

**Inquiry into Caring for Older Australians,  
PRODUCTIVITY COMMISSION,**

**Monday, 26 July, 2010.**

**From: Kendall Lovett and Mannie De Saxe,  
Lesbian & Gay Solidarity (Melbourne),**

**SUBMISSION TO THE INQUIRY into Caring for Older Australians.**

*“The tragedy of old age is not the fact that each of us must grow old and die but the process of doing so has been made unnecessarily and at times excruciatingly painful, humiliating, debilitating and isolating through insensitivity, ignorance, and poverty.”*

This observation by the late Robert Butler, researcher and gerontologist, appeared in the preface to his 1975 book, *Why Survive? Being Old in America*, which won the 1976 Pulitzer for general nonfiction –obit The Age, 09.07.2010.

We quote it because Butler’s observation in 1975, even though he was referring to the heterosexual communities in the USA, applies equally to the gay, lesbian, bisexual, transgender and intersex (GLBTI) communities as well as people living with HIV (PLWH) in Australia in 2010.

In an aged care setting LGBTI seniors have been largely invisible, ‘closeted’ as part of ensuring their sexual and gender identity remained hidden from even the closest of friends.

**Heteronormativity in Gerontology**

In the Australian context, issues relating to gay, lesbian, bisexual, transgender and intersex ageing have been almost completely neglected in gerontology, which is defined by this author as “all research and action around ageing” (Harrison, 2001). This neglect has been reflected in textual discourse, clinical and service practices, training and education, research approaches, policy development and lack of legal reform. However, the most recent past has seen a burgeoning interest and an acceleration of action around GLBTI ageing issues. Most of these advancements have been initiated by GLBTI individuals or organisations, while the development of partnerships between GLBTI and mainstream organisations is also taking place at a rapid pace. There is also a slowly growing interest in GLBTI issues within the aged care industry itself –Dr Jo Harrison, “Coming Out Ready or Not!” *Psychology Review*, Vol. 2, No.2, 2006.

Dr Harrison also said in an article in the journal of the Anti-Discrimination Board, "Equal Time," August 2004, that heteronormative assumptions underpin many discussions of aged care practice, particularly when referring to relationships, family, household, taxation and superannuation. Terms like "never married," "spouse carer," and "widowed" reflect the assumption that all elderly people are heterosexual.

This can lead to service providers assuming that they have no GLBTI clients and thus no strategies, policies and procedures are developed or implemented to provide a safe and inclusive environment, beyond the notion of respect for an individual resident's cultural heritage as outlined within the Aged Care Manual.

### **GLBTI and PLWH persona non grata**

The Aged Care Manual does not cater for these citizens because they are seen as persona non grata by the aged care industry even though the Federal Government in December 2008 passed a raft of equality amendments to its discriminatory laws thus making same-sex couples treated as de facto relationships. At the time, the Attorney-General made the astounding statement that there would be winners and losers. However, he failed to say that the most vulnerable section of the same-sex community, those couples already aged pensioners, would be the fall guys –the losers.

From 1<sup>st</sup> July 2009, the federal government's social security agency, Centrelink, despite a GLBTI campaign over almost 12 months for a grandfather clause, implemented a forced 'outing' of same-sex couples in the system and about to enter it, and reduced their single pensions to the interdependency lower rate. The penalty for remaining in the closet meant investigation with the possibility of losing the pension altogether or paying back overpayments in the period in which they had defaulted.

The following information appeared in the Lesbian & Gay Solidarity Newsletter Issue No.68, Dec.2009 and provides the text of some of the letters in the GLBTI campaign:-

*Here's a campaign letter addressed to the group of politicians associated with the federal legislation, from one of those groups. The subject is quoted as 'Same-sex relationships and grandfather clause' and dated 7 January 2009.*

COALITION OF ACTIVIST LESBIANS—AUSTRALIA (COAL) is a national community based Non-Government Organisation. We advocate on behalf of lesbians in Australia. COAL is an accredited NGO with the United Nations Economic and Social Council (ECOSOC) as well as the Division for the Advancement of Women.

We are thankful that the government has legislated to bring about equality for lesbians and gays, however there are some who will suffer from the changes such as those on income support/social security payments eg aged pension and disability/carers payments. COAL members are currently meeting regularly to discuss the impact of the changes on individual lesbians. We have serious concerns.

We believe that legislation, policy and programs must promote substantive justice, and therefore should reflect the reality that the playing field is not level. Equal actions do not achieve equal results. Outcomes should always be considered. In every major Social Security reform for the past 15 years grandfathering clauses have been included. We do not understand why this has not occurred here.

Lesbians experience our social position and financial security as being strongly influenced by both gender and sexual orientation. Generally women earn less, have few years in the paid work force, little superannuation and have spent years caring for children and others in need. The new legislation will create hardship to a great many lesbians who have planned their living, financial, social and retirement arrangements – including mortgages – on the basis of two financially independent beings. The changes have come too suddenly for people to plan or rearrange their long-term finances and housing. COAL has case studies available.

COAL urges the Federal Government to use regulatory measures to create a grandfather clause to guarantee that lesbians and gay men already receiving income support do not lose their existing entitlements thereby jeopardising their current living arrangements.

COAL further urges the Federal Government to fund an independent advocate to assist lesbians who will be significantly affected by the new legislation. Law reform is a part of the picture but we also need resources to protect those that have already lived a vulnerable life. COAL requests a meeting with the Prime Minister, as a matter of urgency, to discuss these issues.

*Sincerely, Sandra Hall and Wendy Suiter, on behalf of COAL-Australia.*

***ANOTHER OPEN LETTER this time to the Prime Minister***

*The following letter, written by Noel Tovey, appeared in ACT Gay on the 14<sup>th</sup> of January 09 and is reproduced here in full.*

Dear Prime Minister,

I write to you as an elder Indigenous man about a matter of grave concern to me.

Our old people suffered great hardship and trauma in the past and you moved to apologise for this and acknowledge that pain. You demonstrated a deep understanding of the significance of respecting elders, acknowledging mistreatment and minimising harm. We will always treasure your respectful treatment of our elders on that day of apology, and in years to come.

I am an Indigenous artist and writer and am myself 75 years of age. As an older indigenous man who is also gay, I am deeply concerned at the suffering of gay elderly people, who, like me, have experienced severe trauma in the past due to the ignorance of those around us. I was taken away from my family in 1940. In 1951, while living on the streets of Melbourne I was charged with 'The Abominable Crime of Buggery.' Several of my friends have committed suicide rather than live a life of fear and shame.

I have grave concerns about the 'same sex equal treatment' reforms and the way in which these may compound the suffering of elderly gay people, including Indigenous people. Elderly gay people are from a generation that preceded civil rights and they were subjected to shock treatment, lobotomy and other horrors. They hid from view and remain mostly hidden today. Nevertheless, they are elders of our gay community who deserve protection.

I implore you to protect these elderly people from the harm of being forced to reveal their identities, even in confidence, to officers from Centrelink. For this generation, there is no safe confidential context in which to 'come out.' The thought of having to do so now is causing them extreme anxiety and consequent physical harm.

Please give your urgent consideration to enacting grandfathering arrangements in relation to age pensioners to protect gay elders from harm. I am mindful that had my own life story not become a fortunate one, I would more than likely be a hidden gay age pensioner myself today. I know you to be a man of compassion and I appeal to your sense of justice, which was so visible to a proud nation on the day of the apology.

I would be very happy to talk with you further about this serious matter. *Yours Sincerely,*  
*Noel Tovey.*

***MEDIA RELEASE, 3 February 2009***

*Written by Concerned Older Lesbians, distributed by the Coalition of Activist Lesbians-Australia.*

**THE CASE FOR 'GRANDFATHERING' THE AGE PENSION FOR LESBIAN AND GAY COUPLES AND THOSE OVER 55 ON DISABILITY SUPPORT PENSIONS.**

Many benefits will result from the Commonwealth Government's formal recognition of the legitimacy of same-sex couples. However particular problems will be experienced by lesbian and gay couples receiving the age pension. The problems have not been addressed by many of those asking for instant 'equality.'

Cuts in income for same-sex couple age pensioners prove problematic when most have had no capacities to officially share certain past couple advantages in income, taxation, health insurance, superannuation and other aspects of financial planning and melding of incomes. There are two more aspects that muddy the equality arguments: one is the continued prejudice and discrimination against lesbians and gay men; the other is the particular problems of gender, ie the financial disadvantage of older women re pay and care, and the foisting of financial independence on same-sex couples who have had no experience of the model of breadwinner and dependent spouse.

The changes to the age pension that raised the qualifying age for women from 60 to 65 were introduced gradually over a period of 20 years. The wife pension, which enabled younger women married to pensioners to also qualify for a pension, was abolished in 1995 but recipients of the time were protected. Changes to the widow pension and other entitlements were also 'Grandfathered.'

As part of the process of change, the Government should therefore introduce 'Grandfathering' for all lesbian and gay age pensioner couples and those over 55 receiving Disability Support Pension and unlikely to rejoin the workforce. This would avoid the distress and stress caused by:

+A loss of up to \$92.60 per fortnight per person on full pension (\$185.20 couple).

+The stress of possibly being assessed by Centrelink as a 'marriage-like' couple rather than two people in a loving relationship who still considered themselves financially independent.

+The problems of losing eligibility for all income support because of being emotionally/socially partnered with another person with higher income.

+The danger of being 'outed' through a Centrelink investigation which threatens arrangements where family and local circumstances, as well as personal morality, have allowed two people to see themselves as close friends but not a couple.

+The possibility of mistakes being made where genuinely friendship based home sharing is classified as coupled by Centrelink.

We ask for an exemption (grandfathering) to be offered to lesbian and gay Age Pensioner couples and those over 55 on Disability Support Pensions.

*Contacts: Diana Goldrick 0414587699, Dorothy McRae-McMahon 0420550900 Jack Draper, COAL 4285 6747.*

**REQUEST**

Our request in this section of our submission is for the Commission to treat GLBTI and PLWH as one of the *Special Needs Groups* mentioned in the Commission's undertaking to address the interests of such groups in the aged care context and to recommend that the Federal Government develop and administer a National Aged Care Action Plan for us as was the case with Indigenous Older People and People with Alzheimers and Related Disorders.

### **Job Training for Work in Aged Care**

In the current July-September CAE Course Guide Winter 2010, we noted that there was a Dual Certificate –Certificate III in Home and Community Care (CHC30308) and Certificate III in Aged Care (CHC30208). This course prepares students for employment providing individual and group support and care for older people in the community, in residential aged care facilities and private homes. Completing this dual qualification broadens their employment opportunities to also support people with disabilities living at home.

There is also Certificate IV in Disability (CHC40308). This course is suitable for people new to this area, and/or experienced workers that do not yet have a nationally accredited qualification.

We are particularly concerned about these CAE /TAFE courses as well as those offered by private colleges and training institutes which apparently have not been upgraded since the Federal Government removed discrimination in the Social Security Act against same-sex couples by making them de facto relationships. The current courses certainly do not reflect the major legislation change. There has been no government undertaking to provide advocates from within the GLBTI and PLWH communities to prepare course information along the lines of the particular needs and culture of their communities for these aged care and disability courses.

Since 2007, one of our members has taken the initiative and sought to alert government and teaching institutes regarding the situation. There has been no positive response to letters and seldom even an acknowledgement. What follows is a selection of our member's letters.

To: Senator Santo Santoro,

Federal Minister for Ageing,

Parliament House, Canberra A.C.T. 2600.

Friday, 16 February 2007.

From: Kendall Lovett,

Dear Senator,

In the current February issue of the *Fifty~Plus News* I noticed that you had announced that under the Australian Government's Better Skills for Better Care Program 3000 aged care workers will receive extra skills training in 2007. Apparently, personal care workers were being targeted and would be offered training in Certificate III and Certificate IV in Aged Care Work.

As a person now in my eighties, who may need the services of a carer sometime in the future, I would be interested to know now what kind of extra skills training is envisaged for these aged care workers. I am interested in the following issues.

1): Perhaps you could tell me whether or not non-heterosexual identities are at last to be recognised as existing in the ageing Australian multicultural population. It would certainly be a great relief to learn that care workers in skills training are to be made aware of the discriminatory obstacles faced by lesbians, gay men and transgender ageing people and how to deal with their identity needs in an understanding and non-discriminatory manner.

2): For instance, ageing HIV positive people have concerns about being placed in aged care facilities because staff lack knowledge and experience of HIV. They have concerns about possible discrimination related to HIV due to ignorance and fear of the condition by the care worker. Is this a likely concern to be dealt with in the program?

3): Will the extra skills training program encourage the use of gender-neutral language in caring for ageing clients? (eg: 'partner' rather than 'wife' or 'husband'-- terms like 'never married' and 'widowed' or 'spouse carer'" reflect the assumption that all elderly people are heterosexual.)

4): Despite the decriminalising legislation of the 80s many ageing gay men, lesbians and transgender people have lived closeted lives since the 40s, 50s, 60s and 70s and now may want to find suitable community aged care services. Will they be able to learn from your new aged care website if a care service is accepting and understanding of a lifetime of non-disclosure and that their needs could be different from the heterosexual norm? There are some unfortunate instances that have been highlighted recently. *There was a case in which a lesbian being admitted to a home felt unable to reveal that the "friend" accompanying her at admission was really her life partner. The partner was therefore not given the same visiting and decision-making rights as the woman's children. Also, an elderly man was transferred from a retirement village to a psychiatric hospital because the management disapproved of his "younger male visitors." There is anecdotal evidence of denial of services, forcibly preventing cross-dressing, and deliberate physical violence when people are revealed to be transgender. (ADB of NSW Equal Time, No.61 August 2004.)* So many aged care services are insensitive to the needs of non-heterosexual aged persons and able to discriminate homophobically because they are run by religious institutions.

One has to ask, therefore, how your website can be of much use to me and my friends. All the brochures from aged care services and retirement homes show pictures of heterosexual couples and singles and speak in glowing heterosexual terms of their caring features none of which encourages us to think such homes or services are likely to be accepting of us as non-heterosexuals.

On the other hand if, in your assessing the appropriateness of a service for your website, you vetted each organisation for such obstacles to safe, sensitive and non-discriminatory high quality care for us and said as much on your website, then we would feel confident in approaching such a home or service.

Sincerely, Kendall Lovett.

Assistant Secretary Fiona Nicholls,  
Quality, Policy and Programs Branch,  
Australian Government Department of Health and Ageing,  
GPO Box 9848,  
CANBERRA, A.C.T. 2601.

Monday, 16 April 2007.

From: Kendall Lovett,

Dear Fiona,

Re: *Your reply, dated 3 April 2007, to a letter of mine*

*in the first instance to Senator Santoro, then as an unanswered copy  
to the new Minister for Ageing, Christopher Pyne MP.*

The information in your letter was not of much assistance at all. It did not answer the issues I was raising with the Minister nor did it reply to my particular questions.

Your reply was like a form letter sent to those who wish to enquire about the range of aged care services available. I was asking about the kind of training *personal care workers* were going to receive in Certificate III and Certificate IV in the federal government's *Better Skills for Better Care program*. (See photocopy Fifty~Plus News Briefs, Feb.2007.)

I wanted to know if these extra skills training courses were going to include recognising at long last the existence of lesbians, gays and transgender people in the aged population and the discriminatory obstacles they face in the aged cared industry. Would the program encourage the use of gender-neutral language in caring for ageing clients instead of assuming all elderly people are heterosexual? I provided examples of the kind of discrimination perpetrated on same-sex people who had lived a life of non-disclosure because of prejudice and the laws of the past.

I also pointed out that if the *New Aged Care Website* did not show that a care service had not been assessed for gay friendly, sensitive non-discriminatory care then my friends and I would not find it to be of much use to us. (See Fifty~Plus News Briefs, Feb.2007.)

A further issue was the possible lack of knowledge of care workers when HIV-positive people, many now reaching senior status, have to be placed in aged care facilities. (See Fifty~Plus Feb.2007, AAG National Conference Report.)

Under the circumstances, I think you must send this letter and attachment, with my previous letter, back to the Minister for his comments.

Sincerely, Kendall Lovett.

Mercy Health Training Institute,

Courses Manager,

East Melbourne, Vic. 3002.

Sunday, 21st February 2010.

From: Kendall Lovett,

Dear Courses Manager,

Your Mercy Health advertisement which appeared in the Preston Leader (17.2.10) was of interest to me because of recent changes to federal legislation that affects same-sex pensioner couples in nursing homes and those who have preferred to remain in their own homes. Same-sex couples are now recognised in federal legislation as in de facto relationships.

I am in my mid-eighties so I am not planning on enrolling in one of the courses advertised. However, I am concerned about the content of the courses being taught by the training institute particularly in relation to sensitivity to cultural and sexual differences of people in aged care and understanding that their needs are often radically different from the accepted norm. Carers need to be made aware of these differences and how they should treat them.

I checked the two courses mentioned in your advertisement and discovered that only Certificate IV in Allied Health Assistance mentions that work placements for graduates were possible in Aged Care Facilities as well as in other health facilities.

Although not mentioned in your advertisement, I also looked at Certificate IV in Training and Assessment, apparently a separate course for those who wish to graduate as trainers. One of this course's main aims is teaching students 'to use Training Packages to meet client needs.' Does that mean that the needs of seniors, for instance, with cultural and sexual differences from the accepted norm are to be treated with sensitivity? I would hope so but somehow I am doubtful. Past experience does not support it.

I draw your attention to the recent Senate inquiry into suicide in Australia. The report was released in late December 2009. It is essential reading for educationalists in health care tuition. A Canberra Times article (30.12.09) points out that researchers say recent health surveys show an alarmingly high number of senior gays would rather



commit suicide than risk abuse from a “prudish and conservative” aged health-care system.

A South Australian health sciences researcher said in her submission to the Inquiry, there was “a complete lack of mention” of the needs of gay seniors in Federal aged-care policy *as well as education and training programs*. This reinforced feelings of social exclusion, “which in turn reinforces discrimination by neglect, and exacerbates anxiety, depression and thoughts of self-harm as well as attempted suicide.

An 80-year-old member of Lesbian and Gay Solidarity told the Inquiry many non-government and community groups dealing with depression and suicide were “intrinsically homophobic and refuse to deal with people for whom they have the utmost contempt.” Interestingly, a University of Melbourne study found 67 per cent of Australian doctors knew of instances where gay patients “had either been refused care or received sub-standard care as a result of their sexual orientation.”

That should be enough to show that the short-comings of past health care training courses are most obvious in their lack of recognition of their obligation to instil a social inclusion understanding in educational methods. Nevertheless, the following is from a different report, launched recently by Justice Michael Kirby for Alzheimer’s Australia. It said aged-care policies failed to recognise gay men and lesbians’ specific health, social, legal and financial needs. And it stated emphatically, gay seniors feared health workers “will judge them, pity them, avoid physical contact, harass them, treat them as an object of curiosity, betray confidences, provide poor quality services or reject them.”

Your courses, I note in the advertisement, are due to commence 1<sup>st</sup> March 2010. Perhaps in all your health-care courses ‘meeting client needs’ will mean training inclusive of sensitivity to cultural and sexual differences.

Sincerely, Kendall Lovett.

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Kelvin Thomson, MHR,

Member for Wills,

House of Representatives,

PO Box 6022, Parliament House,

Canberra, A.C.T. 2600.

Friday, 11<sup>th</sup> June 2010.

From: Kendall Lovett,

Dear Member for Wills,

This week in the local suburban newspaper, *The Melbourne Times* (9.6.10), there was a short item captioned "Aged-care training" in which you are quoted as saying that the aged-care industry will be boosted with \$75,000 in funding to train more workers in the Brunswick area.

The funding, you say, is part of the Australian government's \$19.2 million investment to train more than 4000 aged-care workers nationally and demonstrates the government's commitment to recruiting and retaining skilled staff. And that was the extent of the *In Brief* item.

I am in my mid-eighties and I do not reside in the Brunswick area so I'm unlikely to want to train to be one of those aged-care workers. Nevertheless, I am very interested in what you are talking about because I may very well need the services of a properly trained care worker at home or in a nursing home in the next few years if my physical health fails me or my same-sex partner.

So, who is to receive that funding? Will it go to individual nursing homes to train workers on the job or to training institutes and colleges to broaden their courses? I ask these questions because I would like to draw your attention to the recent Senate inquiry into suicide in Australia. Submissions to the Inquiry already published on its website in December last year were the subject of a Canberra Times article dated 30 December 2009. In it the journalist pointed out that researchers said recent health surveys show an alarmingly high number of senior gays would rather commit suicide than risk abuse from a "prudish and conservative" aged health-care system.

In the same article, a health sciences researcher was quoted as saying that there was "a complete lack of mention" of the needs of gay seniors in federal aged-care policy as well as education and training programs. This reinforced feelings of social exclusion, "which in turn reinforces discrimination and neglect, and exacerbates anxiety, depression and thoughts of self-harm as well as attempted suicide." An Alzheimer's Australia report, also mentioned in the same article, is quoted as saying that gay seniors fear health workers "will judge them, pity them, avoid physical contact, harass them, treat them as objects of curiosity, betray confidences, provide poor quality services or reject them."

It certainly bothers me when I think of what I may be faced with in the future.

The Attorney-General and the Minister for Families and Community Services assured same-sex couples that there would be training and education which would assist pensioners and the public to understand the momentous nature of the changes the government had made by removing discrimination from 85 pieces of Commonwealth legislation. It seems to me, however, that we haven't seen much training and education to overcome the woeful situation for us. We have been forced to declare our relationships, become the equivalent of a married couple on Centrelink's database without ever having experienced the benefits and responsibilities of a married couple during the long years of a relationship. We have had our pensions reduced and still have to put up with ostracism by other residents and ugly discrimination by staff because of our same-sex relationship --if we have to end up in a nursing home.

The short-comings of aged-care training are obvious. Health and aged-care nursing courses as well as training for care assistants need to be upgraded considerably if they are to become socially inclusive. The vast majority of those on the floor in any nursing home are care assistants, I believe, usually trained by TAFE or a private institute or college. So it's pretty obvious to me that's where the funding should be put if it's to be of value to the aged.

To meet client needs, workers in the aged-care industry require a training component in their courses inclusive of understanding and sensitivity to cultural and sexual differences if measures, undertaken by the Government to eliminate same-sex discrimination in legislation, are to be acceptable to everyone concerned.

Is it so difficult for the Government to have aged-care training courses evaluated to meet the requirements of a growing ageing population's cultural and sexual differences? I would like to see the Government requiring aged-care training courses to include a similar socially inclusive component to that outlined in my letter. And further, I would like to think that the TAFE along with all private institutes and colleges that train students for aged-care placements are accountable to Government on how they evaluate their students on their understanding and sensitivity to a socially inclusive component.

I would feel so very much happier if I knew this was happening, should I require a home carer or enter a nursing home.

Most sincerely, Kendall Lovett.

cc. Minister for Ageing, Justine Elliot.

These letters are indicative of the urgent need for upgrading aged care and disability training courses. We, therefore, urge the Commission to recognise that need because of the changed status of same-sex relationships and advise the Federal Government of the need.

### **Suicide and the Elderly**

In 2006, a full page article by Steve Waldon in *The Age* (15.5.2006), reporting on a suicide public forum, stated that the annual rate of suicides in Australia is 2,098 and eighty per cent of these were male. Alarming, Australian men between the ages of 25 and 44 and those from 75 onwards are ones most at risk. The triggers listed include relationship breakdown, depression, loneliness and the erosion of self-esteem.

The full page article makes no mention of any GLBTI or PLWH men being included in the statistics nor in the article as a whole yet these suicide triggers are very much identifiable with problems experienced by our elderly gay, bi and transgender communities. We firmly believe that the blokey culture in which we live is to blame for very many men to be "constantly ameliorated by alcohol and crudity" which in an environment like that "what 'good bloke' wants to be seen as 'a sissy?'" Nevertheless,

those men probably were sissies earlier on in their lives or “sensitive” as a later term perceived them.

In the August 2009 position statement on suicide and self-harm among gay, lesbian, bisexual and transgender communities, issued by Suicide Prevention Australia, under the subheading, Guiding Principles, it states: Research findings demonstrate that suicide attempt and self-harm rates among GLBT communities are significantly higher than among non-GLBT populations. However, estimating reliable suicide mortality statistics for GLBT people remains highly problematic as sexual orientation and gender identity, unlike other demographical characteristics, are not necessarily publicly known, or readily identifiable, through existing data collection methods (such as coronial and the ABS).

According to a front page article in the Canberra Times (30.12.2008), a report by Alzheimer’s Australia (August 2008) estimates more than 37,200 gay men and lesbians will be affected by dementia over the next twenty years but aged care policies fail to recognise their specific health, social, legal and financial needs. The article went on to say gay seniors feared health workers “will judge them, pity them, avoid physical contact, harass them, treat them as objects of curiosity, betray confidences, provide poor quality services or reject them.” It also quoted a University of Melbourne study that found 67 per cent of Australian doctors knew of instances where gay patients “had either been refused care or received sub-standard care as a result of their sexual orientation.”

The Senate Committee The Hidden Toll Report on its Inquiry into Suicide in Australia was tabled in Parliament, 24.06.2010.

Recommendation 22/5.105 states: The Committee recommends that a national suicide prevention and awareness campaign should include a targeted approach to high-risk groups, in particular young people, people in rural and remote areas, men, Indigenous populations, lesbian, gay, bisexual, transgender and intersex people, and the culturally and linguistically diverse communities. This approach should include the provision of culturally sensitive and appropriate information and service.

Furthermore, Recommendation 32/6.149 states: The committee recommends that lesbian, gay, bisexual, transgender and intersex people be recognised as a higher risk group in suicide prevention strategies, policies and programs, and that funding for targeted approaches to assist these groups be developed. Sadly elderly LGBTI people were not especially mentioned in either recommendation.

In view of the risk factor for those aged 75 and over, mentioned earlier in the Steve Waldon article in The Age, we recommend that the Residential Aged Care Manual include a targeted approach to suicide prevention and awareness in this high-risk group.

Now follows our submission to the 2009 Senate Suicide Inquiry.

SENATE COMMUNITY AFFAIRS REFERENCE COMMITTEE

INQUIRY INTO SUICIDE IN AUSTRALIA

Submitted by: E.J.(Mannie) De Saxe, Lesbian and Gay Solidarity, Melbourne,

We are making this submission because for many years we have been involved with the ongoing problems confronting the gay, lesbian, transgender and HIV/AIDS communities relating to suicide and/or attempted suicide (ideation).

The gay, lesbian, transgender and HIV/AIDS communities (hereinafter referred to as GLTH) have generally not been included in studies about suicide and this lack of attention to such community members is directly attributable to the homophobia of the population at large and governments at all levels in particular.

Non-government organizations such as beyondblue have over the years refused to involve these groups in their research and care facilities because they are intrinsically homophobic and refuse to deal with people for whom they have the utmost contempt.

Fortunately there are a few organizations such as Suicide Prevention Australia who actually see the larger picture of human rights and who are justifiably concerned at the fact that GLTH people have been treated as they have been by society at large.

This brings us to the point of the senate inquiry exercise which is that so many groups around the country are not being looked at for possible suicide reasons and have dropped off the agenda and therefore helped cause depression, loneliness, anxiety, desperation, and ultimately suicide.

Most at risk, according to statistics which may or may not be very accurate, are young males, and specifically young gay males and many living in rural or regional areas where they have no access to any type of support or community consultation processes.

Also at risk in similar categories, but not young, are older people in our communities who may be isolated, have lost partners, have few or no friends, have no supporting networks and are therefore totally isolated.

Personal experience for some of us in recent years has been as carers during the 1990s of people with AIDS at a time before various combination drugs had become available, and many were dying of AIDS-related diseases which were horrible in their actions on bodies already decimated from ongoing illness and debilitation. When some of these young men were told that they had a particularly nasty illness which would blind them or cause other major traumas, they were not prepared to go through the suffering they had seen in so many of their friends, partners, relatives, acquaintances, so they simply prepared themselves for suicide and succeeded.

Earlier personal experiences of suicide were related to family members or acquaintances, and so often, reasons were not forthcoming as to the causes of the suicides. Now some of us are in our 80s with a partner likewise in his 80s, our thoughts have been drawn to aspects of euthanasia because of the dreadful sufferings which occur with certain diseases which, at the end of a long life does not inspire one with hopes of a painless death. Why suffer needlessly when there are other solutions?

However, that is not the reason we are making a submission to this senate inquiry. The reason is that we are sickened by the ongoing homophobia which is causing so much trouble for GLTH members in our communities and the fact that there are so few resources out there for them to get any help from.

Recent changes to same-sex relationships legislation by the federal government ensured that their refusal to consider providing a transitional arrangement for the December 2008 legislation helped many desperate people in long-term partnerships to attempt suicide because they saw their situations as hopeless.

Fortunately, in one particular instance which has come to our knowledge, the people involved in these traumas were assisted by friends who were also specialists in such fields as gerontology and social work and lives were saved. This may have been the exception to the general rule.

Before addressing the items in the “Terms of Reference” document we believe that one issue above all needs to be addressed and that is to ask the question: How far is the federal government prepared to go in addressing fundamental problems relating to suicide – homophobia and financial support for organizations addressing the issues involved? Will the government be prepared to ensure that better statistics become available and that the findings are made public?

These are but a few of the questions which require urgent answers. Without positive responses, the whole inquiry is a waste of time and money.

#### TERMS OF REFERENCE:

The impact of suicide on the Australian community including high risk groups such as indigenous youth and rural communities, with particular reference to:

<!--[if !supportLists]-->a) <!--[endif]-->the personal, social and financial costs of suicide in Australia;

*The financial costs should be the least of the Inquiry’s problems. The personal and social costs are infinite and cannot be quantified without doing much deeper and more meaningful research into the consequences of suicide to those left to address the disasters. Indigenous youth and rural communities can not be dealt with unless the government is determined to address indigenous poverty, unemployment, housing, education and related issues and ensure rural communities have the services required to assist those most in need. This means not only young but old members of our communities who are isolated and without support.*

<!--[if !supportLists]-->b) <!--[endif]-->The accuracy of suicide reporting in Australia, factors that may impede accurate identification and recording of possible suicides, (and the consequences of any under-reporting on understanding risk factors and providing services to those at risk);

*Accuracy of suicide reporting requires more resources than are currently available and more effort needs to be put in to determine if unexplained deaths*

*have been recorded without adequate explanation. There are so many risk factors ignored by mere statistics that it is therefore necessary to have greater services available AFTER risk factors have been identified.*

<!--[if !supportLists]-->c) <!--[endif]-->the appropriate role and effectiveness of agencies, such as police, emergency departments, law enforcement and general health services in assisting people at risk of suicide;

*If suicide is such a problem in Australia as this inquiry would suggest then it seems as if the appropriate role and effectiveness of the agencies mentioned in item c) are totally ineffectual and publicity needs to be generated to address the problems faced by the communities. There would thus appear to be a failure to be aware of, and assist people at risk of suicide.*

<!--[if !supportLists]-->d) <!--[endif]-->the effectiveness, to date, of public awareness programmes and their relative success in providing information, encouraging help-seeking and enhancing public discussion of suicide;

*Four young people committed suicide in Geelong during the last year. There was a public outcry about the publicity generated in the media, and attempts were made to silence all discussion on the issue, particularly by people like Jeff Kennett of beyondblue. This is hardly calculated to enhance public discussion of suicide.*

<!--[if !supportLists]-->e) <!--[endif]-->the efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk;

*If suicide prevention training and support for front-line health and community workers was working, there would be no need for inquiries such as this, so the question is self-answering! There would be no alarming increases in rates of suicide as possible statistics seem to suggest there are.*

<!--[if !supportLists]-->f) <!--[endif]-->the role of targeted programmes and services that address the particular circumstances of high-risk groups;

*What targeted programmes and services exist for young and old GLTH members of our communities? Are they publicised? Who runs them? Does one find them in the media? Are isolated GLTH people found to be in particular circumstances making them high-risk groups?*

<!--[if !supportLists]-->g) <!--[endif]-->the adequacy of the current programme of research into suicide and suicide prevention, and the manner in which findings are disseminated to practitioners and incorporated into government policy;

*If the current programme of research into suicide and suicide prevention was adequate, findings would be disseminated to whoever required the information and government policy would respond accordingly. Again this item begs the question – is there actual government policy which addresses suicide and its enormous ramifications for the communities and those most affected by the impact*

*on individuals, families, groups, partners – the numbers affected by each suicide have ripple effects.*

<!--[if !supportLists]-->h) <!--[endif]-->the effectiveness of the National Suicide Prevention Strategy in achieving its aims and objectives, and any barriers to its progress.

*The barriers to the progress of a national suicide prevention strategy, if such a strategy actually exists, would be the homophobia besetting the federal government and those who develop policies for the government. There would therefore be no possibility of any aims and objectives being achieved until such time as there was a total reversal of attitude to so many gay, lesbian, transgender and HIV/AIDS members of our communities by all levels of government in Australia – local, state and federal.*

We have a web site which was started when we became involved with groups trying to overcome the homophobia generated by the religious institutions in this country who have a direct link to government through various ministers and lobby groups. The web site is:

<http://home.zipworld.com.au/~josken/suicide.htm>

We started the web page in 2001 and now, in 2009, not only has nothing changed, the situation has deteriorated during those 8 years.

We are making this submission in the hope that the apathy surrounding the issue of suicide of young mainly male gays and old mainly male gays will actually be drawn to the attention of policy-makers and politicians who will do something to ensure that the problems in indigenous and gay communities causing so many to be driven to suicide will finally be addressed.

Mannie De Saxe, Lesbian and Gay Solidarity, Melbourne.

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### **Relief from interdependency stress**

We support an equivalent social security pension entitlement for each partner of a couple as if each was a single recipient –one person, one pension. Treating couples as requiring less income to live on, than two individuals living together who are not married or in a de facto relationship, goes back to 1909 when the pension system was introduced in Australia. The nineteenth century and early twentieth century outdated interdependency status apparently was the basis of the couple lower rate in pensions. At that time the wife was entirely reliant on her husband for her livelihood.

Nowadays, that dependency is mostly non-existent because of the acceptance of married women in employment. The obvious recognition of this fact is the government's decision some years ago to gradually increase the pensionable age for women from 60 years which currently is quite close to that of 65 years for men. So why is the interdependency couple rate still retained as financial support in the age



pension scheme? Equality should provide the same universal rate for all. Surely, in the long run, it would save the government money by doing away with much of the cost of intrusive investigations by Centrelink of prying into an older person's lifestyle to discover if they are sleeping in the same bed with another human being.

According to *The Spectator Australia* (7.1.2009), its journalist John Izzard provides the following information that Centrelink is Australia's most powerful bureaucratic body. With 25,000 staff, it is about the same size as the Australian Army and equal to the combined strength of the Royal Australian Navy and the Royal Australian Airforce. The Australian Federal Police is only 6,000 strong.

As well, the executive director of The Brotherhood of St Laurence, Tony Nicholson, believes the "Elderly poor are the victims of an unfair pension system." In an article with the same caption in *The Age* (4.3.2009), he says that the system sets up an incentive for people to reorganise their assets to qualify for a part pension –often not so much for the pension itself, which can involve only small sums, but to qualify for concession entitlements. To make this unnecessary, the government should introduce a universal concession card for everyone over 65. To pay for it, high-value owner-occupied housing should be subject to the pension assets test. Is it fair that so many people sitting on enormous property wealth are exempt from the assets test when much poorer renters gain no such benefit?

The latest research from the National Centre for Social and Economic Modelling, commissioned by The Brotherhood of St Laurence, contains some extraordinary findings. Although most age pensioners had lower incomes than average, 2 per cent, or 51,200 people, were in the highest income quartile. Fourteen per cent of people receiving the age pension are living in the wealthiest 25 per cent of households, with an average net worth of \$1.6 million. At the other extreme is the struggle faced by age pensioners who rent in the private market. A 2007 analysis by the Australian Housing and Urban Research Institute showed that 6.5 per cent of older recipients of government rent help, paid more than half their income on rent. Many tens of thousands are only marginally better off. Little wonder, says Nicholson, that welfare organisations are beginning to find elderly pensioners undernourished and living in fear of becoming homeless.

We cannot help but agree with Nicholson especially about the unfairness of the current system. His suggestion of a universal concession card for the over 65s would be covered by savings gained by his proposed housing asset test set at a high enough level, maybe above \$1 million, together with our suggestion that savings in costly investigations for Centrelink would occur if the interdependency rate was discarded

and the universal same-rate pension was made available for all whether coupled or single.

Finally, we rest our case by including below copies of our submissions to the Department of Health and Ageing 2009 Review of the Accreditation Process and the 2009 Aged Care CIS Review Project because we consider them to be relevant to this Productivity Commission Inquiry.

Signed: Kendall Lovett and Mannie De Saxe,

Lesbian & Gay Solidarity (Melbourne).

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Wednesday, 15 July 2009.

From: Kendall Lovett and Mannie De Saxe,

Lesbian & Gay Solidarity (LGS) Melbourne,

SUBMISSION to the 'Review of the Accreditation Process'

### ***Introduction***

LGS Melbourne sees itself as one of the *other interested parties* and considers it essential that we contribute with this submission to the Review because many of our members and supporters are ageing lesbians, gays, transgenders and pensioners.

Legislation was passed by the Federal Government on 27 November 2008 reforming 84 Commonwealth laws to remove differential treatment between same-sex and opposite-sex couples and their families. Included in this package of reforms were reforms to those in Social Security, Health and Aged Care which were implemented by 1<sup>st</sup> July 2009. We were mystified that in your discussion paper there appears to be no awareness of this major change for aged and disabled pensioners in a same-sex relationship. Pensioners must be a considerably high percentage of those being cared for in nursing homes and hostels for which the accreditation process should apply. Those who have previously been treated as single people have now had their relationship validated and should be treated equally with married couples so this should be spelt out and awareness of the human rights aspects be brought to the attention of management, staff and residents of such establishments (both high and low care facilities) in any accreditation process.

Sadly, lesbian, gay and transgender issues remain invisible in Federal aged care policy and procedures which is why we want it brought to everyone's attention in this Review. We do not want to see the same lack of understanding used by Centrelink on those who had lived a life of torment at the thought of being 'outed' and who were most vulnerable to ostracism, violence and even prosecution being forced, now, to reveal their same-sex relationship. The government provided no form of cushioning to these vulnerable old people yet could at the same time suggest a phase-in over 8 years for the increase in the pensionable age from 65 to 67 for everyone in the community and not just those already Centrelink's clients. However, for pensioners in same-sex relationships to be told this year to 'out' themselves and get used to the idea their

pensions would be reduced from July 1<sup>st</sup> Centrelink's *News for Seniors* Autumn issue gave them roughly only 8 weeks grace nothing like 8 years. So please get it right with some genuine education and understanding in this Review. Past lives spent in isolation and fear of retribution for leading an unacceptable loving relationship should have earned these seniors respect from those in society who have had the full support of the law, religion and family in the choice of a life partner.

### ***Other issues raised in the Discussion Paper***

We wish to take this opportunity to comment on a few matters and questions outlined in the Discussion Paper.

#### Announced site audits

Item 48: We agree with the Health Services Union (NSW Branch) that the announced site audit date presents management with the opportunity to roster on extra staff for that period and make other adjustments in service which are not maintained outside of accreditation period.

Even so, we would suggest that an unspecified visit at a later date, not notified, could be included as a general condition in the accreditation process.

However, this unannounced short visit should be evaluated as part of the overall survey report.

#### Consumer Focus

Item 61: Concerns raised about the capacity of the Agency to engage with CALD residents and their families sound to us to be very much the case and are borne out by the Agency's response. Now, because of the new status of residents in same-sex relationships from all cultures and linguistically diverse backgrounds, it is even more essential that immediate attention be given to the increased use of interpreters and experienced caring members of lesbian/gay/transgender Greek, Italian, Asian and major Australian community groups in the Agency's accreditation teams. The Agency could consider modelling itself on how our various state public hospitals manage communication with their wide and diverse selection of patients, their partners, their families and friends.

We also note that the Agency supplies a poster and a letter to all homes prior to their site audits to alert residents to the visit. But does the letter or the poster explain the resident's or partner's right to contribute to the process or the standard of care the resident is entitled to receive from the home? Included or not it still depends on the management of the facility where the information is displayed and for how long.

### ***Summing-up***

- In answering the Discussion Paper question: Are there other strategies that may increase engagement with residents and/or their representatives? We would recommend that an Agency poster, containing the explanatory

information mentioned above, be supplied to all Residential Aged Care Homes and renewed regularly every 18 months.

- 2. Furthermore, there is an excellent poster produced by and available from Gay and Lesbian Health Victoria (GLHV) which specifically targets aged care facilities. We strongly recommend that the Agency obtain supplies from GLHV [Ph.03 9285 5382] and mail out a copy for prominent display in every Residential Aged Care Home (see attachment to this submission). The poster is captioned: *“You don’t have to tell us if you’re gay or lesbian. But you can. Our service provides safe, sensitive, and high quality care for every one. For more information or training contact Gay and Lesbian Health Victoria.”* It contains a set of 3 photographs of older people in different situations. Highly recommended.

Signed: Kendall Lovett, Lesbian & Gay Solidarity (Melbourne).

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Thursday, 20 August 2009.

From: Kendall Lovett & Mannie De Saxe,

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SUBMISSION

TO AGED CARE COMPLAINTS INVESTIGATION SCHEME Review Project

We have not attempted to address the majority of those aspects of the operation of the CIS on which the Review is being based. Instead, because our members include those who have not had the support of their so-called natural families throughout their lives and are now senior citizens, we shall be raising concerns about the lack of recognition of issues that confront them as gay, lesbian, transgender or queer persons in an aged care facility or are members of that GLBTI same-sex family unrelated to a ‘natural family’ with close relationship to one of their own in an aged care facility.

*Adequacy of training provided to investigators*

GLBTI issues remain invisible in Commonwealth aged care policy and procedures for aged care facilities. It is left to individual management of a facility to address according to its compatible or incompatible approach to the issue.

We would urge the Review to recommend that training for all CIS officers include cultural competence applied to the needs of GLBTI aged people so that in the regular check of a facility they will be able to enlighten the aged care facility management of their obligations towards GLBTI inmates regardless of whether or not they are aware of any in residence.

On 8 December 2008, major changes were made to health and ageing Commonwealth laws including the Aged Care Act 1997, the Health Insurance Act 1973 and the National Health Act 1953 all of which have direct application to aged care facilities for CIS and its handling of complaints.

The Same-Sex Relationships [Equal Treatment in Commonwealth Laws – General Law Reform] Act 2008 recognises *de facto same-sex relationships* and ensures that same-sex couples and their children receive the same entitlements as married and opposite-sex couples and their dependent children. It also enables them to register as a family for Medicare Safety Net purposes. **However, there is no mention of these major changes in the Discussion Paper.**

This is a serious omission that needs to be corrected because it affects aged GLBTI people financially and socially in all aged care facilities including nursing homes and hostels. It needs to be addressed by CIS in its training of its officers forthwith because many aged care facilities and their staff and residents, and extended families, and partners of residents, will likely be unaware of how it could affect them or how they should deal with such a major change.

### ***Residential aged care fees and charges***

From 1 July 2009, members of same-sex couples are treated in the same way as members of opposite-sex couples in the income and assets tests for entry to permanent residential aged care. For the first time members of same-sex couples are taken to have 50% of the total value of the couple's income and assets when determining aged care fees and charges. However, the value of the couple's home is excluded from the assets test if the person's partner still resides there.

A financial loss associated with the change of status of a GLBTI resident could well be an unexpected blow to the resident and the same-sex partner especially if they had to sell the home they had been living in to pay the current resident's residential fees and charges for entry to the aged care facility.

Complaints will undoubtedly arise if the resident and partner lack awareness of the law's 1 July 2009 requirement to come out openly after years of forced secrecy of a previously unsanctioned same-sex partnership. CIS staff and investigating complaints officers need to be mindful and understanding of the possible trauma some GLBTI couples could suffer over being forced "to come out of the closet." Legislative changes like this may well benefit the young and middle aged GLBTI community but they do not change the retaliation fear of the elderly from the maliciousness of other

residents and staff. It is what they have tried to live without and avoid in the past – ostracism, hate and violence. It is necessary, therefore, for educational training with a compassionate approach to the possible distress that could be expected from some elderly same-sex residents and their partners, to be a statutory part of all future courses for CIS staff and officers.

### ***CIS training modules***

It seems to us that in the five training modules there is no specific education in a compassionate approach to gathering information through interviews, gathering evidence or using advanced workplace communication strategies. Surely if an aged care focus is being adhered to such an understanding and compassionate approach ought to be an important and essential component in the education of a CIS officer.

We also note there is no mention of the use of interpreters for CALD residents. Same-sex relationships flourish in all cultures and linguistically diverse backgrounds. So we would recommend the use of interpreters and caring members of those community lesbian/gay/transgender groups from Greek, Italian, Asian and other major cultures now prominent in Australian life to assist as educators.

### ***Lesbian, Gay, Transgender and Queer Aged Care Advocacy***

GLBTI representative organisations should be resourced by the Government through the National Aged Care Advocacy programme to provide advocates who are culturally appropriate to enable CIS to use such an important resource in resolving complaints and disputes.

### ***Concerns and complaints and the CIS scheme***

Statistics provided in the Consultation Paper's introduction were of concern. We note that the Complaints Investigation Scheme (CIS) commenced in May 2007. In its first two full years of operation, it received almost 24,000 contacts of which 15,000 were those it determined met the criteria requiring CIS to investigate. These were considered 'in scope' because they arose in Australian Government subsidised aged care services. Are we to assume that the other 9,000 applied to non-subsidised aged care services?

However, there is no indication in the Consultation Paper of how many of those 'in scope' 15,000 were adjudicated except to say that during 2007-08 the Aged Care Commissioner received 134 requests for review (of CIS decisions presumably) and that 2008-09 figures were not available. It strikes us that there must be a lot outstanding unless a huge proportion were considered 'frivolous or vexatious' and 'not given in good faith' as well as the other four reasons used to discredit a complaint. These cases refused investigation by CIS could be decisions being challenged by the complainant.

Without information on the number of complaints refused consideration at Stage 1 and the number of these decisions challenged as unfair, and the numbers in each year which were investigated, and those still outstanding of the original 15,000 complaints,

it is not possible to decide how successful the CIS project has been in relation to the scheme it replaced in 2007. This seems to be a shortcoming of the Consultation Paper.

### ***The role of the Aged Care Commissioner***

We have noted the procedure involved in an investigation and in reaching a decision. In the case of a challenge to the CIS decision, we also note the procedure for a review. Apparently it is at challenge stage that the Commissioner reviews the investigation. When the Commissioner makes her findings available within 60 days to CIS, her decisions are then referred to 'a delegate of the Secretary of the Department of Health and Ageing.' We believe that this is where lengthy delays can occur as well as in the investigation period.

We can't help wondering why a delegate of the Secretary of the Department of Health and Ageing has greater expertise than the independent Age Care Commissioner to decide the validity of CIS decisions. Surely the delegate's input should come before that of the Commissioner or dispensed with altogether because 'the Department has established a clear process to ensure Senior Executive oversight' and that is where its oversight should be –considering CIS decisions not the Commissioner's findings. Doing away with the delegate's input would not affect the Commissioner's right to commence an investigation on her own initiative or as a result of a request to her.

We would like to see the Commissioner's role strengthened and her rulings binding. Already those making the decisions are employees of the Department and their expertise is coloured by their loyalty to their employer.

### ***Religious beliefs and federal policy***

We are also very much aware that a very large percentage of Aged Care facilities are owned and administered by religious organisations who not only receive more than adequate government subsidies but their income is tax-free. Regardless of which political party is in power federally, there is national belief that religious institutions should be supported unconditionally because they are the country's conscience as far as caring for the aged and infirm is concerned and, therefore, shoulder the job for the rest of us and our governments. The folly of this erroneous, Australian belief is obvious when you read *The Purple Economy*\* by Max Wallace and bother to heed the publicity in the media and the courts about the sexual abuse and intimidation by religious practitioners here and abroad.

Because most states and territories possess anti-discrimination laws, religious organisations generally are permitted blanket exemptions enabling them to disregard human rights and to discriminate against gay men, lesbians and transgender persons. So, CIS should recognise that it is likely to find, because of the 2008 federal same-sex equality legislation and policy, many of the aged care facilities run by religious organisations will make determined efforts to reject complying with the law on the grounds of religious belief to enable them to continue discriminating against same-sex couples.

## ***Recommendations***

- 1): That CIS training modules for staff and investigating complaints officers include a compulsory one featuring the Same-Sex Relationships [Equal Treatment in Commonwealth Laws –General Law Reform] Act 2008. Essential instruction should show how this major change from non-legal to de facto status for same-sex couples impacts on aged and disabled GLBTI people financially and socially. After a lifetime of living in fear of ostracism and violence if their relationship was discovered, to be forced to come out of the closet in their 70s or 80s in an Aged Care facility is a painful, frightening experience. In this way CIS officers will be able to bring awareness of the new status of lesbian, gay, transgender and queer people to the attention of the management and staff of aged care facilities and temper their contact with GLBTI residents and their extended families with regard to complaints;
- 2): That CIS investigators be made aware that same-sex relationships flourish in all cultures but mostly are not supported by religious dogma, so CIS should seek supportive educators and investigators with this knowledge from Greek, Italian, Asian and other major cultures now prominent in Australian life;
- 3): That CIS seek to have the Commonwealth Residential Aged Care Advocacy Services Programme provide resources to all advocacy services and GLBTI organisations to provide advocates to assist GLBTI people to make use of complaints mechanisms;
- 4): That the Commonwealth provide resources to GLBTI community groups to enable a GLBTI training educator and investigator to ensure that the CIS provides a culturally appropriate service to aged care consumers;
- 5): That the role of the ‘delegate,’ from the Secretary of the Department of Health and Ageing, be reviewed and that representation possibly withdrawn or reversed in the order of Review Procedure –instead of following the Commissioner, to precede the Commissioner;
- 6): That the Aged Care Commissioner’s role be strengthened and the Commissioner’s rulings made binding. This would be seen to be fairer and free from departmental operational bias. It could also help to speed up resolution of a complaint;
- 7): That CIS revise some of its reasons for rejecting a complaint. For instance, “not given in good faith” needs an explanation of the meaning in relation to information ‘not given in good faith.’ The fact that there is no indication of how many of the ‘in scope’ 15,000 were rejected in the two years of operation and for what reason and how many of those accepted as legitimate still remain to be dealt with. The latter may also be where so much delay occurs in settling complaints.
- 8): That CIS provide more public information about the majority of the complaints: where have they come from e.g. residents of facilities, their families, suppliers of services to a facility etc; the kind of complaint e.g. treatment, food, discrimination, the quality of care, unqualified staff, intimidation of residents so that they are afraid to use formal methods to complain, financial abuse of the elderly etc. After all 15,000 complaints in two years of operation is no laughing matter.



9): That the Reviewer of the CIS Operation be offered access to all submissions made to the 'Review of the Accreditation Process.'

Thank you for the opportunity to make this input to the consultation.

Signed: Kendall Lovett and Mannie De Saxe

Lesbian & Gay Solidarity (Melbourne).

*\*The Purple Economy, published by ANSA Distributions, email:*  
[vistaef@mbox.com.au](mailto:vistaef@mbox.com.au)

*and available from Gleebooks in Sydney.*