



GRAI MATTERS

August 2012

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Note, GRAI AGM 2012
Sat 8 Sept
(More details, see page 2)

We welcome your contributions to GRAI Matters

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EDITOR: June Lowe

Welcome

Letter from the Chair

GRAI Newsletter August 2012

Welcome to the latest newsletter from GRAI. Another year is passing seemingly very rapidly and the Board has not progressed all it would have hoped to by now. This often happens with small community based organisations that are reliant on busy volunteers to achieve their aims. However it is pleasing to see that our advocacy work has contributed to the reform agenda of the current government on aged care in Australia. Minister Butler (Federal Minister for Ageing) has been progressing the commitment to the provision of training on LGBTI issues to the aged care sector. This has been advanced with the announcement of an LGBTI working party to contribute to the direction of this funding. GRAI Board member, Dan Parker has been accepted as a member of this Steering Committee (see report page 3).

As the date of GRAI's AGM draws near it is also time to put out a call for interest from members to join the board. We will be losing some of our current board members and hence we will be actively recruiting for new board members. However do not wait to be asked - you can self nominate. Everyone will have something to offer, so please consider what you could contribute. You will need to commit to a monthly meeting with enthusiasm and energy. If you would like to discuss what board membership involves, please do not hesitate to phone me (on 0422 654 244).

Fenway Health Institute

In April I was lucky enough to be in Boston in the USA and visited the impressive Fenway Institute. Fenway Health is one of the premier LGBTI health agencies in the USA and started in 1971. It started out as drop in health centre run by politically active students from Northeastern University. They were concerned to provide accessible health to all. The centre continued to develop over the next decade expanding services. It serves the Fenway community - a community of seniors, gays, low-income residents and students.

In the early 1980s Fenway became one of the leaders in the newly emerging and poorly understood disease which was soon to be called AIDS.

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Letter from the Chair continued

Working with the Harvard Medical School, collaborative work on AIDS was undertaken, and Fenway health became increasingly involved in providing social support and education around AIDS.

From these early days emerged an impressive health facility that forty years later occupies a 10 story building providing direct health services to the community as well as policy, research and education and training.

While much of its work is around gay health issues it is not exclusively so. The Institute continues to serve the geographical community of Fenway and other marginalised groups. In meeting with several of the directors I learned of the broad based health areas covered by the Fenway Institute. A highly respected health institute, it now has an operating budget of \$50 million and 305 staff.

In the aged care area, social support groups are held and they also have a meals program which provides a great opportunity for older folk to come together and address some of the social isolation issues. It was very impressive but it is also important to remember that greater Boston has a population of approximately 4.5 million. Despite the size difference, there are still lessons to be learned, and fortunately the Fenway Institute is more than willing to share their resources and experience.

Jude Comfort

GRAI Chair

GRAI: How can you contribute?

GRAI (Gay Retirement Association Inc) was established in Perth in August 2005, to explore the development of retirement and aged care services and facilities for older and ageing people of diverse sexualities and gender identities. Our vision is that older LGBTI people will enjoy a rewarding quality of life. Our mission is to create a responsive and inclusive mature age environment that promotes and supports a quality life for older people of diverse sexualities and gender identities.

Most of you reading this newsletter will already be members and we thank you for the support that this gives our organisation. However there is more you can do. As we enter into this exciting stage where we see that the Federal Government taking the issues of LGBTI ageing seriously, please consider becoming more involved

So what can you do?

- Maintain your current membership to GRAI (new membership fees will be due soon)
- You can encourage your friends to join GRAI - check the website for membership details.
Come to our AGM on **Saturday 8th September**.
- You can offer to volunteer to assist in the planning and running of a couple of GRAI events over 2012 PrideFest - including a volunteer stint on Fair Day.
- You can nominate to join the board of GRAI - you will be receiving notification and relevant paper work for this soon.

You can discuss any of these options with a board member. Just email info@grai.org.au with your phone number and query and one of our board members will give you a call.

NOTICE OF GRAI AGM

You are invited to GRAI's 2012 AGM

- **Saturday 8 September 2012**
- **2pm to 4pm**
- **St Michael's Residential Care, 53 Wasley St, North Perth**

(Note, a tour of this facility and its new wing, will be given for those who are interested, following the AGM).

For more information or to RSVP
contact the Chair Jude Comfort on
0422 654 244 info@grai.org.au

ALL WELCOME!

National LGBT Aged Care Reforms: a significant step

The exciting news for this quarter is that on the 20 April, the Commonwealth government announced its Aged Care Reforms, which include, for the first time, LGBTI specific measures. These historic developments are the result of many years of stalwart efforts and advocacy by numerous individuals and groups, including the National LGBTI Health Alliance and GRAI.

The reforms include vital funding for LGBTI sensitivity training and also a commitment to include LGBTI people under the 'Special Needs' category in the Aged Care Act. The government also committed to establish a LGBTI Aged Care Strategic Plan, which is being progressed with input from the LGBTI community, including GRAI.

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Training

Materials for LGBTI sensitivity training have already been developed by ACON and the National LGBTI Health Alliance, and the Federal funding will see the beginning of a national roll out of these materials. GRAI hopes to be involved in the roll out of LGBTI Aged Care training in Western Australia.

'Special Needs'

Inclusion of LGBTI older people as a 'Special Needs' group is a significant move. It means that when that aged care providers apply for funding from DOHA, they will need to demonstrate how they intend to address the needs of this client group.

"This is a great achievement for the many people involved."

**Warren Talbot,
National LGBTI Health Alliance**

This will focus the attention of providers across the country, so hopefully the catch-cry 'we don't have any of those people here,' will become a thing of the past.

Strategic Plan Consultation

Negotiations for the LGBTI Aged Care Strategic Plan are already underway. This is being developed within the Federal Department of Health and Ageing, with a community Advisory Committee meeting with the Department to establish the guidelines.

GRAI Board member, Dan Parker, is a member of this committee, and attended its' first meeting in Canberra in early August. (See below, 'Let the talks begin!').

Let the talks begin!

The first meeting of the Steering Committee for the Federal government's LGBTI Aged Care Strategic Plan met in Canberra on Thursday 2nd August.

GRAI Board member, Dan Parker, has been appointed

as a member of this Committee and flew to Canberra to attend the 3 hour meeting with the Department of Health and Ageing (DOHA).

"This meeting represented an important step in the

process to guide the Commonwealth as they work towards their agenda for healthy ageing and full inclusion of GLBTI adults," Dan said.

The Steering Committee will be meeting regularly until

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Let the talks begin! continued

the end of 2012. In addition to developing a set of principles, specific concrete goals are also being finalised. These principles and goals will be developed both through and after a process of community consultation.

“I felt excited and honoured to be part of this process.”

Dan said. “It was an important and historic development to sit in a collaborative way with DOHA

staff, working to achieve the best results for our community,” he concluded. “It felt very encouraging and collaborative.”

Dr. Catherine Barrett of La Trobe University’s Australian Research Centre in Research in Sex, Health and Society, is co-chairing the Committee on behalf of the National LGBTI Health Alliance. The Steering Committee includes good representation from many sectors of our

community, as well as key organisations involved in providing aged care services and supports.

There will be regular announcements coming out of the process, as well as opportunity for wider community input. GRAI will be actively involved in this process both nationally and locally, and will ensure West Australians are kept well informed about when and how to be involved.

‘Special Needs’ – what does this mean?

‘Special Needs’ is an unfortunately old fashioned term, laden with negativity. However, in the context of aged care, the designation of ‘Special Needs’ status is a valuable moniker: it creates a mandatory obligation for service providers to pay particular attention to the needs of these groups.

Groups already identified as having Special Needs include rural and remote, indigenous, culturally and linguistically diverse (CALD), and war veterans. And now, after years of lobbying from LGBTI groups and individuals around the country, the Federal government has announced its commitment to amend the Aged Care Act to include LGBTI as a ‘Special Needs’ group.

Why is this important, and what will it achieve?

Firstly and foremost, ‘Special Needs’ status will counter the ‘invisibility’ of LGBTI elders. It will become illegal for aged care service providers to hide behind ‘not knowing’, ‘not asking’ and saying they ‘treat everyone the same’.

There will be mandatory reporting mechanisms that will drive cultural change, as care providers will have to demonstrate measures they are taking to provide supportive and inclusive services.

Service providers will be required to provide LGBTI sensitivity training for staff, and materials such as admission forms will be

amended to use neutral language. Carers should make efforts to support links with LGBTI community events and it will no longer be good enough to assume everyone is straight!



Pride and Prejudice: ending faith-based discrimination

The Federal government's new commitment to acknowledging GLBTI elders through 'Special Needs' status is an historic step towards acknowledging the needs (and indeed the very existence!) of older GLBTI people. These changes will crack open the closet door to shed light on an erstwhile invisible minority. However, it is set to create an intriguing legal conundrum: if the rights of GLBTI elders are enshrined in the Aged Care Act, what does this mean for the faith-based aged care providers which have been so far able to claim immunity from anti-discrimination laws?

GRAI has written to the WA Equal Opportunity Commissioner, Yvonne Henderson, asking for a meeting to discuss the issue, and we anticipate similar activity in the other states which also have faith-based exemptions in their statutes.



The fight is also soon likely to be taken up at a Federal level, and the Federal Attorney General, Nicola Roxon, seems to be awake to the problem of legally protected discrimination, particularly in aged care. In a recent interview, Roxon appears to be readying herself to take on the churches.

'Asked for an example where resistance from the churches is likely, she says the issue of access for gay people "came out very strongly in our aged-care consultations ... You've got openly gay people starting to go into aged care and you've got 70 to 80% of aged care run by religious organisations." These are "delicate issues," she cautions, adding the government is not yet ready to announce its direction.' (The Monthly, June 2012).

The same-sex marriage link

The issue of same-sex marriage has the churches under pressure, and the anti-gay stance of some is spilling over - raising uncomfortable questions about the quality of the many 'secular' services they provide.

On Sunday 17 June, Anglican and Catholic churches combined to coordinate their sermons against same-sex marriage. ABC News reported: "One consequence the Catholic Church fears is that a new legal definition of marriage will put it at odds with the law." From his pulpit in Sydney, Catholic Bishop Julian Porteous declared: "There may be pressure to compel us to recognise same sex marriage in our schools, in our charitable, welfare, aged care and adoption services. This we cannot do."

The issue of same-sex marriage and GLBTI 'Special Needs' status in the Aged Care Act are legally separate but related in practice, in that they betray a disapproving stance which is at odds with providing inclusive services.

It is this 'disapproval' that is at the heart of (mostly Catholic) churches' claims to legal exemptions from the Equal Opportunity Act. However, this raises serious questions about the legitimacy of churches tendering for substantial government contracts in human services, while claiming immunity from laws that protect the rights of the GLBTI community.

It also casts into doubt their capacity to be compliant with the Federal requirements of GLBTI 'Special Needs' status, and creates a tricky legal challenge. It will be interesting to hear how the Equal Opportunity Commissioner will interpret this conundrum.

June Lowe, Board member

Linton Estate: Australia's First LGBTI village & Residential Aged Care Facility

After nearly 14 years of planning, Linton Estate, Australia's first ever independent living village for older (LGBTI) adults will soon be under construction. The project will feature a mix of 120 two and three bedroom independent living units, with access to an on-site nurse and care in residents' own home if needed.

The owner of Linton Estate, gay man Mr Dickson, in May announced his intention to follow the village project with an LGBTI residential aged care facility in the near future.

Promoting a philosophy of mutual respect, the estate will be a safe, secure and non-judgmental environment for residents and staff of all genders and sexualities. The facility will have no age restrictions, allowing for people with younger partners to feel comfortable and accepted.

Linton Estate, set in rural Victoria, has taken a long time to come to fruition. Mr Dickson said he had thought about developing the village for 24 years and then, 14 years ago, set about doing it.

"...I hope that the independent living units will be built in the next two to three years. And within that time, I hope to source a location for an LGBTI aged care facility, further into town", Mr Dickson said. The estate is named after Mr Dickson's mother - Linton was her maiden name.

National Conference Health in Difference 2013

The National LGBTI Health Alliance has confirmed details for the next Health in Difference conference:

18th to 20th April 2013

Novotel, St Kilda, Melbourne

Theme: Our Bodies, Our Minds

Subthemes will include: mental health and suicide prevention, ageing and aged care, sex and gender diversity, and LGBTI data collection (combating invisibility!)

If you are interested in submitting a paper or having input into the conference program, contact Sujay Kentlyn,
sujay.kentlyn@lgbtihealth.org.au



Older GLBTI film clip? Prizes to be won

Mentally Healthy WA is calling all budding film enthusiasts, those passionate about mental health—and everyone who enjoys learning new skills and participating in community projects to create their own TV ad, based on the positive mental health message Act-Belong-Commit.

The competition encourages people to think about mental health, what it means to them, and how they keep mentally healthy.

Great prizes to be won! Entries close 21st September 2012.

For the full details on how to enter visit
<http://www.actbelongcommit.org.au/competitions.html>

The Act-Belong-Commit campaign is coordinated by a small team at Curtin University in Shenton Park.

For more information, contact: Project Officer, Katy Robinson, Act-Belong-Commit, Mentally Healthy WA
katy.robinson@curtin.edu.au

O-LGBT connections in Britain

In April, I was in the UK (visiting my parents) and made a detour to London to meet with activists and researchers working on older LGBT issues. I was curious to get a sense of the state of play on the older-LGBT agenda in the UK (note, intersex is not generally on the UK 'rainbow' list) and also to explore possible future synergies between Perth/Australia and the UK.

My starting point was Dr Andrew King, an academic at Kingston University who has conducted research into the needs of older LGBT (OLGBT) residents of Tower Hamlets, prepared for the shire of that east London borough. Dr King put me in contact with other researchers and kindly arranged a rewarding meeting with himself, Dr Ann Cronin and Yiu-Tung Suen (Oxford University). There seems to be a recent 'coming of age' in academe, with older-LGBT issues suddenly appearing on the agenda of mainstream gerontology conferences. One theory is that this is a reflection of the ageing demographic of some LGBT activist-academics! But it undoubtedly builds on the important work by pioneering academics including Anne Cronin and Andrew King (and Australians Catherine Bennett, Jo Harrison, among others). GRAI's research is also quoted by our British counterparts.

Legislation

There has been a recent surge of interest (and funding) in parts of London for older-LGBTI related activities and research. A key driver for this is the passage of the UK's Equality Act (in 2010). In particular, in order for local governments and other agencies to comply with their new legal obligations, they must provide LGBT inclusive services. Thus Opening Doors' equality training has become highly sought after, and funding for their community

outreach and other services has increased, as they are able to make a strong case for the proper provision of services for their client group.



Opening Doors

There are two Opening Doors (OD) projects, one in East London, the other in Camden. Both operate under the auspices of Age UK, a major national charity/advocacy group and are also financially supported by their local shires and Lotteries funding. The Camden project, coordinated by the indefatigable Nick Maxwell, is much larger — partly reflecting the greater affluence of the Camden shire. With a membership of around 500 men and 200 women, OD Camden employs 4 people and has funding to cover 21 boroughs. In addition to their OLGBT home visiting program, or 'befriending service', Opening Doors also organises activities such as info and film nights, arts, crafts and photography groups, walking groups, social outings and popular lunch clubs. These are in different locations (they have no dedicated drop-in centre), some are mixed events and some men or women only.



Opening Doors Befriending Service offers weekly visits from trained volunteers; telephone support; a link to the GLBT community; and company for outings.

OLGBT Connections, continued

Although, as Nick Maxwell said, “We never set out to be case workers,” this has become another important aspect of their work as OD is seen as the obvious ‘go to’ place for OLGBT people who are seeking nonjudgmental and supportive advice on a range of difficulties they encounter. Opening Doors also works at a strategy/policy level as well as working to educate care providers and others with training and resources such as a self-administered ‘checklist’ for Social Care providers.

Aged Housing

Apartments with an on-site warden are a common option in aged accommodation in the UK, and many OLGBT residents suffer discrimination or lack of inclusivity in this environment. Quite different to the largely private real estate market in Australia, most affordable housing in the UK is owned or brokered by charitable trusts, the majority of whom have not yet begun to consider their GLBT residents. Thus British activists feel that housing provision and OLGBT care are inextricably linked.



Rowena McCarthy, lesbian activist Anchor Housing Stonewall Housing¹, after finding an increase of homelessness among over 50s LGBT people, are holding a number of forums bringing together

¹ Stonewall Housing is a separate organisation to GLBT advocacy organisation, Stonewall.

housing providers, care providers and the community. I also met with long-time lesbian activist Rowena McCarthy, who is working to make changes within her own housing provider, Anchor Housing, a trust with projects around the country.

Differences and similarities

Two obvious points of difference between the Australian and UK situations are the much more important role of UK local governments in social care provision, and also the substantial tier of social housing provision which is neither government nor private. Of course, the greater density of population also provides greater opportunities for OLGBT services in Britain.

However, in the many conversations I had in London, I was struck by the basic similarity of the issues that face us. It was almost comical how often UK activists quoted stereotypical arguments commonly heard from service providers on both sides of the globe: “We treat everyone the same”; “This is a private issue that doesn’t concern us”; “We don’t have any of those people here”; and fearfulness of being too ‘gay-friendly’ in case they become ‘over-run’ by older gay and lesbian clients!

One clear conclusion to be drawn from the UK experience is how strongly legislative change to support LGBT rights can influence what happens on the ground. We can expect the recent changes to our Aged Care Act to have similar positive ramifications, particularly if advocacy groups around the country are poised to engage with these opportunities.

I was inspired by the enthusiasm of British OLGBT activists, and look forward to seeing some of them in Australia at a future date. Although our political environments are a little different, the underlying issues are identical - setting an ideal stage for international collaboration.

June Lowe, Board member

Pride in London



Making GLBT history: older GLBT activists are now honoured by being given a lead position in the London Pride Parade.

Plans for London World Pride celebrations in July this year were dramatically scaled back, amid financial and security concerns. Last minute decisions were made to make it a walking 'procession' only with no floats or vehicles, and many other associated events were also cancelled. Needless to say, this was very disappointing for many. Among the losses was the open topped double-decker bus which usually leads the London Parade with older-GLBT passengers on board. This bus, usually coordinated by Opening Doors, customarily is given pride of place in acknowledgement of the role that older GLBT people have played in our history.

Opening Doors strongly opposed the barring of vehicles from the Parade on the grounds that it excluded less mobile or disabled participants. However, the Older LGBT Walking Group continued their involvement, and maintained their place at the front of the parade.



On top of the bus, Pride 2011. The OLGBT community bus was cancelled this year due to cutbacks.

American Federal health officials deem LGBT older people a 'priority population'

Acknowledging that LGBT older people are at particular risk of economic hardship and physical isolation, American federal health officials have taken steps to assist this vulnerable group.

In July 2012, the Administration on Aging at the U.S. Department of Health and Human Services (HHS) announced that LGBT elders are to be considered a priority population under what is known as a "greatest social need" status.

This action has been taken in recognition that LGBT older people are disproportionately poor and are less likely to have family to take care of them.



Being deemed a 'priority population' means that LGBT populations should be included in grants deployed by the US Administration on Ageing through nationwide programs designed to help elders most at risk.

This important policy change is due to the advocacy of lobbyists including SAGE, HRC (Human Rights Campaign) and the Lesbian and Gay Task Force, who recently co-published a report on LGBT older adults in long-term care settings.



Adapted from National Gay and Lesbian Task Force blog:

<http://thetaskforceblog.org/2012/07/11/federal-health-officials-deem-lgbt-older-people-a-priority-population/>

Exercise and Alzheimer's Disease

Alzheimer's disease, with its inexorable loss of memory and self, understandably alarms most of us, especially as there are as yet no cures and few promising drug treatments.

But a cautiously encouraging new study from The Archives of Neurology (Arch Neurol. 2012 Jan 9) suggests that for some people, a daily walk or jog could alter the risk of developing Alzheimer's or change the course of the disease if it begins.

The experiment, undertaken at Washington University in St. Louis, US, recruited 201 adults, ages 45 to 88. Some of the participants had a family history of Alzheimer's, but none, as the study began, showed clinical symptoms of the disease.

Next they genetically typed their volunteers for APOE, a gene involved in cholesterol metabolism. Everyone carries the APOE gene, but scientists have determined that those who have a particular variation of the gene known as 'e4' are at 15 times the risk of developing Alzheimer's compared with those who do not carry the variant. The report also noted that carriers tend to show symptoms of dementia at a younger age, on average

beginning in their late 60s, as compared with early 80s for people without the variant.

The Washington University scientists began their experiment by scanning the volunteers' brains for signs of amyloid plaques, the deposits that are a hallmark of Alzheimer's. People with a lot of plaque tend to have more memory loss, though the relationship is complex.

Fifty-six of the volunteers, of various ages and both sexes, turned out to be positive for APOE-e4. A family history of Alzheimer's may or may not suggest someone is a carrier for the e4 variant: there are probably many other, still unknown causes of the disease.



Finally, the scientists asked the volunteers to fill out detailed questionnaires about their exercise habits during the past 10 years. Although many studies have looked at whether being

active can lessen someone's risk for Alzheimer's, past results have been inconclusive.

Dr Denise Head, an associate professor in psychology leading the study at Washington University, suspected that the reason for the inconsistency in earlier research might be because they did not differentiate between people with the e4 variant and those without. Dr Head's study proved that each group has different responses to exercise.

For the group as a whole, exercise provided marginal benefits. The volunteers who reported walking or jogging often – meeting (or, in rare instances, exceeding) the American Heart Association's exercise recommendation of 30 minutes of moderate or vigorous activity five times a week – had fewer amyloid plaques than the volunteers who reported almost never exercising. But the preventive value of the exercise was small, barely reaching the level of statistical significance.

However, that situation changed when the scientists examined the results for people with the e4 gene variant. Most of those who carried the APOE-e4 gene displayed much larger

Exercise and Alzheimers, contd

accumulations of amyloid plaques than those without it – unless they exercised.

For e4 gene carriers, those who reported walking or jogging for at least 30 minutes five times a week had plaque accumulation similar to that of volunteers who were e4-negative. In essence, the APOE-e4 gene carriers mitigated their inherited risk for developing Alzheimer's by working out. Or, as the study authors wrote, a "physically active lifestyle may allow e4 carriers to experience brain amyloid levels equivalent to e4-negative individuals."

"The good news is that we found that activity levels could have an impact on plaque accumulation – and presumably on the course of Alzheimer's – in people with a genetic predisposition to the condition," Dr Head says.

Unfortunately, a reverse effect is also indicated: the overwhelming majority of the people in the study were sedentary, and for them, an inactive lifestyle seemed to be accelerating the accumulation of amyloid plaques. Those with the e4 variant who rarely or never exercised had the most plaques, putting them at heightened risk for the memory loss of Alzheimer's in the years to come.

At the moment, it is not known whether beginning to exercise after plaques have started to build up might alter that outcome, Dr Head says. But experiments in mice bred to develop memory loss "have shown that elderly animals that began a running program benefited." They experienced less dementia than mice that didn't run.

Questions remain about the interactions of exercise, genetics and Alzheimer's, including why the protective benefits of exercise in this study seemed substantial only for those with the e4 gene variant. "It is looking as if there is some still-unexplained biochemical interplay between being e4-positive and inactive," Dr Head says, "which heightens risk" for the disease.

But regardless of genetic risk for dementia, exercise is recommended for everyone as having multiple benefits. This research indicates another one may be that it helps the brain to defend itself against the slow leaking away of memory.



beyondblue

National Awareness Campaign

If you are an older GLBTI person who has experienced discrimination which has impacted on your mental health, *beyondblue* is interested in hearing your story.

They have contracted Curtin University and LaTrobe University to undertake some personal interviews with GLBTI people over 65 who have experienced discrimination. If you are interested in being interviewed in Perth, please call Dr Comfort, from Curtin University on 9266 2365 or j.comfort@curtin.edu.au

beyondblue is also interested in using personal story-telling in its campaigns. Real life experiences resonate strongly with audiences and can be effective at motivating or changing behaviour.

There are **three other ways** GLBTI people can take part in this important work:

1. By sharing your story;
2. By volunteering to appear in advertising or publicity;
3. By inviting a family member, colleague or friend to tell a story about how they changed to support you.

For more information, contact Megan Hansford at glbti@beyondblue.org.au

Accessing gay-friendly professionals through GLCS

Are you looking for an LGBTI-friendly doctor, lawyer, psychologist, psychiatrist or counsellor?

We know that many LGBTI people are reluctant to access essential services due to apprehensions about how they may be treated.

In the case of health concerns, a delay in seeking medical attention can have serious consequences.

Fortunately, to help overcome this problem, a data-base of LGBTI-friendly professionals is being jointly maintained by Gay and Lesbian Community Services (GLCS), WAAC and the Freedom Centre.

So if you, or someone you know, would like a referral to an on-side professional, why not give GLCS a ring on:

**9420 2201 (for metro callers) or
1800 184 527 (for country callers).**



SUNSET COASTERS

SUNSET COASTERS, a social group for older LGBTI people in Perth, continues to grow from strength to strength. The Coasters organise monthly events and tours, usually sampling a range of attractive and friendly bars in Perth, although recent offerings have included a trip to Hotham Ridge Winery in Wandering.

To find out about upcoming Sunset Coasters events contact George Wilkinson on 0405 262 318, or email George@www.sunsetcoasters.com
Alternatively, check out the Coasters website at: <http://www.sunsetcoasters.blogspot.com.au/>



**Please
accept our
sincere
apologies
for the
delay in
publishing
this
newsletter.
JL**

**The Centre for Research on Ageing is
beginning an exciting new study:**

**Examining Perceived Stigma in Persons with
Progressive Memory Loss Such as Dementia: An
Australian Study**

We are currently recruiting people with memory loss such as dementia, who are 65 years of age or older, living in the community and their adult carer to participate in this study.

If you or someone you know is interested in this study, please contact:

Professor Barbara Horner, at Curtin University
Ph: 9266 3558, Email: b.j.horner@curtin.edu.au

Gender Diversity Forum

Monday 20th August

6.30pm – 8.30pm

Northbridge Piazza Meeting Room
(corner James & Lake Streets, Northbridge)

*personal perspectives panel - sharing stories -
asking questions
open to the whole community*
www.livingproud.org.au

For more information and to RSVP

info@livingproud.org.au

