

Take Care OutBack There Rural GLBTIQ Health and Wellbeing Forum Evaluation Report

Executive Summary

The Take Care OutBack There Rural GLBTIQ Health and Wellbeing Forum aimed to provide a supportive environment for service providers and community members to discuss issues affecting the health and wellbeing of the GLBTIQ people in rural and regional communities within a holistic and human rights context.

The Forum was developed by Country Awareness Network (CAN) as part of the Take Care OutBack There program and in partnership with WayOut Rural Victorian Youth Sexual Diversity Project, Centre for Excellence in Rural Sexual Health and ALSO. It took place in Beechworth from 2 to 4 September immediately prior to the Spring Migration Festival.

The forum aimed to support the needs of rural GLBTIQ communities through:

- networking and information sharing
- Presentation of papers and workshops
- Highlighting policy needs and best practice service provision
- Exploring challenges to and the opportunities for social connections within the rural GLBTIQ community.

The forum was attended by more than 100 people over three days including seasoned conference presenters and community members who had never attended anything like it before. The range of participants included GLBTIQ members of the rural community, SSA young people, students, health providers and community service providers.

Sponsorships were made available with funding from Centre for Excellence in Rural Sexual Health, (CERSH) and 51 were taken up to some degree.

There was a Professional Development Health Stream on the Friday which included issues specific to the GLBTIQ community for health professionals. The other streams were under the broad headings of Staying Well, Staying Safe and Staying Connected.

Evaluation of the forum showed that it was very well received across the board and participants wanted further forums.

A highly successful Community Cafe was held on the Saturday morning where the good the bad and the ugly was discussed. Results from this strategy go towards the development of the Forum Action Plan.

Introduction

Take Care OutBack There aims to promote sexual health amongst GLBTIQ (gay, lesbian, bisexual, transgender, intersex, queer) people living in rural and regional Victoria using innovative and creative strategies.

The Take Care OutBack There Rural GLBTIQ Health and Wellbeing Forum aimed to provide a supportive environment for service providers and community members to discuss issues affecting the health and wellbeing of the GLBTIQ people in rural and regional communities within a holistic and human rights context.

The objectives of the forum were to:

- Provide networking and information sharing opportunities that support the strengthening and sustainability of services that meet the needs of rural GLBTIQ communities
- Provide an opportunity for papers and workshops to be presented by those experienced in the GLBTIQ and/or rural sectors and showcase developments on the ground including current services available
- Provide an opportunity for rural service providers to increase their knowledge and understanding of the issues and needs of GLBTIQ communities
- Encourage the development of policies and adoption of best practise service provision to the GLBTIQ community
- Explore both the challenges and the opportunities for rural GLBTIQ people to increase social connections with each other and with the community as a whole.

The forum was held September 2 - 4 in the Pines Conference Centre Beechworth leading up to the annual GLBTIQ, Spring Migration Festival also held in Beechworth.

Who Attended

The forum was attended by more than 100 people over the three days, many coming for one or two days, but a significant number staying for all three. There was a broad cross section of participants ranging from those who had never been at a forum let alone one on GLBTIQ issues to seasoned conference presenters both nationally and internationally.

Participants included:

- GLBTIQ community members
- Young people representing youth groups
- Students in health related fields
- Community service providers
- Health providers/researchers/educators
- Related service providers (police, housing etc.)

Rural participants who filled out evaluation forms came from:

Wodonga, Shepparton, Bendigo, Moe, Glengarry, Wollongong, Kyabram, Eaglehawk, Castlemaine.

The weather

It is worth noting that the Saturday of the forum and for the next few days, Victoria experienced incredible flooding. North East Victoria, including Beechworth was particularly affected. The weather had a significant impact on Spring Migration and it is likely that some people left the forum earlier on account of the weather and perhaps some did not come.

Sponsorships

The Committee believes that the provision of sponsorships covering registration, travel and accommodation that made the forum much more accessible to the general community and to those who worked in small unfunded/underfunded organisations. Centre for Excellence in Rural Sexual Health, CERSH generously funded the sponsorships. 51 were applied for and granted.

Great job!! Thank you for the scholarship. I couldn't attend otherwise.

Organising Partners

The forum took nine weeks to organise. The first meeting of the partners; Country Awareness Network, (CAN), WayOut Rural Victorian Youth Sexual Diversity Project, Centre for Excellence in Rural Sexual Health and ALSO took place on June 24. After some discussion it was identified that holding the forum in Beechworth in the lead up to Spring Migration was a fabulous opportunity for both the partners and for the Spring Migration organisers. Although it allowed very little time to plan and implement, everyone agreed to work together to make it happen in Beechworth in September.

Proposals

Proposals for presentations and workshops were called for in the areas of:

- Social, physical and mental health and wellbeing
- Violence, community safety and human rights
- Youth and ageing
- Gender identity
- Social networking and internet
- Funding - how to
- Bisexuality

I found as a youth it was an excellent learning experience.

All presenters were asked to include a focus on the forum theme of exploring and celebrating sexual diversity, particularly as it impacts on or addresses the needs of GLBTIQ communities in rural and regional Victoria.

Proposals were selected according to:

- Currency
- Relevance to conference theme
- New knowledge
- Originality and interest
- Clarity of presentation
- Rural perspective and/or experience.

Having attended AFAO educators' conference earlier this year, I found many of the sessions and networks more relevant to my work at this conference.

The Committee received 31 abstracts of which 30 were accepted

Professional Development Health Stream

The partnership with CERSH provided a valuable opportunity to gain access to rural health providers who could increase their understanding of GLBTIQ health issues and become more sensitive to GLBTIQ needs. For example Dr Kimberley Ivory presented on working guidelines for primary care workers when they are working with sexual minorities.

Presenter questions

Questions relating to the aims of the conference were developed. All presenters were asked to choose one or two questions to ask at the end of their presentation. Each session had a scribe to record the responses and where questions were asked, the responses are included in this report.

Evaluation

An evaluation form was developed and all participants were reminded a number of times to fill it out. The Committee evaluated the following:

- Registration process
- Overall forum
- Venue
- Catering
- Individual sessions

Fantastic forum; Thank you; Great, even better than the Ballarat one; A valuable forum to attend; RAD

It is interesting to note that of the people who filled out the evaluation form:

- 97% said that the forum was excellent or very good (69% & 28% respectively)
- 100% said that they would attend another GLBTIQ rural forum.

Community showcase

In addition to the presentations and workshops a Community Showcase was organised for the Saturday to give groups and service providers an opportunity, in a market stall setup, to highlight their current activities and initiatives as they relate to rural and regional GLBTIQ Victorians.

Feedback

As part of the evaluation process we asked for and received feedback about the forum. The table below includes the feedback and actions the partners will take to improve future forums.

Feedback	Action
Inclusive program for all ages	We will continue to include information for all ages
Advertise more widely in rural towns More people Include interstate/international speakers More allies and mainstream health workers Greater attendance – A local or supporting MP More mainstream people Longer time frame to organise	Organisers will definitely have greater lead time for the 2011 forum which will allow us to include more people and topics. GP's and some health workers need a longer lead time to attend; we will consider a Saturday afternoon stream to be more accessible to GP's.
Better vegetarian/vegan options	Catering issues will be looked at to ensure that all dietary requirements are catered for effectively.
Over more days	We think that a three day forum is most viable; more days would make it difficult for people to attend, especially as some will have to travel considerable distance
Video tape sessions and put online	We plan to investigate this as a possibility for next year. This year we have put presentations online
Better forum dinner entertainment	Greater lead time will allow us to look at more entertainment options
Time keepers more firm; Get people to ask questions at the end	We believe that presenters need to decide their own presentation agenda, but in 2011 Chairs will be briefed prior to workshops starting and will be more reliable time keepers, ensuring questions do not overwhelm the presentation or presenter.
Shorter sessions and more of them	In 2010 there was a range of short medium and long duration sessions, we plan to keep this structure in 2011.
Please don't include transgender in list of sexualities, there is quite a difference	We will invite someone from the gender outreach centre to be on the organising committee next year to assist us to understand issues and to encourage more rural transgender people to attend.
Have a buddy system to support first	This is a great idea and will be considered.

timers	
Nominate someone for a Churchill Foundation study grant	This is a great idea and will be considered.
Email addresses of presenters and delegates	Due to issues of confidentiality, only those who provide written consent will have their email addresses available to attendees.
Old and poor quality computer equipment was unacceptable	This issue will be considered closely at the 2011 forum – dependent upon venue.

Topics Suggested for 2011 Forum:

How to start a rural youth group or Gay Social Group

GLBTIQ and disability

Trans and their partners

Bridging the gap between younger and older

Safe sex and risk management in rural settings

Building community – tricks of the trade;

Social media and social change; Campaigning

Polyamory

Rural Gay and Lesbian Liaison Officers' (GLLO) experiences

Pregnancy – risks, rights and responsibilities

Lesbian health and wellbeing

GLBTIQI Ministerial Advisory Committee update

Multicultural

Youth

Smoking, Drug and Alcohol

Partners

Take Care Out Back There

Take Care OutBack There is the rural arm of a statewide program aimed at encouraging GLBTIQ communities to embrace and maintain a safer sex culture. Our overall goal is to enhance the environments in which our communities work, rest and play so that people have access to information and the ability and confidence to take care of themselves, their partners and their mates. Take Care Out Back There is a program of Country Awareness Network (CAN).

CAN

Country Awareness Network Victoria Inc. (CAN) is a community-based, not for profit, organisation based in Bendigo. CAN provides information, education, support, referrals and advocacy to Victorian rural/regional communities regarding HIV/AIDS, Hepatitis C, other Blood Borne Viruses (BBVs) and Sexually Transmitted Infections (STIs).

Centre for Excellence in Rural Sexual (CERSH)

The vision of the Centre for Excellence in Rural Sexual Health (CERSH) is that all rural Victorians have access to quality sexual health care, information and support that is tailored to their individual needs. The purpose of CERSH is to design, implement and evaluate programs that provide practical solutions to improve the prevention of sexually transmissible infections (STIs) in rural Victoria.

SSAYP(same sex attracted young people)/GLBTIQI may be at higher risk of STIs/HIV, and those living in rural and regional communities face issues such as lack of access to high quality, confidential, sexual health clinical services and health promotion initiatives.

Part of the core business of CERSH is to engage SSAY/GLBTIQI communities and to support agencies who work with these communities in regional Victoria. The aim of our partnerships and collaborations is to build capacity through evidence supported programs with a focus on STI prevention in regional and rural Victoria; enhance and support projects aimed at addressing the social determinants of health in SSAY/GLBTIQI living in rural communities; and to also raise general public awareness of some of the inequities experienced by SSAY/GLBTIQI living in regional and rural Victoria.

ALSO

The ALSO vision is the creation and celebration of a diverse, strong, safe and inclusive gay, lesbian, bisexual, transgender, intersex and queer (GLBTIQ) community that contributes to and is respected by broader communities.

In 2009, as part of our commitment to rural and regional people, ALSO hosted a rural forum designed to bring together members of our community outside the city.

Workers and researchers working in the sector presented key information in identified areas of concern for the GLBTIQ community living in country Victoria.

It was an opportunity for people to gather, network, share experiences and explore opportunities in a positive environment so that together we can further improve the lives of GLBTIQ people who live and work in rural areas.

ALSO and Country Awareness Network (CAN) work in close partnership on the 'Take Care' project, which is a statewide project aimed at developing a sexual health-promoting culture and network, in which CAN lead the rural stream.

Here at ALSO we are excited to be a part of this year's Rural Forum, which is being led by CAN who are brilliantly placed as a rural peak body to host and facilitate the upcoming conversations about GLBTIQ rural wellbeing.

WayOut, Rural Victorian Youth & Sexual Diversity Project.

The WayOut Project is a youth suicide prevention initiative that targets same sex attracted and gender questioning (SSAGQ) young people in rural Victoria. It commenced in 2002 and aims to raise awareness about the needs of SSAGQ young people and the nature and effects of the discrimination they face. It provides direct service to young people and families as well as professional development, resources and secondary consultations to other rural workers, schools and organisations supporting young people. The project has developed a new model for work in this field based on youth leadership, formation of gay-straight youth alliances and awareness raising through social marketing strategies.

WayOut also acts as convener for a partnership of nine other rural organisations supporting SSAGQ young people and OUTthere, Rural Victorian Youth Council for Sexual Diversity. The project is based at Cobaw Community Health Service in Kyneton and is managed as a partnership with Gay & Lesbian Health Victoria. It receives ongoing funding from the Department of Health and has received grants from a number of different philanthropic organisations as well as being supported through generous donations from individuals and adult GLBTIQI social organisations.

Keep up the good work. We need metro and rural regional and remote to share resources this is a great help. It is a two way street, rural can help metro and vice versa.

Workshops

Following is a summary of the workshop/presentation discussions and outcomes. They have been divided into three categories: Staying Safe, Staying Well and Staying Connected.

Staying Safe

Alternative Reporting Mechanisms for Homophobic Crime- Sergeant Scott Davies and Greg Adkins ... p9

Money matters for people in financial hardship – Lynda Horne ... p11

Human Rights- Kenton Miller ... p12

Making Rainbow Families- Felicity Marlowe & Eilis Hughes ... p12

Sex and Sensibility- Lynda Horn & Alex Schoeffel ... p12

Working with rural same sex attracted & gender questioning young people – Sue Hackney, Jakob Quilligan, Kat Etwell, Erin Valkenburg & Siann Petersen (p13)

Alternative Reporting Mechanisms for Homophobic Crime- Sergeant Scott Davies and Greg Adkins

Direct Reporting

Assisted Reporting

Third party internet

Third party phone

Third party mail

Third party kiosk

Best model for rural GLTBI?

Can any existing models be tweaked to better suit rural GLTBI?

What tweaking needs to be done?

Suggestions for other models:

Prejudice Crime Strategy Model- Vic Police

Antiviolence info- GLLOs

This Friday morning plenary session explored the different ways to report homophobic crime - direct reporting (eg reporting to the police) and assisted reporting, (eg reporting with assistance of a local social worker) and third party reporting which may include reporting over the internet or a Kiosk or directly to authorities on behalf of someone else.

The presenters talked about what is currently available and how to access that information, but more importantly they wanted to hear from the rural GLTB participants on their ideas and suggestions.

Barriers to reporting for rural GLTB were identified as
Lack of IT Knowledge
Lack of access to technology.

After a short presentation on the current methods used throughout the world participants were asked to respond to 3 questions:

1. What model(s) best suit a rural GLBTIQI people
2. Can any of these models be tweaked to better suit rural GLBTIQI people
3. Do you have any other model suggestions

These are the collected responses:

- The more layers added to a person reporting the less likely they are to do it
- Marketing of diverse crime reporting to community at large (mainstream community)
- All would be solved if you made the front desk of the police station more friendly
- Community driven and marketed is better than through government
- Police recognize homophobia, but don't follow it up
- Reporting is well and good, but there needs to be partnerships with relevant counselling/support services so that help goes both ways. And this information needs to be there when people do report it
- Find some champions
- Need to have 24/7 access to any and all models developed
- Ensure publicity to rural/regional Victoria
- Increase awareness to say it is Ok for ANYONE to report violence
- Use Facebook, Twitter. Promote any services developed via social networking
- Use rural radio to advertise
- Increase education about GLBTIQI suicide to counsellors (Lifeline, Kids Helpline) and encourage these workers to encourage reporting of crime.
- Support for the development of local GLBTIQI groups in rural areas.
- Better relationships between community groups and police (shared responsibility)
- Better response times and attitudes to indigenous people
- Have a 'general' prejudice reporting form, rather than 'homophobic' and 'race/religion' as separate forms with category boxes (less confronting and people don't know which one you have)

Model Suggestions

- Internet Reporting: Encourage Community Workers to assist people to report from their own offices through web applications/desktop applications
- Internet Reporting: Create network memberships for PMC with MOUs to those workers that report using web/desktop applications
- Assisted Reporting: Provide information and skills to community service groups so that staff or community leaders can provide this type of assistance.
- Internet reporting: iPhone App for young people. A suggestion to feedback to people who fill in online – they probably need some positive/supportive feedback so they don't feel like it went into a black hole. **x2**
- Kiosks: Not too sure about kiosks in clubs/bars etc, not the right environment, not sure about the staff responses or if the staff would want to do that. Would need to be appropriately located in the club/bar for privacy
- Models: There should be a combination of community and police/govt model, not just one or the other. **x4**
- Assisted Reporting: To reduce barriers this model best suits rural GLBTIQI people. (Diversity Officers via regional community health centres?)
- Assisted Reporting: Establish recognised cultural diversity officers within communities that are trusted and can assist reporting
- Assisted Reporting: Suitable people for this may include teachers, school nurses, community health centres
- Telephone reporting: Need to have telephone reporting as everyone has access to a phone, not necessarily the internet
- Telephone Reporting: Develop a 1800 number to report crimes confidentially **x2**
- Internet Reporting: Ensure community libraries have access to reporting homophobic crime online, ensure that can access with confidentiality
- Offer reporting services and support via known non-prejudiced / supportive community health centres
- Increase visibility of support services at police stations, emergency departments and online

- Want to see all models available: Internet, iphone app, print and hand write then post forms. **x2**
- Direct Reporting: Preferable to GLLOs – other police need increased sensitivity
- Mail Reporting: AVP to develop mail reporting
- Assisted Reporting: Increase awareness of AVP assisted reporting, especially for young people

Other Models

- Out of town options
- iPhone App
- Telephone prompts at local police station to direct calls to police trained to handle prejudice crimes
- Links and information at youth services websites to direct young people to GLLOs and AVP

Money matters for people in financial hardship – Lynda Horne

This presentation could as easily fit in any of the three categories and has been included here because significant debt can have such a devastating effect on one's life leading to issues of homelessness, ill health, isolation. All factors which impinge on one's safety.

The presentation included a case study of a 46 year old man who was HIV positive, his relationship recently ended and he had no fridge or couch, was eating an unhealthy diet of mostly canned food and his health was suffering. The utilities were about to be cut off, his credit cards had reached their limit and he was being harassed by debt collectors. His phone was disconnected which reduced his ability to socialise or contact social workers.

Strategies that could be used to assist him or that he could use to assist himself were identified as:

Set up basic budget
 Sign authority to act – give the financial counsellor to negotiate with bank and utilities
 Free meals at MSHC
 Royal Melbourne Hospital – HIV medication free
 Or contact local community health for help with medications
 Check Medicare Threshold
 John Marist Trust – provide up to \$1000 assistance for complementary therapies
 Fridge – DHS concession unit homewise. Will organise repair of broken fridge, if no fridge get one from hard rubbish and have it fixed, same with washing machine. Have just started with water tanks for people in rural areas.
 No interest loan schemes for household goods
 Good Sheppard and a few others – pay \$20 fortnight out of pension
 Good Sheppard buying services can provide discounted appliances
 Phoenix Project can provide very cheap fridges recycled
 Couches/furniture/bedding
 Material aid – food parcels/vouchers, clothing, furniture and Telstra vouchers from many places like Salvo's or Vinnies
 Vic relief – foam mattress, pots and pans (must go through support services)
 Utility Relief Grant Scheme
 Hardship Programs (utilities)
 Always encourage CentrePay, client won't forget to pay bills this way and won't have the money to spend.
 Credit cards
 Telstra Assistance Programme
 AIDS housing Action Group
 David Williams Find can help if problems with mortgages

Empowering people to take care of themselves and know their rights

Human Rights- Kenton Miller

This presentation on Victoria's Human Rights Charter could also fit just as easily in one of the other categories and has been included here because before human rights and equal opportunity existed in Australia, GLBTIQ people faced far more discrimination and danger in the form of homophobia than today. This presentation looked at Victoria's history of human rights and the current Human Rights Charter.

Rights protected by the charter:

- Freedom
- Respect
- Equality
- Dignity

The different approaches to service provision - the charity approach, the needs approach and the human rights approach were considered. There was some discussion about the need for service providers to have a good understanding of what human rights are and what rights are protected under the Act. Just as importantly, service users need to understand the charter so that they can hold organisations in breach of the charter or of equal opportunity legislation accountable.

Making Rainbow Families- Felicity Marlowe & Eilis Hughes

The Assisted Reproductive Treatment Act came into force in 2008 assisting eligible lesbian women to access safe reproductive treatment to become pregnant . This presentation gave an overview of the legislation and its implications for the gay and lesbian community. It includes a

- Access and Consent
- Altruistic Surrogacy: must have egg donated by someone other than the surrogate
- Counselling; Consent to treatment; Police checks for all involved; Patient review Panel
- Access to ART
- Home Insemination
- Sperm Donors
- Donor identity released when child is 18; No police check on donor
- Registers
- Held at Births, Deaths and Marriages
- Childrens Perspective
- VARTA- Victorian Reproductive Treatment Authority

Sex and Sensibility- Lynda Horn & Alex Schoeffel

This presentation acknowledged that sexual adventurism is practised in rural Victoria and that it is important that rural GLBTIQ people have an opportunity to discuss issues and learn how to practice sexual adventurism safely.

Themes arising from presentations:

* Understanding diversity does not mean that value judgements will not be made when it comes to sexual adventurism.

*Sexuality adventurous GLBTIQI further marginalised than mainstream GLBTIQI community

*Do we make a value judgement on sex in general?
(is there healthy\unhealthy sex?)

* General theme from the audience that KINK is caused by some psychological dysfunction
(this changed by the end of the session)

*Disclosing to partners about fantasies or wants is super scary
(sexually adventurous communities can act as a catalyst for building confidence and making it easier to disclose to partners)

*Sexual adventurism has two extremes and a whole range in between.

Working with rural same sex attracted & gender questioning young people – Sue Hackney & Jakob Quilligan, Kat Etwell, Erin Valkenburg & Siann Petersen

The presenters gave an overview of groups available in Victoria for SSA (same sex attracted) young people and of WayOut, which provides support and information to young people's groups.

Their presentation looked at some of the findings around homophobia some SSA young people face:

- 2005 a survey of young people was conducted:
 - 44% verbally abused
 - 16% physically abused
 - 74% of the abuse happened at school
 - 47% in the street
 - 34% at home
 - This all has a profound effect on the young person's health and wellbeing.

It also looked at"

- Verbal and physical abuse increase the risk of self-harm.
- Workplace bullying
- Teachers "duty of care" in reporting or dealing with homophobic behaviour.

- Barriers to accessing services for young rural same sex attracted:
 - Fear of outing self
 - Decreased self confidence
 - Increased isolation
 - Scared (homophobic of self)
 - Location
 - Peer pressure
 - Threatened in community
 - Lack of education and/or understanding
 - Overwhelming
 - Culture shift but still needs work

Staying Well

STI's 101 & Protecting yourself and our communities - Adam Wright & Trevor Slattery ... p14

Overview of Epidemiology of STI's & HIV in Victoria - Dr Jane Tomnay ... p15

Sexual Health Research for Men who have sex with men (MSM) - Dr David Lee ... p15

Women on Women (WOW) Study – Dr Kath Feathers ... p16

Putting Health in Context –staying negative - Ilan Werbeloff ... p17

Mind the gap – David Mejia-Canales ... p18

Wahnal Menbena? (where are the blacks?) – bryan Andy ... p18

STI's 101 & Protecting yourself and our communities - Adam Wright & Trevor Slattery

This presentation crossed the state divide with Adam from CAN in Bendigo and Trevor from ACON in NSW. After an overview of STI's and HIV – what they are, how they are tested for and treated; participants were asked to imagine the perfect STI clinic. The response included a clinic where:

Doctors were informed about STI's, testing and treatment; they had an understanding of issues specific to rural GLTBQ people; Doctors and other health workers at the clinic were people you could easily trust; where you could talk about your health and sexual health issues without fear of judgement and that you left the clinic with your self esteem still intact.

We have presented these workshops countless times, but we didn't know who would attend this session so it was hard to know what level to pitch it at. We found that some people really needed basic information while others were asking questions that showed a sophisticated level of knowledge. Next year we will include a 101 session and a 303 session! - Presenters

Primary Care Workers with sexual minorities - Dr Kimberley Ivory

Dr Ivory gave a presentation for primary care workers on working with sexual minorities. Themes from her presentation were:

- Focus on changes in organisations, communities and ourselves
- Exploring who we are and how we label ourselves and others (people are still struggling with terminology)
- What we think we do may not always be what we actually do in relation to interacting with clients/consumers/community members

- Sometimes acknowledging diversity and asking questions based on that is better than to run with PC (Open the door to the idea of difference)

The following questions were asked of her audience:

What are the main barriers to accessing services?

What improvements can be suggested?

Barriers-

Staff skills/knowledge

Assumptions eg "Sexuality is not always the problem people are seeking assistance for"

Not enough positive imagery people can relate to

Improvements-

Staff training\organisational conversations

Lobbying; grass roots & governmental

Policy development around diversity

Increasing awareness

Overview of Epidemiology of STI's & HIV in Victoria - Dr Jane Tomnay

Dr Tomnay gave an overview of the epidemiology of STI's in the professional development stream. Some of the facts and figures in her presentation included:

Chlamydia infection of young people is mainly heterosexual
 85% of people infected are asymptomatic
 Gonorrhoea rates of infection increased to over 1400 cases per year
 85% of Gonorrhoea infection is reported in men
 13% of cases in Regional Vic
 65% of cases in MSM
 Infectious Syphilis increased dramatically from 2004
 96% of Syphilis in Victoria is seen in MSM
 If HIV positive as well, may need extra management
 New HIV Infections in Australia-
 Approx 1000 cases per year in Australia
 86% cases seen in MSM in Australia
 Victoria- Approx 230 new infections per year

Sexual Health Research for Men who have sex with men (MSM) - Dr David Lee

Dr Lee gave an overview of the Melbourne Sexual Health Centre

- Duration of infection is determined by barriers and access to treatment
- Test should be conducted regularly:
 - Once a year if only one partner
 - 3-6 monthly if no symptoms, if multiple partners
- 20% of HIV infected Australians MSM remain undiagnosed
- 23% of HIV diagnosis in Vic .. late diagnosis is CD 4 cell count less than 200

- Screening MSM for gonorrhoea
 - Rectal symptoms may be discharge. May be no symptoms, need to have patient do self collected rectal swab.
 - Urethral symptoms, nearly always asymptomatic
 - Preferable to take specimen, but PCR/urine also ok.
- LGV: Lymphogranuloma Venereum
 - 7% in 292
 - 70% of the 7% in MSM
- Notifying partners of STI's
 - Only 15% MSM tell partners
- Websites facilitate sending emails & SMS to partners to "let them know"
- TESTme 1800 739 836 (free call)
 - STI testing in country Victoria via telephone with DR's or nurses from MSHC (free service)
 - Testing kits sent in mail anonymously
- Increased rate of anal cancer in Australian MSM (esp HIV positive).

WOW Study – Dr Kath Feathers

Dr Kath Feathers conducted the WOW study which aimed to see how commonly Bacterial Vaginosis, (BV) occurs in women with female sexual partners and how it may be related to sexual activity. This presentation discussed the results of a study into BV amongst women who have had a female sexual partner.

- BV is the most common cause of vaginal discharge in the world, but do not know what causes it
- BV significantly increase the risk of HIV transmission
- BV tends to be a chronic relapsing condition – it causes smelly copious discharge
 - Impacts sexual self esteem
 - Complications like miscarriage and low birth weight
 - Associated with pelvic inflammatory disease
- 50% of females who have had BV have relapsed, not clear if treatment did not work or if the females got is straight back
- Ongoing debate as to whether BV is an STI
- Has been said BV cannot be a STI because:
 - It occurs in virgins; Common in lesbians; Doesn't occur in men
 - But are virgins really sexually inactive?
- Studies have defined sexually active as penis in vagina
- More than 3 male vaginal sex partners – over 8 times the risk

- Risk of multiple partners is higher proportionally than Chlamydia
- WSW have more males partners than straight women and sex with high risk men
- BV much higher rates in WSW than heterosexuals across the board
- 1955 – Gardnerella Vaginalis thought to be sole cause of BV, but through the study only one female got BV
- Another study got the secretions of BV and put in onto the female participants, 73% got BV
- Risk of BV is strongly related to the number of sexual partners (females)
- WOW study participants have a kit sent out to take own swabs every 3 months, this study is still recruiting participants.
- Smoking was strongly related with prevalence of BV
- Bacterial loads in lesbians with V are much higher
- BV in heterosexual women is related to the number of sexual partners their male partner has had.
- BV is lower if male partner is circumcised
- Questions surrounding BV used to be asked about HPV & Cervical Cancer

Putting Health in Context –staying negative - Ilan Werbeloff

Ilan Werbeloff co-ordinates the Staying Negative Campaign at VAAC/GMCHC. The three main issues identified in this presentation for rural GLBTIQ people were sexual health, mental health and homophobia, namely:

Small communities: people's reactions, fear of rejection which affects mental health, depression, anxiety, high risk sexual behaviours, internalised homophobia.

Harder to access sexual health

Isolation

Greater social conservatism in the bush

Homophobia excludes you from society which impacts on mental health

Travelling to city, with higher risk of HIV; High risk behaviours in city 'scenes'

Mind the gap – David Mejia-Canales

Mind the Gap is a community engagement program focusing on primary prevention of HIV and sexually transmitted infections among GLBTIQ people aged 25 and under. Main points of the presentation which described the project were:

- Further from city, the greater the health inequalities
- Social exclusion
- Building capacity and resilience if Queer communities
- Primary
 - Under 25 Queer Indigenous
- Secondary
 - Staff who work with at risk young people
- 3 strategies
 - Reinforce safe sex culture

- Resource distribution
- Media campaign
- Community grants
- Work force development
- Gippsland, Hume, Barwon & Grampians have an increase in STI rates
- Target media releases
- Community grants
 - Theatre
 - Condom dialogues
 - Love drunk roadshow
- Sexual health information evening with local Aboriginal youth & elders
- Sexual health kits
- Positive changes across most measurements
- Creating leaders
 - Adaptive leadership
 - Social change
- Online presence
 - Queer get up?
 - Facebook – best way
- Grants up to \$4000 for school or agencies (Hume next year)

Wahnal Menbena? (where are the blacks?) – bryan Andy

bryan Andy began his presentation with an overview of Aboriginal history in Australia and the extreme disadvantage most Aboriginal people face. He also gave some insight into OutBlack, a group that he is involved in and was established partly so that AIDS organisations such as VAC could work strongly with indigenous communities to promote sexual health & community engagement.

One of bryan's messages was that VAC had never made use of this opportunity, although its counterpart ACON in NSW had a great reputation for working with and consulting with Aboriginal communities.

Aboriginal and TSI accepted queer prior to invasion – with church influence some do now and some don't

Barriers to good services for Aboriginal people

- Young people – lack of cultural understanding
- Competency
- Lack of authorities to speak
- Not being consulted
- Time
- Money
- Enthusiasms or not
- Insincere
- Priorities

Organisations need to think about:

- Attitude
- Verbal language
- Non verbal language
- Accountability
- Behaviour

Staying Connected

Private Lives 2 – Liam Leonard & Murry Couch ... p19

Accommodation and housing options for older gays – Barbra Horner ... p20

LGBT Seniors – Catherine Barrett ... p20

Uniting Network Australia – Damien Stevens ... p21

Rural Young people & connecting through the internet – Sue Hackney & Kat Etwell ... p21

Accrediting GLBTIQ inclusive Mainstream Service Delivery- Liam Leonard & Greg Adkins ... p21

Who is in Your Family- Felicity Marlowe & Ellis Hughes ... p22

Living Queer and different in the bush – Kath Duncan ... p23

Awareness, principles and skills training Ian Gould & Christa Momot ... p24

Grant Seeking Made Easy – Amy McDonald ... p25

* We're Bi – Hello and Trans in Victoria 2010 had scribes allocated but notes were not taken so they are not included here.

Private Lives 2 – Liam Leonard & Murray Couch

- According to the findings of private lives rural/regional and metropolitan GLBTIQI Victorians report similar levels of overall health and wellbeing and health service usage.
- Rural GLBTIQI Victorians, for example, self-report lower levels of good to very good health but these differences are small.
- There are variations in rates and patterns of illicit drug use, particularly between rural and metro men, which may reflect the prominence of recreational drug use on the metropolitan commercial gay scene.
- Similarly, with the exception of sexual and HIV services, rural and metro GLBTIQI Victorians access a similar range of health services at similar rates.
- However, by focusing on geographic location alone, we may be missing some significant differences in the health and wellbeing of rural and metropolitan GLBTIQI Victorians.
- The data suggest that variations in health and wellbeing begin to emerge if we look at the intersection of perhaps interactions between geographic location and other variables, in particular age and sex/gender.

Narrative threads in the report suggest that age and sex/gender interact with geographic location to produce variations in health and wellbeing not only between rural and metropolitan GLBTIQI populations but also within rural GLBTIQI communities.

Three narrative threads

- Age
- Sex/gender
- Social engagement

Accommodation and housing options for older gays – Barbra Horner

The organising committee was pleased that Prof Horner accepted an invitation to present on behalf of GRAI, the GLBTIQI Retirement Association in Western Australia. GRAI recently released a report on the findings of a West Australian study into retirement/aged care services and GLBTIQ people. The research showed that :

- Service providers were not knowledgeable on GLBTIQ issues, but also not observatory.
- Older people in community need to become more politically active to strengthen government & support change in housing/ care for the elderly.
- Poor knowledge of the GLBTIQ issues in aged care or residential agencies, or denied housing any GLBTIQ in their facilities.
- Hands on care in facilities are now often Personal Care Assistants, (PCA), not Division 1 or 2 Nurses, and also come from diverse overseas countries - Cultural differences, sometimes poor English.
- Burden on person to disclose GLBTIQ status. GLBTIQ from the 70's more vocal/comfortable.
- Become dependent on family and friends to maintain connections
- Fewer Division 1 nurses which reduces quality of care/ Less expensive to employ PCA, private sectors, longest sector.
- Ageist society don't value older people knowledge and experience.

LGBT Seniors – Catherine Barrett

Catherine provided an overview of VAL's Cafe which included:

- Partnership with ALSO, GLHV, re launched as service in Melbourne in 2009.
 - Lobbied for funding, policy, research.
 - Recognise importance history of GLBTIQ:
 - Historically considered:
 - Deviant by health care system
 - Criminal by legal system
 - Sinners by religious institutions.

Rural challenges for LGBT seniors were seen to be:

- Confidentiality
- Support/lack of
- Fear of difference
- Fear of HIV
- "DeGay" houses if community support is delivered n homes
- Perception that older people "not sexual"
- Rural scholarship to attend workshop
- Grants from Australian Lesbian Medical Association.

Uniting Network Australia – Damien Stevens

Issues of concern raised by audience during presentation

- Is it good enough to settle for commitment and or sacred union ceremonies in lieu of marriage and still maintain religious and/or spiritual faith?

Rural Young people & connecting through the internet – Sue Hackney & Kat Ettwell

Issues of concern raised by audience during presentation

- Internet filter
- Know how of social networking sites

Presenters Question for Rural Young people & connecting through the internet & Uniting Network Australia

What networking information sharing opportunities have been identified that connect rural GLBTIQ communities?

- Social networking is the big winner
- Big concerns about young people leaving country towns for metro areas, need to create more awareness of what's in the country to enable youth to stay in their home towns

A/ccrediting GLBTIQ inclusive Mainstream Service Delivery- Liam Leonard & Catherine Barrett

This presentation was part of the Friday plenary session. William Leonard and Catherine Barrett are both Research Fellows at Gay and Lesbian Health Victoria. Their presentation focused on Well Proud: Guidelines for GLBTIQI inclusive practise for health and human services and on the Rainbow Tick project which develops standards to accredit GLBTIQI inclusive practise. GLHV have developed a course on how to build a GLBTIQI inclusive service which should start to see more inclusive services becoming available to GLBTIQ community members. (these courses are currently run only in metro areas)

Well Proud

Well Proud guidelines are voluntary and will depend on the goodwill of service providers to meet them and they are not subject to accreditation \evaluation.

The Rainbow tick.

The Rainbow tick has competencies against which organisations are assessed.

Basis for the project is that homophobia devalues GLBTIQI people and impacts on:

- > mental and physical health
- > access to mainstream services

Well Proud- How to make mainstream services more to GLBTIQI people responsive :

GLBTIQI sensitivity core to professional competencies.

Generic- Should apply to all Health\Human Services

Service Specific- Where GLTBI have special needs (Residential/Rural)

Mental Health

Drug and Alcohol

Housing and Homelessness

Children and Family

Aged Care

Health

Disability

Standards include:

Welcoming

Staff Education

Staff\Client Communication

Documentation

Referral and Resources

Disclosure and Confidentiality

Competency Standards-

Welcoming environment

Posters

Language

Consumer Consultation and Participation

Cultural Safety

Disclosure and Documentation

Professional Development

Organisational Capacity

Resources, Mission, Vision, Policies

Who is in Your Family- Felicity Marlowe & Eilis Hughes

Felicity and Eilis from Rainbow Families Council discussed a legal and social Framework for Rainbow Families (which would include one or more GLBTIQI person/people.) Their presentation looked at ensuring inclusion in pre-school situations by displaying posters which showed diverse families. Participants were given a range of scenarios to consider:

1. Someone says the poster is inappropriate for children. What do you do?

Ask why do you feel the poster is inappropriate for children

Ask the person to black out parts of the poster they disagreed with

Ask the person if they would like to add a new situation to the poster

2. Discussion about the suitability if the poster in a tea room.

People discussed personal experiences:

-Have had similar posters taken down

-Gave a poster like this to an openly gay primary school teacher, who put it up on the bottom of her filing cabinet

- People working in GLBTIQI work places feel there would be no issue- people would be asking where to get one from

3. The service who you give the poster to says "You can't have 2 Dads"

Ask why not

Explain diverse family situations including stepfamilies, not just GLBTIQI focussed

Activity: Children's Books

Participants read through different children's books that were diverse, and discussed our opinions on the books and what children who were reading them might ask.

Family Services have a lack of family diversity, knowledge and lack diverse language when speaking

The Gaps\Barriers that were identified in regard to pre-school/school services included:

Lack of inclusive Books in Secondary & Primary school and lack of book lists

Private Schools & Training in Family Diversity (may happen in public schools but not private)

Lack of Resources and funding for Rainbow Council

Living Queer and different in the bush – Kath Duncan

Kath Duncan gave an amusing and enlightening presentation about having a disability and being queer in a rural area. She also gave some examples of engagement of queer people with a disability in rural NSW.

- Mostly Christian – not able to talk about Queerness
- Patronised about disability
- City has more options – queerness, disability, creativity
- Regional – rent cheaper
- People set up collective artistic extreme between callous, uncaring workplaces.
- Real, grassroots, creative community (importance of creativity)
- Unique perspectives – expression not therapy
- Successful art groups
- Children were engaged
- Kitchen table productions
- Disability arts conference
- Accessible arts
- Arts and disability in regional areas
- Study showed lack of access and funding except in Northern NSW
- Disability – key to a lot of popular culture, e.g. Muriel's Wedding
- In the early 80's community groups could apply for grants, ¼ had to be disabled or CALD

- People were disabled by society
- Theatre group – embraced a lot of young people that were Queer. Straight people didn't think about difference unless confronted with it
- Intersections of experience between disability and queerness
- Complications about disabled people and queerness
- Special school
- Already different, pressure to be straight/normal
- Less than ¼ disabled people are unemployed
- Recently ABC is setting up disability portal/gateway online
- If you have got strong people in regional areas homophobia wanders off
- Limited scope in regional areas for people with disability to get training and PD

Awareness, principles and skills training in effective collaborative alliances and funding from philanthropic, community, business and government organisations - Ian Gould & Christa Momot

This presentation gave an insight into the value of forming alliances aimed at working on an issue that brings funding to the partners or to one of the organisations in the partnership.

- Collaboration and alliances
 - Common goals
 - Shared knowledge
 - Leadership
 - Greater resources, recognition & rewards
- Alliance
 - Agreement to advance common goals
- Find win-win
- Directory to find foundation
 - Book
 - Online
- Use language of organisation you are requesting money for
- Correct tax status
 - TCC
 - DGR
- PILCH will help
- Effective collaboration
- Grant is made to organisation who holds the tax status
- Pathways to success

- Strategic plan
- DGR
- Identify funders
- Guidelines
- Speak with granting officer
- Write application
- Finding the right fund
 - Focus on broader issue, e.g. youth rather than GLBTIQI
- Application assessment
 - Eligible
 - Probable
 - Trustee decision
- Input
 - What you want
- Output
 - What you will do
- Outcome
 - What will change
- Impact
 - Success with longer time

“I have been to lots of these sorts of information sessions, but I have learnt more today than in all of the others put together.”

Grant Seeking Made Easy – Amy McDonald

Amy gave some practical advice about how to write a successful grant application:

- What are the main barriers to accessing philanthropy/funding?
 - Who to go to
 - Writing applications – know how
 - Big scary world
 - Age
 - Transparency
 - Not know of community trusts in local government
 - No mentors
- When writing a grant proposal
 - Repeat their material back to them e.g. annual reports, their Organisation Charter
- Include a budget that is practical, and include necessary things such as:
 - Insurance
 - Promotion
 - Equipment

- Venue
- Staff
- Security
- Administration

Where to from here? Community Cafe – Sue Hackney

The Saturday morning Community Cafe session was, for many, the highlight of the forum. Very well attended and full of good will and creative ideas, participants looked at what it is like to live and work in rural communities and what could be improved for our health and wellbeing. Together we looked at the Good, (primarily support groups and festivals) The Bad, (lack of services and funding and the tyranny of distance) and the Ugly, (domestic violence, suicide rates and homophobia). In small groups and together we looked at issues and solutions for cohorts. An action plan has been drafted from the notes so that those organisations involved in organising the forum can start to address some issues identified at the forum.

Good	BAD	UGLY
<p>Social/Support Groups/Services mentioned included: CAN FAB – Bendigo GV Pride GV Pflag, Hume Pheonix LAWS – Lesbians in Albury Wodonga Breaking Chains Club Sandwich MG&LSG – Mildura Gay & Lesbian Support Gp SLAG – Senior Lesbians and Gays Young people’s groups Diversity Whatever B-Epic WayOut YumCha Events ChillOut BQFF – Bendigo Queer Film Festival Spring Migration</p>	<p>Many groups are totally reliant on one or two people who are usually volunteers</p> <p>No government funding or no ongoing funding.</p> <p>Social groups cannot help people who are in crisis</p> <p>Small town politics</p> <p>Visibility</p> <p>Safety on the scene (especially when in city) – Drugs & Alcohol.</p> <p>Committees weak – numbers drop off</p> <p>Networks die off</p>	<p>Increase in suicide, particularly young men</p> <p>General lack of understanding from mainstream services and mainstream services need to be more proactive</p> <p>Backlash from some religious groups</p> <p>Internal homophobia/discrimination</p> <p>Age(ism)</p> <p>Fear of retribution from mainstream services</p> <p>Fear around coming out</p> <p>Lack of support for GLBTIQ families</p>

<p>Local Sexual Health Task Groups</p> <p>Rainbow tick</p> <p>Surprised by support</p>	<p>Lack of debate/discussion around relationship between diversity and subcultures</p> <p>Lack of choice of Dr's</p> <p>Lack of S100 prescribers in country</p> <p>Lack of support for HIV positive people</p>	<p>Discrimination</p> <p>Uncaring/insensitive police</p> <p>Economic implications of coming out –, loss of family support, housing etc.</p> <p>Violence - Under reporting</p> <p>Lack of understanding/support from health professionals & mental health services</p> <p>Fear of accessing services because workers are local people – neighbours etc.</p> <p>Isolation</p>
<p>Solving the jigsaw (school bullying program)</p>	<p>Lack of funding for same sex education in schools</p> <p>Lack of relevant sexual health education in schools</p> <p>Sometimes poor relationships between older and younger groups members</p>	<p>Lack of services for parents</p> <p>Isolation of children –</p> <p>Rural schools</p> <p>Lack of understanding</p> <p>Public opinion regarding gay parents</p>

	<p>Lack of support for same-sex parents & parents with same-sex children</p> <p>No rural GLBTIQ play groups</p>	
<p>Big picture Solutions</p>		
<ul style="list-style-type: none"> • Create a Victorian rural alliance that liaises with metropolitan based state-wide services; Develops a website with interactive forums, Social media, Online meetings/chats/relationship building, Cross promotion of events, groups etc. • Role models <ul style="list-style-type: none"> ○ Joining local Council and becoming a public voice ○ Don't bash role models • Positive image of groups in resources/ information guides • Information & education needs to be more available • Tap into mainstream health and wellbeing groups • Be strategic in groups: Share information, policies and procedures media releases etc.online; Share skills/knowledge amongst groups • Bring groups together, e.g. Opportunities for groups to meet at events such as Chillout • Get involved in Take Care Out Back There • Promote places to go for assistance and resources such as CAN • Seek funding for rural/regional GLBTIQ communities • Use the Charter Human Rights & Responsibilities 		

- Increase availability of newspapers in rural areas – eg. Southern Star, & MCV and Q Mag
- Lobby local MP's
- Develop an Alliance

Young People Issues

Young People Solutions

<p>Isolation</p> <p>Ageism - Negative view of young people</p> <p>Homophobia can lead to reduced education levels</p> <p>Lack of local services/lack of awareness of services</p> <p>Lack of access to services (Parents also)</p>	<p>Youth specific organisations and groups available</p> <p>Educate teachers to celebrate diversity</p> <p>Young people information packs available from services such as community health centres, youth and housing services.</p> <p>Encourage GLLO's to visit schools; advertise GLLO's in rural towns</p> <p>Internet networking promote rural resources and networks online</p> <p>Encourage TV show with LGBTI role</p> <p>Young person's and children's area at ChillOut</p>
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• 26 -55 year olds Issues (includes senior issues)

Solutions

<ul style="list-style-type: none"> ○ People remain hidden in rural towns ○ Committee burn out ○ Family & work commitments 	<ul style="list-style-type: none"> ○ Facebook ○ Website – online forum
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<ul style="list-style-type: none"> o Domestic stress -> domestic violence o Older people -> returning to rural roots and going back into the closet o Computer illiterate -> isolation o Lack of self determination 	
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Issues for Valued and Significant Minorities

Solutions

<p>Isolation for someone with a disability</p> <p>Coming to terms with the disability</p> <p>Discrimination -> also within those minorities from the gay community and/or from the disability community</p> <p>Being GLBTIQ and Koori</p>	<p>Networking online</p> <p>Availability of social services</p> <p>Regional forum on-going</p> <p>Promote role models</p> <p>Rainbow tick</p> <p>Lobby to increase education models around GLBTIQ</p> <p>Update resources for all GLBTIQ issues - Not just sexual education.</p>
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Issues for Women

Solutions

<p>Not being recognised as female, mistaken for male</p> <p>Insensitive and/or inappropriate medical and health care</p> <p>Stifling gender-role expectations (conservative attitudes in the country)</p>	<p>Importance of networking and of groups working together</p> <p>Use of internet - One central place/website</p> <p>Clinic forums – GLBTIQ education for health professionals</p> <p>Partnerships with other groups – cover more information</p> <p>Tap into mainstream services as there are few GLBTIQ specialist</p>
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	<p>services available</p> <p>Money doesn't change attitudes - change requires long term intervention</p> <p>Political advocacy</p>
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Issues for Men

Solutions

<p>Suicide</p> <p>Bi-sexual – is often seen as transition from gay and straight communities</p> <p>Perception of stereotypes e.g. camp/feminine/masculine</p> <p>Increased diversity generally means that– sexuality is not so obvious anymore</p> <p>Rural community changing, roles around masculinity changing</p> <p>Sense of community varies in metro and rural</p>	<p>Central Website</p> <p>Online forum once a month -> to keep connection</p> <p>Advocate for funding</p>
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Action Plan

Many of the issues raised at the Community Cafe are broader than the forum organisers can tackle, but an action plan has been developed to address issues within our capacity and to identify solutions where possible.

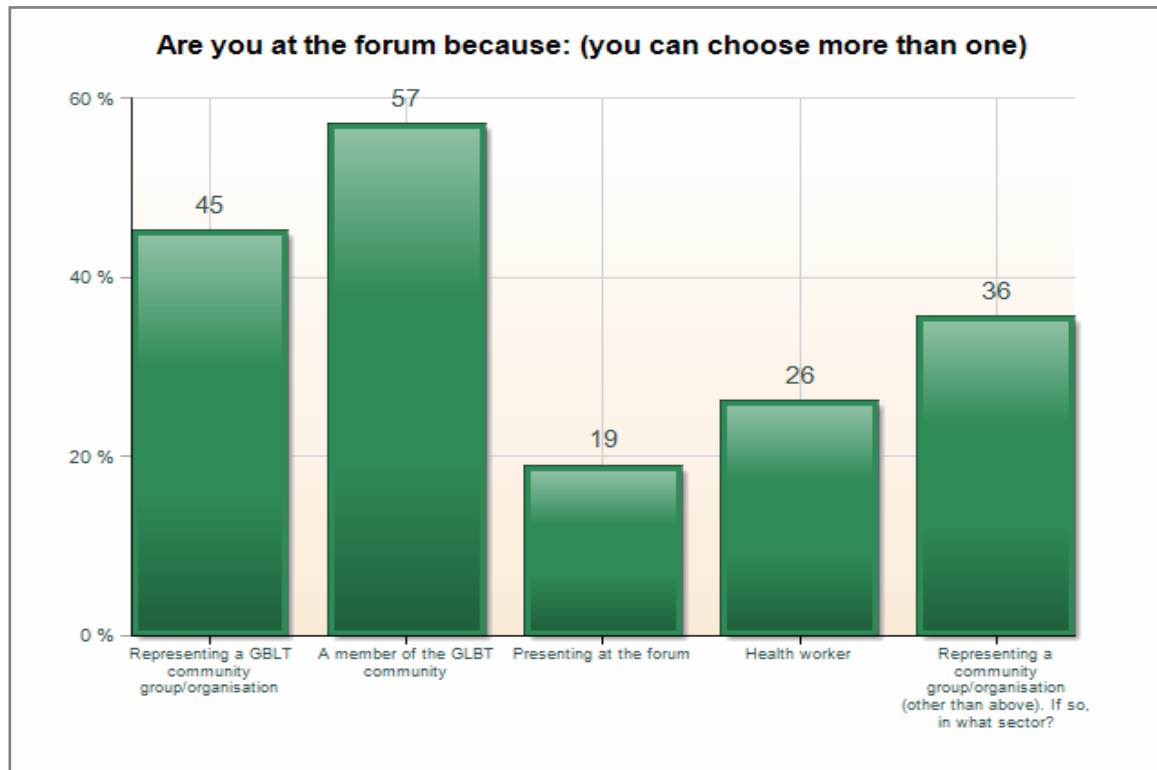
Forum partners will:

Action
Explore models with a view to establishing a Victorian rural/regional partnership or alliance and <ul style="list-style-type: none">▪ Establish a clear purpose for the group▪ Develop Terms of Reference▪ Explore funding options to establish the alliance▪ Identify GLBTIQ rural role models and other relevant stake holders and invite them to join alliance▪ Represent Alliance/Partnership at relevant state-wide bodies and forums
Investigate establishing a communication strategy (eg interactive website with forums, social media and clearing-house capacity where media releases, policies and procedures etc. can be shared.
Explore opportunities to bring rural groups together at rural events such as ChillOut
Engage with gay media to increase availability of media to rural communities

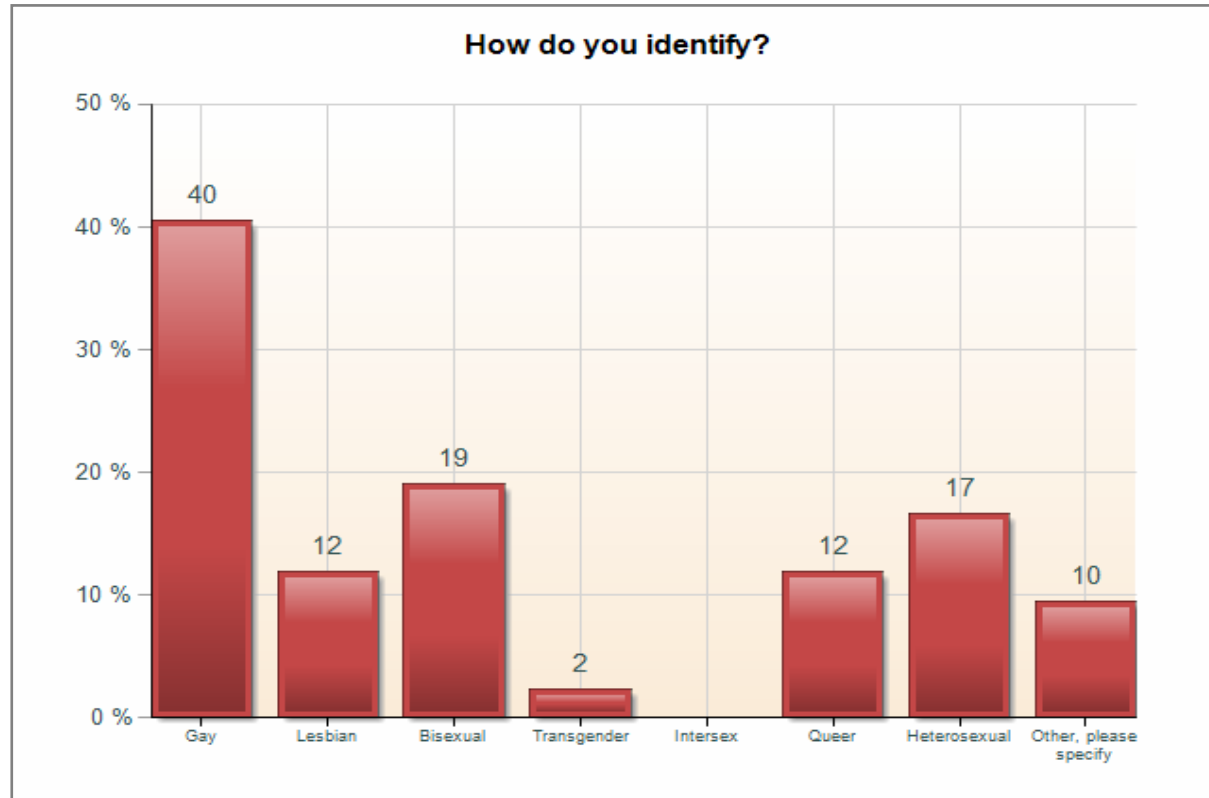
Explore ways to work with GLLO's re increasing their presence at rural schools with discussions at educational facilities
Investigate avenues to advocate for resources to sustain and support GLBTIQ gay support/social groups
Investigate avenues to advocate and lobby state-wide policy leaders re rural GLBTIQ issues
Encourage and support rural organisations to undertake training to become rainbow tick accredited
Create opportunities to inform doctors and health workers about GLBTIQ issues
Hold a rural GLBTIQ health and well-being forum in 2011

Evaluation Reports

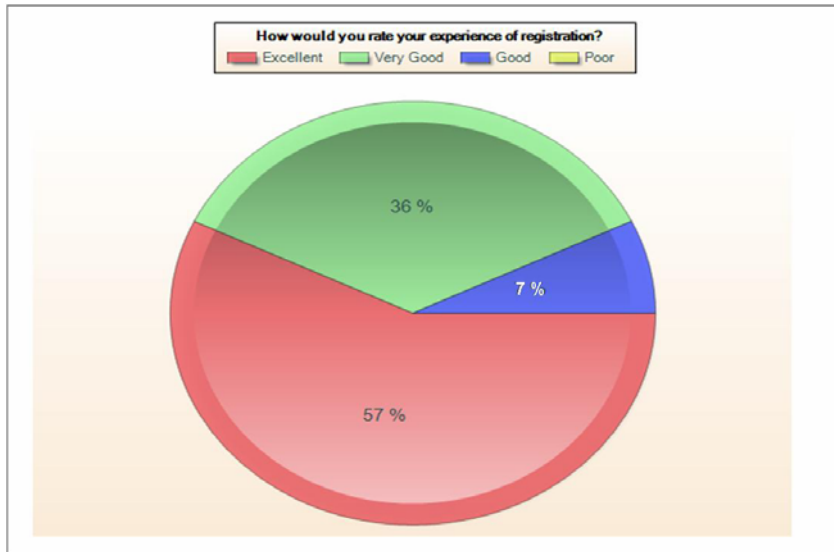
Why did they attend?



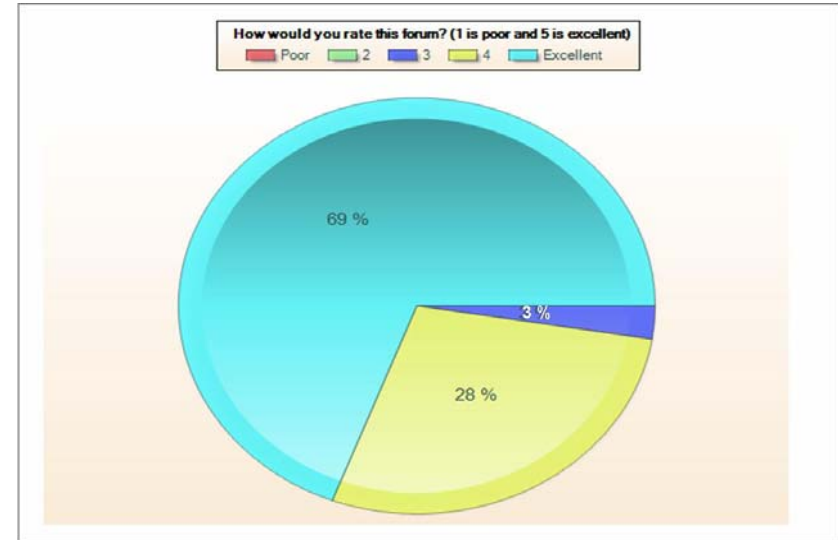
How did participants identify?



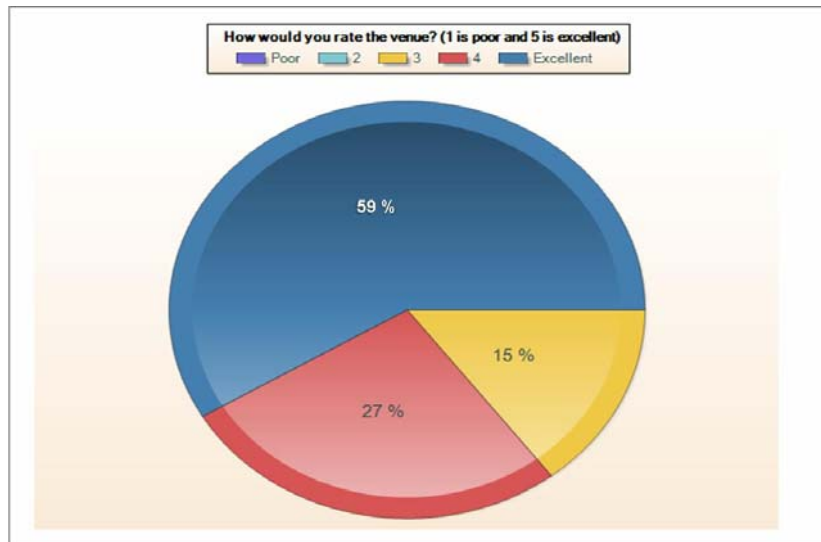
Your experience of registration



Your experience of the forum (average rating 4.7)



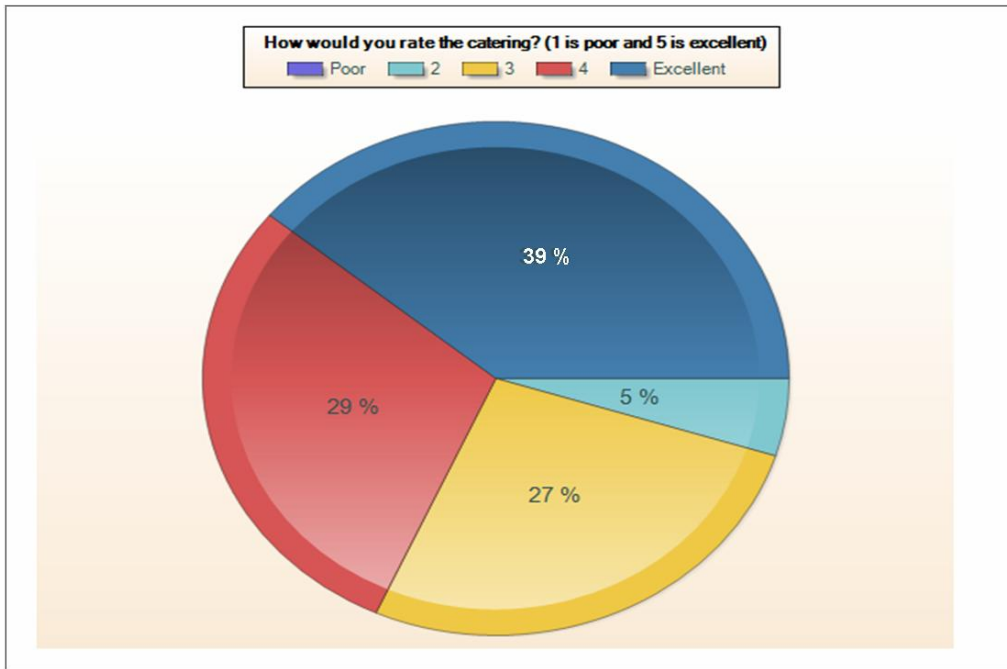
The venue (average rating 4.4)



Individual Sessions

Individual sessions were rated with an overall average of 4.2 out of a possible 5.

The Catering (Average rating 4.0)



Our most significant statistic!

