

8 **TRANS**
Genders bodies and
relationships passport.

9 **DIABETES**
LGBT sensitive
diabetes care.

12 **DEMENTIA**
Dementia and
human connection.

#2
/17

GRAI MATTERS



***Bigger
Hearts***

WELCOME

TO OUR WINTER EDITION OF GRAI MATTERS!

The first quarter of 2017 seemed to vanish at a disconcerting speed, taken up with events, trainings, gatherings and collaborations. 'End of the Rainbow', 'Conversations' and 'Cyber Safety' kept us busy in February and March, and the second round of the Right To Belong training is also now well underway.

Being devils for punishment, we are also plotting more activities to add to our workload, as promising new projects such as the Diabetes workshop, and the Dementia LoveFest (pages 12-13) present opportunities too good to resist.

We hope you enjoy catching up with the GRAI news. Our audience includes our LGBTI community, care providers and researchers, so we try to include items of interest for everyone.

Under our International section we feature two articles from the UK concerned with LGBTI retirement housing (pages 14-15). One article is amusingly speculative, the other more tangible. We love the idea of a Retirement Home for Recalcitrant Lesbians, and the prospect of Manchester's LGBTI-dominant retirement home also sounds great fun. These certainly throw down the gauntlet to aged care providers. As a gay friend said to me the other day, "We get bored easily, we must have plenty of variety". However, even if fervent wishing could magically manifest these projects into bricks and mortar in WA, how would this serve all the LGBTI elders who couldn't manage to cram into the two state-of-the-rainbow-art homes? Certainly, many of us are scratching our greying heads to come up with creative ideas for LGBTI-welcoming environments that will not leave us at the mercy of institutions.

However, like it or not, aged care services are likely to remain a necessary part of our society for the foreseeable future. It simply isn't good enough if they do not provide an atmosphere where LGBTI elders can feel free to be themselves – we must challenge this. While we enthusiastically support the evolution of creative alternatives, GRAI also maintains a commitment to rainbow-ing as many mainstream providers as possible: we believe this is fair and essential for the safety and wellbeing of all our elders. Happily, we have found that aged care providers are generally very responsive: it not only makes good business sense, but is also the right thing to do. Naturally, there are logistical and cultural obstacles, but many are leading the way and we expect others will follow on their heels.

Proving this point, our Community of Practice (page 5) continues to meet in a spirit of optimism and cooperation, and we thank this group (from 15 different aged care organisations) who bring to the table their good heart and dedication to improving services for LGBTI elders.

It has been very enjoyable to catch up with GRAI members at events over the past few months, and our communications with you are all important. Please contact us if you have views or suggestions to share, and as always, we invite your contributions to the next newsletter.

Happy reading

June Lowe
GRAI Chair



Your contributions welcomed!

GRAI would love to hear from you about your ideas, whether creative, practical, even fanciful...

We welcome your suggestions of projects to explore, connections to make, ways to support older LGBTI people in our community and ways to influence and support care providers... indeed, any ways to make our world a better place to be for LGBTI elders.

We look forward to hearing from you!

COVER

Anne Tudor and Edie Mayhew, 'Team Formidable' dementia advocates and campaigners for Bigger Hearts.

GRAI activities: first quarter



Wolfie, Chris, Susanne and guest at 'End of the Rainbow' forum.

END OF THE RAINBOW

It was a great start to the year to welcome Dr Kathryn Almack to Perth, for a forum 'End of the Rainbow' on 9 February 2017. A researcher from the UK specialising in older LGBT issues, Dr Almack shared the latest research on LGBTI elders' end-of-life care with a mixed audience of aged care providers and members of the LGBTI community.

Dr Almack's study, The Last Outing, found that LGBTI elders' lifelong need to protect their identity had caused problems throughout life. "I have kept my real self hidden, not wanting to open myself up to others. If you are not fully accepted for who you are, there is a 'shutting down'". This reticence limited the strength of connections to biological family, diminishing bonds with relatives, who although may not necessarily be cut off, the relationships were often felt to be not open or fully understood.

Researchers found that past experiences of discrimination continued to impact on late-life experiences, especially so when people felt vulnerable. "If you go into a care environment and start shutting down again, being closed about who you are, chances are you are not going to survive for long".

The Last Outing survey showed LGBTI people had low confidence in health and social services: 26% reported discrimination from care professionals, while 74% were 'not very confident'. Unsurprisingly, 60% responded 'yes' to specifically targeted services run by LGBT people.

Important implications for care professionals were the networks of emotional involvements; and dealing with the complexity with new (and varied) levels of 'coming out'.

Discussing end-of-life care plans, Dr Almack said that although the percentage of people who had wills or advanced care directives was similar across LGBT and 'mainstream' populations, this cohort's motivations for planning were different: the plans of the LGBT cohort tended to be focused on who they wanted to keep out, rather than who they wanted to protect.

In end-of-life care, it is critical that care providers are well-trained, in order to provide a supportive care environment for LGBT communities. Dr Almack said, "With end-of-life care, there is only one chance to get it right. She recounted the story of one gay man who, when his partner died in hospital, didn't hug and kiss him on the night he died. Now, she said, the surviving partner 'lives with that'.

Key lessons for providers were to develop inclusivity; reflect the broad diversity within society; and instil confidence so that LGBT elders feel validated, understood and safe.

CONVERSATIONS

24 February 2017. It was a privilege to host this beautiful event – a panel of elders representing the LGBTI community took the floor to tell their stories to an audience of about 50 aged-care providers.

Our intrepid panellists were Graeme Dixon (78), Marion Hood (67), Finch Whitehead (74), Anne Keehan (73), and Tjala Leysley (66). They spoke of their personal backgrounds and experiences and of their fears of entering aged care: what would make them ill at ease and alternatively, what would make them feel safe.

A gay elder's life can be marked by many losses, and Graeme opened proceedings with a poem that captured the immeasurable sadness of having been rejected by his sons.

Extracts from LOST by Graeme Dixon:

... Finally having to accept your difference, releasing yourself from loved ones, and the life you have lived.

To stand and state who you truly are, knowing you have so much to lose, causing sorrow and pain in your gut, that never goes away.

Then shame for your family, graffiti written across the home for all to see, a children's school yard over the road.

.... To live part of your life at the cost of losing close contact with children, what a terrible price to pay.

But no turning back from damage caused, hopefully lovingly repaid as time lengthens.

(Full text on the GRAI website).

4 First quarter activities

5 Training & education

6 Coming Back Out Ball

8 Focus on Trans

9 Diabetes Care

11 Research

12 Focus on Dementia

14 International

For Marion, the experience of being a lesbian in the 1970's was traumatic, "My sexuality was considered a perversion. I was not even able to look it up in the library – it was so secret and embarrassing". These days, although she is fully at ease being a lesbian, she is afraid of entering the 'straight' community of a nursing home and having to modify her behaviour: would she be able to kiss her girlfriend? And would there be lesbian-friendly outings, such as buses to the women's footy or Pride Parade?

Finch lightened the mood, and pondered the ever-lengthening list of sexual and gender identities – asexual, pansexual. He invited us to think about the nuances (e.g., men who have sex with men but who don't identify as gay) and mused about a time when heterosexuals could become just another minority group. Could a future acronym read LGBTI, A + H for heterosexual?

Then, we were reminded by Anne that affirming care provision for LGBTI people is still far from consistent. For example, a friend who requires five carers has had patchy experiences. Clearly, there is still a strong need for staff training!

Tjala came out in her early 40's and has grown children. Having been a carer for her father, she reflected how much harder it is for LGBTI elders to cope if they have no family to care for them. Now she wonders whether there would be supportive management to intervene if she were treated poorly. She asked, "Will there be lesbians on staff? Will I be supported in being who I am, or will I be told, 'Just keep it to yourself'?" "I don't want to be the only gay in the village! Let's see rainbow stickers and flags and know it is a safe place – where is your advertising that LGBTI people are welcome?"

There were many valuable lessons for the audience. For example, Graham described the aged-care assessor who showed genuine interest in the photos of his deceased, much-loved partner. He was impressed and touched by time she took, transcending stigma, showing concern.

However, carers may not know if a client is LGBTI. As a friend (85) said, "I've blended in all my life. In aged care I'll blend in again, and no-one will



L-R: 'Conversations' Panel: Anne Keehan, Graeme Dixon, June Lowe, Finch Whitehead, Marion Hood, Tjala Leysley; and (notetaker) Julie Heeley.

know". This challenges care providers to make their entire organisation LGBTI friendly, not just provide sensitive attention for those who are 'out'.

Tjala noted, "We Baby Boomers have seen many changes in our lifetime. Today's LGBTI rights have been hard won and are too precious to lose".

I know many panel members had had sleepless nights before our 'Conversations' workshop, but they spoke with great eloquence and grace and made a tremendous impact on the providers present. Their contributions were very heartfelt and very brave, and our sincere thanks to all of them for making this such a moving event.

CYBER SAFETY

18 March 2017

Bruce Carstairs from COTA WA presented this thought-provoking workshop on cyber safety. Known as the 'Golden Baby Boomers' by cyber crims, apparently we are their most popular target, being more susceptible and often richer. Worryingly, 80% of cyber criminality is directed at us!

Some tips for your cyber safety:

Banking and shopping - Our bank accounts are most vulnerable to being hacked when we are doing shopping or banking on public sites, such as public wifi, cafes, hotel lobbies, cruise ships or anywhere there is a common password. While it is safe to do general computer work in these free public places, avoid booking/paying for services if you don't have your own wi-fi password.

Cyber criminals are most likely to steal small amounts, such as \$12.75 a month, in order to avoid raising suspicion, and may use a name that looks similar to a widely used service, such as an electricity company. (Therefore, it is

worth looking into the small withdrawals from your bank accounts).

Phone scams are also on the rise.

The key warning is, 'don't stay on the line for long', as these scammers are well trained in the art of social engineering, and the likelihood you will be scammed increases if you are speaking for more than 5 minutes.

Email 'harvesting' - Your ID is valuable. Unscrupulous operators can on-sell blocks of 50 email addresses for \$50 – be careful to uncheck unnecessary tick boxes.

Trojans - Avoid chain emails, and avoid clicking into things unnecessarily. Look at a subject line, and delete if it looks unfamiliar. Unless they are from a trusted source, ignore invitations to download something, as they can contain 'Trojans' or spyware.

Passwords – passwords for 'critical' sites (e.g., bank accounts) should be changed every six months and should not have easily identifiable elements, such as birth dates. The use of a 'passphrase' was recommended. Select a line from a phrase, song, or poem – something meaningful to you. Break it into two or three words and add a digit and a symbol. For example, using that eggy nursery rhyme: HumptyDumpty02*. Six months later, change the passwords of your key sites to the next 2 or 3 words in your pass phrase, adding 04: e.g., Hadagreat04*. When you have used the whole phrase, you can re-use from the beginning.

At the end of the workshop, I confess to having felt dispirited – must we adopt a suspicious, fearful mindset, where every transaction needs to be interrogated for its safety? Like many others, I tend to err on the side of carelessness – but with much at stake, it's time for this Boomer to lift her game.

Training and Education



RIGHT TO BELONG

The second round of Commonwealth-funded training is well underway: at the time of publication we have delivered five of the seven scheduled training sessions. These have all been held in the facilities at Southcare Manning, who we thank for their invaluable support. This round of training has included half-day sessions, which are quite intense as we cover so much material! We also held a special session for assessors in the RAS (Regional Assessment Team) and ACAS (Aged Care Assessment Team). Their role means they are usually the first point of contact as someone approaches aged care, so sensitivity to LGBTI concerns is imperative to allay any concerns that an LGBTI client may have while seeking much-needed help.

We thank our training team: Genevieve Major, June Lowe, Graham Lovelock and Jude Comfort. GRAI is fortunate to have such knowledgeable and skilled trainers. The team members are all dedicated to the work of GRAI in supporting LGBTI elders' rights and wellbeing – and our personal connections to the community keep us motivated!

Right To Belong: Five-part program

We are also about to embark on a special five-part program to support aged care organisations that wish to become fully LGBTI inclusive and achieve the cultural and organisational change necessary to permanently embed the principles and practices of inclusivity. Participants will attend a series of 5 workshops and be equipped with a suite of resources to implement in their workplaces.

The program was initially developed by Val's Cafe (La Trobe University). Last year GRAI ran the program for a number of mental health providers under the auspices of Richmond Wellbeing. This was an excellent experience for participants, who are now also embarking on forming a Community of Practice to support their on-going work.

The 2017 Right To Belong five-part program will commence on 13 June and run at 6-weekly intervals until 28 November. We are looking for a workshop group of 20 people, with a minimum of 2 members from each organisation. For further information and expressions of interest, please contact June Lowe, at chair@grai.org.au or on 0435 517 753.

COMMUNITY OF PRACTICE BUILDS MOMENTUM FOR LGBTI INCLUSION

Industry conferences are a good opportunity to spread the word about GRAI and also to promote the advances of aged care providers who are working towards LGBTI inclusion. We were pleased to have this opportunity at the ACSA (Aged and Community Services Australia) State Conference, held on 30 March, and June Lowe and Jacquie Tibbits gave a presentation on Making LGBTI Inclusion Happen! Community of Practice.

This Community of Practice is a unique initiative, formed by GRAI in July 2016, involving 15 aged care providers who meet bi-monthly, forming a peer support network, sharing resources and discussing strategies to overcome obstacles to LGBTI inclusivity in the sector.

The Community of Practice (CoP) recently held its fifth meeting which focused on developing LGBTI policies. The mood was buoyant as the group shared recent progress within their workplaces, with a sense that some of the incremental background work was finally 'coming together'. The next meeting will look at the use of staff surveys to identify strengths and weakness of an organisation, particularly attitudes towards LGBTI people.

Our thanks to the CoP members for their input: their commitment and cooperation is providing not only a reciprocal learning forum, but also mutual encouragement – so important in a 'minority' area.

COMING BACK OUT BALL

CULTIVATING HIGH CAMP MIXED WITH COMMUNITY SPIRIT, PREPARATIONS ARE WELL UNDERWAY FOR MELBOURNE'S COMING BACK OUT BALL, WHICH WILL PREMIERE AT THE VICTORIAN SENIORS FESTIVAL IN OCTOBER THIS YEAR.

Spearheaded by performance artists Tristan Meecham and Bec Reid, in collaboration with All the Queens Men, the Coming Back Out Ball is a celebration for and of older people from the LGBTI communities. Preparations are in full swing, with monthly dance classes at Fitzroy Town Hall.

"There's a hunger for a knees-up, a hunger for a celebration," says Meecham, whose enthusiasm is catching. "I'm imagining a performance of older LGBTI performers, dancing, a three-course meal, an orchestra or big band – a real social event."

"These are people who came out of the closet when homosexuality was still illegal," he says. "Or maybe they couldn't come out at all until recently. The reason I've thought about scale and spectacle is that, by creating an event of significance hopefully it becomes a statement that is felt through people's bodies in terms of worth. And I don't think that's happened for LGBTI elders before."

Australian dancer, actor, director and choreographer, Noel Tovey, has become a mentor to Meecham as he works to bring together all the elements of the Coming Back Out Ball. While Tovey's experience in theatre and performance is invaluable, his life experience also highlights the many tragedies of gay men in his generation, including being

(falsely) accused and convicted of 'the abominable act of buggery' and thrown in Pentridge Prison in 1951.

The Coming Back Out Ball is so named because one of the biggest challenges faced by many older people within the LGBTI community is whether to be out and proud in later life, or keep this part of themselves hidden. Despite the lowering of social stigma, there still remains plenty of risk in declaring oneself a member of the rainbow family.

A side table groans under the weight of chocolate cake, tea and coffee, and a pyramid of lamingtons. On the dance floor, an enthusiastic group of LGBTI elders struts and grooves through a line dance to the strains of Dolly Parton.

These monthly dance classes are also a time for LGBTI elders to meet and relax. The rehearsals capture the warmth of something good: the importance of inclusiveness and belonging, and a safe haven from a world that still debates marriage equality, the merits of the Safe Schools program, and often maintains the view of LGBTI status as deviance.

If you're going to Melbourne in springtime, mark 7 October, at the Melbourne Town Hall in your diary. The Coming Back Out Ball will be a great experience – and more than a one-off, feel-good celebration, its ramifications are likely to be felt well beyond its entertainment value, for those on the dance floor and for the wallflowers at the side.

Supporters of the Coming Back Out Ball include: the City of Melbourne, the Australia Council for the Arts, Creative Victoria, the Margaret Lawrence Bequest and the Victorian Aids Council.

Adapted from https://www.theguardian.com/world/2017/mar/25/the-coming-back-out-ball-how-the-older-gay-community-is?CMP=Share_iOSApp_Other



Above: Australian dancer, actor, director and choreographer Noel Tovey
Right, clockwise from the top: Bec Reid and Tristan Meecham; Layne and Chris at the dance club; Bec Reid leads the LGBTI Elders Dance Club; John and Warren; Laurie dances.
Photography: Bryony Jackson



GENDERS, BODIES AND RELATIONSHIPS PASSPORT

The Genders, Bodies and Relationships Passport has been developed by the National LGBTI Health Alliance to support clear communication between a person and organisations on issues related to the person's gender, body or relationships. Its aims are two-fold: to help Intersex, Trans, and gender-diverse people to access quality care and to help organisations to achieve inclusive practice.

Rebecca Reynolds, Executive Director of the Alliance, explained the need for such a passport, saying, 'Individuals were facing situations where their needs in relation to their gender or body were not being met, or where they found it difficult to speak about their needs. Organisations were struggling with ways to ask about sensitive information in a respectful and inclusive way'.

The passport is available to anyone who wishes to ensure that their genders, bodies and relationships are respected in their interactions with aged-, health- and social care services.

The Passport is available from: lgbtihealth.org.au/passport

A passport owner's perspective

Susanne Hadlow

I was genuinely delighted to get my passport when I did, but surprised by the effect it had on me. Its message was one of understanding and acceptance – and that someone had bothered to do all this for me, somehow (for a while at least) rendered the contents actually less powerful than the fact of the thing itself.

I was in the early phase of my transition journey, and receiving the passport had a supportive, reinforcing effect: it was an artefact of other people's care for me – that realisation came as a bit of a surprise and was really nice to get.

It is a wonderful idea, but what of its practical application? Clearly it's not for everyday use – I wondered if I would feel foolish to present it – am I undermined if I am unable to stand in front of you and communicate without the use of an intermediary tool? As it happens, these days I get by on my own confidence - I can stand up for myself if people are being problematic.

So, at first, although I valued it for its initial bolstering effect, I felt its on-the-ground use would be more relevant for someone who hadn't the benefits of the same level of social support, or confidence, that I have. However, on reflection,

I am re-evaluating this position. It's a great idea, for example, if you are at an out-patients' clinic and seeing a regular nurse or having ongoing professional contact, then it could be really useful.

The passport contains a lot of information: for example, instructions for police, such as "I would prefer to be searched by/regarded as a woman". I'm re-appreciating it on the basis of its specific functions and its potential for education. It has social and medical sections in it and covers broad aspects of trans life. There are six sections: General information; Police; Medical care; Emergency contacts; Death and burial; Requests for respectful treatment; and National Charter of Healthcare Rights.

Finally, I think the passport takes on a power – in a world that is mostly unfamiliar with trans issues – to reinforce my commitment to being trans and invites others to connect with this reality: it's a "take me seriously document". It also says, "Let's treat each other with respect" and, importantly, it also shows there is a network of support, and that this is a collective as well as a powerful singular request.



AT FIRST I WAS CONCERNED FOR MY BIG-BONED ARMS AND HANDS, LIKE A PARENT WHOSE UNGAINLY CHILD'S TURN IT IS ON STAGE, BUT THEN I THOUGHT BLESS THEM, THE LITTLE PIRATES THAT THEY ARE, FOR THEIR RESISTANCE TO THEIR BRAINS' DEMANDS.

SUSANNE HADLOW

PROVIDING LGBTI-CULTURALLY SENSITIVE DIABETES CARE

Review by June Lowe

Theresa L Garnero, 2010. *Providing Culturally Sensitive Diabetes Care and Education for the LGBT Community*, *Diabetes Spectrum*, Vol 23, No 3.

In this interesting research, author Theresa Garnero begins by reiterating the well documented fact that members of LGBTI communities have unique health disparities and worse health outcomes than their heterosexual counterparts. This has relevance for diabetes care and education, even more so because it diabetes is so commonly overlooked, under-reported and under-researched.

Garnero notes that 'clinicians care for patients, not populations, yet, if common health nuances within a population are unknown, how can best practices be applied?'

Diabetes Self-Management begins with an individualised assessment that should include cultural information, supports and psychosocial issues – indeed, this assessment is the cornerstone of quality care.

If critical information is missed, then the diabetes care plan will lack completeness and potentially alienate these patients from seeking ongoing support.

Garnero notes three levels of obstacles that risk missing important patient information: institutional-level barriers (e.g., a climate that excludes LGBT individuals from equal-treatment models or forms that assume heterosexuality); provider-level barriers (unawareness of unique health traits or provision of substandard care solely based on presumed sexual orientation); and patient-level barriers (fear that disclosure could trigger provider homophobia and related harmful effects during their illness).

Prevalence Assumptions and lack of data

A key factor stymieing the development of best practice is lack of data. Although this research is situated in America, a similar problem exists in Australia.

Garnero finds that identifying diabetes prevalence within the LGBT community is complicated by unsystematic data-collection methods used to distinguish this subgroup within the U.S. population. LGBT status is often underreported and prone to measurement error, and even blocking of scientific evidence.

'The Department of Health and Human Services refused to publish a 488-page Healthy People 2010 companion document for LGBT health, thereby eliminating the incorporation of sexual minority issues into the nation's health care agenda. The intentional omission of LGBT health data into mainstream science is reminiscent of homophobic tactics that have been used in the past and may have resulted from a climate that continues today. For example, lesbians have the highest rates of polycystic ovarian syndrome (PCOS)—a fact that is not mentioned in articles about PCOS on two leading diabetes Web sites'.

Unique LGBT Risk Factors

LGBT individuals have unique health characteristics, disparities, and barriers that increase their risk for diabetes or its complications. These include:

- Cigarette smoking prevalence is highest in the LGBT community: rates have ranged from 38% to 59% among youth and from 11% to 50% among adults. Smoking increases insulin resistance and the risk for type 2 diabetes.
- PCOS prevalence is highest among lesbians (38%, vs 14% among heterosexual women). PCOS is a risk factor for type 2 diabetes.
- Overweight and obesity rates are higher among lesbians than among heterosexual women.
- Type 2 diabetes risk is increased in overweight transgender women who are on hormone therapy.
- Sexual orientation is a significant predictor of eating disorders among men, although not among women.
- Illicit substance use is a serious health problem for the LGBT community.
- Binge and heavy drinking is significantly more likely to occur in lesbians than in heterosexual women.

Patient Concerns

It is important to understand how homophobia and heterosexism manifest when LGBT individuals seek diabetes care in order to reduce any existing provider-level barriers. Individuals who approach the health care system are already vulnerable due to their illness. For LGBT individuals who

often fear dealing with, or have faced bigotry in, the health care arena, this has a far-reaching impact.

Outright hostility from health care providers is a common LGBT experience. Up to 39% of transgender people face harassment when seeking routine health care.

LGBTI clients are also likely to experience heterosexism: for example, being provided with support materials that explicitly or implicitly address monogamously partnered heterosexuals.

Tools for Providing Culturally Sensitive, Competent Care

Most multidisciplinary professionals have not received tools to care for LGBT individuals. More than half of medical school curricula includes no information about LGBT people, and programs in public health schools are also unlikely to include information beyond HIV/AIDS. Furthermore, transgender treatment is rarely taught in medical curricula.

Garnero concludes that health professionals' capacity to provide culturally competent care begins with awareness about professional interactions with LGBTI individuals, taking responsibility for their own beliefs and biases, and being sensitive to the norms that shape patients' lives. She suggests that sexual orientation should be included in all public health surveys to provide data needed to plan interventions aiming to improve LGBT health outcomes, as well as to help target populations and barriers to care – essential for diabetes self-management and training programs.

Garnero's final recommendations are for workplaces to demonstrate cultural sensitivity with visual clues, non-discrimination policies, LGBTI inclusive forms, interview techniques using inclusive language, and educational materials that do not assume heterosexuality. As she points out, diabetes professionals have long partnered with high-risk populations, and should be well-placed to help LGBTI communities by first ensuring their local work environments are conducive to good patient-provider relationships, and continue improving LGBTI care provision by working to incorporate LGBT diabetes care issues into mainstream curricula and professional arenas.

A full copy of this paper is on the GRAI webpage at: grai.org.au/sites/default/files/Diabetes%20and%20LGBTI_full_.pdf

Invitation to DESMOND

Diabetes WA has offered to run a special workshop for LGBTI people with type 2 diabetes and their partners/friends/support people.

DESMOND (Diabetes Education and Self Management for Ongoing and Newly Diagnosed) is a free one-day workshop that puts you in control of your condition.

The workshop is an opportunity to meet other people with type 2 diabetes and learn everything you need to know about type 2 diabetes, including information on food choices, exercise, stress, and medications.

If you are interested in attending, please contact chair@grai.org.au or 9436 3422.

WHERE: Southcare Manning.

WHEN: Date to be set when we have the required minimum numbers for this workshop (10 people).



Prime Timers is a great social group for mature-aged gay and bisexual men.

As well as their regular monthly meetings with a guest speaker, Prime Timers enjoy a varied calendar of events, including a book club, dinner and lunch clubs, as well as occasional picnics and bus trips.

For further information: primetimerswa.com

Prime Timers enjoying a picnic in the park, in West Perth, on their April meeting day



Research

BEYONDBLUE

Beyondblue is working on the development of a website to help Australian gay men support the mental health of their gay friends and partners.

To ensure the resource is the most helpful that it can be, Beyondblue are asking for input through the survey below. The website will share personal stories from gay men about the times they reached out to gay friends and/or partners to check in on their mental health. These personal stories will be de-identified – i.e., no personal details will be identified.

Further details and a link to survey can be accessed via the following link to the beyondblue website: model.beyondblue.org.au/get-involved/bluevoices/gay-men's-stories

TRANS AGEING IN WA

Phd researcher Kirilee Wood is embarking on a research project into trans ageing, the first of its kind in Western Australia. We urge trans people over 50 years old to contact Kirilee to be involved.

Seeking Participants: A Study of Older Transgender People's experiences of health and healthcare provision (ATPEH Healthcare).

Transgender and post-transition people over the age of 50 years are needed for a study through Curtin University in WA. The project will explore people's lived experiences of health and healthcare provision throughout Australia. The overall aim is to improve healthcare provider,



Kirilee Wood

healthcare legislators, and society's understanding of transgender health and support needs. Disseminated research findings are anticipated to empower ageing transgender people by giving voice to the specific needs of older transgender generations.

The research process involves participant interviews of approximately 1.5 – 2 hours. Interviews will be conducted either online, or in a convenient meeting place agreed by both participant and researcher. Participants will be compensated for travel or internet expenses up to the value of \$15. Contact Kirilee Wood at: Kirilee.wood@postgrad.curtin.edu.au. For more information about the study contact the Chief Investigator at Sam.Winter@curtin.edu.au or 9266 2365.

Curtin University Human Research Ethics Committee (HREC) has approved this study (HREC number: HRE2017-0202).

WHAT ARE YOUR VIEWS ON DEMENTIA?

University of Melbourne

We want to find out how people form their opinions about dementia and what they consider to be effective campaigning to increase understanding about and empathy for people living with dementia and those who provide support. We are very interested to hear your personal views and opinions.

We are looking for a limited number of interviewees who are:

- People living with dementia
- Family and people providing support
- Nurses, doctors and allied health professionals
- Social care and service professionals
- Over 18 years of age.

We plan to do a telephone interview at a mutually agreed time to seek your views and opinions. The interview will last between 30-60 minutes. To register your interest, please contact Irja Haapala-Biggs via phone: (03) 8344 2760, or via email: irja.haapala@unimelb.edu.au

We will phone you back to tell you more about the study and arrange an interview. As a small token of our appreciation we will offer you a \$40 gift voucher and we will send you a summary of our results. Let's get in touch.

This study, "Dementia in the Public Domain: Attitudes and Interventions" is approved by the University of Melbourne Human Research Ethics Committee (No. 1647136).

New on the GRAI Board

We have recently welcomed Liam Elphick onto the GRAI Board as a community rep. Liam is a law graduate, currently working as an Associate at the Supreme Court of WA. Liam was the inaugural Queer Officer for the Blackstone Society (UWA Law Students' Society). His research interests include anti-discrimination law, with a particular focus on how the law can best protect and balance the rights of minority groups, including LGBTI and the elderly. Liam's Honours thesis was on the scope of religious exemptions to anti-discrimination legislation on the grounds of sexual orientation, and his publications include a paper co-written with Eileen Webb: 'Yesterday once more: Discrimination and LGBTI Seniors' (2017), Monash Uni Law Review.



Liam Elphick

We are excited to have Liam's expertise and enthusiasm on the Board and look forward to working with him.

DEMENTIA AND HUMAN CONNECTION

RECLAIMING VALENTINE'S DAY FOR PEOPLE LIVING WITH DEMENTIA

Concern about dementia is rife – we rightly fear its ravages, and a great deal is invested in research and treatments. However our fears often mean we turn away from people who develop dementia, and forums tend to be dominated by medical discourses.

Dr Catherine Barrett (Celebrate Ageing, Victoria) noted that public discussions were lacking the voices of people living with dementia and their partners, and she saw a great need to take a fresh approach, one which celebrated people living with dementia and highlighted their capacities to give and receive love.

Alzheimer's Australia research found that, compared with the broader community, people with dementia are twice as likely to not see friends and twice as likely to experience loneliness. Unfortunately, the stigma of dementia contributes to this isolation as family and friends may be unsure how to connect to someone with

dementia. This is heart-breaking, as people living with dementia actually need increased social support to continue to live the lives they lived prior to diagnosis.

To address this, Celebrate Ageing – partnering with the Australian Association of Gerontology and Alzheimer's Australia Victoria – held a remarkable event in Ballarat on Valentine's Day 2017: a National Symposium on Dementia and Love. Reclaiming Valentine's Day for people living with dementia was more than symbolic. The symposium featured incredibly moving and inspiring stories of people living with dementia and their friends and families, with the focus firmly on the power of love and human connection.

We heard from some exceptionally wise and compassionate people, among them dementia ally and poet, Mary Wickham, who described dementia as a revolving door, where memories swing in and out, and spoke of the need to see someone in their 'reduced present'.



Anne and Edie, the 'Team Formidable' of dementia advocacy.

© THE SOCIAL PHOTOGRAPHER

Anne Tudor and Edie Mayhew – known as the 'Team Formidable' of dementia advocacy, always bring a beautiful presence to any forum. Edie, living with early onset dementia, displays authenticity and familiarity with strangers, and has the special power of establishing trust. Anne described the constant need to draw on new resources to deal with an ever-changing present. "Adjust or perish, it is always time to re-set", she said. "The inescapable furnace of dementia burns to the bone, but it also renews". Acknowledging this internal work, she said, signifies a smaller self and a larger other, and through this, the realisation that through their journey living with dementia, "Our hearts are bigger".

Dr Catherine Barrett quoted Alain de Botton, who said, "Love is a skill... not just an emotion or feeling". "We must study love in the way we study everything else that matters". Consequently, following the seminar, Celebrate Ageing launched The Museum of Love. This is an arts based project including two photographic exhibitions by Lisa White, The Social Photographer, The Kiss and the Mirror, which display stunning portraits of people with dementia kissing friends and living their lives with joy – powerfully celebrating their lives and loves.

Love Fest comes to Perth

Continuing this important work, Celebrate Ageing, in partnership with GRAI and the City of Melville, will present Love Fest Perth, on 3rd November 2017. This will include a six-hour festival at the City of Melville, including presentations by Dr Catherine Barrett, Anne Tudor and Edie Mayhew. The festival will also feature a photographic exhibition by Lisa White, showcasing local people, building on the success of The Kiss project.

As in Ballarat, people living with dementia and their care partners will be invited to talk about their challenges and the ways they address these challenges. Narrative and arts-based approaches will be used with the aims of empowering people with dementia and their care partners, and creating opportunities for new levels of support.

Meanwhile, The Kiss exhibition will be displayed in a busy public thoroughfare, the emotive images eloquently able to challenge old stereotypes and stimulate a potent, positive approach to people living with dementia.

People living with dementia need our support to 'come out of the closet' and emerge from the stigma of their diagnosis. GRAI is pleased to be associated with this project – although the Love Fest is not LGBTI-specific, we believe that the involvement of Anne and Edie as leading campaigners will encourage the participation of LGBTI people in WA who are living with dementia, and help break down the barriers of the 'double closet'.

Love Fest Partnerships invited

GRAI is inviting expressions of interest from organisations or individuals interested in partnering with Love Fest Perth.

If you are interested in being linked with this cutting edge dementia care project, please contact June Lowe: chair@grai.org.au, or 9436 3422.

UK report finds standard of care for LGBT people with dementia a 'woeful failure'

A recent government-backed report in the UK found that older LGBT people tend to be more isolated than their straight, cisgender counterparts and are often overlooked in health and social care legislation.

The National LGB&T Partnership, Voluntary Organisations Disability Group and The National Care Forum conducted the study and found that the national debate around dementia care was excluding older LGBT people.

"This is a woeful failure, particularly considering that the national health and social care agenda is meant to be driven by concepts of personalisation, collaboration, choice and control," the report says.

"Given these ideals, it is a gross oversight that people from LGBT communities with dementia are unlikely to be considered when care is being commissioned."

The report, Foundations for the future: dementia care for LGBT communities, April 2017, was prepared by the National Care Forum (NFC). It describes the growing need for appropriate care for LGBT people with dementia, and promotes the next steps towards creating better dementia care.

Launching the report on behalf of the National Care Forum and Voluntary Organisations Disability Group, SPP Manager Gill Boston said:

"The best social care takes people's needs and meets these holistically. This must include a recognition of people's sexuality or gender where it is appropriate to do so. With rising demand for dementia care, this report provides a call to action for all services to ensure that people are able to access the right person-centred support. Alongside this we need the workforce to be trained and developed by people from LGBT communities themselves".

Sourced from: <http://www.sbs.com.au/topics/sexuality/agenda/article/2017/03/31/uk-report-finds-standard-care-lgbt-people-dementia-woeful-failure>;

A RETIREMENT HOME FOR LESBIANS? WHERE DO I SIGN UP?

Val McDermid

'The Radclyffe Hall Retirement Home for Recalcitrant Lesbians sounds like a good place to start.' Marguerite Radclyffe Hall, who wrote *The Well of Loneliness*, is pictured standing with Lady Una Trowbridge in 1927.

When I used to live on the Northumberland coast, there was a game I played with visiting lesbian friends. On our walks and drives around the countryside, we'd identify houses we thought would make perfect lesbian retirement homes.

"No, that's too exposed to the weather," one would argue. "It's in the middle of nowhere, you'd never get the staff," said another. "The driveway's too steep, we'd all break our hips in the winter," a third objected.

But there was one thing we all agreed on. We really liked the idea of a community of lesbians growing old together more or less disgracefully. It may be a hangover from the ideas of communal living that gained a degree of traction in the 60s and 70s, often triggered by the political commitments of feminism and gay rights. But it's one that retains a lot of appeal as we age.

Although attitudes towards sexuality have shifted radically in recent years, there are still significant levels of homophobia and transphobia around. Manchester city council, which is planning the country's first local authority retirement community with a majority of LGBT residents (see below), reports that elderly gay people fear hostility and discrimination from those charged with taking care of them. So they often hide their sexuality.

It seems profoundly wrong to me that after a lifetime of struggling to be accepted and to be open about who we are, we face being pushed back into the closet. Heaven knows, age comes with its indignities: this shouldn't be one of them.

LGBT retirement homes are not about building a ghetto but rather being able to live life openly and without fear; to be surrounded by people with whom you have something in common. Often people move into such communities after a partner dies. How much healthier it must be to be able to express one's grief freely, rather than hold back for fear of being judged.

Loneliness and isolation afflict many older people, heterosexual and homosexual alike. We all stand a better chance of continuing to form friendships and loving



Radclyffe Hall. Photograph: Fox Photos/Getty Images

relationships if we live among kindred spirits. A retirement home that offers those connections means a community that is emotionally and psychologically healthier than the alternative. And that inevitably means people are physically healthier, too, because they're surrounded by people who notice changes in their behaviour and appearance.

Our fantasy home for old dykes featured many of the things that matter to us in our lives now: good food, because being old doesn't mean you suddenly discover a taste for institutional processed pap; accessible health provision, because the better we take care of ourselves, the better equipped we'll be for a comfortable old age; a range of activities – bridge, walking, board games, music, excursions of all sorts – because we don't want to ossify.

Maybe I'm making this sound a bit utopian, but I do believe communities like this can be part of our future. As the proportion of the elderly population increases, we all need to start imagining positive ways of living in later years.

I'm still at the stage where old age and retirement feel a long way off. But the prospect of being able to live among people whose lives are rich with echoes of my own, makes the prospect much less frightening. We all deserve a dignified and nourishing old age. The Radclyffe Hall Retirement Home for Recalcitrant Lesbians sounds like a good place to start.

[theguardian.com/commentisfree/2017/feb/27/retirement-home-lesbians-val-mcdermid?utm_source=esp&utm_medium=Email&utm_campaign=The+Best+of+CIF+base&utm_term=215228&subid=499638&CMP=ema_1364](https://www.theguardian.com/commentisfree/2017/feb/27/retirement-home-lesbians-val-mcdermid?utm_source=esp&utm_medium=Email&utm_campaign=The+Best+of+CIF+base&utm_term=215228&subid=499638&CMP=ema_1364)

Manchester city council to create UK's first LGBT retirement home

22 February 2017, Frances Perraudin

Manchester city council has announced plans to create the UK's first retirement community aimed at lesbian, gay, bisexual and transgender people. According to the local authority, the city is home to the country's largest number of LGBT people outside of London and is due to see a rapid growth in the number of LGBT residents over 65 in the next two decades. More than 7,000 over-50s living in Manchester identify as LGBT.

A recent report by the Manchester-based LGBT Foundation, commissioned by the council, revealed that older LGBT people experience higher levels of loneliness and isolation. Many were fearful of discrimination in existing accommodation and there was a desire for affordable LGBT-specific housing where people could be open about their identity in later life.

The extra care scheme – a targeted development for older people – will house a minimum of 51% LGBT residents, but heterosexual people will also be welcome to apply to live in the accommodation.

Carl Austin-Behan, who last year became Manchester's first openly gay lord mayor, said it was important for people to know they were going to be respected by the other people living in their sheltered accommodation.

A 2014 survey of care home staff by the University of Nottingham found that LGBT residents were not disclosing their sexual orientation or gender identity to staff, with many care home workers thinking there were no LGBT residents in the accommodation where they worked.

Cllr Bev Craig, one of Manchester city council's leads for the LGBT population, said prejudice and discrimination could be real problems facing older LGBT people.

"[They] shouldn't have to face the prospect as they get older of being surrounded by people who may not accept their sexuality or gender identity," she said.

"Older people should never feel isolated by who they are, or who they love. Alongside improving this in general provision, it is time that we developed a scheme in Manchester that provides care for LGBT people, providing a place where the LGBT community can give each other a network of support in older age."

<https://www.theguardian.com/world/2017/feb/21/manchester-city-council-to-create-uks-first-lgbt-retirement-home>

People



ANDREW BURRY

Andrew Burry, CEO of WA Aids Council (WAAC), passed away on 27 March 2017, after suffering a suspected heart attack. The news was greeted with shock and sadness by friends and colleagues in Perth and around the country.

He is considered to be a major contributor to Australia's community-led response to HIV, and his knowledge, expertise and experience will be sorely missed.

Andrew served as CEO at WA Aids Council for over four years, and prior to that held the position of Vice President of the Australian Federation of AIDS Councils (AFAO), was General Manager of the AIDS Action Council of the ACT and also worked at the Victorian AIDS Council.

AFAO president Dr Bridget Haire said, "Andrew's powerful, robust advocacy was informed by an unshakeable conviction that community-led responses matter." His working life was devoted to improving the health of others and fighting stigma and discrimination, and his leadership contributed greatly to the good standing of the WA Aids Council.

GRAI would like to add to the tributes and condolences that have poured in from around Australia. Andrew Burry's dedication to the HIV community showed him to be a man of extraordinary dedication and compassion.



DALE VINUP RIP

By Chris Hart, President Prime Timers

In recent years, Dale's main aim in life has been 'to reach the age of 90'. Well, he made it, and lasted an extra year. He was born on the 21st January 1926 in Jefferson County, Indiana, USA, on the small farm that his parents owned. He went to art college and developed his interest in interior design. After a few years of working for other people, he decided to set up his own business, with the help of his mother. He did the design work and she made the soft furnishings. He was so successful that his business expanded into a carpet store and a furniture store. He was very proud of the fact that he earned enough to be able to swan around in a brand new Cadillac automobile.

After the death of his parents, he sold his business and moved to Australia in 1957, settling in Sydney for a short time, where he met a dashing young RAAF Officer by the name of Peter. Later moving to Perth, they became lifelong partners (55 years) and had a great time, travelling the world, which was one of Dale's favourite things. Unfortunately, Peter died a few years ago of Alzheimer's, something that Dale never really got over. He finished his days in a very comfortable retirement home in Highgate.

Dale lived a very long and happy life, and slipped away quietly on the 1st April, in his sleep. What a lovely way to go!

Looking Back and Finding Something New

By Pam Mulholland

I can't remember exactly how this started, except that it was on the net. I saw something that inspired me to Google the name of the first gay venue I ever entered. I made this leap as a 21st birthday present to myself - so this was in June 1975. The Tavern Bar in the Royal Oak Hotel (in Wellington, NZ) was the place where my lesbian social life really began.

The Royal Oak was a place for sexual outlaws of every stripe including lesbians, gay men, drag queens (some of whom I later came to understand were actually trans women) and sex workers. Wellington being a port city, the largest bar (called the Bistro Bar) was well patronised by military and merchant sailors from all around the world, drinking among the locals. Business was brisk for sellers of sex, more than a few of whom were lesbians. I would sometimes wander into the Bistro Bar to dance but spent most of my time in the smaller Tavern Bar – night after night after night it seemed. I made friends there, began two of my most significant relationships there, and although that time was actually far shorter than the deep place it has in my memory would suggest, my overall experience there has positively coloured my life and the way I view society ever since.

So what happened just the other day? My Google search presented me with quite a list of links and I clicked on one at random. I landed on a site called PrideNZ.com and found myself looking at a black and white photo of the interior of the Tavern Bar taken

in 1938! It looked different and yet the same. I could see myself walking in and up to the bar. Then I read the text under the photo and was completely taken by surprise. It said:

'The Tavern Bar at the Royal Oak Hotel was the 'gay' bar in Wellington during the post-World War II period until the hotel was demolished in the early 1980s'.

It had been a gay bar since the mid 1940s! I had no idea of this when I was there in the 1970s, no idea until two days ago as I write. Good and bad times happen in bars but I guarantee many, many souls found themselves and found freedom in that place over almost 40 years. I understand too well why their history was hidden, but belatedly, cheers to them all!



Date: ca 1938 Ref: PA1-o-838-12 (NZ National Library website)
View of the Tavern Bar interior which is constructed in an adzed half-timbered style

About GRAI

GRAI was established in 2005 in response to fears within the LGBTI community that, as they grew older, they would have to 'return to the closet' if they required services from mainstream care providers.

GRAI works to improve the quality of life for older LGBTI people, focusing on both social inclusion within the community, and also the provision of care services. We aim to create a safe and inclusive mature-age environment for all people of diverse sexualities and gender identities.

GRAI works with government agencies, with the aged care sector and in the community to provide visibility and a voice for LGBTI elders.

Through research and advocacy we have already achieved law reform to outlaw discrimination of older LGBTI people.

We deliver training to the aged care sector to achieve responsive and welcoming aged care services.

We hold community events to build better community supports and friendships within the LGBTI community.

We network nationally and internationally with groups and individuals interested in issues of LGBTI ageing, and welcome collaborative partnerships and new members.

GRAI 
GLBTI Rights in Ageing Inc.

54 Bickley Crescent, Manning 6152
PO Box 514 North Perth WA 6906
P (08) 9383 7753 or (08) 9436 3422
E info@grai.org.au grai.org.au

GRAI thanks

