



# RIAC Research Update

February 2026

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## Human rights and rainbow-inclusive aged care

November last year saw the introduction of the new [Aged Care Act](#), which seeks to implement 58 recommendations from the Royal Commission into Aged Care Quality and Safety. What does this mean for rainbow-inclusive aged care?

**A rights-based framework:** the new Act encloses a [Statement of Rights](#) that was developed in consultation with older people and other stakeholders, including LGBTQ community organisations. The Statement of Rights sets out the rights of all people who receive aged care services to be treated with dignity and respect,

have their identity and diversity recognised and supported, and receive safe, quality care that values who they are. They also have the right to have opportunities and assistance to stay connected to communities.

**Recognition within the Aged Care Principles:** LGBTQ+ people are acknowledged within the new Aged Care Principles as a specific group to whom the aged care system should offer accessible, culturally safe and appropriate, trauma-aware and healing-informed services. The Act is supported by [guidance](#) that further affirms that aged care services should be welcoming, inclusive and respectful. Providers are audited according to strengthened [Aged Care Quality Standards](#), which recognise the individuality of LGBTQ+ people, prioritise people's preferences and aim to foster environments where LGBTQ+ people feel safe to be themselves.

**Funding restrictions remain:** while people have the right to have their needs assessed and to receive quality aged care services, the extent to which these rights can be realised remains restricted by funding and we continue to see rationing of services and wait lists. This is most noticeable with the Support at Home program with not enough funding released for home care, assessment bottlenecks and workforce shortages limiting the range of services that can be accessed. The recent [Productivity Commission report on government services](#) revealed that in the last financial year the median time to assessment increased from 22 to 27 days, and the median time from assessment approval to service commencement increased from 118 to 245 days.

**For residential aged care:** there continue to be key challenges that threaten the implementation of the reforms. These include resource constraints, workforce shortages and training gaps, market pressures and gaps, and ongoing ageism, ableism, and cognonormativity intersecting with gender and sexuality discrimination. The model of rainbow-inclusive care that we are co-creating through this project will need to promote safety and high-quality care as well as be implementable within the existing aged care system, with all its strengths and weaknesses. The model co-creation process is deeply connected to lived experience, such as

that articulated by the co-researchers and lived experience advisors profiled in this research update.

## 2026 project activities and milestone update



The team is nearing completion of Stage 2 Discover, with data collected through:

1. over 100 hours of observation in 12 aged care homes
2. interviews with 52 residents, staff and visitors, and
3. over 600 responses to the national survey of staff volunteers, students and professionals working in aged care.

The diagram above shows our timeline for fieldwork in 2026.

Our Communities of Practice in WA and QLD will be engaged in collaborative analysis and interpretation of Stage 2 data throughout 2026. Following their involvement, tentative findings will be workshopped with the Lived Experience Advisory Group and National Reference Group in March, June and October.

We learned a valuable lesson during 2025 fieldwork: openly discussing LGBTQ+ inclusion and the barriers and enablers of inclusion for residents, staff and visitors is still very difficult for many people. A range of factors, identified in prior research, are contributing to this challenge:

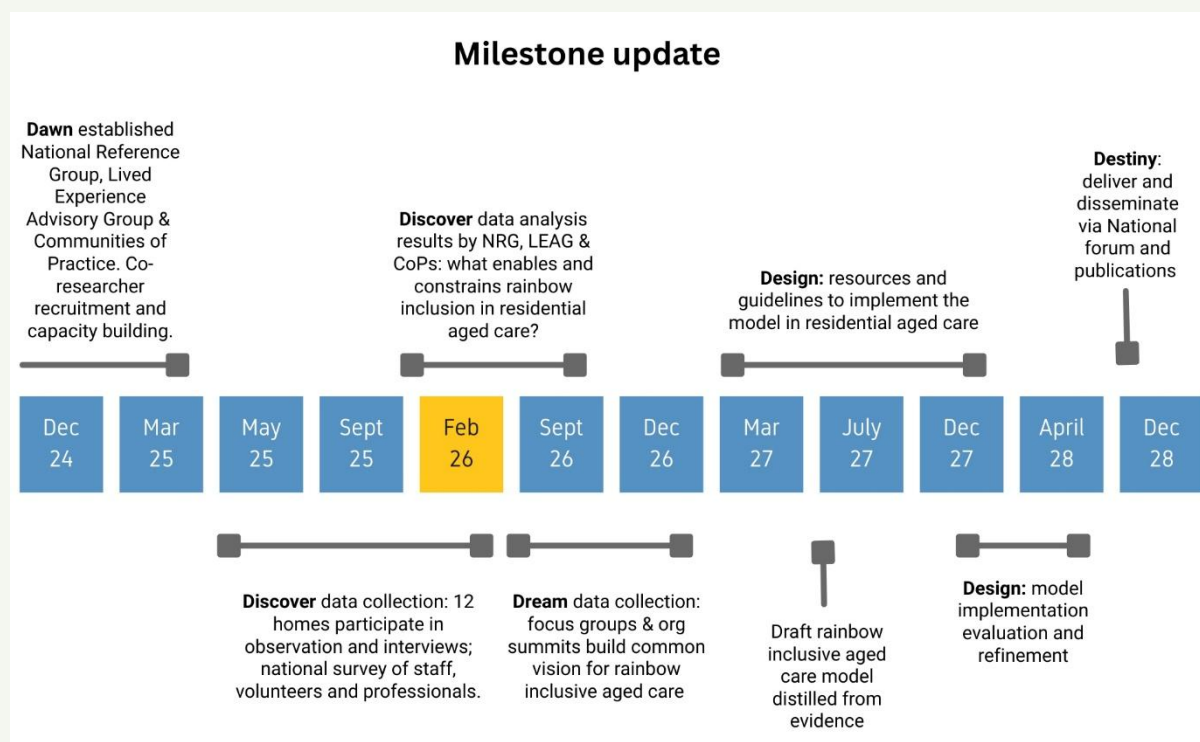
- LGBTQ+ older people in residential care are a cohort that feels pressured to go back into the closet, fuelling a cycle of invisibility ([McMullen-Roach, 2025](#))
- racism in aged care is also widespread and minimised, centring the need for training, organisational and cultural change, capacity building and practice development to achieve cultural safety ([Magee et al., 2024](#); [Scott et al., 2024](#))

- diversity, equity and inclusion (DEI) policies that do not address the inequitable conditions of ageing and aged care are doomed to fail (Daly & Bradeley, 2025), suggesting the need for strong solidarity between residents, staff and visitors to implement meaningful change.

In light of this lesson, we are extending our 2026 focus groups to include LGBTQ+ older people in WA and QLD who are already engaging with formal or informal aged care supports, as well as residents, staff and visitors in the 12 participating homes. The focus groups aim to start a dialogue about the conditions enabling and constraining rainbow inclusion in residential care, then to shape a common vision for our rainbow inclusive model of care. The team is currently seeking ethics approval for this variation and will begin recruitment to focus groups in April.

The last quarter of 2026 presents opportunities: two organisational summits will be held (one in QLD and one in WA) to engage with 30 staff from each service provider partner. The summits will review what we learned in Stage 2 and the focus groups, then explore the rainbow inclusive aged care model’s core domains and implementation. The co-research team from each state will work together with Professor Hughes and Dr Vosz to plan these workshops with our WMQ and Amana Living partners.

Findings from these activities will contribute to be analysed and workshoped with Communities of Practice, Lived Experience Advisors and our National Reference Group. For a more visual illustration of our progress against project milestones, see image below.



## In conversation with Neale: residential aged care and older people living with HIV

Lived experience advisory group (LEAG) member, Neale, is an older gay man who has retired with his husband to regional South Australia. Neale also spends time in Melbourne/Naarm as a rainbow dementia advocate and family carer. With 35 years in the residential aged care sector, he has championed quality improvement and supported older people at risk of homelessness. His lived experience also highlights the health equity issues facing older people living with HIV, a critical aspect of rainbow inclusive aged care.



*Meaghan: You've visited over 200 aged care homes across Victoria. What did you learn about rainbow inclusion?*

Neale: In the 1990s I visited a faith-based facility where a long term, same sex couple had moved in with their double bed – a rare moment of recognition at the time.

But overall, visible support for older lesbian, gay, bisexual and transgender residents, staff and visitors was uncommon. People's identities, relationships and histories often seemed to be erased or overlooked rather than celebrated. Rainbow inclusion was the exception, not the norm.

*Meaghan: What are some key care needs of older people living with the Human Immunodeficiency Virus (HIV)?*

Neale: Despite HIV being well-controlled and non-transmissible, some care workers still hold fears and misconceptions. This can lead to undue focus on past STI history, breaches of privacy and confidentiality, and discriminatory care.

Older people living with HIV often have complex, intersecting health needs requiring well-coordinated and dignity-centred care. My husband is a long-term survivor with multiple chronic conditions – not uncommon for our cohort – requiring specialist medical and clinical input for past cancer and repeated surgeries, stoma care and difficult-to-manage asthma along with careful symptom management and medication review for chronic pain, frequent nausea and associated weight loss. Many of us experience age-related decline earlier than expected.

By 2023, 98% of the 30,000 Australians living with HIV had an undetectable viral load ([Health Equity Matters, 2025](#)). For those diagnosed in the 1980s and 1990s when HIV led to terminal illnesses, this shift is profound! Many lived through intense stigma and discrimination from family, workplaces, health services, the media and the law while dealing with the multiple losses of partners, friends and peers. These experiences can contribute to social isolation, complex grief and anxiety about whether health and aged care services will be safe and understanding.

This is why rainbow-inclusive and compassionate care is a necessity, not tokenism/window dressing. We need stigma-free services that recognise each person's life experiences and provides respectful clinical, emotional and social support.

*Meaghan: What are your thoughts on rainbow inclusion and dementia care?*

Neale: As a [Memory Lane Café](#) volunteer for the rainbow community and a contributor to local dementia-friendly activities, I often reflect on what good dementia care would look like for me.

I enjoy watching classic musicals, and I'd happily watch *Singin' in the Rain* and *The Sound of Music* on repeat. I'd love sing-a-longs of disco anthems like *Love is in the Air* and *It's Raining Men*, and video reels of same-sex couples dancing.

If I experience cognitive decline, I want support that nurtures my emotional and social wellbeing, understands the community that shaped me, and celebrates the full colour and richness of my life, my relationships and the joys that make me who I am. We need champions and allies who can coach staff to respond inclusively, safely and with empathy.

*Meaghan: Given the history of health inequities faced by older people living with HIV, what are key issues for end-of-life care?*

Neale: End-of-life care must be compassionate and reflect each person's values and experiences. When the time comes, I want my choices honoured, my advance care directives upheld, and the right to access to lawful options that support a dignified end on my own terms, while keeping me connected to the people who matter most.



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**15 min anonymous survey!**

**Do you work, see clients or volunteer in residential aged care in Australia?**

**Take the survey now!**

Ethics approval: LTU HEC25254 / SCU 2025/129

## Pride In Our Work survey update

The Pride In Our Work national survey of residential aged care staff, volunteers, and visiting professionals closes on 27 February 2026! If you are yet to complete the survey or share it in your networks, now is your last chance – follow the link:

<https://tinyurl.com/PrideInOurWork>

Winners of the 4 \$100 gift vouchers to be notified via email. Over the last six months, more than 600 people across a range of roles in the residential aged care sector have shared their experiences with us. These insights will

help us to better understand the needs of staff, volunteers, and visiting professionals in promoting inclusive aged care environments for all. The ARCSHS team will now enter a data cleaning and analysis phase, with preliminary survey results anticipated by June 2026.

## Co-researcher profile: Nicholas

*Nicholas da Silva, reflects on his experience with the project.*

Most of my research background has been in youth mental health. A bit surprising, given the focus of this research team, but the more time I spend in this space, the more sense it makes.

What really resonates for me, as a similarity with young people and older adults, is the way both groups are often limited in how they're allowed to show up in the world. Young people are constantly navigating big transitions; figuring out who they are, how they fit into society, and how to move from structured environments like school into something much less defined. A big part of that journey is trying to gain autonomy.



For older adults, particularly those living in residential aged care, it's often the opposite. Instead of gaining independence, many are working hard to hold onto it. Decisions that once felt simple can start being made by others like healthcare providers, and well-meaning family members. Either way, in both cases, someone's voice is being overlooked or dismissed.

That's one of the reasons researching with LGBTQIA+ older people feels so important to me. There seems to be this strange and persistent idea that LGBTQIA+ people somehow stop existing as they age. Obviously, that's not true, but when enough people are telling you something it starts to feel like a fact. I see this project as a chance to push back against that, to acknowledge the rich and diverse experiences of all people as the transition into a new phase of their life.

Doing this research in Western Australia also feels especially meaningful. It's as recent as last year that Western Australia released its first whole-of-government LGBTQIA+ inclusion strategy. Whilst monumental, it goes to show that we have plenty of work to do to continue transforming our culture as a society to be more inclusive and affirming of LGBTQIA+ rights, including in aged care.

One of the biggest surprises working in this project has been just how different residential aged care environments can be, even within the same organisation. The level of resourcing, the culture of care, and the way staff and residents interact can vary hugely. I've also been struck by people's different journeys into aged care. Some move in gradually and on their own terms, while others arrive after sudden illness, trauma, and often in really difficult circumstances. Those transitions matter, and they deserve care, sensitivity, and respect.

When I think about my own future (fast-forwarding 60 years or so), my ideal day in aged care actually sounds pretty simple. I'd love to wake up without rushing, spend some time reading, sit outside in the sun, and feel part of a community where I feel represented and valued. That's ultimately what this work is about: helping create spaces where people can age with dignity, autonomy, and a real sense of belonging.



## Rainbow aged care project impact

Throughout the year, we're looking forward to opportunities to discuss the development of the research. This includes:

- [Ageing In Difference](#) 11-12 June 2026 in Canberra, and
- [Australian Association of Gerontology conference](#), 10-13 November 2026 in Melbourne.

We hope to see you there!

### 2026 publications plan:

- Co-researching with LGBTQ+ older people: a systematic integrative review of practices. A literature review journal article involving the Chief Investigators and Co-researchers.
- Co-researching rainbow inclusion with gender and sexually diverse older people in Australian residential aged care. Chapter in research handbook on ageing and sexuality, to be published by Edward Elgar Publishing.
- Co-creating rainbow-inclusive aged care: improving the quality and safety of residential aged care for gender and sexually diverse people in Australia: a mixed methods research protocol. Journal article involving the whole team.

The project team continues to engage key policy, practice and research stakeholders, and thank the Aged Care Quality and Safety Commissioner Liz Hefren-Webb and Deputy Commissioner Mel Metz for their time in January. [Resources](#) are also publicly available on our website.

If you have an idea for a resource or would like to get in touch with us, please drop us a line at [rainbow.aged.care@scu.edu.au](mailto:rainbow.aged.care@scu.edu.au).