

# GUIDE

## Deliver Specialised Aged Care to People Living with HIV

**This guide provides a checklist and policy template for aged care organisations that want to build their capacity to provide best practice care to people living with HIV. Becoming an HIV specialised aged care service involves a combination of workforce training, policy development, clinical and community partnerships, and inclusive practice reforms. Use this checklist alongside the *Developing LGBTI Inclusive Policies and Procedures* checklist in this toolkit. The *Providing Aged Care to People Living with HIV Policy* template is included in Appendix A of this guide.**

### **Background**

Advances in HIV anti-retroviral therapy (ART) have increased survival rates for people living with HIV in Australia. With HIV considered a chronic, manageable condition, more people living with HIV are ageing and require care, including in-home and residential aged care. Research has shown that significant psychosocial factors influence their experiences with HIV-related stigma, isolation from HIV communities and difficulties accessing non-HIV health services contributing to lower quality of life.<sup>1</sup> Some people living with HIV in the community may experience food insecurity – not having reliable access to sufficient quantity of affordable, nutritious food – as an additional factor.

While many people living with HIV are ageing and living well, others are living alone with chronic conditions and functional impairment and have low rates of aged care service utilisation (particularly home-based care). People living with HIV report fearing the potential for discrimination, abuse and neglect from aged care services and from other residents in residential aged care facilities. In addition, LGBTI people fear they will not be treated with respect by aged care providers who have limited understanding of LGBTI communities and the long-term effects of HIV physically, mentally and socially.<sup>2</sup>

Priority settings for the Ninth National HIV Strategy include aged care services for people living with HIV in home care or residential settings.<sup>3</sup> There is a growing need for complex clinical care, including the management of co-morbidities and potential complications from long-term HIV infection. Consequently, it is imperative that the aged care services address HIV-related stigma, social isolation and loneliness associated with poorer health outcomes.<sup>4</sup> This requires aged care organisations to collaborate with HIV specialists, community HIV services, and HIV peer and social support services to meet the unique needs of people living with HIV.<sup>5</sup>

Refer to the case study *Bill's Story* included in this toolkit. For further information also refer to the Silver Rainbow [Older People Living with HIV](#) factsheet.

1. Dawe, J., Cassano, D., Keane, R., Ruth, S., Wilkinson, A.L., Elsum, I., Gunn, Jack., Brown, G., West, M., Hoy, J., Power, J., Stoové (2023). Quality of life among people with living with HIV aged 50 years and over in Australia: Identifying opportunities to support better ageing. *HIV Medicine*. 24 (12): 1253-1267.
2. Positive Life NSW. *Australian People Living with HIV and Aged Care*, 2019.
3. Australian Government Department of Health and Aged Care. *Ninth National HIV Strategy 2024-2030*, 2024.
4. Norman, T., Power, J., Rule, J., Chen, J., & Bourne., A. (2022). *HIV Futures 10: Quality of life among people living with HIV in Australia*. Australian Research Centre in Sex, Health and Society, La Trobe University.
5. Murray, K., Cummins, D., Bloom, K. (2014). Developing a protocol for people living with HIV entering residential aged care facilities. *Australian Nursing and Midwifery Journal*. 21(11): 34-36.

## Key principles

### 1. Build internal knowledge and awareness

Tailored education for aged care workers is needed to reduce stigma and improve care quality. Without proper training, aged care workers may unintentionally cause harm through assumptions, discriminatory practices and inappropriate language based on outdated fears and misinformation. Training helps build cultural safety, reduces stigma and empowers workers to deliver person-centred care in line with each person's needs.


- ❑ Train all staff on HIV basics: transmission, illness progression, treatment (especially Undetectable = Untransmissible), perception of infection control issues, confidentiality and privacy, stigma and ageing with HIV.
- ❑ Provide training for clinical staff on HIV management and treatment, co-morbidities and polypharmacy in older people living with HIV.
- ❑ Offer more advanced training on neuro-cognitive disability including HIV-associated neurocognitive disorder (HAND) and HIV-associated dementia (HAD) (refer to the Silver Rainbow [LGBT People and Dementia](#) factsheet).
- ❑ Provide cultural safety and inclusion training related to LGBTI communities including trauma-aware and healing informed care (refer to the *LGBTI Inclusion Training in Aged Care* checklist in this toolkit).
- ❑ Integrate training into onboarding (staff orientation) and annual training schedules.

Refer to Training list at the end of this checklist for information on training options.

## 2. Establish inclusive policies and procedures

Inclusive policies and procedures are essential to providing safe, respectful and effective aged care and services to people living with HIV. Without clear guidance, aged care staff may rely on outdated knowledge or personal beliefs leading to stigma, unnecessary use of protective measures and breaches of confidentiality.

- ❑ Update or create policies to explicitly support older people living with HIV (refer to the *Providing Aged Care to People Living with HIV Policy* template in Appendix A).
- ❑ Integrate HIV considerations into policies and procedures including infection control (based on standard precautions), medication management, privacy and confidentiality, and end-of-life care (refer to the *LGBTI Inclusion in Aged Care Policies and Procedures* checklist in this toolkit).
- ❑ Review existing policies and procedures to ensure they are inclusive of LGBTI people (refer to the *LGBTI Inclusion in Aged Care Policies and Procedures* checklist in this toolkit).
- ❑ Ensure processes are in place to recognise 'chosen family' in care planning and decision making (refer to the Silver Rainbow [LGBT Older People and Families of Choice](#) factsheet).



Clear policies prevent stigma and promote dignity

## 3. Strengthen clinical care pathways

People living with HIV experience premature ageing and comorbidities such as cardiovascular disease, chronic kidney disease, metabolic disorders, certain cancers and osteoporosis which accumulate with age. These conditions interact with HIV and ART requiring integrated care approaches. Collaboration is needed between aged care services and HIV-specialists to ensure best-practice clinical care is maintained. As people with HIV age, an increased risk of drug interactions occurs. Medication adherence can be complicated by cognitive impairment and is important in reducing the likelihood of drug resistance and improving survival rates. For older people moving into residential aged care, careful transition planning with community HIV teams is required.

- ❑ Develop standardised processes for transition planning to residential care with HIV community services.
- ❑ Initiate and maintain shared cared arrangements with HIV specialist services, GPs, specialists and pharmacists experienced in HIV care.
- ❑ Establish clear referral pathways for HIV-related health needs, mental health support and social services.
- ❑ Ensure access to regular HIV monitoring and appropriate treatment regimens by HIV trained clinicians (s100 prescribers).
- ❑ Arrangements are in place to access ART through public hospital pharmacies and community pharmacies approved for s100 supply.
- ❑ Strategies are in place to support medication adherence.

Refer to the Resources list at the end of this checklist for more information about clinical care guidelines.

#### 4. Support psychosocial wellbeing

People living with HIV are at greater risk of stigma and discrimination based on HIV status and sexual orientation. Many older people living with HIV live alone which is associated with lower social connectedness and increased vulnerability to loneliness and isolation. Lower quality of life is experienced by this group that is not related to the clinical co-morbidities associated with ageing, but due to stigma and isolation. There is a need for holistic, person-centred interventions to improve quality of life for older people living with HIV, focusing on reducing stigma and enhancing social connectedness. Peer-based programs and services play an important role in connecting people living with HIV to each other and providing support, especially those who may be vulnerable due to poor health and social isolation.

- ❑ Provide staff with training on stigma reduction, inclusive communication and supporting chosen family and social networks (refer to *LGBTI Inclusion Training in Aged Care* checklist in this toolkit).
- ❑ Address social isolation and mental health by engaging people living with HIV peer networks or HIV-specific social programs (refer to the [Silver Rainbow LGBT Older People and Isolation](#) factsheet).
- ❑ Partner with local people living with HIV organisations and/or LGBTIQ+ community-controlled organisations (refer to the [Partnering with LGBTIQ+ Community Organisations](#) guide in this toolkit).

Refer to the Resources list at the end of this checklist for more information about peer support and social programs for people living with HIV.

#### 5. Engage people with lived experience

People living with HIV face unique challenges including discrimination, isolation and past trauma which can impact their experience in aged care. Drawing upon lived/living experience and expert advice can help aged care services to better understand and respond to the unique needs of older people living with HIV.


- ❑ Include older people living with HIV in co-designing services, programs and staff training.
- ❑ Establish a consumer advisory group or involve community-based HIV organisations in governance and program development (refer to *Establishing an LGBTI Advisory Body* guide in this toolkit).
- ❑ Partner with local people living with HIV organisations and/or LGBTIQ+ community-controlled organisations.

Refer to the Resources list at the end of this checklist for more information about community-based HIV organisations.

## 6. Promote inclusive environments

Inclusive environments are important in aged care because they make older people feel safe, respected and valued. Many older people – particularly people living with HIV and/or from LGBTI communities – have faced stigma and discrimination throughout their lives. Without an inclusive environment, they may feel the need to hide who they are or experience distress and isolation. As a result, many people living with HIV prefer to be cared for by LGBTI people where they perceive there will be safety, acceptance and an understanding of their needs.

- ❑ Make the service is visibly inclusive (e.g. symbols, language, brochures) and explicitly welcoming to people living with HIV and LGBTI older people (refer to *Public Commitment to Supporting LGBTI People* infosheet in this toolkit).
- ❑ Ensure privacy and confidentiality are maintained, especially around HIV status (refer to *Providing Aged Care to People with HIV Policy* template in this Appendix A).
- ❑ Acknowledge days of significance such as World AIDS Day or Pride Month (refer to *Acknowledging and Celebrating LGBTI Events in Aged Care* infosheet in this toolkit).



Ongoing  
evaluation creates  
better, more  
inclusive care

## 7. Monitor and evaluate progress

It is important for monitoring and evaluation to be ongoing, transparent and focused on learning and improvement – not just compliance. It's about building a culture where people living with HIV feel respected, supported and safe in aged care.

- ❑ Track staff completion of training and regularly review evaluation of training.
- ❑ Conduct regular client satisfaction surveys including people living with HIV ensuring privacy and confidentiality is upheld.
- ❑ Regularly review care outcomes and adjust strategies based on findings.
- ❑ Initiate inclusive recruitment practices to ensure a diverse workforce including LGBTI people.

# Resources

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[Aged Care Volunteer Visitors Scheme \(ACVVS\)](#)  
The scheme involves volunteers visiting older people to provide friendship and companionship including LGBTI people.



Australian Commission on Safety and Quality in Health Care  
[Australian Guidelines for the Prevention and Control of Infection in Healthcare](#).



Australasian Society for HIV Medicine (ASHM)  
[HIV Management Guide for Clinical Care. Special Patient Populations, Ageing with HIV Infection](#).



Australian Government Department of Health, Disability and Ageing  
[Ninth National HIV Strategy 2024-2030](#).



Living Positive Victoria  
[Well Beyond 50](#). Support and resources for people 50 and over with HIV.



National Association of People with HIV Australia (NAPWHA)  
[Older People with HIV](#). Directory of services for older people living with HIV in each state/territory including community-based HIV organisations, home-based support, case coordination, peer support and social programs.



[HIV and Ageing factsheets including Living Well with HIV, HIV Ageing and Co-morbidities, HIV-associated Cognitive Disorders, HIV & Cancer, HIV & Diabetes](#).



LGBTIQ+ Health Australia  
[Ageing Fabulously podcast series](#). Episode 6: Growing Older with HIV.



[List of LGBTIQ+ organisations](#). Refer to the LGBTIQ+ Health Australia members directory for community-controlled organisations across Australia.



[Silver Rainbow factsheet series for aged care workers including LGBTI 101, Older People Living with HIV, LGBT Older People and Social Isolation, LGBT Older People and Families of Choice, LGBT People and Dementia, and more](#).

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# Training



Australasian Society for HIV Medicine (ASHM)  
[Training programs including HIV and Ageing, and Clinical Foundations of HIV](#). Courses delivered via eLearning, in-person, hybrid and on-demand.



LGBTIQ+ Health Australia  
[Silver Rainbow training](#). LGBTI inclusion training for aged care workers including in-person, eLearning and online training.



Living Positive Victoria  
[Caring for Older People with HIV: "Well, we can't look after them"](#). Webinar with a panel of HIV experts.

# APPENDIX A: Providing Aged Care to People Living with HIV Policy template

**Policy title:** Providing Aged Care to People Living with HIV

**Policy number:** [Insert]

**Effective date:** [Insert date]

**Review date:** [Insert date, typically annually or biennially]

**Approved by:** [Insert name/title]

**Policy owner\*:** [Insert name]

**Relevant Aged Care Quality Standards:** 1, 2, 3, 4, 5

**Version control:**

Version	Approval date	Ammendment Notes

\* The person responsible for ensuring the procedure is implemented, reviewed and up-to-date.

## 1. Purpose

This policy outlines the commitment of [Provider name] to provide inclusive, respectful and responsive care to meet the specific needs of older people living with HIV. It ensures that staff are informed, trained and equipped to address the unique health and psychosocial needs of this group, free from stigma and discrimination.

## 2. Scope

This policy applies to all employees, volunteers, contractors and associated health professionals working within [Provider name]. This policy applies to [community/in-home/residential aged care] setting/s.

## 3. Policy statement

[Provider Name] recognises that many people living with HIV are now surviving to older age and affirms their right to high-quality aged care services that are person-centred and culturally safe in line with the Aged Care Quality Standard (ACQS). Advances in medical treatment and care mean that HIV is a manageable chronic health condition and should not be a barrier to accessing aged care.

## 4. Principles

### 4.1 Person-centred care (ACQS Outcome: 1.1)

Person-centred care for people living with HIV emphasises their dignity, privacy, rights and autonomy ensuring their needs and preferences guide all decisions about their care. It goes beyond managing the person's disease to a holistic view including wellbeing, quality of life and psychosocial factors. This involves staff building relationships with individuals based on understanding and trust.

### 4.2 Non-discrimination (ACQS Outcome: 1.2)

HIV status should not be a barrier to accessing aged care services and people living with HIV have the right to receive aged care services on an equal basis with others. [Provider name] has a zero tolerance for discrimination based on HIV status. People living with HIV may experience additional discrimination especially if they are also gay, bisexual or transgender. [Provider name] is committed to providing a culturally safe environment for LGBTI older people free from discrimination. People living with HIV are to be treated with kindness, dignity and respect.

### 4.3 Cultural safety (ACQS Outcomes: 1.1, 2.1, 3.2)

When culturally safe services are provided, people feel safe and comfortable to be themselves without fear of judgement or discrimination. Cultural safety for people living with HIV and receiving aged care services means they feel welcome, secure and respected in relation to their cultural background. This includes recognising and celebrating diverse identities, traditions and values whilst providing care that aligns with their needs and preferences. In Australia, some people living with HIV are from countries with higher prevalence of HIV. They may have specific cultural beliefs and practices that need to be considered when providing individualised care. This extends to LGBTI people who also have unique histories and cultural celebrations to be considered when delivering services.

### 4.4 Trauma aware and healing informed care (ACQS Outcomes: 1.1, 3.2)

In Australia, LGBT people have been more affected by the HIV & AIDS epidemic than the general community. In the 1980s and 90s

more gay and bisexual men, and transgender women contracted HIV than heterosexual people. People with HIV developed AIDS and most died. Many LGBT people lost friends and partners at that time. During this time there was heightened community fear about HIV and much more violence towards gay and bisexual men, and transgender women. As a result, many older people with HIV have experienced some form of trauma. Trauma-aware and healing informed care and services requires staff to understand the potential impact of trauma on people living with HIV and respond appropriately to avoid re-traumatisation and promote wellbeing. This includes providing a physically and emotionally safe environment, building trust, providing choice, working in collaboration and respecting diversity.

### 4.5 Choice and control (ACQS Outcome: 1.3)

People living with HIV and receiving aged care services have the right to be actively involved in all decisions about their care, ensuring that their voices are heard and respected at every stage. Informed consent is fundamental, meaning that individuals are provided with clear, accurate information to make decisions about their treatment and support. Above all, care and services must uphold their dignity of risk by respecting each person's right to make decisions that involve a degree of risk as an essential part of autonomy and self-determination.

## 5. Responsibilities

### Management ensures:

- Staff receive HIV-specific training.
- Confidentiality protocols are implemented and followed.
- Policies reflect current HIV healthcare guidance.

### Staff ensure they:

- Deliver care and services without bias or judgement.
- Respect older person's rights to privacy and autonomy.
- Report any breaches of this policy or discriminatory behaviour.

## 6. Practice guidelines

### 6.1 Disclosure and confidentiality (ACQS Outcome: 2.7)

- Disclosure of HIV status is voluntary and not a requirement for receiving care. It is important to note that individuals may not have disclosed their HIV status to family members. They may fear negative reactions from staff and others based on past experiences.
- Confidentiality is especially important due to the stigma often associated with HIV. If a person chooses to disclose their HIV status, this information must be treated as protected health information and kept strictly confidential. It should only be shared with the informed consent of the individual and on a need-to-know basis with staff directly involved in their care.
- It is essential that each person retains full control over who is informed about their HIV status.

### 6.2 Healthcare management (ACQS Outcome: 5.3, 5.4, 5.5, 5.6, 5.7)

- Older people living with HIV often have complex care needs that require coordinated, comprehensive support. Recognising that individuals may also experience co-morbid physical, mental or cognitive health conditions, staff should ensure access to appropriate assessments and referrals, including HIV-experienced GPs, neurologists, immunologists or other specialists as needed.
- In collaboration with medical professionals, staff should be

aware of potential interactions between HIV medications and other treatments, and support adherence to antiretroviral therapy (ART).

- Staff should carefully monitor for cognitive changes due to the risk of HIV-associated neurocognitive disorder including dementia.
- It is important to support ongoing access to specialist clinical services, including transportation for medical appointments and community-based care.
- Mental health support must also be a priority, given the heightened risk of depression among people living with HIV.
- Encourage people with HIV to have a healthy diet, stay physically active and engage in ongoing intellectual and mental activity such as recreational therapy programs and hobbies.
- As individuals age, access to specialist palliative care is vital to support their comfort, dignity and quality of life.

### **6.3 Psychosocial support (ACQS Outcome: 1.1, 7.1)**

- Providing psychosocial support to people living with HIV and receiving aged care services is essential to promoting their overall wellbeing and quality of life. This support should address the emotional, social and psychological challenges they may face, including the impact of stigma, isolation and past trauma related to living with HIV.
- [Provider name] will create an inclusive and supportive environment where individuals feel safe, respected and understood. It is also important to recognise and affirm each person's identity, history and experiences, ensuring care is person-centred and culturally safe.
- Empowering individuals to maintain social connections, participate in decision-making and access support networks can significantly enhance their sense of dignity, purpose and belonging.
- [Provider name] will offer access to peer support, counselling and community engagement activities. It is important to encourage social connections for people with HIV as they are more likely to experience loneliness and isolation.
- [Provider name] will support the older person to find HIV-specific support services (if needed). This includes services that provide peer-support for people living with HIV.

### **6.4 Infection control (ACQS Outcome: 4.2, 5.2)**

- Infection control practices in aged care settings are designed to ensure the safety of all consumers and staff, including those living with HIV.
- People living with HIV who are on effective antiretroviral therapy (ART) and have an undetectable viral load do not pose a transmission risk. Staff should be informed of this to reduce stigma and support inclusive care.
- All staff must always follow standard infection control practices including use of personal protective equipment (PPE) such as gloves, gowns, and masks when handling blood, body fluids or contaminated materials. Precautions are applied universally, regardless of a person's HIV status.
- Follow strict procedures for handling and disposing of sharps. Immediately report and manage any sharps injuries in accordance with workplace safety protocols.

### **6.5 Capacity and decision making (ACQS Outcome: 1.3)**

- People living with HIV and receiving aged care services have the same rights as others to make decisions about their own lives and care. It is essential that staff begin with the

assumption that every individual has capacity unless there is clear evidence to the contrary.

- When decision-making support is needed, a supported decision-making approach should be used to help the person understand their options and express their preferences. Many people with cognitive impairment can still make decisions for themselves if they are provided with appropriate decision-making support.
- If a substitute decision maker is required, their role is to act in accordance with the person's known wishes, values and best interests. For many people living with HIV, chosen family—those with close, trusted relationships who may not be legally or biologically related—play a vital role in care and decision making. Staff should respect and include these relationships in planning and support, in line with the person's preferences.
- Access to independent advocacy must be readily available to safeguard their rights and promote their wellbeing

### **6.6 Education and training (ACQS Outcome: 2.9)**

- [Provider name] is committed to promoting an understanding of HIV to reduce fear and discrimination ensuring all consumers, including those living with HIV, feel safe and respected in their care setting.
- Management will keep staff updated on best practices and current evidence regarding HIV care and ageing. Staff will be provided with regular training on infection control, HIV transmission and LGBTI inclusion.

### **6.7 Complaints and feedback (ACQS Outcome: 2.6)**

People who feel they have been treated unfairly or inappropriately due to their HIV status are encouraged to raise concerns through our complaints process. All complaints will be handled sensitively and promptly.

## **7. Monitoring and review**

This policy will be reviewed every [enter number] months, or sooner if required due to legislative or best practice changes. Feedback from consumers, staff and external stakeholders will inform updates.

### **Related organisational documents**

- Staff Code of Conduct
- Consumer Rights Policy
- Assessment and Care Planning Policy
- Privacy and Confidentiality Policy
- Decision Making, Dignity and Choice Policy
- Infection Control Policy
- Trauma-Aware and Healing Informed Care Policy
- Inclusion, Diversity and Culturally Safe Service Delivery Policy
- Feedback and Complaints Policy
- Staff Training and Development Policy

### **Relevant legislation and guidelines:**

- Aged Care Quality Standards 2025
- [Ninth National HIV Strategy 2024-2030](#)
- ASHM. HIV Management Guide for Clinical Care, Special Patient Populations, Ageing with HIV infection
- Aged Care Act 2024 and Statement of Rights
- [Disability Discrimination Act 1992 \(Cth\)](#)
- State/Territory Acts