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# CONFERENCE

# AGING LGBT

## (MEETING RECORDS)

NOVEMBER 16-17th 2012

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# LGBTs and ageing: opening the door to dialogue

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# French perspectives

## Introduction

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Garance MATHIAS

*Co-President, Centre LGBT Paris Île-de-France*

Garance MATHIAS said that the Centre LGBT Paris Île-de-France has been studying the issue of LGBT ageing for the last two years. The conference, which represents the culmination of this research, has been organised thanks to the work undertaken by students and researchers and support from the Fondation de France, the United States Embassy, the Île-de-France Regional Council and Paris City Council.

The Centre LGBT is an umbrella organisation that brings together 75 associations. Its missions are carried out through the work of 60 volunteers.

Garance MATHIAS thanked participants for their attendance, and Maryvonne LYAZID, who was going to speak on behalf of the Defender of Rights.

## Opening speech

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Maryvonne LYAZID

*Assistant to the Defender of Rights*

Maryvonne LYAZID reminded participants that the *Défenseur des droits* (Defender of Rights) is an independent constitutional authority, with Dominique BAUDIS at its head since 22 May 2011. Its areas of competence, previously exercised by separate authorities, are as follows:

- user-public services relations;
- children's rights;
- ethics in the security services;
- anti-discrimination measures.

The Defender of Rights is obliged to protect the rights and freedoms of any person residing in France. It can promote rights and freedoms and has the power to propose legislative and statutory reform.

The Defender of Rights has taken on all the initiatives set up by HALDE (the French Equal Opportunities and Anti-Discrimination Commission) in collaboration with

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organisations representing the LGBT community (in the areas of work, education, pensions, etc.).

The Defender of Rights pays special attention to the needs of the ageing. Mr BAUDIS believes that every person is a fully-fledged citizen (without necessarily being a French national), throughout his or her life. He recently pointed out that the Defender of Rights could take action within its four areas of competence to examine issues related to the rights and freedoms of the elderly. One third of the social law unit of the "user-public services relations" component concerned cases referring elderly people to the courts, in particular regarding pensions, and more than 60 of the cases recorded in the health unit related to the elderly in 2011. Problems of abuse were commonly reported here.

Since 2005, more than 3000 complaints have related to the discrimination encountered by the elderly. Three quarters of these concerned issues of employment and employability. Cases of insurance companies refusing to provide car and home insurance were also increasingly encountered.

4% of the cases submitted to the Defender of the Rights of the Child were from grandparents seeking visiting rights or contesting care settings.

The Defender of Rights therefore works to eliminate age-related stereotypes.

The conference organised this weekend also helps to combat these prejudices.

The Defender of Rights has set out its priorities for the next three years.

- It will work in conjunction with the Agence nationale des Structures sociales et médico-sociales (French National Agency of Social and Medico-Social Facilities) to conduct a survey on questions of abuse and discriminatory phenomena, particularly in relation to LGBT people.
- It will examine establishments that restrict the freedom of elderly people suffering from serious diseases.
- Together with the Observatoire national de la fin de vie (French National End of Life Monitoring Centre), it will examine the rights and freedoms and degree of choice available to people.
- It will continue to take an interest in discussions similar to those held here today, in order to carefully monitor the right of people to express specific expectations and needs (such as elderly migrant people for example).

The core issues of the conference are also of interest to the Defender of Rights. How should professionals who support the elderly, via training strategies, take account of the needs of each individual, and how should facility managers customise their support to the needs of individuals, even in collective environments?

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# Summary of the study "Older gay adults without family networks. Supporting and strengthening friendship networks."

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Christophe VINCENT-TITECA

*Director of an assisted living facility for the elderly in Rueil*

Christophe VINCENT-TITECA explained that the assisted living facility in Reuil is designed for independent and able-bodied people over the age of 60. Studio apartments are available to them.

In 2010, Christophe VINCENT-TITECA studied for an AGIS master's degree (Gerontological Action and Social Engineering) in Marseilles to acquire the training to become a social engineer. The profession consists of devising projects in response to on-the-ground diagnosis. It is essential to start from the expectations and needs of the target public in order to devise appropriate projects. In the field of gerontology, it is important to focus on people's expectations in relation to the medico-social institution.

The aim of this study was to explore diversity in an ageing population. In fact, an ageing society has the same degree of diversity as a younger population.

The older LGBT population often has no family support network. The burden of keeping their sexual orientation secret during their professional lives and a lack of children are common features in their lives. The AIDS epidemic may also have played a significant role.

Very few studies have been conducted on this topic.

The organisations "Les Gais retraités" and "David & Jonathan" participated in the research.

This lack of family networks led Christophe VINCENT-TITECA to study strategies that could be implemented during old age to ensure LGBTs were supported and looked after. He produced a guide consisting of 23 questions organised into several topics. Interviews were held in participants' homes and lasted around two hours. The interviewees were aged from 58 to 91.

Their responses were analysed in order to put forward a variety of proposals.

Born between 1920 and 1950, the interviewees have a gay collective memory. They have a rich social and cultural life and a modern outlook. All of them live a "courteous distance" from their biological family. Everyone interviewed expressed a strong desire to be in a relationship.

In addition, all respondents were intensely involved in community life and voluntary organisations in order to maintain good social connections and emotional support. They built their own "families of choice".

The interviews as a whole allowed greater understanding of their needs: to grow older supported by friends and to be in a relationship were the predominant wishes.

The objective would be to support voluntary organisation activities as a source of social connection.

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How should the subject of difference be broached? It requires understanding of the life decisions taken by each individual, in order to devise a life plan appropriate to the person in question.

How can people be helped to get in contact with establishments for the elderly? How can self-censorship be overcome, a common phenomenon among LGBT people?

The avenue of using voluntary organisations seemed to be the most appropriate way of raising issues and submitting them to public authorities and providers of services for the elderly. Voluntary organisations play an extremely useful social role. Pensioners' clubs also have a concrete remit on the ground and would benefit from greater recognition.

## The needs of older LGBT people and the right to choose

Roundtable facilitated by Michel PIEROT, Board Member of Centre LGBT since 2011

*Roundtable participants:*

*Marie-Hélène GOIX, Vice-president of the organisation "L'Autre Cercle ÎdF"*

*Michel GERMAIN, former president of the organisation "Gais retraités"*

*Béchir CHEMSA, Assistant General Secretary of the organisation "Les Petits Bonheurs"*

*Gérard BERLUREAU, Co-President of "Tandem IDF"*

*Jean-Claude AUGUEY or Jeanne, President of the organisation "Hommeffleur"*

*Marc TOURTELIER, Co-Manager of the Solidarity Committee of the organisation "David & Jonathan"*

*Catherine TRIPON, spokesperson for the National Federation of "L'Autre Cercle"*

### 1) Are the needs of older LGBT people taken into account in current at-home services and housing facilities?

Marie-Hélène GOIX explained that the organisation "L'Autre Cercle" focuses on combating homophobia in the workplace.

The organisation conducted a survey on the retirement needs of LGBT people which allowed it to gather information on their professional activity and their needs in retirement.

Out of the 730 respondents, 77% were men and 44% lived in the capital. Most of them were graduates. The average age was in the 41 to 60 age bracket.

69% of the people interviewed sometimes or often thought about their retirement.

Almost a third were fearful about the end of their working lives, financial difficulties, lack of activity and loneliness.

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71% feared physical decline, dependence on others, the risk of illness and loneliness, like most of the ageing population interviewed in wider surveys.

72% expected to have more free time after retirement and wanted to get involved in activities. These are the same wishes as those expressed by the population as a whole. Only 22% of the people interviewed thought that their sexual orientation would have a bearing on their professional lives coming to an end.

The desire to create a "family of choice" was predominant.

72% of respondents felt that there was a lack of family support for LGBTs.

They wanted to be able to join gay-friendly facilities but did not generally aspire to enter establishments that housed only LGBTs.

79% of respondents felt that a charter could be useful in combating discrimination within retirement homes. The creation of a quality label could also act as a form of commitment to treating the LGBT population appropriately.

The enquiry revealed that the primary service need is that of cultural activities.

23% of respondents knew LGBT people encountering difficulties such as isolation and lack of family support.

Voluntary organisations dedicated to this cause also regularly express the desire for the creation of a charter. The enquiry also revealed the importance of improving the knowledge of retirement home teams on the subject of LGBTs. It would also appear that support is necessary to help gay couples enter a retirement home together. There was much less interest in establishments reserved exclusively for LGBTs.

Michel GERMAIN explained that 87% of people of retirement age fear isolation. Many people express the desire to be in a relationship in a retirement home.

People usually retire at 60 or 65. Despite domestic tasks and travel, feelings of boredom and loneliness can quickly take over. Living in rural locations or city suburbs where there is less community life can become disadvantageous. How can we find solutions to these issues?

We all need other people to exist. 4.8 million people lived alone in 1982, compared with 5.8 million in 2005 and 8.4 million in 2009.

The likelihood of isolation increases with age. 5% of the youngest populations experience loneliness, while for the over 70s it is 25%. The richest social life is reserved for young gay people, while for ageing gays, seduction is a thing of the past.

The organisation "Gais retraités" has some 50 members. The youngest are in their 40s and the oldest are 94. It is a small, mixed-purpose association with specially trained personnel.

The question of sexual needs and pleasures is meaningful for the elderly: according to English researchers, 47% of men and 17% of women between 75 and 85 continue to make love. How should these needs be taken into account in a retirement home?

The organisation was created in 1983 with Jacques Lemonnier at its head. It was founded on respect for the person. The challenge of combating exclusion and loneliness is the same now as it was then. The organisation is non-denominational and politically independent. It puts on community, social and tourism-related activities in order to offer retired gay people a sense of "better-being".

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Michel GERMAIN thanked those who have worked to improve the organisation's visibility: Christophe Dechavanne's television programme, "Ciel mon mardi", the programme "Je t'aime pareil" broadcast on France Inter in 2010, and Christophe Vincent-Titeca who listened to testimonials for his thesis, etc.

Béchir CHEMSA explained that the organisation "Les Petits Bonheurs" was set up in 2008 as a result of the fact that many HIV-positive people were living in great isolation. A group of volunteers provides assistance in hospital or at home through small projects, such as leisure outings or adaptation of the home. The aim of the organisation is to support these isolated people.

Service users are both men and women, young and old, with men and gay people being predominant.

Among the HIV-positive people, some were infected at birth and are isolated, others were infected later in life and are elderly, and still others have a long relationship with the epidemic and are isolated and at risk. All these people are isolated, vulnerable and at risk.

Older HIV-positive people wishing to maintain their independence are concerned about what kind of facility would accommodate them. Support for LGBT single people and LGBT couples has not been sufficiently thought out. Discussions should be held with the various establishment federations on this issue.

These people have often lived alone for many years and must relearn how to live in communities and collective facilities.

Most want to stay in their everyday, familiar environments. But this will have a cost. Who will act as the link between hospital and home?

Michel PIEROT identified the emergence of two important themes after the first set of interventions: the training of health and support workers in residential homes for the elderly, and the obvious role of organisations in combating isolation.

## II) Self-management of older people by the LGBT community: could specific facilities be set up for people of similar orientation?

Gérard BERLUREAU, an activist for the last 20 years in voluntary organisations raising awareness of AIDS and supporting HIV-positive people, described how the last few years have seen the emergence of an ageing HIV-positive population.

Despite their difficulties, they want to stay at home for as long as possible, many having had experiences of care homes where they were not always treated well. This failure to treat well often takes the form of petty acts and superficial talk, etc.

In the context of his providing support in hospital, Gérard BERLUREAU agreed to be the representative of hospital users, since the social security reform of Alain Juppé in 1996. This role is essential to ensure that the voice of suffering patients is heard.

It is important to continue to commit to this support, and training of personnel is clearly necessary. Medical institutions are working on this but there is still quite a long way to go.

Jean-Claude AUGUEY, or Jeanne, is the President of the organisation "Homme fleur", founded in 2011, which has just under 700 registered members and 200 subscribers. It is a community made up of transvestites, transgender and transsexual people between the ages of 50 and 60 who are close to retirement.

The organisation has been authorised to set up a "Homme fleur" house. People are interested in the project in the medium term (five or six years), resulting from a desire to live as a group.

The house could be made up of tenants. During a board meeting in April, however, some members expressed the fear that creating a house would further ghettoise transgender and transvestite people.

It will not be a retirement home but a communal home with a focus on social interaction. Different scenarios are currently being explored and will be presented at the next AGM in February.

Marc TOURTELIER explained that the organisation "David & Jonathan" is the oldest existing LGBT organisation. It has just celebrated its 40th birthday. Members are located in France's cities, with half of them in Paris.

In 2006, a national Solidarity Committee was set up to focus on elderly or very elderly members, who make up 20% of the total membership.

Work has also been carried out for the last two years with prisoners. Training programmes have been tested on prison personnel. The organisation also welcomes people with disabilities, serious illnesses or those living in extreme isolation.

Loneliness among older LGBT people is two or three times greater than other elderly groups. Three members aged over 75 have committed suicide since 2006.

Two-person teams are set up to support people (visits, telephone calls, etc.). Monthly shared meals and days in the country are organised.

The project "Maison Seniors Soleil" planned to create 20 studios, 12 of which would be reserved for LGBT people, three or four for young students and three or four for gay-friendly heterosexuals. The house would be open to the neighbourhood in which it was located, would not provide medical care and would have a mixed gender population.

The project has been abandoned as many trustees feared the risks involved in creating such a facility.

Between the options of people staying in their own homes and retirement homes, there is, however, the possibility of creating group housing, as German experiences, for example, have shown.

Marc TOURTELIER expressed his pleasure about the conference and the government action plan to combat gender-based discrimination headed by Najat Vallaud-Belkacem.

Families of choice or replacement families could be very important avenues of exploration in meeting the needs of ageing LGBTs.

Catherine TRIPON explained that the issue of support to delay the effects of neuro-degenerative diseases, and the question of training retirement home staff and residents on HIV issues and homosexuality were the reasons behind the creation of the organisation "L'Autre cercle". The organisation has drawn up a commitment charter to protect people and raise awareness among care personnel and residents. The sex life of the elderly is in particular a complicated issue for personnel to manage. In more general terms, education will be required to bring about changes in attitudes.

A participant underlined the fact that transvestites and transgender people are looked down on by society. The painful secrecy and taboo surrounding their lives are the main problems encountered.

A participant talked about the Babayagas project in Montreuil. It has run into difficulties because, although initially intended for feminists and lesbians, the project has been turned into a conventional retirement home project. It may also be confronted with other demands related to old age.

A participant asked Jean-Claude AUGUEY, or Jeanne, about the importance of trained and suitably aware nursing auxiliary personnel.

Jean-Claude AUGUEY, or Jeanne, explained that the project is only in the early stages and has not yet been clearly defined. It will not be a home for very elderly or dependent people but a friendly communal home that will use conventional medical services.

A participant added that setting up a home providing medical care was out of the question as the organisation would not have the resources to manage it. It would more be a case of sharing the simplest needs. Transvestites and transgender people are still a taboo subject. The hope is to create a communal house similar to MARPA homes in France (rural independent living facilities for the elderly) with private apartments and common services.

A participant, who has been a gay activist since the 1970s, explained that he founded "Gare !" in 2000, the LGBT organisation of the French railways. It subsequently set up organisations within companies to defend in-house employees.

The French system revolves around obtaining public funding. In other countries, private funding plays a significant role (companies and private individuals wishing to buy a house together for example).

For the last two years, this activist has been working on an intergenerational project largely inspired by the kibbutz model.

On the subject of loneliness, the world of voluntary organisations often seems to provide the appropriate response. But how can young people be encouraged to get involved when they do not feel affected by these issues? The voluntary sector may be about to undergo radical change and it would be good to seriously think about this.

## Opening dialogue with professionals

Roundtable facilitated by Nicolas FOUREUR, Development Officer at the Clinical Ethics Centre, Hôpital Cochin AP-HP

*Roundtable participants:*

*Thierry LACOMBE, Gerontologist and author of the study "Can the minority identity of all nursing home residents be respected without leading to minority rule?"*

*Jean-Luc NOËL, Member of the Fondation de France Elderly Committee*

*Romain GIZOLME, Development Officer, Association des directeurs au service des personnes âgées (AD-PA - French organisation of directors providing services to the elderly)*

*Françoise TOURSIERE, Director, Fédération nationale des associations de directeurs d'établissements et services pour personnes âgées (FNADEPA - French national federation of organisations of directors of institutions and services for the elderly)*

*Liliane CAPELLE, Assistant to the Paris Mayor for elderly and intergenerational issues*

Nicolas FOUREUR explained that Cochin Hospital staff were often confronted with difficult medical questions, particularly in terms of ethics. Public debates have been held over the last year with the elderly in order to find practical solutions.

Jean-Luc NOËL, a member of the Fondation de France Elderly Committee, pointed out that one of the primary missions of Fondation de France is to respect the dignity of people while preventing isolation.

Two calls for proposals entitled "Ageing in your neighbourhood, in your village", and "Older people and the right to choose, the right to risk" have been issued in order to find innovative solutions.

What constitutes a couple in a nursing home? Asking for a double bed in a nursing home is practically impossible. The Fondation can help to encourage innovative projects that promote this right to choose. In order to do so, it is using concrete analysis of situations judged to be unsatisfactory.

Continuing to live with others helps to combat the isolation which affects the elderly. It is essential to devise housing adapted to the issues facing all individuals. It also means supporting periods of transition, ageing trajectories and preventing catastrophic breakdowns in relationships which can lead to dreadful loneliness.

The elderly person must be the instigator of his or her own plans. The role of organisations is central in this issue. It can help these specific needs to emerge.

Calls for proposals and subsidy application forms can be downloaded from the Fondation de France website.

Thierry LACOMBE, author of the study "Can the minority identity of all nursing home residents be respected without leading to minority rule?", explained that his research is not limited to LGBTs. It also examined Jewish communities, homeless people and feminists. He worked with Geneviève LAROQUE, who agreed to talk about her experiences.

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It is important to distinguish between residences for independent people and nursing homes, which are not the result of a voluntary choice and which people generally enter at the age of around 85. The average lifespan here is three years.

The term "communitarianism" comes from the communitarian philosophy which emerged in the United States in the 1980s as a response to the growing individualism of society. The term "community" in English covers everything to do with groups (families, clubs, etc.), and has a wider meaning than the French term *communauté*. In France, the term *communautarisme* is used to bring discredit on the claims of a given group.

*Communautarisme* describes the phenomenon in which the way of life of a minority community takes precedence over a republican and secular way of life, in the name of the minority's right to be different.

Public policies are based on the values of republican universalism. So the individual is torn between the need to belong and the desire to be different.

Public funds cannot be assigned to facilities which are not open to all citizens. There are exceptions however. Chaplaincies in hospitals are funded by the health insurance care budget.

The creation of nursing homes is subject to authorisation from the President of the French *département* council and the ARS (French regional health agencies). There is nothing to stop an establishment being set up for a given community provided that no demands for funding are made and treatment and care is not contracted out.

Within a nursing home, residents want all aspects of their identity to be recognised. Training the directors of nursing homes in ethical issues, beyond questions of simple management, is therefore essential. Charters are also important as nursing homes cannot anticipate all variants of minority identities.

Finally, Thierry LACOMBE pointed out that socially cohesive housing encouraging closer relationships helped to prevent isolation.

Françoise TOURSIERE said that there are around 11,000 establishments for the elderly in France, more than 2000 of which are assisted living facilities. The others are nursing homes with medical facilities housing dependent elderly people. In these establishments, 80% of residents have Alzheimer's disease.

The discussions held thus far could apply to the problems encountered by the population as a whole. 90% of the people in these institutions are widows and widowers. Lack of family support is increasingly common for all of the elderly population and not only LGBTs.

The FNADEPA feels that increasing the number of charters is not a good idea as it believes the Declaration of Human Rights is sufficient in this regard.

Françoise TOURSIERE underlined the fact that entering a nursing home is not usually a choice: people are often taken there as an emergency measure, often following hospitalisation, or because the condition of the person with Alzheimer's is adversely affecting family life and people do not necessarily have the skills to help them.

Nursing auxiliaries often have 10 to 15 people under their who they have to wash and toilet. The primary abuser is the State in terms of the resources it provides to establishments. However, establishments with seriously poor standards of care do exist and must be shut down.

Until nursing homes have sufficient resources to properly look after the elderly, whether gay or not, the disappearance of abuse cannot be guaranteed.

An initiative from

In addition, nursing homes are increasingly establishing relationships with the outside world, towns and cities, organisations and cultural venues. Directors of nursing homes are not working on homosexuality but on the sexuality of the elderly in general, which also leads them to talk about homosexuality as well. "L'Autre cercle" contacted the FNADEPA which did not immediately respond, as directors have no problem with accommodating gay residents or people with AIDS.

As for community houses, their aim is to be establishments which are not overly medicalised, to encourage mixed populations and host services, crèches, etc.

Romain GIZOLME explained that the AD-PA has worked on several of the issues being examined at the conference.

- How can care personnel approach the issue of intimate relationships, maintaining the correct distance from the distinctive characteristics of each one, without however ignoring the issue? It is important that they are trained and made aware of the issues so that they have appropriate ethical knowledge. Awareness must also be raised among families and volunteers should be trained.
- In France, care establishments and at-home services are understaffed which has a direct impact on the way of life of the people concerned. The number of nursing staff, auxiliaries, psychologists, activity facilitators and middle managers should be increased as it is they who determine the success of initiatives and ensure that the choices of each individual are taken into account.
- It is important to promote and develop intermediate facilities (rural independent living facilities for the elderly, group housing, community houses, etc.). Within these establishments, residents have both the advantage of their own home and a rich social life. There is a big difference between personnel entering a bedroom in a retirement home compared with a bedroom in someone's own home.

Whether or not people are LGBT, the issue of freedom of choice is the most important thing.

Liliane CAPELLE then described the way in which Paris City Council is trying to take account of all differences without favouring a situation of minority rule. As a first step, it has rejected separation of the young: it is preferable for different generations to live together. She also underlined that City of Paris social services nursing homes make no distinction between the people accommodated.

Paris City Council has requested that personnel be trained in order to encourage awareness of these issues: the concept of appropriately differentiated treatment should exist. Small units should be provided so that families can stay together, the life of each individual is respected and gay couples can be accommodated. There is now sufficient perspective to include everyone.

The organisation "Petits Bonheurs" has revealed the isolation experienced by older gay people. A conference will be organised at the City Hall on this subject; a plan of action "Bien vivre son âge à Paris" (Ageing Well in Paris) will also be launched with mandatory information sheets. In addition, when calls for tender are issued for nursing homes, an appropriate resident treatment plan is required. The future of our society will be largely determined by acceptance of the differences of each individual in a republican spirit. One of the greatest taboos is the sexual reality of the elderly.

A participant who founded an organisation for gay Jews felt that the Assistant to the Mayor of Paris was recommending many things but proposing little. He stated that the fight

against homophobia could be compared to the 2000-year-old fight of Jews against anti-Semitism.

Liliane CAPELLE answered that the recommendations had been enshrined in the plans of action created by the City of Paris, with an obligation to successfully implement them. The City of Paris has made progress on the issue of older LGBT people as it has on other topics. Liliane CAPELLE also pointed out that her life's work is to combat racism, anti-Semitism and all forms of non-acceptance of difference. She is Jewish but with a highly ecumenical philosophy and will not stand for discrimination of any kind.

A participant asked whether the registration of gay people in the regional health agency will be taken into account in the next 2012-2016 *département* plan of action.

Another participant pointed out that little reference had been made to transvestites in the discussions so far. The problem of transvestite and transgender people is a permanent and ancestral taboo. The same participant wondered why, in Belgian homes, residents are generally better cared for and happier, for a lower cost.

Romain GIZOLME pointed out that there are twice as many staff in Belgian homes. France has been falling behind for many years. The sector is understaffed, as the Court of Auditors noted. This has a considerable impact on resident living conditions.

A participant wondered what could be done to double the number of staff while spending less. The day price is now €70 to €100 in Parisian nursing homes. This cost means that people have to be helped by their families and have a good pension, or be assisted by the *département*. Before talking about the Belgian example, in France it is essential to work on the funding of dependency.

Providing twice the number of staff under the current funding arrangements would raise the cost of nursing homes to €150 or €200 a day, with personnel costs representing 80% of this amount.

Michel PIEROT concluded by pointing out that these meetings could encourage other minorities to raise these issues for themselves as well. He also said that LGBT people cannot expect pre-formulated responses from doctors and care staff.

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# Perspectives from America and Europe and future prospects

## Introduction

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Angela GIRARD  
*United States Embassy*

Angela GIRARD pointed out that growing numbers in the most elderly populations is a global demographic phenomenon. 12% of the population in the United States is over the age of 65. This demographic group is likely to double by 2030. In France, 17% of the population is over 65.

The growing number of older LGBT people represents a significant challenge for the health system. Housing, health and well-being are essential issues related to ageing.

LGBT people are confronted with unique challenges: they are less likely to have children which makes them more dependent on external sources of moral support. If they have partners they may be faced with discrimination as a result of their situation, for example during hospital visits, in terms of retirement and tax regulations, etc.

These issues must be examined in order to ensure good quality of life for all elderly people and in particular those from the LGBT community, wherever they are in the world.

An initiative from



Paris, November 16 & 17th 2012

## History of SAGE and overview of the initiatives undertaken (services, accommodation, training, lobbying)

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Michael ADAMS

*Executive Director, SAGE USA, New York, United States*

Garance MATHIAS, from the Centre LGBT Paris Île-de-France, explained that in the United States SAGE is the largest and oldest organisation dedicated to improving the lives of LGBT older adults.

SAGE organises drop-in sessions to help the LGBT community develop better quality of life, particularly in terms of housing and health. It offers support and counselling services and works to improve awareness and the image of LGBT older adults.

SAGE is supported by the US Department of Health and Human Services and New York City Council.

Michael ADAMS explained that SAGE was founded in 1978. It was the first organisation to explore the ageing-related issues of LGBT people. It played a pioneering role in taking up the challenges facing this population.

The organisation's founders had an innovative vision of defending the rights of the elderly. When they set up SAGE, they established comparisons: an older LGBT person is twice as likely to find themselves alone as a heterosexual person, and four times less likely to have children able to support or look after them. Measures were introduced to deal with this situation.

LGBT people are considered more fragile in terms of health, more isolated compared with heterosexual seniors, and more affected by poverty. The most vulnerable communities are lesbians, transsexuals and LGBT people of colour.

The challenge for SAGE was to provide advice to older LGBT people. Significant barriers were in place, including care personnel's lack of knowledge of LGBT issues, and discrimination. An older LGBT person is five times less likely to have access to dedicated services and care than an older heterosexual person. In addition, older LGBT people fear being discriminated against or abused.

SAGE set up its organisation on the basis of these observations.

Many different forms of discrimination exist between LGBT seniors and heterosexual people, particularly in terms of government policy, social security benefits, medical assistance and pension rights.

For state employees, there is no survivor pension for same-sex couples. The partner of the deceased person is not taken into account. This is also the case for healthcare and social security. These are cases of blatant discrimination.

In order to illustrate them, Michael ADAMS told the story of two couples who were in the same situation as they entered retirement. In the heterosexual couple of George and Maria, George has retired from the US Postal Service and left his job with pension rights. In the lesbian couple of Helen and Rita, Helen is a retired teacher.

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Both couples are in good health, own their own homes and have savings.

The circumstances of their treatment will be discriminatory. Social security does not offer the same care provision in both cases. In addition, there is no survivor pension for the lesbian couple.

George and Maria are involved in their community, committed to local organisations and receive support. In contrast, Helen and Rita do not feel welcomed or involved in local life and in the life of seniors.

George and Rita fall ill. They are treated in blatantly different ways.

When George falls ill, he is well cared for without experiencing discrimination. His wife Maria is recognised by the hospital services and institutions: when important decisions have to be taken, Maria can be consulted. George is entitled to nursing assistance and personal assistance. He is therefore able to stay in his own home for five years before perhaps entering a care home. His wife Maria can keep their home and their savings. His material and financial conditions do not change. The care services recognise the heterosexual couple.

When Rita falls ill, the couple is not recognised. Her partner Helen is not welcomed by the hospital services and she may even be prevented from visiting. She cannot support her partner in making medical decisions. Rita is the only person known and recognised by the health services. She is entitled to the care services provided by the hospital, but Helen is not taken into account. Rita can only stay in her own home for two years. Helen will see a deterioration in her situation: she will have to sell her house and use her savings to pay for Rita's medical needs.

When George and Rita die, their partners find themselves in very different situations.

Helen receives no survivor pension, is not entitled to social security, is unable to stay in her home and is not supported by the local community.

Maria can keep her own home, benefit from the survivor pension and rights of her husband and receive moral support from her community.

SAGE was therefore set up to provide services dedicated to older people: these include help with training, support in finding employment, counselling, support, legal assistance to combat all forms of discrimination, improving the visibility of older LGBT people, assistance with submitting paperwork, and ensuring that all rights are respected.

SAGE has set itself two priorities: one related to health and nutrition, and the other to isolation.

SAGE's offices are located in New York. Dedicated programmes have been set up in Harlem where there is a large Afro-American and Hispanic population. Trained personnel visit LGBT older adults in their homes.

SAGE provides training on ageing of the LGBT community for other organisations and associations. This restores some balance as there are many organisations dedicated to younger people.

SAGE has been recognised as a national resource centre for the country under the Obama government.

In the United States, changes in how LGBT people are treated occurs at two levels: local and federal. Changes in government have marked a change in attitudes.

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In spring 2012, the federal conference on ageing was dedicated to the problems encountered by LGBT people, compared with 2005, under Bush, when the LGBT community was represented by just one person.

At federal level, it is essential to change laws on treatment of survivor pensions and funds assigned to the ageing LGBT community.

SAGE has highlighted the fact that the United States are made up of different minorities and communities. A national coalition has been set up to bring together all organisations representing minorities, to push back the frontiers of discrimination, and to respond to the ageing population by taking account of their cultural realities.

This fight to get older LGBT people recognised is a fight in terms of both constitutional and fundamental rights.

SAGE also wishes to learn from the experiences of other countries.

Michael ADAMS also pointed out that in 2003 couples living together were criminally convicted. The Supreme Court abolished these measures on the grounds of equality and the right of people to live with whoever they chose. The fight continues; it is being taken on by the Supreme Court and the Constitution which increasingly recognise fundamental human rights.

A participant asked about the issue of survivor pensions in relation to sexual orientation.

Michael ADAMS explained that when an American state employee dies, that person's husband or wife is entitled to a survivor pension. This is not the case for gay couples.

A participant wanted to know what SAGE's position was in relation to the lack of recognition of certain rights. What solutions are possible?

Michael ADAMS felt that the most important right to defend was the right to same-sex marriage.

In addition, a law covering government employees at federal level does not recognise the existence of survivor pensions for same-sex couples. A legal and judicial battle is being fought to declare this law illegal. Some States recognise the right of same-sex couples to marry, who are then entitled to a survivor pension, with some complications however. The solution would be to harmonise these principles through the right to marriage for all.

A participant asked about the resources of SAGE in the United States.

Michael ADAMS explained that the SAGE Centre in New York has only just recently opened. 400 volunteers are working there. It is open almost all year round. It is a place in which services are provided and people can meet, the first such venue set up in United States dedicated to the older LGBT population. The aim is to expand it to the rest of the country.

# History of the creation of Triangle House and services developed for older LGBT people

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Eric HARRISON

*Executive Director, GLEH-Triangle House, Los Angeles, United States*

Eric HARRISON explained that the Triangle House project, a house for LGBT people, cost \$22 million, \$1.5 million of which came from private donations. Construction took place from 2005 to 2006 and eligibility for an apartment was determined via drawing of lots.

The first residents moved in in February 2007. The organisation then examined the question of services, which had not been given much consideration until that point. All the services of a luxury residence have now been installed: a spa, library and swimming pool. Resident income, however, is not particularly high: all of it is spent on rent and service charges. The organisation quickly realised that residents would have to be provided with certain services to improve their quality of life.

The residence consists of 104 units, 35 of which are specially adapted for treating people with AIDS. The average resident age is 72. 2% of residents have died in less than two and a half years.

Ethnic statistics, which are banned in France, are available for the residence.

Four transgender people, who have always lived with a high degree of vulnerability, have found protection here, perhaps for the first time in their lives.

The job of the Executive Director is to find a balance between current initiatives and future projects. A new programme will be developed in Hollywood with 40 apartments.

The modest resources of residents means the organisation has to deal with their financial management. Contributions requested of residents vary from one unit to another based on income estimated at between 20% to 60% of the average income (\$61,200) of inhabitants in the project neighbourhood.

When starting this type of project, it is necessary to immediately plan what types of services will be offered to residents.

A participant wondered whether, rather than a spa, swimming pool and library, it would not have been better to build additional apartments. He also wanted to know whether these facilities were open to the rest of the LGBT community.

Eric HARRISON explained that the swimming pool was donated by one of the residence donors. It plays an important social and recreational role within the residence. In addition, the Hollywood climate being extremely warm, having a swimming pool is practically a necessity.

The residents are not in favour of their building being open to outside people.

A participant wanted to know how much time it took to amass the funds necessary to construct the building.

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Eric HARRISON explained that the economic model is fairly complicated. The \$22 million were collected over four years. Tax credits specific to the United States were used. The project was contracted to a conventional developer of residences for the elderly. It was the developer who secured the funds. The developer owns the property but works in close collaboration with the organisation in terms of its daily management. Resident rents are paid to the developer.

A participant said that another community - Russian women - is living in the residence. As in France, a mixed population was mandatory, as part of the funding came from public sources.

Eric HARRISON explained that the organisation has, however, been authorised to house a large proportion of LGBT people.

## Perspectives from Canada

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Laurent McCUTCHEON

*President, Fondation Emergence, Canada*

Laurent McCUTCHEON explained that there is 100% legal equality between heterosexual and homosexual couples in Canada and Québec. The latter can marry and adopt children. If a woman living with another woman gives birth to a child, she registers the birth and her partner has parental rights.

Fondation Emergence was set up in 2000 to work on the concept of social equality: it is essential to live in a society that accepts gay people, instead of merely tolerating them. The Foundation is particularly interested in raising awareness among cultural communities originating from countries where homosexuality is banned. Since 2003, it has organised a National Day Against Homophobia.

Legal equality did not arise spontaneously: it was instigated by the courts. In 1977, Québec was one of the first States in the world to include sexual orientation as a prohibited reason for discrimination. In 1982, the Canadian government enshrined this Charter of Rights in the Canadian Constitution. The courts therefore ruled that discrimination based on sexual orientation was contrary to the Constitution.

A huge amount of work has been carried out jointly by all ministries in Québec within the Commission des droits pour la jeunesse (Human Rights and Youth Rights Commission) to produce a plan aimed at combating homophobia.

As a result, the government has adopted an anti-homophobia policy at national level. It covers all public authorities and the city and town councils in Québec. The programme "Vieillir gai" (Ageing Gay) has been developed in two directions: developing parallel services and incorporating services for the elderly.

The Foundation would like to work on a countrywide scale and not only in Montréal. The aim would be to raise awareness among people working with the elderly in retirement homes and at-home services.

The programme is aimed at retired people, people working in leisure organisations for the elderly and people using the services.

An initiative from

An advisory committee was set up to create an "awareness-raising pack". One of the first steps implemented was to inventory the initiatives conducted in other countries on this issue. An information brochure on the programme has been published.

The objective is to eradicate homophobia from elderly environments. The programme selected a work of art with the wording "Ici, non à l'homophobie !" (No to Homophobia Here!) underneath it, and has suggested that retirement homes display it. The painting depicts a landscape. The message is therefore transmitted in a non-aggressive way.

An information guide answering frequently asked questions on LGBT people has also been produced.

A collection of films of interest to older people has also been created. This tool can be used to inform people working with the elderly so that they can raise awareness among the public.

The Foundation also wants to interview public personalities and ministers so that they can express their opinions on the ageing of LGBT people.

All these tools will be made available on a website.

Table sets and packs of cards in rainbow colours have also been produced.

The Foundation has drawn up a charter on positive treatment of older LGBT people which was reported on in all Québec media. It describes the values that carers must adhere to. It represents an excellent way of communicating on the subject of older LGBT people.

In the introduction, it emphasises the fact that older LGBT people are likely to be vulnerable, defines homophobia as discrimination and suggests adopting a new set of values:

- ensure people are treated equally;
- ensure environments are free of homophobia;
- adopt a positive attitude to homosexuality and transsexuality;
- respect people's right to choose their sexual orientation;
- ensure information is kept confidential;
- support people who are victims of homophobia;
- encourage respect by including the fight against homophobia in training programmes;
- refrain from assuming what a person's sexual orientation is.

A programme of commitment to the charter values has been set up for facilities caring for the elderly. A list of all establishments supporting the charter will be available on the website.

The programme has been positively received in elderly environments. People working in the sector really appeared to be waiting for it. Once the tools have been created, the next step will be securing the funds to disseminate the programme.

A participant asked which types of discrimination were included in the 1977 charter.

Laurent McCUTCHEON replied that the charter, enshrined in law, referred to discrimination in general.

A participant asked about the status of transsexual people in Québec.

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Laurent McCUTCHEON said that a legal procedure can be undertaken to get a change of sex recognised. It is a long procedure, but it does exist.

A participant wanted to know whether the provisions described relate to Canada or Québec.

Laurent McCUTCHEON clarified that they are more related to Québec. However, all provincial laws are subject to the sovereign authority of the Supreme Court of Canada.

A participant mentioned the arrival in Europe of populations from African countries where death or prison sentences have been pronounced against LGBT people. He wanted to know how Canada has dealt with the problem of hosting these people.

Laurent McCUTCHEON replied that the Québec Charter of Rights would apply in these situations. A range of conditions must be met to emigrate to Canada. A person fleeing their country will enter Canada as a refugee. Regarding immigration, marriage or sponsorship are a common gateway. It is not however always easy, as in many countries, to set up home in Canada.

A participant wanted to know how the population of Québec views transvestite men. In France, when such views exist, they are negative.

Laurent McCUTCHEON said that such problems also exist in Québec. Both gays and lesbians have made much progress in a Catholic society that has become very forward-thinking. For transsexual people, although the situation is changing, the gains made are not yet of the same magnitude. The intervention of some well-known personalities on television has, however, helped to win respect and esteem.

A participant asked how the Foundation secures public subsidies for its initiatives.

Laurent McCUTCHEON answered that there are budgets devoted to organisations, which apply to the corresponding ministries (health, housing, education, etc.). The Foundation works enormously hard to benefit from these.

Michel PIEROT pointed out that the survivor pension had been included in the bill proposed in France by the Socialists.

A participant wanted to know how collaboration took place with the ministries in Canada.

Laurent McCUTCHEON explained that a coalition for the recognition of same-sex marriage partners has been created. It worked with all the main trade union groups, major civil society stakeholders and all political parties. The coalition did not confine itself to the gay community. Working groups included civil servants, who were then ready to recommend measures to their ministers.

# Presentation of the report jointly published by ILGA-Europe and AGE Platform Europe: "Review of facilities for older LGBT people in Europe"

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Sophie AUJEAN

*Policy and Programmes Officer, ILGA EUROPE*

Sophie AUJEAN introduced ILGA-Europe, a European federation of LGBTI (lesbian, gay, bisexual, transgender and intersex) organisations. It includes 391 member organisations from all countries in Europe. It is very important for them to underline the diversity of LGBTI people in order to take account of the types of discrimination they might come up against and work on the problems they encounter.

A working group has been active for two years and produced several documents: a code of conduct and mutual respect, and a document covering specific needs that might be encountered. This work explores the ways in which elderly LGBTI people may be stigmatised, both among the elderly but also by the LGBTI community itself, with its emphasis on youthfulness.

Four main challenges have been identified.

## I) Access to social protection

ILGA-Europe produces a map showing the rights situation of LGBTI people in European countries. One of the criteria used is the possibility of marriage or drawing up a partnership. 17 countries allow partnerships. Gay couples are not recognised in 28 European countries, affecting their access to social protection and survivor pensions.

The European Court of Justice, in conjunction with the institutions of the European Union, has published two rulings which have improved the situation for same-sex couples. The first, in 2008, stipulated that where national law treated partnership and marriage in the same way, partnerships should enable the same rights to survivor pensions. Without legislating directly on same-sex marriage, the European Union has supported the principle of non-discrimination.

Even in countries where gay couples are recognised through marriage and partnerships, rights to pensions and services are not necessarily the same as for heterosexual couples. Legal arrangements are possible but complex.

## II) Access to health

Elderly people have experienced periods of social conservatism, which has had an enormous impact on their mental health. The organisation GLEN in Ireland has conducted a study on this issue. The study underlines the great reluctance of older LGBTI people to make use of health services. It is only since 1990 that homosexuality has not been considered a mental illness. Relations between LGBTI people and health services are not

An initiative from

easy. Older LGBTI people often feel that they receive poor care, but it is still difficult to assess whether this is related to their sexual orientation.

The situation is very complicated for transsexual and intersex people. One of the issues in this area is the lack of research on the long-term effects of medication.

### III) Isolation and social exclusion

Sophie AUJEAN regretted that older LGBTI people, who are often isolated, cannot give everyone the benefit of their life experiences. However, they choose their own families which are usually a very solid form of support. Numerous testimonials also show that support services for the elderly often have difficulty including LGBTI people.

### IV) Long-term care

Sophie AUJEAN cited some examples of best practices implemented in certain countries.

- In the Netherlands, a consortium of several NGOs has established gay and heterosexual alliances for LGBTI people.
- In the United Kingdom, Health Age UK has done good training work, and Stonewall has published recommendations on using services for the elderly.
- The Fundación 26 de Diciembre in Spain is currently trying to set up a care home for LGBTI people.

Sophie AUJEAN then presented some recommendations regarding public authorities. Firstly, Article 23 of the revised European Social Charter, which is a Council of Europe treaty and applies to social rights, should be respected: elderly people must be able to choose their lifestyle freely and receive appropriate support from institutions. The horizontal directive on equal treatment of people regardless of their age, sexual orientation, social standing, etc. should also be adopted. The other recommendations are to grant access to social protection for same-sex couples, to train people working in care homes, to remind others that gay couples exist in care homes by including photographs depicting gay couple in care home brochures, and to encourage LGBTI people to lodge complaints when they have been discriminated against.

A participant pointed out that Article 23 of the European Charter advocates respecting the privacy of elderly people. He regretted, however, that society's opinion of transvestites is changing only very slowly. He wanted to know what the recommendations are in relation to transgender people.

Sophie AUJEAN said that a large proportion of the work carried out by ILGA-Europe is devoted to defending the rights of transsexual people. One person in the organisation concentrates almost exclusively on them. ILGA-Europe is also fighting to secure the "depathologisation" of transsexual identities. The WHO will revise these categories in 2013.

The European Commission has commissioned a report on transgender and intersex issues, a notable development. It has been available in English since June. ILGA-Europe is working to ensure that gender identity is considered a valid criterion in all anti-discrimination legislation. It has already managed to ensure that gender identity is recognised as a discriminatory criterion in legislation on asylum procedures.

A guide on best practices at European level - and even outside Europe - has been produced for transsexual people which covers all areas.

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## Perspectives from AGE Platform Europe and AGE UK

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Antony SMITH

*Representative of AGE Platform Europe and AGE UK Development Officer, Equality and Human Rights*

Antony SMITH said that AGE has a network of 70 local agencies. The body is independent of government but works closely with volunteers and users. Even though AGE is not exclusively dedicated to LGBT people, the issue of non-discrimination has always been at the core of its activity. AGE works to promote the interests of the 30 million elderly people in Europe. Its primary aim is the exchange of best practices for all those who provide services to the elderly.

Life changes caused by ageing have a particularly significant impact on LGBT people. Given the difficulties that older people may have in speaking about their sexual practices, care personnel often assume that no LGBT people are present in care homes.

Antony SMITH then pointed out that homophobia and transphobia continue to exist in our societies and it is important to protect the dignity of all people.

AGE UK has provided a potential answer to LGBT people through the "Opening Doors" programme.

The first request expressed by an older gay man at AGE was to meet people with the same experiences as him. AGE was unable to provide any sort of answer to this request. Staff working in services for the elderly said they had never encountered any gay people and were not aware of the issue. The first plan of action was therefore to involve local agencies in dealing appropriately with LGBT people, and to provide training on their specific needs.

A programme developed in Scotland, a huge, little-populated region, operated in an exemplary manner. It worked to secure the support of LGBT organisations themselves, the most famous of which is Stonewall. A key point in the project's success was the promotion of the "Opening Doors" programme at LGBT events in Great Britain, including Gay Pride. Older activists were encouraged to participate in promoting the project.

In addition to this project, two other programmes have secured funding: the first brought together LGBT people of different generations, and the second is a specific programme to overcome the isolation of HIV-positive people undergoing long-term triple therapy.

A questionnaire has also been produced to meet the needs and expectations of LGBT people in relation to services. Do LGBT people want exclusive services, or friendly but non-exclusive integration in general services for the elderly? Responses varied widely. It is common for LGBT people not to want to declare their sexual orientation within an institution.

Be that as it may, it is necessary to directly address individuals and not to consider them as a population with uniform needs. The primary desire of older LGBT people is the pleasure of being together: initiatives working to encourage this type of social interaction were consistently requested.

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Fighting for equal rights is essential. Laws can prohibit discrimination but they will not change an attitude, namely one of disapproval. Older people often have more entrenched prejudices and feelings of disapproval.

There may be competition between the rights of minority communities. LGBT people must not hesitate to take cases of discrimination to the courts, which have always ruled in favour of complainants.

It is possible to have positive discussions in care homes, by encouraging them to avoid discrimination in order to also secure more funding from donors.

The essential issue is to provide each person with a response to their needs, which can be extremely varied. It is also important to develop an intergenerational dialogue among LGBT people. These steps all take time.

## Perspectives from the Netherlands

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Manon LINSCHOTEN

*Project Manager, COC Nederland*

Manon LINSCHOTEN said the COC has 25 permanent employees and many volunteers. The Consortium is a coalition of various organisations working for the rights of LGBT people. Since 2005, these organisations meet together so that older LGBT people have access to housing and can receive financial assistance.

In the Netherlands, pink is the colour of LGBT people.

The Consortium is made up of four organisations, and works on behalf of LGBT people aged 50 and over. There are around 400,000 LGBT people in the Netherlands over the age of 50. 7% of the over 50s population has LGBT orientations.

Manon LINSCHOTEN then provided a historical overview of the rights of LGBT people in the Netherlands.

- In 1940-1945, a pink triangle was used in concentration camps to designate LGBT people.
- In 1946, the Shakespeare Club was founded. In 1949 it was renamed the "Culture and Leisure Centre".
- In 1973, homosexuality was no longer considered an illness.
- In 1987, the Homomonument was erected in Amsterdam in memory of all people persecuted for their sexual preferences.
- In 2001, marriage for all legalised.

Today, the situation is not simple for people over the age of 50: many find it difficult to come out at an advanced age, being gay having been taboo for such a long time. A study conducted in 2011 revealed that 27% of the people surveyed experienced disgust on seeing a same-sex couple.

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Social exclusion continues to be a reality for LGBT people aged over 50. They often lose contact with their families, while their social network contracts over the years. People with the same preferences as them are difficult to meet, which contributes to social isolation.

Manon LINSCHOTEN pointed out that 45% of the institutions caring for the elderly are convinced they do not have any LGBT people in them: the latter often lack visibility and do not speak up for themselves. Society is therefore not aware of the problems that they might encounter.

The Consortium Roze 50 + has devised a programme entitled "Beyond invisibility", supported by 90 ambassadors who are pillars of the organisation and participate in spreading the movement. The Consortium attends various events such as Gay Pride, Pink Saturday, etc. A toolkit has been devised to show organisations that work with LGBT people the specific problems they face. The website has more than 2000 visitors a month ([www.roze50plus.nl](http://www.roze50plus.nl)). The Consortium organises 600 activities and meetings each year.

The "Pass Key" is a kind of charter for institutions providing services to the elderly, which demonstrates that they are equipped to accommodate LGBT people aged 50 and over.

It covers the following themes:

- organisational policy;
- training and education;
- human resources policy;
- complaint procedures;
- emotional and physical security.

The "Pass Key" takes account of the needs of everyone, not only LGBT people. Validated in many of the country's institutions, in both towns and cities, it is also useful for younger people with disabilities.

The Consortium would like to introduce the "Pass Key" beyond the borders of the Netherlands, so that it can be used in other countries in Europe and the United States, thus ensuring that LGBT people over 50 are treated appropriately.

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## Summary of the day and perspectives

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**Bernard ENNUYER**

*Sociologist and Professor at Université Paris V Descartes and former director of a company providing at-home services for the elderly*

Bernard ENNUYER explained that the discovery of the wards at the Petits Frères des Pauvres Hospice in 1970 marked a turning point in his life. It led to him juggling his career between university and working as a professional in the field.

Sociology has had a poor press in France because it illuminates mechanisms in society driven by ignorance, as Pierre Bourdieu said.

Bernard ENNUYER, a "sociologist of ageing", believes that the French have a catastrophic vision of ageing. Bourdieu said "age is socially manipulated and manipulable biological data." At what age are we old? Age should be broken down in terms of region, social class, generation, ethnic group, religious belief, etc. All these factors are what define our identity.

France has a very gloomy view of ageing when in fact it is happening rather well. It is important to change the way in which French society depicts ageing.

Bernard ENNUYER noted that the discussions often made reference to community houses which are not retirement homes. A huge number of initiatives in France are implemented around the concept of cohabitation. People organise themselves into a wide variety of housing models. They demand the right to choose their way of life. We need to work out how to reconcile the individual and the collective, knowing that individuality can lead to segregation and universality to standardised treatment.

In addition, everyone is vulnerable. Once we all recognise our own vulnerability, we can recognise that of others.

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## Summary of the proposals put forward by participants during the conference

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Michel PIEROT

*Centre LGBT Paris Île-de-France*

At the end of the conference, Michel PIEROT identified the different discussion themes that had arisen and the avenues that could be explored in subsequent work.

All the presentations showed how LGBTI people have very specific characteristics: family support is less strong, individual stories are tougher (transvestites, transgender people, people with AIDS), dependency levels are higher and social exclusion is more common.

Among ageing populations, LGBTs experience greater difficulties.

In a country where there is a long history of equal rights, as in the case of Québec, the situation is less troubled. As a result, the first responsibility of LGBT organisations is to pursue and secure equal rights, including pensions for partners, marriage, etc.

The needs of ageing LGBT people are highly diverse. The desire to live fully independently in the familiar environment of one's own home is predominant and should be encouraged. At-home assistance is definitely an appropriate solution.

Other people, for example, young retirees, want to live communally. Housing projects that encourage social interaction, such as those proposed by the organisations "Homme fleur" and "David et Jonathan", are possible solutions.

The directors of nursing homes attending the conference also pointed out that a lack of government funding was one of the main reasons why the specific needs of LGBT people are not sufficiently taken into account in these institutions. Training of personnel also requires further exploration.

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## Conference closing speech

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Jean-Charles COLIN

*Co-President, Centre LGBT Paris Île-de-France*

Jean-Charles COLIN underlined the importance of strengthening the visibility of older LGBT people. It is the duty of everyone not to abandon them. It is necessary and urgent for organisations to work in conjunction with institutions for the elderly and dependent on this issue.

The foreign experiences described can be precious sources of inspiration and adapted to the context of France. Public authorities, the government and regional and local authorities can support organisations, but it is also up to each of us to assume our responsibilities.

The first challenge is to identify the needs of older LGBT people even more specifically. Organisations working on the ground are well placed to do this. Appropriate answers must then be provided. It is essential to make ageing people visible.

In addition, organisations serving and supporting the LGBT community and fighting discrimination must examine their own practices and welcome the elderly more generally. Combating social and emotional isolation is vital. It is also by strengthening intergenerational ties that everyone will feel respected, looked after and treated with dignity.

For its part, the Centre LGBT, wants to be fully involved in any initiatives and projects that arise from this first conference. In early 2013, it will propose an action plan to its partners and member organisations.

We need to maintain the connection between all the participants at this conference, so that we create, at least informally, an international network capable of discussing these issues, a forum where we can exchange ideas on practices that will be of benefit to all countries.

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