

Ageing
DISGRACEFULLY



AGEING DISGRACEFULLY

Report title explanation:

The title of this report is “Ageing Disgracefully”. This title has come about after consultation with many of the individuals who assisted with the drafting of this document. The title is purposely provocative. It is meant to highlight what many in the gay, lesbian, bisexual and transgender community believe is the disgraceful inequity that currently exists for this population in ageing related services and policies across Australia. By presenting this title we hope to draw attention to the report and its contents.

Also, on the playful side, the title rebuts the commonly used phrase “ageing gracefully”, suggesting that gay, lesbian, bisexual and transgendered individuals can self-determine their own way by which they age without necessarily conforming to societal norms -- many norms that have not provided gay, lesbian, bisexual and transgendered individuals with respect and dignity throughout our lives as a result of stigma and discrimination. Also, we challenge the ageist concept that people who are older are often expected to be silent, invisible and asexual members of our community who should forgo any personal presence of sexuality and sexual expression.

We hope that the title encourages you to read on with the view to better understand the plethora of issues faced by ageing gay, lesbian, bisexual and transgendered people in contemporary society.

**Copies of this document can be downloaded from www.acon.org.au or obtained from
ACON 9 Commonwealth St, Surry Hills or freecall 1800 063 060**

CONTENTS

ACON's Mission and Vision	2
Section One – Setting the Scene	3
1 Introduction	4
2 Setting the scene	6
2.1 Planning for Australia's Ageing Population	6
2.2 Ageing in New South Wales	8
2.3 Ageing GLBT People	8
2.4 Ageing GLBT People in NSW	9
Section Two – Challenges and Solutions	13
5 Research on Ageing GLBT People	14
6 Illness Among Ageing GLBT People	18
7 Primary, Community and Residential Care	22
8 Ageing within GLBT Networks and Communities	26
9 The Rights of Ageing GLBT People	30
10 ACON's Capacity to Respond	32
References	34
Appendix 1 – ACTION PLAN	38

ACON'S MISSION AND VISION

Our Mission

ACON is a community-based non-government organisation promoting the health and wellbeing of a diverse gay, lesbian, bisexual and transgender community, and a leading agency in HIV/AIDS policy development and program delivery.

What we seek - Our Vision

- An end to the HIV/AIDS pandemic.
- A strong, healthy and resilient gay, lesbian, bisexual and transgender community.
- A society that respects the link between health and social justice.

What we believe in

- Social justice
- Creativity, innovation and excellence
- Strengthening community
- The equal right to health
- Working in partnership
- Harm minimisation
- Inclusiveness, respect and self-determination
- Sex positivity
- Minimising our environmental impact
- Leading by example in a caring workplace
- Social responsibility as an organisation

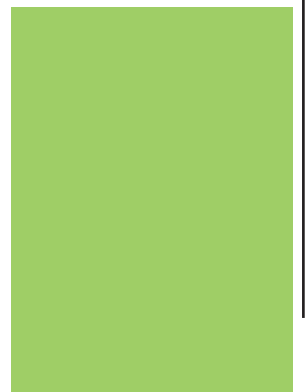
Our Community

The community we come from, work in and are most accountable to is the gay, lesbian, bisexual and transgender (GLBT) community. This is not one homogenous group but is made up of many different individuals. Some are younger or older, of different genders, economic, geographic or social backgrounds, some are from different cultures, some have disabilities and some have HIV/AIDS. We appreciate these differences as a strength of our community not a point for division so we speak of one community even though it has many parts.

Our Clients

Our clients most often come from within our community but not always. We provide services for all people living with and affected by HIV/AIDS about 15% of whom, at this time, are heterosexual. Many of our HIV and STI prevention programs target people who don't necessarily identify as part of our community but who interact with our community such as non-gay identifying men who have sex with men. We often work in partnership to develop programs where only a component will focus on our community.

Section ONE
SETTING THE SCENE



introduction



The ACON Healthy GLBT Ageing Strategy has been written to address some challenges posed by an ageing GLBT population. While Australian governments recognise the importance of responding to the diversity of the aged population in order to successfully implement healthy ageing policies, no government policy acknowledges the existence of older gay, lesbian, bisexual or transgender people or the serious obstacles they face in sustaining a healthy and productive life as they age.

This strategy aims to determine the priority needs that exist for ageing GLBT people and the value that ageing GLBT people might add to community life. The particular health promotion and prevention policies and initiatives which will enhance the health and wellbeing of ageing GLBT people are determined, along with the roles that both GLBT community organisations and governments might play, in supporting ageing GLBT people. The role that ageing GLBT people will play in ensuring good internal leadership on this issue is also detailed.

Development of the strategy has involved stakeholder consultations, community forums and think-tank meetings which were overseen by the ACON Board of Directors through its Board Working Group on Ageing convened by ACON President, Adrian Lovney.

Development Process

A **Healthy GLBT Ageing Community Forum** was held on 22nd August 2005. Presentations by Dr Jo Harrison from the University of South Australia and Dr Peter West from the University of Western Sydney were followed by community comments and debate on the topic of our ageing community.

A **Healthy Transgender Ageing Community Meeting** was held at ACON in Sydney on 1st September 2005. Participation included the views of Craig Andrews, member of FTMA (Female to Male Australia), and Elizabeth Riley, Manager of The Gender Centre, and was followed by community comments and debate on the topic of ageing among transgender people in New South Wales. As well, a specific meeting with FTMA Network and email contributions from FTMA members contributed to the development of this strategy.

A **Healthy Positive Ageing Community Forum** was held at ACON in Sydney on 22nd September 2005. Presentations by Geoff Honnor, Executive Officer of People Living with HIV/AIDS (NSW), and Michael Hurley, Senior Research Fellow at the Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, were followed by community comments and debate on the topic of ageing and people living with HIV/AIDS.

An **Ageing Hypothetical** was held in the NSW Northern Rivers on 8th November 2005, hosted by ACON Northern Rivers Office and coordinated by Educator, Dermott Ryan. As well, a **Northern Rivers Home and Community Care Service Provider Audit** was undertaken during the last quarter of 2004 and contributed to the development of this strategy.

A **Healthy GLBT Ageing Think Tank** was held at ACON on 12th December 2005 and was chaired by ACON's Chief Executive Officer, Stevie Clayton. The Think Tank aimed to broaden the organisation's view of ageing beyond our current networks. A range of senior representatives from the Universities of New England, Western Sydney, New South Wales, Adelaide and La Trobe (Melbourne) were invited. As well, representatives from St Vincent's Private Hospital, Mature Age Gays (Sydney), Rainbow Visions (Hunter), People Living with HIV/AIDS (NSW) and Older Women's Network were involved.

The **ACON website** has operated as a portal to progress information on the development of the strategy. Community members were offered the opportunity to comment in detail on the first draft of the strategy through the website.

The strategy adopts the structure of the *Active Ageing: A Policy Framework* document published by the World Health Organisation in 2002. It uses a 'social determinants of health' framework to build the case for the specific needs of ageing GLBT people in New South Wales. This approach maps the social causes of ill health to resolve and ultimately prevent them.

HOW OLD IS 'AGEING'?

The United Nations has used the standard age of 60 to define people as 'older' people. However, chronological age may provide little useful indication of vulnerability in ageing GLBT people where a range of health inequities are apparent including estrangement from parents, siblings and children and broad social isolation; sexuality and age-related discrimination which prevents early intervention and prevention of hospitalisation; HIV/AIDS progression and the impact of long term antiretroviral therapy on the ageing process; late presentations of breast and cervical cancer which is more prevalent among lesbians; the health impact of long term hormone treatment on transgender and transsexual people. The negative stereotypes of ageing, the power of 'ageism' and of homophobia also speak to the need for ACON to address ageing earlier. There may be dramatic differences in health and wellbeing among Australians of the same age, dependent upon their gender identity or sexuality.

For these reasons, this GLBT Healthy Ageing Strategy targets improvement in the health, welfare, community and political environments for GLBT people aged 50+. The strategy also targets improved health outcomes for lovers, friends, 'chosen' family and relatives who act as carers for GLBT people living with functional impairment.

setting the scene



The ageing of Australia's population is an issue currently receiving attention in social and economic policy development at all levels of government, as well as in the private and the third sectors. Internationally, the population aged 60+ is projected to more than triple by 2050, while the population 80+ is expected to increase five-fold. By the year 2050, the percentage of Australians aged 65+ is expected to have increased by 13% and to have reached 25% of the total population. By that time, more than one million Australians will be over the age of 85.

Planning for Australia's Ageing Population

The 2002 Australian Federal Budget projected that, by 2042, Australia's spending on aged care would have increased from 1.01% of gross domestic product in 1997 to 1.38%. The Australian Government has acknowledged that innovative planning programs and significant policy reform must be enacted now to prepare for the ageing of our population. As part of that commitment, the government has made easier access to community and residential care services a significant policy priority.

Most of the discourse on ageing focuses on the aged as a problem and positions the 'baby boomers' in particular as an increasingly burdensome group on the Australian economy. Yet health outcomes for the aged are expected to dramatically improve and mortality rates expected to decline - the life expectancy of Australians will continue to increase. Meaningful and healthy ageing will mean that ageing Australian citizens will continue to contribute to the social and economic health of society. The aim of health promotion will be to facilitate older people living independently within the community, actively engaging in community life and living as fulfilled and meaningful a life as possible.

ACON'S VISION FOR AGEING GLBT PEOPLE

- Ageing GLBT people who are active and healthy and vocal within local GLBT communities across New South Wales.
- GLBT communities which honour our Elders and which acknowledge the contribution that ageing GLBT people have made to community life in the past and the value they can add now and into the future.
- Mainstream community and residential care services that ageing GLBT people can trust and which are sensitive and aware of their needs.
- Easy and uncomplicated access to aged care and community services through GLBT organisations across New South Wales.
- ACON as a group that fosters communities of care and connection for our GLBT elders.
- Recognition and resourcing of the specific needs of ageing GLBT people and their carers by the NSW and Australian governments in all relevant government policies and programs.
- Recognition and resourcing of GLBT organisations by NSW government in recognition of our role as trusted referrers, and central access points, to mainstream services.
- Formal acknowledgement of the needs of ageing GLBT people and their carers in the local service plans of North Coast, Hunter & New England and South East Sydney & Illawarra Area Health Services, in local council plans and DADHC State and Regional Plans.
- A growing wealth of knowledge about the health and welfare of all GLBT people, including ageing GLBT people.
- Equal rights under the law for all GLBT people, including ageing GLBT people and an increased awareness of our rights under the law.

Ageing in New South Wales

With the above in mind, the NSW Department of Health estimates that, by the year 2011, there will be a 22% increase in NSW residents who are 65 years and older. By that time, NSW public hospitals will have experienced a 35% increase in inpatient hospital admissions by those 65+ and this group will occupy 52% of all bed days. The numbers of NSW residents living with age-dementia will more than double between 2010 and 2020. These statistics underline the imperative need to ensure appropriate services to the aged in NSW.

The NSW statistics also underline the importance of shifting our thinking on supporting ageing people generally. Early intervention and the prevention of disability and functional impairment need specific attention across all segments of our society in order to assist those who are ageing to build their capacity for full, meaningful and independent lives. The NSW Government has committed to this shift in thinking and has made easier access to aged and community care services a priority.

Ageing GLBT people

While Australian governments recognise the importance of responding to the diversity of the aged population in order to successfully implement healthy ageing policies, it is rare for government policy or strategy to acknowledge the existence of older gay, lesbian, bisexual or transgender people or the obstacles they face in achieving a healthy and productive older age. This, in spite of key thinkers on the issue recommending that, as GLBT equality reorients mainstream culture, the aged care system must also respond in kind.

US studies on gay and lesbian population estimate that around 3%-8% of citizens in the developed world identify as gay men or lesbians. They observe a growing wave of ageing GLBT people who need access to community care services, residential aged care services and to the organisations which advocate for the elderly. The more GLBT people, who are open about their identity, approach older age, the more governments and aged care organisations need to respond to this growing constituency. We know much about the aged generally. We know very little about ageing GLBT people particularly. In fact, ageing GLBT people are among the most invisible of all ageing Australians.

Aged care services are not yet ready for the growing number of ageing GLBT people who are now, and will be in the future, knocking at their doors. Governments are ignoring the issue altogether and GLBT communities themselves have not yet grappled with the issue of ageing GLBT people in their midst.

Many ageing GLBT people are fit and healthy and desire to manage their health and wellbeing independent of service organisations. But the social realities of living as a gay or lesbian person make ageing GLBT people particularly vulnerable. GLBT people place an over-reliance upon support from friends and partners because of estrangement from parents, siblings and their children and because of a history of institutionalised discrimination. This over-reliance places an added burden on carers who are already invisible because of the absence of government recognition for same-sex families or relationships.

As well as these problems, many ageing GLBT people live alone and their isolation makes them particularly vulnerable to ill-health. Discrimination and the fear of discrimination by mainstream services add to the increased susceptibility of ageing GLBT people to late presentation and premature hospitalisation or institutionalisation. Ageing in the GLBT community can increase isolation and segregation from the places that gays and lesbians mix (such as social venues, clubs, pubs and community outlets) and this can make it harder to contribute and participate fully within gay and lesbian life. There is an imperative to bring a new awareness of the urgency of responding to the needs of ageing GLBT people.

Ageing GLBT people in New South Wales

Internationally, communities of gay men, lesbians, bisexual and transgender people can be found clustering in what have been called centres of attraction. San Francisco, London and Sydney are viewed as cities which act as centres of attraction and which draw GLBT people from within their national borders and from across the globe. New South Wales has a number of geographic clusters of GLBT populations including Inner City Sydney, the Northern Rivers region and, to a lesser extent, the Hunter region.

The NSW Government has committed to the provision of health services which ensure that older people are treated with respect and which respond to their individual needs. This is an important commitment which must provide for the delivery of culturally sensitive services to ageing GLBT people. However, a serious barrier to sensitive service delivery is that there is precious little demographic data on Australian citizens who identify as gay, lesbian, bisexual or transgender people. The 2001 National Census did question householders about same-sex relationships and found 4,000 live-in same-sex couples within the South Sydney Local Government Area. These findings are unreliable as they did not test for GLBT people living alone or in relationships spanning two households.

Ageing GLBT people have in the past contributed a great deal to our community life and continue to do so. The gay liberation movement was led and supported by those who are now ageing GLBT people. The Australian response to the HIV epidemic was led and sustained by those who are now ageing. Ageing GLBT people also contribute to the broader society by leading and participating in mainstream health and welfare and volunteering for mainstream services. Ensuring that our communities are respectful, that ageing GLBT people can enter aged care services while remaining openly gay or lesbian is an important strategy to ensure their legacy is valued and sustained.

Age disparity within same-sex relationships is very common. There are often age differences of more than twenty years between GLBT partners. Younger partners are carers of their older partners as they become frail aged. These younger carers are invisible carers who do not seek the support and welfare services available to them either because they fear discrimination or they do not view themselves as carers.

Younger GLBT people are also called upon to care for their relatives and parents. They are seen as single sons or daughters who do not have the burden of children and may therefore be expected to care for older parents. At the same time as these expectations bring pressure to bear on GLBT siblings, there can be conflict and estrangement from family because of their sexual identity and this can impact upon their rights after parents and partners die. Same-sex carers and partners may miss out on the recognition they deserve when a partner or close friend dies.

Sydney

Social planning theory gives significant attention to the issue of cultural affinity assigned to 'place' in the urban environment and this explains the attachment GLBT people feel to the inner-city suburbs of Sydney. The movement for gay and lesbian equality in Australia, including milestones such as the first demonstrations for gay and lesbian equality, occurred in Darlinghurst and led to the formation of the Mardi Gras Parade as a 'claiming of space' in the inner city. GLBT community infrastructure has developed around Newtown and Oxford Street, further entrenching the sense of safety and community in the inner city. The inner city environment therefore acts as a 'safe place' for gays and lesbians.

The range of social groups and informal friendship networks across Greater Sydney means that GLBT people have an entrenched social fabric that helps to sustain them. The inner city is an important area, yet one-third of all gay men reside in Western Sydney while others are spread across the suburbs. Groups such as Metropolitan Community Church, Polly's, Cronulla Gay Group, Southern Cross Walking Group, Mature Age Gays, Older Wiser Lesbians and LAMA (Lesbians At Macarthur Area) have been providing much needed social support and friendship to ageing GLBT people.

Gay men and lesbians have borne much of the health and social impacts of the HIV epidemic in Australia. AIDS related illness and AIDS death is particularly associated with inner-city Sydney where much of the community response to HIV has been centred. Particular places and buildings in the inner city, such as Sacred Heart Hospice, St Vincent's Hospital, Royal Prince Alfred, Wattlebreigh, community organisations and venues, have a particularly powerful and emotional significance. Important organisations such as ACON, People Living With HIV/AIDS NSW and Positive Living Centre are based in the inner city.

In 2002 South Sydney Council estimated approximately 27.3% of all its residents identified as gay men or lesbians, making the total assumed minimum GLBT in the local area around 26,679 residents. It seems reasonable to assume that this number has increased, by perhaps 4-5%, over the past three to four years.

Sydney remains the most expensive city in Australia and cost of living may severely impact the health and lifestyle choices of ageing GLBT people. The recent tendency of GLBT people in Sydney has been a slow migration out of the inner East of the city. In 2005, there are higher proportion of residents who identify as GLBT people residing within Marrickville, Leichhardt, Randwick, Waverley and Woollahra Local Government boundaries. These local governments will need to make a significant contribution to the health and wellbeing of ageing GLBT people residing within their boundaries. We estimate at least 100,000 New South Wales residents who identify as GLBT people and perhaps half this number who are 50+.

It should be noted that, like other ageing citizens, significant family and friendship support networks may exist outside these areas. For those who grew up in regional NSW, they may wish to return to the area they grew up in. They may wish for a 'sea-change' and so move to rural New South Wales.

GEOGRAPHIC SCOPE OF THIS STRATEGY

During the life of this Strategy, ACON will focus upon Sydney, Hunter/New England and the NSW Northern Rivers as the three 'centres of attraction' for GLBT in New South Wales.

Northern NSW

The NSW Northern Rivers has experienced a steady increase in residents living with HIV/AIDS who are gay men, lesbians, bisexual and transgender people. This increasing migration is due to the Northern Rivers' more permissive alternative culture. The reformulation of NSW Health's HIV Distribution Formula delivers significant increases in funding to the Northern Rivers in recognition of this migration pattern.

There are a number of GLBT and HIV groups and organisations operating in the Northern Rivers. The Radical Fairies is a group of gay men providing land in the Kyogle area for communal living. A Northern Rivers Mature Age Gay Men's social group has been operating for several years. A social group for HIV positive people operates from Lismore and has been successful at providing a sustained and supportive space for people living with HIV/AIDS across the Northern Rivers. Tropical Fruits is an incorporated organisation that provides social and other opportunities for GLBT people in the Northern Rivers including dance parties and dinner engagements. In 2004 they held a dinner that was attended by over 150 older GLBT people.

Geographical isolation is a serious issue for ageing GLBT people and people living with HIV/AIDS in Northern Rivers. However, there is a strong network of mainstream community care services that have considered the needs of isolated and ageing GLBT people as part of the development of this strategy and this should provide an enabling environment for GLBT people and people living with HIV in the area for the future.

Hunter & New England

The Newcastle and Hunter region is considered a centre in which GLBT people cluster. Local GLBT organisations such as Rainbow Visions Inc work closely with the University of Newcastle and the Hunter Ageing Research Centre to increase knowledge about GLBT ageing in the area. For example, Rainbow Visions was funded to host community forums on ageing during Seniors Week in both 2005 and 2006. A Rainbow Festival has been hosted in the Hunter region two years in a row with seminars on Life Stages of Gay Men and a Lesbian Theatre Project.

There are a number of social and community groups operating in the Hunter region. CoMAG stands for Community Open Mature Age Group and it provides a social opportunity for ageing GLBT people in the Newcastle area. CoMAG currently has over one hundred members registered. LLINC stands for Linking Lesbians in Newcastle and provides social and support opportunities for lesbians of all ages. As well as these groups, there is Women's Land in Wauchope and Guys Around Gosford which supports those in Gosford, Wyong and the Central Coast of NSW.

Issues affecting ageing GLBT people in Hunter and New England include access to GLBT-friendly GPs and medical services. Aged care providers who understand and are willing to work with ageing GLBT people remains a serious concern. Geographical isolation and access to services are a perennial problem for many ageing GLBT people in the Hunter and New England area.

Regional and Rural NSW

ACON's Healthy GLBT Ageing Strategy focuses on the three 'centres of attraction' in New South Wales. However, there are a number of informal groups across the State who receive little support from ACON or any other GLBT health or advocacy organisation. These groups provide support and information to GLBT people and they do excellent work with very few resources. Groups in Illawarra, the Central West, Albury/Wodonga and Wagga Wagga rarely receive recognition or support for the important contribution they make to quality of life of local GLBT people.

In the life of this strategy, ACON will assist with information, resources and advice where groups or individuals from these areas call to request support and assistance with specific health and welfare issues. ACON will attempt to contribute to an enabling environment in areas from which requests for assistance are received. We will work with informal groups and with mainstream community services in these regions to support individuals in need.

Section TWO
CHALLENGES AND SOLUTIONS



research on ageing glbts



The lack of comprehensive research and data collection on GLBT health and wellbeing means there is almost no evidence-base for determining the current health and welfare needs of Australian GLBT people. Large studies don't uniformly add sexuality data to their instruments and this results in a lack of data and knowledge. The lack of comprehensive data collection on health and welfare service usage patterns means we do not understand current health and welfare requirements and service expectations and we cannot, therefore, build a blueprint which might determine current, and predict future, patterns of need.

Demographic research

There is consensus among those writing and researching GLBT health and wellbeing, that the lack of even basic demographic data which profiles GLBT people should ring alarm bells for government policy makers and result in urgent action to address this gap. We know little of the unmet needs of these groups. We have no data which assists the mapping of income, housing, ethnic minority, aboriginality or the social determinants which may impact on the health and wellbeing of GLBT people as they age. We have no information on whether ageing GLBT people are planning for retirement and old age or understand the inequity in the current legal status of same-sex spouses. This lack of research informs the policy and program environment as there is no government leadership on ageing GLBT people either in New South Wales or at the federal level.

Current research

Only in relation to the Australian HIV epidemic does research infrastructure exist which assists our understanding of the epidemiology of HIV transmission and the related service needs of gay men and people living with HIV/AIDS.

The Australian Research Centre on Sex, Health and Society (La Trobe University) currently produces HIV Futures, which represents the largest research sample of people living with HIV/AIDS in Australia. The National Centre in HIV Social Research and The National Centre in HIV Epidemiology and Clinical Research (University of New South Wales) produce the Gay Community Periodic Surveys, Positive Health and Health in Men studies which provide valuable intelligence on health needs, transmission and behaviour patterns in a number of Australian states and territories.

Service-use in health and welfare

There is no government funded data collection which investigates service uptake among ageing GLBT people beyond HIV. There is no meaningful understanding of the current utilisation and service needs of ageing GLBT people in housing, homelessness services, domestic violence services and in the home and community care sectors. The Australian Institute of Health and Welfare recently funded ACON with a small grant to investigate the research needs of GLBT people in relation to homelessness services. More resourcing of this sort is needed to expand the debate to other health and welfare issues and sectors.

OUR GOAL: TO IMPROVE AUSTRALIA'S KNOWLEDGE OF AGEING GLBTS

The Australian Government has recommended the development of a national community care minimum data set (MDS) for all community care programs. GLBT people are currently not accounted for through any of the Australian Governments service usage data collection instruments. Organisations which advocate for the aged should lobby the Australian and NSW Governments to ensure that GLBT people are recorded in minimum data sets and through information-sharing databases and systems. The Australian Federation of AIDS Organisations should also lobby the Australian Government and the Australian Institute in Health and Welfare to include GLBT people, especially HIV positive people, comprehensively in their information and data management plans.

Service use data

In the United States, aged care professionals report an increased awareness of ageing GLBT people utilising the aged care service system. Leading Australian thinkers on GLBT health and wellbeing argue that this trend is emerging within our own borders too. Australian governments should take the lead on urgently increasing our knowledge of ageing GLBT people and their service usage needs, through consistent minimum data collection, and by building a research program on GLBT health and wellbeing that crosses service sectors. The Australian Institute for Health and Welfare and the National Health and Medical Research Council should resource research projects which investigate the current vulnerabilities and predict future needs among ageing GLBT people.

GLBT Ageing Research Centres Network

The current research centres in HIV represent agencies which have developed strong links among GLBT networks nationally. The Australian Research Centre on Sex, Health and Society (La Trobe University), the National Centre in HIV Social Research and National Centre in HIV Epidemiology and Clinical Research (University of New South Wales), where they are willing, should be resourced to implement a research program that investigates ageing GLBT people.

As well, the University of New England has undertaken important research on ageing GLBT people and recently published a report on findings. The University of New England will remain an important part of the network of GLBT Ageing Research in New South Wales. The Australian Centre on Ageing and the Australian Centres on Healthy Ageing should also play an important role in GLBT Ageing Research.

NSW Research Program

A research program on ageing GLBT people should include specific research on abuse and vulnerability to abuse and self neglect among ageing GLBT people. Shifting notions of community, resilience and cultures of care should be important priorities in the NSW research agenda on ageing GLBT people. The experiences of ageing GLBT people when accessing community and residential care services should be a priority research area.

Organisations which advocate for the aged have an important role to play in lobbying for research on ageing GLBT people. Lobbying by Carers NSW for specific attention to the needs of carers of ageing GLBT people should be included in their advocacy plans. All partners should lobby the Australian government to include diverse gender and sexuality indicators in the national Census. ACON will lobby local area health services to prioritise research in the three centres of attraction for ageing GLBT people. This means specific funding to recognised research centres in the three priority Area Health Service locations in order to profile the current and emerging needs of ageing GLBT people across the centres of attraction in New South Wales.

Bisexual and Transgender People

Particular attention should be paid in research to the needs of ageing bisexual and transgender people due to the lack of even basic knowledge on the service usage patterns and health and welfare needs of bisexual and transgender people.

IMPROVING AUSTRALIA'S KNOWLEDGE OF AGEING GLBT PEOPLE

- 1 Organisations which advocate for the aged should lobby the Australian and NSW Governments to ensure that GLBT people are recorded in minimum data sets and through information-sharing databases and systems.
- 2 The Australian Federation of AIDS Organisations should lobby the Australian Government and the Australian Institute in Health and Welfare to include GLBT people, especially those who are HIV positive, comprehensively in their information and data management plans.
- 3 Australian governments should take the lead on increasing our knowledge of ageing GLBT people and their service usage needs, through consistent minimum data collection, and by building a research program on GLBT health and wellbeing that crosses the service sectors.
- 4 Department of Health and Ageing should prioritise the inclusion of ageing GLBT people among its five special needs groups.
- 5 Department of Health and Ageing should record the successes and sustainable models of action which have worked so far; they should audit packages developed for people from culturally and linguistically diverse (CALD) communities and establish a program to modify these packages for use in GLBT care.
- 6 The Australian Bureau of Statistics should include sexuality indicators in the national census.
- 7 The Australian Institute for Health and Welfare and the National Health and Medical Research Council should resource research projects which investigate the current vulnerabilities and predict future needs among ageing GLBT people.
- 8 The Australian Research Centre in Sex, Health and Society (La Trobe University), the National Centre in HIV Social Research and National Centre in HIV Epidemiology and Clinical Research (University of New South Wales) should be resourced to implement research programs that investigate ageing GLBT people.
- 9 Lobbying by Carers NSW for specific attention to the needs of carers of ageing GLBT people should be included in their advocacy plans.
- 10 Organisations which advocate for the aged have an important role to play in lobbying for research on ageing GLBT people.
- 11 ACON will lobby local area health services to prioritise research in the three centres of attraction for ageing GLBT people.
- 12 Research should pay attention to the particular needs of ageing bisexual and transgender people.

illness among ageing GLBT people



Healthy or active ageing requires an individual to identify the elements which maintain and help to improve their wellbeing. Identifying, preventing or managing the major causes of disease, disability and premature death related to ageing may also be important. The following conditions are indicated for all seniors and are important considerations for ageing GLBT people in New South Wales: cardiovascular disease, hypertension, stroke, diabetes, cancer, chronic obstructive pulmonary disease, musculoskeletal conditions (arthritis and osteoporosis), mental illness (dementia, depression), blindness and visual impairment. The profile of some particular illnesses is more common and may pose serious risks for GLBT people.

Social and emotional wellbeing (the social determinants of health) remain an important priority for ageing GLBT people. Individual resilience can be linked to the strength and support available within social networks and the level of community engagement with ageing GLBT people. The difficulties that older GLBT people have in finding emotional connection and sexually satisfying lives are indicated here. GLBT communities are viewed as youth focused which can make maintaining sexual health particularly hard for ageing GLBT people.

People living with HIV/AIDS

People with HIV/AIDS are more susceptible to conditions such as cardiovascular disease, hypertension, diabetes and some mental illnesses in advanced HIV disease. Education and access to treatment for these conditions is a priority for people living with HIV and AIDS, especially where they are ageing and living long term with their condition. People with HIV/AIDS are significantly more likely than the general population, to smoke cigarettes and this can result in poor health and financial difficulties for those already on a low income or living below the poverty line. Regular exercise and good nutrition can have a dramatic impact on quality of life for people with HIV/AIDS in relation to these conditions.

Lesbians

The breast and cervical cancer screening and education needs of lesbians are often misunderstood by both medical professionals and among some lesbians themselves. International research identifies that lesbians are more likely to go without pap smears or mammograms because of misconceptions by their medical service providers about the prevalence of these conditions among lesbians. The fear of homophobia prevents lesbians coming forward for early screening and treatment. Lesbians are more likely to present late with these particular cancers and the impacts this has on treatment and recovery can be severe.

Gay men

Sex between men poses the highest risk for HIV transmission in Australia. Gay men in their 30s, 40s and 50s are currently the highest proportion of newly diagnosed gay men in New South Wales and gay men 50+ represent 12-13% of new infections state-wide. Those gay men 50+ are highlighted as a priority in this strategy for public health education focused on HIV prevention. Anal warts and anal cancers are more highly prevalent among gay men. Emerging clinical evidence proposes a link between repeated anal warts and the development of anal cancer in later life.

Transgender people

Domestic and street violence remains a challenge to promoting the health of transgender people and easy access to domestic violence services and support should be a priority. There are serious barriers to accessing many mainstream services and a general lack of knowledge and acceptance of transgender people is highlighted as a barrier to aged care services. Long term use of hormone therapies can have serious implications for transgender people as they age. Musculoskeletal conditions such as osteoarthritis are more likely for transgender women who must take oestrogen for the duration of their lives. Cardiovascular conditions are more common in transgender men taking testosterone.

IMPORTANT FACTS ABOUT ILLNESS PATTERNS AMONG AGEING GLBT PEOPLE

Transgender people are at risk of complications related to long-term hormone therapy, in particular to musculoskeletal conditions and cardiovascular disease.

People living with HIV/AIDS are susceptible to conditions such as cardiovascular disease, hypertension, diabetes and some mental illnesses related to living long term with HIV/AIDS and to treatment toxicities.

Lesbians are more highly prevalent in late presentation for breast and cervical cancers and their medical practitioners may falsely assume that screening for these cancers is not a priority.

Gay men 50+ are the third largest group of newly diagnosed men in New South Wales. Older gay men with HIV are thirty times more likely to get anal cancer.

The social and emotional wellbeing of bisexual people may be even poorer than among gay men and lesbians.

OUR GOAL: TO SUSTAIN THE HEALTH OF AGEING GLBT PEOPLE

Healthy and active ageing means maintaining and improving existing levels of health. Assisting ageing GLBT people to identify the things that help them stay healthy will be an important part of ensuring healthy ageing. Levels of resilience and networks that promote community engagement with ageing GLBT people will be an important part of the solution. It is necessary to remind ageing GLBT people of the important roles played by exercise, diet and non-smoking, alcohol and illicit drug use patterns.

Population-based health promotion strategies should aim to improve the health literacy of ageing GLBT people across New South Wales. Those campaigns need to underline the important role that these issues play in maintaining good health and avoiding premature illness for ageing people. Those campaigns should specifically target ageing GLBT people with appropriate cultural iconography. They should highlight the power that individuals have over their health and wellbeing and encourage ageing GLBT people to make a personal choice to remain healthy and active through physical activity, diet and by engagement in their local communities and GLBT community activities.

Improving the ways in which the GLBT community can integrate with and support the aged in maintaining health and independent living should be explored. ACON's experience mobilising the community response to HIV should be drawn upon to develop innovative community-based solutions. Gay and lesbian cultures and the roles they can play in improving the perceptions of GLBT ageing mean that influencing these cultures over time should also be explored. For example, an Honouring Elders Campaign that attempts to promote a positive image of GLBT aged should be considered by ACON.

Talking about sex and relationships with the whole community will be an important strategy for maintaining the sexual health and wellbeing of ageing GLBT people.

TO SUSTAIN THE HEALTH OF AGEING GLBT PEOPLE

- 1 ACON will develop and implement health campaigns which encourage ageing GLBT people to maintain their health and wellbeing through regular exercise, good diet and by refraining from smoking.
- 2 ACON will target gay men 50+ for HIV prevention education and will endeavour to represent them in general HIV campaigning exercises.
- 3 The Divisions of General Practice should engage GPs on the risks of late presentation in older lesbians with breast and cervical cancers.
- 4 The Divisions of General Practice should engage GPs on anal warts and cancers in older gay men.
- 5 ACON will engage people with HIV/AIDS on cardiovascular disease, diabetes and hypertension and encourage health maintenance through quitting smoking, regular exercise and good diet.

Targeted public health education

Public health education should target ageing GLBT people, in particular, in areas where we already know that there are poor health outcomes for those groups. Breast and cervical screening education should target lesbians because lesbian screening needs are often misunderstood by both medical practitioners and some lesbians themselves. ACON could work with the Divisions of General Practice, for example, to produce education initiatives for general practitioners about the risks of late presentation by ageing lesbians with breast and cervical cancers in particular.

The Divisions of General Practice could also take the lead on education to general practitioners on anal warts and anal cancers in ageing gay men. ACON should produce an HIV prevention campaign that speaks directly to gay men 50+ and reminds them of the risks of HIV transmission. ACON should target people with HIV/AIDS for education on cardiovascular disease, diabetes and the particularly positive impacts that good diet, regular exercise and quitting smoking can have on these conditions.

primary, community and residential care



Primary care services remain a critical part of appropriate and early access to medical, community and aged care services for ageing GLBT people. But many ageing GLBT people find it difficult to find gay and lesbian friendly General Practitioners in the areas they reside – particularly in regional and remote areas of New South Wales.

Community and residential aged care sectors are generally unprepared to address GLBT health and wellbeing issues. For example, gay and lesbian workers within aged care services often report that they are unwilling to 'come out', particularly in religious-based organisations. Many religious organisations have specified policies which institutionalise discrimination against GLBT staff and applicants for residential care. Those services that continue to employ religious staff are places of particularly entrenched discrimination. But this problem also remains a serious barrier in government-based aged care delivery. It is perhaps the private, for-profit sector that offers ageing GLBT people the most opportunity for sensitive and respectful service in 2006.

At the same time, governments both State and Federal (with the exception of Victoria) are ignoring the issue altogether. Ageing GLBT people are invisible in all the policy and strategy being released by government. GLBT communities themselves are only just beginning to grapple with the issue of ageing GLBT people in their midst.

Homophobia

In a recent NSW education tour, ACON in partnership with People With A Disability Inc delivered HIV and sexuality sensitivity training to home and community care workers across the State. The most commonly expressed fear among HACC staff and volunteers was that gay or lesbian clients would make unwelcome sexual advances. Yet the evidence suggests that GLBT clientele are no more likely to make such advances than their heterosexual counterparts.

Homophobia, and the fear of homophobia, represents the largest single barrier to service access, and to high quality service delivery for ageing GLBT people in all the literature reviewed. In one study, more than half the social workers interviewed said home nursing staff in their service were intolerant of homosexual activity between residents; 38% of social workers in the study refused to even answer the question.

Elder abuse and homophobia

In the United States, elder abuse has emerged as an important issue in aged care - both in the community and residential settings. In the case of ageing GLBT people, the determinants which predict elder abuse are overly prevalent and this suggests the need for immediate remedies. GLBT research underlines sexuality discrimination from home support workers as a serious complaint by ageing GLBT people, which does not bode well for the experience of geriatric GLBT people now or in the future.

IMPORTANT FACTS ABOUT COMMUNITY AND RESIDENTIAL CARE FOR AGEING GLBT PEOPLE

The Federal Department of Health and Ageing, the NSW Department of Ageing Disability and Home Care as well as community and residential care services are not yet ready for the growing numbers of ageing GLBT people who are now, and will in the future, come knocking at their doors.

Homophobia among service workers, and the fear of homophobia held by ageing GLBT people, represents the single largest barrier to service access for ageing GLBT people and places them at high risk of elder abuse.

Because ageing GLBT people are more likely than others to resist referrals to mainstream care agencies, they are at serious risk of self-neglect, late presentation, and premature hospitalisation.

There are no GLBT-sensitive central entry points for ageing GLBT people who require community care to maintain independent living and avoid premature hospitalisation.

Self-neglect and isolation

Self-neglect amongst the ageing has been identified as a serious issue in gerontology research. Self-neglect occurs because an individual will not come forward and request services even when they have a real and immediate need for them. Previous experiences of discrimination mean that ageing GLBT people prefer support from within their own communities and may reject or resist support provided by mainstream services. Because ageing GLBT are more likely than others to resist referrals to mainstream community care and residential care services, they are at serious risk of self-neglect, late presentation and premature institutionalisation.

Entry points to community and residential care

There remain no clearly identifiable entry points for ageing GLBT people into community care services within New South Wales. Anecdotally, because of ACON's trusted referrer status within GLBT communities, ACON staff have provided referral and minimal case coordination to isolated and frail GLBT people with few family connections or links within the community. In all these cases, crisis management, late presentation and premature hospitalisation have been ever-present themes in the service provision.

OUR GOAL: TO IMPROVE AND SENSITISE PRIMARY, COMMUNITY AND RESIDENTIAL CARE TO AGEING GLBTS

To improve and sensitise primary, community and residential care to ageing GLBT people, specific resources must be allocated to GLBT organisations. The Australian Government must include GLBT people as a special needs group in aged care policy and programs. NCOSS must take this issue up with its peak bodies in aged care through the NCOSS Aged Care Alliance. The New South Wales Government must fund a GLBT HACC Development Officer/Access Coordinator to manage improvements to the care of ageing GLBT people.

Improving links with community and residential aged care services

ACON will establish an Industry Reference Group on GLBT Ageing. This group will aim to initiate a plan for strong linking between GLBT groups and community and residential aged care services to effectively meet the needs of ageing GLBT people in the three centres of attraction for GLBT people in New South Wales. ACON will aim to have established Memoranda of Understanding with specific residential care facilities and will seek funding from government to undertake mainstreaming sensitivity training and support to these agencies.

Australian Government response to ageing GLBT people

The Australian Government currently leads a range of special group programs such as the Community Partners Program which provides priority resources to older people from culturally and linguistically diverse backgrounds, in a partnership with community-based organisations. The goal of the program is to assist ageing CALD individuals gain access to appropriate residential and other aged care services. The Australian Government must include ageing GLBT people in its special needs category and provide similar programs to support ageing GLBT people accessing the mainstream system.

Entry points to community and residential care

The Australian Government aims to facilitate easier access to community care services by mapping and strengthening the network of entry points to community care services across the nation. The need for a multiple and varied network of entry points to community care services is consistently regarded by peak care organisations as a strategy which will improve access to community care services.

ACON will endeavour to become part of the entry point system for GLBT people to community care services across New South Wales. ACON will lobby the Department of Health and Ageing to ensure that GLBT organisations are provided for through funding of GLBT-specific entry points. ACON will work closely with Commonwealth Carer Respite Centres and Commonwealth Carelink Centres across New South Wales. We will lobby the Australian government to ensure that GLBT organisations become part of the entry point network for GLBT carers.

TO IMPROVE AND SENSITISE PRIMARY, COMMUNITY AND RESIDENTIAL CARE TO AGEING GLBT PEOPLE

- 1 ACON will establish an Industry Reference Group on GLBT Ageing.
- 2 ACON will aim to have established Memoranda of Understanding with specific residential care facilities.
- 3 DADHC should fund mainstream GLBT sensitivity training and support services for HACC services.
- 4 ACON will endeavour to become part of the entry point system for GLBT people to community care services across New South Wales.
- 5 ACON will lobby the Federal Department of Health and Ageing to ensure that GLBT organisations are provided for through funding of GLBT-specific entry points.
- 6 ACON will work closely with Commonwealth Carer Respite Centres and Commonwealth Carelink Centres across New South Wales.
- 7 ACON will investigate ways to support assisted, congregated living for ageing GLBT people.
- 8 ACON will negotiate with the Office of Community Housing and the Department of Housing to establish communities of GLBT housing in areas of need across New South Wales.
- 9 The Department of Health and Ageing should ensure that Aged Care Packages are re-engineered to provide for individual needs of ageing GLBT people living with disabling conditions.
- 10 The Australian Government Department of Health and Ageing should include ageing GLBT people within its special needs category.
- 11 The Australian Government should provide specialised programs to support ageing GLBT people accessing the mainstream service system.
- 12 ACON, in recognition of our 'trusted referrer' status, will seek funding for a one-off brokerage program to increase access to HACC services by ageing GLBT people.
- 13 ACON will work closely with Metropolitan Community Church, Mature Age Gays and relevant gay and lesbian social groups to establish strong partnerships for the provision of support to ageing GLBT people.
- 14 ACON, in partnership with relevant GLBT groups, will seek funding for a community support project that facilitates home care, domestic assistance and social support for ageing GLBT people.
- 15 ACON will investigate the need for a GLBT Ageing Community Centre based in Sydney.

Congregated Community Living

The establishment of housing cooperatives for the elderly or cluster housing alternatives for those with intermediate care needs due to age-related functional impairment emerged as a theme in our community consultations. The need for subsidised, congregated living programs for ageing GLBT people may be particularly important for those without the economic or familial resources to support their individual ageing process. For those with supported accommodation needs, ACON will investigate ways to provide assisted, congregated living for ageing GLBT people, in collaboration with our partners.

ACON will negotiate with the Office of Community Housing and the Department of Housing to establish communities of GLBT housing in areas of need across New South Wales. ACON will work with the Department of Ageing, Disability and Home Care to ensure that packages to assist those with disabling conditions are available to residents in community-based congregated living arrangements. ACON, in recognition of our 'trusted referrer' status, will seek funding for a brokerage program to increase access to HACC services by ageing GLBT people. This will be particularly important for those who cannot sustain independent living without access to a range of medical, home care and social services from within their local communities.

Building GLBT Ageing Community Services

ACON will investigate the establishment of a GLBT Ageing Community Centre to provide a space for ageing GLBT people to meet and promote this centre as a central point for access to service provision and care coordination where required. ACON will work closely with Metropolitan Community Church, Mature Age Gays and relevant gay and lesbian social groups to establish strong partnerships for the provision of support to ageing GLBT people. ACON, in partnership with relevant GLBT groups, will seek funding for a community support project that facilitates home care, domestic assistance and social support for ageing GLBT people. ACON will explore using existing community centres to build GLBT-specific services within the three 'centres of attraction' in New South Wales.

Ageing Community Services

ACON will prioritise improving knowledge of community and residential services and their staff about the issues affecting ageing GLBT people. ACON will also work to have GLBT health included in University nursing and medical training.

ACON will also work closely with Older Women's Network (OWN), Council on The Aged (COTA, NSW), HACC, and with COTA National Seniors to establish strong partnerships in the provision of social support to ageing GLBT people in local areas. This will include negotiating a formal Memorandum of Understanding with these services and the provision of sensitivity training to staff and volunteers of these mainstream services. ACON should ensure that ageing GLBT people and their health and welfare issues are included in discussion and policy development on the future of aged care in New South Wales and Australia.

ageing within GLBT networks and communities



Culture plays a significant role in determining the health outcomes of ageing populations within any society. In cultures where intergenerational relationships exist, and where ageing citizens are given a special place of honour and respect, the aged are more likely to be actively engaged in that society and to experience better health and social and emotional wellbeing. In these cultures there is a greater emphasis on early intervention and prevention of age-related illnesses.

Most seniors turn to their families-of-origin for help and support when their ability to live independently is compromised. Among ageing GLBT people there are often ambivalent relationships and ongoing family tensions which prevent them relying upon their families-of-origin. Adding to this profile of vulnerability, ageing GLBT people are more likely to live alone when compared to their heterosexual counterparts.

Within societies where there is a clearer separation and distinction between the generations, there is less active engagement by the aged in many aspects of the culture. There is more emphasis on the ageing as a burden to society and on age-related disease as a significant health issue. Evidence suggests that ageing citizens in these societies experience poorer health and social and emotional wellbeing.

Intergenerational Contact

GLBT communities in Australia have not yet grappled with issues of ageing and are only in the early stages of considering the support needs of, and the contributions to be made by, ageing GLBT people. Ageing GLBT people report difficulties with intergenerational contact and they report some venues and community events being particularly unwelcoming to them. Our communities have traditionally focused on issues often attributed to the young - such as safe sex, drugs and alcohol, and collective GLBT rituals such as Mardi Gras and Pride festivals. The visibility of ageing GLBT people is therefore quite low in community media and at important community events, although the Mature Age Gay (MAG) Men's Group have played an important role raising the profile of older gay men at Fair Days and Mardi Gras parades. Nevertheless, the issues which affect ageing GLBT people are not well understood across our communities.

Ageism

Ageism within GLBT communities is well documented as a problem in the literature reviewed. In particular, the 'dirty old man' stigma was a key concern for ageing gay men participating in our community forums and they felt any intergenerational contact between men could be too easily misinterpreted by younger gay men or observers.

Life Stages

The life-paths and development stages that GLBT people may need to navigate for their ongoing emotional and mental health are not discussed in current community discourses. Mid-life, menopause and retirement – which have deep impacts on our sense of self, self-esteem and the meaningfulness of our lives – receive no airplay in community discussions of health and wellbeing. GLBT people navigate these processes in relative silence, with little community support, although social and religious groups appear to be playing a role in assisting peer support and social contact between ageing GLBT people.

IMPORTANT FACTS ABOUT AGEING WITHIN GLBT NETWORKS AND COMMUNITIES

Ageism within GLBT communities is well documented in the research literature; ageing GLBT people report very little intergenerational contact among GLBT people.

Ageing GLBT people are more likely to live alone than their heterosexual counterparts making them vulnerable to isolation and self-neglect.

Ageing GLBT people, their views and their particular issues, are almost completely absent from community media and from GLBT community culture.

There are no opportunities for the collective discussion and navigation of life-stages (such as mid-life, menopause and retirement) for ageing GLBT people.

OUR GOAL: TO BUILD PROGRAMS LED BY AGEING GLBTS

Within ACON's communities there are many examples of community-led and community-driven programs. Ageing GLBT people are strongly represented within a number of volunteer-driven services such as Community Support Network, ANKALI and ACON's After Hours Counselling Service. ACON will promote and acknowledge the contribution made by ageing GLBT people.

ACON is a 'trusted referrer' for GLBT people across New South Wales. Members of our communities approach ACON for information about mainstream services which we trust to be sensitive to the needs of our communities. In most cases, ageing GLBT people request ACON directly provide service to them through our HIV home care program even though they are not living with HIV. We refer to mainstream organisations that we know employ gay and lesbian staff or volunteers although, in most cases, there are few options available.

GLBT Ageing Advocacy Network

In the Healthy GLBT Ageing Community Forum, participants requested ACON investigate establishing a GLBT Ageing Advocacy Network that would aim to increase the visibility of ageing GLBT people within the GLBT community and beyond. Such a network would be led by ageing GLBT people and, it was suggested, should deliver a Speakers Bureau service to organisations providing community care and residential care. This Network should form strong links with MAG, ACON's Lesbian Health Project, COTA (Council on the Aged), COTA National Seniors and other State-based organisations that advocate for the aged.

TO BUILD PROGRAMS LED BY AGEING GLBT PEOPLE

- 1 ACON will investigate the establishment of a GLBT Ageing Advocacy Network to increase the visibility of ageing GLBT people within the GLBT community and beyond.
- 2 ACON will build a program of intergenerational activity that involves changing the dynamics at community events and commercial venues currently only serving youth culture.
- 3 ACON will work to deliver intergenerational programs (such as film-making initiatives, writing workshops) that encourage intergenerational, inter-racial contact and communication across the sexes.
- 4 ACON will work with the Metropolitan Community Church, and other public or private organisations, endeavouring to establish residential care facilities which will meet the needs of ageing GLBT people.
- 5 ACON will lobby private residential care to establish GLBT specific residential care facilities.

Intergenerational Projects

There are many differences and misconceptions between the generations in relation to GLBT sex and sexuality. Our sexual history has been led by GLBT people who are now ageing and building a strong sense of that history will be an important part of sustaining the health and wellbeing of ageing GLBT people. A history project might be one way to build awareness of and to honour the contribution of GLBT elders.

ACON will investigate the establishment of intergenerational projects that involve changing the dynamics of community events and commercial venues currently only serving youth culture. Intergenerational learning projects such as writing projects, video and film-making workshops could be investigated in partnership with OWN and MCC. Mature Age Gays and the ACON's Fun and Esteem Project should investigate shared events and new programs and workshops that encourage intergenerational contact.

GLBT Residential Care Facilities

There appears to be a demand for GLBT residential care facilities. ACON will work with the Metropolitan Community Church, and other public or private organisations, endeavouring to establish residential care facilities which will meet the individual needs of ageing GLBT people.

the rights of ageing GLBT people



Inequality in the treatment of same-sex couples was a constant theme in all the Healthy GLBT Ageing Community Forums. GLBT people of all generations face legal restrictions not experienced by those in heterosexual relationships. These restrictions often do not become apparent until sudden crisis, serious illness, death or functional impairment which means a couple must depend upon the wider health and welfare systems.

IMPORTANT FACTS ABOUT THE RIGHTS OF AGEING GLBT PEOPLE

Inequality in state and federal legislation between heterosexual and same-sex partnerships will have serious implications for older GLBT people without immediate action to protect the legal rights of GLBT people.

Organisations which advocate for the aged are not taking the lead on rectifying the inequities and vulnerabilities of ageing GLBT people.

Organisations which advocate for carers are not currently taking the lead on rectifying the inequities and vulnerabilities of GLBT people and their carers.

OUR GOAL: EQUAL TREATMENT FOR AGEING GLBTS

Legal and economic inequity

Organisations which advocate for the elderly must begin to address the lack of equity for same-sex couples in relation to superannuation and spousal rights generally. Carers NSW must also take an active role in fighting for the rights of carers of ageing GLBT people. ACON itself will continue to work with the Gay and Lesbian Rights Lobby (GLRL) to agitate at state and Australian Government levels for changes in the legal status and recognition of same-sex relationships.

Making a Will / Power of Attorney / Enduring guardianship / Advanced Care

ACON will seek funding to produce resources aimed to advise same-sex couples of their rights under law. We will aim to improve knowledge about end of life decision making and Advanced Care Directives. We will seek funding to produce resources aimed specifically at ageing GLBT people to advise them of their rights under law.

NSW Government

The NSW Attorney General's Department currently coordinates a whole-of-government committee on GLBT issues. ACON will work more closely with the Attorney General's Department on ageing GLBT health and wellbeing. We will advocate for this project to work within government to ensure that relevant State government departments are developing priorities on GLBT health and wellbeing. The NSW Department of Health should establish senior GLBT policy responsibility to prioritise work on ageing GLBT health and wellbeing.

Legal recognition of same-sex relationships

GLBT people are excluded from rights that are automatic for heterosexual spouses. Bequeathing assets to same-sex partners or 'chosen' family, superannuation entitlements of same-sex partners, and even the body disposal rights of partners are currently restricted by legal barriers in the federal arena.

Religious organisations delivering aged care programs are currently permitted under law to discriminate against GLBT people. This remains a serious impediment to promoting health and wellbeing among the ageing within ACON's communities. These organisations should not be allowed to opt out of anti-discrimination legislation that protects the rights of special needs groups including GLBT people.

There remain significant differences in State and Federal legislation. At federal level, there is no anti-discrimination legislation which protects the rights of GLBT people or GLBT people are absent in the legislation. This means that ageing GLBTS will experience different levels of service and access dependent upon the funding source of a particular agency. Federally funded organisations are permitted to discriminate against GLBT people.

ACON will continue to work with the HIV/AIDS Legal Centre, for the Inner City Legal Centre and the Gay and Lesbian Rights Lobby in advocating for change to relevant legislation.

Aged and Carer Advocacy

These inequities for ageing GLBT people and their carers are not currently on the agenda for organisations which traditionally advocate for the aged or for carers in New South Wales. Consequently, community and residential care sectors are ill-prepared for an influx in openly gay and lesbian clientele. They are reinforcing the need for invisibility among those current GLBT consumers who remain in fear of being open in the community and residential setting. The presence of these inequities represents a failure on the part of these organisations to rectify this situation and it leaves ageing GLBT people vulnerable to abuse and neglect at critical times in their lives.

EQUAL TREATMENT FOR AGEING GLBT PEOPLE

- 1 Organisations which advocate for the elderly must begin to address the lack of equity for same-sex couples in relation to superannuation and spousal rights generally.
- 2 Carers NSW must also take an active role in fighting for the rights of carers of ageing GLBT people.
- 3 ACON will continue to work with the Gay and Lesbian Rights Lobby (GLRL) to agitate at state and Australian Government levels for changes in the legal status and recognition of same-sex relationships.
- 4 NSW Department of Health should establish a senior GLBT policy responsibility to coordinate GLBT health and establish a wellbeing Reference Group aimed to build priorities in this area.
- 5 ACON will work closely with the NSW Attorney General's Department to support a whole-of-government response to GLBT health and wellbeing, with the inclusion of ageing GLBT needs.
- 6 The Ministerial Advisory Committee on Ageing should recommend the inclusion of ageing GLBT people in special needs categories both at state and federal level.

ACON's capacity to respond to ageing GLBT people



ACON's history has been in the response to the HIV epidemic. The organisation works with affected communities to minimise the impact of the disease upon them and to prevent the further transmission of HIV. In 1999, ACON began a process of transformation and worked with constituents to redefine itself as a health promotion organisation based in the gay, lesbian, bisexual and transgender (GLBT) communities, with a central focus on HIV.

IMPORTANT FACTS ABOUT ACON'S CAPACITY TO RESPOND

ACON has a twenty-year history of providing home care and one-to-one psychological and case management to people with HIV/AIDS and, more recently, to vulnerable GLBT people.

ACON's impressive history in public campaigning and HIV and STI prevention means it has established itself as an important leader, and a trusted organisation, for GLBT people across New South Wales.

ACON's history, its service response and consumer advocacy work has been largely in response to the HIV epidemic and ageing GLBT people may not always see ACON as a place to turn for help with ageing issues.

The organisation has a twenty-year history of providing community-based home care services through Community Support Network across New South Wales. ACON has a long history of engagement with GLBT communities which has established the organisation as a 'trusted referrer'. Nevertheless, ACON's service structure has evolved in response to HIV and ACON's Client Services Division, in particular, has established services in response to the epidemiological focus of HIV. Individual and welfare services at ACON have minimal service contact with lesbians and lesbian health needs have traditionally been met through Women's Health and Community Health Centres. Transgender issues have historically been addressed through The Gender Centre which is the leading community-based agency on gender issues in New South Wales.

ACON has an impressive history in public campaigning on HIV and STI prevention. Few prevention messages, however, include information or iconography specifically targeting older GLBT people or older gay men.

ACON also has a history of mobilising communities and volunteer-based responses to HIV and many older people are active as volunteers across ACON services. ACON is a state-wide service with offices across NSW. However, the central west and inland GLBT needs have yet to be identified through the life of this strategy.

Mature Age Gays (MAG) is a project of ACON which supports a separate organisation of the same name, and is the only ACON program which specifically delivers social support services to elderly GLBT. Nevertheless, our Client Services Division regularly receives requests for support from GLBT people with functional disability related to age, and staff in these situations act as entry points to mainstream services for these individuals. In most cases, these individuals present late, in crisis and require premature hospitalisation.

ACON's depth of experience in HIV consumer advocacy, education, and care and support has cemented the organisation's role in GLBT community leadership. The movement toward a response to ageing GLBT people is in acknowledgement of a growing wave of ageing GLBT people who are requesting services and help to navigate the service maze. For ACON, this represents a movement away from a communicable diseases approach and questions about the sorts of models of practice and principles of service delivery that are best established need to be asked and answered.

OUR GOAL: DEVELOP ACON'S CAPACITY TO RESPOND

ACON is committed to leading by example in relation to ageing GLBT people. We are committed to representing and involving ageing GLBT people in all areas of our work. In the life of this strategy, ACON will undertake an internal review of recruitment processes and current age profile of staff. ACON will make recommendations and make changes to its internal structures and human resource goals on the basis of these recommendations.

Staff training and development

Learning opportunities will be provided to ACON staff to improve our organisational awareness and skills in response to the health and wellbeing of ageing people. ACON will work with HACC and residential care sectors to develop training packages to assist the development of staff and volunteers.

ACON Membership Program

Through increased ACON membership, we believe that ageing GLBT people will be able to increase their involvement and influence of ACON's direction through board representation, actively engaged volunteering and employment at ACON.

ACON will develop a membership incentive program that provides specific benefits to ageing GLBT people. ACON will work with COTA National Seniors to establish such benefits as Car Rental Discounts, Insurance discounts, free and discounted financial and retirement advice and access to free lifestyle magazines for ageing citizens.

Sector Leadership

ACON will regularly engage in Ageing Community Roundtables and other sector discussions aimed at improving and building cross-sector awareness and understanding of the health and wellbeing needs of ageing GLBT people.


Evaluation of this strategy

ACON will include ageing GLBT people in its planning, consultation and development processes but, specifically, will ensure that ageing GLBT people are clearly involved in the process of evaluation of our ageing strategy.

DEVELOP ACON'S CAPACITY TO RESPOND

- 1 ACON will undertake an internal review of recruitment processes and current age profile of staff and make recommendations to make changes to internal structure and human resource goals.
- 2 Learning opportunities will be provided to ACON staff to improve our organisational awareness and skills in response to the health and wellbeing of ageing people.
- 3 ACON will work with HACC and residential care sectors to develop training packages to assist staff and volunteers.
- 4 ACON will develop a membership incentive program providing specific benefits to ageing members of ACON.
- 5 ACON will regularly engage in Ageing Community Roundtables and other sector discussions to improve and build cross sector awareness.
- 6 ACON will include ageing GLBT people in its planning, consultation and development processes.
- 7 ACON will ensure that ageing GLBT people are closely involved in the process of evaluation of our ageing strategy.

references

- 
- ¹ Wilkinson, R and Marmot, M. Social Determinants of Health: The Solid Facts. WHO, Copenhagen. 1998.
- ² United Nations. World Population Prospectus: the 2000 Revision. 2001.
- ³ Australian Bureau of Statistics. Australia's Social Trends 2004. 2004.
- ⁴ Australian Government. Department of Health and Ageing. The Way Forward: A New Strategy for Community Care. 2004.
- ⁵ Zirngast, N. Aged Care in Australia for Gay, Lesbian, Bisexual, Transgender and Intersex People. RMIT Student Union. 2002.
- ⁶ Australian Government. Department of Health and Ageing. The Way Forward: A New Strategy for Community Care. 2004.
- ⁷ Nolan, M. Journal of Advanced Nursing. 2003 (4).
- ⁸ Ibid.
- ⁹ NSW Government. NSW Department of Health. Framework for integrated support and management of older people in the NSW health care system. 2004-2006.
- ¹⁰ Harrison, J. Dr. What are you really afraid of? Gay, Lesbian, Bisexual, Transgender and Intersex Ageing, Ageism and Activism. Word is Out. No 2, March. pp. 1-11. 2002.

- ¹¹ Chandler, M. et al. The lion, the witch and the wardrobe; Ageing GLBTIs (gay, lesbian, bisexual, transgender and intersex people) and aged care: a literature review in the Australian context. *Geriatrics*. Summer 2006.
- ¹² Cahill, South and Spade. *Outing Age: Public Policy Issues affecting Gay, Lesbian, Bisexual and Transgender Elders*. National Gay and Lesbian Taskforce Foundation. New York. 2004.
- ¹³ Ibid.
- ¹⁴ Ulldall, K, Dr and Palmer N, Dr. Sexual Minorities and Mental Health: The Need for a Public Health Response. In *Handbook of LGBT Issues in Community Mental Health*. Hellman et al (eds). 2004.
- ¹⁵ Harrison, J Dr. 'It's none of my business': Gay and lesbian invisibility in aged care. *Australian Occupational Therapy Journal*. Vol 48. No 3 Sept. pp. 142-145. 2001.
- ¹⁶ Significant Others Marketing Consultants. *South Sydney's Gay and Lesbian Residents*. 2000.
- ¹⁷ NSW Government. NSW Department of Health. *Framework for integrated support and management of older people in the NSW health care system*. 2004-2006.
- ¹⁸ Lewin, K. *Frontiers in Group Dynamics: Channels group life; social planning and action research*. In *Human Relations*. Vol 1 No 2. pp. 143-153. 1947.
- ¹⁹ Rowe J. W., & Kahn R. L. *Successful Ageing*. New York: Pantheon Books. 1997.
- ²⁰ Harrison J. *A Struggle for Recognition: The Place of Lesbian and Gay Elders in Australian Gerontology*. 2000.
- ²¹ Ministerial Advisory Committee on Gay and Lesbian Health, Victorian Government. *Victorian Health and Wellbeing Action Plan for Gay, Lesbian, Bisexual, Transgender and Intersex Victorians*. 2003.
- ²² D'augelli, A. R. and Grossman, A. H. Disclosure of sexual orientation, victimization, and mental health among lesbian, gay, and bisexual older adults. *Journal of Interpersonal Violence*. Vol. 16, No. 10, pp.1008-1027. 2001.
- ²³ Prestage G Dr et al. *Across the ages: age differences in ways of living and being gay among HIV-negative gay men*. National Centre in HIV Epidemiology and Clinical Research. University of New South Wales. 2005.
- ²⁴ Baron, A and Cramer, David W. *Potential Counselling Concerns of Ageing GLBT Clients*. *Handbook of Counselling and Psychotherapy with Lesbian, Gay and Bisexual Clients*. Washington. American Psychological Association. 2000. p. 208.
- ²⁵ Jacobson S. A. and Crossman, A. *Older Lesbians and Gay Men: Old Myths, New Images and Future Directions*. Savin-Williams, R.C. and Cohen, K.M. eds. In *The Lives of Lesbians, Gays and Bisexuals: Children to Adults*. Harcourt Brace College Publishers. Texas. 1996. p. 349.
- ²⁶ National Centre in HIV Epidemiology and Clinical Research. *Australian HIV Surveillance Report*. Vol 20. No 2. April 2004.
- ²⁷ Frisch, M. et al. *Cancer in a population-based cohort of men and women in registered homosexual partnerships*. *American Journal of Epidemiology*. Vol 157 No 11. pp 966-972. 2003.
- ²⁸ Goldie, S. J. and Kuntz, K. M. et al. *Cost effectiveness of screening for squamous intraepithelial lesions and anal cancer in human immunodeficiency virus negative homosexual and bisexual men*. *American Journal of Medicine*. Volume 108 No 8. pp 634-641. 2000.
- ²⁹ Heckman, T, Kochman A and Sikkema K. *Depressive Symptoms in Older Adults Living with HIV Disease: Application of the Chronic Illness Quality of Life Model*. In *HIV/AIDS and Older Adults*. Emler, C (ed). pp 37-54. Springer Publishing NY 2004.
- ³⁰ Ibid.
- ³¹ Prestage, G Dr et al. *Across the ages: age differences in ways of living and being gay among HIV-negative gay men*. National Centre in HIV Epidemiology and Clinical Research/National Centre in HIV Social Research. University of New South Wales. 2005.
- ³² Cahill, South and Spade. *Outing Age: Public Policy Issues affecting Gay, Lesbian, Bisexual and Transgender Elders*. National Gay and Lesbian Taskforce Foundation. New York. 2004.

references (cont.)

³³ Chicago Task Force on LGBT Ageing. LGBT Persons in Chicago: Growing Older. A Survey of Needs and Perceptions. 2003.

³⁴ Baron, A and Cramer, David W. Ibid. 2000. p. 208.

³⁵ Wahler, J and Gabbay, Sarah. Gay Male Ageing: A Review of the Literature. In Journal of Gay and Lesbian Social Services. Ed 6(3). 1997. p. 12.

³⁶ McNair R, Anderson S, Mitchell A. Addressing health inequalities in Victorian lesbian, gay, bisexual and transgender communities. Health Promotion Journal of Australia 2001; 11 (1): pp.31-38.

³⁷ Jacobson S. A. and Crossman, A. Ibid. 1996. p. 349.

³⁸ King and McKeown. Mental health and social wellbeing of gay men, lesbians and bisexuals in England and Wales. Royal Free College and University College Medical School. 2003. pp.34-39.

³⁹ Perkins. R. Transgender Lifestyle and HIV/AIDS Risk. AFAO. 2004.

⁴⁰ King, J. The transsexual and the transvestite. Avebury. 1993.

⁴¹ National Centre in HIV Epidemiology and Clinical Research. Ibid. 2005.

- ⁴² Greirson, J and Thorpe, R. HIV Futures 4 Regional Reports: New South Wales. Australian Research Centre in Sex, Health and Society. La Trobe University p. 22. 2005.
- ⁴³ Greirson, J and Thorpe, R. HIV Futures 4 Regional Reports: New South Wales. Australian Research Centre in Sex, Health and Society. La Trobe University p. 13. 2005.
- ⁴⁴ Greirson, J. and Thorpe, R. Ibid. p22.
- ⁴⁵ Nicols, J. Prevention of HIV Disease in Older Adults. In HIV/AIDS and Older Adults. Emler C (ed). pp 21-36. Springer Publishing NY 2004.
- ⁴⁶ Australian Institute for Health and Welfare. Regional, rural and remote health: a study on mortality. AIHW. Canberra. 2003.
- ⁴⁷ McMahon, T. Passive men are more sissy you know: experiences of sexuality for men of Vietnamese background in Sydney who have sex with men. Presentation to 1st Health In Difference Conference. 1996.
- ⁴⁸ Australian Government. Department of Health and Ageing. The Way Forward: A New Strategy for Community Care. 2004.
- ⁴⁹ Hughes, Mark Dr. Expression of Interest – Healthy Ageing for GLBT people – developing evidence based practice. National Centre in HIV Social Research. UNSW. 2005.
- ⁵⁰ Frisch, M et al. Cancer in a population-based cohort of men and women in registered homosexual partnerships. American Journal of Epidemiology. Vol 157 No 11. pp 966-972. 2003.
- ⁵¹ Goldie, S. J. and Kuntz, K. M. et al. Cost effectiveness of screening for squamous intraepithelial lesions and anal cancer in human immunodeficiency virus negative homosexual and bisexual men. American Journal of Medicine. Volume 108 No 8. pp 634-641. 2000.
- ⁵² Jacobson, S. A and Crossman A. Ibid. 1996. p. 349.
- ⁵³ Chicago Task Force on LGBT Ageing. LGBT Persons in Chicago: Growing Older. A Survey of Needs and Perceptions. 2003.
- ⁵⁴ Cook-Daniels, L. "Lesbian, Gay Male, Bisexual and Transgender Elders: Elder Abuse and Neglect Issues." Journal of Elder Abuse and Neglect. 9 (2). pp. 35-49. 1997.
- ⁵⁵ Harrison J. A Struggle for Recognition: The Place of Lesbian and Gay Elders in Australian Gerontology. 2000.
- ⁵⁶ Cook-Daniels, L. Ibid. pp. 34-49. 1997.
- ⁵⁷ Ministerial Advisory Committee on Gay and Lesbian Health, Victorian Government. Victorian Health and Wellbeing Action Plan for Gay, Lesbian, Bisexual, Transgender and Intersex Victorians. 2003.
- ⁵⁸ Australian Government. Department of Health and Ageing. The Way Forward: A New Strategy for Community Care. 2004.
- ⁵⁹ World Health Organisation, Non-communicable disease Prevention and Health Promotion Department Ageing and Life Course. Active Ageing: A Policy Framework. 2002.
- ⁶⁰ Administration on Ageing Website. <http://www.aoa.dhhs.gov/NAIC/Notes/longtermstdates.html>
- ⁶¹ World Health Organisation Ibid. 2002.
- ⁶² Clayton, Stevie. Legal Recognition of Same-sex Relationships: Where to from here? Murdoch University Electronic Law Journal. Vol 3. No 3. September. 2005.

appendix 1 - action plan

GOAL: IMPROVE AUSTRALIA'S KNOWLEDGE OF AGEING GLBT PEOPLE

STRATEGY

LEAD AGENCIES

1 Organisations which advocate for the aged should lobby the Australian and NSW Governments to ensure that GLBT people are recorded in minimum data sets and through information sharing databases and systems.	COTA National Seniors OWN Carers NSW Other Consumer Orgs
2 The Australian Federation of AIDS Organisations should lobby the Australian Government and the Australian Institute in Health and Welfare to include GLBT people comprehensively, especially those who are HIV positive, in their information and data management plans.	AFAO
3 Australian governments should take the lead on increasing our knowledge of ageing GLBT people and their service usage needs, through consistent minimum data collection, and by building a research program on GLBT health and wellbeing that crosses the service sectors.	DoHA NSW Ministerial Advisory Committee on Ageing
4 Department of Health and Ageing should prioritise the inclusion of ageing GLBT people among its five special needs groups.	DoHA MACA
5 Department of Ageing, Disability and Home Care should record the successes and sustainable models of action which have worked so far; they should audit packages developed for culturally and linguistically diverse (CALD) communities and establish a program to modify these packages for use in GLBT care.	DADHC NSW Ministerial Advisory Committee on Ageing
6 The Australian Bureau of Statistics should include sexuality indicators in the national census.	ABS
7 The Australian Institute for Health and Welfare and the National Health and Medical Research Council should resource research projects which investigate the current vulnerabilities and predict future needs among ageing GLBT people.	AIHW NH&MRC
8 The Australian Research Centre in Sex, Health and Society (La Trobe University), the National Centre in HIV Social Research (University of New South Wales) and the National National Centre in HIV Epidemiology and Clinical Research (NCHECR) should be resourced to implement research programs that investigates ageing GLBT people.	ARCSHS NCHSR
9 Lobbying by Carers NSW for specific attention to the needs of carers of ageing GLBT people should be included in their advocacy plans.	Carers NSW
10 Organisations which advocate for the aged have an important role to play in lobbying for research on ageing GLBT people.	COTA National Seniors Other Consumer Orgs
11 ACON will lobby local area health services to prioritise research in the three centres of attraction for ageing GLBT people.	NSW Health ACON
12 Research should pay attention to the particular needs of ageing bisexual and transgender people.	ARCSHS NCHSR

GOAL: SUSTAIN THE HEALTH OF AGEING GLBT PEOPLE

STRATEGY

LEAD AGENCIES

1 ACON will develop and implement health campaigns which encourage ageing GLBT people to maintain their health and wellbeing through regular exercise, good diet and by refraining from smoking.	ACON
2 ACON will target gay men 50+ for HIV prevention education and will endeavour to represent them in general HIV campaigning exercises.	ACON
3 The Divisions of General Practice should engage GPs on the risks of late presentation in older lesbians with breast and cervical cancers.	Divisions of General Practice
4 The Divisions of General Practice should engage GPs on anal warts and cancers in older gay men.	Divisions of General Practice
5 ACON will engage people with HIV/AIDS on cardiovascular disease, diabetes and hypertension and encourage health maintenance through quitting smoking, regular exercise and good diet.	ACON

GOAL: IMPROVE AND SENSITISE PRIMARY, COMMUNITY AND RESIDENTIAL CARE TO AGEING GLBT PEOPLE

1 ACON will establish an Industry Reference Group on GLBT Ageing.	ACON
2 ACON will aim to have established Memoranda of Understanding with specific residential care facilities.	ACON
3 DADHC should fund mainstream GLBT sensitivity training and support services for HACC funded services.	DADHC
4 ACON will endeavour to become part of the entry point system for GLBT people to community care services across New South Wales.	ACON
5 ACON will lobby DADHC, through the Centre for the Aged and the Federal Department of Health Ageing to ensure that GLBT organisations are provided for through funding of GLBT-specific entry points.	ACON
6 ACON will work closely with Commonwealth Carer Respite Centres and Commonwealth Carelink Centres across New South Wales.	ACON Carelink Carer Respite Centres
7 ACON will investigate ways to support assisted, congregated living for ageing GLBT people.	ACON
8 ACON will negotiate with the Office of Community Housing and the Department of Housing to establish communities of GLBT housing in areas of need across New South Wales.	ACON OCH DoH
9 The Australian Department of Health and Ageing should ensure that Aged Care Packages are re-engineered to provide for individual needs ageing GLBT people living with disabling conditions.	DoHA
10 The Australian Government Department of Health and Ageing should include ageing GLBT people within its special needs category.	DoHA
11 The Australian Government should provide specialised programs to support ageing GLBT people accessing the mainstream service system.	DoHA
12 ACON, in recognition of our 'trusted referrer' status, will seek funding for a one-off brokerage program to increase access to HACC services by ageing GLBT people.	ACON
13 ACON will work closely with Metropolitan Community Church, Mature Age Gays and relevant gay and lesbian social groups to establish strong partnerships for the provision of support to ageing GLBT people.	ACON MCC MAG
14 ACON, in partnership with relevant GLBT groups, will seek funding for a community support project that facilitates home care, domestic assistance and social support for ageing GLBT people.	ACON
15 ACON will investigate the need for a GLBT Ageing Community Centre based in Sydney.	ACON

GOAL: BUILD PROGRAMS LED BY AGEING GLBT PEOPLE

1 ACON will investigate the establishment of a GLBT Ageing Advocacy Network to increase the visibility of ageing GLBT people within the GLBT community and beyond.	ACON LGA's Leichhardt, Randwick, Woollahra, Waverly
2 ACON will build a program of intergenerational activity that involves changing the dynamics at community events and commercial venues currently only serving youth culture.	ACON
3 ACON will work to deliver intergenerational programs (such as film-making initiatives, writing workshops) that encourage intergenerational, inter-racial contact and communication across the sexes.	ACON Australia Council NSW Ministry for the Arts
4 ACON will work with the Metropolitan Community Church, and other public or private organisations, endeavouring to establish residential care facilities which will meet the needs of ageing GLBT people.	ACON MCC
5 ACON will lobby private residential care to establish GLBT specific residential care facilities.	ACON

appendix 1 - action plan (cont.)



	STRATEGY	LEAD AGENCIES
GOAL: EQUAL TREATMENT FOR AGEING GLBT PEOPLE	1 Organisations which advocate for the elderly must begin to address the lack of equity for same-sex couples in relation to superannuation and spousal rights generally.	COTA National Seniors Other Consumer Orgs
	2 Carers NSW must also take an active role in fighting for the rights of carers of ageing GLBT people.	Carers NSW
	3 ACON will continue to work with the Gay and Lesbian Rights Lobby (GLRL) to agitate at state and Australian Government levels for changes in the legal status and recognition of same sex relationships.	ACON GLRL
	4 NSW Department of Health should establish a senior GLBT policy responsibility to coordinate GLBT health and wellbeing and establish a Reference Group to build priorities in this area.	NSW Health
	5 ACON will work closely with the NSW Attorney General's Department to support a whole-of-government response to GLBT health and wellbeing, with the inclusion of ageing GLBT needs.	NSW Attorney General's ACON
GOAL: DEVELOP ACON'S CAPACITY TO RESPOND	1 ACON will undertake an internal review of recruitment processes and current age profile of staff and make recommendations to make changes to internal structure and human resource goals.	ACON
	2 Learning opportunities will be provided to ACON staff to improve our organisational awareness and skills in response to the health and wellbeing of ageing peoples.	ACON
	3 ACON will work with HACC and residential care sectors to develop training packages to assist staff and volunteers.	ACON
	4 ACON will develop a membership incentive program providing specific benefits to ageing members of ACON.	ACON
	5 ACON will regularly engage in Ageing Community Roundtables and other sector discussions to improve and build cross sector awareness.	ACON
	6 ACON will include ageing GLBT people in its planning, consultation and development processes.	ACON
	7 ACON will ensure that ageing GLBT people are closely included in the process of evaluation of our ageing strategy.	ACON

CONTRIBUTORS

Dr Sandy Beveridge

Specialist in Geriatric Medicine
St Vincent's Hospital

Dr Jo Harrison

GLBT Gerontology Researcher
University of South Australia

Mr Ivan Skaines

Co-Convenor
Rainbow Visions – Hunter region

Ms Sandy MacDonald

Rainbow Visions – Hunter region

Mr Anthony Brown

Men's Health Information & Resource Centre
University of Western Sydney

Ms Michelle Chandler

PhD Student
University of New England

Mr Craig Andrews

Female to Male Australia

Ms Joy Ross

Convenor
Older Women's Network

Mr Dermott Ryan

Education Officer
ACON Northern Rivers

Ms Stevie Clayton

Chief Executive Officer
ACON

Author: Mr Scott Berry

Director, ACON's Client Services Division

Mr Geoff Honnor

Executive Officer
PLWH/A NSW

Dr Ben Pittman

School of Exercise & Health Sciences
University of Western Sydney

Ms Lyn Irwin

School of Health Sciences
University of New England

Dr Peter West

Men's Health Information & Resource Centre
University of Western Sydney

Dr Mark Hughes

School of Social Work
University of New South Wales

Mr Michael Hurley

Australian Research Centre in Health Sex and Society
La Trobe University

Ms Elizabeth O'Reilly

The Gender Centre

Dr Garrett Prestage

National Centre in HIV Epidemiology and Clinical Research
University of New South Wales

Mr Steve Ostrow

Mature Age Gays
ACON

Mr Adrian Lovney

President
ACON

Copies of this document can be downloaded from www.acon.org.au or obtained from
ACON 9 Commonwealth St, Surry Hills or freecall 1800 063 060

