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Inquiry into Caring for Older Australians  
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Response to the Productivity Commission Draft Report: Caring for Older Australians

I am grateful for the opportunity to provide a brief response to the draft report of the Commission's inquiry into aged care. I draw the attention of the Commission to my original submission, which I note with appreciation was referenced and quoted in the draft, and I reiterate the importance to the final report of the points made in that submission and its attachments. I am happy to provide further information on matters raised in this response should this be of assistance.

As is pointed out and referenced in the draft report, matters raised in the original submission are canvassed in greater detail in the following discussion paper which was attached for the information of the Inquiry as an extension of this submission:

*Harrison, J and Irlam, CB, 2010. The removal of same-sex discrimination: Implications for lesbian, gay, bisexual, transgender & intersex (LGBTI) aged care. Discussion Paper. Australian Coalition for Equality and Diversity Futures, Adelaide.*

The paper is also available online at: <http://www.coalitionforequality.org.au/LGBTI-AgedCareDiscussionPaper.pdf>

I commend the Commission for its inclusion of gay, lesbian, bisexual, transgender and intersex (GLBTI) aged care issues in the report. The inclusion and canvassing of the relevant issues is welcome and significant. It is strongly suggested that the seriousness with which GLBTI issues are addressed needs to be directly reflected in the proposals and recommendations, which currently is

not the case in the draft report. Without concrete proposals and recommendations concerning GLBTI aged care, the very important and urgent needs of GLBTI older consumers and their representatives may be obscured in the process of reform which will follow the governmental response to the report. This would represent a lost opportunity to ensure that GLBTI concerns are seriously addressed openly and specifically in any future aged care arrangements.

GLBTI concerns are inextricably linked to broader matters of quality of care, protection of consumers and effectiveness and efficiency of service provision across aged care. As the Commission recognises, GLBTI aged care is a new area of concern which requires the development of concrete proposals and recommendations which will enable government to access sound expert advice in order to meet urgent need and prepare for a future in which the face of aged care and the diversity of consumers will be increasingly apparent.

- GLBTI issues need to be specifically highlighted separately from CALD concerns

While the GLBTI two page sub-section within section 9.2 in the draft report is welcomed, it is of concern that GLBTI issues are subsumed under CALD matters, rather than being presented in a section which warrants a dedicated sub-heading under Catering for Diversity: Caring for Special Needs Groups.

I would strongly recommend that a separate section under Catering for Diversity be dedicated to GLBTI concerns. This would mitigate any confusion around the notion of CALD, which is automatically understood across the sector as related to ethnicity, while ensuring that GLBTI concerns are visible and highlighted rather than somewhat buried in the report structure and table of contents. In this way, GLBTI issues would be recognised as ‘cultural’ in similar fashion to Aboriginal and Torres Strait Islander aged care issues – as related to the notion of special needs and cultural sensitivity, but not subsumed under CALD. Specific dedicated attention needs to be paid to GLBTI issues through the visible prominent structuring of GLBTI matters in the report itself.

I strongly recommend that the final report of the inquiry include the material related to GLBTI aged care that was in the draft in a dedicated section under Diversity, and in addition make the following recommendations:

- ❖ Formal recognition of GLBTI people as a special needs group under the Allocation Principles

GLBTI older people must be formally recognised as a special needs group under the Allocation Principles 1997 (as is outlined in the draft report in the table at box

9.1 on p271) as is the case for care leavers, veterans and the homeless. There is a need for this formal recognition to enhance the national targeting of LGBTI aged care packages, (as have been recently funded in Queensland), beds and other allocations. In many respects, the situation of LGBTI people is similar to that of care leavers, sharing a history of fear, persecution, subjection to shock treatment, fear of outing, invasion of privacy, of being discriminated against and abused. A fear of institutional discrimination and a history of prejudicial treatment by government agencies and organisations feeds the fear that LGBTI older people experience and requires that they be recognised as having special needs which must be recognised at a formal level.

❖ The establishment of a National LGBTI Aged Care Plan

In order to address the urgent and unmet needs of LGBTI older people, the Federal government must establish a National LGBTI Aged Care Plan. There is a precedent for such plans, including in the area of Aboriginal aged care. The plan would incorporate a strategic planning approach to the issue, with specified goals, guidelines and targets over 5 years. The plan would also include targeted funding for education and training, direct care, research, policy development, advocacy and other initiatives. The Department of Health and Ageing would undertake responsibility for implementing the plan.

❖ The establishment of a National LGBTI Aged Care Advisory Council

The Federal government needs to establish a National LGBTI Aged Care Advisory Council to provide expert advice to the Minister for Ageing Hon. Mark Butler. The council would serve to assist to oversee the process of development and implementation of the National LGBTI aged care plan and to advise the Minister on matters related to the new area of LGBTI aged care. This role is particularly important given the unique and recently recognised needs of this emerging group, which is set to become increasingly significant as baby boomers age 'out of the closet' and there is a need for future planning in the area.

❖ National rollout of training and care partnerships and LGBTI community controlled projects

The encouragement in the draft report of partnerships in relation to LGBTI aged care was welcome and extremely positive. A formal recommendation regarding such partnerships in relation to training initiatives and service provision is needed so that such encouragement is translated into practical outcomes which are resourced.

The Federal government needs to provide resources to ensure that training and service provision partnerships between aged care sector and LGBTI community organisations are encouraged and replicated on a national basis. Resources also need to be provided directly to LGBTI organisations to develop services, undertake training, research, policy and advocacy in relation to aged care.

Current training and care packages initiatives such as those taking place in Queensland and New South Wales need to be expanded on a national level as a matter of urgency, incorporating evaluation outcomes, so that education and care initiatives are functional in other States by 2012.

- ❖ Federal Anti-Discrimination Legislation to ensure protection of GLBTI aged care consumers

The Federal government must introduce and enact sexual orientation and sex and gender identity anti-discrimination legislation so that GLBTI people are protected from discrimination at the Federal level in relation to aged care. This is particularly vital as aged care moves to increased Federal control. It is also important that exemptions provided to religious organisations in some State legislation not be replicated, as this causes grave concern to GLBTI older people fearing persecution from church based aged care agencies.

- ❖ Australian Seniors Gateway Agency protocols and diagnostic tools to be GLBTI specifically appropriate

The mention of gay and lesbian care in relation to 'newer diversity needs' on page LXI in the Summary of Draft Proposals in the draft report is welcome. It is vitally important, however, that the Commission translate this mention into a concrete recommendation in the final report.

The development of protocols and diagnostic tools to be initiated or implemented by the Australian Seniors Gateway Agency must specifically and overtly include GLBTI concerns in this process, so that all protocols, paperwork, instruments, accreditation tools, policy and related documents and other materials be non-discriminatory, culturally sensitive to GLBTI needs and circumstances, and encourage safety for GLBTI consumers and their partners and representatives. GLBTI organisations, experts, and the national GLBTI aged care advisory council need to provide advice and input into this process.

- ❖ Protections for socio-economic groups including lesbian, transgender and intersex people and people living with HIV in relation to costs in aged care

Specific groups within the GLBTI community which may be socio-economically disadvantaged as a result of lifetimes of discrimination or health concerns must be protected from being particularly vulnerable to harm within the aged care sector. This includes lesbians, transgender and intersex people as well as people living with HIV, all of whom are more likely to experience economic disadvantage throughout their lives or as a result of health issues. There is some concern that bed licences may be traded so that religious organisations are more likely to provide accommodation to lower socio-economic groups. If this is the case, the

matter of training and ensuring such organisations are not exempt from anti-discrimination laws is vitally important.

The Federal government needs to ensure that legal and economic protections specific to the protection of lesbians, transgender, intersex and people living with HIV are implemented and clearly conveyed to providers and consumers.

❖ User Rights Principles and Consumer Advocacy

It is commendable that the draft report refers to continuing independent advocacy (p405). It is vital, however that this include specific services to GLBTI consumers, currently under-serviced or not serviced by advocacy services. Resources must be provided to enable advocacy services to include GLBTI consumers in their target groups.

The Federal government must include specific mention of sexual orientation and sex and gender identity in all documents related to user rights, including the charter of residents' rights and related documents. GLBTI consumers need to be specifically included in the guidelines of the National Aged Care Advocacy Program, so that independent aged care advocacy services are directed to include GLBT issues in their training and advocacy related undertakings.

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