



Submission on the Draft Standards Guidance Reference Materials National LGBTI Health Alliance

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About the National LGBTI Health Alliance

The National LGBTI Health Alliance (the Alliance) is the national peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender, and intersex people (LGBTI) and other sexuality, gender, and bodily diverse people and communities. We recognise that people's genders, bodies, relationships, and sexualities affect their health and wellbeing in every domain of their life.

Formed in 2007, the Alliance includes the major providers of services for lesbian, gay, bisexual, trans and gender diverse and intersex (LGBTI) people in Australia, with Members drawn from each State and Territory. The Alliance provides a representative national voice to: develop policy and to support LGBTI health issues; seek increased commitment to services for LGBTI people; develop the capacities of LGBTI organisations; and support evidence-based decision-making through improved data collection covering sexuality, sex and gender identity.

Silver Rainbow

Silver Rainbow provides national coordination and supporting activities that focus on promoting the well-being of older LGBTI people, while facilitating efficient and effective consultation between the Australian Government and LGBTI communities.

We provide support activities that focus on meeting the Alliance's objective to protect and promote the well-being of older LGBTI people accessing or looking to access aged care services. This includes policy development, consultation and representation, information dissemination and ongoing promotion of LGBTI practices, on issues of direct relevance to older LGBTI people.

Silver rainbow also provides LGBTI Awareness Training to ageing and aged care providers and aged care workers through our partners in each state and territory.

Silver Rainbow is all about understanding and celebrating the diversity of genders, bodies, sexualities, and relationships of older Australians.

1. Please provide your name, role and organisation, with your email address and phone number for ease of follow up.

This information is included above

2. Do you have any specific suggestions in relation to the draft guidance for Standard 1: Consumer dignity and choice? If so, what are they?

General Comments

The current draft Guidance materials do not clearly demonstrate the link between Standard 1 and the remaining standards. Standard One is meant to be the key standard that underpins and applies to each of the other standards. It should be emphasised in the Guidance materials at Standard One, and in each standard thereafter (2 - 8) will be assessed against this standard e.g. are assessment processes culturally safe, how is diversity supported in governance processes, is food culturally appropriate etc

This is particularly important for aged care providers being responsive to diversity. The Alliance, along with FECCA, COTA and NACCHO remain concerned that providers appear to lack capacity to respond to diversity and that quality assessors do not feel equipped to assess how providers are responding to this need.

The language of the Standard is also quite passive and therefore the Guidance materials need to change this language to something active and responsive. For example, valuing someone's diversity is not the same as protecting, enhancing, celebrating, sharing or embracing their diversity.

Ensuring diversity issues are not consumed by 'dignity and respect'

The Aged Care Sector Committee Diversity Sub Group, of which the Alliance is a member, has continuously raised concerns about the combination of 'dignity and respect' with 'identity, culture and diversity' in Requirement 1.1. While we note that these concepts have been split in the 'purpose and scope' explanation, we are concerned that the assessment processes outlined in Requirement 1.1 will not consider these items distinctly unless these are clearly articulated as separate needs in the Guidance materials.

This is particularly important when providers are considering how to make an environment welcoming to diverse populations. In addition, understanding the common barriers, concerns or problems that people of diverse life experiences and characteristics experience can help provide a systematic approach to service delivery by which staff at all levels of the organisation have a broad awareness of some of the barriers and solutions they may experience when interacting with diverse populations. This is the approach taken in the Diversity Framework and Action Plans in setting common needs and issues and then highlighting the specific needs and concerns of each cohort.

Key Resources and Relevant Legislation

- Please note that the Diversity Framework was created by the Aged Care Sector Committee Diversity Sub Group (not just ACSC Sub Group).
- Need to include the LGBTI, CALD and ATSI Action Plans as key resources
- Relevant Legislation also includes the Aged Care Act (11.3 meaning of People with Special Needs – there are still many folks that don't know about the Special Needs groups in the Act)
- Age Discrimination Act 2004, Disability Discrimination Act 1992, Racial Discrimination Act 1975, Sex Discrimination Act 1984 (amended in 2013 to include sexual orientation, gender identity and intersex status – again many aged care providers don't know that they cannot exclude LGBTI peoples from receiving services)

Requirement 1.1

Intent of this Requirement

- Note that this should be People who are L,G,B,T and/or I

Supporting Strategies

- The position taken in the supporting strategies presumes that a provider is already safe for people with diverse life experiences and characteristics. We know that this is not the case for LGBTI peoples.

L,G,B,T and I older people will not be open about themselves if the provider is not a safe and inclusive provider. The starting point for the guidance materials should be that the provider addresses diversity regardless of whether or not someone has disclosed their diverse life experiences or characteristics. That is, as one provider has said to us, the provider 'comes out' so the person does not have to.

In this instance a key part of the guidance is that the organisation has a clearly documented and implemented plan for how it will be inclusive and responsive to different diversity needs (noting that this is captured to some extent by the last dot point but needs to be more clearly stipulated).

- Regarding dot point four the following changes should be made "Train the workforce in the approach and processes that will enable them to involve, listen to, respect and respond to the views of the consumer and how each consumer wants to be treated as an individual." It is essential that the workforce actively does something such as respond to or act on the views of the consumer.
- The other key area missing in this section is the education of, particularly in residential aged care, other residents, their families, friends and visitors. Often LGBTI older peoples experience discrimination from other residents or their relations. Providers should be able to demonstrate how they are providing ongoing education to ensure their services are truly inclusive and safe.

Reflective Questions

- There is very little reference to diversity, culture and identity in these questions apart from one at dot point five.
- Proposed reflective questions to capture diversity, culture and identity
 - How has the organisation embedded safe and inclusive practices in its service?
 - How does the organisation train and support the workforce in understanding diversity?
 - How are cultural needs met (beyond a cultural day)?
 - How does the organisation's governing body:
 - test whether consumers are being treated with dignity and respect?
 - *demonstrate that their services are inclusive of people with diverse life experiences and characteristics*
 - monitor how the organisation's culture contributes to promoting respect and dignity and valuing identity, diversity and culture?

- seek, understand and improve the consumer experience against this standard?

Examples of Evidence

- Consumer Experience
 - Note that the wording “sexual/gender identity” is incorrect. This must be changed to “sexuality, gender identity” and include intersex status which is separate to both sexuality and gender.
 - An additional point here should address not just that the person has had a positive response but is actively supported and able to express their culture, diversity and identity.
- Workforce and Others Experience
 - The workforce can demonstrate:
 - what it means to treat consumers with respect and dignity,
 - *they understand and value the consumer’s identity, culture and diversity*
 - how their interactions with consumers reflect the consumer’s expressed wishes
 - how the organisation trains and supports them to put the standard into practice.
- Training
 - Workforce orientation, training and other records:
 - include a focus on dignified and respectful care and services and consumer interaction
 - assist the workforce in developing *the knowledge and* practical skills and strategies for understanding and meeting *the needs of consumers with diverse life experiences and characteristics*
- Policies and practices
 - We support the dot points in this section
 - We also support COTA’s recommendation that “non-discrimination policies are published and prominently made available to consumers” be incorporated in this section.

Monitoring, Reporting and Performance Improvement

- Add in additional points:
 - “Providers demonstrate how plans for their diversity activities within their organisational documentation is part of a continuous improvement process. Diversity could be part of providers’ strategic plans, operational plans or through a dedicated diversity action plan. Reference can be made to the Diversity Framework and associated action plans to outline the type of activities they can consider undertaking to meet the needs of people with diverse life experiences and characteristics.
 - There is written, verbal and visual evidence of ongoing evaluation by the provider of their diversity action plan, or similar, with consumers and they can demonstrate continuous quality improvement in this area

Requirement 1.2

Reflective questions

- If a consumer wishes to pursue an intimate and/or sexual relationship, how would they be supported by the service to do so? How would the consumer know that this is encouraged by the service?
 - Note that the consumer may not want a relationship but may want to enjoy a sexual encounter or use a sex toy or other equipment or express their sexuality in some way. Reflective questions should consider the expression of sexuality in its broadest context not just in terms of relationships.

Examples of Evidence

- In all examples of evidence reference to sexuality, sexual expression and sexual/intimate encounters and relationships is missing.
- There should be clear policies and procedures on how the provider will support sexuality, sexual expression and sexual/intimate encounters and relationships as well as information provided to consumers about how they will be supported

We note that Requirement 1.2 is now “Services are Culturally Safe”. The National LGBTI Health Alliance along with the other members of the ACSC Diversity Sub Group are keen to work with AACQA in developing appropriate guidance materials for this requirement.

Requirement 1.4

Examples of Evidence

- The examples for each group need to include how that groups supports access to interpreters and translated information so that consumers can exercise choice.
- It is not just how the information is presented but when, where, how often, who by and if the workforce ensures that the information is clearly understood

Requirement 1.5

Supporting Strategies

- Propose an additional point especially for consumers who have diverse bodies.
 - Respect and meet consumer needs on how they want their intimate care provided and who by.

Reflective Questions

- An additional point is needed here about other residents, families, visitors respecting an individual’s privacy

Examples of Evidence

- Consumer Experience
 - The following dot point could also apply to home care where a home care worker is assisting someone “express satisfaction that the service respects their personal space and privacy when their friends or partners visit (residential care).”
 - Express satisfaction that whenever possible the only people providing this personal care are those that the consumer has chosen and feels comfortable/safe with
- Training

- Additional dot point needed that workforce is trained to provide appropriate, respectful personal care to people with diverse bodies
- Policies and Practices
 - Something needed here about policies and practices around respecting and maintaining a person's personal privacy and how personal care is delivered

Monitoring, reporting and performance improvement

- Additional dot point needed here around how the organisation engages consumers to ensure their personal privacy and private spaces are respected. This could be through co-design of policies, spaces, evaluation etc.

3. Do you have any specific suggestions in relation to draft guidance for Standard 2: Ongoing assessment and planning with consumers? If so, what are they?

General Comment

Emphasis is needed on how Standard 1, particularly requirements 1.1 and the new 1.2 will be applied to this standard.

Key resources and relevant legislation

- Note that there are several new resources available around end of life and palliative care in aged care. These should be included here. In addition, the Diversity Framework Action Plans should be referenced again as they have clear actions around assessment and planning.

Requirement 2.2

- Reference to Advance Care Planning is needed in this requirement, even though it is referenced in 2.3

Requirement 2.5

- Guidance materials don't demonstrate how this will be done in a way that meets the consumers wants and privacy considerations. There needs to be a better link with requirement 1.5.

Requirement 2.6

- The National Alliance maintains its position that providers should share the care plan with the consumer, when it is developed and then each time it is updated, rather than waiting for the consumer to ask for the plan. There can be a range of reasons why a person may not ask but that does not mean they do not want to see their care plan. If the provider updates the care plan on an ongoing basis they should notify the consumer of this and ask the consumer when they would like to see their care plan.

Requirement 2.7

- The Guidance materials do not reflect requirement 2.7 that care and services are reviewed when "goals and preferences of the consumer change" and there are no examples of evidence that relate to this part of the requirement.

4. Do you have any specific suggestions in relation to draft guidance for Standard 3: Personal care and clinical care? If so, what are they?

Supporting Strategies

It is noted that in this Standard reference is made to Standard One under Supporting Strategies. However, it is a sub dot point under “a comprehensive system for safety and quality”. To ensure that the importance of applying Standard One to this Standard is highlighted it should be a standalone point.

Personal and clinical care needs to be respectful of and sensitive to people with diverse bodies and genders. A reference should be made in this section on supporting people who are on hormone replacement therapy or who may seek to transition while in aged care and will need to access to specialist health services. In addition, staff are educated about the specific care needs of people who are gender diverse or intersex, as their changing health needs may not be picked up through standard checks.

Inclusion of Oral Health

The Alliance supports COTA’s call for the inclusion of oral health care in this Standard. Poor oral health and oral pain have significant impacts on a person’s health and wellbeing and can affect nutritional intake and mood and behaviour, lead to an increased risk of cardiovascular disease, stroke and aspiration pneumonia, complicate the medical management of general illnesses such as diabetes, chronic heart failure and respiratory diseases, reduce people’s ability to speak, socialise and feel happy with their appearance.

See SA Health - Care of older people toolkit: <https://tinyurl.com/zdt4fpd>)

The high impact poor oral health can have on a person means that it should be included within the risk impacts listed on page 47 and then more comprehensively addressed in the details of C- K.

5. Do you have any specific suggestions in relation to draft guidance for Standard 4: Services and supports for daily living? If so, what are they?

General Comment

Emphasis is needed on how Standard 1, particularly requirements 1.1 and the new 1.2 will be applied to this standard.

Supporting Strategies

There are several other strategies that can be added to this section to address the needs of diversity, both in terms of types of meals and options available to enhance this standard. These include:

- There are various options for each meal that people can choose from rather than a set menu of a single choice per meal
- Meals reflect the person dietary choices of consumers e.g. vegetarian, vegan, gluten free
- Consumers are engaged in meal preparation and cooking and to share the foods of their culture across the service
- Where providers have established a café or restaurant within their service this café reflects the diverse cultural foods that are available in the community
- When consumers wish to have alcohol with their meal or have drinks with friends they can do so.

As well as meals there needs to be reference to access to sufficient liquids that the person enjoys. For example, people have preferences around tea and coffee (not just instant coffee), fruit juices (more than just apple and orange), soft drinks or drinks that are culturally specific. Variety of liquids should also be included here, including appropriate access to alcohol.

6. Do you have any specific suggestions in relation to draft guidance for Standard 5: Organisation's service environment? If so, what are they?

General Comments

Emphasis is needed on how Standard 1, particularly requirements 1.1 and the new 1.2 will be applied to this standard.

We also support COTA's statement that "a welcoming service environment (includes) the friendliness and happiness of staff" and support their recommendation that staff are incorporated into requirement 5.1.

7. Do you have any specific suggestions in relation to draft guidance for Standard 6: Feedback and complaints? If so, what are they?

General Comment

Emphasis is needed on how Standard 1, particularly requirements 1.1 and the new 1.2 will be applied to this standard.

8. Do you have any specific suggestions in relation to draft guidance for Standard 7: Human resources? If so, what are they?

General Comment

Emphasis is needed on how Standard 1, particularly requirements 1.1 and the new 1.2 will be applied to this standard. This is important as we are aware the language has changed in requirement 7.2.

Requirement 7.1

Supporting Strategies

- Consumers are able to choose the gender of the staff member that will assist them and rosters are designed and planned to ensure the right number of people from a specific gender are working to meet these needs. Some cultures have very specific requirements about the gender of the person that can assist them. Lesbian women have also requested that they are only assisted by female staff.
- The service should also make every effort to employ staff that reflect the diverse characteristics of the consumers that use their service and can demonstrate their commitment to this.

Requirement 7.2

Training

- Staff across the organisation are given training in working with and supporting people who have experienced trauma throughout their lives.
- Staff (at all levels of the organisation) receive ongoing regular education and training on working with and enabling people with diverse life experiences and characteristics. The training is focused on different diversity groups
- Consumers (either service users or from external bodies) are supported to talk with staff about their experiences as people with diverse life experiences and characteristics as part of an ongoing education program.
- Staff are trained in using the correct language and pronouns when working with LGBTI consumers.

9. Do you have any specific suggestions in relation to draft guidance for Standard 8: Organisational governance? If so, what are they?

General Comment

Emphasis is needed on how Standard 1, particularly requirements 1.1 and the new 1.2 will be applied to this standard.

10. On a scale of 1 to 10 (1 being not clear at all and 10 being very clear) how clear is the guidance material overall?

The Alliance would rate the clarity as 7 out of 10.

11. What would make it clearer?

As stated previously we are concerned that the Guidance materials do not adequately demonstrate the importance of Standard One as the underpinning standard and how the requirements of Standard One are integrated across Standards 2 – 8.

While we acknowledge that these materials are for guidance in some instances there are strategies or actions that should be mandatory. This can include some options for those mandatory actions but leaving things as may or should could see some providers not appropriately delivering on the various requirements.

12. Are there any gaps in the guidance material? If yes, what else should be included in the guidance material, to help aged care service providers to meet the draft new Aged Care Quality Standards?

As previously stated, the Alliance remains concerned that the issue of diversity, is not adequately addressed throughout the Guidance materials. We are aware that providers seem to not fully understand their responsibilities in responding to the diverse characteristics and life experiences of the people using their services. This emphasise the need for Standard One to be more clearly articulated throughout the document.

13. Do you have any other feedback on the guidance material?

The Alliance looks forward to the ongoing development and refinement of the Guidance materials and the involvement of the ACSC Diversity sub Group in this process.