Wednesday, 21st March 2012.

SUBMISSION

We want to take the opportunity to make this submission because we note that the Inquiry is to report on a list of palliative care needs in Australia about which lesbian, gay, bi-sexual, transgender and intersex (glbti) people have a particular interest. The particular sections of the list LGS wishes to address are shown below.

a)iii: people from culturally and linguistically diverse backgrounds;
a)iv: people with disabilities;
c): efficient use of palliative, health and aged care resources;
e): the composition of the palliative care workforce;
e)ii: the adequacy of workforce education and training arrangements;
g)i: avenues for individuals and carers to communicate with healthcare professionals about end-of-life care.

The Productivity Commission Inquiry Report
"In the Commission's view, consideration of the development of a specific GLBTI strategy is warranted given the *anticipated increase in demand for aged care services* by this group and the limited recognition of their needs and preferences in the current policy framework, delivery of services and accreditation processes.
"Initiatives that increase the awareness of GLBTI issues within the aged care industry, such as training for aged care workers, are important in creating an environment in which sexual diversity is respected and catered for. There should be further initiatives between DoHA and peak bodies to help create an aged care system that can better cater for and respond to the needs and preferences of GLBTI older people. Service providers have an obligation to ensure both policies and practices acknowledge these trends and respond appropriately."--*Catering for Diversity,* Caring for Older Australians, p.255, 28.06.2012.

Our View
We believe that when the Commission talks about caring for older Australians it surely includes palliative care because it could be said that a very large percentage of palliative care clients would be older Australians needing end-of-life care. GLBTI Australians have been unrecognised as an entity in elderly statistics but the Productivity Commission focused service providers' attention on our existence, our needs and preferences which are as different as those of people from culturally and linguistically diverse (CALD) backgrounds.

So we highlighted certain words in italics in the above transcription from the Productivity Commission Report. For us the words *anticipated increase in demand for aged care services* tell a pertinent story about those of us who are age pensioners and why an increase is anticipated. Back in December 2008, the federal government amended legislation to give the equivalent 'de facto' status to same-sex relationships as that of different sex couples who live together without being married to each other. This was a major change and enabled Centrelink to demand age and disabled pensioners in a same-sex relationship not only to reveal their relationship but to accept the lower interdependency status and its restrictive and invasive investigations if the pensioner in such a relationship did not comply with agency's demands. Suddenly from obscurity they were out in the open to face fears of ostracism and discrimination in the hostile environment of religious censure.

Pre-education for a Major Legislative Change
One would have thought a government intent on providing equality would have recognised that pre-education and training for the workforce, who were to care for or already were caring for elderly glbti people, would be essential well before making such a major change in law. It did not. Forty to sixty years ago when today's age pensioners were young, same-sex relationships were simply a no-no and had to be hidden because homosexuality put individuals at risk of being attacked or institutionalised against their will. It's no wonder that so many of them found the ageing process so much more difficult than heterosexual couples. To be suddenly forced to admit that the 'friend' who visited them in a nursing home or as 'carer' in their home was actually their lover of 20, 30, 40 or even 50 years was likely to be cataclysmic at this time in the autumn of their lives.

Change presents problems
In a survey conducted by an LGS member in 2011, it was discovered that most nursing homes provided their own in house training but recruit their certificated staff from registered training colleges mostly. However, other statistics revealed that sixty percent of Australia's aged care facilities are operated by religiously-run or affiliated services including palliative and end-of-life care. It is necessary to be aware of the fact that states and territories exempt religious institutions from complying with anti-discrimination legislation on the basis of sexual orientation. Federal legislation also exempts religious institutions from paying business income taxes.

Essential reforms
Aged care reforms must therefore include religious exemptions as a matter or urgency. As well, it is crucial to have glbti sensitivity built into age-care standards because service providers will not do so unless legislation specifically states that it is a statutory requirement for accreditation of palliative care hospices and aged care facilities. A third essential reform has to be in the training and education standards for those who are engaged to care for those glbti individuals in end-of-life and aged care nursing homes. Those standards have to be in the training packages set out for university nursing courses, and registered training organisations aged and community care courses. Where volunteer workers are employed in these facilities, their training must also contain the glbti sensitivity training along with understanding of the needs and rights of people from all culturally and linguistically diverse (CALD) backgrounds. It is also essential that all staff in aged care, including management, have access to ongoing training in relation to glbti and HIV-related ageing through a range of options for on-site, aged care channel, and in-service training options through glbti and aged care representative organisations.

Acceptance of diversity
Same-sex relationships are a fact of life and are now enshrined in Commonwealth legislation. There are at least two elected senators in federal parliament who openly admit to being in a same-sex relationship and in other Australian state and local governments there are also elected members who are in same-sex relationships. It therefore behoves the Australian legislators to approve the necessary reforms that are required to open the avenues for the carers and health professionals to better understand the culture and needs of our ageing glbti population. This is particularly important as people approach the end of life, when they are most likely to be vulnerable to discrimination or inappropriate treatment.

Health professionals and palliative care workers unaware of glbti lifestyle needs and preferences are unlikely to be sensitive to its difference from the norm and still be expected to

apply the ethical principles of palliative care that promote good treatment that includes: clinical integrity, respect for the person, justice and benefit to the person.

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