



# GRAI MATTERS

June 2011

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**Please think about nominating to join the GRAI Board...**

**an enjoyable and worthwhile way to contribute to our community.**

***For your diary:*  
GRAI AGM and  
Community Forum  
"Reaching Out" ...  
27 Aug, see page 3.**

*GRAI Matters Newsletter*  
GRAI PO Box 715  
Mt Lawley, 6929  
[info@grai.org](mailto:info@grai.org)  
[www.grai.org](http://www.grai.org)

## Welcome

Welcome to the latest GRAI newsletter. Your hard working board has been working quietly in the background ensuring that LGBTI ageing issues are advanced. This has included a short submission to the Department of Health and Ageing on their Accreditation Standards for residential aged care. There was no specific mention of sexuality orientation or gender diversity yet other minority groups were mentioned. Again there we were not the only players to put this view and colleagues and organizations in other states also wrote submissions.

Board member June Lowe and I had an informative meeting with Senator Rachel Siewert about potential lobbying strategies to advance the core concerns of GRAI. This was interesting as Rachel is the Green's spokesperson for aging issues and she was able to provide good insight into who are some of the key players that our organization should be meeting with. We also discussed the likely impact of the full recognition of same sex marriage and whether when that happens, as surely it must, that this will have large flow on effects for other LGBTI sectors.

We have been in discussion with ACON (AIDS Council of NSW), about allowing the use of GRAI/Curtin University Best Practice Guidelines developed last year as part of our research project, in a current project ACON is undertaking. They received substantial funding from the Department of Health and Ageing to roll out an LGBTI awareness raising training program for staff in residential aged care providers. Initially this is being undertaken as a pilot program.

Two issues closer to Perth are the forthcoming AGM and another call about ideas on how GRAI might facilitate a visitor program.

## GRAI AGM

The AGM is scheduled for 27 August (see page 3 for details). We will also have a guest speaker from "People who Care" raising the issue of how we can better engage with GLBTI elders in our community.

I hope that as many of you as possible can come to this. We do not hold many events where members can meet other members, and the business of the AGM should be short allowing plenty of time for socializing and general discussion to follow. As with any small member based organization we will be seeking nominations to the Board. We are likely to have several vacancies including that of Treasurer.

## Letter from the Chair

Continued page 2

## Letter from the Chair continued

If you want to give something back to the community, have time to commit to a monthly meeting, and are interested in furthering the cause for improving LGBTI aged care, then please seriously consider our call to join the Board. If you would like to speak to a Board member to find out more please email [info@grai.com](mailto:info@grai.com).

## Calling for visitors and friends

About a month ago I had a phone call from a man in an aged care residential environment. He had found the GRAI listing in an issue of Out in Perth. He was a gay man in his late 60s and he was seeking some social support. Quite frankly he was lonely and feeling a bit like the only gay in the village. We have had a couple of calls like this over my time as Chair. Each time we bring it to a Board meeting and each time we seem unable to actually come up with a real action plan that provides what this man is seeking. So the call goes out again. Is this something that GRAI should actively pursue? Should we be influencing some existing visitor programs that do this for people in the broader community to see if they could take this on in a LGBTI friendly way? Does a community like Perth care about its elders enough to think about what we can offer in this area? Last time I put some effort into contacting other LGBTI organizations in Perth to see if they could help. All said either it was not part of their core business or they did not have the resources to do this. Is there any earmarked funding that might support such a service that could be seen not just as a visitor service for people in residential aged care but could perhaps extend to being able to offer some other social outlets - maybe facilitating an outing to Fair Day? Do we actually have the community spirit to do this? A lot of our resources go on supporting younger folk sort out issues of sexual orientation and gender diversity which is very appropriate as a time of potential stress and confusion. However let's not forget our older citizens. I would be interested in your thoughts on this - and our forum at the AGM will give us an opportunity to discuss this further.

That's all for now. So happy reading.

Jude Comfort, Chair

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**GRAI Board member, Brett Tizard, asks:**

***“Sipping a nice glass of red, a great meal and good conversation are all part of a successful dinner party. But what happens if the conversation moves to more serious topics?”***

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## A nice glass of red...

Brett Tizard, GRAI Board Member

Sipping a nice glass of red, a great meal and good conversation are all part of a successful dinner party. But what if the conversation moves to more serious topics?

What if you and your dinner companions start asking hard questions like what will retirement villages be like when it's our turn to retire? Will they be welcoming of LGBTI residents? Will they understand our needs? The answer is obvious - someone needs to do something about that! Someone needs to start working on that now!

Over half a decade ago, a group of friends were asking themselves those very questions and decided to do something about it. They formed GRAI.

Continued page 3

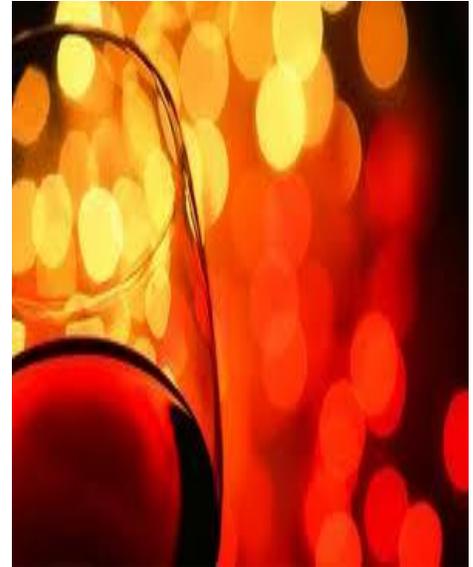
## A nice glass of red... continued

In a few short years, GRAI has managed to accomplish quite a lot. Starting with a public forum at the University Club of Western Australia in October 2005, GRAI has gone from strength to strength with speeches from Justice Michael Kirby, community forums as part of Pride, presentations at conferences on Ageing, chats with Rodney Croome, major grants from the Lotteries Commission, the production of Best Practice Guidelines for Aged Care Facilities launched by Noeline Brown Ambassador for Ageing and major submissions to the Human Rights & Equal Opportunity Commission and the Productivity Commission. All of these activities have helped to raise the community's awareness of LGBTI issues as they related to ageing.

And GRAI didn't do it alone - we have always had lots of supporters, collaborators and helpers. From John Barnett at The Braintrust who designed GRAI's logo to the Hon Giz Watson who hosted a number of Board meetings at her office to our research partners at Curtin University to Club West for financial support to the Coode St Café to our friends at LotteryWest and a cast of others who have been there to help our organization.

When you look back at what has been achieved by the gallant band of individuals in GRAI, it is sometimes hard to reconcile these with a small Western Australian organization that started over a dinner party conversation.

The future holds many challenges for GRAI but remembering the words of Margaret Mead, this small group intends to change the world.



## GRAI Community Forum and Annual General Meeting

***“Reaching Out: Building Community with GLBTI Elders”***  
with guest speaker, Paul Van-Lieshout-Hunt, “People who Care”

**When: Sat 27 August 2011, at 2pm (optional tour from 1.30pm)**

**Where: Community Centre, St Michael's Residential Care, 53 Wasley St, North Perth**

**1.30 pm TOUR:** If you would like a tour of St Michaels, the Manager has kindly offered to show people around before the main meeting.

**2pm “REACHING OUT”** will explore ways we can build an inclusive community which cares for GLBTI elders. We invite you to be part of this vital discussion.

**2.45pm AGM:** an opportunity to celebrate our achievements and talk about future plans. The official business will be brief - then we will focus on enjoying each others' company!

***Wine and light refreshments provided***

- To nominate for the Board, email [info@grai.com](mailto:info@grai.com) by **20 August** enclosing a brief CV
- To RSVP your attendance, email [info@grai.com](mailto:info@grai.com) by **23 August** (for catering purposes).

***WE LOOK FORWARD TO SEEING YOU THERE!***

## LGBTI Health Alliance, Gabi Rosenstreich

In April this year, the remarkable and indefatigable coordinator of The National LGBTI Health Alliance, Gabi Rosenstreich, decided to leave this role to pursue other directions in her career. GRAI joined others around the country in thanking Gabi for her extraordinary achievements in putting LGBTI health issues on the national agenda. Gabi was instrumental in getting the Alliance up and running in early 2009, and in creating a national framework of over 100 diverse members working collaboratively on shared objectives.

Gabi convened the ‘Health in Difference’ national conference in 2009, which shared knowledge about LGBTI health and wellbeing, strengthened networks and inspired future plans. She was famous as an energetic generator of countless submissions, always evidence-based and of impressive quality. A tireless lobbyist, Gabi put LGBTI health and wellbeing on the national agenda, particularly in the areas of mental health, suicide prevention, women’s health, men’s health and ageing.

Gabi’s focus was to coordinate work from around the country and these efforts have had tangible impacts, demonstrating the power of the combined efforts of a national coalition. Successful inclusion in federal policy frameworks for many of our issues, for example, is now a lever that can be used in different ways to make real differences for people’s lives.

We wish Gabi well in her new endeavours. We also wish the GLBTI Alliance Board every success in the difficult task of finding a replacement!

## The Pinnacle Foundation

The Pinnacle Foundation, under Patron Michael Kirby, is a relatively new organization, started in 2009, formed to assist marginalized or disadvantaged GLBTI students - and aims to provide financial and emotional support while they undertake HSC or tertiary studies. This is done through providing scholarships for these young people, under the guidance of ‘vocational mentors’ and donors. Scholarship holders are matched with mentors to provide guidance on academic and related issues.

“We provide financial and mentor assistance to Gays and Lesbians who have struggled to complete their education because of personal or social circumstances which provide significant challenges for them” said Susan Brooks, Management Team member.

If you are interested in becoming either a mentor or a donor, and would like more information, visit the Pinnacle website, on: <http://www.thepinnaclefoundation.org/>

## ‘Loneliness Among Older Lesbian, Gay, and Bisexual Adults: The Role of Minority Stress’

Review by June Lowe, GRAI Board Member

Past research has found that aging LGBs (sic) are more apt to suffer from loneliness than their heterosexual counterparts. This study from the Netherlands looked into the influence of five minority stress factors as a way of better understanding this phenomenon. The 5 minority stress factors studied were: *external objective stressful events* (such as encountering prejudice); *expectations of those events*; *internalized homo-negativity*; *hiding and concealment of one’s LGB identity*, and *ameliorating processes*.

The study showed that older LGB adults who experienced or anticipated strong negative reactions suffered the highest levels of loneliness. However, having a LGB social network buffered the impact of these stressors.

They found that interventions to decrease feelings of loneliness among older LGBs should focus on decreasing ‘societal homonegativity’ (to reduce prejudiced reactions) and enhancing social activities for LGB elderly.

So far, so obvious, but all this is now proved scientifically!

The Dutch findings closely mirror Australian studies. Aging LGBs, growing up in a time where their sexuality was considered a sin or a sickness, had fewer possibilities to meet other LGBs. This makes them more vulnerable to emotional loneliness (lack of intimate attachment) and social loneliness (lack of social network). However, the degree of ‘social embeddedness’ was not felt to be the main causal factor in loneliness, nor were other factors such as health, living conditions, socio-economic status.

Which brings us to the ‘minority stressors’. The high likelihood of older LGBs having experience, at least in their youth, of *external objective stressful events* like discrimination and victimization places them at significant risk. Also, despite changed attitudes and legislation now, older LGB adults are still likely to be surrounded by peers who hold negative attitudes about homosexuality. Growing up in a hostile environment, older LGBs have learned to be ‘on guard’ and to *expect negative environments*. Thus *Identity concealment* is a protective strategy to avoid rejection. Many older LGBs reported that although many in their social network “knew” they were gay, it was not possible to be spoken about openly. Some never told anyone about their sexual orientation, including parents, co-workers or family members.

The main ameliorating factor counteracting minority stress is *ingroup cohesiveness*. Having LGB friends creates a context free of stigmatization and difference and the vigilance can relax. In Holland, 60% of older gay men and 40% of older lesbians were active in the gay scene.

It would be interesting to know how our West Australian LGB elders are faring in this regard.

Lisette Kuyper, Tineke Fokkeman, 2009, ‘Loneliness Among Older Lesbian, Gay, and Bisexual Adults: The Role of Minority Stress’, in *Arch Sex Behav* (2010) 39:1171-1180, Netherlands.

## Ready or not: addressing stigma and promoting wellbeing of people living with HIV in aged-care

Adapted from an article by Dr Catherine Barrett, Associate Professor Anne Mitchell, Lizzi Craig and Dr Liz Crock

Given the increasing number of people ageing with HIV, it is important that aged-care services are ready to meet their care needs.

The aged-care sector currently supports a large number of older Australians to remain in their own homes, with residential services provided to about 5% of people over 65 years. These supports need to take into account particular issues faced by older people living with HIV

However, it appears that aged-care services do not understand the needs of older HIV-positive people and discriminate against this cohort because of fear of HIV. This is concerning, as a recent study into the health and psychological wellbeing of HIV-positive, older gay men found that: ‘... the strongest predictor of subjective wellbeing was men’s reported history of discrimination from medical service providers around their HIV status, therefore highlighting perceived stigma as a crucial element in overall wellbeing.’

This article looks at the readiness of aged-care services to meet the needs of people living with HIV from the perspective of older HIV-positive people (and those assumed to be HIV-positive), and from the perspective of people working in aged-care. We then examine these perspectives in the current context of aged-care service provision, to illustrate the need for a person centred strategy to educate aged-care service providers.

### Client experiences of aged-care

In 2008, ‘The My People’ study was undertaken in Victoria to explore the experiences of older gay, lesbian, bisexual, transgender and intersex (GLBTI) people in aged-care. The study included interviews with eight gay or bisexual men, one of whom disclosed being HIV positive.



Most of the men raised concerns about the readiness of aged-care services to care for people who are HIV-positive, or assumed to be so. Several described how carers assumed that they were HIV-positive because they were gay. For example, Andrew described having a home care provider from his local council visit his home daily to shower his partner Bill. Andrew described inadvertently revealing that he and Bill were in a relationship and noted that in response

“The carer wouldn’t really shower Bill after that. Bill was blind, deaf, full of arthritis and needed all the help going. I think the carer was concerned that we were gay. The guy thought: he’s gay and has he got something else wrong with him? He was worried about HIV/AIDS. That’s what I think. I phoned the council and told them. They were very good. I told them I didn’t want him back.”

Other interviewees described aged-care service staff refusing to physically touch them or ‘double gloving’ for all physical contact with them when it was revealed that they were gay. As a consequence all the interviewees reported that they were reluctant to access aged-care services and that they hid their sexual identity when accessing services to avoid being assumed to be HIV-positive.

## Ready or not: HIV in Aged Care, continued

The study was small and limited to the experiences of gay men in Victoria. However, the findings indicate that some aged-care service providers do not understand HIV, with the result that their responses are discriminatory. This is concerning given the finding that discriminatory responses are a crucial element affecting overall wellbeing.

### Staff perspectives

The views of aged-care service providers on caring for HIV-positive people were described in a 2008 study exploring their perspectives on the care of GLBTI clients. The study included three focus groups and 16 interviews with aged-care service providers. Participants were given a scenario of a newly admitted HIV-positive client, and they were asked to describe how staff in their service would respond to this client. Most of the study participants reiterated the misinformation and fear of contagion identified in the 'My People' study. One interviewee reported that her colleagues: "...would over-glove; there are always staff who go too far; I don't think staff have nursed enough HIV, so they would freak out."

Another reported that: "...some staff might steer away, not go near him, and avoid nursing him. They need the facts of how HIV is transmitted and whether there's going to be any dangers for them."

These responses were fairly typical of the views expressed by other interviewees. The fear of the contagion of HIV, and the assumption that all gay men are HIV-positive, was also identified in the focus groups. One focus group was held in a high-care facility where staff had recently identified that a resident was gay. In reference to this resident, one of the focus group participants reported that: "We don't have the information on whether he has AIDS. I feel sorry for the poor personal care attendants that go in there and don't wear gloves to protect themselves. If they get AIDS who are they going to sue?"

**These views demonstrate the fear of contagion that is associated with ignorance about HIV and its transmission. Many of the study participants reported that they had not received any education around HIV since the 'Grim Reaper' Australian national television campaign of the 1980s. Perhaps then it is not surprising that they fear HIV-positive clients.**

The importance of educating aged-care service providers was reiterated in a study conducted in aged-care across Sydney, in which service providers were invited to complete a survey about their knowledge of HIV and their concerns. Of the 106 respondents, 55% said they worried about catching HIV from a resident, and 62% said that they worried about passing on HIV to their families after caring for the resident. This study reinforces the importance of educating aged-care service providers to ensure the wellbeing of older HIV-positive people.

### A framework for education to promote wellbeing

The opportunity exists to educate aged-care service providers about HIV in a way that addresses fears of contagion and promotes the wellbeing of HIV-positive clients. This can be achieved by focusing on person-centred care. A person-centred approach is generally accepted in aged-care and has been identified by the Department of Health in Victoria (2004) as a strategy to improve care for older people.

The person-centred approach adopted in our training, which is coordinated by Gay and Lesbian Health Victoria, sets out to improve outcomes for the care of people living with HIV by addressing the needs of both staff and clients.

The education begins by inviting staff to describe their fears, assumptions and beliefs. This provides the opportunity to challenge myths and provide factual information, including reinforcing universal precautions. Staff can then understand the experience of aged-care from the perspective of the HIV-positive client.

## Ready or not: HIV in Aged Care, continued

To achieve this we use narratives from older HIV-positive people, thus providing humanizing accounts of the experience of living with HIV. This encourages service providers to look beyond the virus to the experience of the person living with the virus. These personal stories also demonstrate for staff how a discriminatory response can impact on client wellbeing.

This educational framework needs to take into account the current context of aged-care services. For the past decade, the aged-care section of the Victorian Department of Health [as elsewhere] has experienced a number of challenges ... although the numbers of older people requiring aged-care services have increased, the aged-care workforce has decreased and poor pay has made it difficult to recruit and retain staff.

Education of aged-care service providers needs to take into account high turnover of staff, low literacy, low morale and significant workloads. There is also a need to recognize that many who work in aged-care services are motivated by good intent – that they would gladly provide a higher standard of care if the education were provided to show them what was required.

For example, aged-care service providers have indicated that they were concerned about HIV contagion but were more worried (60% of respondents) about not knowing how to care for a resident with HIV. Aged-care service providers deserve to be given the information they require to do their job well.

## Conclusions

Until aged-care service providers are educated about the needs of people in their care living with HIV, their responses will continue to be driven by misinformation and misplaced fears, and they will continue to miss the opportunity to promote the wellbeing of this client group. The educational model described in this article involves exploring staff and client narratives as a way of addressing staff fears and meeting client needs. The narratives told by older HIV-positive people provide aged-care services providers with the opportunity to understand their clients' journeys, including challenges encountered and overcome, and their experience of co-morbidities. This model needs to be considered by those providing services to older people in residential care, home care, community care, rehabilitation and acute care.

## WEB RESOURCES

### Rainbow Visions, New South Wales

The Hunter based GLBTI organization **Rainbow Visions** has conducted groundbreaking work in relation to GLBTI ageing including a web resource guide, forums and academic presentations in conjunction with the University of Newcastle, and the development of an e-list on GLBTI ageing.

<http://www.rainbowvisions.org.au/resourcesAgeing.html>

### Aged Care Complaints Scheme News

This new blog aims to:

- keep aged care consumers, providers and stakeholders up to date on our progress implementing reforms to the Aged Care Complaints Scheme
- provide easy-to-understand information about the complaints process
- address topics of interest for care recipients, families, representatives, aged care providers and staff.

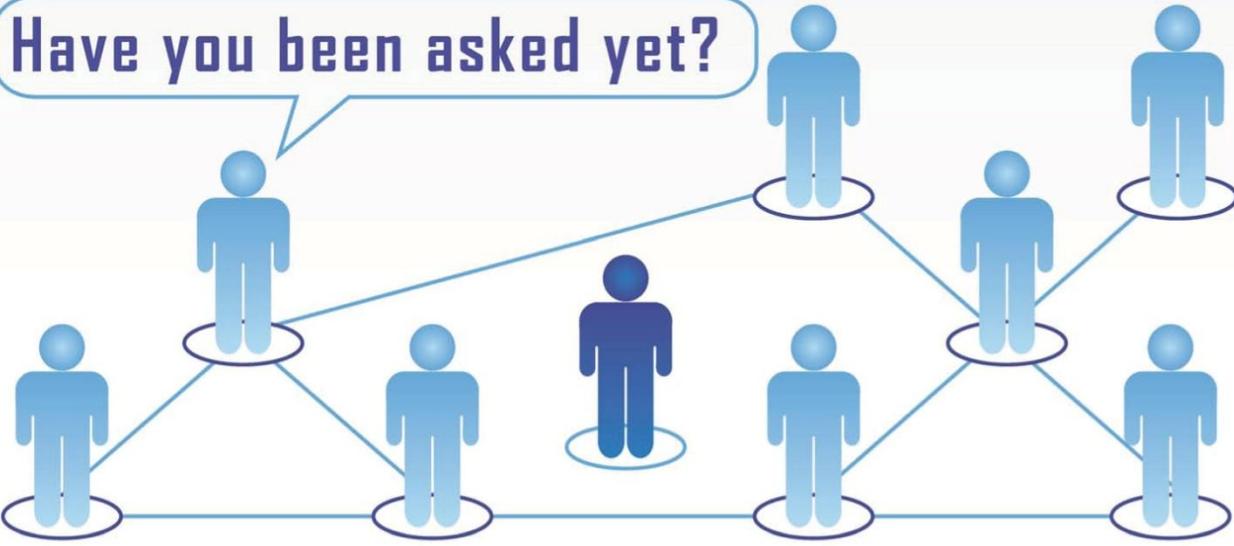
The blog also welcomes your views <http://agedcarecomplaints.govspace.gov.au/>

## CONNECT Study

A \$4000 travel voucher from the Flight Centre is up for grabs - participate in the CONNECT Study and you will go into the draw with a chance to win!

If you are male, over 18 years, have had sex with another man in the last 12 months and live in Perth, Melbourne or Sydney - what are you waiting for?

To register, contact Rita Freijah [r.freijah@curtin.edu.au](mailto:r.freijah@curtin.edu.au), visit [www.connectstudy.net](http://www.connectstudy.net) or see the pic below for more information.



**Have you been asked yet?**

**Get CONNECTed and be one of the 425 men who do**

CONNECT is a study of the way men who have sex with men influence each other's beliefs and behaviours within their networks and communities. As this is a study investigating social networks, participation in the study is through invitation from your friends and peers. To find out more about the study visit [www.connectstudy.net](http://www.connectstudy.net) or contact Rita [r.freijah@curtin.edu.au](mailto:r.freijah@curtin.edu.au) or 0431 659 035





