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**Want to get involved
in GRAI?
Drop us an email
info@grai.org.au.
We are always seeking
help with
submissions,
maintaining the
website, grant writing,
event organising etc.
There is also a casual
board vacancy.**

GRAI Matters Newsletter
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Welcome from the Chair

Welcome to the final GRAI Matters newsletter for 2012. This is a shorter newsletter than usual because I am standing in for our usual editor June Lowe. It is though timely to reflect on the year for GRAI and at the same time look forward. It has been a significant year for the LGBTI community and ageing issues due to the commitment of the Minister for Ageing, the Hon Mark Butler's announcement regarding LGBTI older people as part of the government's aged care reform agenda, *Living Longer Living Better* was released early in the year.

The *Living Longer Living Better* aged care reform package represents the commencement of a 10 year reform program to create a flexible and seamless system that provides older Australians with more choice, control and easier access to a full range of services, where they want it and when they need it. The reforms give priority to providing more support and care in the home, better access to residential care, more support for those with dementia and strengthening the aged care workforce.

The fact that the needs of older LGBTI have to date been largely invisible and un-met has now received federal government attention. Three initiatives have been announced:

1. LGBTI clients will be considered a 'special needs' group under the Aged Care Act and this brings with it responsibilities for service providers that will hopefully serve this group well.
2. Over \$2 million has been allocated for a national training program aimed at up-skilling aged care providers to increase LGBTI competency by providing sensitivity training.
3. Finally the Minister has announced that he wishes to see a National LGBTI Aged Care Strategy developed by the end of 2012. Two board members, Dan Parker and myself, are on the working party. This strategy will be released later in December.

These three initiatives represent a significant win for GRAI and all LGBTI people. Our hard work from our earlier research project, which was widely referenced in the Productivity Commission, the National strategy work, submission writing etc. has paid big dividends. Of course it is too early to see practically how these initiatives will move the aged care landscape away from that of the current era of presumed heterosexuality of all clients, but there appears a commitment to do this.

The year is nearly at an end and we can be proud of what we have achieved on the advocacy front. There is of course more work to be done and fortunately the time seems right when finally there is interest and a real commitment to advancing the lives of older LGBTI people.

I thank you again for your ongoing support of GRAI and I look forward to working with you in the New Year. I wish you all well over the festive season celebrating however you do and above all hopefully taking some time out of the busy year.

Dr Jude Comfort, Chair

New board ready for the year ahead – but casual vacancy means we are looking for another board member

Following the GRAI AGM held in September we have a board installed to take GRAI forward for the next 12 months. The board is:

- Chair – Dr Jude Comfort
- Deputy Chair & Newsletter Editor - June Lowe
- Secretary - Wendy Bennett
- Treasurer - Paul Garde
- Leonie Stickland – ordinary board member
- Dan Parker – ordinary board member

Dean Smith and Deb Sinclair-Lane had been previous board members, however both resigned from the board at this AGM. We thank them for their input during their terms on the Board.

Brad McKay was also elected at the AGM, however he has subsequently decided to return to Brisbane and hence has had to resign. This leaves the Board with a casual vacancy. Therefore, if there is a member of GRAI who is interested in contributing to the work and direction of the organisation and has the time to attend a monthly meeting, please consider signing up. Phone the Chair on 0422 654 244 for more information or email your expression of interest through to info@grai.com.au

Meeting with Ashley Guy from City of Vincent

GRAI recently met with Ashley Guy, a Community Development Officer with the One Life Suicide Prevention project at the City of Vincent. She was keen to understand the diverse community in the City of Vincent including LGBTI people and as part of her consultations was interested to learn about the work of GRAI. Although there is no promise of ongoing funding for this project, we presented Ashley with several good ideas of ways that the City of Vincent could be more inclusive of older LGBTI residents. This would not necessarily require a large expenditure of funding but would require the council to rethink their approach and be active in terms of working to attract LGBTI elders to either targeted events or ensure all events are inclusive. We also discussed that the City of Vincent could also adopt some structural change itself to make the organisation more genuinely 'gay friendly' with such things as comprehensive staff training, support for LGBTI employees etc. For further information on the City of Vincent's One Life project contact Ashley at ashley.guy@vincent.wa.gov.au or on phone: (08) 9273 6547.

National LGBTI Ageing Strategy

The National LGBTI Ageing Strategy will be released in late December and hopefully you will hear about this in the media. A working party convened through the LGBTI Health Alliance and the Department of Health and Ageing have had several face to face meetings to nut out the principles and wording of this document. There was also a commitment to hold community consultative meetings across the nation. GRAI worked with Stephen Kennedy from the LGBTI Health Alliance to host a very successful consultative meeting in mid-October at the Oxford Hotel. The meeting was well attended by both older members of the LGBTI community and also several aged care providers. A facilitated discussion provided feedback on the draft strategy. GRAI also submitted a short written submission on the Draft Strategy (draft paper found at <http://www.health.gov.au/internet/main/publishing.nsf/Content/lgbti-ageing-and-aged-care-strategy>). The consultative input was incorporated into the final version of the strategy. The strategy provides a short background of why LGBTI ageing needs special attention before outlining the guiding principles and finally the 6 strategic goals of the strategy. This document will provide direction to the federal government and providers to ensure that inclusive LGBTI practices are put in place.

Study participants sought

We have been asked to circulate the following requests for research input. This shows there is certainly a growing interest in the area of ageing and LGBTI members

Are you a lesbian or same-sex-attracted woman?

I am looking for women who are interested in taking part in research into same-sex relationships and lesbian families since 1945. If you are a woman of any age who is or has been attracted to other women and would be willing to take part in an interview about your ideas and experience of same-sex relationships, families and/or lesbian parenting, please contact Rebecca Jennings (ARC Research Fellow in the Department of Modern History, Macquarie University) at Rebecca.Jennings@mq.edu.au or on 0403 811 885. Participation in this research is entirely voluntary and there will be no financial remuneration to participants.

Thank you for your help.

Best wishes,
Rebecca Jennings

ARC Future Fellow
Department of Modern History, Politics
and International Relations
Email: Rebecca.jennings@mq.edu.au
Tel: 02 9850 7861

Here is another example of an aged care provider undertaking some of its own needs assessment with the LGBTI community.

UnitingCare Ageing: Aged Care Views Wanted

Lesbian, gay, bisexual, transgender and intersex Australians can have their say on aged care services with an online survey from Uniting Care Ageing. The organisation wants to better understand community issues and concerns around aged care services to create a more inclusive service. Attention on aged care services for the LGBTI community has greatly increased since July this year after the federal government announced the development of an LGBTI Ageing and Aged Care Strategy.

Other organisations, such as the National LGBTI Health Alliance, finished their own consultations on the issue in October. Uniting Care Ageing LGBTI project officer Kellie Shields said the organisation was an industry leader for inclusion. *“This survey is an important part of the process. I encourage everyone who identifies as LGBTI to participate and help us develop services that cater to diverse communities,”* Shields said.

Find the survey at <http://www.surveymonkey.com/s/LGBTIsurvey> for your completion.

Can we talk to you?

beyondblue is developing a community campaign to reduce discrimination and its impact on the mental health of lesbian, gay, bisexual, trans and intersex people. Curtin University has been asked to undertake interviews with older people in WA to ensure their experience is captured. So if you:

- are you 65 years or older,
- identify with the LGBTI community,
- and would like to be interviewed on your life experience, please make contact.

Phone or email Dr Jude Comfort at Curtin University on 9266 2365 or j.comfort@curtin.edu.au to make an interview time or to find out more.



In the media

20 November 2011
Media Release

Health Alliance welcomes new anti-discrimination laws

Australia's LGBTI Health Alliance has welcomed the release of the exposure draft for new national anti-discrimination laws including sexual orientation and gender identity.

"This is an important development for the health of LGBTI Australians", said Alliance Chair Susan Ditter. "For the first time LGBTI people will have the option of making a complaint about discrimination with the Australian Human Rights Commission."

"Research demonstrates that individual health can be adversely affected by social factors such as stigma and discrimination. This is most obvious in, but not limited to, depression, anxiety and suicidality."

"The proposed new laws will send a clear message that discrimination against LGBTI people is unacceptable and thus would contribute to healthy individual self-esteem", Ms Ditter said.

Ms Ditter said that the Health Alliance will be considering the full details of the exposure draft and responding to the Government. "In particular we are concerned to look at what exemptions are provided in the Bill. We will also consider the adequacy of measures to protect transgender and intersex people."

"We welcome the protection for older, vulnerable LGBTI people who are using Commonwealth funded aged care services. This will help address the concerns held by many older LGBTI people in their twilight years."

A copy of the Health Alliance's January 2012 submission to the Attorney-General's Department can be seen at www.lgbtihealth.org.au/submissions

A review of evidence concerning the impact of discrimination can be seen at www.lgbtihealth.org.au/mindout

Contact:

Susan Ditter, Chair, (03) 6231 1200, 0429 346 122
Warren Talbot, General Manager, (02) 8568 1120, 9558 2240
Corey Irlam, Ageing and Aged Care Convenor, 0401 738 996

New members always welcome. Please visit the GRAI website to find out about membership and to download form. Be part of the way forward for older LGBTI people.
<http://grai.org.au/membership/>

GNN GAY NEWS NETWORK

A Breakthrough in LGBTI Aged Care

by Reg Domingo

<http://gaynewsnetwork.com.au/feature/ft-northern-territory/8100-a-breakthrough-in-lgbti-aged-care.html>

The needs of older LGBTI people will be addressed under a new plan to be developed by the Federal Government, a move that has been welcomed by advocates as a 'significant breakthrough' for the LGBTI community.

"The two recent announcements recognising LGBTI older people as a formal special needs group in aged care, and the development of a national strategic plan, are extraordinary achievements that warrant celebration and acclaim across our community."

Thus did LGBTI aged care advocate and gerontologist Dr Jo Harrison describe the Federal Government's decision to develop a national strategy on aged care that specifically looks at the needs of LGBTI people.

"They will benefit all of us, across generations, and assist us to ensure that future changes and initiatives are in line with our own community's priorities, including those of young people, who, of course, are also ageing," Harrison tells SX.

Last week, the Ageing Minister Mark Butler made the announcement for the plan, which was made on the back recommendations from the Productivity Commission as well as consultations with groups such as the National LGBTI Health Alliance, the GLBTI Retirement Association Inc. and ACON.

The National LGBTI Aged Care Strategy will form part of the government's wider \$3.7 billion reform program on aged care, Living Longer Living Better.

"We are predicting a large increase in the demand for aged care by this group," Butler said.

"And there is a broad community consensus that it is important to recognise people who are LGBTI in the same way as we recognise the needs of other diverse groups such as people from culturally and linguistically diverse communities and Aboriginal and Torres Strait Islanders."

"Ultimately it's about recognising difference and ensuring equality."

The commitments, which is being hailed by LGBTI health and aged care advocates as a significant breakthrough, represent the culmination of years of advocacy by many people in the community who

have been, according to Harrison, "fighting for a virtually 'invisible' group".

"Along with courageous and articulate elders themselves, we have been raising LGBTI ageing issues with government, our community organisations and the aged care sector.

Such issues have been well documented. Many older LGBTI people who need aged care services grew up at a time when homosexuality was illegal. Many also lived through a time of immense prejudice towards LGBTI people and issues. And LGBTI people have needs that are unique to other sections of society, and aged care staff must be adequately trained to address them. And there are many more.

Which is why a move that both recognises older LGBTI people as a special needs group, and develops a strategy plan to address their needs, is significant indeed.

The National LGBTI Health Alliance said the plan was an "important development".

"The plan will provide a focus to ensure that older LGBTI Australians are able to participate in aged care services, in the same way as other Australians," said Susan Ditter, acting Chair of the LGBTI Health Alliance.

Jude Comfort, Chair of the GLBTI Retirement Association Inc. (GRAI), an organisation that advocates on behalf of older LGBTI people, told SX the announcement "shows a real change and a commitment to see LGBTI elders as a vulnerable group that do need special attention".

ACON said the development of the plan will help deliver improved health outcomes for LGBTI seniors, of which there about 70,000 over the age of 55 in NSW.

"We now look forward to working with the Government and our partners in the aged care sector to develop this ground-breaking plan," acting ACON CEO Geoff Honnor says.

The Health Alliance's Ditter said it was crucial that LGBTI people are included in the development process.

“To be successful, the plan will need to ensure that transgender, intersex, bisexual, gay and lesbian elders are consulted on the main directions for the plan. It will also need wider consultation and review mechanisms to ensure that strategies are being effectively implemented,” Ditter said.

CONTINUED

The announcement builds on the Federal Government’s LGBTI aged care training package announced in April, in

which \$2.5 million will be used over five years to train

aged care staff in addressing the sensitive needs of older LGBTI Australians.

A steering committee comprising relevant stakeholder representatives will guide the development of the strategy which will begin with a broad-ranging community consultation.

“This is a tremendous achievement and a source of great pride for us all as we continue to fight for LGBTI recognition and rights in Australia,” Harrison said.

Check out the largest older persons LGBTI organisation in the USA

The screenshot shows the Sage USA website. The browser address bar displays www.sageusa.org/about/index.cfm. The website has a blue header with the Sage logo and the text "SERVICES & ADVOCACY FOR GAY, LESBIAN, BISEXUAL & TRANSGENDER ELDERS". A navigation menu includes links for CAREERS, MEDIA CENTER, READING HELP, FONT SIZE, and SEARCH. A date "12.10.2012" and the text "GET INVOLVED" are also visible. Below the header is a secondary navigation menu with links for ABOUT US, NATIONAL PROGRAMS, NEW YORK CITY PROGRAMS, ADVOCACY, THE ISSUES, RESOURCES, NEWS & EVENTS, WAYS TO GIVE, and DONATE. The main content area features a large photo of a diverse group of people and the heading "ABOUT US". Below this is a section titled "Services & Advocacy for GLBT Elders (SAGE)" with the following text: "Services & Advocacy for GLBT Elders (SAGE) is the country's largest and oldest organization dedicated to improving the lives of lesbian, gay, bisexual and transgender (LGBT) older adults. Founded in 1978 and headquartered in New York City, SAGE is a national organization that offers supportive services and consumer resources for LGBT older adults and their caregivers, advocates for public policy changes that address the needs of LGBT older people, and provides training for aging providers and LGBT organizations, largely through its National Resource Center on LGBT Aging. With offices in New York City, Washington, DC and Chicago, SAGE coordinates a growing network of 23 local SAGE affiliates in 16 states and the District of Columbia." To the right of this text is a "CONTACT US" box with the following information: "Services & Advocacy for GLBT Elders (SAGE), 305 Seventh Ave, 15th Floor, New York, NY 10001, 212-741-2247 tel, 212-366-1947 fax, info@sageusa.org".

<http://www.sageusa.org/about/index.cfm>

<http://sfonline.barnard.edu/a-new-queer-agenda/2-4-6-8-who-says-that-your-grandmothers-straight/>

S&F Online The Scholar and Feminist Online
Issue 10.1-10 | FALL 2011/Spring 2012

2, 4, 6, 8: Who Says that Your Grandmother's Straight

By Amber Hollibaugh

Enhancing the Lives of LGBTQ Older Adults in the Twenty-First Century

Who are gay, lesbian, bisexual, transgender, and questioning elders? And why does it matter? The questions of people who make up the aging demographic in this country, and who will define the contours, identities, and needs of elders in the twenty-first century, are still traditionally represented as heterosexual whites or people of color, commonly coupled so as to represent our own grandmothers and grandfathers. They are always assumed to be heterosexual. But, as a favorite chant in modern gay pride marches goes these days, "Two, four, six, eight—How do you know your grandmother's (or grandfather's) straight?" The chant itself compels us to ask a more complicated set of questions. Exactly *who are* elders in this country now? Who will our elders be as the twenty-first century's senior population emerges? And how do we as an LGBT movement push forward a transgressive vision of society that includes what we know are the issues that make aging particularly challenging for members of our community?

What Is Unique in LGBT Aging?

We know that the population of elderly will explode in the United States from now into the foreseeable future. For LGBTQ communities, now estimated at 3 million older people, the population will nearly double by 2030 and will continue to grow and expand. Following are the central, unique characteristics of LGBTQ senior adults that will impact and must structure our future needs:

- 70 to 80 percent of us age alone;
- We rarely have familial or kinship systems to support us as we age;
- We are much less likely to have children to rely on in times of need;

- We are often forced to move to urban centers in order to live openly, thus increasing our economic vulnerability;
- LGBTQ older people have fewer resources such as Social Security or traditional pension plans because transphobia and homophobia have forced us to get jobs outside of traditional and better paid middle-class professional structures;
- Our primary coupled relationships are unrecognized by the federal government. Lack of widespread legalization of marriage and domestic partnership deprives us of equal access to health care, legal recognition of primary partnerships, social security, and rights to a partner's pension benefits;
- The multiple ways that we partner, form communities, and build nontraditional families remain unrecognized and in exile from the benefits and legal rights afforded through heterosexual marriage.

As I learned during my tenure at Services and Advocacy for G (lbt) Elders (SAGE), the largest LGBT senior organization in the world, age does not put a halt to questions of sexual orientation or gender. I watched in fascination as SAGE was forced to close admission to a "coming out" group for women over the age of 80 because there were so many who wanted to attend. It was the same for all the other groups clustered under LGBTQ identities. Transgender elders coming out? In great numbers. Bisexual elders bursting at the seams of groups created to serve them? Absolutely. Lesbians of 85 or 90 years old and counting? Categorically. Elderly gay men? Too many to count. People over 65 who were HIV-positive, or had full-blown AIDS? Certainly; and with their numbers growing so rapidly, 24 percent of all people with HIV/AIDS are over age 50. People of *all* genders and sexual orientations exploring,

questioning, trying to make sense of their desires and genders before they died? Emphatically, yes. Old, poor, homeless, incarcerated, or formerly incarcerated LGBTQ elders? Of course. Immigrant and undocumented elders, rural and farm-town elders, all of them LGBTQ? Yes, yes, YES.

Aging and the LGBT Movement

Old LGBT people are achingly absent from our political conversations in the movement. If you are old and queer, it is hard to participate in this movement because ageism is alive and well here too, often making it prohibitively difficult and painful to join in the work, to be seen as a vital agent of change regardless of age. This may be because some of us who are young believe that aging has nothing to do with our lives, especially in a culture (mainstream and queer) that values youth and devalues age. Or it may be because we are getting older, and dread and fear our aging reality. But whatever the reasons, the progressive LGBT movement is shaped in part by this silence, this ignorance, and this fear of the old. The issue of aging remains hidden in our work, and in the way we identify our movement's priorities and agenda.

The conversation must begin by naming the reasons for our silence. Because if we don't name the elephant standing in the room with us, we won't even begin to understand what we are so fearfully avoiding.

I, too, am terrified of my own unknowable, aging future, terrified of confronting the inevitability of my own death and dying. And, while being old is neither a medical condition nor a state bereft of hope, joy, sexuality, or compelling pleasure, there is no sense in trying to address this issue directly while it is so embedded in ignorance and fear. The irony of not naming our terror of death and dying is that this fear obscures the value of taking on aging. Understanding age in all its aspects, including growing old, is the only way to understand how short our time is here, how critical it is for us to step up and try to live as fully as possible throughout our lives—including the last phase: old age.

This fear is, after all, part of what we confronted in the terrible early years of HIV and AIDS. It is part of what we continue to face in a global epidemic where transmission, poverty, gender inequality, sexual oppression, and violence continue to shape the fates of millions. It is what we confront every

time we lose someone we love to illness or poverty, to hatred, racism, war, or unpredictable accident. Our movement is full of ghosts. It is chock-full of the disappeared—queer men and women who have been taken from us, individually and as a people, too often through disease and through violence. The truth is that, in many of our communities, aging is an unexpected gift—a possibility others never had.

It is difficult to discuss policy changes that would radically alter the status, framework, and life-enhancing possibilities for LGBT older adults partly because we were never meant to survive. But it is also challenging to imagine our possibilities for a radical agenda around aging when those changes will depend directly on knowing the answer to another critical question: Will the conservative agenda generated by the new right for the past 25 years, which has narrowed the scope of American politics and our society's shared understanding of its role in establishing collective responsibility for each other, fail or succeed? This is the question—and the challenge—overshadowing everything we discuss here.

As a child of the 1960s, a person whose life was shaped by the activism and vision of that generation, I would never have believed that I would be fighting today simply to preserve Social Security and Medicaid rather than engaging in ways to retool, expand, and embellish these programs for all. While the programs are flawed, and in many ways limited by an earlier generation's understanding of who comprised the senior and vulnerable communities of this country, those earlier generations nevertheless assumed that we Americans view ourselves as a people and a nation connected to and responsible for each other, especially for those among us who are most at risk. Yet in the last decade these values have been challenged to their core by the new right mission to reshape and destroy the ethics and principles of the New Deal into a voluntary privatization of social responsibility in all personal, civic, and economic realms. It would boil down the life chances of all of us, poor and working class, to be based on whatever we could make due with, or on the willingness of the wealthy to be charitable. This is, therefore, a deeply disturbing time to ask how we will confront the challenges of a new century, and of the citizens who are growing old within it.

Although many things will change in the course of the twenty-first century, it is unlikely that we will eradicate all perceived differences or prejudices based on group identities before the century's end. As has always been true in this nation, new, unanticipated groups will appear, even as many we now acknowledge will remain. And certain categories of the old will be more at risk. It is likely that in the future, we will need to address the older rural and urban poor; those who are HIV-positive or living with AIDS; older adults for whom English is a second language; older immigrants from Africa, Asia, Eastern Europe, and Latin America; lesbian, gay, bisexual, and transgender elderly; indigenous elders; older people with disabilities; and older communities of color or whites who are economically challenged.

There are a number of hidden issues as well, and if they continue to remain invisible, older people will face them alone in the twenty-first century. These issues affect elderly individuals struggling with addiction and substance abuse; those who have been or are incarcerated; and those erroneously assumed to be no longer sexually active, as they face the risk of HIV infection and other sexually transmitted diseases as well as censure and ridicule for daring to claim their sexual autonomy and erotic desires. Currently, these people struggle in isolation and shame.

Unfortunately, many of our own LGBT organizations and media are part of that marginalization of many LGBT seniors. Our communities, often portrayed as white, male, and upper class, are simply not that. We are spread deeply throughout every constituency, every crisis, and every possibility framing this country's aging future. The majority of LGBTQ people are poor, working, or middle class. Aging in this country is framed by class politics in and of itself! If you aren't poor already, getting old in America will make you poor—and, if you are poor, it will make you poorer still. But being old and poor is only part of the equation that dictates your economic fate in old age. If you are queer, of color, disabled, female, gender variant, working class, an immigrant, then get out your calculator and start multiplying to figure out what cost your aging future holds. Queer elders have no more wealth and privilege than most other elderly people in the United States. And we are burdened with an additional liability from the sexual desires and complex gender identities that have affected our own economic possibilities, as we have generally had to subsist economically in

less well paid jobs in order to be openly LGBT. These broad issues will determine the shape of aging in America; they will prove central to our futures as LGBT people as, like other aging Americans, we struggle to survive in old age.

Redefine Our Understanding of What Constitutes Family and Community

One critical question we will face in this century is how to understand, honor, and recognize the multiple nontraditional family forms that will grow to dominate this country. These changes reflect dramatic variations in the structure and definition of "community" as well as the nature and purpose of "family" in our lives. People are living longer as well. The traditional systems of support for the aging and the very old (or "old old"), formerly based in community and kinship ties, will need to change in order to manage expanding numbers of the "old old."

The family is no longer "traditional" in its structure, which has both positive and negative consequences for the aging. One of the negative consequences is that many people are aging into a future in which they will not have an intact family to assist them. Additionally, for many in LGBT and HIV-positive communities who continue to face distance or rejection from their biological relatives within traditional kinship systems, this issue will remain grave.

As we move forward, questions of change in the conventional configuration of the family will be one of the major issues confronting all older people. We will also confront the contradictions of geographic distance and family dispersion that currently frame the broader demographic crisis facing all older adults in the future, including the LGBT elderly.

As Americans have become increasingly mobile, the nature of community has changed. Many people will live in more than one (and probably multiple) locations and communities during their lifetimes. The mobility of so many citizens means that the aging individual, even if not abandoned by a biological family, is often geographically separated from the biologically based kinship system that in prior centuries would have been a source of social connection and comfort, meeting critical needs such as housing, economic support, and health care.

US Census findings tell us that a majority of people, regardless of sexual and gender identity, do not live in traditional nuclear families. That means we need to recognize that diverse households are now becoming the norm; create new forms of legal recognition for these new family configurations; and expand the various forms of legal recognition that already exist, but are rarely applied to differing structures of family and non-biological kinship.

The LGBTQ community has already pioneered one model for this: It is what we call “constructed families” or “families of choice.” This serves as a prototype for the broader reformation of family and care that will be essential for everyone in a twenty-first-century model of aging. Such models in the LGBT community have existed informally for the last 60 years, emerging after World War II. They became more critical and visible during the AIDS epidemic, as biological families often disowned their gay HIV-positive children and the LGBTQ community stepped in to care for and support queer community members. Because of this, we confronted issues of seminal importance. Who would be recognized as a “caregiver”? How was a “family” defined? In fact, many marginalized communities, including LGBTQ communities, have much experience reaching and serving older adults who are unable to access traditional biologically or heterosexually defined familial support systems. Neighborhood and community-constructed support systems for the aged—including lovers, neighbors, next-door neighbors, former partners, and friends—must be recognized seriously as both creative and practical ways for building family and community in the future.

Specifically, LGBTQ people have been at the forefront of innovative community models of chosen and constructed families, and we can help everyone discover innovative, adaptive forms of support. As a community, we found our own ways to take on the demands of an epidemic during a time when we had few legal rights. This taught us a great deal about what is needed in the face of little government recognition and support. The transgender and bisexual movements, often left behind or left out by the larger lesbian and gay movement and the mainstream world, have also challenged standard legal constructions of relationships and fought for social, legal, and economic recognition of partnerships, households, and families as they struggled for inclusion and recognition of those who shatter the narrow

confines of gender conformity. Finally, there are legal structures that must be changed dramatically. Our disenfranchisement as a community has left us isolated from the protections and benefits legally afforded other Americans. We will need to create federal legislation and other legal provisions to protect LGBTQ and other-identified, vulnerable populations of the elderly.

In every setting, older people have realized that aging in the future will demand new thinking and practice from the private, nonprofit, and public sectors of America—and from our nation’s leadership. It will demand solutions that reflect the new realities of a growing number of people living longer without traditional systems of kinship or community support. It will require more radical definitions of what healthy aging looks like. It will require the emergence of new leadership in diverse communities—crossing lines of class, race, ethnicity, gender and sexual orientation, physical or mental health, faith, and cultural divisions. It will require massive, effective, and powerful advocacy and education regarding the needs and realities of this diverse nation of the elderly. It will demand a mobilization of resources equal to the task of guaranteeing every older person a safe, supportive, and equitable future.

LGBTQ older people intend to be at the center of the national agenda in the twenty-first century. We expect to be a critical component of communities and groups that will help build significant collaborations with others equally concerned about issues of inclusion, discrimination, and diversity. We look forward to guaranteeing that the needs of every older person is recognized and included in an aging future, that *all* the voices of the elderly are heard and addressed. We have made a commitment to see that all the unique and diverse communities of the most disenfranchised are incorporated fully into our understanding of who the old and aging really are. Without that, LGBTQ elders will remain as isolated and invisible as we are today—and we can’t afford to accept that. We have too much at stake, and too much to offer, as our country faces the challenges posed by becoming a nation of elders.

Respect and choice integral to health and aged care

http://www.humanrights.gov.au/about/media/news/2012/76_12.html

Wednesday 8 August 2012

Age Discrimination Commissioner, Susan Ryan, today released the Australian Human Rights Commission's paper, *Respect and choice: A human rights approach for ageing and health*.

"Australia's health system and aged care sectors are about to expand dramatically, to take account of the longer lives we are living," said Commissioner Ryan.

"Our position paper outlines a human rights approach for the implementation the federal government's new aged care reform package, *Living Longer Living Better*.

While welcoming this new package with its increases in assistance, particularly for home based care, Commissioner Ryan said it was important that these new arrangements were built on a human rights approach.

"By adopting a human rights approach, we will be able to expect services that are available, accessible, appropriate and of good quality," Commissioner Ryan said. "We also want to see effective monitoring mechanisms and ensure accountability."

"Put simply, we are talking about ensuring that older people have choices in care, are provided with information about what is happening to them and have their privacy protected," Commissioner Ryan said. "Whether care is being provided at home or in residential facilities, providers need training that creates respect for the religious choices, sexual orientation and cultural backgrounds of the older people in their care."

The approach adopted in the *Respect and choice* paper reflects that developed by the United Nations Committee on Economic Social and Cultural Rights in General Comment No. 14 - 'The right of everyone to the enjoyment of the highest attainable standard of physical and mental health'.

The *Respect and choice* paper is available on the Australian Human Rights Commission's website at: www.humanrights.gov.au/age/ageing/

New services for GLBTI Older People in Perth

Umbrella Multicultural Community Care Services, a diversity based aged care services provider, is pleased to announce the receipt of funding specifically to provide services to the GLBTI community in Perth.

Umbrella has received funding from the Western Australian Department of Health under the Home & Community Care (HACC) program to deliver services to support older members of the GLBTI community to remain living in their homes in the community. The services cover the northern & eastern metropolitan regions & include domestic assistance, a limited amount of personal care, respite care, assistance with shopping & appointments, social support & a small flexible social group.

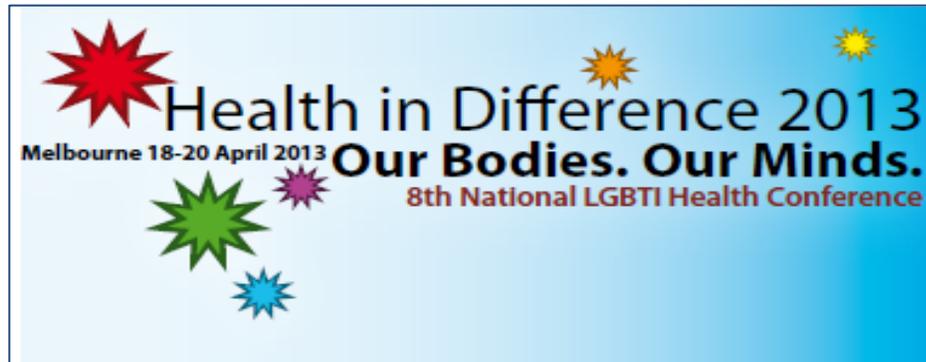
We are also able to offer assistance to carers (partner, friend or other person who plays a significant role in providing support to the older



care recipient to stay at home) through the provision respite care, counseling, support, information & advocacy.

Umbrella provides a safe & respectful environment for older GLBTI people who need assistance at home & their primary carers.

Potential clients need to be assessed by a Regional Assessment Service for eligibility to the program. Umbrella staff can assist with organizing & supporting people through the process. For more information about the program or to make a referral contact Wendy Bennett or Michael D'Souza on 9275 4411 (business hours). You can also e-mail on: W.Bennett.Umbrella@westnet.com.au or call Wendy on 0419 168 676.



8th National LGBTI Health Conference!

**When: 1pm Thursday 18 April - 5pm
Saturday 20 April 2013**

**Where: Novotel St. Kilda, Melbourne,
Australia.**

Health in Difference is Australia's premier conference on the health and wellbeing of lesbian, gay, bisexual, trans, intersex, queer and other sexuality, sex and gender diverse (LGBTI) people. This conference will bring together community organisations, health practitioners, researchers, academics, policy makers, advocates, community members and others who are interested in improving the mental, physical and emotional health and wellbeing of LGBTI people.

The overarching theme for this conference is:

OUR BODIES. OUR MINDS.

In 2013 the conference will focus on practical health issues including:

- Ageing and Aged Care
- Mental Health and Suicide Prevention
- Doing LGBTI Health Differently
- Health and Well Being for People of Diverse Sex and Gender (DSG)
- And More!

This conference in Melbourne will present the largest and most comprehensive selection of LGBTI Health research, initiatives and presentations to date.

Visit the website at <http://www.lgbthealth.org.au/hid> for full details.



Diversity Forum Report



On 3 December, GRAI co-sponsored with the Living Proud/LGBTI OneLife Suicide Prevention Committee an evening forum on *Ageing and Diversity*.

Held at the City of Vincent administrative centre, the forum was opened by Living Proud Community Coordinator Tamara Bezu, and chaired by GRAI Board Member and Living Proud Reference Group Member, Dan Parker.

The core of the evening was brief presentations on ageing, resilience and overcoming isolation by veteran LGBTI community members Geoff Davis, Sandra Bowdler, June Lowe, and Alan Emery. The panel presentations were followed by questions and answers, and thought-provoking discussion from audience members. Audience members included LGBTI community members of many ages, representatives of aged care organisations, and included Clive Elliot, Agency Coordinator of OneLife, which funded the Living Proud project.

The older adult panel members spoke from their impressive individual and collective experiences in early and later LGBTI community organisations, in progressive politics, academia and in HIV prevention and health promotion. From personal and professional perspectives they spoke to how they sustain mental wellness and community connections while ageing; what they have seen our communities achieve in their lifetimes; and what needs to be done to challenge and reverse the marginalisation of LGBTI older adults in our communities and more broadly.

In their introduction to the evening, Tamara Bezu and Dan Parker spoke to Living Proud's much-needed outreach to mainstream mental health and suicide prevention programs and providers; and to our increasing awareness of how discrimination and stigma increase rates of depression, anxiety and suicidal thoughts and behaviours among LGBTI community members.

As part of its suicide prevention strategy, Living Proud is also working to improve LGBTI community connections, cohesion and mutual supports, and to decrease discrimination within our communities—which can also have major effects on mental well-being.

Dan Parker stressed the commonalities LGBTI elders share with other older Australians, and the need to increase the visibility of and participation by LGBTI older adults in our community organisations and life. Dan addressed the important changes that will accompany the Commonwealth Department of Health and Ageing's 20th December launch of its *National LGBTI Ageing and Aged Care Strategy*, which panel and audience members spoke to as well.

The *Ageing and Diversity* forum marked a successful collaboration between older LGBTI community members, GRAI, Gay and Lesbian Community Services (GLCS)/Living Proud, and City of Vincent staff--all committed to increasing inclusion of and services for LGBTI older adults.

Dan Parker

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