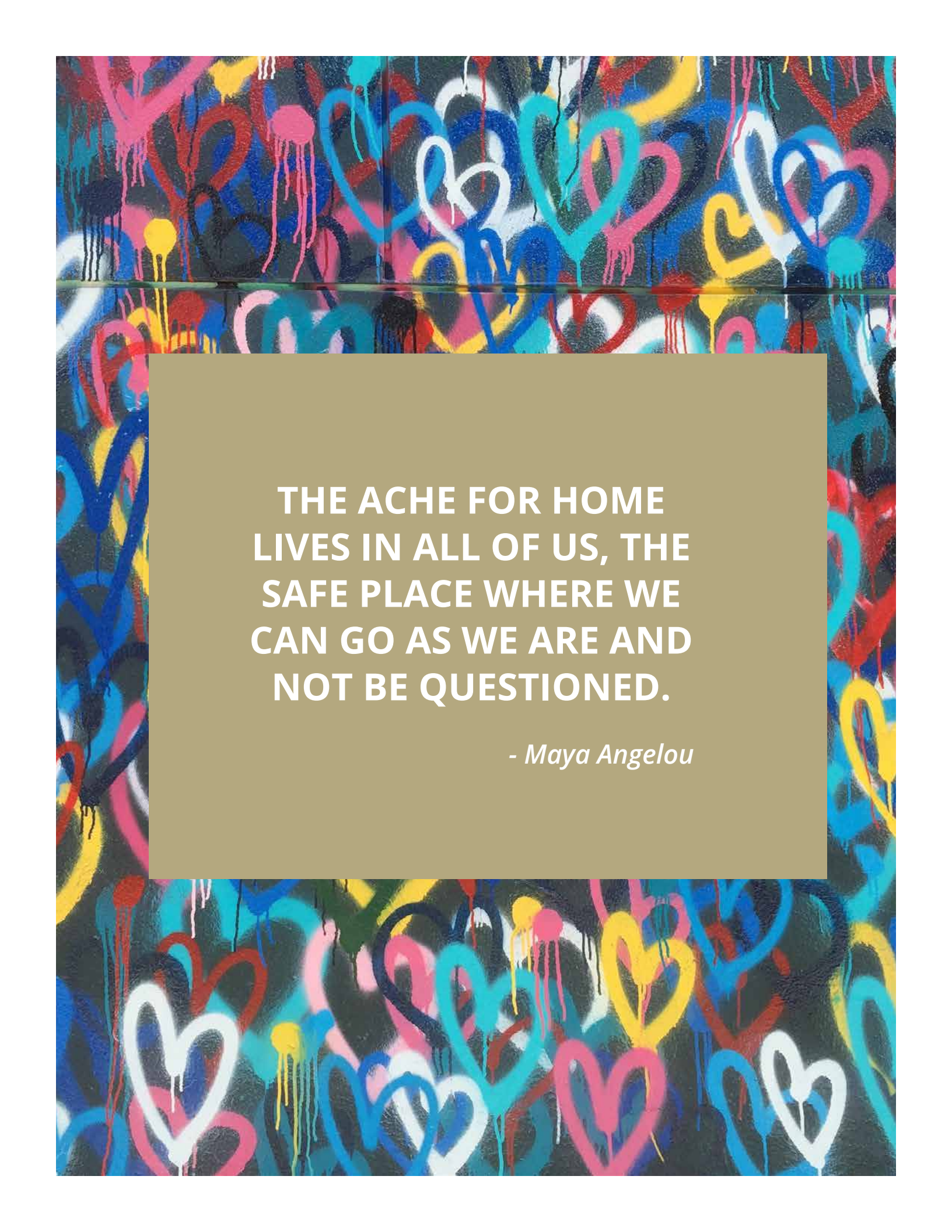island health

DEVELOPING INCLUSIVE AND AFFIRMING CARE FOR LGBTQ2+ SENIORS

TOOLKIT

THE ACHE FOR HOME
LIVES IN ALL OF US, THE
SAFE PLACE WHERE WE
CAN GO AS WE ARE AND
NOT BE QUESTIONED.

- Maya Angelou

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HISTORY AND CONTEXT

Many of today's Lesbian, Gay, Bisexual, Transgender, Queer and Two-Spirit (LGBTQ2+) seniors have experienced a lifetime of discrimination based on their sexual orientation and/or gender identity and expression. A number of recent reports and articles indicate that many LGBTQ2+ seniors are feeling anxious about the increased vulnerability and loss of independence that can accompany aging. Many fear that they will need to hide their sexual orientation or moderate their gender expression in some way to receive quality care in health care, home care and residential care settings.

Although gathering accurate statistics can be challenging, it is estimated that anywhere between 3 and 10 percent of the population are lesbian, gay, bisexual, queer, two-spirited, or transgender. Using these parameters, there are between 4,500 and 15,000 LGBTQ2+ seniors served by Island Health. Further, as our population continues to age, the number of LGBTQ2+ seniors needing responsive, quality health care, home care, and residential services will grow.

This Toolkit will help leaders and policy makers consider the unique needs and concerns of this community and provide more affirming and inclusive care. The LGBTQ2+ Toolkit was developed following a review of international and national research, input from local focus groups, and includes information and ideas adapted from the resources listed at the end of this document.

WHY IS THIS STILL RELEVANT/NEEDED?

Fortunately, laws and social norms have evolved with regard to acceptance of the LGBTQ2+ community in the past two decades. While overt acts of violence and/or discrimination are less frequent than they used to be, one does not have to look far to find examples of transphobia or homophobia in our communities and across the country.

It is the unpredictability of these incidents that keep people in the LGTBQ2+ community uncertain about who is an ally or when the next incident may occur.

Conversation and education will increase our collective awareness of the experiences, fears and care needs of seniors in LGTBQ2+ communities, and will ensure we are better positioned to provide the quality person-centred care we strive for in Island Health.

In recognition of our shared responsibility for transformational change, this document was developed for use by persons who develop policies and guidelines, and those who deliver programs and services that directly or indirectly affect LGBTQ2+ seniors.

Intentionally and overtly making it known that people from the LGBTQ2+ community are welcome in our services and can expect affirming care will go a long way to decreasing anxiety in this community.
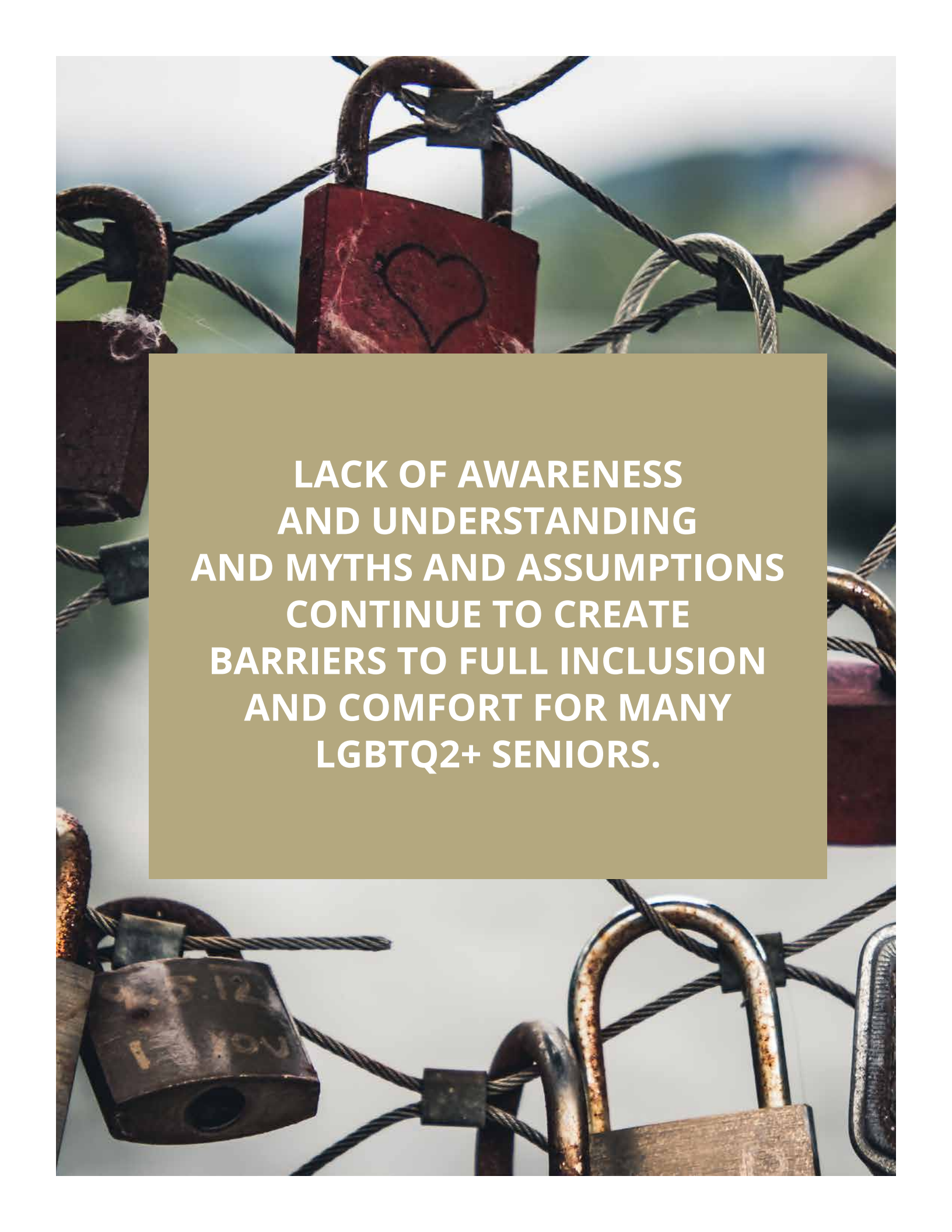
WHAT DO WE NEED TO DO?

Changes need to be made in a number of areas to improve the experience of LGBTQ2+ seniors accessing Island Health services including Education, Governance, Physical Facilities, Human Resources and Provision of Care. Program leaders are encouraged to use this change Toolkit to review and/or modify existing policies, practices and programs and to guide them in the development of new ones, with the goal of improving care for LGBTQ2+ seniors in Island Health.

Some of the items in this Toolkit are concrete and thus relatively simple to achieve. Others will require reflection and examination of norms and established ways of practice. Leaders are invited to start anywhere on the list; action on even one item will be valuable. Some items can be addressed at the program level; others must be done in collaboration with other levels and/or departments within the organization.

An Implementation Strategies Table has been included following the Checklist for LGBTQ2+ Inclusion to support planning and change.

**LACK OF AWARENESS
AND UNDERSTANDING
AND MYTHS AND ASSUMPTIONS
CONTINUE TO CREATE
BARRIERS TO FULL INCLUSION
AND COMFORT FOR MANY
LGBTQ2+ SENIORS.**

CHECKLIST FOR LGBTQ2+ INCLUSION

*STATUS: **IP** - In Progress | **NS** - Not Started | **A** – Achieved | **NA** – Not Applicable

AREA of FOCUS	
Education	**STATUS***
All staff (including security, housekeeping), physicians and volunteers receive education (appropriate to their role) in LGBTQ2+ seniors issues and care needs including but not limited to: • health disparities • discrimination and marginalization • diversity within the community • unique ways LGBTQ2+ seniors are vulnerable to elder abuse • visibility/invisibility • ways to be inclusive of and sensitive to the experiences and needs of LGBTQ2 seniors • addressing homophobia and transphobia in the workplace	
A list of LGBTQ2+ resources (both internal and external) including programs, services and people are available and accessible to residents and staff.	
The program has a designated LGBTQ2+ resource person/advocate who has links to LGBTQ2+ networks and resources in the Health Authority and community.	
Governance - Policies and Guidelines	**STATUS***
Policies and guidelines have been reviewed to ensure equitable/inclusive/affirming care for LGBTQ2+ seniors. In order to bring an LGBTQ2+ lens to the process, policy/guideline developers and reviewers should pose the following questions: 1. Does this policy/guideline assume that all residents/patients/clients are heterosexual and cisgender? 2. Does this policy/guideline create any unintended barriers to accessing or participating fully in services for LGBTQ2+ seniors? 3. How might this policy/guideline uniquely affect the LGBTQ2+ senior's population? 4. Have the distinctive care needs and health issues of LGBTQ2+ seniors and/or their families/caregivers been considered in the development or implementation of this policy/guideline?	
The program/facility has clearly written non-discrimination policy which explicitly includes sexual orientation and gender identity and expression. These policies are readily available and used effectively by leadership when addressing concerns with staff, residents and families/caregivers.	
All promotional materials for the program/service are reviewed to ensure they contain inclusive language and images (i.e., Welcome Packages, brochures, fact sheets, promotional materials, social media, website, etc.)	
All documentation (assessment tools, intake paperwork, etc.) is worded in such a way that eliminates assumptions about gender identity and sexual orientation. Staff consider how standard tools and other documents include or exclude people based on sexual orientation and/or gender identity or expression.	

CHECKLIST FOR LGBTQ2+ INCLUSION

*STATUS: IP - In Progress | **NS** - Not Started | **A** – Achieved | **NA** – Not Applicable

AREA of FOCUS	
Physical Facility and Environmental Design	**STATUS***
LGBTQ2+ positive posters, signs, reading material etc., are visible within the facility. Signs indicating that the facility or program is a safe space should only be placed _**after**_ foundational work has been done to ensure that the program and staff are actively and purposefully supportive and inclusive.	
The psychological and physical safety of LGBTQ2+ seniors is considered when placement decisions are being made, or in sharing of facilities and/or space within a facility.**	
As appropriate by program, LGBTQ2+ seniors are able to have equitable access to privacy and respectful support for intimate contact/relationships. **	
Access to washrooms welcoming to trans people are available within the facility – i.e. single stall washrooms, all gender signage etc.	
Workforce/Human Resources	**STATUS***
Job postings for staff and volunteer positions are advertised in the LGBTQ2+ media and/or posted in LGBTQ2+ agencies.	
The organization's commitment to diversity and inclusive hiring is clearly stated in all internal and external job postings.	
Ongoing job performance feedback includes an evaluation of the worker's ability to demonstrate LGBTQ2+ inclusivity in practice (i.e. included in respectful workplace and diversity policies). (Sample competencies are offered in Appendix B)	
There is a confidential complaint process that allows clients, staff and volunteers to bring forward complaints of discrimination or harassment on the basis of sexual orientation or gender identity and expression.	
As part of assessing potential employees and volunteers, question(s) related to diversity in general and ease and skill working with LGBTQ2+ populations are integrated into the interview process.	
An LGBTQ2+ learning hub/ on-line resource is available to support staff competency and confidence in providing safe and inclusive care to LGBTQ2+ residents/clients/patients across the health authority.	
Educational resources are identified and/or developed to support existing and orienting staff to provide more inclusive services to LGBTQ2+ seniors. Staff are allowed time and supported to engage in learning and reflective practice.	

Items specific to Residential Care **

CHECKLIST FOR LGBTQ2+ INCLUSION

*STATUS: **IP** - In Progress | **NS** - Not Started | **A** – Achieved | **NA** – Not Applicable

AREA of FOCUS	
Programs and Services/Care Provision	**STATUS***
LGBTQ2+ seniors are able to define who their caregivers and family of choice are and how they are involved in their care.	
LGBTQ2+ seniors and their caregivers/families of choice have opportunities for input into programming, care provision, and feedback related to the safety/sensitivity of care provided.	
Staff are aware of LGBTQ2+ resources in the community. LGBTQ2+ seniors are offered support in accessing those resources to build community and reduce isolation.	
Attention is paid to creating conditions in which it is safe for people to disclose sexual orientation and gender identity and to express them in whatever ways are comfortable to them. (For example, Welcome/Intake paperwork and processes are explicit about inclusion and non-discrimination)	
Where possible and appropriate, there are opportunities created for LGBTQ2+ seniors to participate in LGBTQ2+ themed activities. (This could include LGBTQ2+ movies nights, reading material in the program library, participation in pride events etc.)	
Care provided incorporates an understanding of the unique experiences and health concerns of LGBTQ2+ seniors. Programs and services recognize and respond to the existence of health disparities between LGBTQ2+ and non-LGBTQ2+ seniors, and the unique health concerns of LGBTQ2+ seniors. (e.g. rates of seroconversion are higher with older adults, greater risk for cancer, diabetes, anxiety/depression, substance use, suicide etc.)	

IMPLEMENTATION STRATEGIES TABLE

OPTIONAL COMPANION TO THE LGBTQ2+TOOLKIT

Goal Area	Objective	Activities	Lead	Timeline	Resources Needed	Progress / Notes

REFERENCES

THIS TOOLKIT IS INFORMED BY

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GLOSSARY OF TERMS

APPENDIX A

- **LGBTQ2+:** An acronym for "Lesbian, Gay, Bisexual, Transgender, Transsexual, Two-Spirit, Queer and Questioning" people.

- **Lesbian:** A female-identified person who is emotionally and sexually attracted to female-identified people.

- **Gay:** A person who is emotionally and sexually attracted to someone of the same sex and/or gender—gay can include both male-identified individuals and female-identified individuals, or refer to male-identified individuals only.

- **Bisexual:** A person who is attracted emotionally and sexually to both male-identified and female-identified people.

- **Intersex:** An individual having reproductive organs or external sexual characteristics of both male and female.

- **Transgender:** A person who does not identify either fully or in part with the gender associated with their birth-assigned sex—often used as an umbrella term to represent a wide range of gender identities and expressions. Transgender people (just like cisgender people) may identify as straight, gay, etc.

- **Cisgender:** Refers to a person whose biological sex assigned at birth matches their gender identity. (May identify as straight, gay, etc.)

- **Transsexual:** A person whose sex assigned at birth does not correspond with their gender identity. A transsexual woman needs to live and experience life as a woman and a transsexual man needs to live and experience life as a man. Many identify as transgender, rather than transsexual, because they are uncomfortable with the psychiatric connections to the term 'transsexual'. Some transsexual people may physically alter their body (e.g., sex reassignment surgery and/or hormone therapy) and gender expression to correspond with their gender identity.

- **Trans:** A term commonly used to refer to transgender, transsexual and/or gender variant identities and experiences. While it is often used as an umbrella term, some people identify just as Trans.

- **Two Spirit (or 2-spirit):** Some Aboriginal people choose to identify as Two Spirit rather than, or in addition to, identifying as lesbian, gay, bisexual, trans or queer. Prior to European colonization, Two Spirit people were respected members of their communities and were often accorded special status based upon their unique abilities to understand both male and female perspectives. Two Spirit persons were often the visionaries, healers and medicine people in their communities. The term Two Spirit affirms the interrelatedness of all aspects of identity—including gender, sexuality, community, culture and spirituality. It is an English term used to stand in for the many Aboriginal language words for Two Spirit.

- **Queer:** Historically, a derogatory term for homosexuality, used to insult LGBT people. Although still used as a slur by some, the term has been reclaimed by some members of LGBT communities, particularly youth. In its reclaimed form it can be used as a symbol of pride and affirmation of difference and diversity, or as a means of challenging rigid identity categories.

- **Questioning:** A person who is unsure of their sexual orientation or gender identity.

- **Sexual Orientation:** A person's capacity for profound emotional and sexual attraction to another person based on their sex and/or gender.

- **Gender Identity:** A person's deeply felt internal and individual experience of gender—their internal sense of being a man, woman, or another gender entirely. A person's gender may or may not correspond with the sex assigned to them at birth. Since gender identity is internal, one's gender identity is not necessarily visible to others.

Source: Egale Canada Human Rights Trust – www.egale.ca

SAMPLE COMPETENCIES
FOR PROVIDING CARE TO LGBTQ2+ SENIORS
APPENDIX B

STAFF IN ISLAND HEALTH SHOULD BE ABLE TO:

1. Critically analyze personal and professional attitudes toward sexual orientation and gender identity and expression, and understand how factors such as culture, religion, family of origin and media influence attitudes and delivery of care to LGBTQ2+ seniors.

2. Understand and articulate the ways that larger social, judicial, medical, and cultural contexts may have negatively impacted LGBTQ2+ seniors as a historically disadvantaged population.

3. Use the LGBTQ2+ Toolkit to audit and develop affirming and welcoming policies and processes with your program area.

4. Demonstrate respectful and affirming care to LGBTQ2+ seniors by communicating acceptance of all sexual orientations and gender identities. Such acceptance can be communicated by using preferred pronouns, recognizing and honouring the LGBTQ2+ seniors' families of choice, facilitating connections to broader LGBTQ2+ community etc.

5. Describe common health disparities experienced by the LGBTQ2+ population and ensure that assessments and interventions attend to these disparities.

6. Recognize the impact of intersecting identities within the LGBTQ2+ community (such as age, gender, race etc.) and develop health and care plans that consider these variables.

7. Enhance the capacity of LGBTQ2+ seniors and their families, caregivers and other supports to navigate aging, health and community services.

Adapted From: *Creating a Vision for the Future: Key Competencies and Strategies for Culturally Competent Practice With Lesbian, Gay, Bisexual, and Transgender (LGBT) Older Adults in the Health and Human Services*

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