



Equality for older lesbian, gay, bisexual, trans and intersex people in Europe November 2012

A joint policy paper by AGE Platform Europe and The European Region of the International Lesbian, Gay, Bisexual, Trans and Intersex Association

AGE Platform Europe is a European network of around 165 organisations of and for people aged 50+ directly representing over 30 million older people in Europe. The purpose of its work is to voice and promote the interests of the 150 million inhabitants aged 50+ in the European Union and to raise awareness of the issues that concern them most. AGE seeks to give a voice to older and retired people in the EU policy debates through the active participation of their representative organisations at EU, national, regional and local levels, and provides a European platform for the exchange of experience and best practices. AGE has applied for consultative status with the Council of Europe. AGE is a member of the Platform of European Social NGOs, the European Anti-Poverty Network and the European Public Health Alliance. AGE was established in 2001. <http://www.age-platform.eu/en>. European Commission Register of interest representatives identification number: 16549972091-86

The European Region of the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA-Europe) is a European NGO with 391 European, national and local lesbian, gay, bisexual, transgender and intersex (LGBTI) member organisations in 45 European countries, and works for human rights and equality for lesbian, gay, bisexual, transgender and intersex people at European level. ILGA-Europe enjoys consultative status at the Economic and Social Council of the United Nations (ECOSOC), participative status at the Council of Europe and receives financial support from the European Commission and other funders. It is also a member of the Platform of European Social NGOs. ILGA-Europe was established as a separate region of the ILGA in 1996. <http://www.ilga-europe.org/>. European Commission Register of interest representatives identification number: 11977456675-84.

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Introduction

This joint paper from AGE Platform Europe (AGE) and the European Region of the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA-Europe) draws attention to the particular difficulties faced by ageing lesbian, gay, bisexual, trans and intersex people (LGBTI) in Europe.

In the framework of the *2012 European Year for Active Ageing and Solidarity between Generations*, AGE Platform Europe and ILGA-Europe have decided to focus on the situation of these specific groups and to suggest relevant best practices and policy recommendations to help older LGBTI people going through those life stage transitions.

This paper highlights a number of specific difficulties faced by older LGBTI people.

- The lack of recognition of same-sex couples has an impact on their access to social protection and on their financial security. This becomes particularly worrying when people get older and cannot ensure that their (dependent) partner will have access to their pensions and assets.
- Older LGBTI people, and in particular, older trans and intersex persons, may have specific health needs and may face ongoing stigmatisation in the field of healthcare.
- Some older LGBTI people experience social exclusion and invisibility and cannot rely on the same family support as other older people. This raises specific challenges related to whether long-term care is inclusive of older LGBTI people needs.

In addition to those core issues, it is important to note that most older LGBTI people may have concealed their sexual orientation or gender identity during their life or parts of it due to social and legal stigma in which they have lived and they very much fear having to hide this again, at times, as they get older. Furthermore, older LGBTI people are also victims of the stigma attached to ageing, including within their own LGBTI communities.

Furthermore, it seems that the presumption that older people are asexual is still very strong in society's collective unconscious. As a result, it is difficult for a number of people to acknowledge that older people carry on their diverse sexual orientations into their old age.

Indeed, neither the LGBTI nor the older populations are homogenous groups; therefore, older LGBTI individuals often face multiple discrimination that extends beyond homophobia, transphobia and ageism.

1. Social protection and derived rights for same-sex couples

A major source of insecurity for older people in same-sex couples results from the lack of legal recognition of their relationships, exemplified by the denial of entitlement to inheritance of property, tax inequality and lower or denied entitlement to pensions compared to their heterosexual counterparts.

1.1.Lack of legal recognition of same-sex couples and its impact on access to social protection

Same-sex couples residing in countries where they are denied the possibility to marry or to enter in registered partnership do not have access to pensions and social benefits (including the survival partner's pension) from their same-sex partner.

So far, eight European countries (Belgium, Denmark, Iceland, the Netherlands, Norway, Portugal, Spain and Sweden) opened their marriage laws to same-sex couples, and 17 countries provide same-sex couples with the possibility to register their partnerships.

In the *Maruko* case¹, the Court of Justice of the EU (CJEU) decided that where national law treats registered partnerships and married spouses similarly, then the former should not be treated less favourably than the latter for the purposes of the right to a survivor's pension. Therefore, if benefits are afforded to unmarried different-sex partners, then they must also be afforded to unmarried same-sex partners.

More recently, in the *Römer*² case the CJEU confirmed this principle by ruling that registered same-sex couples must have access to all employment benefits for married couples.

It is also worth mentioning that there is no obligation in EU law to allow same-sex couples to marry, but where this is allowed the spouse cannot be denied derived benefits on the grounds that their partner is of their same sex.

However, same-sex couples residing in those countries recognising their partnership (through marriage or registered partnership) do not have an automatic access to pensions and social benefits of their partners. There can be discrepancies in particular in the case of:

- Trans persons having their legal gender changed (or otherwise).
- Marriage equality or registered partnerships entering the national law in recent years and having no retroactive recognition of the couple's existence with potential repercussion on the level of protection afforded.
- Lack of crossborder social security coverage in EU member states where same-sex couples are not legally recognised.

1.2. Impact on the financial security of older LGBTI people

Those discrepancies in countries that recognise same-sex couples, and the fact that same-sex couples are not recognised in slightly more than half of European countries, have a strong impact on the financial security of older LGBTI people. Not only is there a great emotional impact when one's life partner dies, but the financial situation of surviving partners may change just as dramatically since, depending on the country where they reside, they cannot always inherit their partner's pension and other social benefits.

¹ Case C-267/06, Tadao Maruko v Versorgungsanstalt der deutschen Bühnen, <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:62006J0267:EN:HTML>

² Case C-147/08, Jürgen Römer vs. City of Hamburg, <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:62008CJ0147:EN:HTML>

As a result, same-sex couples must often put in place specific and costly legal arrangements to try to ensure that financial decision-making and inheritance will pass to the surviving partner. Unfortunately, many older people are not aware that they need to make those arrangements or lack financial resources and the expertise to do so. Surviving partners can in some cases even end up losing their homes to hostile members of the deceased partner's family.

Obviously, this lack of financial security dramatically impacts on their standard of living, but also on their mental and physical health.

2. Health care

People in Europe tend to live longer. Unfortunately, they do not necessarily remain healthy and active for a longer time. Hence, it is critical to ensure the well-being of all ageing people, to make sure that they do make the most of these longer lives.

2.1. Health concerns and needs of older LGBTI people

Health determinants (alcohol abuse, smoking, lack of access to health services, social exclusion, etc.) have a huge impact on health outcomes in old age. This is particularly true when speaking of older LGBTI people who have often had to cope with minority stress during most of their life. They are likely to have grown up in a period that was less accepting, where issues around sexuality and gender were hidden and where they had to conceal their identity.

In Ireland, in 2011, one in three survey³ participants report having had a mental health problem at some point in their lives. The interview findings also suggest that participants "use alcohol to help them cope with shyness around their sexual orientation or gender identity, to numb painful emotions and to give courage and boost confidence around coming out"⁴. Another element highlighted by this study is "the distress and grief experienced when friends died during the AIDS epidemic or by suicide"⁵.

A survey launched in 2006 to analyse the situation of older LGBT people in the Netherlands, and updated in 2011⁶, shows that progress has been made in terms of visibility and communication on this topic, and also on the feeling of being treated as any other patient. Nevertheless, 7% of the respondents reported having encountered ignorance and lack of empathy from care professionals. The survey also highlights the need to pay specific attention to older LGBTI people with HIV-AIDS whose long-term medical treatment can have an impact on their overall health and who may feel even more isolated than other older LGBTI people.

³ A study examining the experiences and needs of older LGBT people has been carried out by the Irish organisation, Gay and Lesbian Equality Network (GLEN). A. Higgins et al. (2011). *Visible lives : identifying the experiences and needs of older lesbian, gay, bisexual and transgender people in Ireland*, <http://www.glen.ie/news-post.aspx?contentid=1294&name=glenlaunchesmajorresearchintolivesofold>.

⁴ *Ibid*

⁵ *Ibid*

⁶ The 50 + Pink Netherlands Consortium (a partnership of ANBO, COC Netherlands, and MOVISIE Schorer) was set up in 2006 and launched a survey, updated in 2011. <http://www.schorer.nl/63/rapporten-en-notities/groenboek-roze-ouderen/>

Except for the few studies mentioned above, there has been very little research on the health needs of older LGBTI people. Research made on the health conditions of LGBTI people is not desegregated on the basis of their age⁷. Medical staff working in the residential care sector are often well trained on illnesses specifically affecting older people (like Alzheimers, rheumatism or other chronic diseases). However, there is a clear lack of knowledge on health conditions and the needs of older LGBTI people.

2.2. Reluctance to seek healthcare and ongoing stigmatisation

Older LGBTI people are likely to have experienced difficulties in accessing healthcare services throughout their life. It was only in 1990 that the World Health Organisation decided to remove “homosexuality” from the list of mental disorders. Trans identities are still classified as a mental disorder and many intersex individuals have experienced unnecessary surgeries on which they have not received appropriate information. Thus, many older LGBTI people have been convinced throughout their life that the health sector had little to offer them other than stigmatisation and discrimination. Therefore, getting older and depending almost entirely on healthcare professionals can be traumatic for them.

In addition, it seems that independently of their past experiences, a number of older LGBTI people consider that the care treatment they currently receive is still unsatisfactory. The study carried out by GLEN shows that “nearly one quarter of survey participants reported receiving poor quality treatment. Two fifths of these participants reported their negative experience to be at least somewhat related to being LGBT”⁸. In addition, the study also shows us that only “one in three survey participants believed that healthcare professionals had sufficient knowledge about LGBT issues”⁹. Those results are confirmed by another survey conducted in United Kingdom : “24% of the total surveyed had had negative experiences of using general practice as an LGB person, of which 16% were in the past year and 13% were one to three years before the survey”¹⁰.

However, as stated by some participants to a research on older LGBT peoples’ needs in Scotland, “they could never be sure if they received a poor service because of their sexual orientation or gender identity, or just because it was a poor standard of service delivery for everyone”¹¹.

Another difficulty faced by older LGBTI people when seeking healthcare is the fact that in many cases, same-sex partners are being unacknowledged by healthcare workers, being excluded from access to information on the health condition of their partner or even being denied the right to visit a partner in hospital. For instance, in the UK, while the NHS commits to the principle of equal access to

⁷ P. Musingarimi (2008), Health issues affecting older gay, lesbian and bisexual people in the UK, a policy brief, the International Longevity Centre.

⁸ Supra note 3.

⁹ *Ibid.*

¹⁰ L. River, (2011) Appropriate treatment, older lesbian, gay and bisexual people’s experience of general practice, Age of Diversity.

¹¹ Research from Communities Scotland (2005), The housing and support needs of older lesbian, gay, bisexual and transgender people in Scotland.

and equity of treatment in health care services, the actual experience of many lesbian, gay and bisexual service users currently falls far short of this¹².

2.3.The specific situation of older trans people

Trans people, and especially those who have gone through gender reassignment face difficult challenges when getting older as they have to disclose their bodies to healthcare providers who they do not necessarily trust and who are largely ignorant about their situation. Very often, they do not have an option to keep their gender history a secret as their naked bodies may carry scars or other physical evidence. This may cause questioning by healthcare providers, and even, discrimination, hostility or disrespectful behaviour.

It is also important to be aware of the diversity among trans people as some of them will have lived only a few years in their new gender role and body, while others will have spent most of their lives with a gender other than the one assigned at birth and yet others might not have undergone any form of gender reassignment at all.

For those who have been through many treatments, there is once again very little knowledge about the impact of the long-term use of medicines and the outcomes of surgeries in old age.

In addition, among all the concerns that trans people may have in relation to ageing, the most striking one is their fear of losing their memory and retaining only their childhood experience, inconsistent with their current gender identity or gender expression¹³. To put their minds at rest, it is therefore critical to train healthcare professionals whom they can confide in and who are able to support them without judgment and in full respect of their gender identity and gender expression.

2.4.The specific situation of older intersex people

As highlighted above, there is a clear lack of research on the specific health needs of LGBTI people, and in particular, of intersex people. This is particularly the case regarding the cumulative effect of these health concerns as the individual grows older. Some intersex people are given medications during their whole life-time and no data exists on the long-term use of these drugs.

The intersex organisation OII Australia explains that “removal of gonads means the individual in question will be required to take hormone replacement therapy (HRT) for the rest of their life. The long-term use of feminizing hormones such as oestrogen and progestin is strictly advised against by the drug manufacturers. [...] With all prescribed medications used by intersex people there is absolutely no data to indicate how we may fare using them over our lifetimes and no data to validate their prescription for long-term use. In fact there is a paucity of data for anyone using specific medications over a period of forty or fifty years”¹⁴.

¹² Not ‘just’ a friend: best practice guidance on health care for lesbian, gay and bisexual service users and their families <http://www.unison.org.uk/acrobat/14029.pdf>

¹³ S. Whittle (2005), Identifying and addressing the needs of older trans people, a discussion paper for Age Concern England.

¹⁴ Press release by OII Australia (November 2011), On the Tenth Day of Intersex we draw your attention to the aged, to aged care and how that affects intersex lives”, <http://oii australia.com/15328/media-release-today-friday-4th-november-is-tenth-day-of-intersex/>

In addition, older intersex people are often reluctant to seek healthcare due to the fact that most of them are likely to have had traumatic experiences when receiving healthcare throughout their life.

3. Isolation and social exclusion of older LGBTI people

Like any other older people, older LGBTI people feel that they should be able to make a contribution to society. Instead of this, they suffer from a double invisibility: as an invisible minority within the LGBTI community and as a hidden part of the ageing population.

3.1. Whom can older LGBTI people rely on?

Older LGBTI people cannot necessarily rely on the same family and support structures that other older people can enjoy. If they were open about their sexual orientation, gender identity and/or gender expression as young adults, they might have lost contacts with close members of their family. In addition, older LGB people rarely had the opportunity to have children with a same-sex partner. When older LGB people had children in the framework of a marriage or relationship with a different sex partner, the very fact of being out often had an impact on their family relationship. Furthermore, family patterns today have now changed due to increased mobility and older people can no longer rely on their relatives in the same way as they once did when they need support.

However, it also appears that a lack of close relationship with family is often compensated for by wider networks of friends: “apparently, ageing LGB’s anticipate a lack of close ties with their relatives by creating ‘families of choice’”¹⁵.

3.2. Mainstream products and services are not inclusive enough

Jane, 62 years old, United Kingdom: “It’s more subtle than being excluded. It’s just you don’t get included [...] they all meet up and have this language of grandchildren – “my daughter did this or that” and there’s just nowhere for me to go with it”¹⁶.

Mainstream products like all-inclusive holidays available to older people who can afford them are seldom inclusive of older LGBTI people. This is partly due to the fact that homophobia and transphobia are still prevalent among older people¹⁷ and that service providers do not presume that some of their customers could be lesbians or trans, for instance. In addition, older LGBTI people often did not have the same life experience as other older people: for instance, they did not have the

¹⁵ K. Weston (1991), *Families we choose : lesbians, gays, kinship*, Columbia University Press, New York.

¹⁷ Supra note 11. “Australian-based research into the social differences in views on homosexuality examined the level of tolerance of homosexuality in a range of countries, including the United Kingdom (Kelley, 2001). Tolerance was found to decrease sharply with age [...]. In Scotland, these findings are reinforced by the Scottish Social Attitudes Survey (2003), where attitudes towards lesbians and gay men were markedly less tolerant among those aged 65 and over in comparison to the general population”.

¹⁷ Supra note 11. “Australian-based research into the social differences in views on homosexuality examined the level of tolerance of homosexuality in a range of countries, including the United Kingdom (Kelley, 2001). Tolerance was found to decrease sharply with age [...]. In Scotland, these findings are reinforced by the Scottish Social Attitudes Survey (2003), where attitudes towards lesbians and gay men were markedly less tolerant among those aged 65 and over in comparison to the general population”.

same opportunities as nowadays to have and raise children. As a result, they do not have the same family network as other older people and they lack the feeling that they “fit” into mainstream society.

The same applies to traditional day centres for older people in which older LGBTI people may not feel comfortable. This is reflected by both testimonies below:

- *A trans woman in United Kingdom: “I was secretary at our local ‘Derby and Joan’ club until I started as Jenny (I was 71 then), they threw me out because of the toilets. I really miss it, it was my only social life, but I’d rather be alone than not to be me”¹⁸.*
- *A Belgian gay man, who was using the Internet connection made available by a centre offering services for older people, had been abruptly questioned by the police while he was accessing a website offering gay meeting services (GayRomeo). Apparently, some staff members of the centre had called the police to arrest him in “flagrante delicto” of accessing a website showing pornographic pictures of children. The centre told him he was not authorized to use their services anymore. This case is particularly worrying in a context where access to the Internet and to new technologies of information and communication is seen as a tool to improve the quality of life of older LGBT people¹⁹.*

In view of the above, LGBTI older people are often tempted to have recourse to exclusively older LGBT people support services. Unfortunately, those services are rarely available outside large cities and are not always affordable. The study carried out by GLEN highlights that some older LGBT people living in rural areas have difficulties in accessing LGBT activities and do not necessarily feel part of an LGBT community²⁰. Participants to this study supported the development of more social events for older LGBT people: many of them explained that they did not feel comfortable anymore in the pubs where they were traditionally meeting other LGBT people.

To help older lesbian, gay, and bisexual people who face this feeling of isolation, the 50+ Pink Netherlands Consortium has set up gay-straight alliances for older people as well as a website designed specifically for them²¹ and offering meeting opportunities, information on local activities, etc.

As we have seen, older LGBTI people are often more isolated than other older people and, as a consequence, they are more likely to depend on formal structures which do not necessarily understand their needs and respond to them.

¹⁸ Supra note 18.

¹⁹ Supra note 3.

²⁰ *Ibid.*

²¹ <http://www.roze50plus.nl/>

4. Long-term care

Most studies²² conclude that the most preferred option for older LGBTI people in advanced old age is to live in their own homes. The least preferred option is to live in a nursing home. Some expressed a preference for living in an LGBTI-exclusive retirement community or an older-age facility that is sensitive and respectful of LGBTI needs.

4.1. Reluctance towards residential care

A number of reasons explain why older LGBTI people may be afraid of leaving their home for a residential care facility.

- The needs of same-sex couples are not accommodated:

It is still difficult in most European countries to find a care facility that accepts that same-sex couples share a room or a flat. There are also many anxieties about completing forms and hospital documents which require a statement of relationship to the patient.

- Stigmatisation and harassment by other residents and staff:

Discrimination against LGBTI people is still prevalent in Europe and remains largely unaddressed. In this context, it is likely that older LGBTI people are stigmatised or even harassed by other residents or by the staff. An example of that is this case of a 81 year old lesbian woman²³ living in residential care in Rotterdam who said she had been bullied by residents in a residential home and had received some anonymous letters and telephone threats.

- Specific concerns of trans people:

Trans persons often have worries related to care staff 'choosing' their gender for them or using the wrong pronoun in order to ridicule them. In addition, cross dressers²⁴ may be afraid of not being able to access and wear clothing of their choice in a social setting.

- Specific concerns of intersex people:

As pointed out by OII (Organization Intersex International)²⁵, questionnaires and forms to be filled in when applying for residential care facilities comprise extensive questions on specific conditions that must be disclosed. Staff going through the answers have very little knowledge on intersex people and might treat them with less respect than other residents.

- Renouncing their independence:

Leaving their homes can be really frightening for older LGBTI people as it can mean a loss of independence, leaving friends and neighbours behind and having to establish new social contacts. Older lesbians, gay and bisexual people are also afraid about the way the staff in residential care might react to same-sex friends who visit them.

²²Supra note 3, 7 and 11.

²³The 50 + Pink Netherlands Consortium's survey: <http://www.schorer.nl/63/rapporten-en-notities/groenboek-roze-ouderen/>

²⁴Readers can refer to the glossary in annex of this document.

²⁵Supra note 14.

4.2. The responsibility of residential care facilities' managers

Managers of residential care facilities are not always aware of their responsibility in ensuring an inclusive and respectful environment for users of their services. For instance, they sometimes assume that there is no LGBTI user within their facility. As a result, they do not take any measures to accommodate the needs of older LGBTI people.

In addition, they might take the fact that someone's sexual orientation or gender identity is a private matter as an excuse for not taking any measure to address specific concerns of older LGBTI people. As pointed out by Age UK, staff members in residential care facilities sometimes assume that they will not be able to fight against stereotypes of older people, and hence, do not try to counter them: "there is a tendency to assume that you are less likely to be able to change the attitude of an older person and therefore less point in challenging bigoted comments. However, this in itself makes assumptions about older people!"²⁶

4.3. Staying at home?

Therefore, many older LGBTI people choose to remain in their own home. However, in the absence of informal care (from children and/or a partner) it may be quite costly to rely only on formal care systems (medical staff visiting them on a daily basis). It is critical to remind here that all older people have the right to receive high quality, timely and affordable health and long-term care services that are adapted to their individual needs and wishes and without discrimination of any kind.²⁷

In addition, healthcare professionals may not be open or familiar with LGBTI issues and may have hostile reactions: "to an LGBT elder, having a stranger come into their home – maybe the only place that the elder was truly able to be out and express their gayness – can be as terrifying as living communally with people who will presume that they are straight"²⁸.

4.4. Residential care specifically for LGBTI people, the unsatisfactory solution

Older LGBTI people may think that specialist services would make them more at ease; their needs would be better met and they would strengthen their social networks²⁹. However, residential care specifically for older LGBT people does not seem to be widespread in Europe.

This type of residential care is certainly not affordable for the majority of older LGBTI people and does not promote their inclusion in society globally. Most older LGBTI people do not wish to live exclusively among themselves but merely to keep on being out about their sex, sexual orientation, gender identity and gender expression without fear of stigmatisation and to obtain access to mainstream service providers who recognise their specific needs.

²⁶ S. Knocker (2006), *The Whole of Me: Meeting the needs of older lesbians, gay men and bisexuals living in care homes and extra care housing*. Age Concern.

²⁷ Art 4-1 European Charter of the rights and responsibilities of older people in need of long-term care and assistance, page 12: http://www.age-platform.eu/images/stories/22204_AGE_charte_europeenne_EN_v4.pdf

²⁸ Supra note 26.

²⁹ Supra note 11.

Conclusion

Building on the *European Year 2012 for Active Ageing and Solidarity between Generations*, AGE and ILGA-Europe advocate for a comprehensive and coherent approach to tackling multiple discrimination on the grounds of age, sex, sexual orientation, gender identity and gender expression and call for the development of adequate policy responses to support ageing LGBTI communities.

While accelerating demographic change makes it even more crucial that decision-makers take measures to address those issues, it is apparent that the policies and practices essential to meeting the needs of older LGBTI people are simply not in place. This paper should be used as an impetus for awareness raising on older LGBTI issues and for commitments to be taken to developing and implementing concrete measures that will promote active and healthy ageing among older LGBTI.

Recommendations

AGE and ILGA-Europe call on:

The European Commission to:

- Monitor the implementation of the directive on equal access to goods and services between men and women³⁰ and ensure that older trans and intersex people do have access to support services and care facilities available to older people.
- In the framework of its policy on active ageing, facilitate best practices exchange across the EU and encourage research projects in the field of health and long-term care of older LGBTI people.

The Council of the European Union to:

- Adopt the proposed directive³¹ on equal treatment between persons irrespective of religion, disability, age and sexual orientation in the fields of social protection (including social security and health care), social advantages, education, as well as access to and supply of goods and services.

The national and local authorities to:

- Respect and promote Article 23 of the revised European Social Charter³² which requires its signatories “to enable elderly persons to choose their life-style freely and to lead independent lives in their familiar surroundings for as long as they wish and are able” and “to guarantee elderly persons living in institutions appropriate support, while respecting their privacy, and participation in decisions concerning living conditions in the institution”.

³⁰ Council Directive 2004/113/EC of 13 December 2004, implementing the principle of equal treatment between men and women in the access to and supply of goods and services.

³¹ Proposal for a Council Directive implementing the principle of equal treatment between persons irrespective of religion or belief, disability, age or sexual orientation, COM(2008) 426.

³² European Social Charter (revised)

http://www.coe.int/T/DGHL/Monitoring/SocialCharter/Presentation/ESCRBooklet/ESCRBooklet_en.asp

- Expressly mandate equality bodies to investigate multiple discrimination and matters affecting older LGBTI people and make sure that older people are able to report abuses or discriminatory practices easily through publicised mechanisms and are informed of their rights.
- Amend relevant legislation to make succession rights and joint tenancies available for all couples and provide specific information and support to older LGBTI people on possibilities of passing their benefits, assets and inheritance to their surviving partner.
- Ensure that public health campaigns of particular relevance for older people take on board the diversity among older people and reflect the needs of older LGBTI people as well.
- Schools and universities teaching medical and social care students, and specifically courses covering geriatric medicine, should also reflect the health and care needs of older LGBTI people in their curricula. Training and support should also be provided to informal and professional carers on the needs of older LGBTI.
- Establish standards for the care of older people that include the needs of older LGBTI people to ensure that residential and long-term care services in general communicate a positive message of inclusiveness and respect for all older people including older LGBTI people.
- Support initiatives aiming at setting up self-organised facilities for older people from varied backgrounds; improve access to cultural and social activities.
- Make sure that support services available to older people are inclusive and respectful of all, including LGBTI people.

Health and care services providers to:

- Assess whether their services are accessible to everyone³³ and avoid presuming the sexual orientation or the gender identity of their users. They should remember that older people are by no means a homogenous population.
- Ensure older LGBTI users have stipulated who is their ‘next of kin’ and who should be given decision making-power in the event they are unable to make health care decisions for themselves. The appointed person should respect the expectations and choices of the LGBTI person including in end-of-life and palliative care.
- Organise training for care staff³⁴ on how to show respect and to address the needs of older lesbian, gay, bisexual, trans and intersex people (in terms of inclusive language, respect for diversity, privacy and confidentiality).
- Take the initiative of launching discussion groups on LGBTI issues within staff meetings or specific training sessions with the support of an LGBTI rights organisation.
- Commit themselves to respect key principles of non-discrimination, privacy, autonomy, and dignity by creating or joining quality frameworks, labels or charters.
- Display in their leaflets pictures of older LGBTI users and commitments about their LGBTI friendly policy.
- Adopt ‘equality policies’ that explicitly mention sexual orientation, gender identity and gender expression and that apply to both staff and residents.

³³ The 50 + Pink Netherlands Consortium put in place a system allowing residential care facilities to assess how “gay-friendly” they were and an audit system that delivers a certificate to service providers respecting minimal requirements.

³⁴ Age UK Oxfordshire has provided information and training on the needs and issues of older lesbian, gay, bisexual and transgendered (LGBT) residents with dementia.

- Take measures to guarantee as much autonomy and privacy as possible to all health and care service users.
- Ensure that healthcare practitioners are informed on the long term effects of treatments taken by older trans and intersex people and on the general health conditions of older LGBTI people and treat them with consideration and respect.
- Use open language to give older LGBTI patients confidence to be open about their sexual orientation and gender identity.
- Ensure a welcoming environment by displaying images, information posters and materials that include older LGBTI people.

Relevant civil society organisations to:

- Acknowledge the diversity among their members. LGBTI rights and older people's organisations could reflect together on alternative and more inclusive ways of taking care of older LGBTI people. LGBTI organisations could make efforts of reaching out to older LGBTI people and take advantage of a deeper intergenerational dialogue.
- Encourage a programme of friendly visits to older LGBTI people and, in particular, to the ones facing serious health problems (HIV/AIDS, mental health issues, disabilities, etc).
- Raise awareness on the specific difficulties faced by older LGBTI people.
- Encourage older LGBTI people and also their families and employees of residential care facilities to report any discriminatory practice affecting older LGBTI people.

Annex

Glossary³⁵ of key terms

- **Discrimination:** unequal or unfair treatment which can be based on a range of grounds, such as age, ethnic background, disability, sexual orientation and/or gender identity.
- **Ageism:** prejudice, discrimination or unfair treatment against a particular age-group and especially against older people.
- **Lesbian:** a woman who is emotionally and/or sexually attracted to other women.
- **Gay:** a man who is emotionally and/or sexually attracted to other men.
- **Bisexual:** a person who is emotionally and/or sexually attracted to persons of different genders.
- **Trans:** is an inclusive umbrella term referring to those people whose gender identity and/or a gender expression differs from the sex they were assigned at birth.
- **Cross-dresser:** refers to people who enjoy wearing the clothing of another gender for certain periods of time. Their sense of identification with another gender can range from being very strong and indeed their primary gender, to being a less critical part of their identity. Some transvestite or cross-dressing people may seek medical assistance to transition and live permanently in their preferred gender at some point in their life. Others are happy to continue cross dressing part-time for the rest of their lives.
- **Intersex:** refers to those people who have genetic, hormonal and physical features that are neither exclusively male nor exclusively female, but are typical of both at once or not clearly defined as either.
- **Homophobia:** the fear, unreasonable anger, intolerance or/and hatred toward homosexuality.
- **Biphobia:** the fear, unreasonable anger, intolerance or/and hatred toward bisexuality and bisexual people
- **Transphobia:** refers to negative cultural and personal beliefs, opinions, attitudes and behaviors based on prejudice, disgust, fear and/or hatred of transpeople or against variations of gender identity and gender expression. Institutional transphobia manifests itself through legal sanctions, pathologisation and inexistent/inadequate mechanisms to counter violence and discrimination. Social transphobia manifests itself in the forms of physical and other forms of violence, hate speech, discrimination, threats, marginalisation, social exclusion exoticisation, ridicule and insults.
- We consider **intersex discrimination** as a form of sex discrimination, though a particularly complex one. Therefore, when we refer to discrimination on the ground of sex, we mean discrimination affecting intersex people.

³⁵ Other definitions can be found on ILGA-Europe's glossary : http://www.ilga-europe.org/home/publications/ilga_europe_glossary