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# Coming out of the Closet

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Improving Dementia Services for people who identify as Lesbian, Gay, Bi-sexual and Transgender (LGBT\*) by Allison O'Kelly, Queen's Nurse and Winston Churchill Fellow



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Foundation

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*Cairns getting ready for Pride Week*

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It was the people that made this investment possible. Generous people, who I have never met, but emailed from a great distance, people who gave up their time and energy to make sure I had the information I needed. People who also took me out to dinner, or sightseeing, or just ensuring I was comfortable and catered for. Even people, who had nothing to do with my project, but let me use their Wi-Fi or directed me to harder to find places. Also my profound gratitude to the people from Australia who in return visited me in the UK to look at my work.

I would like to acknowledge and thank everybody who gave me invaluable printed material, on-line links, shared personal sensitive stories or allowed themselves to be photographed and included in my blog and report.

Thanks also to Cornwall Partnership NHS Foundation Trust and my work colleagues for giving me the time to pursue this invaluable work.



Lastly I would like to acknowledge the traditional custodians of the lands I visited in Australia, and any elders past, present and emerging. Australia always was and always will be Aboriginal land where sovereignty was never ceded, (with thanks to Ricki Menzies).

## ABOUT ME



My original publication leading to further work with the Alzheimer's Society, a book review, writing a chapter on dementia in a Queen's Nurse Resource (which is now recommended reading by Health Education England), being invited to Buckingham Palace and the House of Lords and my fantastic trip to Australia.

As a Mental Health nurse I have worked in dementia care since 2001 and for many years before that as a Health Care Assistant. I piloted the Memory Services in Cornwall 2005 (now 8 teams across the county). My team comprises of 2 Band 6 nurses and a part time Band 5. We have been accredited as 'Excellent' twice by the Memory Services National Accreditation Programme (MSNAP) facilitated by the Royal College of Psychiatry. I have several publications mostly about dementia. In 2013 I completed my MSc in Mental Health and became a Queen's Nurse. Following completion of their Leadership course I applied for a Churchill Fellowship to go to Australia<sup>1</sup> to gather knowledge for my project: Improving Dementia Services for people who identify as LGBT.

On my return I received an award from my NHS Trust for Partnership working:



I was also put forward for a Parliamentary award for 'Excellence in Health Care' for my work with dementia. I was not shortlisted but very grateful to have been thought of.

<sup>1</sup> <https://www.wcmt.org.uk/users/allisonokelly2018>

## **Executive Summary**

This report specifically focuses on people who identify as lesbian, gay, bi-sexual, transgender or any other variant such as intersex and queer with a dementia. I have chosen to use the acronym LGBT\* throughout to represent inclusivity and the terminology is explained in the glossary at the end of this report. Organisations in Australia use LGBTI.

Dementia is a cruel disease that does not discriminate. It is insidious and irreversible and can be as a result of life style choices such as looking after your health and wellbeing, genetic or simply bad luck. It is the second leading cause of death in the UK. Dementia is a medical condition, not a mental health disorder; yet, evidence exists globally to suggest older people who identify as LGBT\* experience a dread of engaging with health care professionals for fear of ridicule and discrimination. They are also the cohort who lived through the time when homosexuality was a criminal act, seen as a mental illness and something to be ashamed of. The Law has changed, but as a society have we really moved on to become fully inclusive and accepting of the many forms of diversity? Probably not as older LGBT\* people still fiercely protect their privacy and are reluctant to participate in health screening and health promotion programmes.

22,000 people who identify as LGBT\* die in the UK every year. In 2021 there are expected to be 1,000,000 people in the UK with dementia. An estimated 5-7% of the population (that we know) identify as LGBT\* this could mean there may be between 50,000-70,000 people developing a dementia in the near future particularly as we are experiencing an aging population. This equates to the population of a moderate sized city. Historically people who identify as LGBT\* drink more, smoke more, take more recreational drugs, can be overweight or suffer from anxiety, depression or loneliness. There is also a heightened risk of self-harm and completed suicide. It is therefore crucial for our health and care providers to get their attitude and services right. One way to achieve this is to have adequate diversity and equality training in place and mandatory for all staff during their induction and as an annual update. The challenge though was to undo many years of discrimination and stigma so that people who identify as LGBT\* have the courage to come forward without fear of being judged.

So as not to reinvent the wheel I wanted to know what was in place already and found some small pockets of interest and good practice especially around central and northern areas of the UK. I emailed my Memory Assessment Service colleagues via the Royal College of Psychiatry Memory Services National Accreditation Programme (MSNAP) to find there was nothing available as yet for staff working within the NHS. I was directed to a booklet and fact sheet review that I had previously reviewed for the Alzheimer's Society.<sup>2</sup>

Through internet searches, reading other Fellow's blogs and reports on similar subjects and completing free on-line LGBT with dementia courses, I identified Australia as a country that already had this training in place. Training that was government funded and accredited so I set out to get a Churchill Fellowship to enable me to travel and meet key people and organisations to learn more.

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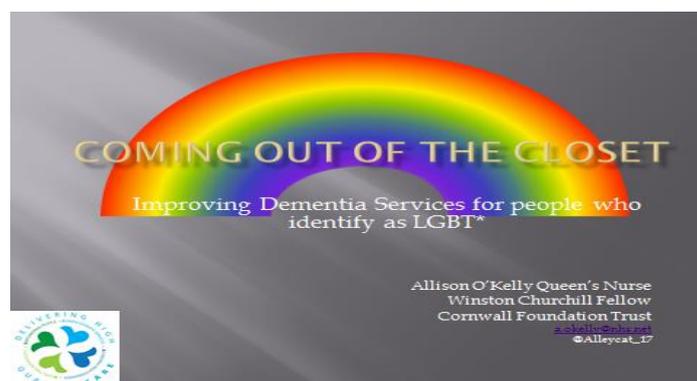
[https://www.alzheimers.org.uk/download/downloads/id/3555/supporting\\_a\\_lesbian\\_gay\\_bisexual\\_or\\_trans\\_person\\_with\\_dementia.pdf](https://www.alzheimers.org.uk/download/downloads/id/3555/supporting_a_lesbian_gay_bisexual_or_trans_person_with_dementia.pdf)

[https://www.alzheimers.org.uk/download/downloads/id/3629/LGBT\\* living with dementia.pdf](https://www.alzheimers.org.uk/download/downloads/id/3629/LGBT*_living_with_dementia.pdf)

I visited 5 different territories in 5 weeks starting in New South Wales (Sydney), South Australia (Adelaide), Victoria (Melbourne) and Queensland (Brisbane and Cairns). This is a summary of the recommendations I would like to see in practice.

- ✚ Mandatory training for all care staff with committed continual funding
- ✚ Strong commitment to training by organisations
- ✚ Appropriate trainers
- ✚ Free on-line courses for staff and others who care for older people who identify as LGBT\*
- ✚ Inclusive health promotion and screening programs
- ✚ Innovations to reach LGBT\* communities
- ✚ Acknowledgement LGBT\* are unique and not a homogeneous group
- ✚ Not just tolerating but celebrating individual differences
- ✚ Creating positive trusting and inclusive environments
- ✚ Making it a health care responsibility to increase health equity and parity for everybody
- ✚ Training to include what we do not need to know
- ✚ Make services safe for vulnerable people
- ✚ Ensuring everybody has a Lasting Power of Attorney or Advance Care Plan/Directive
- ✚ Advance Care plans are accessible to who needs to know
- ✚ Life story work reflecting a person-centred approach
- ✚ Using a 'Gender Passport' to save continual 'Coming Out' and easily replicated for the UK

This is not an exhaustive list but a start in the right direction in getting services right for older people who identify as LGBT\*.



## INTRODUCTION

This particular journey is a personal story that began in 2010 when I met 'Eve'<sup>3</sup>. Eve was a male to female trans-woman who had transitioned (including gender affirmation surgery) in her 40's. She began to develop a dementia in her early 60's and was diagnosed by our service as having Alzheimer's disease. Alzheimer's disease can begin many years before a probable diagnosis can be made, therefore it may have been possible that Eve was developing the disease around the time of her transition. She deteriorated quite quickly and soon went into care, where she became quite distressed when being addressed using female pronouns, wearing women's clothes and being guided to sit down to use the toilet. The care home staff found this quite distressing and not something they had encountered previously. Since Eve passed away the care home have had a similar resident who they were able to care for very well.

The case study featuring Eve was published in the Journal of Dementia Care both in the UK and Australia and became recommended reading by the Social Care Institute for Excellence (SCIE).<sup>4</sup>

People who identify as LGBT\* are at higher risk of health complications. Some gay or bi-sexual men get regularly tested for HIV, some only after unprotected sex, others not at all. Older gay men may live alone and experience loneliness, isolation and depression. Lesbian and bi-sexual women are less likely to have regular sexual health screening, are more likely to be overweight which increases vascular risk factors. They are also at a higher risk of physical assault, harassment and rape. Those who identify as more masculine lesbian or bi are less likely to have breast screening. Again loneliness, isolation and depression comes into play if they live alone. Trans people can experience damage due to hormones and/or surgery. FTM are still at risk of breast cancer even if they have had top surgery, and MTF are still at risk of prostate cancer and meningioma due to female hormones. This group of people are the most likeliest to have little family support and live alone. People who identify as LGBT\* have a tendency to drink more, smoke more and use recreational drugs, all of which contribute to a higher risk of developing a dementia. Loneliness, isolation and depression increases that risk<sup>5</sup> (Sutin et al 2018).

*Risk factors for Alzheimer's disease and other dementias include:*

- High blood pressure
- Diabetes
- Lack of regular exercise
- Drinking too much alcohol
- Poor diet
- Smoking
- Obesity
- Depression
- Loneliness and isolation

For anybody, a diagnosis of dementia is essentially life changing and brings an unpredictable future. For someone who identifies as LGBT\* a potentially challenging set of circumstances emerges. Older LGBT\* will have already lived through a time when identifying as homosexual or transgender was not only socially frowned upon, but viewed as a mental

<sup>3</sup> [https://www.devoncepn.co.uk/images/OKelly\\_author1\\_Transgender.pdf](https://www.devoncepn.co.uk/images/OKelly_author1_Transgender.pdf)

<sup>4</sup> <https://www.scie.org.uk/dementia/living-with-dementia/lgbt/>

<sup>5</sup> <https://doi.org/10.1093/geronb/gby112>

illness and illegal. People who are intersex may have disfigured bodies due to 'corrective' surgery at birth.

Modern attitudes towards people from the LGBT\* community have improved significantly, but although it is illegal to discriminate against anyone based on their sexuality or gender identity in the UK people do still experience discrimination over these issues. It may still be difficult for the partner of someone with a dementia to obtain next of kin status, especially if there is no legally binding framework for the couple. In 2014 same sex marriage became legal yet LGBT\* individuals and couples are more likely to be isolated or estranged from their families and removed from "traditional" heteronormative support networks. They may therefore be reluctant to discuss their sexual orientation or gender identity for fear of the potential consequences. Key finding from the Stonewall 2018 YouGov LGBT in Britain Health Report found that overall 45% of the LGBT\* population have experienced unequal treatment by healthcare staff and 48% of trans people experienced inappropriate curiosity.<sup>6</sup>

Before I met 'Eve', through my work as an older person's community psychiatric nurse I had cared for some same sex couples living at home. Often older ladies would describe themselves as companion's to explain their relationship and shared photographs and memories. Others would hide any personal effects to suggest any intimacy. Being transgender is often more visible and they often cannot selectively hide their transgender status and they may avoid engaging with health care because of this reason. 'Eve' really brought home to me this stark reality as she and her partner had been struggling to conceal her cognitive decline. They made it very clear on first meeting what I was able to disclose and share with other health care professionals and would always sit facing the wall in the waiting room. When 'Eve' was eventually admitted into a nursing home and started to question her then gender it was clear that as a service we were ill equipped to care for her. At the time I tried to find any training around the needs of people who are LGBT\* with dementia, but there was nothing.

Writing a case study after she died opened up opportunities for me to better engage with the LGBT\* community, starting with presenting with a colleague at a Royal College of Psychiatrist's annual meeting. The Alzheimer's Society was also present and asked us to help review their LGBT\* dementia resources. I was also asked to review the excellent book 'Lesbian, Gay, Bisexual and Trans\* Individuals Living with Dementia: Concepts, Practice and Rights', for the Journal of Dementia Care. As editor of the Trust's memory Service Information pack I was able to include a short section about LGBT\* and dementia which is given to everybody in Cornwall diagnosed by our service.

Although I had gained a degree of knowledge around the subject, the training aspect was still missing and at the time limited to other parts of the Country that perhaps had a denser LGBT\* population than Cornwall. Opening Doors London as part of Age UK was providing training, yet I wanted to produce something for our NHS Trust that would be mandatory for all new staff in addition to the diversity training already delivered.

I applied for the Queen's Nursing Institute (QNI) Leadership course to begin work on an LGBT\* with dementia training package. The research I had completed until this point indicated that Australia had very good resources on this subject including free on-line training. A colleague of mine had previously successfully applied for a Winston Churchill Fellowship and along with the QNI encouraged me to apply for this life changing opportunity.

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<sup>6</sup> [https://www.stonewall.org.uk/system/files/lgbt\\_in\\_britain\\_health.pdf](https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf)

I was fortunate to be invited to a project meeting at Exeter University about the spiritual needs of people who are transgender. I presented my case study and talked about my plans to go to Australia. This had two interesting outcomes; firstly I was put in contact with Dr Jo Inkpin who I stayed with in Brisbane, and I met Rosie, a lady with trans history who was rather shocked with my presentation as she had briefly considered that aspect of dementia but was reassured by professionals at the time that it was unlikely to happen. I had been approached by an independent film company about my forthcoming trip and they were interested in making a documentary about older people identifying as trans and needed willing participants. Rosie agreed and it became a platform for her to share her life story. She has also gone on to be an ambassador for LGBT\* in health care at the Royal Bournemouth Hospital. This came about because she had investigations performed for a health problem and some of the treatments are gender specific; so they were not sure whether to treat her as a man or a woman. She bravely wrote to the Chief Executive and offered to do a question and answer sessions for trainee doctors and nurses.

I put out feelers through various contacts I was starting to gain in Australia through professional colleagues and other generous Winston Churchill Fellows to put together an itinerary before my interview. Luckily I was successful so did not have to let anybody down. My plan was to start in Sydney where I had a meeting with Sam Edmonds from the National LGBTI Alliance who was going to set the scene for me. I was then moving onto Adelaide. Initially I found contacts in Adelaide difficult to locate so my fall back plan was to fly over to Tasmania to see the site and planned work for the Korongee Village. Korongee is a dementia village that mimics a small town including integrated/disguised staff that will support residents to live out their lives as independently as possible. As it worked out I did not need to visit as Lucy the CEO came to visit me after my return to the UK. Further meetings were planned in Melbourne, Brisbane and Cairns, a journey that would take me 5 adventurous weeks thanks to the generosity of the Winston Churchill Fellowship and the support of the Mental Health Foundation. I learned a huge amount from my visit to Australia and would recommend a WCMT travelling fellowship to anybody wishing to learn about innovative practice abroad.



## BEGINNING AT THE BEGINNING

Australia has a relatively short history although the indigenous Aboriginal Australians have been the original land owners for many thousands of years. It was colonised in 1788; the colonies voted by referendum to unite in a federation in 1901, and modern Australia came into being with much harm and little respect for the indigenous people. Being recognised as LGBT\* was unlikely in pre-colonial Australia, but much more open now. In December 2017 Australia became the 26<sup>th</sup> Country to legalise same sex marriage yet in some parts of the world being out as LGBT\* is still illegal and punishable by death.

In 2012 the government published a National LGBT\* Ageing and Aged Care Strategy.<sup>7</sup> In 2014 Australian Aged Care Act legislated that the government will provide Aged care for people who identify as LGBT\* both at a residential and community level, and more importantly, evidence it. They are seen as a special needs group which now includes Forgotten Australians; these were children who were taken away from their families and put into institutions.

In contrast despite many changes in UK legislation there is brief literature around LGBT\* health and advocacy particularly in the field of ageing and dementia. The 2009 Dementia Strategy makes no mention of people who identify as LGBT\* or any other marginalised groups,<sup>8</sup> neither does the 2010 Quality Outcomes for people with dementia.<sup>9</sup> Despite assurance that there will be equality for everyone there is a token mention of people who identify as lesbian and gay in the 2011 National Dementia Strategy: Equalities Action Plan.<sup>10</sup> Principles of the Care Act 2014 pledged to promote diversity and quality in provision of services and protect vulnerable adults, yet hate crime is not listed as an abuse category.<sup>11</sup> Along with the Health and Social Care Act 2012, the 2014 Care Act became the key driver behind the revised Adult Social Care Outcomes Framework; Lesbian, Gay, Bisexual and Trans Companion Document released in 2015. The document drew on mostly social research to highlight existing evidence and knowledge gaps for the older LGBT\* generation and made recommendations to address these issues.<sup>12</sup>

In 2017 the Government launched a nationwide survey asking people who identified as LGBT\* to give their views on public services and living as an LGBT\* person in the UK. The dataset was large enough to look at sub-sections and the responses informed the 2018 LGBT Action Plan, appointment of an advisory panel and a National Advisor<sup>13</sup>. Health is one of the areas of recommendation but not specifically older people or dementia. It would

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<sup>7</sup> <https://agedcare.health.gov.au/older-people-their-families-and-carers/people-from-diverse-backgrounds/national-lesbian-gay-bisexual-transgender-and-intersex-lgbti-ageing-and-aged-care-strategy>

<sup>8</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/168220/dh\\_094051.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/168220/dh_094051.pdf)

<sup>9</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213811/dh\\_119828.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213811/dh_119828.pdf)

<sup>10</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215522/dh\\_128525.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215522/dh_128525.pdf)

<sup>11</sup> [http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga\\_20140023\\_en.pdf](http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf)

<sup>12</sup> [https://www.basw.co.uk/system/files/resources/basw\\_100023-3\\_0.pdf](https://www.basw.co.uk/system/files/resources/basw_100023-3_0.pdf)

<sup>13</sup> <https://www.gov.uk/government/publications/lgbt-action-plan-2018-improving-the-lives-of-lesbian-gay-bisexual-and-transgender-people>

therefore appear that despite some advances in the UK, Australia with its shorter history is more advanced at looking after their LGBT\* elders even though the country is 31 times bigger than the UK and has a third of the population.

## **SYDNEY**



*Artwork displayed in central Sydney (Artist unknown)*

My first meeting was with Kim Burns based at the Dementia Centre for Collaborative Research (DCRC) within the University of New South Wales. I had been given her contact by the editor of the Australian Journal of dementia Care. Kim, together with the Department of Social Services, Dementia Behaviour Management Advisory Services and Dementia Training Australia (DTA) developed an eLearning resource to support those caring for people with dementia who present with Behavioural and Psychological Symptoms in Dementia (BPSD)<sup>14</sup>. They were also developing a similar resource for the LGBTI community, hopefully available soon.

Kim was extremely knowledgeable and gave me a timeline of all the milestones over the years for LGBT\* Australians including opposition to the Marriage Equality/Same Sex Marriage where hate crime increased and mail bags were stolen to try and stop the vote.

Other issues included frontline untrained staff in care homes not being supported to undertake LGBT\* training. It is a minimum requirement for Registered Nurses in Aged Care but this is often not cascaded to the more hands on staff and training would had to be

<sup>14</sup> <http://www.dementiaresearch.org.au/BPSDGuide>

undertaken in their own time or on-line which they may not have access to. As Australia is multi-cultural, staff may come from countries where to be LGBT\* is illegal and may have negative feelings or victimised for looking after them. Kim was currently collaborating on some further training in the form of articulate software and the development of an App with information about symptoms of BPSD for clinicians and carers. This was hoped to be brought to the UK but funding was an issue. Kim was the first person to alert me to the ongoing Federal enquiry into the Aged Care system in Australia which was about to be uncovered in a documentary.<sup>15</sup>

This is something the UK is no stranger to.<sup>16</sup> Investigation also extends to our residential care facilities for people with learning disabilities with the Budock and Winterbourne enquiries. Documentaries like this whilst uncovering unpleasant practices rarely praise the majority of good facilities and do little to instil public confidence in care for the elderly.

Samantha Edmonds was my next contact in Sydney. She was the first person I had emailed in 2017 when putting together my project for WCMT. Sam was a fabulous resource and works for the LGBTI Health Alliance. She had given me the details of most of the people and organisations I would visit on my travels, she also knew who was developing which projects and where which was extremely helpful. With others she had been instrumental in developing the Silver Rainbow LGBTI training that had been developed as part of the National LGBTI Ageing and Care Strategy 2012 and delivered through their partners in each State and Territory to a broad range of age care providers who can be accredited with a Rainbow Tick to show their commitment to its 6 standards.

The training is not dementia specific however Alzheimer's Australia, now Dementia Australia, have developed a 2 hour workshop that is LGBTI specific and one that is available on-line. Sam introduced me to the 'Gender Passport' which is an excellent little tool/booklet to support clear communication between people and organisations on topics related to their genders, bodies, and relationships. This information is critical in a wide variety of settings, including health care, ageing & aged care, police, law, housing and education.

Around the corner from Sam I met David Pieper who was the HIV and Ageing Project Officer for the National Association of People with HIV Australia. The advent of HIV medication has enabled many people to survive and age with HIV. This visit was very enlightening for me as in my nursing practice I was not aware of seeing any older people that were HIV positive, (that I knew of), this may possibly change with the aging demographics. David provided me with an excellent education on HIV associated dementia and also HIV associated neuro-cognitive disorder which is different a condition that can be alleviated with medication, unlike dementia which is not. However, if someone has HIV and develops a dementia the effects of aging are apparent much sooner and much faster. It is unknown if this is as a result of the more toxic medication of the past and is currently under research.

Worldwide over 39 million people have died from AIDs and 37 million people are suspected to currently have HIV. Australia has the highest uptake of people with HIV on medication as part of the UNAIDS 90-90-90 program which is hoping to see 30 million people on treatment by 2020.<sup>17</sup>

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<sup>15</sup> <https://www.abc.net.au/4corners/who-cares/10258290>

<sup>16</sup> <https://www.youtube.com/watch?v=guETCAUsY2M>

<sup>17</sup> <http://www.unaids.org/en/resources/909090>

I also met Karen Seager a senior Project Officer in National Policy and Education. She had developed the only training package for Aged Care about HIV/Aids, but, at that time there was no obligation for untrained care staff to have any training at all.

My last contact in Sydney was with Kimberly Olsen an openly trans woman who worked in the LGBT\* Older Care sector for Uniting a faith based organisation that had achieved a Rainbow Tick. Kimberly shared some interesting insights post transition such as not being taken seriously in her work and decision making as a woman. Kimberly was involved in developing 'Mosaic' as part of the Rainbow of Difference, a Government funded project. It is now in the evaluation stage and is a very inclusive web based training which will be for the individual and family/carer, the care team and the care team's organisation. It will be inclusive of advance care plans, telling the story once (effectively a 'Gender Passport'), organisations being able to include evidence to show their inclusivity, end of life care and many other aspects. Once approved by the Government it will be disseminated all over Australia and coached by Uniting Practice leads, Super Coaches and Regional Coaches. A key element is being able to measure the impact and elements of inclusive care that applies to everyone without 'outing' people so individual safety is an important factor.

Already my first meetings in Sydney had shown how far ahead Australia was compared with the UK in embracing diversity. I had met with key people but the training available face to face and on-line for care staff was amazing. There was also a willingness from the LGBT\* community to become involved and even raise funds for different projects.

There were also lessons to be learned from the fantastic train network in Sydney which I became an avid user of. Their over-ground system is much like the UK underground with frequent trains normally on time. Often the platform is very busy especially around the central stops but these brilliant trains have 3 decks, you get on the middle deck and if there are no seats you can go upstairs or downstairs. You can also change the direction of your seat so you are always facing the way you prefer.....simple and cleverly effective.

Key Learning from Sydney:

- 🚦 Training about LGBT\* and dementia is a minimum requirement for Registered Nurses in Aged Care.
- 🚦 Silver Rainbow training is the gold standard.
- 🚦 Use of a 'Gender Passport'.
- 🚦 Education around HAND and HAD dementia in HIV awareness
- 🚦 Web based resources

## ADELAIDE



*Council on The Ageing (COTA) HQ Adelaide*

Adelaide had a more chilled vibe than Sydney; it is smaller, greener and its grid layout was designed by British Naval Officer Colonel William Light in the area originally inhabited by the Kurna People. It was also colder as Sydney had been experiencing a spring heatwave whilst I was there. Luckily I sourced a charity shop to buy a light jacket. These shops are known as 'Op shops' presumably 'opportunity' shops but are not as prevalent as they are in the UK.

Kerry McKenzie was the first person I met with. She provided me with a memory stick and DVD of LGBT\* dementia specific training materials that she had developed in 2014 and delivers for what was Alzheimer's Australia but now Dementia Australia. They are also connected to and present the training programs for Dementia Training Australia (DTA) which I had completed on-line before my travels. Kerry's branch of the organisation appeared to be well resourced with staff and cars enabling them to deliver the training to more remote outlying areas which may be hundreds of miles away in this vast Country.



In North Adelaide I met Helen Radslovich from Helping Hands. Based in South Australia they are a not for profit organisation founded in 1953 and providing residential and domiciliary care not only to the elderly but for anyone over 18. Helen explained the rather complex system for being allocated a care package which can take several months to achieve due to a certain amount being available and waiting in a queue. Often care needs have increased by then and the person has to go back through the process of allocation. She estimated that there were approximately 108,000 people waiting for a care package and the wait can be anything from 6 to 12 months. Helen also made me aware that the word 'care' means different things in different cultures. I believe we have not got it entirely right in the UK but it does appear less complicated.

Helen and her team decided to use the Silver Rainbow LGBT\* training as a benchmark to build their own action plan and training around it using consumer and carer engagement (reference group) as well as their own evidence and research. She was able to get a small grant to employ a project officer to produce face to face and on-line training plus an LGBT\* Mission Statement.

*'Helping Hand celebrates and embraces the diversity of people who use our services and are in our workforce. This includes diversity in terms of sexuality, gender identity and sex characteristics. We stand alongside the lesbian, gay, bisexual, transgender and/ or intersex (LGBTI) communities as allies in changing community attitudes and practices'.*

Council on The Ageing (COTA) is an organisation represented in each state and territory and COTA Australia represents this federation at the national level. It is the peak body for older people's rights and welfare in the 50+ age group. Desmond Ford is the Head of Programs and Business Development at COTA South Australia. The organisation realised they were not so good at representing diverse groups. Desmond was tasked with the LGBTIQ People Ageing Well Project - a joint 12-month initiative by COTA South Australia (SA) and the SA Rainbow Advocacy Alliance (SARAA) designed to initiate a consumer-led LGBTIQ movement for older South Australians to find out what they really needed. Their research encompassed 200 people and when the information was analysed clear themes emerged. Dementia was one of those themes particularly for gay men who lived alone and worried about advocacy as a lot of Aged Care provisions in Australia are faith based and they had experienced bleak times with religious beliefs. COTA now have the contract to deliver the Silver Rainbow training developed by the LGBTI Health Alliance and in SA it is delivered by trainers who identify as LGBT\*. It is hoped to be made mandatory training as some private firms do not see it as important. COTA as a large organisation hope to have more influence and have put a small charge per person on the training; this puts a value on it and discourages people dropping out. Some organisations do see it as important and all their staff attends the training including Human Resources and senior managers. COTA also organises the local ZestFest the longest running arts and community festival in Australia which reaches more than 100,000 older South Australians across the state.

One of the organisations that gained the Rainbow Tick accreditation is ECH (Enabling Confidence at Home). They were founded in 1964, are not denominational, have the freedom to embrace diversity and independence and feel that the LGBT\* community is core to their business. In 2014 they were the biggest provider of nursing home care but then sold this arm of the organisation to refocus on individual housing to enable people to live the best life possible, independently and confidently in their own homes (wherever that might be), as they age. Their diversity statement is on all their job adverts and explained during staff induction. A survey of their staff showed that about 15% identified as LGBT\*, they also have a diversity reference group and like COTA are involved in many community based initiatives.

David Panter the CEO took me to Henley Beach to see one of their care environments which was amazing. We had lunch with the older people attending for respite and then a walk around the resource which included large airy rooms for artwork, a gym, physiotherapy and remedial massage, pet therapy, speech therapy as well as a spacious garden with resident birds. The unit comprised of independent living as well as the respite facility and people generally lived out their days with an appropriate car package without the need to be admitted into a higher level of Aged care. I would happily live here next to the sea knowing that I was being looked after in my final years. Incidentally, there are no district or community nurses in Adelaide as we understand them in the UK; the ones that exist are again provided by not for profit organisations.

By pure chance I met up with an Australian Winston Churchill Fellow who worked for Eldercare another not for profit organisation with 12 care sites across Adelaide. Sarah had just returned from the UK where she had been visiting and learning about our services for younger people with dementia. Hopefully we are getting this right, however, it was interesting that nobody she visited talked about LGBT\* and dementia. We have kept in contact and she has been a very useful resource and I hope the same is true for me.

Key Learning from Adelaide:

- ✚ Using the Silver rainbow training as a benchmark to produce bespoke internal training
- ✚ Using 'Inclusive' Mission Statements
- ✚ Diversity statements on all job descriptions
- ✚ Having a Diversity reference group to inform LGBT\* Ageing Well projects.

## MELBOURNE



My first meeting although brief was with Dr Catherine Barrett who over the years had striven to highlight the health and wellbeing needs of older people identifying as LGBT\*. Catherine's dedicated work included establishing Val's Café, now Val's LGBTI Ageing and Aged Care.<sup>18</sup> She was also the Director at Alice's Garage,<sup>19</sup> and in 2016 founded the Opal Institute (Older People and Sexuality).<sup>20</sup>

All of these web based resources are a fantastic easily accessed sources of information and training not only for care providers and organisation to become LGBT\* inclusive but for anyone to better their knowledge. Val's Café is also one of the organisations that deliver the Silver Rainbow training in Victoria.

Transgender Victoria (TGV) a member of the National LGBTI Alliance also facilitates this training and they won a Human Rights Award in 2014. I was fortunate to meet trans and gender diverse activist Brenda Appleton who in 2015 headed the Government's LGBTI taskforce to remove discrimination from Victorian laws, services and society. TGV had also worked with COTA to produce 'Safeguarding the End of the Rainbow', a guide for people who are LGBTI to plan future and end of life care.<sup>21</sup> Victoria did seem to be well resourced with LGBT\* services including advocacy, advance care planning, a helpline, trans pathway for younger people and a befriending service to name a few.

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<sup>18</sup> <https://www.latrobe.edu.au/arcshs/health-and-wellbeing/lgbti-ageing-and-aged-care>

<sup>19</sup> <https://alicesgarage.net/about-2/>

<sup>20</sup> <https://www.opalinstitute.org/#>

<sup>21</sup> <https://cotavic.org.au/wp-content/uploads/2018/03/Safeguarding-the-End-of-the-Rainbow-Booklet-V1.pdf>



*Brenda Appleton*

After I had returned to the UK Brenda won an Order of Australia Award which is similar to our New Year's Honours.

Whilst in Victoria I took the opportunity to visit a Memory Clinic which was roughly the same size as our services in East Cornwall. It was interesting that although they had posters about being embracing diversity, the staff did not necessarily receive specific training about LGBT\*. They did though have a very thorough multi-disciplinary service with social workers, speech and language, physiotherapy, neuropsychologists and geriatrician whereas we only have a Consultant Psychiatrist, nurses and some Occupational Therapy input. Their diagnosis rate is higher as well as every referral is carefully screened.

Key Learning from Melbourne:

- ✚ Having an LGBT\* taskforce
- ✚ Using web based resources
- ✚ Thinking and talking about end of life care
- ✚ Having services that can support and provide; Advocacy, Advance Care Planning, a helpline, befriending, young person's trans pathway

## BRISBANE



My first official meeting in Brisbane was with Ricki Menzies and Ann Matson at the Queensland Aids Council. Ricki is another person who was involved with the Dementia Training Australia (DTA) on-line training around LGBT\* and dementia which I completed before leaving the UK and has recently been revised. I was also directed to another free on-line course run by Dementia Tasmania funded by the Wicking Trust founded by James Wicking famous for creating Kiwi shoe polish.<sup>22</sup>

Ann is involved in a community visiting scheme reaching out to isolated elders that has been functional for 26 years. Originally the scheme was for people in Aged Care, but now it is for people living in the community. Specially selected volunteers are matched to the person being visited, there is funding for 40 volunteers to do a fortnightly visit and they work alongside, not instead of a care package. It sounded a little like the 'Side by Side' scheme offered by the Alzheimer's Society in the UK.

This was Ricki's last week with the Queensland Aids Council (QAC) as she was relocating to Tasmania to join her partner who is CEO of Glenview Community Services and heavily involved in developing the Korongee Village. This unique enterprise is a dementia village of 12 houses each with 8 en-suite bedrooms enabling the person with dementia to retain their independence and skills by doing all the things that they used to do with the support of cleverly integrated staff. Korongee is an initiative using best practice models particularly from Hogeweyk dementia village in the Netherlands where there are 23 houses for 152 people living with dementia needing a degree of care. The residents manage their own households with staff support and the village has shops, restaurant, bar and a theatre as well as gardens and a park, all of which can be used by other people living in the local area.

However, before Ricki left she was going to deliver one last workshop about LGBT\* and ageing and I was fortunate that I was able to attend. This was a 4 hour workshop; there were about 8 of us plus 4 trainers who were essentially attending as a refresher as they had not taught for over 6 months. It was an interactive workshop with a mixture of tasks, general knowledge and common sense. 'Equity' not 'Equality' was the fundamental theme. Using invitations to disclose with careful use of language, being mindful of what you need to

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<sup>22</sup> <http://www.utas.edu.au/wicking/understanding-dementia>

know and what is none of your business. Plus always considering a person's mental health and being mindful of judgments and prejudice they may have faced. QAC also help organisations to achieve the Rainbow Tick. It was useful for me to witness a training session and how it was delivered alongside the workbook which was very informative. I was also pleased to have taken part in Ricki's last training session.

Since returning to the UK Ricki and her partner have visited my service in Cornwall, which was a lovely surprise and a great opportunity to show them the work I had been doing.



*My beautiful accommodation in Milton, Brisbane*

I was hosted in Brisbane in a beautiful 'Annexe' in the grounds of St Francis Theological College. This was at the suggestion of Dr Josephine Inkpin the first trans Anglican priest in Australia and her wife of 33 years Penny (also an Anglican priest). Jo and Penny were extremely kind to me offering their time and knowledge. As her guest Jo took me to the ATSAQ (Australian Transgender Support Association Queensland) lunch which she had started to attend once a month. Penny had not attended at that point. The lunches are well attended by trans people of all ages and their families and were set up for mutual support and fund raising. The day I attended the group were presented with a cheque for over \$29,000 Australian dollars. They had already bought a car to visit and support isolated trans people with previous donations and seemed to be a well bonded group.



*Reverend Penny Jones and Reverend Josephine Inkpin*

Jo and Penny as well as answering all my questions about their lived experience, introduced me to a small group of OWLs (Older Wiser Lesbians), which is an international organisation. We had a discussion about what they would like to change about care in the future. Resoundingly it was 'ATTITUDES', which reflects the quote; "Attitude is a little thing that makes a big difference". They shared their own personal stories about anxiety and discrimination and one lady now lives in a retirement village and does not discuss her sexuality with anyone for fear of reprisal. There was a proposal for a retirement village for gay/lesbian women but it did not get funding. They also felt that GP's and other staff should be better educated about inclusion and diversity and use appropriate language which is a lesson we probably all need to learn.

Another meeting was with Anglicare, a part of the Anglican Church that has 8 residential homes and also offer home care support. One of their care homes was already engaged in the Silver Rainbow training and they were hoping to introduce this across their other homes. Anglicare had also developed a program called 'Rhythm of Life'. Originating in Sydney this unique way of working gives meaning to a person's remaining life by using 'Life Story' work to inform a person's care. Evaluation has shown that care is now less task focused and more person centred which is essential for everybody whether they are LGBT\* or not.

By this stage in my travels and knowledge gathering I was able to give useful advice about other services that were available and also how to get a 'Gender Passport'. One of the ladies at the meeting had a son who was transitioning and thought the little booklet would make his life so much easier.



Sandra Jeavons and Liz Miles at the Queensland University of Technology (QUT) School of Nursing was my next meeting. They had worked with Kerry McKenzie who I met in Adelaide to revise and update the on-line training; they also ran LGBT\* workshops and training around sexuality/intimacy in dementia. Training is tailored to who is present such as carers and people with young onset dementia and they employ appropriate people to share their stories. Aboriginal, Torres Strait Islanders and other indigenous people are also included. Sandra and Liz also talked about Nurse Navigators in hospitals who are especially for people with dementia and working with Professor Henry Brodaty who is looking at building a register of people with dementia so that they can be involved in decision making about care services and get involved in research. The UK is doing a similar thing with the JDR, 'Join Dementia Research,' however; this includes people without dementia as well.

Key Learning from Brisbane:

- 🚦 Availability of on-line training

- ✚ Community visiting scheme
- ✚ Getting to know where local support groups are
- ✚ Source support for isolated LGBT\* elders
- ✚ Dementia village
- ✚ Refresher training for LGBT\* dementia trainers who had not taught for 6 months
- ✚ Tailoring the training for who is in the room
- ✚ Support and advice for organisations to achieve a Rainbow Tick
- ✚ Educate GPs and other practice staff about inclusion and diversity and the use of appropriate language
- ✚ Use of 'Life Story' work to provide more person centred individual care
- ✚ With consent building an LGBT\* with dementia register to encourage people to partake in research and other opportunities

## CAIRNS

Hot tropical beautiful Cairns where I met Susan a Psychologist who works in Sexual Health and runs support groups for young and older people who identify as LGBT\*. Her main focus seemed to be for people who identify as trans as they are the most visibly marginalised community suffering isolation and anxiety. Susan felt possibly the trans movement is 30 years behind LGB's. They also have a high suicide rate with at least 50% making an attempt and trans people who haven't had surgery struggle the most emotionally. In Australia trans surgery is considered cosmetic so most people go to Thailand for procedures costing anywhere between 25-30,000 Australian dollars including aftercare. After transitioning they may find they cannot return to their previous jobs and future employment hard to find. If a person is still at school pre-transitioning and they are receiving services from Susan and her colleagues at Sexual Health (which are free), the team try to make sure they leave school with their new identity documented so that finding work is easier.

One of the things the Sexual Health team do is have a 'Trans day of visibility' which is echoed in other states and internationally on the 31<sup>st</sup> March. There are also Christmas parties and organised clothes swops as there is no-one they can really turn to for fashion advice. Susan said there was a big trans population in Cairns and she is involved in the pre-transitioning counselling. I described my case study of 'Eve' and how she was affected by dementia and Susan is now considering including dementia and loss of capacity in her pre counselling sessions. I also shared some research I had done for my Master's degree around Advance Care Planning in early dementia.<sup>23</sup> It felt really good that I had brought something that may benefit people in the future when they are thinking about advance care plans and Powers of Attorney. This article has also been cited in a recent systematic review.<sup>24</sup>

As Australia is multi-cultural with a heavy Asian influence another issue that was raised was 'arranged' and sometimes 'forced' marriages where one or both parties are not freely consenting. Although a traumatic experience for anyone who does not consent, this could be disastrous for someone who is LGBT\* and being forced into a heterosexual marriage. It must be even worse for people who are trans; completely disempowering for them, and they may already have a partner of choice. I felt this issue was extremely relevant and certainly broadened my thinking around the many potential issues for the LGBT\* community in general and reminded me how much I yet had to learn.

### Key Learning from Cairns:

- ✚ Training to include awareness of the high suicide rate of particularly trans people
- ✚ Enable trans men and women to leave school with the right documentation
- ✚ Celebration of 'Trans day of visibility'
- ✚ Organising clothes swops and other community events
- ✚ Making sure Advance Care Plans and Lasting Power of Attorney are in place
- ✚ Awareness of arranged and forced marriages

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<sup>23</sup> O'Kelly, A. Howarth, G. Richards, G. Butcher, T. (2015) Advance planning for end of life care, *Journal of Dementia Care*, 23, (2), p.p. 30-33

<sup>24</sup> <file:///C:/Users/okellyal/Downloads/IntPsychoGer-2019-Lai.pdf>

## CONCLUSIONS, CHALLENGES AND RECOMMENDATIONS:

People who identify as LGBT\* are unique and not a homogeneous group, and there can be groups within groups. To be inclusive is to acknowledge and celebrate and not just tolerate individual differences. As healthcare professionals we have a duty to increase health equity and parity for everybody and there is growing evidence that inclusive health promotion and screening programmes are vital for people who may be disadvantaged due to sexual preference or gender choice. Therefore our care spaces need to acknowledge that through continued discrimination the LGBT\* community can be quite difficult to reach and create a positive, trusting and inclusive environment to engage with hidden groups. Reviewing organisational literature, paperwork and advertising could help achieve this. Stonewall run an Allie (Ally) course for organisations and businesses and have lots of resources on their website.<sup>25</sup> My NHS Trust has already engaged in this programme.

It became very clear to me during my time in Australia that people who have trans history especially male to female in later life have a really tough time generally. To have dementia on top of that must be frightening not just for themselves but for family members and carers and in some cases will require some form of advocacy.

The numbers of people who are experiencing gender incongruence are increasing and since my return news from Australia recently featured 2 trans clinics that were opening in Victoria.<sup>26</sup> In the UK there are 7 gender identity clinics. The Tavistock and Portman clinic in London reported 281 referrals in March 2019, almost an 8.5% increase from the previous year. Overall referrals nationally have increased 240% in the last 5 years and there are around 8,000 waiting for a first appointment, prompting some to find private options in the UK and abroad. This is going to have a knock on effect on our care services in years to come. To get all NHS Trusts on board with the challenges of older people identifying as LGBT\* will be a mammoth task. There are currently 1.5 million employees yet only 5 NHS Trusts made it into the Stonewall top 100 of inclusive employers. None of the UK's 7,454 GP practices featured.<sup>27</sup> On a smaller scale the staff I am initially targeting are within Cornwall Partnership NHS Foundation Trust Older Person's Service and GP practices in East Cornwall.

Following the National LGBT survey launched in 2017 my hope is that the UK government's new LGBT Action Plan (Government Equalities Office 2018), which aims to reduce inequality for this group through its many commitments, will help to bring this country into line with the good practice in Australia.<sup>28</sup> Funding of £4.5 million is pledged to establish an 'Implementation Fund' to deliver the action plan. One of the commitments is to ensure LGBT\*'s people's needs are at the heart of the NHS, this is an outcome I will be watching closely particularly around older people. I have already made contact with one of the members of the Advisory Panel and will furnish her with a list of my recommendations which include:

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<sup>25</sup> <https://www.stonewall.org.uk/resource-topic/allies>

<sup>26</sup> <http://www.starobserver.com.au/news/national-news/victoria-news/victorian-government-announces-plans-two-new-trans-gender-diverse-health-clinics/180997?fbclid=IwAR09EbtND4RSB4drO3DJF8Po2SDmuDU88tZFG1e-jCqgvdNc7Yo7rkStwLU>

<sup>27</sup> <https://www.stonewall.org.uk/full-list-top-100-employers-2019>

<sup>28</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/722320/LGBT-Action-Plan-Command-Paper.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722320/LGBT-Action-Plan-Command-Paper.pdf)

✚ **AGREED CONSISTANT FUNDING:**

Most of the training available was funded by the Australian Government Department of Health through the National LGBTI Alliance and developed by ACON (Aids Council of New South Wales) in consultation with respected other LGBT\* community groups. The third edition of Silver Rainbow training is about to be revised

✚ **CONTINUED TRAINING COMMITMENT:**

In all of the organisations I visited there was a strong commitment to upskilling the workforce with training around the differing needs of people who identify as LGBT\* with dementia and their carers/chosen families. This should become mandatory for all staff with health and social care, not just frontline workers. In Australia the training is mostly delivered by people who identify as LGBT\* who share their own experiences and this includes training around the things we do not need to know and are none of our business. Free UK on-line courses available for anybody would be valuable especially for staff and others that find events hard to attend.

✚ **PROTECT:**

Gender diverse people who transitioned earlier in life may become invisible due to the longevity of transitioning but still have health screening needs i.e. prostate, cervix and breast. Therefore it is vital that health professionals raise awareness about these issues. Also acknowledge that older gender diverse people who have not had surgery are particularly vulnerable when using health services or admitted into a care home.

✚ **FUTURE PROOF:**

Ensuring through post diagnosis counselling or other means that everybody has a Lasting Power of Attorney or Advance Care Plan/Directive. These Advance Care plans must be accessible to those who need to know about them, i.e. ambulance crew, GPs and other health professionals. Start2talk.org.au<sup>29</sup> is an example of Advance Care Planning made easy. Life story work in any format that maintains a person-centred approach, reflects personal beliefs and values and by 'knowing' the person helps with their physical, psychological and emotional needs and enables others to understand their story.

✚ **SIMPLIFY:**

Using a 'Gender Passport' saves continual 'Coming Out' and can easily replicated for the UK.

**NEXT STEPS:**

- Introducing a Trans advocate into nurse education and training (Bristol, Exeter, Plymouth, Bournemouth, Poole)
- Collaboration and networking across the South West Peninsula with Michelle Board (Principal Academic Nursing Older People, Bournemouth), Geoffrey Walker (Matron for Specialist Medicine and Ambulatory Care, Poole), Rosie Martin (Trans advocate)
- With our Human Resources department establish an LGBT\* group for staff and LGBT\* Trust champion
- Prime time television interview with Rosie and Tyler (independent film maker, Maide Productions)
- Maide productions documentary about identifying as LGBT\*, ageing and dementia

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<sup>29</sup> <https://www.dementia.org.au/planning-ahead>

- Develop LGBT\* dementia training for NHS staff, GP practices and local care homes
- Continued involvement with the Alzheimer's Society 'Bring dementia OUT': A campaign to raise awareness with action to better support the lived experience of LGBT+ people affected by dementia
- Follow up to my original 'Eve' article published in Journal of Dementia care May/June edition<sup>30</sup>
- Working with Queen's Nurse Institute to encourage people who are LGBT\* to consider nursing
- Blog<sup>31</sup> and Podcast with GenderGP
- Poster presentation at the Dementia UK conference 5<sup>th</sup>-7<sup>th</sup> November



LGBT poster PDF.pdf



*Photograph taken in Newtown, Sydney, NSW*

<sup>30</sup> O'Kelly, A. (2019) LGBT awareness training –learning from Australia, Journal of Dementia Care, 27, (3), p.p. 16-17

<sup>31</sup> <https://gendergp.co.uk/?s=allison+o%27kelly>

## **TERMINOLOGY AND ABBREVIATIONS:**

<b>Androgynous</b>	Not identifying as male or female.
<b>Ally</b>	A person who is not LGBT* but is supportive of the community.
<b>Asexual</b>	Without sexual feelings or associations.
<b>Bi-phobia</b>	The fear or dislike of people who identify as bi-sexual.
<b>Bi-sexual</b>	A person who is sexually and emotionally attracted to men and women.
<b>Camp</b>	Historical term meaning gay, mostly attributed to men.
<b>Cisgender</b>	Relating to a person whose sense of personal identity and gender corresponds with their birth sex.
<b>Coming out</b>	The process through which an LGBT person recognises and acknowledges both to themselves and to others, their sexual orientation, gender identity or intersex status.
<b>Closet</b>	Hiding sexual orientation or gender identity.
<b>Cross dresser</b>	The act of wearing items of clothing and other accoutrements commonly associated with the opposite sex within a particular society. Cross-dressing has been used for purposes of disguise, comfort, and self-expression throughout history and modern times.
<b>Gay</b>	A person who is emotionally and sexually attracted towards people of the same sex. Mostly applied to men, although some women use this term.
<b>Gender identity</b>	A person's sense of identity in the relation to male and female. Some people identify as both.
<b>Gender fluid</b>	Having a changing gender identity, for example identifying as male in certain settings and female in another or differing throughout the day.
<b>Heterosexual</b>	Same as Cisgender.
<b>Heterosexism</b>	The belief that everyone is, or should be, heterosexual and gender normative and that other types of sexuality or gender identity are unhealthy, unnatural and threat to society.
<b>Homophobia</b>	The fear or dislike of lesbians and gay men, of their sexual desires or practices.
<b>Hermaphrodite</b>	An individual in which reproductive organs of both sexes are present
<b>Intersex</b>	A biological condition where a person is born with reproductive organs and/sex chromosomes who are not exclusively male or female. This is not the same as hermaphrodite.

<b>Lesbian</b>	A woman whose emotional and sexual attraction is towards another woman.
<b>LGBT*</b>	An acronym used to describe people from diverse sexual orientation or sexual identity. Often seen as LGBTI to include intersex or LGBTIQ to include queer or questioning. The * is used to be all inclusive of all diversity. SSAGQ (same sex attracted and gender questioning), often used for younger people.
<b>PRIDE</b>	Pride, as opposed to shame and social stigma, is the predominant outlook that bolsters most LGBT* rights movements throughout the world. Most pride events occur annually, and many take place around June to commemorate the 1969 Stonewall Riots
<b>Queer</b>	An umbrella term that includes the variety of alternative sexual and gender identities. Usually used by younger people as older people can find it offensive.
<b>Sexuality</b>	Includes sex, gender identity, orientation, eroticism, pleasure, intimacy and reproduction. Expressed in thoughts, fantasies, desires, beliefs attitudes, values, behaviours, practices, roles and relationships, but not all need to be experienced or expressed.
<b>Sexual health</b>	Not necessarily an absence of disease or dysfunction, but a positive and respectful approach to sexuality and sexual relationships.
<b>Sexual orientation</b>	Direction of interest, or emotional, romantic or sexual attraction towards others.
<b>TERF</b>	Originating in 2008 a newer acronym for "trans-exclusionary radical feminist". The term is applied to a transphobic minority of feminists who exclude trans women from women's spaces or do not consider trans women to be women.
<b>Transgender</b>	A person who does not identify with their gender of birth or upbringing. The terms male-to-female and female-to-male refer to people who are undergoing or have undergone a process of gender affirmation whether or not this includes surgery.
<b>Transphobia</b>	Fear and dislike of people who are transgender.
<b>Transsexual</b>	A person who is making, intends to make or has made the transition to the gender that they identify. Some people, however, do not refer to themselves as <b>transsexual</b> once they have had reassignment surgery,

## History of discrimination, exclusion and trauma

I feel this is important to acknowledge the events and discrimination over the years for people who identify as LGBT\*.

### Australian Timeline:

1901	Australia becomes a federation. State and territory governments adopt variations of the UK's anti-homosexual laws. Sexual activity between men was considered a capital crime leading to execution.
1949	Sexual activity between men was gradually reduced from a crime punishable by death to a crime punishable by life imprisonment, with Victoria the last State to downgrade the penalty in 1949.
1950	With the advent of new diagnostic and surgical techniques, doctors began performing 'normalising' surgeries on intersex infants without their consent despite the surgeries being irreversible and not medically required. This practice continues throughout the world today.
1952	The American Psychiatric Association classified homosexuality as a Sociopathic Personality Disorder. Until the 1980s a person could be sent for medical treatment to be 'cured' of their homosexuality.
1968	The American Psychiatric Association defined homosexuality as a Sexual Deviation.
1968	Homosexual Law Reform Society formed in Canberra.
1969	The Stonewall riots occur in Greenwich Village, New York. Transgender people were key catalysts to this uprising which is often considered the starting point for Gay Liberation worldwide. The ripple effect was soon apparent in Australia.
1970	Campaign Against Moral Persecution (CAMP) formed in Sydney. Branches in other states formed later.
1972	SA Police throw an openly gay academic man into the Torrens River resulting in his death, focusing attention on gay rights and police violence. SA legislates that if anal sex is committed in private between consenting adults older than 21, this will be a defence to the crime.
1973	The American Psychiatric Association removed homosexuality from the mental illness classification.
1975	SA is the first state in Australia to decriminalise male acts of homosexuality and equalise the age of consent for same sex activity and heterosexual activity.
1978	First Gay Mardi Gras parade held 24 <sup>th</sup> June in Sydney to mark 'International Gay Solidarity Day'. The violent police response and the arrest of 53 people brought national attention.
1980	'Transsexualism' introduced into the revised edition of the mental health manual used by psychiatrists, the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) to describe the transgender experience.
1982	Australia's first reported case of HIV/AIDS.
1984	The Australian Medical Association removed homosexuality from its list of illnesses and diseases.
1992	The World Health Organisation removed homosexuality from its list of illnesses and diseases. Ban on same-sex attracted men and women serving in the military removed.
1994	The revised Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) renamed the transgender experience 'gender identity disorder'.

1997	<p>Tasmania is the last state in Australia to decriminalise homosexuality.</p> <p>The 'homosexual advance defence', also known as the gay panic defence is upheld by the High Court of Australia. This is a legal defence used when a defendant claims they acted in a state of violent temporary insanity due to an alleged psychiatric condition called 'homosexual or trans panic'.</p>
2003	<p>The United Nations Human Rights Committee found Australia in breach of the International Covenant on Civil and Political Rights for denying a veteran's pension to same-sex spouse.</p> <p>Tasmania was the first State in Australia to abolish the homosexual advance defence.</p>
2004	<p>The Australian Government amended the Marriage Act to explicitly exclude same-sex couples from marriage. Marriage is defined as the 'union of a man and a woman to the exclusion of all others.'</p>
2008-2009	<p>Commonwealth legislation (relating to areas such as health, ageing, employment, defence, education, immigration, citizenship, families, tax and community services) was reformed to improve equality for LGBT*I peoples and recognise same sex de facto couples.</p>
2011	<p>The Australian Government passes passport legislation allowing for an 'x' gender option, and the ability for transgender people to select their gender without medical intervention.</p>
2012	<p>Australian Government developed a National Strategy for LGBT*I Ageing and Aged Care.</p> <p>Amendment to the Aged Care Act 1997 to afford older LGBT*I peoples 'special needs group' status.</p> <p>Until 2012 the Australian government refused to issue a 'Certificate of No Impediment to Marriage' to same-sex couples effectively preventing them from getting married in many overseas countries.</p>
2013	<p>Sex Discrimination Act 1984 amended to prohibit discrimination on the grounds of sexual orientation, gender identity or intersex status. This was the first time intersex status was protected under Australian discrimination legislation.</p> <p>ACT passed same-sex marriage legislation but it was quashed by the High Court. Federal legislation prevented Australian States from passing their own laws.</p> <p>The revised Diagnostic and Statistical Manual of Mental Disorders (DSM-V) renamed the transgender experience 'gender dysphoria'.</p>
2014	<p>The Australian high court ruled that NSW Registrar of Births, Deaths and Marriages must recognise a third gender allowing for a person's sex to be registered as 'non-specific'.</p>
2016	<p>The standard diagnostic tool for epidemiology, health management and clinical purposes, the International Statistical Classification of Diseases 10<sup>th</sup> Revision (ICD-10) released. Transsexualism classified under 'Mental and Behavioural Disorders'. The ICD-10 is currently under revision with a proposed release date for ICD-11 in 2018.</p> <p>Queensland was the second last state in Australia to abolish the homosexual advance defence. This defence remains available in SA.</p> <p>Queensland was the last state in Australia to equalise the age of consent.</p>
2017	<p>Australian Marriage Law Postal Survey votes to approve legalising same sex marriage and the Marriage Amendment Bill 2017 introduced into the Australian Senate. The bill amended the definition of 'marriage' in the Marriage Act to recognise a 'union of 2 people' enabling same-sex marriage. The first legal same-sex weddings under Australian law were held on 15 and 16 December.</p>

## UK Timeline of discrimination, exclusion and policy:

1533	Buggery Act was introduced by Henry 8 <sup>th</sup> . The Act was repealed but re-instated by Elizabeth 1st and last execution for sodomy was in 1835.
1921	Three MPs attempted to add a clause to a new Criminal Law Amendment Bill (designed to protect children under the age of 16 from indecent assault): 'Any act of gross indecency between female persons shall be a misdemeanour and punishable in the same manner as any such act committed by male persons under section 11 of the Criminal Law Amendment Act 1885'. This was rejected due to concerns that legislation would only draw attention to the offence and encourage women to explore their sexuality.
1945	Michael Dillon became first female to male following phalloplasty.
1951	Roberta Cowell is the first known British male to female to undergo confirmation surgery. Cowell was a racing driver and World War II fighter pilot. She underwent a secret procedure in order to get a certificate stating that she was intersex even though she had fathered children. This enabled her to undergo surgery and get a new birth certificate. In later life, she claimed that being intersex was what 'justified' her transition and focused specifically on chromosomes and genetics, an approach which was very much 'of its time' compared to the modern-day discourse around trans and gender identities.
1956	The Sexual Offences Act recognises the crime of sexual assault between women.
1957	Lord Wolfenden's report advises the government that homosexuality should <b>not</b> be illegal. <b>1958</b> Homosexual Law Reform Society starts campaigning.
1963	The magazine Arena Three was published by The Minorities Research Group, the UK's first lesbian social and political organisation.
1966	The Beaumont Society, a London based social/support group for people who cross dress, are transvestite or transsexual was founded.
1967	The Sexual Offences Bill 1967 decriminalises sex between two men over 21 and 'in private'. However, this didn't extend to the Navy, the Armed Forces, Scotland, Northern Ireland, Channel Islands, or the Isle of Man, where sex between two men remained illegal.
1969	The 'Stonewall riots' take place in the USA. A series of spontaneous, violent demonstrations occurred. Members of the LGBT community fought against a police raid on the Stonewall Inn in Manhattan. The event triggered the modern LGBT* liberation movement in the US and beyond.
1970	Gay Liberation Front was established.
1972	The first Pride march is held in London, attracting around 2000 participants Today, Pride in London attracts up to a million people, with other Pride events happening throughout the year and across the UK. The newspaper Gay News was launched.
1977	The first gay lesbian Trades Union Congress conference discussed workplace rights for Gays and Lesbians.
1978	International Gay Association was founded on the 8 <sup>th</sup> August.
1980	Scotland decriminalised sexual acts between 2 men over 21 in private. 'SHAFT' The Self Help Association for Transsexuals was formed
1982	Terry Higgins dies of AIDS in St Thomas' Hospital. His partner Rupert Whittaker, Martyn Butler and friends set up the Terrence Higgins Trust, the UK's first AIDS charity. A year later, the government banned men who have sex with men from donating blood due to the AIDS crisis. Homosexuality was

	decriminalised in N. Ireland for men over 21 'in private'.
1984	Labour MP Chris Smith comes out as gay. A campaign of LGBT* support for miners during the strike of 1984/1985 is launched.
1985	Rock Hudson becomes the first Hollywood star to die of an Aids related illness
1987	The first UK specialist HIV ward is opened by Diana, Princess of Wales
1988	Margaret Thatcher introduces Section 28 of the Local Government Act 1988 The Act stated that councils should not "promote the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship", meaning teachers couldn't speak about same-sex relationships with their students. This included students coming out to their teachers or tackling homophobic bullying. This prompted Sir Ian McKellen to come out as gay on BBC Radio. He formed Stonewall with Michael Cashman CBE, Lisa Power MBE and others to lobby against Section 28 and other barriers to equality.
1990	OutRage was formed after candlelit vigil for victims of 'gay' killings. Lesbian and Gay Police Association (Lagpa/GPA) was formed. Justin Fashanu came out as first gay footballer, unfortunately he committed suicide aged only 37 (RIP 1998).
1991	Queen's Freddie Mercury announced he had AIDS and died the next day
1992	The World Health Organisation declassifies same-sex attraction as a mental illness. The specialised agency of the United Nations established on 7 April 1948 and headquartered in Geneva, Switzerland, declassified same-sex attraction as a mental illness.
1993	Colin Ireland was given a life sentence for murdering 5 gay men.
1996	A landmark case rules that an employee who was about to transition was wrongfully dismissed. It was the first piece of case law anywhere in the world which prevented discrimination in employment or vocational education against a trans person. Highly Active Antiretroviral Therapy (HAART) an effective AIDS treatment is made available on the NHS. Remarkably many previously bedbound people with AIDS returned to work.
1998	A group of gay and bi-sexual men named the Bolton 7 were convicted of gross indecency.
1999	A gay pub the Admiral Duncan was bombed in Soho killing 3 people and wounding 70 others.
2000	Labour government scraps barring of homosexuals from the armed forces, although it was not fully repealed until Armed Forces Act 2016
2001	Age of consent for gay men reduced to 16, consensual group sex for gay men is also decriminalised.
2002	Same sex couple are granted equal rights to adoption.
2003	Section 28 is repealed. Employment Equality Regulations made it illegal to discriminate against people who are LGBT* at work. Europride was hosted in Manchester.
2004	Labour Government passes the Civil Partnership Act and Gender Recognition Act
2005	The Adoption and Children ACT 2002 comes into force allowing unmarried and same sex couples to adopt children.
2006	3,648 couples formed civil partnerships, male partnerships are more popular.
2007	To mark the 40 <sup>th</sup> anniversary of decriminalising homosexuality in England and Wales Channel 4 released 'Clapham Junction' a TV drama based on the homophobic murder of Jody Dobrowski. He had been so badly beaten that he

	was only able to be identified by his fingerprints.
2008	Lesbians and their partners gain equal access to legal presumptions of parenting in cases of IVF.
2009	The Labour Government makes an official public apology for the way Alan Turing was chemically castrated for being gay in 1952 after being convicted of gross indecency. The Queen granted him a posthumous pardon in 2013. David Cameron apologies on behalf of the Conservative Party for introducing Section 28 during Margaret Thatcher's third term.
2010	Pope Benedict XVI condemns British equality legislation for running contrary to 'natural law'.
	The <a href="#">Equality Act 2010</a> officially adds gender reassignment as a protected characteristic.
	Stonewall secures an amendment to the Equality Act 2010 to remove the ban on religious groups from holding civil partnerships on their premises.
	10 years after the ban on lesbian, gay and bi people in the military is lifted, all armed forces are members of Stonewall's <a href="#">Diversity Champions Programme</a>
2011	England, Scotland and Wales allow gay and bi men to donate blood after a one year deferral period.
	UK Courts rule in favour of gay couple, <a href="#">Martin Hall and Steven Preddy</a> , when owners of a bed and breakfast refuse to provide them with a double room.
2012	As well as the Olympic Games, London hosts World Pride.
	<a href="#">Protection of Freedoms Act</a> is passed in the UK allowing for historic convictions for consensual sex between men to be removed from criminal records.
	Explicit reference to homophobic bullying in schools is introduced into <a href="#">Ofsted's</a> inspection framework in the UK.
2013	The first <a href="#">Trans Pride</a> event takes place in Brighton.
2014	The <a href="#">Marriage (Same Sex Couples) Act 2013</a> officially comes into force, with the first same-sex <a href="#">marriages in England and Wales</a> taking place on 29 March 2014. Scotland later passes similar legislation.
	The Queen praises the London Lesbian and Gay Switchboard for their 40 year history.
	Frank Maloney a boxing promoter who managed Lennox Lewis becomes Kellie Maloney and returned to the boxing world after her transition in 2015.
2015	Ireland votes by a huge majority to <a href="#">legalise</a> same-sex marriage, becoming the first country in the world to do so by a referendum.
2016	There are 40 LGBT MPs in the Parliament of the UK, more than anywhere else in the world. Carl Austin-Behan became Manchester's first openly gay Lord Mayor.
	Prince William appeared on the cover of a gay magazine. He was also the first royal to condemn the bullying of the gay community.
	British women's field hockey team win gold at the Olympics featuring Kate and Helen Richardson-Walsh the first married same sex couple to win Olympic medals.
	Nicholas Chamberlain became the first bishop in the Church of England to come out as gay.
	The Armed Forces Act 2016 finally repeals "homosexual acts as grounds of discharge from the armed forces".
	The Isle of Man legalises same-sex marriage.
	49 people are killed and 53 people injured after a <a href="#">gunman opens fire</a> in the LGBT nightclub Pulse, in Orlando. London and other major cities across the world hold <a href="#">vigils</a> to show solidarity with the victims.
2017	Phillipa York, formerly Robert Millar one of Britain's most successful cyclists

	<p>came out as transgender.</p> <p>The Government issues a posthumous pardon to all gay and bi men who were convicted under pernicious sexual offences laws in the last century which enabled police to criminalise people for being gay or bi.</p> <p>Amendments made to the Children and Social Work Bill, which will make relationships and sex education (RSE) mandatory in all schools in England and Wales from 2019.</p> <p>The UK Supreme Court rules that the discrimination against same-sex couples on pensions rights needs to end immediately.</p>
2018	<p>LGBT Action Plan as a result of the Governments national survey in 2017 <a href="#">LGBT Action Plan</a></p> <p>Lord Ivar Mountbatten third cousin to the Queen married his same sex partner.</p>
2019	<p>Regulations for teaching Relationships Education and Relationships and Sex Education in England's primary and secondary schools have passed safely through the House of Lords. From September 2020 all secondary schools will be required to teach pupils about sexual orientation and gender identity, and all primary schools will be required to teach about different families, which can include LGBT families.</p> <p>Same sex marriage becomes legal in Northern Ireland.</p>