The first quarter of 2017 seemed to vanish at a disconcerting speed, taken up with events, trainings, gatherings and collaborations. ‘End of the Rainbow’, ‘Conversations’ and ‘Cyber Safety’ kept us busy in February and March, and the second round of the Right To Belong training is also now well underway. Being devils for punishment, we are also plotting more activities to add to our workload, as promising new projects such as the Diabetics workshop, and the Dementia LoveFest (pages 12-13) present opportunities and the second round of the Right To Belong trainings, gatherings and collaborations. ‘End of the Rainbow’, ‘Conversations’ and ‘Cyber Safety’ kept us busy in February and March, and the second round of the Right To Belong training is also now well underway.

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

Under our International section we feature two articles from the UK concerned with LGBTI retirement housing (pages 14-15). One article is amusingly speculative, the other more tangible. We love the idea of a Retirement Home for Carer-tinted Lesbians, and the prospect of Manchester’s LGBTI-dominant retirement home also sounds fun. These certainly throw down the gauntlet to aged care providers. As a gay friend said to me the other day, “We get bored easily, we must have 50 aged-care providers... indeed, any ways to make our world a better place to be for LGBTI elders. We look forward to hearing from you!”

END OF THE RAINBOW

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

Dr Almack’s study, The Last Outing, found that LGBTI elders’ lifelong need to protect their identity had caused problems throughout life. “I have kept my real self hidden, not wanting to open myself up to others. If you are not fully accepted for who you are, there is a ‘shutting down’. This reticence limited the strength of emotional involvements; and dealing with the complexity of new (and varied) levels of ‘coming out’.

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

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

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

CONVERSATIONS

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

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

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

Extracts from LOST by Graeme Dixon:

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

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

Shame for your family, graffiti written across the home for all to see, a child’s schoolyard over the road.

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

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

(Full text on the GRAI website).
For Marion, the experience of being a lesbian in the 1970s was traumatic, “My sexuality was considered a perversion. I was not even able to look it up in the library – it was so secret and embarrassing.” These days, although she is fully at ease being a lesbian, she is afraid of entering the ‘straight’ community of a nursing home and having to modify her behaviour: ‘would she be able to kiss her girlfriend? And would there be lesbian-friendly outings, such as buses to the women’s footy or Pride Parade?’ Finch lightened the mood, and pondered the ever-lengthening list of sexual and gender identities – asexual, pansexual. He invited us to think about the nuances (e.g., men who have sex with men but who don’t identify as gay) and mused about a time when heterosexuality could become just another minority group. Could a future acronym read LGBTI, A + H for heterosexuals? Then, we were reminded by Anne that affirming care provision for LGBTI people is still far from consistent. For example, a friend whose five carers has had patchy experiences. Clearly, there is still a strong need for staff training! Tjala came out in her early 40’s and has grown children. Having been a carer for her father, she reflected how much harder it is for LGBTI elders to cope if they have no family to care for them. Now she wonders whether there would be supportive management to intervene if she were treated poorly. She asked, “Will there be lesbians on staff? Will I be supported in being who I am, or will I be told, ‘Just keep it to yourself’?” “I don’t want to be the only gay in the village! Let’s see rainbow yourself?” “I don’t want to be the only gay in the village! Let’s see rainbow yourself?” “I don’t want to be the only one who is still far from consistent. For example, a friend whose five carers has had patchy experiences. Clearly, there is still a strong need for staff training! Tjala came out in her early 40’s and has grown children. 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CULTIVATING HIGH CAMP MIXED WITH COMMUNITY SPIRIT, PREPARATIONS ARE WELL UNDERWAY FOR MELBOURNE’S COMING BACK OUT BALL, WHICH WILL PREMIERE AT THE VICTORIAN SENIORS FESTIVAL IN OCTOBER THIS YEAR.

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

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

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

Australian dancer, actor, director and choreographer, Noel Tovey, has become a mentor to Meecham as he works to bring together all the elements of the Coming Back Out Ball. While Tovey’s experience in theatre and performance is invaluable, his life experience also highlights the many tragedies of gay men in his generation, including being (falsely) accused and convicted of ‘the abominable act of buggery’ and thrown in Pentridge Prison in 1951.

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

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

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

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

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

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

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

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

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

The Passport is available from lgbthealth.org.au/passport

**A passport owner’s perspective**

Susanne Hadlow

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

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

It is a wonderful idea, but what of its practical application? Clearly it’s not for everyday use – I wondered if I would feel foolish to present it – I am underlined if I am unable to stand in front of you and communicate without the use of an intermediary tool? As it happens, these days I get by standing in front of you and communicating without the use of my passport. Its on-the-ground use would be more relevant for me in my own confidence – I can stand up for myself if people don’t believe me.

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

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

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

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**Providing Culturally Sensitive Diabetes Care**


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

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

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

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

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

**Prevalence Assumptions and lack of data**

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

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

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**Diabetes**

**Providing Culturally Sensitive Diabetes Care**

Review by June Lowe

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

**Unique LGBT Risk Factors**

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

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

**Patient Concerns**

It is important to understand how homophobia and heterosexism manifest when LGBT individuals seek diabetes care in order to reduce any existing provider-level barriers. Individuals who approach the health care system are already vulnerable due to their illness. For LGBT individuals who...
often fear seeking with, or have faced bigotry in, the health care arena, this has a far-reaching impact. Outright hostility from health care providers is a common experience of LGBTI clients. Up to 39% of transgender people face harassment when seeking routine health care. LGBTI clients are also likely to experience heterosexism: for example, being provided with support materials that explicitly or implicitly address monogamously partnered heterosexuals.

Tools for Providing Culturally Sensitive, Competent Care

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

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

Garnero’s final recommendations are for workplaces to demonstrate cultural sensitivity with visual clues, non-discrimination policies, LGBTI inclusive forms, interview techniques using inclusive language, and educational materials that do not assume heterosexuality. As she points out, diabetes professionals have long partnered with high-risk populations, and should be well-placed to help LGBTI communities by first ensuring their local work environments balance the rights of minority groups, including LGBTI and the elderly. Liam’s Honours thesis was on the scope of religious exemptions to anti-discrimination legislation on the grounds of sexual orientation, and his publications include a paper co-written with Eileen Webb: ‘Yesterday once more: Discrimination and LGBTI Seniors’ (2017), Monash Uni Law Review.

In the overall aim to improve healthcare provider, through Australia. The overall aim of the study is to improve healthcare provider, healthcare, and support needs. Disseminated research findings are anticipated to empower ageing transgender people by giving voice to the specific needs of older transgender generations.

The research process involves participant interviews of approximately 1.5 – 2 hours. Interviews will be conducted either online, or in a convenient meeting place agreed by both participant and researcher. Participants will be compensated for travel or internet expenses up to the value of $15. Contact Kirilee Wood at: kirilee.wood@postgrad.curtin.edu.au. For more information about the study contact the Chief Investigator at Sam.Winter@curtin.edu.au or 9266 2365. Curtin University Human Research Ethics Committee (HREC) has approved this study (HREC number: HRE2017-002).

Liam Elphick

New on the GRAI Board

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

We are excited to have Liam’s expertise and enthusiasm on the Board and look forward to working with him.
RECLAIMING VALENTINE’S DAY FOR PEOPLE LIVING WITH DEMENTIA

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

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

Alzheimer’s Australia research found that, compared with the broader community, people with dementia are twice as likely not to see friends and twice as likely to experience loneliness. Unfortunately, the stigma of dementia contributes to this isolation as family and friends may be unsure how to connect to someone with dementia. This is heart-breaking, as people living with dementia actually need increased social support to continue to live the lives they lived prior to diagnosis.

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

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

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

Love Fest comes to Perth

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

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

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

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

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

Love Fest Partnerships invited

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

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

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

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

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

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

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

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

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

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


© The Social Photographer
‘The Radclyffe Hall Retirement Home for Recalcitrant Lesbians sounds like a good place to start.’ Margarette Radclyffe Hall, who wrote The Well of Loneliness, is pictured standing with Lady Una Trowbridge in 1927. When I used to live on the Northumberland coast, there was a game I played with visiting lesbian friends. On our walks and drives around the countryside, we’d identify houses we thought would make perfect lesbian retirement homes.

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

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

Although attitudes towards sexuality have shifted radically in recent years, there are still significant levels of homophobia and transphobia around. Manchester city council, which is planning the country’s first local authority retirement community for a majority of LGBT residents (see below), reports that elderly gay people fear hostility and isolation. Many were fearful of discrimination in existing accommodation and there was a desire for affordable LGBT-specific housing where people could open about their identity in later life.

The extra care scheme – a targeted development for older people – will house a minimum of 5% LGBT residents, but heterosexual individuals will also be welcome to apply to live in the accommodation.

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

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

Cllr Bev Craig, one of Manchester city council’s leads for the LGBT population, said prejudice and discrimination could be real problems facing older LGBT people. “[They] shouldn’t have to face the prospect as they get older of being surrounded by people who may not accept their sexuality or gender identity,” she said.

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

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

22 February 2017, Frances Perraudin

Manchester city council has announced plans to create the UK’s first retirement community aimed at lesbian, gay, bisexual and transgender people. According to the local authority, the city is home to the country’s largest number of LGBT people outside of London and is due to see a rapid growth in the number of LGBT residents over 65 in the next two decades. More than 7000 over-50s living in Manchester identify as LGBT.

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

The extra care scheme – a targeted development for older people – will house a minimum of 5% LGBT residents, but heterosexual individuals will also be welcome to apply to live in the accommodation.

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

Cllr Bev Craig, one of Manchester city council’s leads for the LGBT population, said prejudice and discrimination could be real problems facing older LGBT people. “[They] shouldn’t have to face the prospect as they get older of being surrounded by people who may not accept their sexuality or gender identity,” she said.

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

ANDREW BURRY

Andrew Burry, CEO of WA Aids Council (WAAC), passed away on 27 March 2017, after suffering a suspected heart attack.

The news was greeted with shock and sadness by friends and colleagues in Perth and around the country.

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

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

AFAO president Dr Bridget Harr said, “Andrew’s powerful, robust advocacy was informed by an unshakeable conviction that community-led responses matter.”

His working life was devoted to improving the health of others and fighting stigma and discrimination, and his leadership contributed greatly to the good standing of the WA Aids Council.

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

DALE VINUP RIP

By Chris Hart, President Prime Timers

In recent years, Dale’s main aim in life has been to reach the age of 90. Well, he made it, and lasted an extra year. He was born on the 21st January 1926 in Jefferson County, Indiana, USA, as small farm that his parents owned. He went to an art college and developed his interest in interior design.

After a few years of working for other people, he decided to set up his own business, with the help of his mother. He did the design work and she made the soft furnishings. He was so successful that his business expanded into a carpet store and a furniture store.

He was very proud of the fact that he earned enough to be able to swim around in a brand new Cadillac automobile.

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

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

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

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

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

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

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

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

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

GRAI thanks

Looking Back and Finding Something New

By Pam Mulholland

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

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

So what happened just the other day? My Google search presented me with quite a list of links and I clicked on one at random. I landed on a site called PrideNZ.com and found myself looking at a black and white photo of the interior of the Tavern Bar taken in 1938! It looked different and yet the same. I could see myself walking in and up to the bar. Then I read the text under the photo and was completely taken by surprise. It said:

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

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

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