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21 March 2011

Our Ref: 2011/045855

Productivity Commission
Inquiry into Caring for Older Australians
GPO Box 1428
Canberra City ACT 2601

Attention: Mr Mike Woods, Convenor

Dear Mr Woods,

Productivity Commission Inquiry 'Caring For Older Australians' Draft Report

The City of Sydney has been following the Productivity Commission's Inquiry into Caring for Older Australians with interest and appreciates the opportunity to make a submission to the Inquiry's Draft Report released in January 2011.

The City welcomes the Commission's recommendations in relation to the reform of the aged care system to ensure that older Australians needing care and support have access to person-centred services appropriate to their needs.

The City would particularly like to offer comment in reference to Chapter 9 of the Draft Report 'Catering for diversity — caring for special needs groups', and draft Recommendation 9.3, as follows:

"The Commission is requested to:

develop regulatory and funding options for residential and community aged care, including services currently delivered under the Home and Community Care program for older people, which:

- ensures access in terms of availability and affordability to an appropriate standard of aged care for all older people in need, with particular attention given to the means of achieving this in specific needs groups including people living in rural and remote locations, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities, and veterans.

The Commission is specifically requested to examine how well the mainstream service system is meeting the needs of specific needs groups."

The City notes that additional Special Needs Groups identified in the Commission's Draft Report Chapter 9, include Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) people. It is noted that there is some discussion of this group, however no specific recommendations have been made.

city of villages

The City of Sydney is a NSW local government authority which receives Home and Community Care funding for the provision of direct services to older residents.

The City also plays an important role in facilitating the co-ordination of local service delivery to older and 'special needs' residents by convening advisory groups and interagency meetings of community service providers. It is regularly engaged in researching local need and consulting with residents and service providers to guide its strategic and social planning.

In this capacity the City has identified particular concerns in aged care service delivery to older Aboriginal and Torres Strait Islander and to GLBTIQ residents, and would like to offer this information as part of this Inquiry. The City is also concerned to see adequate provision in the future of appropriate and affordable residential care options for our ageing residents who are socially or financially disadvantaged.

Our submission is attached for your consideration. If you would like to speak to a Council officer about the City of Sydney's submission to the Productivity Commission's Inquiry into Caring for Older Australians, please contact either Jackie Campisi on (02) 9265 9973, email jcampisi@cityofsydney.nsw.gov.au, or Pip Ditzell GLBTIQ Project Coordinator on (02) 9265 9333 (call centre number), or by email at pditzell@cityofsydney.nsw.gov.au.

Yours sincerely

Monica Barone
Chief Executive Officer

Attachment:
City Of Sydney submission to Productivity Commission Inquiry 'Caring For Older Australians' Draft Report February 2011

PRODUCTIVITY COMMISSION INQUIRY 'CARING FOR OLDER AUSTRALIANS' DRAFT REPORT JANUARY 2011

SUBMISSION
March 2011

The following is submitted by way of comment on the Productivity Commission's Caring for Older Australians Issues Paper dated May 2010 and the Caring for Older Australians draft Report, dated January 2011

(Report references:

- *Terms of Reference*
- *Chapter 9 of the Draft Report 'Catering for diversity — caring for special needs groups', and Draft Recommendation 9.3)*

1. Local availability of affordable residential care

1.1 The number of people aged over 65 living in the City of Sydney is expected to increase by 5,196 (40.1%), and to represent 8.3% of the population by 2021. In 2006, the dominant household type in City of Sydney was lone person households, which accounted for 42% of all households. This percentage is expected to increase in the next 10 - 20 years. A significant 11 per cent of our residents are public and community housing tenants, and public housing accounts for about 10 per cent of the City's housing stock (around 9,000 properties).

1.2 An ongoing concern is how to ensure that our ageing residents have access to readily available, affordable support and care in their own homes and communities, without having to relocate away from social supports and networks which are so critical to maintaining health and well-being.

1.3 In respect of access to existing residential aged care, we are already aware of a number of our older residents, members of our Over 55s Centres, who have no access to informal care, who are living alone in rental properties, on low incomes, with few savings, little or no superannuation, and no equity in property, and for whom the cost of residential aged care bonds and co-contributions for 'extra service' high level care is unaffordable.

1.4 The City therefore welcomes the Commission's Draft Recommendation 1.5 about the need to ensure sufficient provision of the approved basic standard of residential aged care accommodation for those with limited financial means, and that providers should continue to be obliged to make available a proportion of their accommodation to supported residents. The City also supports the Commission's recommendations about making accommodation subsidies for supported residents available to all providers, such as those offering 'extra service', as a means of ensuring equitable outcomes and offering choice for people who have different capacities to pay.

1.5 From a local government perspective, the current competitive regional 'needs based' planning process still appears to result in an uneven geographic distribution of allocated residential places. This can mean that residents of a particular local government area, who have a long standing connection with their immediate community, may have to accept a residential place far away from familiar neighbourhoods, family and friends. In the case of the City of Sydney, our local government area is located in a large planning region which encompasses Botany Bay, City of Sydney, Hurstville, Kogarah, Randwick, Rockdale, Sutherland, Waverley, Woollahra and Lord Howe Island. While from a national perspective the idea of a person having to relocate from their home in the City of Sydney to a facility in Sutherland or outside the planning region may not seem significant, for the person themselves, their friends and family, the impact of the dislocation from familiar surroundings can be devastating.

1.6 In the case of high density metropolitan areas such as the City of Sydney, one of the reasons for this situation is the lack of available land for 'greenfield' development and the high cost of purchasing and renovating existing building stock for in-fill development, which understandably discourages for-profit and non-profit developers of residential care. While proximity to the City offers access to high quality health, medical and community facilities and services, potential providers of future independent living units and residential aged care places require significant additional incentives to construct new facilities in areas where land is scarce, particularly if 'end user' affordability has to be considered. Existing providers of low cost residential care similarly require additional assistance to renovate or replace their existing stock of aged care facilities in order to meet aged care accreditation and new building code standards, if they are not to relocate to areas where land and building stock is cheaper.

1.7 In terms of planning for future demand for aged care, there is clearly a need to adopt a more proactive approach to aged care provision in areas of urban consolidation, to further develop innovative models of community based care and new models of adaptable 'independent living' which enable people to age in place and continue living at home for as long as possible.

1.8 There will also always be a need for affordable care options, including supported higher level residential care with subsidised places and facilities, provided close to the communities where older people who are financially disadvantaged have established social support networks and may wish to remain. A whole-of-government approach to the aged care planning system, involving state housing authorities and social and community housing providers is required to enable this to occur.

Affordable residential aged care - Recommendations

1.9 In relation to the availability of affordable residential aged care for disadvantaged older people living in high density urban areas, the City recommends that the Australian Government:

- adopts a more proactive approach to developing innovative models of community based care, and social housing developments which provide adaptable independent living units and allow for 'ageing in place' including high level supported care; and

- engage local government, State Housing authorities, and social and community housing authorities and providers in the aged care planning process to enable this to occur.

2. Aboriginal and Torres Strait Islander Elders

Issues identified through consultation

2.1 The need to advocate with the Australian government for an Aboriginal-specific residential aged care facility in the Sydney metropolitan area has been identified for several years in successive Eastern Sydney Home and Community Care Forum Area Plans, and is also identified in the City of Sydney Council's ('the City') *'Next Generation – Blueprint for Aged Services & Facilities 2008–2018*' (page 20).

2.2 The issue has been raised again at recent consultations with the two Aboriginal – specific aged care providers in the City, Wyanga and Alleena Aboriginal Home Care and also at the National Aboriginal and Torres Strait Islander Aged Care Forum held in Adelaide in August 2010.

2.3 Local consultations support the position that the majority of Elders and their carers wish to 'age in place' with appropriate support in their own homes and communities. There is a need locally for more Extended Aged Care in the Home and flexible Transitional Aged Care packages (which provide short term, post acute support and therapy in the home for people discharged from hospital) to enable this to occur.

2.4 However, for some Elders and their families, as is the case in the mainstream community, increasing care needs can require that they need to access culturally appropriate supported respite, long term residential, and sometimes palliative care close to their homes, families and communities.

2.5 For Aboriginal Elders living in the City of Sydney, indeed living anywhere in the wider Sydney metropolitan area, in order for them to access culturally appropriate respite and long term residential aged care, there are only 2 Aboriginal –specific facilities to which they can be referred. These are the Rose Mumbler Village (Illaroo Cooperative Aboriginal Corporation) facility in North Nowra, and the Booroongen Djugun Aged Care Facility in Kempsey.

2.6 Wyanga and Alleena staff report that their clients and their families and carers, do not wish to have family members placed in facilities so far away from their homes and local communities.

2.7 These Aboriginal clients and carers report that they also do not want to use mainstream facilities where there are no Aboriginal staff, or other Aboriginal residents. The lack of culturally appropriate care mitigates against their uptake of respite or residential aged care places in mainstream facilities.

2.8 Further, Aboriginal people are economically disadvantaged in terms of their ability to pay for their own aged care or accommodation in the mainstream system, including payment of bonds to enter 'low level' care facilities. For the most part older Aboriginal people tend not to have significant savings, superannuation, or assets such as a family home.

2.9 As a result Aboriginal Elders requiring high levels of care, such as for expensive home modifications, equipment, and high level nursing care, are remaining at home with insufficient supports for themselves and their families and carers.

2.10 Consultation with referral agencies for the City of Sydney area[1], reveals that there are:

- no mainstream providers providing residential aged care 'cluster' bed arrangements for Aboriginal and Torres Strait Islanders, such as are available for other people of culturally and linguistically diverse backgrounds;

- no 'Aboriginal-specific' beds in any residential facility in the former South East Sydney or Sydney South West Area Health regions.

2.11 Wyanga reports 8 clients currently on their service who would need residential care, and whose families are struggling to maintain them at home, even with the assistance which the Wyanga service can offer through Community Aged Care Packages and brokered EACH packages.

Aboriginal and Torres Strait Islander Elders - Population planning and needs analysis issues

2.12 It is important to note that Sydney urban area[2] has the highest Aboriginal population of any urban area in Australia, with close to 35,000 people identifying as Aboriginal or Torres Strait Islander at the 2006 census, around 6,200 of whom were over the age of 45 years.

2.13 The population planning method used by the Australian Government to allocate places per head of population aged over 70 years (and over 50 for Aboriginal people) works against Aboriginal communities, since they are still not well represented in these age groups, due to reduced life expectancy. Aboriginal and Torres Strait Islanders generally require aged care services well before they reach the age of 70, due to generally poorer health status than the mainstream community – for example, because of chronic diseases such as diabetes.

2.14 According to the Office of Evaluation and Audit's September 2009 performance audit of Residential Aged Care for Indigenous Australians, "The Department of Health and Aged Care *(sic)* considers the population of Indigenous Australians aged over 50 when allocating places at a regional level. However, only those over age 70 are included in the National Provision Ratio (NPR). This is currently set at a total of 113 places per 1000 people aged over 70 and consists of 44 high care places, 44 low care places and 25 community care places. This can result in places being re-allocated from one region to another, so that the effect can be that places for Aboriginal people aged over 50 may be re-allocated to a region with higher need. If a Service Provider does not bid for those places then aged care services are not

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[1] These include: i) the South East Sydney Commonwealth Respite and Carelink Centre, i) the South East Sydney Illawarra Area Health Service Northern Network Access and Referral Centre, and ii) the Sydney South West Area Health Service Northern Cluster Aged Care & Rehabilitation Service Referral & Information Centre

[2] Sydney Urban Centre/Locality. Australian Bureau of Statistics (2010) *Australian Standard Geographical Classification (ASGC)*, Catalogue No. 1216.0

provided. It is significant to note that the NPR does not count Indigenous people between the ages of 50–69"[3]

2.15 The Australian National Audit Office Report No.40 2008–09 into the planning and allocation of aged care places by Department of Health and Ageing (DoHA) also identifies this problem with the use of the NPR: 'Since the planning of places is based on the population aged 70 years and over nationally, DoHA's approach to meet the needs of Indigenous Australians aged 50-69 has been to allocate places from other states and Territories to the Northern Territory. Although responding to the needs of this special needs group, the redirection of places conflicts with DoHA's aim to achieve the national ratio uniformly across all states and territories' [4]

2.16 A literature search for this submission has proved that there is very little information published by the Australian Government on the status of residential aged care and community aged care for Aboriginal and Torres Strait Islanders, by region, apart from the (former) Department of Health and Aged Care Annual reports and 'aged care service lists'.

2.17 There is no easily accessible demographic or statistical information which can be used to demonstrate need or assist local planning for aged services, nor is there publicly available information about which mainstream residential aged care providers have in fact been funded to provide Aboriginal –specific places or 'priority of access'. The Department of Health and Ageing does not publish regional statistics on the people from Aboriginal and Torres Strait Islander communities who either need or receive care under the mainstream aged care programs. The Department of Health and Ageing also does not report on the numbers of places or the names of providers with conditions of allocation that require preferential entry to people from Aboriginal and Torres Strait Islander communities [5]. This information is not released by the Australian Government as it is considered 'commercial in confidence'.

2.18 The City's enquiries also reveal a dearth of available research or data on the need for an Aboriginal-specific residential aged care facility in metropolitan Sydney. This suggests the need for the Australian Government to: release its planning data, where this exists; to report on the number of Aboriginal-specific beds which are currently available in the Sydney metropolitan area; and/or to undertake research or to fund a local agency or agencies to conduct research on this issue.

Aboriginal and Torres Strait Islander Elders - Funding and service delivery issues

2.19 From the City's preliminary research into this issue, it appears that neither the Aged Care Act 1997, nor the Department of Health and Ageing as administrators of the Act, require mainstream service providers to automatically make provision for Aboriginal and Torres Strait Islander Elders, or indeed anyone else who falls into the 'Special Needs' category, as a proportion of places in a residential aged care facility. While there are obvious operational reasons for this, to ensure that all bed vacancies are filled quickly, consideration could be given to offering additional incentives to

[3] Performance Audit of Residential Aged Care for Indigenous Australians, Office of Evaluation and Audit, Indigenous Programs, Department of Finance and Deregulation September 2009
[4] Australian Government National Audit Office Audit Report No.40 2008–09: Planning and Allocating Aged Care Places and Capital Grants, Department of Health and Ageing, page 49
[5] ibid, pages 107 and 108

providers who set fixed ratios for the proportion of vacancies allocated for 'Special Needs' and Aboriginal residents.

2.20 There are also no 'Indigenous specific' objectives in the mainstream program for the provision of aged care services to Aboriginal Australians. However, current accreditation standards require service providers to operate in a manner that 'supports cultural considerations including Indigenous culture'.

It is entirely left to the provider as to whether or not they choose to provide Aboriginal-specific places and culturally appropriate care, food, Aboriginal staff, or cultural competence training for non-Aboriginal staff in order to attract and maintain quality care for Aboriginal residents. The onus is on the provider to provide evidence of community need and how they will address this in order to obtain 'Special Needs' funding. The Australian Government will only monitor the quality of service provision to residents with 'Special Needs', through its quality monitoring and accreditation processes if the provider identifies 'Special Needs' Aboriginal residents in their facility. Most do not.

2.21 As at May 2009, the then Department of Health and Aged Care Mainstream Program funded 38 aged care services that primarily catered to Aboriginal and Torres Strait Islander residents or were owned and operated by Indigenous organisations, for approximately 500 places. Of these, none of the residential places were located in Sydney[6]. As at 30 June 2010, there were 29 aged care services funded through this program, with funding to deliver over 650 aged care places. [7].

2.22 To date, Australian planning and funding of aged care for Aboriginal communities in rural and remote areas has been far more flexible than in metropolitan areas, in terms of allocating funds directly to communities to enable specific purpose facilities to be built to meet identified need.

2.23 In 2006–07, the Remote and Indigenous Support Services Program was established with funding of $42.6 million over five years. Under this program service providers could bid for capital funding through the Remote and Indigenous Service Support (RISS) Program. RISS funding has been available to Flexible Program and Mainstream Program Service Providers for a variety of improvement and support purposes that focus on Indigenous service delivery or are located in remote areas. This program was targeted to aged care services provided by Aboriginal and Torres Strait Islander owned or operated organisations *anywhere in Australia* (our emphasis) and by services located in remote and very remote locations providing community, flexible and/or residential care. Additional assistance provided under this program has included peer and professional support services, emergency support services and capital funding. This capital funding has not been available to metropolitan Aboriginal service providers.

2.24 The National Aboriginal and Torres Strait Islander Flexible Aged Care Program assists older Indigenous Australians to access appropriate care as close as possible to their communities, but again, this is mainly in rural and remote locations.

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[6] Performance Audit of Residential Aged Care for Indigenous Australians, Office of Evaluation and Audit, Indigenous Programs, Department of Finance and Deregulation September 2009
[7] Report on the Operation of the *Aged Care Act 1997* – 1 July 2009 to 30 June 2010, Commonwealth of Australia 2010
[8] National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes: Implementation Plan Jurisdiction: New South Wales 2009

The Program provides a mix of residential and community places, however the mix has a higher proportion of community places (38 per cent compared with 14 per cent). No additional funding has been directed to this program since 2006 [8]. The Department of Health and Ageing's most recently published list of approved providers and aged care places ('Aged Care Service List - New South Wales as at 30 June 2010') shows only 3 providers in NSW receiving funding under the Flexible Aged Care Program.

2.25 It is important to note here that the majority of Aboriginal people in NSW live in metropolitan and inner regional areas, with only 29% of the Aboriginal population living in outer regional, rural and remote areas. [9].

2.26 However, the Aboriginal and Torres Strait Islander Flexible Aged Care Program is not at this stage available to metropolitan communities, in order to build capital facilities for residential care. It is expected that mainstream residential services can and will cater for their needs.

2.27 Similarly, while the Australian Government has funded and facilitated smaller 'clusters' of culturally appropriate places in mainstream facilities for Culturally and Linguistically Diverse communities other than Aboriginal communities, no 'clusters' of places for Aboriginal Elders are available in any facility, anywhere in metropolitan Sydney. Funding a 'cluster' model in a mainstream facility could be a significant first step in establishing the need for an Aboriginal-specific facility. However, over the longer term, the principle of self-determination should be applied to any new funding and support models that are developed, in order to build capacity amongst local Aboriginal communities to staff and manage such services themselves.

2.28 Further disadvantaging metropolitan Aboriginal communities, it appears that the Department of Health and Ageing also does not routinely provide specialist staff assistance or resources in metropolitan areas in order to build capacity in smaller Aboriginal-managed organisations or to facilitate partnerships amongst Aboriginal-managed agencies so that they can successfully bid for residential aged care places. The Service Development Assistance program is currently only available to 29 Aboriginal and Torres Strait Islander Flexible aged care services (operating under special arrangements outside the Aged Care Act); 33 Aboriginal and Torres Strait Islander Residential aged care services operating under the Aged Care Act; and around 240 mainstream services providing aged care to remote and very remote areas or with greater than 20% Aboriginal and Torres Strait Islander residents or clients.

Aboriginal and Torres Strait Islander Elders - Recommendations

2.29 The City therefore recommends that the Productivity Commission Inquiry should specifically consider and address the expectations and needs of older Aboriginal people, their carers and their communities in the Sydney metropolitan area, in relation to the provision of residential aged care.

2.30 In particular the Inquiry should review and report on:

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[9] National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes: Implementation Plan Jurisdiction: New South Wales 2009

- the specific issues affecting older Aboriginal people and their carers, which serve to disadvantage them compared to the mainstream population and mitigate against them accessing residential aged care places in mainstream facilities. For example: (i) in light of the lower life expectancy of Aboriginal and Torres Strait Islanders, should the eligibility age for aged care and community care support services be lowered from 50 to 45 years, as has applied to date in the NSW Home and Community Care Program?; and (ii) should the Department of Health and Ageing be required to incorporate Aboriginal and Torres Strait islanders aged 45-69 into the National Planning Ratio targets?

- the Australian Government's performance to date, in the provision of aged care services to Aboriginal and Torres Strait Islander people in metropolitan Sydney, in particular in regards to residential aged care places;

- the complexity of the competitive process for applying for residential aged care funding and its associated costs, in the light of the urgent need for Aboriginal-specific places in Sydney;

- the lack of available research or data on the need for an Aboriginal-specific residential aged care facility in Sydney, suggesting the need for the Australian Government to release its planning data, where this exists, and to report on the number of Aboriginal-specific beds which are currently available in the Sydney metropolitan area, and to undertake research or to fund a local agency or agencies to conduct further research on this issue;

- whether or not the Department of Health and Ageing should facilitate smaller 'clusters' of culturally appropriate places for Aboriginal and Torres Strait Islanders in one or more mainstream facilities in the Sydney area as a first step towards establishing the need for an Aboriginal-specific and managed facility;

- whether or not the Department of Health and Ageing should provide specialist staff assistance or resources in metropolitan areas in order to build capacity in smaller Aboriginal-managed organisations so that they can successfully bid for residential aged care places; and

- how the Remote and Indigenous Service Support (RISS) Program could be extended to provide support and capital infrastructure funding to agencies currently providing health and aged care services to Aboriginal and Torres Strait Islanders in the Sydney metropolitan area, for the purposes of developing residential aged care ;

3. Ageing and GLBTIQ communities

3.1 The Aged Care Act 1997 does not identify people from the GLBTIQ community as a 'special needs' group however but does identify this group as one with 'differing needs', (p.270).

3.2 Many ageing members of the GLBTIQ community grew up in an era when homosexuality was illegal. They suffered from fear of imprisonment, 'outing', losing jobs and stigma and discrimination from the mainstream community. It is important to take into consideration that many of these community members continue to feel uncomfortable about disclosing their sexuality or sex and gender diversity for fear that they will not receive appropriate levels of health care, that their partners will not

be recognised, and that many mainstream services are not aware or adequately educated to understand specific issues relating to GLBTIQ ageing.

3.3 Most aged care facilities work from a position that everyone is heterosexual. Many also deny the fact that older people can have active and ongoing sexual relationships as they age. This fits with the notion that all older people, GLBTIQ or not, are 'asexual'.

3.4 Concealment of sexual orientation or gender identity can have health related implications such as stress, anxiety, depression and non-disclosure of relevant information to health care providers.

3.5 Some GLBTIQ people consider that an inadequate level of care can result from a variety of reasons, including lack of knowledge of Anti Discrimination laws and legal responsibilities, and insufficient training and awareness-raising at management level. In faith-based facilities there is also a high risk that GLBTIQ people may face discrimination based upon the personal value and belief systems of workers in the facility.

3.6 Due to the heteronormative environment of many aged care facilities, many GLBTIQ people feel that their relationships are not valued or understood and that partners will be excluded from care planning and health care decisions. The City of Sydney *Social Plan 2006-2010* notes that older GLBT people rely substantially on social networks for support, as few have the traditional family support structures available to ageing heterosexuals. GLBTIQ people can also feel a sense of isolation as their 'families of choice' are not recognised by aged care facilities and health care providers. Many of these ageing GLBT people have been 'closeted' for their whole lives and must consider carefully their choice to disclose and to whom.

3.7 In 2009 the Australian Government Same Sex Relationships Act removed almost 100 areas of discrimination against same sex couples, ensuring them the same rights as opposite sex couples. While these changes were welcome, they have had a serious impact on many same sex couples. Many couples have lost their Centrelink entitlements[10], which has meant that their plans for retirement have been affected by a change in financial status. Furthermore, having lived a lifetime in 'the closet', many couples are now finding that they are required to disclose their sexual identity to the Government. The lack of a 'grandfather clause' for the changes to Centrelink benefits has had a significant impact on many older GLBTIQ community members.

3.8 The needs of HIV positive people also need to be taken into account by the Commission. This is especially the case for people living with AIDS Dementia who often fall outside of the age requirements for access to aged care facilities. If AIDS Dementia patients do have access to aged care facilities, they often face social isolation due to the average age of other residents. These patients, usually men are generally in the 30-50 year age bracket. As mentioned above they also face

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[10] From July 2009, Centrelink has recognised all couples including same sex couples. Whilst this has benefited some couples including access to bereavement benefits following death of a partner, access to concession card benefits and exemption of the family home from being asset tested when one partner enters high level care and the other partner continues to reside in their home. However now, same sex couples are paid the lower couple rate, rather than the higher single rate. Where one member of the couple is still working or has high retirement income, the Centrelink recipient may lose their Pensioner Concession Card once the income and assets of their partner are taken into account. Many same sex couples have lived their lives during a time when there was no expectation of legal recognition and have missed out on a lifetime of financial benefits available to heterosexual couples (Birch, H., Dementia Lesbians and Gay Men, Alzheimer's Australia Paper 15, October 2009 pp.11-12)

discrimination and stigma if their sexual identity and or gender diversity is made known to other residents or indeed staff.

3.9 It is should be recognised that transgender and intersex people will also have very specific needs when being cared for in the aged sector. These include the right to be recognised as their preferred gender, name, pronoun, the right to use gender specific facilities in accordance with their gender identity. Transgender people with dementia can also suffer greatly in the aged care setting. It should also be noted that some facilities do not consider activities such as cross dressing appropriate to the point where a transgender person will avoid seeking help at all. Transgender people may also have medical issues related to their original gender that emerge with ageing such as prostate cancer or osteoporosis. [11]

GLBTIQ People - Recommendations

3.10 The City therefore recommends to the Inquiry:

- That GLBTIQ people are recognised in the Aged Care Act 1997 Act as a 'Special Needs' group;
- That the Productivity Commission promote appropriate diversity awareness policy and procedures for aged care facilities which highlights the unique needs of the GLBTIQ Community;
- That all aged care staff are trained around specific sensitivity issues for GLBTIQ people;
- That GLBTIQ sensitive practices are promoted widely in the aged care sector;
- That the Productivity Commission recognise that faith-based facilities can be problematic for GLBTIQ people and that staff may require extra capacity building and training to deliver appropriate services to the GLBTIQ community;
- That any research and/or development by the Productivity Commission refers to the key GLBTIQ Services and People Living with HIV/AIDS (PLWHA) services for example in NSW: ACON, Positive Life NSW and Australian Federation of AIDS Organisations; the NSW Gender Centre and Organisation Intersex International (OII).
- That the Productivity Commission makes every effort to collect data on the ageing GLBTIQ population to inform future directions.

[11] (Birch, H., Dementia Lesbians and Gay Men, Alzheimer's Australia Paper 15, October 2009, p. 24)