LGBTI fact sheet 13 - Inclusive care

Supporting an inclusive approach to service provision and BPSD management

There has been a growing recognition in the health and aged care sectors and by government that the needs of older LGBTI peoples have historically received limited attention in the planning and delivery of aged care services (1).

- Some aged care providers may be unaware of their legal responsibility with regard to older LGBTI peoples (2). The Commonwealth Government laid out provisions in its aged care reform process for the Aged Care Act to be amended in 2012 to recognise older LGBTI peoples as a Special Needs Group (3).
- The National LGBTI Ageing and Aged Care Strategy required that LGBTI peoples experience equitable access to appropriate aged care services (3, 4).
- The Aged Care Diversity Framework (5) which identifies the common barriers preventing access to aged care services was released in 2017 as a step towards more inclusive aged care. Together with the LGBTI Aged Care Action Plan, these documents replace the LGBTI Ageing and Aged Care Strategy (3).
- This was followed by the release of the document 'Actions to support Lesbian, Gay, Bisexual, Trans and Gender Diverse and Intersex elders: A guide for aged care providers' in 2019 (6).

Service providers & their staff

- Clear policies, planning and structure outlining inclusive practices are essential for service providers to meet the needs of LGBTI clients (6, 7).
- The management of BPSD in people with dementia in all care settings is subject to the knowledge and understanding of those around them, including other clients or residents.
- As heteronormativity, homophobia and transphobia exist within the broader community, these views may exist within the organisational culture of care services and residential facilities (2, 8).
- A survey of West Australian residential aged care providers found that 80 percent regarded sexuality as not their concern, despite other aspects of diversity being recognised (9). Only 37 percent had policies and procedures that referred to people who identify as LGBTI, 20 percent or fewer had any real awareness of relevant state and federal legislation and same-sex law reform, and no facilities provided staff training on LGBTI needs and concerns at that time (1).

***Note:** Individual staff may vary in their personal beliefs and experiences and will require varying degrees of support to help them provide inclusive care.

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- Service providers have a responsibility to ensure staff members, including volunteers, transport support staff and general service officers, receive training which addresses the needs of older LGBTI peoples (2, 6, 10-20), particularly those with dementia (21-24).
- The goal of LGBTI-inclusive care is to provide respectful and affirming care for each individual (16). It is important for aged care providers to support the expression of sexuality of all those in their care (20, 25).
- There is a need for greater, targeted support for LGBTI peoples with dementia (26), requiring service providers to be better informed in the additional considerations relevant to the management of BPSD in this group.

Peak bodies

- The Rainbow Tick is a set of Australian standards for LGBTI inclusive practice. The six national standards cover:
  - access and intake processes
  - consumer consultation
  - cultural safety
  - disclosure and documentation
  - professional development
  - organisational capacity (27)
- The 'How2 create a GLBTI-inclusive service' is a program for health and human service organisations to develop practices and protocols that are LGBTI-inclusive and apply for Rainbow Tick accreditation (28).
- The National LGBTI Health Alliance is the 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 peoples as well as other sexually and gender diverse people and communities.
- Silver Rainbow is the name of the Alliance's Ageing and Aged Care Project which delivers LGBTI aged care awareness training to a broad range of staff and interest groups nationally.
- The Silver Rainbow Project provides resources to assist aged care services provide equitable access to LGBTI peoples and support LGBTI peoples seeking inclusive aged care providers (17).
- Many aspects of providing intersex-friendly service is different to supporting same-sex attracted, transgender or gender diverse people. Intersex Human Rights Australia provides information and practical advice to help services deliver intersex-inclusive practice (29, 30).

Challenges and enablers to implementing LGBTI-inclusive care practices

With increasing awareness of the traumatic and isolating experiences of LGBTI peoples and recent Government requirements to support LGBTI older people as a special needs group, service providers need to ensure their approach to dementia care practices and managing BPSD is LGBTI inclusive.

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- While many service providers and their staff are committed to providing quality, person-centred care to people with dementia, barriers arise when introducing new strategies into everyday care.
- Providing background information and increasing knowledge of evidence-based strategies is a necessary first step. Knowledge translation (KT) is about bridging the gap between what we know and what we do (31).

***Note:** Awareness of the common barriers and enablers to implementing evidence-based practice will assist service providers to support the implementation of LGBTI-inclusive care practices in the management of BPSD.

- KT strategies are more likely to be successful where the approach is informed by an understanding of the probable barriers and enablers specific to the context (32-36).

Barriers

- A lack of authority and organisational support are often reported by health professionals as the greatest barriers to implementing change (31, 37-42).
- Resistance from other staff may include the perception that they are already 'treating everyone the same' and there is therefore no need to change their approach (15, 42).
- Resistance and negative reactions from other residents or clients and/or their families (19).
- Where an organisation is recognised for their work with LGBTI clients there may be the assumption that the organisation's adoption of LGBTI-inclusive practice will be a relatively simple process. Implementing LGBTI-inclusive practice across the entire organisation however can still present challenges (42).
- Limited time and resources are common factors that prevent a change to LGBTI-inclusive care practices (19).
- Where inclusive practices are implemented, organisations need to ensure they have sufficient capacity to maintain these practices to protect LGBTI clients and staff who may have disclosed their own identity (42).
- Evidence-based practice is not always seen as a core component of clinical care (43). A lack of awareness of the current research, limited access to research findings and a lack of confidence to evaluate the quality of research outcomes are also ranked highly on the list of barriers (37, 41, 44-46).
- Other reported barriers include concerns regarding perceived 'risks' associated with change, limitations of the physical environment, staff turnover and frequent use of agency staff, carer stress/burnout, carers' limited skills and opportunities for education as well as lack of support for staff training (47).

Enablers

- Support from management via changes to organisational policies and approach

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can assist evidence-based practice to become everyday practice (16). This can include an organisational audit to check progress against the six Rainbow Tick standards (27, 28, 42).

- Team leaders or champions who have an active role in supporting direct care staff to implement changes for LGBTI-inclusive practice (47, 48).
- Staff members who take on the role of champions need to be supported by management to ensure they have the resources and support for change. The personal safety and emotional well-being of staff members who identify as L, G, B, T or I must be ensured (42).
- Building support for change may include engaging supporters external to the organisation. For example, LGBTI-inclusive practice networks could be established with team leaders/champions from other organisations to share information, resources and support (42).
- Integrated education for all levels of staff that includes different modalities, e.g. eLearning, on-the-job and audiovisual methods can support change in care practices (19, 49, 50).

***Note:** Effective communication is essential to supporting change.

- Management can support staff by facilitating opportunities for them to provide feedback on LGBTI-inclusive practices that are currently in place or suggested by direct care staff e.g., via surveys (42).
- This can also include initiating informal discussions among colleagues to reach consensus around changes to practice (51) and providing opportunities for staff to contribute to residents' care plans based on their experiences and observations.
- Consistency in how strategies are implemented by care staff across shifts and different work areas (47).
- Providing ready access to relevant research outcomes (41) and KT strategies tailored to the identified barriers in a specific setting (32, 49, 52).
- While raising staff awareness of the special needs of LGBTI peoples with dementia is an essential step toward inclusive care, comprehensive infrastructure is needed to support the shift from an environment of tolerance to one of inclusion (19).

Everyday strategies to assist in the management of BPSD

Service providers can make changes to their own practice to support LGBTI-inclusive care.

- This includes providing person-centred care to support BPSD management. Even if service providers do not know of any LGBTI residents, clients or patients in their care, they should always work from the premise that LGBTI peoples may be part of their service but not comfortable to be 'out'.
- A person-centred approach to dementia care and culturally appropriate assessment of BPSD requires

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acknowledging all aspects of the person who identifies as L, G, B, T or I.

- This includes incorporating their history, physical health and living environment as well as the BPSD to ensure interventions are tailored and appropriate for the individual (53).
- However, service providers need to be aware that recalling their personal history or participating in reminiscence type activities may be distressing for LGBTI peoples with dementia (54, 55), could prompt a homophobic reaction from others and can prompt BPSD.
- LGBTI-inclusive language needs to be consistent across organisational policies, procedures, publicity, intake procedures, forms, record keeping, databases as well as staff orientation and training practices (1, 16).
- Service providers must support staff across all levels of the organisation to use LGBTI-inclusive language in their everyday practice, demonstrating recognition and respect for how LGBTI peoples describe and see themselves (56).
- Because the factors that contribute to BPSD in LGBTI peoples with dementia may be multiple and varied, strategies that are effective for one situation may not be effective in another.

***Note:** Family members, either family of choice or biological family, can provide valuable information to inform individualised and tailored strategies to prevent or reduce BPSD.

- Work with family members and include them in the process to identify key aspects of the person with dementia's life.
- Cultural aspects of the older LGBTI peoples' lives may be different to that of other older people. Creating a library to facilitate access to books, movies, TV series, music and art that is relevant and reflects their identity can support wellbeing and assist in the management of BPSD.
- Offering LGBTI-themed activities can also provide an opportunity for others to learn more about what it means to be an older person who identifies as L, G, B, T or I. This will also reinforce the message that your service is welcoming to current and potential LGBTI clients (57).

***Note:** Find ways to actively recognise and appreciate LGBTI diversity.

- This may include supporting participation of interested residents, clients or patients in LGBTI-cultural activities and events, e.g. national LGBTI pride days, Queer film festivals, MidSumma and ChillOUT activities.
- Homophobic or transphobic abuse and bullying or discrimination against intersex people may originate from other residents, clients or patients (15) some of whom may also have dementia (1), potentially triggering distress and BPSD for LGBTI peoples.
- Staff members have a responsibility to protect the safety and rights of LGBTI peoples with dementia. It is important to identify strategies to minimise abuse in

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these situations, such as distraction and creating space between residents where necessary.

- Developing trust and connections with members of local LGBTI communities can assist service providers to become LGBTI-inclusive, adopt a non-judgemental approach and encourage LGBTI volunteers (16).
- Ensuring LGBTI peoples in the community are aware of service providers as well as displaying LGBTI welcome symbols on signage and websites will also reflect LGBTI understanding and inclusiveness (20, 58-60).
- Key staff members or LGBTI champions able to function as a resource person can support other staff to identify strategies and address specific issues as they arise. This will require support and resourcing for LGBTI-inclusive practice (27, 48).

Example scenario

As an older person who was born with an intersex variation Edna has experienced discrimination all her life. As a child she realised she was different to her siblings and peers. Hospitalisations for major surgery meant that she missed a lot of school over the years, putting her behind in her classwork.

As Edna grew up she became more aware of others whispering about her or staring at her when she walked down the street. These aspects of her life made it more difficult for Edna to maintain employment and financial security.

Throughout much of her life Edna has felt isolated and struggled with depression. She has avoided doctors and medical intervention whenever possible because of the discrimination she has experienced from health professionals in the past.

On occasion she has been refused medical treatment when doctors have told her they are 'unable to help' her because of their lack of experience with intersex people. At times, this has led to Edna neglecting significant health issues.

One of Edna's greatest fears has been that she will need the help of services as she becomes older. She is aware that she is having increasing difficulty walking and remembering to take her medication.

Edna has no family support but she does have a few loyal friends who are very important to her. They are also becoming increasingly frail and less mobile with age so it is more difficult for them to maintain contact. Edna is worried that she will face additional discrimination and isolation if she becomes dependent on care.

Discussion points

- If Edna was referred to your community service or admitted to your hospital or care facility, what aspects of your organisation could you highlight to demonstrate to her that it is an intersex-inclusive service?
- Consider the steps individual staff members can take such as seeking further education, examining their individual approach and body language as well as using inclusive communication to help ease Edna's distress and avoid BPSD such as anxiety and depression.

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See *Fact sheet 1 – Overview* for details.

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