



# RIAC Research Update

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LA TROBE UNIVERSITY | Australian Research Centre in Sex, Health and Society

Southern Cross University

15 min anonymous survey!

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

Take the survey: [redcap.link/PrideInOurWork](https://redcap.link/PrideInOurWork)

Ethics approval: LTU HEC25254 / SCU 2025/129

## National residential aged care workforce invited to complete Pride in Our Work survey

In August, La Trobe University launched *Pride in Our Work*, a national survey which aims to understand the barriers and enablers of LGBTQ+ inclusion in residential aged care. All residential aged care staff, volunteers, students, and visiting health professionals are invited to complete the 15-minute, confidential survey by December 2025.

The survey plays a key role in broadening the project's reach nationally, ensuring that diverse voices and experiences inform the co-creation of a rainbow inclusive model of residential aged care.

The insights collected will not only inform the project's recommendations but also contribute to discussions about how aged care can better support LGBTQ+ residents, staff and visitors. As Australia's sexually and gender diverse population continues to age, and aged care policy hones in on human rights, ensuring safe, affirming and compassionate care is increasingly important.

Residential aged care communities are LGBTQ+ people's homes and workplaces, and the ability to live authentically and without fear of discrimination is essential to their health, dignity, and wellbeing. *Pride in Our Work* is a practical and meaningful way for everyone involved in the provision of residential aged care to directly shape more inclusive practices – whether you're an RN, a personal care worker, community visitor, landscaper, caretaker, paramedic, volunteer, manager, administrator, trainer, hairdresser or bus driver.

The survey was developed by the [Australian Research Centre in Sex, Health and Society](#) (ARCSHS) in consultation with the project's National Reference Group, Lived Experience Advisory Group, Management Committee and Communities of Practice.

Senior Research Fellow Dr Ruby Grant led the survey development and consultation, and said: "Every single survey response contributes to strengthening our ability to advocate for aged care services that are inclusive, responsive, and respectful of all people".

ARCSHS is internationally recognised for its research in sexuality, gender, health, and social inclusion, and has a strong track record of undertaking large-scale studies that inform service delivery and government policy. Their work includes projects such as the *Private Lives* survey, the largest and most comprehensive study of LGBTQ+ health and wellbeing in Australia, and the *Writing Themselves In* series, which explores the experiences of LGBTQ+ young people.

Ultimately, the findings will support aged care organisations to implement meaningful change and assist organisations with resources.

## LEAG member with a rainbow heart: In conversation with Emme

Lived Experience Advisory Group member, Emme, lives in regional NSW. She is an interdisciplinary artist with a background in international community cultural development and art therapy. Emme brings to the project her lived and living experience of being a carer, an older transwoman, experiencing financial insecurity and living with multiple complex health needs, and living as a member of the rainbow community while growing up in a conservative, faith-based community.



Emme was the main carer of both parents for 13 years, initially at home. After they transitioned independently into residential aged care, Emme became a daily part of the residential aged care community until her parents' passing. She also came out as transgender during this time.

*Meaghan: What attracted you to working with the Rainbow Inclusive Aged Care project?*

Emme: I love research and I have 13 years of being around aged care homes, and I came out in that time. Dad was in an aged care home, then he passed away and six months after mum moved into the home. That's when I trained in art therapy and really started revealing who I am.

While visiting the home I thought to myself, 'What about other people on the rainbow spectrum?' They're not visible in residential aged care. Some of that comes from an older generation where it was just 'don't say, don't tell', and hide. What would it be like for people like me to really feel free to be themselves in residential aged care? Imagine if all the LGBTQ+ people who live, visit and work in aged care homes – including those who aren't openly visible with their identity – if they felt fully loved, safe, welcomed and acknowledged? I want to be a part of a project that addresses that.

*Meaghan: You cared for both parents for many years, including visiting in residential aged care almost daily. Can you tell us about your best day, in terms of feeling included?*

Emme: After coming out in my art therapy training I started letting some of the nurses know who I really am. I was always sensing who was safe and affirming. My 90-year-old mum fully accepted me and said she'd always known, but she didn't know the term 'transgender'. I told mum's best friend, a woman whose husband was a pastor, and from then on always called me 'Emme' and 'she'. I was blown away. Then COVID came. Until then, some knew me as Emme and others only knew my birth name and assigned gender. I decided that if I was going to be here, I would be 100% here. I let the director of nursing know, and she fully welcomed who I am. It made a huge difference in my sense of safety to have people who loved, cherished and treasured me for who I am. That blew me away.

During COVID lockdown, I was allowed to come and go anytime, day or night into the high care home. When Mum was approaching end-of-life, they moved Mum's roommate out and I was invited to stay. The next afternoon Mum said, 'I'd like you to come and live here.' So, I did for the last weeks of her life. I just turned up and I was in my dresses and some makeup every single day.

I lived there fully visible as Emme/she until Mum passed. Because there weren't a lot of people coming and going, I wasn't having to negotiate other residents or nurses in the dining room and hallways. That made it safer. Soon all the staff who cared for my mum knew my name, transgender identity and pronouns. I was very much loved and accepted by them, that's what made it really safe.

There was only one guy I wasn't sure about. One day I met him in the corridor, working alongside a nurse who had been fully loving and accepting of me. I explained my identity and story. He said, 'I've always called you "he: and I've always called you [birth name]. That's not going to change'. But the nurse just straight away said, 'that's not OK. This is who *she* is'. The next day when those two arrived at Mum's room, the guy called me Emme and used the pronouns she and her. How wonderful to have that advocate!

Advocacy doesn't need to be fighting or speaking to stir things up more. I've seen a nurse who challenged anything anti-LGBTQ+ with wisdom, love, and care. When we're using services, we need to *know*, not just

hope, that people are accepting, that they've been trained. I know how important this would be if I was a resident.

*Meaghan: What do we need to do to make accessing residential aged care a real option for people who need it?*

Emme: It would be good to have staff who are across all kinds of diversity. It's not just words or slogans that say, 'we treat everyone well'. They need to demonstrate clearly and visibly that they are inclusive of different ways of being that people manifest. We don't have to go around telling everyone our sexual, gender and relationship preferences all the time. But there are things that come out as we talk – little signs or indications. Many LGBTQ+ older people are careful to not reveal much, but if staff knew and accepted us, they could read those signs and let us know we are seen and safe.

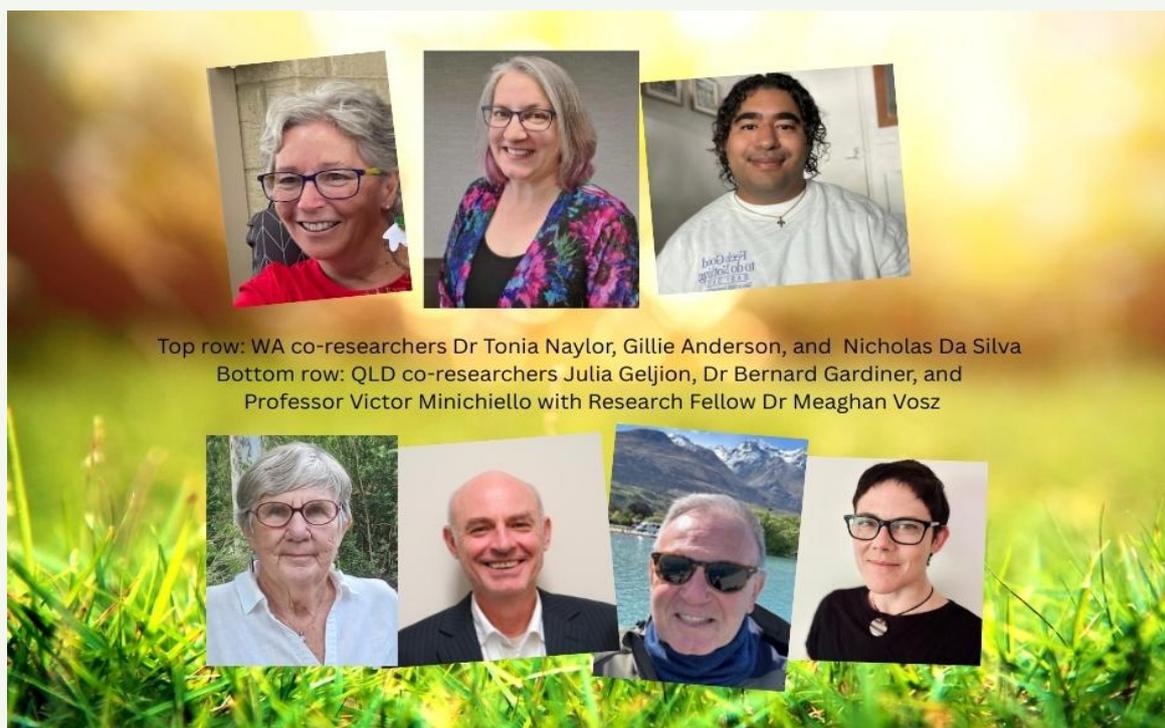
Because of who we are and our life experiences, many of us have our sensitivities on high alert, and we pick up things that others just don't even know. So, for people who are working in and managing these places, we need them to realise there are things that they don't see and don't know. This isn't just about addressing the LGBTQIA+ issues. This is about asking 'how do we make it so it's really safe for all?' It benefits everyone if we live that out.

We are humans! There is so much else in our lives other than our gender, sexual and relationship identities and preferences. It's important to focus on LGBTQ+ AND the rest of us, to make it safe and accepting, loving as they can.

The day after Dad moved into the aged care home, the nursing director said, 'We want to give the best care to you, for your family. But there's lots we don't know, and we need you to teach us and help us to learn about how we can make this the best experience.' That really touched me and I've taken that into my life in many ways. We can guess what old people need or think we know what they need. But asking, observing, and learning what people need is best. If Dad was on our rainbow spectrum, I'd want to feel safe and affirmed so we could say, 'We need you to know these things to love him and treat him well.'

We thrive and shine when we are known, loved, safe, protected and affirmed as we are. I desire this for all people in aged care: all rainbow people, all staff, family and visitors.

## Our co-research team



Co-researchers on the project live in regional areas of Perth, Brisbane and the Sunshine Coast, and range in age from 25 to 84 years. The team includes LGBTQ+ people with a mix of experiences of ageing and aged care, caring for ageing partners and family members, mental health, chronic illness, neurodiversity, disability and cultural diversity.

To date the team has conducted over one hundred hours of observation in 12 residential aged care homes, as well as developing the research tools, methods and capacity building needed to complete fieldwork in residential aged care homes, which is both demanding and complex. Alongside their observation fieldwork and interviews, the team engages in critical reflexive conversations to consider ethical issues, methodologies and risk management challenges of the project work.

About half of the team has research experience, ranging from research assistant to professor, and several have held senior positions in policy and community advocacy over decades. Capacity building has combined individual and group approaches, and includes workshops developing the team's capabilities in observation and interview research.



## Community of practice member profile: Kedy Kristal (she/her)

Kedy Kristal is Executive Officer of GLBTI Rights in Ageing Inc. (GRAI), the only LGBTQ+ community organisation in Australia solely serving older people and now celebrating 20 years of advocacy for LGBTQ+ older people. Kedy brings a mix of professional experience and lived wisdom to the Rainbow Inclusive Aged Care Project's Community of Practice (CoP) in Western Australia.

Kedy describes herself as an older lesbian who has been out for 45 years, with roots in the lesbian feminist movement across Western Australia and New South Wales. She has been [recognised](#) for her contributions to women and children survivors of domestic violence. Activism, visibility and inclusion have been at the heart of her life's work.

Kedy knows just how daunting the idea of entering aged care can be, particularly for LGBTQ+ people. She explains that LGBTQ+ older people may have smaller networks of support, whether chosen or biological family, and fear losing control over their lives. This fear is often shaped by past experiences and made worse by the absence of trusted people to advocate for them.

"What we see is our older people may delay accessing health and social care until they're in crisis," says Kedy, "which can mean sudden hospital admissions and unplanned moves into aged care." Kedy also challenges the well-meaning hospital workers who may not see the wider context of LGBTQ+ older people's lives and histories.

Kedy sees rainbow inclusion in aged care as essential and is encouraged by the Australian Government's funding of the MRFF research program on building models of care for LGBTQ+ people. Still, she notes the irony of their decision to cut funding to Silver Rainbow, a training program that has supported aged care providers' awareness of rainbow inclusion for many years.

As a member of the Community of Practice (CoP), Kedy most appreciates the involvement of co-researchers with lived experience. "They bring such empathy and engagement. The stories and insights they share are incredibly valuable," she says. The CoPs have been building the project's research methods and forming the foundations of collaborative practice that will collaboratively analyse the observation data this month, then dive into the interview and survey findings in 2026. In 2027, the CoPs will engage in co-design workshops to build the resources and guidelines needed to implement the rainbow inclusive model of residential aged care.

While she acknowledges there's still a long way to go, Kedy believes the rainbow inclusive aged care project has a unique opportunity to shift attitudes and practices across aged care. "It's great to see Amana Living and WMQ, the project's aged care providers, so enthusiastic and committed to change, and

that gives me hope. The challenge is making sure that commitment spreads right across the sector,” said Kedy.

## NRG member Roy Starkey reflects on co-creating rainbow inclusion after a lifetime of LGBTQI+ & HIV advocacy



Recently co-opted to join the project’s National Reference Group, Roy Starkey will help to shape a model of rainbow inclusive residential aged care that can be implemented widely across mainstream aged care providers. Based in northern NSW, he has seen a lifetime of health and aged care policy and practice change for people with HIV and LGBTQ+ older people. Roy’s geriatric nursing practice began more than 50 years ago. Many of those he worked with were war veterans admitted to permanent residential care at very young ages. When he later began working in HIV/AIDS, he again saw the impacts of illness and early ageing on a cohort of people who were subjected to systemic discrimination and stigma.

‘In the 1990s we had people across the country who were debilitated prematurely by HIV related illness, and sometimes because of the side effects of the early medications,’ says Roy.

Working with people who were dying from the effects of HIV/AIDS, Roy worked in the funeral industry for a number of years before moving into care coordination with the Queensland AIDS Council and St Luke’s Nursing Service. From this experience, Roy developed the first HIV+ ageing program around 2000. He went on to work in health promotion and care coordination for the Victorian AIDS Council and ACON.

Roy says that while the Rainbow Inclusive Aged Care Project is going to be incredibly challenging, it also presents some big opportunities. ‘The big opportunity is looking at cultural differences. Because when we say “LGBTQ+”, it sounds like we are one homogeneous group of people, but in reality we are from all walks of life, all cultural and linguistic backgrounds, and may never have had the chance to fully express ourselves within our communities, including in residential aged care. How do we negotiate those differences without leaving anyone behind?’

He insists that the project must consider much more than whether residents, staff and visitors are ‘out’ or ‘closeted’. ‘We need to think more deeply about preferences, orientation and identity in the residential care space. There are cultural nuances that need to be acknowledged.’

Roy is also a member of the NSW Ministerial Advisory Committee on Ageing, and has learned a thing or two about policy and systemic change. ‘With this being a longer-term co-design project, we have the opportunity to engage people from different communities. The aged care workforce is highly culturally diverse, and they may not get access to good education and training. We all want more than tolerance, yet there are very complex cultural narratives to understand.’

Aware of the kinds of negative attitudes that can be prevalent in pockets of residential aged care towards LGBTQ+ people and people from culturally diverse backgrounds, Roy points to the importance of good policy that improves wellbeing through building equitable, accessible and inclusive aged care settings. ‘People think because we have same sex marriage and anti-discrimination laws that “you’ve got your rights now”. We got our first LGBTQ+ ageing strategy back in 2017, but strategies sit on bookshelves and are very hard to implement,’ says Roy. ‘The best thing about this project is the co-development of a model with implementable practices and measurable change by understanding real people’s lives’.

‘Take people living with HIV in residential aged care,’ says Roy. ‘It’s not just about infection control, reducing stigma and respecting privacy legislation. In aged care, we also need to think about maintaining the person’s medications, minimising viral load and access to GPs who are trained in HIV primary health

care'. Roy also points to the complexity of transgender residential aged care services, again, relying on much more than understanding medication and privacy.

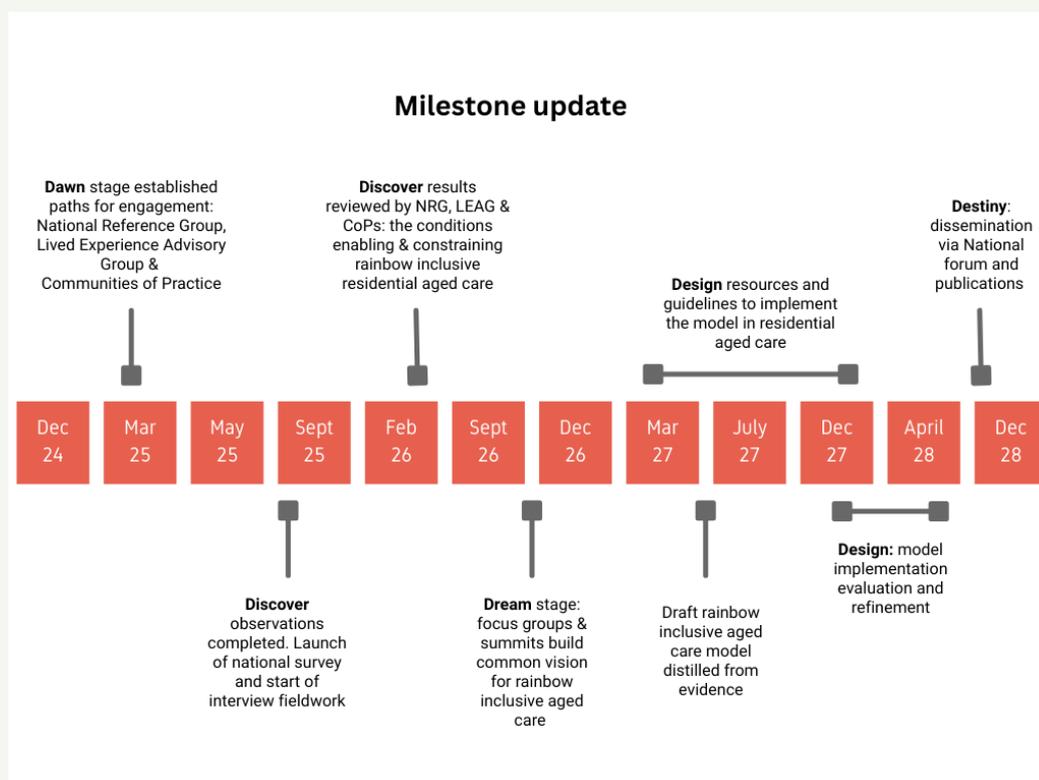
Roy is particularly keen to see a big step up in provision of equity, diversity and inclusion training across the health and aged care sectors, from HIV to LGBTQ+ inclusion and cultural safety with First Nations people. 'They are our community and we are living longer, we are working in aged care and we are caring for others. A lot of people want to improve the culture of their agencies,' says Roy, 'and for that, we need to improve vocational education access. I used to do a regular spot in the aged care certificate. One afternoon is not enough, but it's about bringing people with lived experience in'.

## From the field: update on data collection and analysis

Over 100 hours of observations were completed in August 2025 across 12 participating aged care homes in QLD and WA. Fieldnotes have now been de-identified and shared with the Communities of Practice. Interview recruitment has commenced. We will again visit the 12 participating homes to conduct 60 interviews in October and November, and interviews will also be offered online and on the phone. A co-researcher capacity building group workshop was held in September and co-facilitated by co-researcher Victor Minichiello and Meaghan Vosz. The workshop developed co-research team confidence and skills for conducting interviews with residents, staff, visitors and volunteers.

The Communities of Practice meet in October to commence collaborative analysis, which aims to understand the conditions enabling and constraining rainbow inclusive residential aged care. We will consider the implications for the rainbow inclusive aged care model, to be further developed when the interview and survey data are incorporated in Feb 2026. Indicative 'site descriptions' were developed that include key site conditions but protect privacy using aliases for suburb and aged care community names. The descriptions will support co-creation of a rainbow inclusive aged care model that accommodates different residential care settings.

Bachelor of Social Work (Honours) student Erin Boyd and Meaghan Vosz also developed a matrix of cultural diversity training available to people working or volunteering in residential aged care – some of which incorporates LGBTQ+ inclusion. The matrix will inform our understanding of the existing resources available for workforce development, to ensure we are not duplicating what is already available. The team is exploring the constructions of cultural diversity in residential aged care to inform a workforce paper.



## Rainbow Inclusive Aged Care project promotion

Alongside fieldwork, the research team has been engaging in project promotion and rainbow ageing advocacy. The focus of presentations has been reporting the set up of participatory research processes and sharing the lessons learned.

Presentations included:

- UNSW Ageing Futures Institute Annual Symposium in Sydney, 2 September, poster presentation by Bachelor of Social Work student Erin Boyd and Professor Limin Mao.
- International Social Work and Sexuality Conference in Slovenia, 1-4 July 2025, oral presentations by Professor Mark Hughes and Dr Meaghan Vosz
- British Society of Gerontology Conference in Surrey, 25 –27 June, oral presentations by Dr Meaghan Vosz and Professor Mark Hughes (pictured).

The team will also join with other MRFF-funded projects in two upcoming events:

- North Sydney Local Health District LGBTIQ+ ageing and aged care forum in Sydney, 10 October, keynote panel by Dr Ruby Grant, Dr Meaghan Vosz and Erin Boyd, with Dr Louisa Smith, and
- LGBTIQ+ Health Australia LGBTIQ+ research dialogue online, 27 November, facilitated by Dr Meaghan Vosz.

