



Best practice guidelines

Accommodating older gay, lesbian, bisexual,
trans and intersex (GLBTI) people

GRAI

GLBTI Retirement Association Incorporated





Best practice guidelines

Accommodating older gay, lesbian, bisexual, trans and intersex (GLBTI) people

It is estimated that approximately 8% of the Australian population (1.7 million people) identify as gay, lesbian, bisexual, trans and intersex.

In line with Australia's growing ageing population, the number of older GLBTI Australians aged 65 years and over is expected to reach 1/2 a million people by 2051.

Gay, lesbian, bisexual, trans and intersex (GLBTI) people have the right to live in a safe and inclusive environment free from discrimination, oppression and abuse. Understanding cultural and historical backgrounds enables providers to better engage with, recognise and meet the unique needs of minority groups, including GLBTI people.

Purpose

To encourage management and staff to adopt practices to create an inclusive, rather than an exclusive, environment which is accepting and welcoming of all GLBTI people.

Aim

To provide practical strategies to the providers of retirement and residential aged care, so that they are better able to recognise, understand and meet the specific needs of GLBTI people.

Use

To support existing best practice frameworks used by providers of retirement and residential aged care and are intended to highlight the issues specific to older GLBTI people. Practical strategies are provided to assist in a greater understanding, and better management of GLBTI people.

Terminology

The acronym GLBTI is used throughout this document. It encompasses gay, lesbian, bisexual, trans and intersex people. However, it is important to note that diversity exists within the GLBTI population as in any population. *It is recognised that trans and intersex people have additional specific requirements that have not been covered in this document. See the resource section for trans specific information, although it is not ageing specific.*

Principles

- Principle 1:** Inclusive and safe environment
- Principle 2:** Open communication
- Principle 3:** GLBTI-sensitive practices
- Principle 4:** Staff education and training
- Principle 5:** GLBTI-inclusive organisational policies and procedures



Principle 1

Inclusive and safe environment

Provide an inclusive environment, where GLBTI people feel physically, spiritually and emotionally safe.

An inclusive and safe environment reflects a commitment to the physical, spiritual and emotional wellbeing of GLBTI people.

How

- 💡 Consider sexual orientation and gender identity as one of the many cultural characteristics of clients, along with age, gender, disability, language and ethnicity, to ensure appropriate service delivery.
- 💡 Demonstrate evidence that your environment is GLTBI inclusive:
 - Display posters, stickers and symbols such as the rainbow flag.
 - Display diverse images on promotional material such as same-sex couples and intergenerational images.
 - Display appropriate GLTBI community magazines and literature within the organisation.
 - Include explicit reference to non-discriminatory policies regarding GLBTI individuals on organisational advertising.
 - Use GLBTI community organisations and GLBTI community papers to advertise your organisation.
- 💡 Safeguard GLBTI people from discrimination and prejudice. This includes discriminatory acts by other people, their family and friends, residents and staff.
- 💡 Ensure residents are not isolated or discriminated against by other people, their family and friends, and staff in relation to their health condition. This includes mental illness, HIV, other blood borne viruses, etc.
- 💡 Recognise that the GLBTI population is diverse and heterogeneous.
- 💡 Assist GLBTI people in celebrating GLBTI events such as PRIDE (an annual month of gay events held principally in Perth).

Scenario

Jan (85) is a resident in an independent living unit. She has disclosed to management and some residents that she is a lesbian. She doesn't have a partner but is active in the gay community. Jan has limited mobility and wants to go to an event which celebrates PRIDE. She asks management how they can assist her.

Management discusses with Jan the logistics required to get her to the event i.e. drop off and pick up time, location etc. A decision is made to use the community bus to take her and pick her up. Management also decide to put up a flyer advertising the event on the community notice board, should other people wish to attend.



Principle 2

Inclusive communication

Use appropriate language that is respectful and aligned with how a person identifies themselves.

Inclusive communication can be achieved through the use of appropriate language. As a consequence, GLBTI people can feel safe and comfortable disclosing information that may impact on their quality of care.

How

- Avoid assumptions – do not assume that everyone is heterosexual.
- Encourage communication with clients through open-ended questions.
- Use questions which are gender-neutral and non-discriminatory such as “Do you have a partner?”, rather than “Do you have a husband/wife?”
- Demonstrate acceptance by referring to the person in the manner they wish to be referred to.
- Educate staff on the context of GLBTI issues and its impact.
- Use language which is appropriate and respectful of the client’s sexual orientation and/or gender identity – for example, many GLBTI people’s families are families of choice, rather than blood relatives.
- Include same-sex partners in care planning and personal activities such as bathing, feeding, etc.
- Differentiate sexual identity from sexual behaviour.
- Be respectful and understanding when a client discloses their gender identity or sexual orientation.
- Speak openly about GLBTI issues where appropriate, as this demonstrates an environment where staff can comfortably and regularly discuss GLBTI issues and sexuality in general.

Scenario

Jim (75) was admitted to a residential aged care facility as Ray, his partner of 30 years, is no longer able to care for him at home. Ray wishes to still be as active as possible in Jim’s care.

Jim and Ray made their relationship clear during the admission process and were advised that the organisation had a GLBTI liaison officer. They were also advised that their specific needs would be discussed confidentially at the next care meeting. At the next care meeting a staff member was dismissive of this relationship; this behaviour was noted by their manager. Rather than ignore this, the staff member was asked to meet later that day with their manager who explained and directed the staff member to revise the best practice guidelines of the organisation. Care team members made the effort to engage Ray in care activities and affirmed their long-standing relationship in the same way as they would for a heterosexual couple.



Principle 3

GLBTI-sensitive practices

Demonstrate best practice through knowledge and understanding of the impact of history and culture (sexual orientation, past experiences, race, gender, etc) on an individual's beliefs and behaviour, and their interactions with health professionals.

Knowledge of the impact of an individual's past experiences of homophobia and social exclusion is fundamental to the delivery of GLBTI-sensitive practices. GLBTI-sensitive practices include appropriate intake and assessment practices, referral sources and access to resources. They provide an opportunity for GLBTI people to disclose their sexual orientation and/or gender identity if they so choose.

How

3.1 Appropriate referral sources

- Develop a referral list of appropriate GLBTI-friendly practitioners.
- Develop a process for referring to GLBTI-friendly practitioners.

3.2 Intake and assessment practices

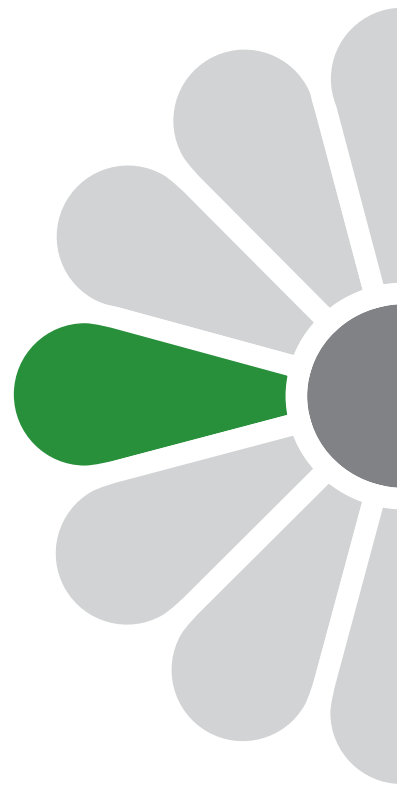
- Assessment and treatment plans will include sexual orientation and/or gender identity.
- Admission forms will provide an opportunity for disclosure of sexual orientation and/or gender identity, e.g. the use of male, female, other.
- Assess same-sex partners, next-of-kin and the notion of family sensitively.
- Consider unique needs of GLBTI people during assessment and care planning.
- Consider mental wellbeing as well as physical wellbeing during assessment.
- Seek permission to record information about sexual orientation and/or gender identity.
- Use language which the individual identifies with during assessment and intake interviews, e.g., a client may be more comfortable with the identity of 'gay' rather than 'homosexual'.

3.3 GLBTI resources

- Develop a resource list of relevant GLBTI organisations, support groups and networks.
- Form partnerships with GLBTI community groups and agencies.

Scenario

Jo and Jane present themselves at an admission session into supported accommodation. Staff are not sure if they are just good friends or more. After establishing some initial rapport the staff member asks if they have a partner. They both look at each other and look a bit worried and then laugh and say they are partners. There is relief all round and the form shows this information clearly for other staff. The management endeavours to get a double room. They also ask whether there are any other gay residents and/or staff.



Principle 4

Staff education and training

Provide education and training for all staff to equip them with the skills and knowledge required to support and work with GLBTI people, so they are better able to understand the specific needs of this group.

How

Education can usefully address the following topics:

- The historical context of GLBTI issues.
- Understanding the consequences of having a minority sexual identity and the experience of resultant discrimination and oppression.
- Understanding the implications of disclosure of sexual orientation, as many older people may not feel comfortable about disclosing this.
- An introduction to GLBTI culture.
- Managing GLBTI individuals and their requirements.
- Using appropriate language.
- Understanding sexual diversity.
- Appreciating health issues which may uniquely affect GLBTI people.
- Communicating effectively with GLBTI people and their family and friends.
- The impact of discriminatory behaviour and personal beliefs on the provision of care.
- Implications and obligations of federal legislation recognising same-sex couples.
- Understanding intersex and trans specific health issues.
- Appropriate referral of GLBTI individuals to GLBTI-friendly practitioners.
- GLBTI personal perspective speaker.

Scenario

A new staff member, Dave, arrives at the facility. During orientation it is reiterated to Dave that the organisation strives to be 'gay-friendly' and that homophobia is not acceptable in any form. This was also made clear throughout the recruitment process. Dave is also told that there are a number of gay residents and that a few times a year as part of professional development there will be sessions on gay issues. Management recommends that Dave attend one of these sessions as it would be a good opportunity as a new staff member. He is also shown a copy of the best practice guidelines which are clearly displayed and told who the GLBTI liaison staff person is – a staff member with a special interest and understanding in the area.



Principle 5

GLBTI-inclusive organisational policies and procedures

Embed principles and guidelines into organisational policy and procedures to demonstrate your organisation's intent to have GLBTI-inclusive practices and provide an implementation mechanism.

Organisational policy sets the benchmark for expected staff behaviours and practices. Organisational procedures translate policy into practice.

How

- Adopt these guidelines into the organisation's policy framework.
- Display these guidelines in prominent places for all to see.
- Translate guidelines into appropriate languages in the case of linguistically diverse workforces and display in prominent places.
- Include explicit reference to GLBTI people in organisational policy and procedures.
- Include staff procedures which explicitly set out steps to be taken in the event a client discloses their sexual orientation and/or gender identity to a staff member.
- Communicate non-discriminatory policies explicitly referring to sexual orientation and/or gender identity to all staff.
- Develop a written complaints procedure for staff and residents specifically referring to discrimination on the grounds of sexual orientation and/or gender identity.



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Useful resources

AIDS Council of NSW Inc (2006)

Ageing Disgracefully ACON Ageing Strategy 2006 – 2009
www.acon.org.au/sites/default/files/ACON-Ageing-Strategy-Nov06.pdf

Gay and Lesbian Community Services (WA)

2 Delhi St, West Perth WA, 6005,
Admin phone/fax: (08) 9486 9855
Counselling line: (08) 9420 7201
Counselling line
country areas: 1800 184 527
Email: admin@glcs.org.au
Web: www.glcs.org.au

GRAI (Gay Lesbian Bisexual Trans Intersex Retirement Association Inc.)

PO Box 715, Mt Lawley WA 6929
Email: info@grai.org.au
Web: www.grai.org.au

National LGBT Health Alliance Australia

(alliance of organisations across Australia that provide programs, services and research in the areas of LGBT health)
Web: www.lgbthealth.org.au

Perth Inner City Youth Service, (2007)

Simply Trans: Information on transgenderism and transsexuality for young people, their family, friends and support workers, Perth.
www.glcs.org.au/pdf/Simply_Trans.pdf

Meyer, I. and M. Northridge, (eds). (2007)

The Health of Sexual Minorities: public health perspectives on lesbian, gay, bisexual and transgender populations. New York, Springer.

SAGE (Services for Advocacy For Gay, Lesbian, Bisexual and Transgender Elders - USA)

Web: www.sageusa.org/index.cfm

Shankle, M., Ed. (2006)

The Handbook of Lesbian, Gay, Bisexual, and Transgender Public Health: a practitioner's guide to service. New York, Harrington Park Press.

WA Gender Project (for transsexual issues)

PO Box 408, Mt Lawley WA 6929
Email: wagenderproject@yahoo.com.au
Web: www.wagenderproject.org

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GLBT Health. 1999. Community standards of practice for provision of quality health care services for gay, lesbian, bisexual, and transgendered clients. Boston: GLBT Health Access Project and JRI Health. www.glbthealth.org/Research.htm (accessed December 9, 2009).

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