON is Australia's largest community-based gay, lesbian, bisexual and transgender (GLBT) health and HIV/AIDS organisation. ACON provides information, support and advocacy for the GLBT community and people living with or at risk of acquiring HIV, including sex workers and people who use drugs.

ACON is home to the Community Support Network (CSN), the Positive Living Centre (PLC), the Lesbian and Gay Anti-Violence Project (AVP) and the Sex Workers Outreach Project (SWOP). ACON has its head office in Sydney as well as branches in the Illawarra, Northern Rivers, the Hunter region and the Mid North Coast.

ACON has a long history of providing services for ageing and older members of the GLBT community and people with HIV. Recognising the increasing importance of this work, ACON developed *Ageing Disgracefully: ACON's Ageing Strategy 2006-9*, which continues to guide our work with ageing and older GLBT people and people with HIV¹.

General Comments

With an ageing population and an ever growing number of Australians entering residential aged care homes, it is essential that such facilities and services are of the highest standard and are able to meet the needs of their residents. Consequently, ACON congratulates the Department of Health and Ageing on, and welcomes the opportunity to make a submission to, the review of the accreditation process for residential aged care homes.

Members of the GLBT community have specific needs and experience residential aged care differently from the general population. These needs and experiences can be the result of discrimination or perceived discrimination in the aged care sector as well as past experiences of discrimination in social services and from society generally.² However, it is disappointing that the discussion paper *Review of the Accreditation Process for Residential Aged Care Homes*, does not explicitly include the specific needs of the GLBT community as an issue of concern in the accreditation process.

In the lead up to the last federal election, in response to a survey of the main political parties by the National LGBT Health Alliance, the ALP made the following commitment:

Labor has committed to modernise the quality and accreditation system used in aged care. Within that review we will examine how well the existing quality systems assesses whether providers meet the needs of GLBT people and other specific groups such as culturally and linguistically diverse communities and Aboriginal and Torres Strait Islander people³.

¹ Available for download at <http://www.acon.org.au/about-acon/Strategies/ageing> .

² C Barrett, *My People: A project exploring the experiences of Gay, Lesbian, Bisexual, Transgender and Intersex seniors in aged-care services*, Matrix Guild Victoria, (2008), pp. 13-14.

³ See *ALP responses to National GLBT Health Alliance 2007 Federal Election Survey*, GLBT Health Alliance, (2007) Unpublished, available from the National LGBT Health Alliance.

It is important that this commitment is met to ensure that in the final outcome of this review, GLBT people are considered a priority group alongside culturally and linguistically diverse communities and Aboriginal and Torres Strait Islander people for the purposes of quality assessment and accreditation for residential aged care homes.

Key Issues in the Accreditation Process

GLBT Strategy

Gay, lesbian, bisexual and transgender (GLBT) people are a consumer group in the aged care sector that have specific needs and distinct experiences. As a result of homophobia, ignorance and/or a lack of understanding and knowledge about sexuality and gender identity issues, discrimination, prejudice and abuse are often experienced by older GLBT people in the aged care sector or in society generally.⁴ Therefore, it is imperative that when engaging with the residential aged care sector that services be non-discriminatory and culturally appropriate for GLBT clients, so that their rights are protected and their needs are met.

Issues relating to GLBT clients are diverse, and include:

- recognition of same-sex partners rather than assumptions that two persons of the same sex are not partners;
- understanding and opportunity being given for different forms of physical and sexual contact to heterosexual clients;
- a heavier reliance on friendship networks rather than family for some older GLBT clients;
- specific health needs such as HIV treatments for people with HIV and hormone therapy for transgender people;
- the potential earlier onset of ageing for people with HIV; and
- the importance of a non-discriminatory and safe environment for the mental and physical health of GLBT clients.⁵

Meeting the needs of GLBT clients however can be complex in relation to the current generation of consumers as they are not necessarily 'out' or open to service providers about their sexual orientation/gender identity. This is due to past experiences of prejudice and discrimination such as the criminalisation of homosexuality and medical classifications of homosexuals and transgender people as mentally ill and current experiences or perceptions of discrimination by aged care providers.⁶ Thus it is more difficult to measure if their needs are being met and a culturally appropriate high quality service is being delivered.

Ensuring that GLBT clients receive culturally appropriate levels of service and are not subject to discrimination in the aged care sector would be best addressed through a GLBT specific strategy for the aged care sector. This strategy can be modelled on the *Aboriginal and Torres Strait Islander Aged Care Strategy* and the *Ethnic Aged Care Framework* that have previously been developed at the Commonwealth level for specific groups that have different needs.

⁴ See note 2 above..

⁵ *Ibid.*

⁶ *Ibid.*

The strategy should be administered by the Commonwealth Department of Health and Ageing and include the following for the GLBT community in the aged care sector:

- GLBT specific policy;
- program guidelines;
- targeted funding;
- consumer safety;
- research; and
- education and training for departmental staff and sector staff.

Recommendation:

1. The Commonwealth government adopts a GLBT specific strategy for the aged care sector to be administered by the Department of Health and Ageing.

Self Assessment

A comprehensive self assessment is useful for organisations to recognise gaps in current levels of service provision as well as identify new and innovative means of improving quality and care. Whilst “hands on” care is an essential element in aged care, assessing and planning is crucial for groups that may be otherwise overlooked. The invisibility of the GLBT community in residential aged care can be a reality without specific mentioning of the GLBT community in aged care regulations and self assessment and planning by aged care providers. The result of which can be the failure to meet the needs of GLBT clients or discrimination at a direct, indirect or systemic level.

The key criteria for residential aged care service providers are non-discrimination from staff, clients and visitors as well as a culturally appropriate service for GLBT clients. Discrimination can be in the form of not recognising same-sex couples, unfavourable treatment or vilification and abuse. Discrimination, whether actual or perceived, can prevent clients from the GLBT community from feeling comfortable being themselves, and result in negative physical and mental health outcomes. It is important that discrimination is not perpetrated by staff, as well as other clients or visitors.

Culturally appropriate service for GLBT clients includes making clients feel comfortable being from the GLBT community, and respecting and understanding them and their needs, including physical and sexual contact. Non-discriminatory and culturally appropriate service entails training for staff around discrimination, confidentiality, as well as sensitivity of GLBT issues. It is also important that competencies surrounding HIV treatments for clients with HIV and hormone therapies for transgender clients be developed and maintained.

Recommendations:

2. Continue to require a comprehensive self assessment from residential aged-care providers as a part of the accreditation process.
3. Explicitly include GLBT clients as a priority group and their specific needs in the criteria which providers evaluate against. This at a minimum should include non-discrimination and culturally appropriate services for GLBT clients.

Skills of Quality Assessors

Members of the GLBT community in residential aged care settings may or may not be 'out' or open about their sexual orientation/gender identity, and they may have experienced discrimination from regulators, service providers and society. Quality Assessors need to be aware of this, and have the skills to be able to understand the issues facing GLBT clients and be culturally sensitive in order to reach GLBT clients in residential aged care settings. Engaging with these clients is essential to ascertain whether their specific needs are met or if discrimination is occurring in a facility.

Recommendation:

4. Understanding and sensitivity surrounding GLBT issues should be considered a key skill for quality assessors. Training and education for assessors should include GLBT sensitivity training as well as contemporary issues facing GLBT clients in residential aged care settings, including discrimination.

Input from GLBT community

A part of the on site assessment process for accreditation is discussions with clients, and specifically clients from sub-groups and their families. The current process already recognises that clients from different sub-groups experience residential aged care differently. As with clients from culturally or linguistically diverse backgrounds or Aboriginal and Torres Strait Islander clients, GLBT clients are a sub-group that need to be specifically included for input in the accreditation process.

Due to concerns of privacy and fear of discrimination if 'outed', GLBT clients may not be easily identifiable, thus discussions with clients need to be able to be conducted confidentially, in a manner that is comfortable for the clients and with a person that the client can trust. Thus the policy of sending assessors who have experience working with Aboriginal and Torres Strait Islander clients to areas with a significant number of Indigenous clients should appropriately be adopted for GLBT clients in geographic areas where there are significant numbers of GLBT people.

On the other hand, it is in fact where there are not significant numbers of a particular group that people are more likely to be marginalised and less able to speak up. It is important to understand that virtually every aged care service will have at least one resident who comes from the GLBT community but who is hiding their sexuality or gender identity out of fear of the repercussions. The review process has to provide a safe opportunity for them to speak up about their experience.

Recommendation:

5. Assessors protect the confidentiality of clients, and allow for clients to discuss with them in a manner that the client finds comfortable and whom the client feels they can trust.
6. Adopt a policy of sending assessors who have experience working with the GLBT community to facilities located in communities with significant numbers of GLBT people.

Non-Compliance Mechanisms

The accreditation process must have appropriate mechanisms to address non-compliance. These mechanisms must take into consideration the vulnerable positions that aged care clients, and specifically GLBT clients, may face in relation to their provider. Due to the sensitivities and fears surrounding being 'outed' and discrimination that may result from 'outing', discussions with service providers about gaps in services or failure to meet standards may not always be the most useful method to improve service quality. The department should be aware that in some instances this may result in anxiety and harm for the client, and the process made flexible enough that other non-compliance mechanisms be adopted in the event that a facility is not satisfactorily meeting the needs of its GLBT clients.

Recommendation:

7. Clients are not placed in situations where their privacy and confidentiality may be breached as a result of discussions between clients and service providers in non-compliance mechanisms.