


LOOKING AFTER YOURSELF

When you visit someone living with dementia, you may experience strong feelings of your own as the person changes. Some of these feelings may be extreme and unexpected, from protectiveness to responsibility to deep love and grief and loss. At times it can also be very difficult to continue to visit, because it is difficult and confronting. You may feel like you aren't making a difference as the person is not responding to your visit or it is boring.

WHAT TO TRY

 Acknowledge the uniqueness of your experience. Often friendships developed with LGBT+ people living with dementia are not recognised by others. Your role is important, unique and a powerful part of the LGBT+ communities.

Plan a comforting activity alongside the time you visit. Do something that you enjoy or that supports your wellbeing before and/or after the visit.


“You need to also be careful... because this [visiting] is a hard ask. My dementia means I have no filter...”

Non-binary person living with dementia,
Reference group member



 **Reflect on why you are visiting.**

- › What does it mean to you?
- › What does it mean for the older person?
- › What does it mean to your future self?

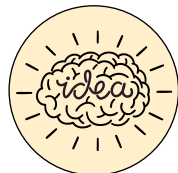
 **Keep a journal. Express your feelings in writing or drawing.**


Feel the feeling. Allow yourself to have the feelings, no matter what.

Connect with other visitors. Attend events organised by your volunteer organisation, share and connect with others.

 **Reflect on the good things.**

Connect with your coordinator, explain how you are feeling and brainstorm different approaches.

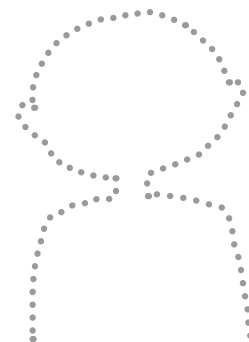


 **Take time to grieve and say goodbye if someone you visit dies.**



“It’s like you’re already started to grieve them because they’ve already started to go. But they’re still there.”

Beau



Explaining LGBT+ Acronym

In these resources we use the acronym LGBT+ to refer to lesbian, gay, bisexual and transgender people. We acknowledge that gender and/or sexuality diversity encompasses a greater range of forms and expressions of diversity than can be captured in the LGBT+ acronym.

We nonetheless have chosen to use this acronym in this resource because there is no published peer-reviewed research currently available on the experiences of intersex or asexual people living with dementia.

While these resources may be useful for broader communities, they have only been informed by our own research and that of others documenting the experiences of people living with dementia who identify as LGBT+. We also do not use the word 'queer', because it remains a complex and potentially hurtful term for many older LGBT+ people, because of its historic use as a demeaning slur.

Co-design process

The development of this resource was led by Dr. Louisa Smith at Deakin University. This resource was co-designed with six people who had visited LGBT+ people living with dementia over an extended period of time.

A Reference Group was also consulted at each step of the co-design process, providing input into the resources.

The Reference Group included LGBT+ people living with dementia and their carers and representatives from LGBTQIA+ organisations and dementia care organisations.

We are incredibly grateful for the generosity and time of all those involved in this process.



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