

Sexual and Gender Diversity

System	Health and Wellness
System owner	Health and Wellness Manager
Reference/s	<p>Aged Care Act 1997:</p> <ul style="list-style-type: none"> - Quality of Care Principles (Aged Care Quality Standards) Standards 1 Dignity and Choice - User Rights Principles (Residents Rights) <p>LGBTI Ageing and Aged Care Strategy</p>

Purpose

- The purpose of this policy is to describe Benevolent Living (Benevolent) policies and procedures for ensuring residents identifying as Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) receive inclusive care in an environment free from discrimination or abuse and supports the individual’s right to sexual expression and gender identification.

Policy

- Benevolent values diversity and is committed to providing safe, inclusive care for residents identifying as lesbian, gay, bisexual, transgender or intersex.
- Benevolent has a zero tolerance to discrimination against residents who identify as LGBTI.

Background

- The acronym LGBTI refers to those who identify as Lesbian, Gay, Bisexual, Transgender or Intersex – see Appendix 1.
- Members of the LGBTI Community have been and are at risk of discrimination on various fronts.

Religious Rejection - Religious communities have historically been intolerant of sexual diversity with homophobia, abuse and rejection being the norm rather than the exception. To gain acceptance within their community older LGBTI people were led to deny their sexuality or gender identity, deny their religious identity, or lead a double life between their religious and LGBTI communities.

Family Rejection - Rejection by family was an almost universal experience for today’s seniors when they disclosed their sexual or gender diversity. Family responses ranged from being ejected from the home and family relationships even being considered “dead”, to being forcibly admitted to psychiatric care for “treatment”. Coming out often resulted in loss of employment and income. Family rejection remains a barrier for LGBTI persons today in revealing their sexual or gender diversity.

Fear - Because of their experiences with discrimination, abuse, rejection and violence, most LGBTI seniors learned that revealing their sexual identity made them unsafe. Many feel threatened by increasing age, disability and reliance on health and social services as they fear a return to the institutional control they experienced when they were younger, and feel the need to hide their sexual orientation or gender identity to be accepted and to feel safe.

Admission

1. Residents who identify as Lesbian, Gay, Bi-sexual, Trans-gender or Inter-sex will be identified on admission and strategies implemented as required to optimise health and well-being.
2. Benevolent recognises that residents are under no obligation to disclose their LGBTI identity and will respect the wishes of those residents.
3. A resident will be taken to be the gender they identify as, despite physical indicators to the contrary.

Assessment

4. Focal assessment of specific care needs will be conducted for all residents identified as LGBTI.
5. Assessment will be undertaken in partnership with the resident or their authorised representative.
6. LGBTI data collection is incorporated into assessments as applicable.

Care Planning

7. An individual plan of care will be developed for each resident that includes LGBTI specific care needs.
8. Care strategies to meet LGBTI needs will be developed in partnership with the resident, their representative/s and any external agency or party identified by the resident.
9. The effectiveness of LGBTI care strategies will be evaluated along with routine care evaluation three (3) -monthly and whenever needs changes or concerns are raised.

Referral and Shared Care

10. Where a resident has LGBTI needs that cannot be met internally, referral for external support will be arranged (subject to the resident's or the authorised representative's consent).
11. The Registered Nurse will coordinate care with external agencies and care providers to ensure that any directions are included in the person's care plan.

Dignity and Choice

12. LGBTI residents will be valued and respected and will be free from prejudice and discrimination.

13. External agencies and care providers will be engaged at the request of LGBTI residents to enhance quality of life.
14. Assessment and care planning will be undertaken in close partnership with the resident or their authorised representative.

General Considerations

15. Family and Significant Others

Recognise and acknowledge the resident's family of choice or significant other and ensure their inclusion in decision making processes. Be aware that there may be conflict between family of choice and biological family.

16. Intimacy

In addition to the importance of a partner's love, intimate partners are a vital psychological and social support for LGBTI residents, especially in the absence of support from biological family. At all times gay and transgender partners are to be treated with the same respect, understanding and support as heterosexual partners. Opportunity for intimate time is to be facilitated as it would be for heterosexual partners – providing privacy, ensuring time together is uninterrupted.

17. Medical

Three quarters of trans and gender diverse people use hormone treatment to maintain their gender identity, medical support is to be facilitated to ensure these regimes are maintained consistently.

Not exclusive to the LGBTI population, the HIV-positive population is ageing and it is estimated that by 2020 around 44% of HIV-positive people will be aged over 55. HIV-positive persons develop diseases of ageing earlier than the general population and therefore need care, and palliative care earlier. The support of the resident's significant other, family of choice and broader LGBTI community is to be encouraged and supported during end of life care.

18. Mental Health

Surveys have revealed that LGBTI Australians experience poorer mental health and greater levels of psychological stress than the population as a whole, with trans men and trans women faring the worst. The poorer mental health and higher suicide rates have been attributed to the impact of stigma, social exclusion, discrimination, bullying, rejection, and barriers to appropriate and timely transitioning. Depression in the entire elderly population affects up to 50% of those in care at some stage, increasing the risk for LGBTI residents suffering poor mental health. Benevolent will actively encourage pursuit of aspects of life to maintain resilience for LGBTI residents – relationships, social networks, personal interests, community involvement. Benevolent will protect residents from further risk factors of discrimination and abuse.

19. Dementia

LGBTI seniors have a lower percentage of children and other family available for support. The stigma and discrimination they have been subjected to throughout their lives makes them fearful of finding a facility which is inclusive and sensitive to their needs. They may fear being “outed” by loss of control over their own behaviour and facing further marginalisation. For LGBTI people with dementia issues such as living in the past and reverting to their birth assigned gender or their earlier “closeted” years can inflict deep grief upon partners who may not even be recognised. Additional emotional support is required for residents who are not only confused and fearful of what is happening to them, but have the added stress and fear due to fluidity of identity.

20. Legal Issues

LGBTI seniors can be vulnerable to having their wishes disregarded by family or carers when making medical, lifestyle or financial decisions. It is important that the resident’s choices are clearly documented within a legal framework through completion of a current Will, Power of Attorney, Guardianship, and Advanced Health Directive. Where there is conflict between family of origin and the partner of a resident, Benevolent needs to know who the legal decision maker is and to support them in that role. Benevolent will support the resident and their legal decision maker in maintaining their choices – e.g. preferred name, style of dress, gender identity.

21. Cultural Issues

In our multicultural society different ethnic and religious groups have varying views and attitudes towards people who are sexually or gender diverse. In 2014 homosexuality was still a criminal offence in 76 countries with punishment ranging from harassment, violence, and imprisonment, to death. LGBTI members of ethnic communities may never come out within their community, facing overwhelming pressure against disclosure that will bring personal and family shame and loss of honour. The pressure is particularly strong when a conservative religion is part of the religious and cultural identity, conversely, a religious faith which teaches compassion and social justice may encourage acceptance and disclosure. The impact of culture can become an issue in aged care with a culturally diverse workforce. Benevolent promotes inclusiveness of both staff and residents.

22. Within the Aboriginal and Torres Strait Island communities the terms “trans” and “transgender” are not seen as relevant, they prefer “sistergirl” – a feminine person who was originally assigned by others as male at birth, and “brotherboy” – a masculine identified person who was assigned female at birth.

Inclusive language

23. Use the correct pronoun for trans, gender diverse and intersex people who identify as women or men. Addressing someone in a way that does not match how they identify themselves is termed “misgendering” and can be very

distressing to the person, even if they remain silent. Ask the person how they would prefer to be addressed and respect their self-identity at all times.

24. Give adequate options when collecting information – use the term “parent” rather than “mother” or “father”; include the term “partner” to relationships as well as the options of single / married / divorced / husband / wife, do not assume relationships are heterosexual.
25. Use the correct name, for trans and gender diverse people their “real” name is the name they use now, not their birth name.

Information Privacy

26. The highest standards of privacy and confidentiality by all staff at all times must be maintained. Gossip and innuendo will not be tolerated either by management or by peer groups within Benevolent. Private ensuites are provided for all residents. Care plans are individualised and reflect personal preferences and choice and decision making.

→ Refer to [BEN Policy MA – 08 Information Privacy](#)

Staff Education

27. Benevolent staff will receive education to provide them with the knowledge and skills to support LGBTI residents within the Benevolent community.

Complaint Management

28. The Health and Wellness Manger will monitor complaints about discrimination against LGBTI residents in accordance with our Complaint Management Policy.

Other Documents

→ [HW-10 Sexual and Gender Diversity App 1 Gender, Gender Identify and Sexuality Terms](#)

Change Register

Date	Amendment and Reason for Amendment
11/09/15	New policy.
14/02/2018	Policy review, no changes identified.
1/07/2019	Policy review to align to the Aged Care Quality Standards and title change from Director of Nursing to Health and Wellness manager
4/03/2021	Scheduled policy review, minor corrections only. Separate Appendix 1.

Approval Date	Designation	Signature
4/03/2021	Health and Wellness Manager	Helen Cleary