

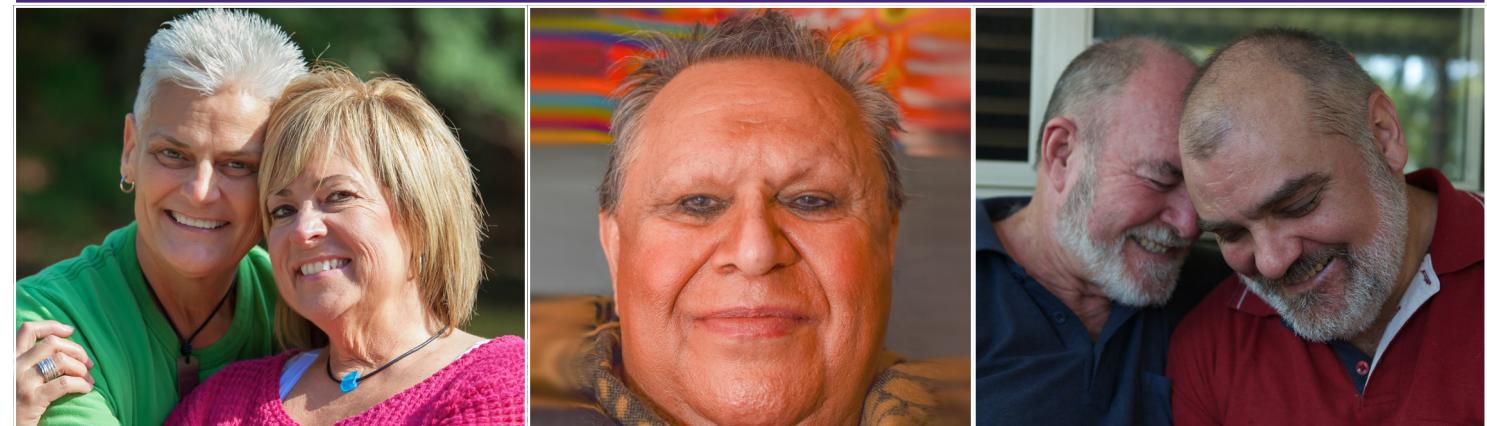


Australian Government
Department of Health

Actions to support Lesbian, Gay, Bisexual, Trans and Gender Diverse and Intersex elders

A guide for consumers

*All older people experience a high quality aged care system
that ensures equitable access and outcomes and embraces
their diverse characteristics and life experiences.*



Aged Care Sector Committee Diversity Sub-group
February 2019

Actions to support Lesbian, Gay, Bisexual, Trans and Gender Diverse and Intersex elders
February 2019

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What are lesbian, gay, bisexual, trans and gender diverse and intersex (LGBTI) consumers looking for from their aged care providers?

Everyone in Australia has the right to access quality, inclusive and culturally safe aged care services that cater to their individual needs and respect their background and life experiences.

The Australian Government has published the Aged Care Diversity Framework and a series of action plans to help the aged care sector to better cater for the diverse characteristics and life experiences of older Australians. The Framework and action plans were developed following extensive community consultations.

This document captures the voice of LGBTI peoples expressed through those consultations. It is intended both to help LGBTI peoples express their needs when speaking with aged care providers and as a resource to support people working in aged care to understand the perspectives of LGBTI peoples.

Outcome for Consumers 1: Making informed choices

We should have easily accessible information about the aged care system and services that we understand and find the information helpful to exercise choice and control over the care we receive.

Information

- I and my carers/partners/families of choice are consulted about how and where information is made available to me and what information I need to make decisions about the care and services I receive.
- I am given appropriate information about what I can do and who I can talk to if my privacy is breached.
- My consent is actively sought before any information is collected and recorded about me or my carer/partner/family of choice.
- I have a right to information and documentation that is lesbian, gay, bisexual, trans and gender diverse, and intersex friendly.
- I receive information from my provider that clearly describes how they address equity of access and outcomes for all LGBTI older people.
- I am given information, support and opportunities at regular intervals to make decisions about the care and services I receive. This recognises that it may take me time to feel safe disclosing information about myself to my provider.
- I and my carers/partner(s)/families of choice are regularly engaged to review any forms and other documentation my provider uses to ensure that any language or questions that excludes me are removed.

Communication

- In all interactions with me (for example, phone, intake, assessment, care et cetera) my provider ensures that staff use inclusive, non-discriminatory and respectful language. Staff respect how I like to describe myself and use appropriate questions (for example, who is your partner?) and the correct pronouns
- I or my advocate/carer/partner(s) can visit the service venue or head office and talk to a manager face to face.
- My provider can articulate how they meet the distinct and unique needs of each of L, G, B, T and I peoples.
- I am given a clear explanation about why information about me is needed.

Outcome for Consumers 1: Making informed choices

Cultural Safety

- I want services from a provider who accepts me for who I am. I can find explicit information about service providers' being inclusive of lesbian, gay, bisexual, trans and gender diverse and/or intersex older people or people living with HIV (or only some of these groups), which the provider has made publicly available in mainstream and pink/queer media, through referral pathways and with brokers.
 - I can read explicit and visible statements (or visual cues and other formats) that welcome and respect each of L,G,B,T and I persons and people with HIV, and their cultural heritage and backgrounds.
 - I can see myself reflected around the service or in its documentation. This includes pictures, rainbow and other L,G,B,T and/or I flags, posters and flyers about L,G,B,T and/or I services et cetera.
 - I am given written forms or other documentation that provide options, or ask appropriate questions, for me to identify myself and any specific health or support needs I have. I have the choice not complete the form until later or not at all. These forms are the same form for anyone accessing the service.
-

Outcome for Consumers 2: Adopting systemic approaches to planning and implementation

I am an active partner in the planning and implementation of the aged care system.

Privacy

- I have my privacy respected and upheld.
- I can restrict access to my personal records. They can only be accessed with my or my advocate/partner(s)/carer's/guardian's consent. My provider and I have discussed and documented when this information can be shared with those that are providing my personal care.

Data Collection

- I can identify as L, G, B, T and/or I in data collection processes. I can choose to identify or not and I am given opportunities at each care plan review to provide this information. I am asked the right question, at the right time, by the right person. I am given the reason it is being collected, who (if anyone) it will be shared with, and what it will be used for. My data can only be recorded with my express permission.

Service Provider Planning

- I am asked how and when I want to be involved in planning processes and to what extent. I can participate confidentially in planning processes if that is what I wish. This information is recorded and regularly reviewed with me.
- I feel confident and empowered to participate as an active partner in the co-design of strategic and diversity plans and other planning processes across all levels of the organisation and in the implementation of policies, procedures and practices. My provider enables me to access advocates and supports so that I can do this.
- I know that my provider has actively partnered both internally and externally with L,G,B,T and I peoples and organisations/groups. They have developed effective ways to enable L,G,B,T and I consumers and consumer organisations to be involved in the way services are designed, delivered and evaluated.
- I can attend a regular focus group for L, G, B, T and I peoples, their allies, and staff representatives from all levels within the organisation where they can listen, reflect and encourage engagement and communication to understand what is working and what is not. This is followed up with actions and no promises are made where an action is not possible. Processes are balanced and fair, recognising that there may only be small numbers or one person representing a particular group.

Outcome for Consumers 2: Adopting systemic approaches to planning and implementation

Policies, Practice & Governance

- My partner(s)/carer and family of choice, as nominated by me, is acknowledged and respected and included in all planning processes. This is clearly stated on all documentation and in policies.
- I have been given the providers' policies on cultural safety, inclusion and anti-discrimination, charters of rights and responsibilities, service users'/ residents/visitors code of conduct, strategic plans and diversity plans all which clearly articulate a commitment to services that are inclusive of L, G, B, T and I older peoples, and people with HIV.
- I know that the provider supports other consumers and their families to overcome stigma and discrimination towards L, B, G, T and I peoples and they can identify how each group's needs will be met.
- I know that the service has and implements diversity and equity policies - not only for service staff but for the protection of consumer rights and dignity. I can see that these policies value all sexualities, relationships, genders and bodies and support my chosen relationships and need for intimacy.
- I expect policies to be understood and enforced (including Privacy Legislation) and are part of practice in every aspect of the service system continuum to support older L,G,B,T and I peoples and people with HIV.
- I know a provider is truly committed to LGBTI inclusion when I see that they have a position/s on their governance structures that are dedicated to an LGBTI person.

Quality

- I am actively engaged in a continuous quality improvement program by the provider as part of their monitoring and evaluation of their policies, practices and plans and compliance with the Aged Care Quality Standards.
- I know that my aged care provider has been assessed through an external review process that confirms they are inclusive of each of L, G, B, T and I (for example, Rainbow Tick or similar). There are processes in place to achieve full inclusion and/or accreditation where this has not yet happened.
- If I ask it can be demonstrated to me that my preferred provider can meet the requirements to tick the box of L, G, B, T and I inclusion on My Aged Care as per the established guidelines.

Outcome for Consumers 2: Adopting systemic approaches to planning and implementation

Feedback and Complaints

- I can provide regular feedback confidentially and/or anonymously in a format I understand. My feedback is always treated seriously. It is valued, and it can be demonstrated that my feedback has had an impact on service delivery.
- I have the right to be able to access an effective, independent and a confidential complaints process that is tailored to L, G, B, T and I needs and experiences. It is timely and inclusive and provides support where I feel afraid or uncertain about making complaints. I can use external or internal advocates.

‘Delivery of safe and inclusive services to people with diverse needs and life experiences is built into the Aged Care Quality Standards. Diversity is woven through the Standards and underpinned by Standard 1 to value the identity, culture and diversity of each consumer and to deliver culturally safe care and services.’



Outcome for Consumers 3: Accessible care and support

Wherever we live - in rural, remote, regional and metropolitan Australian - ***we should have*** access to aged care services and supports appropriate to our diverse characteristics and life experiences.

Rural and Remote

- I and my carer/advocate/partner(s)/family of choice and community are engaged by providers to enable continuity of care in remote areas. Action plans with appropriate timelines are developed to do this, with recognition of who I want involved.
- If I live in a remote area I am provided with free or minimal cost transport to access LGBTI specific activities, events, celebrations and commemorations.
- I can access LGBTI inclusive specialist services that I need as part of my health and wellbeing.

Support

- I can have access to and support from peers. This can be in person, on the phone or online. Peer support staff and peer support groups may include L, G, B, T and I peoples and organisations from outside the community I live in.
- I am given easy access to appropriate L, G, B, T and/or I supports and advocates, who are consistent and stay with me, wherever possible, throughout my involvement in aged care, especially if I have no children or other family support.
- I feel secure in knowing that the service has worked with me and my carer/partner(s)/advocate to develop and document plans and strategies if my functional state and capacity to engage changes or declines (including if I develop dementia). This is offered as an opportunity when I access the service and is reviewed regularly as part of my care plan. These plans include specific information on supporting my identity and meeting specific needs related to my gender, sexuality and/or intersex status.
- I am provided options to be part of, or receive services from, other LGBTI organisations by my service provider. This transition is supportive and inclusive.

Outcome for Consumers 4: A proactive and flexible aged care system

We should experience a proactive and flexible aged care system that responds to the needs of all Australians including new and emerging communities, including an increasingly diverse aged care workforce.

Training

- I am valued, and my lived experiences are respected and understood.
- I am confident that staff at all levels within the organisation are trained and know how to see and respond to racism, sexism, homophobia, biphobia, transphobia and discrimination against people who are intersex and people living with HIV.
- I expect that all staff, volunteers, management, owners, and board members working in the organisation attend mandatory ongoing training on delivering LGBTI inclusive care, including an understanding of our unique histories and lived experiences. It is delivered by a reputable LGBTI organisation.
- I am given the opportunity to attend and participate in this training. I can choose to share my lived experience of being L,G,B,T and I and/or a person living with HIV as part of this training.

Workforce

- I expect that the provider is inclusive and employs LGBTI staff.
- I expect that there are sufficient numbers of skilled staff with the right knowledge, understanding and attitudes to work with me as an L, G, B, T or I person.
- I know the service I use has systems to develop, monitor and maintain workforce capability for L, G, B, T and I inclusive practice and ensures staff go beyond awareness and empathy to competence and cultural safety.
- I know staff understand that L, G, B, T and I older people have different needs and may have more in common with other diversity groups than each other. For example, a lesbian woman may have more in common with other women than with gay men.

Outcome for Consumers 4: A proactive and flexible aged care system

Social

- I can access L, G, B, T and I social groups in the local community and to maintain my connections with my former and/or current community.
- I participate in activities that celebrate or commemorate being LGBTI across the organisation, on a regular and ongoing basis. If I am in a residential aged care service, all residents are actively encouraged to engage in these activities as well. The provider also acknowledges important dates and events for the LGBTI community generally, for example, IDAHOBIT, World AIDS Day.
- I have my views, and those of other L, G, B, T and I peoples, regularly sought by my provider on what, if anything, is changing within our communities and how my provider can continue to support me to be part of that community.
- I expect my provider to be actively engaged in and part of the local community where I live, including L,G,B,T and/ I community groups.

‘A proactive and flexible aged care system that responds to the needs of existing and emerging diverse groups, including an increasingly diverse aged care workforce.’



Outcome for Consumers 5: Respectful and inclusive services

Services effectively meet the specific needs of older people with diverse characteristics and life experiences, their families, carers and representatives in a respectful and inclusive way.

Quality, Respectful and Inclusive Care

- I know that aged care services are inclusive regardless of whether L, G, B, T and I older people have disclosed their sexual orientation, gender identity or intersex status to them.
- I feel valued whether I have chosen to come out, or if I come out later in life.
- I am not mis-gendered. My provider understands the importance of knowing and using my correct pronouns.
- I expect my provider to ensure that incorrect/inappropriate and heteronormative language is not used.
- I am confident that I will be provided tailored and personally appropriate programs of care that meet my specific needs as an L, G, B, T and/or I person.
- I have access to providers that understand and actively addresses the barriers and disadvantage that L, G, B, T and I peoples and people living with HIV can experience.
- I am listened to about how I want services provided and by who, especially with in-home care. This is respected by my provider.
- I have the right to have a person of my choice present when receiving home-based services.
- I can decorate my room in a way that reflects who I am. I know that whatever is in my room will not be removed, tampered with or thrown out. I have access to media, films, literature etc that represents L, G, B, T and/or I peoples and tell stories like my own.
- I have access to a core group of trained staff who can work with people of diverse bodies so that carers are not continually changing over, and I do not re-experience reactions and having to give explanations. These same staff are maintained as my primary carers wherever possible and the provider ensures that there are minimum staff changes. It is important that I can have trust and confidence in a carer that accepts my body.
- I can choose the gender of the person providing care for me and wherever possible I have access to staff members or volunteers that are preferably from the same community as myself (for example, a bisexual person for a bisexual older person) or where this is not possible someone from the L, G, B, T and/or I communities that I can spend time with, talk to and share our similar experiences.
- I know my provider will ask me what I want, what I love, what will make the service safe for me and what do I miss. They will have a conversation with me about what is meaningful for me and deliver services that meet these needs.

Outcome for Consumers 5: Respectful and inclusive services

Quality, Respectful and Inclusive Care (continued)

- I am maintained on my medication, including hormones, that I need to ensure that I can continue to live a healthy life as an older trans, gender diverse or intersex person. This includes access to important health checks specific to my needs.
- I receive sensitive personal care services that are respectful of my presentation and physical ambiguity/appearance which may be different from what is commonly attributed to other people who share my gender.

Relationships and intimacy

- I have all my relationships recognised and respected. I should not feel I am being judged or discriminated against in my relationships, or if I should choose to have several partners/connections/romances.
- I have the right to a co-habitation room if my partner(s) enter aged care with me either at the same time or after I have been in care.
- My family of choice is recognised and respected at all levels of my service provider and they are involved in my care and can advocate for me as needed. There are policies and procedures in place that highlight the importance of families of choice to L, G, B, T and/or I peoples.
- My partner or carer is given support and if needed connected to appropriate L, G, B, T and/or I inclusive organisations, support, advocacy and counselling services. This may also include training to enable them to assist with my care.
- I am supported to access sexual and other sexuality related services if I require and my right to intimacy and sexual expression is upheld.

Outcome for Consumers 6: Meeting the needs of the most vulnerable

We should experience high quality and culturally safe aged care services and supports that meet our needs irrespective of our personal, social or economic vulnerabilities.

Accessibility

- I have a provider that conducts a working with vulnerable persons check and all staff are trained to assist vulnerable people in trying to negotiate a complex system.
- I can access the health services of my choice, including complementary health treatments, for example naturopathy, homeopathy et cetera.

Abuse and trauma

- I access services from a provider who has a clear understanding of elder abuse – the specific effects and consequences (physical, emotional, mental) on L, G, B, T and/or I peoples. They have procedures in place to ensure my safety is maintained.
- I have access to ongoing psychological supports if I need to help develop strategies to cope with lifelong trauma and stigma. These are provided regardless of my ability to pay or not.
- I am provided services by staff that are skilled in building trust and giving me emotional support if I am vulnerable due to separation from family and from the impact of discrimination from social institutions and community and historical and current life experiences.

Palliative Care

- I have a right to an advocate of my choice when receiving palliative care services. My advocate can check that staff are providing inclusive and appropriate care.
- I have my palliative care and end of life wishes listened to, recorded and upheld.
- I can have a social worker, my GP, family and friends to assist me and they have the ability to raise concerns on my behalf.

Outcome for Consumers 6: Meeting the needs of the most vulnerable

Lesbian Women

- I know that providers understand that I experience discrimination both as a lesbian and a woman.
- I am at increased risk of homelessness as a lesbian woman and my provider will assist me to access services and supports that can help address this.
- I may have experienced sexual violence and this will impact on my trust of services and staff. Ensure that staff are trained in working with survivors of violence and enable me to surround myself with the people I feel safe with. (Many (up to 66%) have been sexually abused by men (SWASH study)).
- I need to be asked who I want to have around me, how my health care needs will be met and that there is specific planning around my needs as a lesbian.
- I want to know I will be looked after by women and where possible, that there are lesbian care staff available.
- I have many needs that are distinct and different from a generalised LGBTI group. Lesbians need to be considered as a discrete category.
- I can lock my door within a residential aged care facility.
- I am provided health care by a female doctor if I request this.

Gay Men

- I have access to trained counsellors and other professional support staff in recognition of the trauma and ongoing grief I may have experienced as a result of friends, family and chosen family dying during the AIDS epidemic.
- I may have experienced discrimination when accessing health services. My provider is sensitive to this and engages health professionals that are gay friendly.
- I may have specific health needs that can impact on my health. I can talk to my provider about these and have a plan of care developed around meeting my health needs.
- I know the provider who I access respects my right to connection with others so that I can relax, feel comfortable with and share intimacy with my partner. My provider ensures that they address the stereotypes about ageing gay men who may have younger same-gender partners.

Outcome for Consumers 6: Meeting the needs of the most vulnerable

Bisexual People

- I have a distinct identity as a bisexual. I should never be grouped together with lesbian women or gay men or considered to be heterosexual.
- I know that I can be open about who I am, and my provider will respect me without making judgements about me based on the many harmful stereotypes about bisexual people, which often cause us to hide our identities.
- I know that providers understand that I experience discrimination from both the LGBTI community and mainstream society, and they support me to access services that address my specific needs.
- I am more likely to have poorer mental health outcomes as a bisexual person than my gay and lesbian peers. My provider will assist me to access services and supports that can help address this.
- I may have experienced sexual violence (Movement Advancement Project, 2016) and this will impact on my trust of services and staff. Ensure that staff are trained in working with survivors of violence and enable me to surround myself with the people I feel safe with.
- I am provided respect, privacy, and not questioned about my choices about who I connect with or have relationships with (be it one or more persons). I know the provider who I access respects my right to connection with people regardless of their gender.

‘Delivery of safe and inclusive services to people with diverse needs and life experiences is built into the Aged Care Quality Standards. Diversity is woven through the Standards and underpinned by Standard 1 to value the identity, culture and diversity of each consumer and to deliver culturally safe care and services.’

Outcome for Consumers 6: Meeting the needs of the most vulnerable

Trans and Gender Diverse People

- If I choose to transition I am given the support to do this. I am connected in with the necessary health professionals, psychological services, medical and legal services and support organisations that I need. Staff are skilled in how to be respectful and supportive of me. My family is supported to understand my decision and staff act as my advocates with them.
- I have experienced a lifetime of trauma and this has an impact on me and the services I feel safe accessing. My provider will understand this and support me.
- I am supported to maintain my identity. I am not asked questions about my life prior to my transition.
- I am supported to connect with peoples and communities of my choice. My provider will connect me with organisations that can assist me to do this.
- I am assisted by staff who have the training, and access to resources, to support me as needed. They understand that there are different needs for people who have transitioned in the past and who are now ageing versus those transitioning later in life.
- I can work with my provider to develop a plan that will guide my care and support if I develop dementia. This includes how my identity will be maintained, who will provide personal care, how to and who can support me if I relive particularly painful times and experiences and what to do if I become confused by my current identity.
- I am visited by trans and gender diverse advocates to ensure that I am being treated respectfully and appropriately. They can make complaints on my behalf, which are responded to and followed up.
- I have my specific health needs met and staff know that there may be health and wellbeing issues that need to be included in my care plan (for example hormone therapy, prostate checks for trans women, pap smears for trans men et cetera).
- I can access a service that has an evolving understanding of personal needs that many people would not experience due to a medical transition and that as I get older I may need help or attention that a non-trans or gender diverse person would not encounter.

Outcome for Consumers 6: Meeting the needs of the most vulnerable

Intersex People

- I receive services from a provider that understands and delivers care and services specific to the needs of intersex peoples, many who have led a life of vulnerability, and that my provider:
 - enables me to surround myself with the people I feel safe with as I may have experienced violence and / or abuse (as a result of medical treatment, attitudes of religious and social institutions, forced interventions, social stigma and misinformation)
 - recognises that I may be estranged from my family and had a lifetime of confusion, anger and pain knows this will impact on my trust of services and staff.
- I know that the aged care provider I choose has policy and practices about working with and supporting people who are intersex and that understands my sexuality and gender are separate to my intersex status.
- I am given services by a provider that can demonstrate they have trained their staff specifically on my needs and intersex issues. Staff understand that intersex peoples may have specific issues around their health and medical care and wellbeing that need to be understood, supported and addressed.
- I am provided care and support by a provider that respects my privacy and confidentiality. They consult with me about how and who knows about my body and when decisions need to be made about access to medical treatment. My family may not know about my intersex variation and I may wish that they continue not to know.
- I know that all aged care providers are aware that not everyone knows that they have an intersex variation and that this may become known when receiving aged care services. The provider has policies and practices in place to support this person and to link them to relevant external supports.
- I am respected and my body and its history is acknowledged.
- My provider is sensitive to the language that individuals use to describe what has happened to them. I am asked about the terminology I use for my body and my life experiences. This terminology is then consistently used and applied in any discussions with or about me. I may view myself as intersex or a person with an intersex variation but I retain the right to not be labelled as intersex if I do not use this terminology and I may have no or low affinity to the LGBT community.
- I may have health issues directly associated with my intersex variation. There are sometimes cognitive, health and physiological challenges specific to individual intersex variations. Staff and providers need to check in with both intersex organisations and current medical literature periodically to understand treatment, co-morbidities and management of these symptoms.
- I have an aged care provider that is knowledgeable about the specific characteristics of some of the more major intersex variations and not treating people who are intersex as a homogenous group.

Outcome for Consumers 6: Meeting the needs of the most vulnerable

People living with HIV

- I need to feel safe to disclose or not disclose my HIV status as I choose. There are examples of people living with HIV hiding their medications from staff in aged care which has important implications for adherence and drug interactions. I need to know that I will not be discriminated against either way and that my status will not be disclosed without my permission. I need to know that stigma and discrimination will be addressed if it occurs.
- I have my needs as an older person living with HIV regularly reviewed by my doctor and key staff as further information comes to light on the emerging impacts of HIV and ageing. The services I receive are adjusted to accommodate those needs. I have timely, appropriately qualified medical care available to me.
- I am provided services by staff that are skilled in building trust and giving me emotional support if I am vulnerable due to separation from family, social institutions and community and historical and current life experiences.
- I have my specific needs as a person living with HIV articulated and appropriate care and support provided for them. People with HIV will have an ongoing need for care by an s100 prescribing doctor to ensure effective Antiretroviral therapy is maintained. I may require access to specialist services to manage non-HIV related comorbidities.

High quality and culturally safe aged care services and supports that meet our needs irrespective of our personal, social or economic vulnerabilities

Outcome for Consumers 6: Meeting the needs of the most vulnerable

Aboriginal and Torres Strait Islander People

Community consultation and engagement

- I/we are engaged and communicated with in a range of ways by aged care providers. These mechanisms are culturally safe and ensure safety around my identity.
- I/we have a safe and inclusive space for Aboriginal and Torres Strait Islander LGBTI folks, brotherboys and sisters to talk about our needs and concerns.

Maintaining connection to culture and country

- I am provided services by a provider that respects and supports my integrity as an Aboriginal and Torres Strait Islander and L, G, B, T and/or I person, brotherboy or sistergirl.
- I am given support to stay with my families, growing old in my community and on my country.
- I/we are enabled to access to cultural connections, especially intergenerational relationships with younger people to facilitate the passing on of cultural knowledge if I/we are living in residential aged care.
- I/we are listened to and engaged by my provider on the best way to engage with my family and how to do this in a culturally and personally safe way.
- I am provided care and services by a provider that can support my personal and cultural needs especially if I have had to leave my country. (In some remote communities L,G,B,T and/or I older people and brotherboys and sisters are shunned. They may have to move communities or into other areas for support.)
- I have the rights to receive services from providers who know and understand my cultural protocols and practice. Wherever possible Aboriginal people who accept me for who I am are employed to assist me.
- I feel secure in knowing that staff understand my role within my community as a sistergirl or brotherboy and they enable me to continue to fulfil these roles.

Intergenerational Relationships

- I am an elder and my important role in suicide prevention for younger Aboriginal and Torres Strait Islander peoples, which is especially important for younger LGBTI, brotherboy and sistergirl peoples, is understood and supported by my provider.
- I am supported to develop meaningful relationships with younger people, especially where I might not have access to my family or no family.

Building Knowledge

- My provider distributes clear information about their care and services that is directed specifically at Aboriginal and Torres Strait Islander LGBTI people, brotherboys and sisters. It is communicated in a way that people can understand and is easily accessible.

Outcome for Consumers 6: Meeting the needs of the most vulnerable

Aboriginal and Torres Strait Islander People (continued)

- Access to health and wellbeing services
- I have an advocate who understands my specific needs as an Aboriginal and Torres Strait Islander LGBTI person, brotherboy or sistergirl who can assist me with:
 - end of life matters and planning that are culturally relevant and appropriate
 - access to mental health and other health and wellbeing services
 - access to other social and community supports and services that I need
- I can access Aboriginal and Torres Strait Islander traditional and complementary healing and social health practices at my request.

Trusted Community Partnerships

- I am provided care and services by the same aged care provider throughout my ageing journey as an LGBTI, brotherboy or sistergirl Aboriginal and Torres Strait Islander person. This consistency is important to create a sense of trust and acceptance as I know my provider is culturally appropriate.

Culturally and Linguistically Diverse (CALD) people

- I have the right to access services that recognise that being L,G,B,T and/or I can be very hidden with CALD communities and that I am given appropriate care and support that respects both my cultural background and being LGBT or I.
- I receive services from staff who are skilled in working with people from diverse cultural backgrounds who are also L,G,B,T and/or I and have access to resources and supports about working with different cultural protocols.
- I have a provider that understands and has policies and protocols in place around the impact of discrimination I may face as a result of my cultural (including religious) background and being LGBT and/or I.

