



The aging of LGBTQ+ individuals is an emerging issue that raises specific challenges in terms of health, well-being, and social inclusion. This elderly population, long invisible, faces problems related to both their aging and their sexual or gender identity. The cumulative effect of discriminations experienced throughout their lives (homophobia, transphobia, ageism) impacts their quality of life and requires tailored care and support.

One key issue is that of isolation and loneliness. Older LGBTQ+ individuals are more often single, childless and distant from their original families than their heterosexual and cisgender peers. They have often also lost part of their friend and community network, decimated by HIV/AIDS in the 80s-90s. This vulnerability in social and emotional connections exposes them to a heightened risk of depression, self-isolation, and loss of autonomy.

The issue of access to appropriate care and services is central. Older LGBTQ+ individuals have specific health needs, related to their life journey (long-term impact of HIV, hormonal treatment...) and more frequent behaviors (smoking, drug usage...). They are also more exposed to certain chronic illnesses and cognitive disorders. However, the healthcare system is often unsuitable, with healthcare professionals poorly trained in LGBTQ+ issues and heteronormative and cisnormative socio-medical structures. The fear of discrimination in elderly care homes is a major barrier to care access.

Another challenge is the transmission and preservation of memory. Older LGBTQ+ individuals were pioneers in the fight for rights and visibility. They have unique experiences and history, molded in secrecy, repression, and resilience. But this memory of struggles and ways of life is undervalued and risks getting lost. There is a need to preserve and pass down this history to younger generations, to strengthen solidarity and anchor identities.

End-of-life planning also raises unique issues. In the absence of legal recognition of certain same-sex couples (before the legalization of gay marriage) and family relationships (for same-sex parent families), partners and children can be excluded from medical decisions and inheritance rights. Anticipating legal protection (will, future protection mandate, advance directives) is essential to safeguard loved ones.

A few scenario examples:

- Monique, 78, has been living alone since her partner passed away 5 years ago. Her health is declining, and she's losing autonomy but she's apprehensive about going into a retirement home for fear of having to return "in the closet" and experience homophobia. The coach helps her identify a welcoming institution, trains staff in inclusion, and assists her during the transition.

- Jean, 82, lived a life as a self-identified gay man, at a time when homosexuality was still taboo. He'd like to share his experiences and pass down his journey to younger generations, but he doesn't know how to go about it. The coach helps him connect with senior LGBT associations to participate in memory projects (testimonies books, documentaries...).

- Fatima, a 71-year-old transgender woman, has been living in a long-term care facility for 2 years. She publicly identified as trans late in life, and began her transition 10 years ago. She's very isolated and feels misunderstood by residents and staff, who misgender her and question her identity. The coach raises the staff's awareness about trans issues, sets up a discussion group on diversity, and supports Fatima in affirming herself.

- Pierre and Jacques, in a relationship for 40 years, want to prepare for their end of life. They worry about the surviving partner, who might find themselves helpless against a hostile in-law family. The coach helps them draft a will that protects their wishes and organizes family mediation to ease relations.

In summary, the LGBTQ+ coach performs an essential role in supporting the serene and dignified aging of LGBTQ+ individuals. This involves raising the awareness of professionals and families on specific issues, working on inclusion and fairness within institutions, and providing individual support to strengthen social ties, autonomy, and transmission. The goal is to enable each person to age respecting their identity, their choices, and their life story while combating all forms of discrimination and invisibility.

Key points:

- The aging of LGBTQ+ individuals raises specific challenges due to the cumulative effect of discriminations (homophobia, transphobia, ageism) impacting their quality of life.

- Isolation and loneliness are major issues, with older LGBTQ+ individuals often being single, childless, and having a weakened social and emotional network.
- The access to appropriate care and services is critical, given the specific health needs and an often unsuitable and discriminatory health-social system.
- The transmission of memory and struggles of the LGBTQ+ pioneers is crucial for strengthening intergenerational solidarity and anchoring identities.
- End-of-life planning requires the anticipation of legal protection to secure loved ones in the context of unequal rights.
- The LGBTQ+ coach performs a crucial role in supporting serene and dignified aging by raising professional and family awareness, promoting inclusion within institutions, and individually supporting individuals in respect of their identity and history.