Creating lesbian, gay, bisexual, transgender and intersex (LGBTI) inclusive

Residential Aged Care Services.

(The RAC Pack)

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About Val's Café

Val's Café was established in 2009 to promote the health and wellbeing of older LGBTI Australians. To achieve this the Café conducts research and advocacy, delivers education, develops resources, and builds community capacity. The Café has a website that provides links to resources for service providers and provides a regular newsletter. Café membership is free and links service providers into updated information. To date the Café has 180 member organisations.

Val's Café is an initiative of Gay and Lesbian Health Victoria and is located within The Australian Research Centre in Sex, Health and Society at La Trobe University. The role of the GLHV is to enhance and promote the health and well being of gay, lesbian, bisexual, transgender and intersex (GLBTI) people in Victoria. This is achieved through training, developing health resources, maintaining a research and information clearinghouse and by providing advice to Government on the planning and development of future GLBTI programs.

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Acknowledgments

This RAC Pack is produced as a draft and will be updated in response to feedback from service providers, older people and family members. The Pack will also be updated in response to the launch of the new Standards and Guidelines for Residential Aged Care which are expected to be launched in 2014.

Section 1: background and introduction

This resource has been developed for Residential Aged Care Services to assist them in meeting the needs of lesbian, gay, bisexual, transgender and intersex (LGBTI) clients. The aim of this resource is to provide assist service providers to develop the awareness, practical skills, guidance and confidence to provide LGBTI inclusive services. In particular the content of the resource includes:

1. Understanding historical responses to sexuality and ageing
2. Legislative changes recognising the needs of older LGBTI people
3. Links between LGBTI inclusive assessment and the Standards for Residential Aged Care
4. The needs of LGBTI residents
5. A list of resources

Please note that in 2013 the Federal Government developed a National Strategy for LGBTI Ageing and Aged Care. This document resulted in a shift from referring to older LGBTI people, rather than GLBTI people. Throughout this document we refer to LGBTI people but there is some reference to GLBTI people.

Community perceptions of sexuality

Before considering the specific needs of GLBTI residents it is useful to stop and consider community perceptions of sexuality more broadly. The following section outlines the widely held community perception that older people are asexual. This has meant that we have also not considered sexual (or gender diversity) of these groups.

Sexuality and ageing

It is useful to stop and consider what the terms sexuality means. The definition used in this resource has been adapted from a definition developed by The World Health Organisation (2006). The term sexuality refers to something that encompasses sex but is much broader and includes *gender identities and roles, sexual orientation, eroticism, pleasure and intimacy*.

This document aims to equip service providers to promote wellbeing in relation to sexuality – in other words, it aims to promote sexual health. What we are considering is sexuality, what we are aiming for is sexual health. The term sexual health is often misunderstood to be about stopping young people from getting STI's. However, the term sexual health is much broader than that. Sexual health refers to *physical, emotional, mental and social well-being in relation to sexuality.* The term sexual health has particular relevance to the issues outlined in this resource. In particular it refers to the following rights of older people:

1. To affirmative responses to sexual expression
2. To be free from sexual violence
3. To be free from discrimination relating to sexual orientation or gender identity.

This resource recognises that achieving these rights requires that service providers have the information and skills to promote sexual health. In other words, the rights of service providers sit alongside the rights of older people. Before providing practical guidance, the following section summarises the evidence relating to the importance of sexual health to the emotional wellbeing of older people.

There is a substantial body of evidence linking sexual health to emotional wellbeing (Planned Parenthood Association of America-White Paper, 2003), including the wellbeing of older Australians. For example, in 2011 the Electronic Journal of Applied Psychology published a special edition on emotional wellbeing and ageing

that included a paper on sexual health (Barrett, 2011). This paper provides a critique of the evidence linking sexual health to emotional wellbeing. The paper references studies demonstrating that sexual health can increase happiness (Trudel et al., 2000), reduce stress (Charnetski & Brennan, 2001) and is a strong predictor of higher quality of life (Weeks, 2002).

Further links between sexual health and emotional wellbeing have been made by the Department of Health, Victoria (2011) in their '*Well for Life*' report which notes that: *positively acknowledging the way a person expresses their sexuality can enhance emotional wellbeing* (p. 33). The Well for Life program began with a focus on physical activity, then emotional wellbeing. The report notes that:

> *Emotional wellbeing is essential to a happy and healthy life. Activities to enhance emotional wellbeing strengthen an individual's capacity to maintain their independence, autonomy and general wellness. A combined focus on the three elements of physical activity, nutrition and emotional wellbeing supports the Victorian Department of Health's priority of promoting physical and mental health and wellbeing among older people. Well for Life is an integrated health promotion approach. Agencies use a range of interventions and partnerships to achieve positive outcomes for individuals and the community.*

The growing body of evidence on the importance of sexual health to the wellbeing of older people has resulted in the development of other resources on sexuality/intimacy by a number of peak bodies and other organisations including:

1. Alzheimer's Australia (Caring for someone with dementia: intimacy and sexual issues)
2. Alzheimer's Australia (Quality Dementia Care: Understanding Dementia Care and Sexuality in Residential Facilities)
3. National Stroke Foundation (Sexuality after stroke)
4. Better Health Channel (Dementia, sexuality and intimacy)
5. The Department of Veterans' Affairs (Relationships and communication)
6. The Royal Australian College of General Practitioners (Sex and the older man)
7. The National Ageing Research Institute (The Wellness project: promoting older people's sexual health).

While these resources represent a shift to recognition of older people as sexual, many staff delivering residential aged care services have never received education on sexuality and may continue to hold the view that older people are asexual. This presents a number of challenges in the delivery of person-centred care. In particular, without adequate guidance staff may label sexual expression as deviant and fail to respond to sexual expression in a person centred way - (ie: responses based on what the service provider thinks is best, rather than what the resident wants). This barrier to person-centred care was highlighted in a study of sexual health promoting practices conducted by the National Ageing Research Institute (Osbourne et al., 2002). The study found that without policy to guide practice, responses to sexual expression were informed by staff values and beliefs about what was acceptable, rather than the resident's needs.

While sexual health is an important component of the wellbeing of older people it is often not recognised as such in the provision of services to older people. Responses to sexual expression are varied and often informed by individual values and belief of service providers – which are often grounded in the values and beliefs of the community.

Community values and beliefs

Understanding community perceptions of older people's sexuality is particularly important for residential aged care service providers. The consequences of a broadly held belief that older people are asexual may be that:

1) Many service providers have not had education and do not have policies and procedures to guide affirmative responses to sexual expression
2) Some service providers responses to sexual expression and grounded in their own values and beliefs; shaped by ageist community perceptions
3) Perceptions of older people as asexual mean some older people think that sexual health is not something that they can reasonably expect
4) Perceptions of older people as asexual may mean that some families may want sexual expression eradicated
5) Most service providers working with older people have not had education on professional (sexual) boundaries
6) Most service providers working with older people have not had education on how to prevent the sexual assault of older women
7) Until now – may service providers have been unaware that older people can be sexually/gender diverse.

Some of these issues, particularly affirmative responses to sexual expression and the importance of preventing sexual assault are outlined in the following section.

Building confidence to respond to sexual expression

Most service providers have not been provided with education on how to respond to sexual expression in affirmative ways. One resource guiding responses in community aged care is the *Well for Life* report. The *Well for Life* concept started with a focus on improving the nutrition and physical activity of older people in a range of settings. The Department of Health has further enhanced *Well for Life* by including a focus on improving emotional wellbeing. The *Well for Life* report includes a fact sheet: *Improving emotional wellbeing for older people. In Residential Care.* Help sheet 42 (p. 55): sexual expression. This fact sheet provides a very useful guide to affirmative responses to sexual expression in home care (see: www.health.vic.gov.au/agedcare). Some of the strategies include:

1. *Facilitate regular forums for staff to:*
    a. *discuss case studies or experiences in relation to sexual expression*
    b. *understand sexual expression as a person's right.*
    c. *encourage staff to report sexual expression and discuss strategies for responding to sexual expression with case managers or at case meetings.*

2. *Invite staff to discuss what they think about sexual expression in order to:*
    a. *acknowledge values, beliefs and staff discomfort*
    b. *address myths*
    c. *understand the impact of discriminatory responses*
    d. *enable staff to differentiate between their needs and the older person's needs*
    e. *identify inappropriate sexual expression*
    f. *simplify discussion around duty of care*
    g. *enable staff to feel supported.*

A further resource developed by the Australian Research Centre in Sex, Health and Society (Barrett, 2009) builds on these affirmative strategies to produce '10 tips' for affirmative responses to sexual expression in

aged care services. The tips reiterate the concept that giving staff 'permission to speak' about sexuality is one of the most powerful ways of build staff confidence and competence in responding affirmatively to sexual expression. Talking about sexuality is also crucial to preventing sexual assault.

Preventing the sexual assault of older women – Norma's Project

The failure to recognise the sexuality of older people has resulted in a failure to address the sexual assault of older women. The focus on the sexual assault of girls and women, including education and prevention programs, is well established in Australia. However, sexual assaults involving *older women* have received little attention. In part this is due to a disbelief in the community that such assaults occur, as well as lack of information about, or awareness, of the issue. Older women's experiences remain largely hidden from view. Consequently, service providers and the broader community lack sufficient awareness and resources to tackle this important issue.

In late 2011 a team of researchers successfully applied to the Federal Government (Department of Families, Housing, Community Services and Indigenous Affairs) for funding to explore this issue further. The project, called Norma's Project, aims to strengthen the community's ability to prevent, respond to and speak out about the sexual assault of older women in aged care services and within the broader community.

The project is based at the *Australian Research Centre in Sex, Health and Society* at La Trobe University and is a collaboration with the *National Ageing Research Institute*; the *McCaughey Centre* and the *Centre for Women's Health, Gender and Society* at the University of Melbourne, the *Council on the Ageing Victoria* and *Alzheimer's Australia*.

The project team believe that many service providers and community members don't understand how they can help prevent the sexual assault of older women from occurring, or how to support women who have been assaulted. In 2013 the project team are conducting interviews and surveys with with older women, family members and service providers to understand more about how sexual assault occurs and how it can be prevented. In April 2013 a website was established for Norma's Project to provide information on how to participate in the project, as well as providing resources and information for service providers on how to prevent the sexual assault of older women. If you would like to participate in a confidential interview or survey please go to our website for more information: **normasproject.org.au**

Section 2: From historical experiences to current legislation

This section focuses on the historical experiences of GLBTI people – understanding this information provides an important context to the delivery of residential aged care services.

History matters

An older GLBTI person, currently receiving home care, grew up knowing that they could be imprisoned or forced to undergo medical 'cures' if their sexual orientation or gender identity was known. Homosexuality was also considered a pathological condition and people found to be gay, lesbian or transgendered could be forced to undergo cures like shock therapy. Consequently, many older GLBIT people learned to hide their sexual orientation or gender identity to be safe. Being 'outed' could mean losing your job, family, friends and being imprisoned or given 'curative' treatments.

The Encyclopedia of Sexual Behaviour (1962) includes a chapter on 'homosexuality and other perversions'. Information included in the chapter is now widely recognised as inaccurate and reading this will be offensive to many GLBTI people. However, at the time this information represented a commonly held view and had a devastating impact on many older GLBTI people.

Read the extract below from the Encyclopedia and imagine you are a teenage boy in the 1960s. As you read the extract, be aware of how it would feel about what you read:

> *The causes of homosexuality [are]: ….. In the complete absence of a father, or in the presence of a weak father, or perhaps an alcoholic father who spews forth hatred against the mother, the boy-child falls in love with his mother and seeks to become her lover. In panic flight from the specter of incest, he represses his sexual desire most effectively by suppressing his feeling toward all women (p. 487).*
> *Homosexuality may be associated with other perversions (such as exhibitionism, sadism), neurosis, insanity, or alcoholism. Homosexuality is socially important because it may involve or lead to other offenses, such as blackmail and occasionally murder (p. 808).*

Any gay resident would have encountered these beliefs when they were growing up. Similarly inaccurate and offensive information is provided on 'gay women' and transgender people in the Encyclopedia.

The beliefs went largely unchallenged until the 1970s when homosexuality was decriminalised. The first state in Australia to decriminalise homosexuality was South Australia in 1972. The last was Tasmania in 1997.

My People - the experiences of older GLBTI people

It is important for those providing services to older GLBTI people to consider how the belief that 'homosexuality' was 'badness' and 'madness' has impacted on older GLBTI people. For example, the *My People* study presents the story of a student nurse in the 1950s who told her nursing tutor that she was attracted to females. The nurse was referred to the hospital psychiatrist and given electric shock therapy to 'cure' her attraction to women. The nurse said: *it was supposed to teach me how to be straight, all it taught me was to keep my mouth shut*' (Barrett, 2008, p. 36). In another interview James (a gay man) reflected on his experiences as a young man and said:

> *I ended up in a psych[iatric] ward. I was in and out for months and I didn't know why I was attracted to men so I had to go to a psychiatrist. He told me he thought I was gay. They gave me shock treatment because I was stressed out and panicking and I didn't know what I was. They reckoned homosexuality was a sickness. But I don't believe it's a sickness. Because you love the same sex doesn't mean it's a sickness* (James, 64 years, gay).

As a consequence of these negative views, many older GLBTI people went to extraordinary lengths to hide their sexual orientation or gender identity to feel safe. This was particularly highlighted in the *My People* report where Elizabeth, a 75 year old lesbian, talked about her sexual orientation:

> *There is few people that know I am gay. I've got a friend who knows and I'm blowed if I can remember how she found out. Next door neighbour, I think, is suspicious but I never said anything and I never say anything. Apparently there are a couple of gay women living around here but I never say anything. You wouldn't see them because everyone is living incognito. We are all living behind enemy lines. There are two reasons why I don't disclose that I'm a gay woman. One, the church has taught that being gay is an anathema. Two, you can attract negative attention. So you are always making sure that in no way do you give it away that that's what you are. I sometimes wonder whether there is a couple of people have guessed but if they have I still don't verify it, because once people know you receive negative attention. Being a gay woman attracts negative attention.*

The historical experiences of older GLBTI people have had a significant effect on their health and wellbeing as well as their fears about discrimination when accessing home care.

The *My People* report identified a number of legacies for older GLBTI people as a result of their historical experiences of discrimination. In particular the study found that some older GLBTI people:

1. Have never experienced a time when they have felt safe disclosing their sexual/gender identity
2. Revisit past discriminatory experiences when encountering discrimination
3. Have learned that they need to be assertive to prevent discrimination
4. Often have a network of 'chosen' family or friends rather than genetic family ties, while some may have few social connections.

The *My People* study also found that some older GLBTI people closet their sexual orientation or gender identity in residential aged care because:

1. They believe that discrimination occurs, as they have:
    a. Experienced discrimination in other services
    b. Heard reports about discrimination
    c. Witnessed discriminatory responses from service-providers to GLBTI people in the media
2. They fear a diminished standard of care or overt discrimination
3. They believe that service-providers do not expect them to be sexual or GLBTI
4. They believe that many service-providers do not understand what GLBTI or GBLTI culture means and therefore how to meet their needs.

While older GLBTI people closet who they are to protect themselves from discrimination, others are unable to hide. The *My People* report identified a number of older GLBTI people that had difficulty hiding their sexual orientation or gender identity from service providers including:

1. Transsexuals who do not 'pass' as a man or a woman
2. Cross-dressers who do not have the opportunity to cross-dress in privacy
3. Those who have a demonstrative relationship with their same-sex partner
4. Men who are HIV positive and are therefore expected to be gay
5. Older people with dementia who have lost their capacity to assess when and where it is safe to disclose their sexual/gender identity.

The consequences of hiding sexual orientation and gender identity from service providers are significant. For some service providers this means that they do not believe that they have any GLBTI clients. The consequences of this invisibility for older people are also significant. The *My People* report found that some older GLBTI people who felt unable to disclose their sexual/gender identity also:

1. Felt unable to be themselves
2. Felt devalued or depressed.
3. Experienced stress and pressure from maintaining a façade of heterosexuality
4. Have unmet care needs
5. Have limited opportunities for sexual expression.

Consequently, while **up to** 15% of the population is GLBTI (Smith et al., 2003) many older GLBTI people will hide their sexual orientation or gender identity and will not be visible to service providers.

The tendency of GLBTI people to hide their sexual orientation or gender identity makes it almost impossible for services to conduct an accurate demographic profile of GLBTI clients in their catchment. Many GLBTI people will not disclose their sexual orientation or gender identity just because a service needs a demographic profile of clients. Often a service needs to demonstrate a commitment to GLBTI inclusive practice before a GLBTI client will disclose.

Changes to the legislation – for older people

Recognition that older people are sexual is an important step in the education of service providers to understand that older people are also sexually (and gender) diverse. In the past year in Australia there have been significant reforms that recognise older GLBTI people. At a national level the *Productivity Commission Inquiry into Caring for Older Australians* considered the needs of older GLBTI people and at state level the diversity framework for HACC services included mandates that services recognise GLBTI people. These reforms are outlined in the next section.

In August 2011 the Productivity Commission released its report on caring for older Australians (see: http://www.pc.gov.au/projects/inquiry/aged-care). The following section presents the recommendations from the inquiry relating to GLBTI people and then the section describing the issues for older GLBTI people.

> *The recognition of sexual preference and gender identity as an aspect of diversity has been relatively recent and this has important implications for the provision of aged care services for the current cohort. Many older gay, lesbian, bisexual, transgender and intersex (GLBTI or sexually diverse) people have experienced considerable discrimination over the course of their lives and this may continue in aged care where their sexuality and/or gender identity are not recognised or supported in the delivery of aged care services.*
>
> *The Australian Government has recognised that some parts of the mainstream aged care system could be more sensitive towards the preferences and needs of GLBTI people.*
>
> *In the Commission's view, consideration of the development of a specific GLBTI strategy is warranted given the anticipated increase in demand for aged care services by this group and the limited recognition of their needs and preferences in the current policy framework, delivery of services and accreditation processes. Initiatives that increase the awareness of GLBTI issues within the aged care industry, such as training for aged care workers, are important in creating an environment in which sexual diversity is respected and catered for. There should be further initiatives between DoHA and peak bodies to help create an aged care system that can better cater for and respond to the needs and preferences of GLBTI older people. Service providers have an obligation to ensure both policies and practices acknowledge these needs and respond appropriately.* Volume 2/11 Catering for diversity (p. 253) - 11.4 GLBTI people).

The Productivity Commission report represents a significant shift nationally in recognition of the needs of older GLBTI Australians. *The Australian Government should ensure the accreditation standards for residential and community care are sufficient and robust enough to deliver services which cater to the needs and rights of people from diverse backgrounds including culturally and linguistically diverse, Indigenous and sexually diverse communities* (Volume 2/11 Catering for diversity (p. 253) - 11.4 GLBTI people). Perhaps one of the most significant responses to the report is the proposed change to the Aged Care Act to recognise older GLBTI people as a special needs group.

What's in the closet?

On page 10 we talked about the concept of a closet, or of older LGBTI people hiding their sexual orientation or gender identity in residential aged care. We have found it really useful to engage service providers in considering 'what's in the closet'? or what is it that an older LGBTI person is giving up if they are closeted. This can assist service providers to understand the importance of LGBTI inclusive practice as well as creating a deeper understanding about what sexual orientation and gender identity are. At times, service providers report believing that sexuality is 'just about who you have sex with' and that gender identity is 'just about the clothes you wear'. However, understanding what older LGBTI people closet can assist service providers to understand that this is about culture.

You may wish to ask your colleagues the following question: Imagine an older LGBTI person was about to move into our facility. Imagine that they have heard that we are not LGBTI inclusive and that they feel that they have to hide the fact that they are LGBTI. What would they hide? (see below for some suggestions).

1) Community newspapers
2) Having radio tuned into JOY FM (LGBTI radio)
3) Rainbow flags
4) Books
5) DVDs
6) Photographs
7) Flyers for community events like
    a. Pride March
    b. Midsumma Carnival or Chill Out Festival
    c. Melbourne Queer Film Festival
8) LGBTI friends
9) Their partner
10) Clothing.

You might also like to ask your colleagues what do they think it would feel like to hide these things? You might like to remind them that this is for the rest of the residents life.

Section 3: The experiences accessing services

The tendency of GLBTI people to hide their sexual orientation or gender identify from service providers can mean that some service providers don't realise they have GLBTI residents and don't see a need to provide GLBTI inclusive services. The failure of services to be inclusive of GLBTI residents reinforces to GLBTI people that it is not safe to disclose.

The experiences of older GLBTI people accessing home care were documented in the *My People* study and included the following issues:

1. Some older LGBTI people will return to a closet – hide their sexual orientation or gender identify when they enter residential aged care because they believe that it is not safe
2. Some older LGBTI people believe that residential aged care services are heterosexist and don't understand the needs of LGBTI residents
3. Some gay men will not disclose their sexual identity because they fear services will assume they are HIV positive and will withdraw services because they fear contagion of HIV
4. Some GLBTI people will wait to build up a relationship with service providers before disclosing their sexual orientation or gender identity
5. Some GLBTI people are very open about their sexual orientation or gender identity and will want to assurances that they will not be discriminated against
6. Many GLBTI people will listen for workers responses to GLBTI issues in the media to gauge a reaction to GLBTI people before making a decision on disclosure
7. Some older GLBTI people may be ostracised by families who do not accept their sexuality or gender identity
8. Some older GLBTI people may be socially isolated because they do not have children and were cut off from families because they were GLBTI

In a follow up study to the *My People* study, the *Permission to Speak* study explored the perspectives of aged care service providers on caring for older GLBTI people. Six of the themes relating to the perspectives of service providers are listed next.

Ageism, homo/transphobia and the community

The homophobic and transphobic views of some aged care service providers were considered to reflect the views of the community. However the dependency of older GLBTI people on services meant that homo/transphobia was more damaging when held by service providers. Homo/transphobia in rural communities, family members and older heterosexuals in shared services were also reported to create obstacles for older GLBTI people.

Perceptions of asexuality in aged care

Some service providers considered that their industry was prudish and conservative. Sexuality was understood to be about sex and older people were not expected to be sexual or sexually diverse. Sexual expression was regarded as problematic and management strategies aimed at eradicating sexual expression included libido suppressants. A recurrent theme was the lack of permission to speak about sexuality. This was reflected in the reported consequent need for change to create GLBTI inclusive services for older people.

The unknown needs of older GLBTI people

Many service providers did not understand the needs of older GLBTI people. There was a common perception that being GLBTI was about 'who you had sex with' and older people were not expected to have sex. Consequently, older people who were GLBTI were not considered to have special care needs. However, there was a genuine interest in stories about and from older GLBTI people and in learning about their care needs.

The challenge of residential aged care

Service providers were aware of the challenges for older GLBTI people in residential aged care. However, the uncertainty around the needs of older GLBTI people created uncertainty for some aged care service providers around how they could be supported. The balance of residents rights and responsibilities appeared to be clouded by the levels of comfort some staff had with older GLBTI people.

Gay men and the fear of HIV/AIDS

There was a general perception that all gay men were HIV positive and aged care service providers reported a general fear in the industry about the contagion of HIV/AIDS. Several service providers reported withdrawing physical contact from an older gay man believing he was HIV positive (because he was gay) and that they could contract HIV from day to day contact. Several service providers reported they would 'overglove' if they were caring for a gay man. The consequence for some older gay men was a reinforced belief that they needed to hide their sexuality from aged care service providers to avoid discrimination.

Fear of the unknown - transgender people

Fear was also apparent in the conversations around older transgender people. Older trans people appeared more likely to receive a negative response including in some rural areas where staff had never met a transgender person. Stories were shared of older transgender people encountering discrimination from co-clients in residential services and of cross dressers being prohibited from cross dressing. Concerns were also expressed about the readiness of aged care service providers to support transsexuals to maintain their gender identity, particularly if the client had dementia.

Section 4. The needs of older GLBTI people

This section presents the relatively limited information about the health and wellbeing of older GLBTI people. It outlines the historical experiences of older GLBTI people and describes the subsequent impacts on visibility and the health and wellbeing of older GLBTI people.

The most comprehensive study of the health and wellbeing of older GLB people is the Stonewall Report: *Lesbian, Gay and Bisexual People in Later Life* (Guasp, 2011) Stonewall commissioned a survey of 1,050 heterosexual and 1,036 lesbian, gay and bisexual people over the age of 55 across Britain. The survey asked about their experiences and expectations of getting older and examined their personal support structures, family connections and living arrangements. It also asked about how they feel about getting older, the help they expect to need, and what they would like to be available from health and social care services. The report provides a compelling evidence base for the first time about older lesbian, gay and bisexual people in Britain.

The study found that lesbian, gay and bisexual people over 55 are:

1. More likely to be single (gay and bisexual men are almost three times more likely to be single than heterosexual men, 40% compared to 15%).
2. More likely to live alone (41% of LBT people live alone compared to 28% of heterosexual people).
3. Less likely to have children (Just over a quarter of gay and bisexual men and half of lesbian and bisexual women have children compared to almost nine in ten heterosexual men and women).
4. Less likely to see biological family members on a regular basis (Less than a quarter of LGB people see their biological family members at least once a week compared to more than half of heterosexual people).

The study also found that LGB people share many worries about ageing with their heterosexual peers but are consistently more anxious across a range of issues including future care needs, independence and mobility, health including mental health and housing.

Half of the LGB participants reported feel that their sexual orientation has, or will have, a negative effect on getting older.

A healthy lifestyle is important and while the smoking trends of older LGB people broadly follow those of heterosexual people, there are other notable differences. Older LGB people:

1. Drink alcohol more often (45% drink alcohol at least ‘three or four days’ a week compared to just 31% of heterosexual people).
2. Are more likely to take drugs (1 in 11 have taken drugs within the last year compared to 1 in 50 heterosexual people).
3. Are more likely to have a history of mental ill health and have more concerns about their mental health in the future.
4. Lesbian and bisexual women are more likely to have ever been diagnosed with depression and anxiety (two in five have been diagnosed with depression, one in three with anxiety).
5. Gay and bisexual men are twice as likely to have ever been diagnosed with depression and anxiety than heterosexual men.
6. 49% of lesbian, gay and bisexual people worry about their mental health compared to 37% of heterosexual people.

With diminished support networks in comparison to their heterosexual peers, more LGB people expect they will need to rely on formal support services as they get older.

Lesbian, gay and bisexual people are nearly twice as likely as their heterosexual peers to expect to rely on a range of external services, including GPs, health and social care services and paid help. However, at the same time LGB people feel that providers of services won't be able to understand and meet their needs:

1. Three in five are not confident that social care and support services, like paid care, or housing services would be able to understand and meet their needs.
2. More than two in five are not confident that mental health services would be able to understand and meet their needs.
3. One in six are not confident that their GP and other health services would be able to understand and meet their needs.

As a result nearly half would be uncomfortable being out to care home staff, a third would be uncomfortable being out to a housing provider, hospital staff or a paid care worker, and approximately one in five wouldn't feel comfortable disclosing their sexual orientation to their GP.

Significant numbers of disabled LGB people also report that they have not accessed the health, mental health and social care services in the last year that they felt they needed.

The cumulative experience and concerns of older LGB people leave them specifically concerned about the prospect either of living alone without support or having to enter care homes which will not meet their needs.

It is important to acknowledge that the experiences of GLBTI people in Australia may differ from those documented in this British study. There are also expected to be significant differences within the GLBTI community, given that differences relating to ethnicity, rurality, socioeconomic status etc.

Section 5: Links to the Standards for Residential Aged Care

There are strong links between the current Standards for Residential Aged Care and GLBTI inclusive practice. In the following table some of these links are outlined. It is important to note that these Standards are currently under review. The RAC Pack will be updated when the revised Standards are launched.

Standard	LGBTI inclusive practice
Standard 3: Resident lifestyle Residents retain their personal, civic, legal and consumer rights and are assisted to achieve active control of their own lives within the residential care service and in the community.	LGBTI people entering residential aged care may feel that they have no rights and have to give up control of their lives if they perceive or see that a facility is heterosexist (assumes everyone is straight), or will discriminate.
Standard 3.4: Emotional support **Each resident receives support in adjusting** to life in the new environment and on an ongoing basis … Residents' special needs (including linguistic, cultural and spiritual needs) are assessed, documented, regularly reviewed and acted upon.	Some older LGBTI residents entering a facility believe that they have to closet (hide) their sexual orientation or gender identity. Some will be fearful of overt discrimination and substandard care – because they are LGBTI. The losses that returning to a closet present – result in significant difficulty making the transition to residential care, for some older LGBTI people.
Standard 3.5: Independence Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service.	Some LGBTI people fear that contact with LGBTI peers in residential aged care may result in them being 'outed' as LGBTI. Sending a message of welcome to LGBTI visitors is important. Supporting LGBTI clients to maintain connection with LGBTI people outside the facility may also be important.
Standard 3.7: Leisure interests and activities Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them … Services are provided in a manner that promotes integration with the community and community events … The facilitation of community and family involvement in activities.	Research demonstrates that being connected to the LGBTI community is important for many older LGBTI people. Being connected may include facilitating access to community newspapers, LGBTI radio and community events. It can also mean welcoming LGBTI visitors. It is important to note that some older LGBTI people have been estranged from their biological family and have friends that have become their family, often refered to as 'family of choice'. It is also important to note that some LGBTI people have not had much contact with heterosexuals – and may find they have little in common with other residents.
Standard 3.8: Cultural and spiritual life Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered.	Being LGBTI is about culture. This may surprise some service providers who think it is just about "who a person has sex with or how they dress". Understanding what sexuality and gender mean to LGBTI people (see section on 'what's in the closet) can assist staff to understand how to facilitate culturally safe services.
Standard 4: Physical environment and safe systems Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.	Older LGBTI people report fear of discrimination from staff, other residents, family members, visitors and volunteers. Inclusive services will provide education for staff to understand their responsibility to protect LGBTI residents from discrimination.

Section 6: Standards for GLBTI inclusive services

Gay and Lesbian Health Victoria has developed a set of LGBTI standards for health and human services to provide guidance on how to be inclusive of GLBTI clients. The standards have been adapted from *Well Proud* to include pragmatic indicators that reflect broad quality frameworks. The standards include: access and intake processes; disclosure and documentation processes; professional development; consumer consultation and participation; GLBTI cultural safety and organisational capability. The aim of the standards/GLBTI inclusive practice is to assist services to understand the needs of GLBTI clients and to provide services that are inclusive of GLBTI people, whether they disclose or not.

The standards take a systemic approach to GLBTI inclusive practice. This approach recognises that the values and beliefs of service providers can be a significant barrier to GLBTI inclusive practice. It recognises that providing a power point presentation may not be enough to change practice. It offers a framework that sits alongside education, recognising that when change is complex – organisations need to be very clear to staff what is expected of them. The standards also show how GLBTI inclusive assessment in HACC services cannot be viewed in isolation from staff education, or policies around disclosure and documentation or considerations about the safety of GLBTI clients who disclose their sexual orientation or gender identity.

The following figure shows the links between GLBTI inclusive access and intake processes (a key point for assessment) and the other standards for GLBTI inclusive practice. It presents assessment as one part of whole system change. For example, GLBTI inclusive access and intake processes can communicate to GLBTI residents that it is safe to disclose their sexual orientation and gender identity. If a GLBTI resident responds by disclosing it is important that staff understand the disclosure and documentation processes. It is also important that staff have had professional development to understand the organisations disclosure and documentation processes and ensure the cultural safety of the resident.

This systemic, service wide approach provides a framework for services to check that staff are adequately resourced to meet the needs of GLBTI residents. It shifts onus off individual staff responses (GLBTI inclusive or not) to providing clear guidance about what the organisation expects in the delivery of services to GLBTI residents. For examples of the application of these standards to health and human services, please see the report: *Beyond we treat everyone the same – How^2 create a GLBTI inclusive service* (Barrett and Stevens, 2012) available from: valscafe.org.au In the next section considerations in the application of the GLBTI inclusive practice standards to residential aged care services are presented. You will note that the standards link closely to each other – not surprising given this is a 'whole of service' approach. It is really important that no standard is viewed in isolation.

In the following section the six standards for GLBTI inclusive practice are presented. For each standard the there are general considerations for residential aged care services and five examples of strategies.

Standard 1: Organisational capability

The organisation embeds GLBTI inclusive practice across all organisational systems and continuously seeks opportunities for improvements.

General considerations

1. Addressing myths about sexuality and ageing is an important way for an organisation to build its capacity to meet the needs of GLBTI residents
2. Diversity planning provides the opportunity for organisations to conduct a GLBTI inclusive practice audit to check their progress against the standards and identify opportunities for improvement
3. Gaps identified in the audit could be listed as actions in the service's quality plan
4. Being LGBTI inclusive can send a message of welcome to the LGBTI family members and other visitors of residents
5. The audit could be repeated on an annual basis to monitor improvements.

Five examples of strategies

1. The service conducts an audit of its compliance against the National Standards for LGBTI inclusive practice and utilises the audit to plan for improvements
2. The service repeats the audit on an annual basis to monitor progress
3. The service explicitly refers to the importance of LGBTI inclusive practice in its quality plan
4. The service provides information about the importance of LGBTI inclusive practice in its handbook for residents
5. The service's statements about diversity includes reference to sexual orientation and gender identity and is reflected in organisational processes including: employment processes, staff orientation, performance review.

Standard 2: Cultural safety

Services and programs identify, assess and manage risks to ensure the cultural safety of GLBTI consumers.

General considerations

1. Before implementing LGBTI inclusive assessment it is important to ensure that: potential risk have been identified (see sample risk register on the following page); that staff education has been provided to ensure a positive response; and that the organisation has a policy or procedure on documentation (see documentation and disclosure policy)
2. Some services do not believe they have any GLBTI residents and so do not believe they need to be GLBTI inclusive. The failure to become GLBTI inclusive may reiterate to GLBTI people that it is not safe to disclose to service providers.
3. Some service providers display messages of welcome to GLBTI people before ensuring that the service is safe for GLBTI residents.
4. Service providers need to understand their responsibility to protect GLBTI residents from discrimination from other residents, families, visitors and volunteers.
5. Some people who do not disclose their sexual orientation or gender identity may revisit previous discrimination and trauma when homophobic or transphobic remarks are made.
6. Appropriate responses to discrimination provide the opportunity to communicate to GLBTI residents and staff that they are valued.
7. Unless services are GLBTI inclusive, GLBTI people will not disclose their needs including their needs relating to community connectedness. This may result in GLBTI people becoming socially isolated and depressed.
8. Some GLBTI people feel that they need to hide indicators that they are GLBTI so that they feel safe from discrimination by service providers. Service providers need to understand that by broadly communicating a message of GLBTI inclusivity they can assist GLBTI clients to feel safe and don't feel that they have to re enter a closet when they enter residential aged care
9. In rural services the concerns of GLBTI people may be amplified because of the likelihood that they will know service providers
10. Some older gay men hide their sexuality because they believe staff think all gay men are HIV positive.
11. Some gay men receive substandard care from service providers who mistakenly believe that all gay men are HIV positive and that they can contract HIV from touching a HIV positive resident.
12. Some older transgender people may have difficulty 'passing' and become the subject of derision because of a perceived 'ambivalent' gender.

Six examples of strategies

1. Develop a risk register to outline potential risks related to LGBTI inclusive assessment and to identify strategies to minimise these risks (see sample risk register over the page)
2. Provide education so that staff understand what homophobia and transphobia are (particularly more indirect forms of discrimination eg: negative stereotypes, reduced standard of care) as well as their responsibility not to discriminate
3. Provide education for staff on their responsibility to protect GLBTI people from discrimination from other residents, families, visitors and volunteers
4. Provide education for staff on the historical treatment of older GLBTI people and the impacts on discrimination on health and wellbeing
5. Do not require that staff ask residents if they are GLBTI unless you are certain that GLBTI residents that disclose will receive a positive response from staff and Do Not promote your service as GLBTI inclusive until you are sure that you are. It may be more useful talk about 'working towards GLBTI inclusive practice'.
6. Have a specific strategy (or statement within an existing strategy) articulating the organisational responsibilities in relation to GLBTI residents and the required response to incidents of homophobia or transphobia.

Example of a risk register

No	Potential risk	Risk minimization strategy
1	The organisation has GLBTI inclusive assessment and intake processes that encourages GLBTI people to disclose, but the organisation is not GLBTI inclusive as a whole.	It is important to ensure that all the Standards for LGBTI Inclusive Practice are addressed before inviting residents to disclose their sexual orientation or gender identity.
2	That GLBTI inclusive assessment processes are implemented before the organisation has developed a policy on documentation of sexual orientation and gender identity.	It is important to have an organisational policy on disclosure and documentation – and staff familiar with this policy before implementing LGBTI inclusive assessment.
3	That LGBTI inclusive assessment processes are implemented before staff education is provided on LGBTI inclusive practice	Once the organisation has a process/policy for assessment & documentation/disclosure – staff education is provided.
4	That assessment is conceptualized as a 'tick box' of questions related to sexual orientation and gender identity – missing the subtleties of building rapport and trust	Staff education is provided to understand how some older GLBTI residents wait to build rapport before disclosing or test the responses of service providers before disclosing.
2	That the organisation promotes itself as GLBTI inclusive and GLBTI clients disclose their sexual orientation and gender identity when it is not safe to do so.	Rather than promoting itself as GLBTI inclusive an organisation could promote the activities it is undertaking to achieve GLBTI inclusive practice.
5	A staff member inadvertently discloses a person's sexual orientation or gender identity when it is not safe to do so.	The organisation needs to ensure that all staff are familiar with Standard 4 relating to documentation and disclosure (and their own health privacy principles) and understand the potential consequences of disclosing sexual orientation and gender identity when it is not safe to do so.
6	That staff are unaware of how to respond to homophobic or transphobic comments from other residents, family members, visitors or volunteers.	That the organisation has a policy on staff responsibilities regarding protecting LGBTI residents from discrimination that includes strategies for responding. Education sessions for all staff are provided to communicate the policy.
7		
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Standard 3: Professional development

Professional development is provided to ensure all staff in the service are confident about GLBTI inclusive practice and understand their responsibilities in relation to service delivery to GLBTI consumers.

General considerations

1. There is a general perception in the community that older people are asexual.
2. Views of older people as asexual mean that many service providers working with older people have never had education on how to respond in affirmative ways to sexual expression.
3. It is important that staff education is provided on the importance of:
    a. Understanding the effects of staff values and beliefs on the services provided
    b. Sexual expression to the wellbeing of older people.
    c. Affirmative responses to sexual expression
4. Perceptions of asexuality may lead to disbelief that older people are sexually or gender diverse.
5. Some service providers believe that older gay people are 'no longer gay' because they are old – education needs to be provided to clarify what sexuality and gender are.
6. Achieving GLBTI inclusive practice requires that service providers understand their own values and beliefs about GLBTI people.
7. GLBTI inclusive practice requires that staff understand any unhelpful or inaccurate stereotypes they have in relation to GLBTI people.
8. It is important that service providers understand what HIV is and what it is not. In particular, that service providers understand:
    a. Not all gay men are HIV positive
    b. Not all HIV positive people are gay men
    c. That stigma and discrimination in services have a devastating impact on the wellbeing of HIV positive people
    d. The role of universal precautions in protecting staff against HIV.
9. Professional development needs to include pragmatic strategies (policies, procedures, guidelines) to support such substantial changes.
10. Professional development needs to include working with families who are GLBTI and working with families who are not supportive of a clients sexual orientation or gender identity.

Five examples of strategies

1. Provide education for staff on:
    a. the social context of views of older people as asexual
    b. the rights of older people to sexual expression
    c. the rights of older people to sexual and gender diversity
    d. the rights of older people to be free from sexual coercion and violence
2. Educate staff about the historical experiences of older GLBTI people and the impact on health and wellbeing
3. Educate staff on GLBTI people's perceptions of residential aged care
4. Educate staff on GLBTI inclusive practice – to ensure they are clear about the organisations expectations
5. Facilitate opportunities for staff to discuss (in respectful ways) their values and beliefs relating to GLBTI people and the impact these are likely to have on the care they provide.

Standard 4: Consumer consultation

GLBTI consumers/the GLBTI community is consulted about, and participate in, the planning, development and review of the service.

General considerations

1. Some GLBTI people have hidden their sexual orientation or gender identity all their lives in order to be safe. Services may need to build respect and trust before residents feel safe to provide feedback.
2. Investing in feedback from GLBTI people is very worthwhile. Older GLBTI people have amazing stories that can be such an important tool for understanding their responses to services and how to improve a service.
3. Narratives shared by GLBTI people are a powerful strategy for educating staff.
4. While building up trust and respect it may be useful to tap into existing narratives about the experiences of older GLBTI people accessing services eg: *My People* report.
5. In rural areas consulting consumers may be particularly challenging where GLBTI people do not want their sexual orientation or gender identity known in a small town.

Five examples of strategies

1. Publicise (on your website etc) the work you are doing to become more GLBTI inclusive to demonstrate to GLBTI residents that you have a commitment in this area
2. Utilising your existing consumer consultation processes, develop a specific statement on your interest in feedback from GLBTI residents – and be patient
3. Establish a GLBTI advisory committee to help advise on planning for improvements and reviewing progress towards GLBTI inclusive practice
4. Invite GLBTI reps onto existing diversity committee to help advise on planning for improvements and reviewing progress towards GLBTI inclusive practice
5. Contact organisations that provide support to older GLBTI people such as Matrix Guild, Vintage Men, Transgender Victoria and Gay and Lesbian Health Victoria for more specific information (contact details in resource list).

Standard 5: Disclosure and documentation

GLBTI consumers feel safe to provide personal information, including disclosure of sexual orientation or gender identity, because they know systems are in place to ensure their privacy.

General considerations

1. Some older GLBTI people will not disclose to assessment staff but prefer to build up a relationship with direct care staff and then disclose (once they feel they are valued as a person).
2. Some GLBTI people in same sex relationships prefer not to disclose but feel they have no choice because they share a house with their same sex partner
3. Some service providers dismiss the need to address the processes for disclosure and documentation because they do not directly or explicitly ask older residents if they are GLBTI. However, organisations that promote their services as GLBTI inclusive will inadvertently communicate to GLBTI residents that staff are prepared for disclosure.
4. Some family members may believe that it is important to disclose sexual orientation or gender identity to staff. If this occurs it is important to consider how the resident would have liked this information to be shared.
5. Services need to ensure staff confidence and competence relating to disclosure and documentation. This can be achieved through the development of an organisational policy and procedure relating to disclosure and through staff education about the policy. Building staff confidence and competence is key to person-centred care or ensuring that residents feel safe articulating their needs.

Five examples of strategies

1. Be aware that if you are promoting your service as GLBTI inclusive some GLBTI residents will assume you will know what to do if they disclose
2. Have a specific policy to guide staff on responding to disclosure
3. Educate staff to ensure they are aware that they are likely to be providing services to GLBTI residents, regardless of whether or not these residents have disclosed
4. Educate staff on the rights of GLBTI people to privacy – including how information is shared with biological family, other staff, other services
5. Provide education for staff to understand the importance of communicating that it is safe to provide information on sexual orientation or gender identity – to all residents, regardless of whether or not they disclose.

Standard 6: Access and intake processes

Access and intake processes send a message of welcome to GLBTI consumers at the point of access and beyond

General considerations

1. Some older GLBTI people have hidden their sexual orientation or gender identity all their lives to escape discrimination and may need to feel that/see evidence that a service is GLBTI inclusive before they disclose
2. Sending a message of welcome to GLBTI residents is not simply reliant on explicit/blatant questions relating to sexual orientation or gender identity but can be communicated by: inclusive language through all facets of the service
3. Messages of welcome to LGBTI residents and their families can be communicated through the website or information packs developed for residents
4. Some service providers express concern that messages of welcome to GLBTI people (residents, family members, staff, volunteers) will upset heterosexual residents. Staff who have addressed their own values and beliefs about GLBTI people are likely to feel more confident and comfortable communicating the importance of GLBTI inclusive services to heterosexual residents.
5. Labels and acronyms such as 'GLBTI' are relatively recent and some older GLBTI people may not relate to them. Some older same sex couples have never labelled themselves as 'gay' and definitely not labelled themselves as 'queer' even if they have spent their lives together. The term 'camp' may be more likely to be used. Some younger GLBTI people identify with the word 'queer' – warmth and acceptance of diversity and individualism can transcend use of labels
6. Some older GLBTI people with dementia may loose the capacity to maintain their 'closet' and no longer be able to hide their sexual orientation or gender identity. In these cases it is particularly important that the GLBTI residents receives a message of welcome and feels safe.
7. Some older transgender people may have 'non congruent' bodies or difficulty maintaining their gender identity and need to feel a welcome from service providers.
8. Some GLBTI people will test out the responses of staff to GLBTI people in the media before making a decision about disclosure.
9. Working with families requires particular attention. Some GLBTI people have been disowned by their biological family because they are GLBTI. Others have friends who become family. Others may have same sex partners that want to be acknowledged – with or without the label of partner.

Five examples of strategies

1. Provide education on the use of inclusive language: eg: 'partner' rather than 'spouse',,or asking: is there someone important to you, whom you would like to involve in discussions about your care?
2. Provide education to ensure staff are aware that GLBTI residents will look for clues/test that a service is inclusive by gauging responses to GLBTI issues in the media
3. Review information provided to residents (hard copies & web based) to check GLBTI inclusive language
4. Provide information on web/in brochures about the commitment to GLBTI people/actions to become more GLBTI inclusive
5. Provide education for staff and put systems in place so that staff understand how to respond to GLBTI residents that disclose.

Section 7: Resources

Glossary of terms

This glossary has been adapted to reflect the way these terms have been utilised in this report.

Bisexual

A person who is sexually and emotionally attracted to men and women.

Camp

Historically a person who was referred to as 'camp' was gay.

Coming out

The process through which a GLBTI person comes to recognise and acknowledge (both to self and to others) his or her 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.

GLBTI

An acronym used to describe people from diverse sexual orientation or gender identity, people that are gay, lesbian, bisexual, transgender and intersex. Sometimes presented as LGBTI or GLBTIQQ (adding people who are 'queer' or 'questioning' their sexuality orientation or gender identity). The term SSAGQ (same sex attracted and gender questioning is often used for young people).

GLBTI inclusive practice: a set of standards for health and human services to identify and meet the needs of GLBTI consumers. The standards include: creating a welcoming environment; consumer consultation regarding service planning and review; identifying and addressing the risk of homophobia/transphobia; addressing issues around disclosure and privacy; providing education to challenge homophobia and transphobia amongst staff and to ensure care is evidence based and person-centred and; embedding inclusive practice across organizational systems and seeking opportunities for improvement. The aims of inclusive practice are to understand and meet the needs of GLBTI clients – whether or not they choose to disclose their sexual orientation or gender identity.

Homophobia

The fear and hatred of lesbians and gay men and of their sexual desires and practices.

Intersex

A biological condition where a person is born with reproductive organs and/or sex chromosomes that 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.

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 mean 'odd'.

Sexual orientation

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

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 Organisation, 2006 p. 5).

Sexual health

… a state of physical, emotional, mental and social well-being 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 Organisation, 2006 p. 5).

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.

General resources

1. **Well Proud**
   The Department of Human Services developed this report in 2009. The report includes a summary of the evidence relating to the needs of GLBTI people in Victoria, an overview of the legislation and some generic recommendations for GLBTI inclusive practice.
   Available from: www.glhv.org.au

2. **GLBTI inclusive practice audit**
   Following the launch of Well Proud, Gay and Lesbian Health Victoria received a significant number of calls from services that wanted to become more GLBTI inclusive but didn't know where to start. In response the GLBTI inclusive practice audit was developed. The audit reflects the Rainbow Tick standards by presenting a simple 25 question check list for organisations to check how GLBTI inclusive they are and plan for improvements.
   Available from: www.glhv.org.au

3. **Beyond we treat everyone the same: How2 create a GLBTI inclusive service**
   Gay and Lesbian Health Victoria coordinate a biannual program called: How2 create a GLBTI inclusive service. The program coaches health and human service organisations through the steps involved in becoming more GLBTI inclusive. This report includes seven chapters authored by organisations that participated in the program. Each chapter describes what the organisation did in relation to each of the GLBTI inclusive practice standards. The document also includes 'rural considerations' developed in conjunction with the Centre for Excellence in Rural Sexual Health (CERSH).
   Available from: www.glhv.org.au

Resources – older GLBTI people

1. **Val's café**
   Gay and Lesbian Health Victoria established Val's Café to support those providing services to older GLBTI people. The café produces resources and a regular newsletter for those unable to come to the Café. Becoming a member of Val's Café means you will receive regular emails about training and resources. In early 2012 Val's Café will launch a website that will provide a range of resources for HACC services, including resources for education such as: narratives and dvds.
   Contact: c.whyte@latrobe.edu.au or website: valscafe.org.au

2. **My People**
   A report on interviews with 25 GLBT people receiving aged care services in Victoria. The report was commissioned by Matrix Guild Victoria (support for older lesbians) and Vintage Men (support for older gay and bisexual men) and funded by the Reichstein Foundation. The report explores issues from the perspectives of older people. The case studies are a valuable education tool
   Available from: www.glhv.org.au

3. **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.
   Available from: www.glhv.org.au

4. **Dementia, lesbians and gay men**
   A position paper developed by Alzheimer's Australia that outlines issues facing older lesbians and gay men with dementia.
   Available from: www.glhv.org.au

5. **TransGender Victoria**
   A community based organisation supporting the Victorian transgender community, their family, 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 alike. Sally Goldner has been particularly supportive of Val's Café and assisted with education of service providers, contact: www.transgendervictoria.com

6. **Matrix Guild Victoria Inc.**
   Founded by and for the benefit of lesbians over forty years of age. The Guild 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 Matrix Guild on: www.matrixguildvic.org.au

7. **Vintage Men**
   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: www.geocities.com/vintagemen

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