

LEADING & LEARNING WITH PRIDE

A Revitalized Tool Kit on Supporting
2SLGBTQI+ Seniors



“Difference is that raw and powerful connection from which our personal power is forged...Without community there is no liberation...But community must not mean a shedding of our differences, nor the pathetic pretense that these differences do not exist.”

—Audre Lorde

This quote from author and activist Audre Lorde encapsulates the collaborative spirit of this Tool Kit and has guided our work from the outset. The City of Toronto Seniors Services and Long-Term Care (SSLTC) division celebrates strength in difference and has worked to ensure that a diverse chorus of voices informed this Tool Kit revitalization project.

SSLTC recognizes the contributions of The 519 and Senior Pride Network, who were named in the Toronto Seniors Strategy recommendation from which this project stems and who provided key input into its early stages.

SSLTC also extends our sincerest gratitude to all the lived experience advisors, organizational representatives, and divisional staff who contributed their time, energy, and expertise to the Tool Kit Revitalization Working Group. This working group met regularly from September 2021 – May 2022 to reshape this Tool Kit piece by piece, engaging in critical and enlightening discussions about identity, community, and a brighter future for 2SLGBTQI+ Seniors within and beyond Toronto.

Tool Kit Revitalization Working Group

Lived Experience Advisors

Angel Gonsalves (she/her),
Member of SPN Toronto, Older Adults
program advisory committee member;
Trans People of Colour (TPOC) and Meal
Trans programs with the 519;
Community hero award winner

Rick Gourlie (he/him),
Retired LTC Administrator

Heather Hay (she/her),
Human Rights Activist

leZlie lee kam (gender mysterious),
queer DYKE community activist/workshop
facilitator, OUT of the CLOSET!

Shoshana Pellman (she/her),
Activist, educator, community member

Nicole Tanguay (they/them)

Tom Warner (he/him),
Chair, The Senior Pride Network Toronto

Mary Beth Wighton (she/her),
BSO Provincial Lived Experience Facilitator
and Living with Dementia

Organizational Representatives

Christine Chan (she/her),
Prevention Consultant, Elder Abuse
Prevention Ontario

Jo Jefferson (they/them),
Specialist, Education & Training, The 519

Stephen Low (he/him),
Faith-Based Resources Team Lead, Rainbow
Faith and Freedom

Ash McGhee (she/her),
Manager, Education & Training, The 519

Barbara Michalik (she/her),
Executive Director of Academic, Community
Partnerships and Programming, Reka Centres

Tanya Neumeyer (they/them),
Education & Training Specialist 2SLGBTQ+
Health, Rainbow Health Ontario

SSLTC Staff Representatives

Joseph Friedman Burley (he/him),
Tool Kit Revitalization Project Lead,
Management Consultant, Seniors Services
and Long-Term Care

Jennifer Johnson (she/her),
Manager Resident Services,
Fudger House

Kathleen McMaster (she/her),
Recreation Services Assistant, Fudger House

Mirjana Milojevic (she/her),
Recreation Services Assistant, True
Davidson Acres

Shaye Thompson (she/her/they),
Case Worker, Community Programs

In addition, we recognize the valuable input provided by SSLTC residents, service users, family, and staff, whose quotes and testimonials provide an important personal dimension to the content and will appear throughout the Tool Kit.

We acknowledge the guidance of Reverend Margaret Rodrigues (they/them), Member of the Toronto Senior Pride Network and Honorary Assistant at St. John's West Toronto Anglican Church, who strengthened our focus on 2SLGBTQI+ affirming religious and spiritual care.

We also extend thanks to Dara Dillon (she/her), Research Trainee, Seniors Services and Long-Term Care, for her work in compiling the reference list for this Tool Kit.

Expert Review Panel

Finally, SSLTC recognizes the efforts and guidance of the Expert Review Panel, who provided key insights and feedback on later drafts of this Tool Kit:

Dr. Ashley Flanagan (she/her),
Research Fellow, National Institute on Ageing

Michelle Fleming (she/her),
Knowledge Broker, Ontario Centres for Learning, Research and Innovation in Long-Term Care at Bruyère

Reverend Dr. Brent Hawkes (he/him),
Founder, Rainbow Faith and Freedom

Liane MacGregor (she/they),
Management Consultant, Seniors Services and Long-Term Care

Dr. Celeste Pang (she/they),
Senior Research Officer, Egale Canada

Raeann Rideout (she/her),
Partnerships & Outreach, Elder Abuse Prevention Ontario

Partnering Organizations



Contents

Acknowledgements

1

Introduction

8

A Note from the Mayor.....	8
A Note from the Toronto Seniors Strategy Accountability Table Co-Chairs	9
A Note from the Deputy City Manager, Community and Social Services.....	10
A Note from the General Manager, Seniors Services and Long-Term Care	11
Project History and Context	12
Tool Kit Revitalization: Advancing Respectful, Inclusive & Affirming Care....	16
Purpose of the Tool Kit	19
Background on the City of Toronto	30

Section I

Building Individual Knowledge and Skills

36

Language & Terminology.....	39
2SLGBTQI+ Seniors Today – A Snapshot of Current Research	63
Practicing Allyship with 2SLGBTQI+ Seniors.....	88

Section II

Building Organizational Capacity

98

‘10 Steps’ Reimagined – Ongoing Improvement for Respectful, Inclusive, & Affirming Organizations.....101

Look, Listen, & Feel – Check the Pulse of the Organization103

Spread the Word – Communicate Intentions to Stakeholders.....105

Open Up – Create Welcoming Policies, Procedures & Environments.....107

 Policies108

 Procedures.....116

 Environments129

Light the Spark – Identify 2SLGBTQI+ Champions.....134

Come Together – Create Formal 2SLGBTQI+ Organizing Groups.....136

Build Bridges – Engage Partners & Create Communities.....141

Hit the Books - Promote Ongoing 2SLGBTQI+ Education & Training146

Walk the Talk – Develop & Deliver 2SLGBTQI+ Affirming Programs & Services.....149

 Social Support & Recreation Services152

 Spiritual & Faith-based Program & Services158

 Intergenerational Programming.....161

Raise Your Voice – Advocate Widely164

Be Accountable – Evaluate Processes & Systems for 2SLGBTQI+ Inclusion.....166

 Respectful, Inclusive, and Affirming Care Evaluation Framework.....169

Endnotes

182

Appendix 1. Additional Resources on 2SLGBTQI+ History & Activism194

Appendix 2. Select Services for 2SLGBTQI+ Seniors in Toronto195

Appendix 3. 2SLGBTQI+ Training Options.....205

Appendix 4. 2SLGBTQI+ Program Protocols.....210

Appendix 5. Important Events for 2SLGBTQI+ Communities.....218

Appendix 6. Select Affirming Religious & Spiritual Groups in Toronto219

Appendix 7. How to Complete the Respectful, Inclusive,
and Affirming Care Evaluation Framework221

A Note from the Mayor

Toronto is one of the most diverse cities in the world, and that diversity extends to our seniors. As we work together to build a more equitable and inclusive community for our aging population and those living in long-term care (LTC), the needs and experiences of 2SLGBTQI+ residents must remain a key consideration.

Every year, as we prepare for Pride celebrations across the city, it is vital that we honour the strides made by 2SLGBTQI+ residents, who worked together to demonstrate against the infamous bathhouse raids in Toronto and kept fighting for freedom and justice for their communities. It is thanks to their activism that Pride as we know it can happen every year.

In Toronto we are proud to celebrate the 2SLGBTQI+ community's contributions to the cultural fabric of our city and we are committed to making Toronto a welcoming place for everyone. As part of our work to create a more inclusive city, we have developed a Tool Kit that will support our efforts in creating more respectful, inclusive,

and affirming services that address homophobia, biphobia, and transphobia affecting Toronto seniors and LTC residents. This Tool Kit will be used by staff in our Seniors Services and Long-Term Care division to better support residents, community seniors, service users, families, and more.

I thank Seniors Services and Long-Term Care and the working group of dedicated community members, service providers, and advocates, who collaborated to bring this resource to life. As part of our Toronto Seniors Strategy, staff have been working with our partners on this Tool Kit, which I know will play a big role in fostering a more inclusive environment. We know there is more work to be done to ensure the equity and safety of our 2SLGBTQI+ senior communities and as a city we are prepared to do what it takes to make this city a place for everyone.



**Our diversity is
our strength.**

— **John Tory,**
Mayor of Toronto

A Note from the Toronto Seniors Strategy Accountability Table Co-Chairs

In 2018, City Council unanimously adopted the [Toronto Seniors Strategy Version 2.0](#) and in doing so, cemented our collective commitment to making Toronto an age-equitable City.

Version 2.0 includes 27 new recommendations in the areas of health, housing, transportation, employment and income, and access to information. It was developed through extensive consultation with over 10,000 residents, including seniors, caregivers, and other key stakeholders. We also worked to ensure that our consultation approach actively included and amplified the voices of marginalized seniors, including those identifying as 2SLGBTQI+.

It is thanks to the passion and participation of 2SLGBTQI+ Seniors that Version 2.0 includes Recommendation 22, which directs City staff to work with the 519, Senior Pride Network, and other community partners to develop a public awareness and education campaign addressing homophobia, biphobia, and transphobia affecting seniors.

The community-engaged revitalization of the 2SLGBTQI+ Tool

Kit was undertaken in response to this particular recommendation. As co-chairs of the Toronto Seniors Strategy Accountability Table, we are delighted to see this resource come to fruition, and to know that it was meaningfully co-developed with 2SLGBTQI+ Seniors, advocates, and allies. We are indebted to this group for their contributions to this Tool Kit and steadfast commitment to better care for their communities.

2SLGBTQI+ Seniors are a vital asset and a key part of what makes this city great. We all benefit from their energy, vibrancy, and lived experience. With the release of this Tool Kit, we are one step closer to realizing the vision of the Toronto Seniors Strategy: a truly age-equitable and inclusive Toronto for all seniors.



— **Dr. Samir Sinha & Councillor Josh Matlow**
Co-Chairs, Toronto Seniors Strategy Accountability Table

A Note from the Deputy City Manager, Community and Social Services

Toronto is a vibrant City with an expanding and diversifying population of seniors who, more and more, are opting to age in place. As public servants, it is our obligation to ensure that the City meets the needs of all seniors, including those identifying under the 2SLGBTQI+ umbrella.

As Deputy City Manager, Community and Social Services, I oversee a diverse range of services and supports to allow all Toronto residents and neighbourhoods to fully participate in the social and economic life of the city. I am eager to see this

Tool Kit implemented in our 10 long-term care homes and in services that works to support our senior population. This could include our work in Economic Development & Culture, Employment and Social Services, Housing, Parks, Forestry & Recreation, Public Health, Shelters, Social Development, Toronto Paramedic Services and Toronto Fire Services.

We all play a role in improving the lives of 2SLGBTQI+ Seniors, whether they reside in long-term care or in the community.

Thank you to the Seniors Services and Long-Term Care division and all the community partners who worked together to develop this amazing resource. It represents one promising step towards truly inclusive services for 2SLGBTQI+ Seniors in Toronto.



— **Paul Johnson,**
Deputy City Manager, Community and
Social Services

A Note from the General Manager, Seniors Services and Long-Term Care

Seniors Services and Long-Term Care believe in the core values of **Compassion**, **Accountability**, **Respect**, and **Excellence**. These **CARE** values are shared by all stakeholders; drive culture, priorities, provide a framework in which all decisions are based and inform everything we do to support Toronto's expanding and diverse community of seniors.

A commitment to CARE also means a commitment to equity and inclusion. Every senior in our City deserves care and support that meets their unique needs and is free from harassment,

discrimination, and violence. Within SSLTC we strive to ensure that seniors feel welcome and safe accessing our care and services, and seniors identifying under the 2SLGBTQI+ umbrella are no exception.

SSLTC recognizes and celebrates the diversity and lived experiences of 2SLGBTQI+ Seniors. This revitalized Tool Kit is one important step we are taking to create services that are truly inclusive, welcoming, and representative of the CARE values.

To the 2SLGBTQI+ Seniors, our care providers, and allies who have helped advance this vital project, thank you. We look forward to walking this path together to create a brighter, more equitable future for 2SLGBTQI+ senior communities.



— **Jennifer Dockery**,
General Manager, Seniors Services and
Long-Term Care



Project History and Context

In 2004, the City of Toronto division of Seniors Services and Long-Term Care (SSLTC) became one of the first providers in North America to shift towards a model of long-term care that worked to address the needs of Two-Spirit, Lesbian, Gay, Bisexual, Transgender (Trans), Queer, Intersex, and additional gender- and sexual-minorities (2SLGBTQI+). In 2008, to promote this model division-wide, SSLTC released the first iteration of the comprehensive LGBT Tool Kit: For Creating Lesbian, Gay, Bisexual and Transgender Culturally Competent Care at Toronto Long-Term Care Homes & Services. Then, in 2017, we revised the Tool Kit. At that time, our goal was to share what we'd learned about the delivery of sensitive care to 2SLGBTQI+ Seniors across the City's 10 LTC homes and community programs; provide a framework for inclusive and affirming service provision; and facilitate access to resources that support knowledge for staff, clients, residents, volunteers, care partners, and family members.



A lot has changed since the release of the 2017 Tool Kit. Thanks to the determined advocacy of 2SLGBTQI+ communities, many organizations, institutions, and governments around the world and in Canada have continued to advance 2SLGBTQI+ rights and freedoms. In June 2017, the Canadian Government added ‘gender identity’ and ‘gender expression’ as grounds for protection under the [Canadian Human Rights Act and Criminal Code](#).¹ Five months later, Prime Minister Justin Trudeau issued a [formal apology](#)² for centuries of “systemic oppression, criminalization, and violence against the lesbian, gay, bisexual, transgender, queer, and two-spirit communities” in Canada. More recently, the Federal Government demonstrated a promising commitment to promoting 2SLGBTQI+ equality, upholding rights, and addressing discrimination through the establishment of the [LGBTQ2 secretariat](#)³ and [national LGBTQ2 action plan](#).⁴



These important steps forward are a testament to the [resilience](#)⁵ and vibrancy of 2SLGBTQI+ communities, and specifically highlight the legacy of activism among 2SLGBTQI+ Seniors. Even with this progress, there is more work to be done. A [recent national survey](#)⁶ indicated that 39% of 2SLGBTQI+ Canadians have experienced violence due to homophobia, transphobia, biphobia, or other forms of hate directed at their sexual orientation, gender identity, and/or gender expressions in the past five years. In Toronto, 2SLGBTQI+ individuals were the [fourth most frequently victimized group](#)⁷ in 2021 and were one of the predominantly victimized groups for verbal threats.

2SLGBTQI+ Seniors are exposed to unique forms of stigma and discrimination due to the combination of their age, gender identity, gender

expression, and/or sexual orientation. Additionally, 2SLGBTQI+ Seniors are an incredibly diverse group who may simultaneously experience intersecting forms of oppression based on other aspects of their identity such as race, religion, ability, and socioeconomic status. As a result, 2SLGBTQI+ Seniors often face barriers in attempting to access healthcare and social support. These barriers may be related to the persistence of [social stigma](#);⁸ [exclusion](#)⁹ from health policies, practices, and data collection; the complex dynamics of 2SLGBTQI+ [visibility and representation](#);¹⁰ and/or service providers' [lack of knowledge](#)¹¹ around care and support needs. 2SLGBTQI+ seniors are also champions of change with the capacity and lived experience to improve services through advocacy, education, and community organizing.



Many of these strengths and complexities around 2SLGBTQI+ ageing are reflected in the [Toronto Seniors Strategy 2.0](#) (TSS 2.0), which was adopted by City Council in May 2018.¹² Developed through extensive consultation with over 10,000 Torontonians, TSS 2.0 includes 27 high-impact recommendations that aim to better support Toronto seniors in five key areas (health, housing, transportation, employment & income, access to information) and facilitate their ageing in place.

Recommendation 22 recognizes that the current generation of 2SLGBTQI+ Seniors have experienced a lifetime of discrimination due to their sexual orientation, gender identity and gender expression and face very specific challenges as they age. In response, the recommendation states that the City of Toronto will work with community partners to raise awareness and educate against homophobia, biphobia, and transphobia affecting seniors. The purpose of this revitalized 2SLGBTQI+ Tool Kit is do just that.

Tool Kit Revitalization: Advancing Respectful, Inclusive & Affirming Care



At the outset of this project, the Tool Kit Revitalization Working Group came together to discuss how this resource would better respond to the needs of 2SLGBTQI+ Seniors and work to prevent stigma and discrimination in LTC, retirement, homecare, healthcare, and social support settings.

Together, we developed **Advancing Respectful, Inclusive & Affirming Care** as a guiding value for this Tool Kit. But what does it mean for care to be respectful, inclusive, and affirming? And what does it look like for individual service providers and their organizations to embody this value day-to-day?

In this Tool Kit, we define respectful, inclusive and affirming care as:

a set of practices, policies, and principles that acknowledge the diverse experiences of 2SLGBTQI+ Seniors and respond to their physical, psychological, emotional, social, and spiritual needs.



RESPECT is the foundation. Respect means considering the experiences of 2SLGBTQI+ Seniors and upholding their rights to dignity and freedom from discrimination.

INCLUSION is the next step up. Inclusion means providing equitable access to resources and opportunities for 2SLGBTQI+ Seniors, who may otherwise experience barriers and marginalization.

AFFIRMATION goes one step further. Not only are 2SLGBTQI+ Seniors respected and included, but their lived experiences and participation are actively encouraged, supported, and celebrated.

There are many different models and frameworks that aim to promote respectful, inclusive and affirming care. Past versions of this Tool Kit have used models like [Cultural Competence](#)¹³ or [Diversity Competence](#).¹⁴ More recently, some organizations have drawn from [Indigenous nursing scholarship](#)¹⁵ to embrace [Cultural Safety](#)¹⁶ frameworks.

There is no single best model or framework that guarantees the

provision of respectful, inclusive and affirming care to 2SLGBTQI+ Seniors. Rather, different models and frameworks might resonate with different service providers and organizations depending on where they are at in their learning. Your particular approach to promoting respectful, inclusive, and affirming care will also depend on the particular needs of the communities your organization serves.

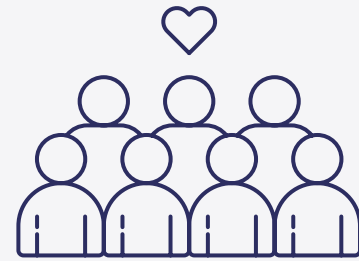
However, what all of these models and frameworks have in common is a focus at **multiple levels** (e.g., individual, organizational, community, societal). This reminds us that respectful, inclusive, and affirming care doesn't stop at the individual service provider, but extends throughout the entire organization and even beyond it.

Working towards respectful, inclusive and affirming care for 2SLGBTQI+ Seniors means building **individual** knowledge and skills among service providers. It also means building **organizational** capacity to create supportive environments that are 2SLGBTQI+ inclusive. Finally, it means fostering relationships with other organizations and groups in the **community** and engaging in collective advocacy to address **societal and systemic** homophobia, biphobia, transphobia and other intersecting forms of oppression.

The focus of this Tool Kit will be primarily at the **individual** and **organizational** levels.



SOCIETAL



COMMUNITY



ORGANIZATIONAL



INDIVIDUAL



Purpose of the Tool Kit

As SSLTC moves forward on the journey to creating a system in which long-term care and seniors services address the needs of all seniors, this revitalized Tool Kit strives to:

- 1.** Advance respectful, inclusive and affirming care for 2SLGBTQI+ Seniors in Toronto by:
 - a.** **Building individual knowledge and skills** among SSLTC staff and other service providers in the delivery of support to 2SLGBTQI+ Seniors
 - b.** **Building organizational capacity** among SSLTC and other seniors support organizations in the creation of inclusive environments for 2SLGBTQI+ Seniors
- 2.** Reduce stigma, discrimination, and other barriers in LTC, healthcare, retirement, homecare, and community-based services for 2SLGBTQI+ Seniors in Toronto.
- 3.** Meaningfully improve the lives of 2SLGBTQI+ Seniors in Toronto by treating them with empathy, compassion, and dignity.



Who is this Tool Kit For?

This revised Tool Kit is hosted by the City of Toronto's Seniors Services and Long-Term Care (SSLTC) division. While it includes useful examples and lessons from the 10 City long-term care homes and various community programs, this resource is intended for **any and all** service providers and care partners working to support 2SLGBTQI+ Seniors. This might include professionals in long-term care homes, retirement homes, hospitals, social service settings, homecare agencies, or other community-based organizations. Content in this Tool Kit might also be relevant to those providing support and allyship to 2SLGBTQI+ Seniors, such as family, friends, community members, caregivers, and substitute decision makers.

How to Use This Tool Kit

This Tool Kit is divided into two sections

Section I, Building Individual Knowledge & Skills, provides key information on language and terminology, the needs and challenges of 2SLGBTQI+ Seniors, and 2SLGBTQI+ allyship. This section is designed to equip individual service providers with the knowledge and skills necessary to provide respectful, inclusive, and affirming care for 2SLGBTQI+ Seniors.

Section II, Building Organizational Capacity, presents a 10-part cycle of recommendations to promote respectful, inclusive, and affirming care at the organizational level. This section is designed to familiarize entire organizations, and particularly those in senior leadership or management, with change management tactics and strategies to better support 2SLGBTQI+ Seniors.

Woven throughout this Tool Kit, you will also see a few features that we have included to enhance your learning



Working Group Guidance

Concrete advice from members of our Tool Kit Revitalization Working Group, which is intended to guide your application of Tool Kit content in practice



Resources

External resources that provide additional learning and support on various topics and issues relevant to the care of 2SLGBTQI+ Seniors



Insights

Direct quotes from SSLTC residents, families, staff, and other key stakeholders that provide an important personal dimension to the learning



Examples

Real-world models and examples of organizations providing respectful, inclusive, and affirming care to 2SLGBTQI+ Seniors



As you move through this resource, you are encouraged to reflect on your own experiences and knowledge gaps with respect to supporting 2SLGBTQI+ Seniors. If you're already familiar with the foundational knowledge in Section I, feel free to skip right to Section II. Whether you are a part of senior leadership, management, a frontline staff member, a volunteer, or in any other role, it's important to know that **everyone** has a part to play in fostering respectful, inclusive, and affirming care for 2SLGBTQI+ Seniors.





A Note on Initialisms, Acronyms, & Language

The language and terminology we use to describe ourselves and others matters. Throughout this Tool Kit, you will see the initialism/acronym '2SLGBTQI+' and the shorthand 'Queer and Trans' used to describe diverse and expanding communities of gender- and sexual-minority seniors.

SSLTC has updated the LGBTQ2S initialism used in the 2017 Tool Kit to 2SLGBTQI+ (Two-Spirit, Lesbian, Gay, Bisexual, Trans, Queer, Intersex and additional gender and sexual minorities) in this version. This initialism was adopted following close consultation with the working group. It also reflects a modest step in centering the lived experiences of Two-Spirit people and honouring the Indigenous communities who came before all others.

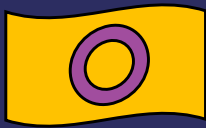
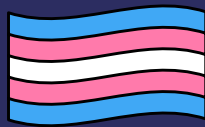
In consultation with our working group, we have also chosen to use the shorthand 'Queer and Trans' throughout this Tool Kit to refer broadly to diverse 2SLGBTQI+ communities.

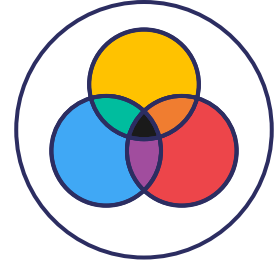
The word Queer was once used as a slur. As such, it is important to be mindful that some 2SLGBTQI+ people, particularly seniors, may find the term offensive. The term has recently been reclaimed by some 2SLGBTQI+ people. Trans is short for Transgender, an umbrella term that we will discuss more in the [Language & Terminology](#) section of this Tool Kit.

2SLGBTQI+

We acknowledge that initialisms and language related to sex, gender, and sexual orientation are context-sensitive, imperfect, and continually evolving. It is also important to note that there are important cultural differences and interpretations of language around identity.

The language used in this Tool Kit is in line predominantly with the current, North American context. For more information, consult the Language & Terminology section of this Tool Kit.





A Note on Intersectionality

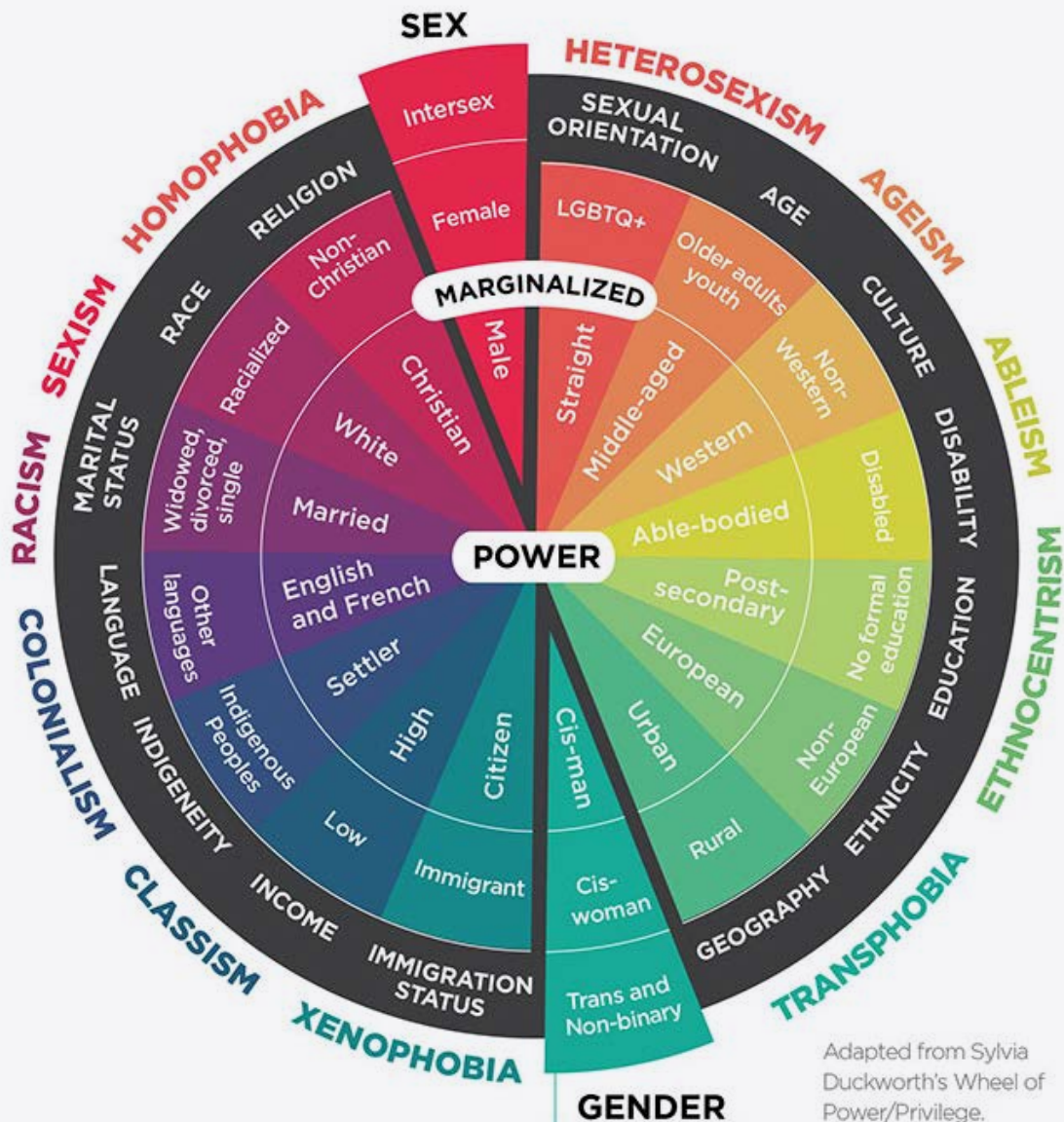
2SLGBTQI+ Seniors are not a monolithic group. As an incredibly diverse group from various backgrounds, they may experience stigma, discrimination, and oppression related to their age, sexual orientation, gender, race, religion, ability, socioeconomic status, and a host of other factors. Moreover, these experiences can overlap and intersect to create unique barriers and challenges for different 2SLGBTQI+ Seniors.

Intersectionality is a theory developed by Black feminist legal scholar Dr. Kimberlé Crenshaw. Intersectionality helps us describe and analyze how the different pieces of our identity (e.g., age, race, gender, sexual orientation) and the systems of oppression they are connected to (e.g., ageism, racism, sexism, cissexism, heterosexism) intersect, overlap, and influence one another to create distinct experiences of privilege and disadvantage.



Resource

Kimberlé Crenshaw video,
[What is Intersectionality?](#)¹⁷



In the intersectionality wheel above, developed by the [Canadian Council for Refugees](#)¹⁸ and adapted by [Dr. Greta Bauer](#),¹⁹ we can see systems of oppression, discrimination, privilege, and power surrounding the figure (e.g., sexism, racism, ageism). These various 'isms' overlap and intersect to shape our experience of the world. The outer ring of the wheel displays different identity categories that we

use to describe ourselves and others. The inner two rings present different social positions/identities, where the position closer to the centre has more access to power and privilege and the position further from the center is more marginalized. This intersectionality wheel is based in the current Canadian context, but might be interpreted differently in other times and places.



Consider two seniors: one is an older man who is white and gay and the other is an older woman who is Black and a lesbian. As we can see on the wheel, **both** of these seniors may experience ageism and heterosexism. However, the older woman may **simultaneously** experience discrimination related to her gender and race. Her **multiple identities** as an older Black lesbian and her associated exposure to ageism and heterosexism as well as sexism and racism cannot be considered in isolation because they come together to shape her experiences and challenges all at once.

Due to the diverse experiences of 2SLGBTQI+ Seniors and our evolving knowledge on their needs and challenges, a 'one size fits all' approach that ignores significant differences between individuals is never a viable option.²⁰

Instead, this Tool Kit advocates for the adoption of an intersectional, person centered approach that accounts for the multiple identities and experiences that shape the concerns of 2SLGBTQI+ Seniors.²¹



A Note on Family

As used throughout this Tool Kit, ‘Family’ is defined to include both families of origin (i.e. legal and/or biological relatives) and chosen families or found families. A chosen/found family consists of people who have intentionally chosen to embrace, nurture, love, and support one another, regardless of blood or marriage. The term originated within 2SLGBTQI+ communities and has a rich history stretching back to the late 19th century.

Due to experiences of familial rejection, isolation, and discrimination, many 2SLGBTQI+ Seniors rely heavily on members of their chosen families for care and support as they age. It’s also important to note that not everyone uses the term chosen family. Networks of mutual support, significant others, friends, and care partners may hold special significance for 2SLGBTQI+ Seniors even if they are not formally described or identified as family members.



Working Group Guidance

It is vital that seniors support organizations, and LTC homes especially adopt an expansive definition of ‘family’ that enables residents to designate any individuals as family members or essential caregivers, whether or not they are biologically or legally related.



Insight

“In the gay community, it is a different set of family, so you have to be able to notify them [about the resident] too. And they don’t even have to be members of chosen family, but with the community, it’s small and people want to be told.”

— Family member of SSLTC resident



Insight

“To the families who don’t recognize that their sibling or their child is of a different sexual orientation: the sad thing is, they’re your family and it shouldn’t matter what their sexual orientation is, they’re your family. And at some point in time, you’re going to miss them. You’re going to regret the decision to put them in the background and not share your life with them.”

— SSLTC resident



Background on the City of Toronto

Toronto is a diverse multicultural city that is home to one of North America's largest 2SLGBTQI+ communities. Toronto is well-known for its extensive [Pride Celebrations](#) every summer, including the Trans March, Dyke March, and Pride Parade, which draw up to a million visitors. However, supporting 2SLGBTQI+ communities goes far beyond hosting festivals and celebrations. In addition to revising this Tool Kit, the City has also undertaken several recent initiatives related to 2SLGBTQI+ inclusion, health, and well-being. Some examples are provided on the following page.



Community-based initiatives

- **City of Toronto 2SLGBTQ+ Advisory Committee**

In December 2019, Council [approved](#) the establishment of an LGBTQ2S+ Council Advisory Body (recently [renamed](#) the 2SLGBTQ+ Advisory Committee) to bring government, policy and community leaders together to focus on both service level barriers as well as structural and systemic challenges faced by Queer and Trans communities.²²

- **Friends of Ruby**

Under the leadership of Egale Canada, the City of Toronto supported the opening of [Friends of Ruby](#), Canada's first custom-built housing facility for 2SLGBTQI+ youth, in December 2020. Since then, Friends of Ruby has been supporting Toronto's 2SLGBTQI+ youth with mental health support, drop-in services and programming, case management and practical support, and housing.



Internal Initiatives

- **The Toronto Public Service Pride Network**

A network of City staff who support 2SLGBTQI+ employees to bring their whole selves to work, to achieve their full potential, and to deliver excellent public service. The Network organizes events and advocates for a safer, more equitable and respectful working environment for 2SLGBTQI+ employees of the Toronto Public Service.

- **Positive Space Toronto**

A City-wide program that seeks to increase awareness and inclusion of 2SLGBTQI+ employees by training staff to be knowledgeable about the barriers experienced by Queer and Trans people, and how to be a better ally to their 2SLGBTQI+ colleagues.

- **Understanding Sexual Orientation and Gender Identity Curriculum**

A 40 minute e-learning module available to all City staff that introduces the concepts of gender, sexual orientation, and other key terms; obligations under the Human Rights and Anti-Harassment/Discrimination Policies; and, practical tips for being 2SLGBTQI+ inclusive in daily practice.



City Policies and Tools

The City of Toronto has several policies and tools that promote equitable access to employment and services free from discrimination for all Torontonians. They apply to all City divisions, including SSLTC and its employees, contractors, vendors, agencies, service recipients, residents, clients, volunteers and visitors.

[City of Toronto Human Rights and Anti-Harassment Policy](#)²³

- This policy articulates the City's commitment to prevent and address harassment and discrimination under the *Ontario Human Rights Code*²⁴ and the *Occupational Health and Safety Act*.²⁵
- The goal of this Policy is to recognize the dignity and worth of every person (whether resident, service recipient or employee) and to create a climate of understanding and mutual respect.



Guidelines for Accommodating Gender Identity and Gender Expression²⁶

- The City's [Accommodation Policy](#) outlines the City's legal obligation to accommodate individuals in accordance with the City's [Human Rights and Anti-Harassment/Discrimination Policy](#) and Ontario's [Human Rights Code](#).²⁷
- These guidelines were prepared to raise awareness and fulfill the City's obligation to accommodate employees, job applicants and service recipients based on the grounds of *Gender Identity* and *Gender Expression*.
- These guidelines help create inclusive spaces, policies, practices and services that affirm a person's gender identity and expression, with a focus on pronouns, name and gender title changes, accommodations for transitioning employees, washroom access, and locker room/changing facilities.

Equity Lens: An Equity Impact Assessment Tool

- The Equity Lens is a tool used by City staff to support equity-deserving communities in accessing programs, services, and supports.
- The equity lens was designed for use by City staff and City Council to support best practices in the planning, development and evaluation of policies, services and programs.

Seniors Services and Long-Term Care (SSLTC)

The City of Toronto division of Seniors Services and Long-Term Care (SSLTC) is responsible for service planning and strategic integration of City services for seniors. This includes:

- Community support programs such as adult day programs, supportive housing services, tenancy supports and homemakers and nurses services for vulnerable individuals who reside in the community
- Directly operating 10 long-term care homes which provide 24-hour resident-focused care for permanent, convalescent, and short-stay admissions; care, services and programs enhance quality of life by responding to individual resident needs
- Overseeing the implementation of the Toronto Seniors Strategy 2.0.



True Davidson Acres



Lakeshore Lodge



Seven Oaks



Carefree Lodge

Advancing Respectful,
Inclusive & Affirming Care

Building Individual Knowledge & Skills





Providing respectful, inclusive, and affirming care for 2SLGBTQI+ Seniors starts with individual learning.

Knowledge about Queer and Trans Seniors, their unique needs, and their diverse experiences provides a solid foundation for the development of hard skills that we can apply in practice. New knowledge and critical self-reflection can also help us understand how to be better allies to 2SLGBTQI+ communities.



Insight

“There are some staff, like me, where the 2SLGBTQ+ community is a very new concept for us. I want to show my respect and I need more resources to help understand.”

— SSLTC staff



Learning Objectives

This section of the Tool Kit provides the foundational knowledge necessary to support 2SLGBTQI+ Seniors. Specifically, this section will:



Familiarize you with important language and terminology relevant to the care of 2SLGBTQI+ Seniors



Provide an overview of current research with 2SLGBTQI+ Seniors, including their needs and experiences in LTC, healthcare, retirement, homecare, and social support settings



Introduce the concept of 2SLGBTQI+ Allyship and outline some concrete steps you can take to practice being an ally



Language & Terminology



The language we use to describe ourselves and others matters. It matters because terms related to our social identities can help us feel seen and understood, especially when pieces of our identity might not be readily visible to others or made invisible by stigma, discrimination, and oppression. For Queer and Trans Seniors, providing respectful, inclusive and affirming care often starts with the use of appropriate language and terms that recognize the diversity of 2SLGBTQI+ communities.

It is important to note that language and terminology related to 2SLGBTQI+ communities is fluid and evolves over time. Some words that may have been appropriate in the past can become dated and offensive. Other words that were once derogatory can be reclaimed and used by 2SLGBTQI+ people in empowering ways. Moreover, individuals identifying within the 2SLGBTQI+ community may prefer different terms to describe themselves.



Working Group Guidance

Never make assumptions about the language someone uses to identify themselves. When working with 2SLGBTQI+ Seniors, try to mirror the language they are using, including their pronouns, their name, and any other terms describing their identity. If you are unsure how someone identifies, what a certain term means, or whether a term is appropriate for you to use, ask respectfully. In this context, ‘respectfully’ means asking *privately* and following a senior’s direction about whether, how, and with whom they want this information shared.



Insight

“Another thing we need to be aware of, is to not make the assumption that just because a person appears feminine or appears masculine, it must be ‘he/him’ or ‘she/her.’ We should all be asking, *what are your pronouns?*”

— SSLTC staff



Resource

[10 Things You’re Actually Saying When You Ignore Someone’s Gender Pronouns.](#)

by Sam Dylan Finch, *Everyday Feminism*

On the following pages, we provide some common terms and definitions that can help enhance your delivery of respectful, inclusive and affirming care to 2SLGBTQI+ Seniors. The following glossary is by no means exhaustive, but can help frame some thinking about your own identity in relation to the 2SLGBTQI+ Seniors you support. It was compiled using resources from [the 519](#), [Egale Canada](#), [Rainbow Resource Centre](#), [Registered Nurses Association of Ontario](#), [Sage](#), and [Island Health](#).²⁸



As you learn more about the appropriate language to use with 2SLGBTQI+ Seniors, it's important to recognize and reflect on the fact that these terms emerge out of Western understandings of gender and sexuality. These terms are **not universal** and may not resonate with everyone. Other cultures and languages have different terms to describe gender and sexual diversity.

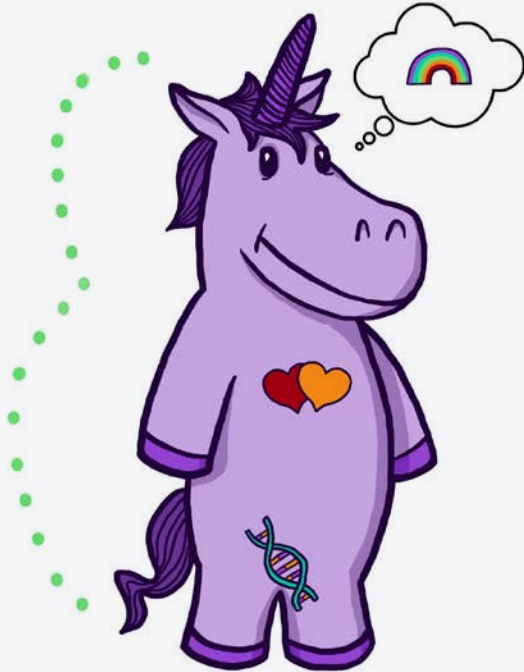


Resource

[The Gender Unicorn](#) (by Trans Student Educational Resources) and the [Gender Galaxy](#) (by Action Canada Sexual Health and Rights) are two helpful models to help make sense of sex, gender identity, gender expression, and sexual orientation. As you move through this section and learn about what these term and concepts mean, consider what your gender unicorn and gender galaxy look like!²⁹

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



Gender Identity

- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression

- Feminine
- Masculine
- Other

Sex Assigned at Birth

- Female
- Male
- Other/Intersex

Physically Attracted to

- Women
- Men
- Other Gender(s)

Emotionally Attracted to

- Women
- Men
- Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

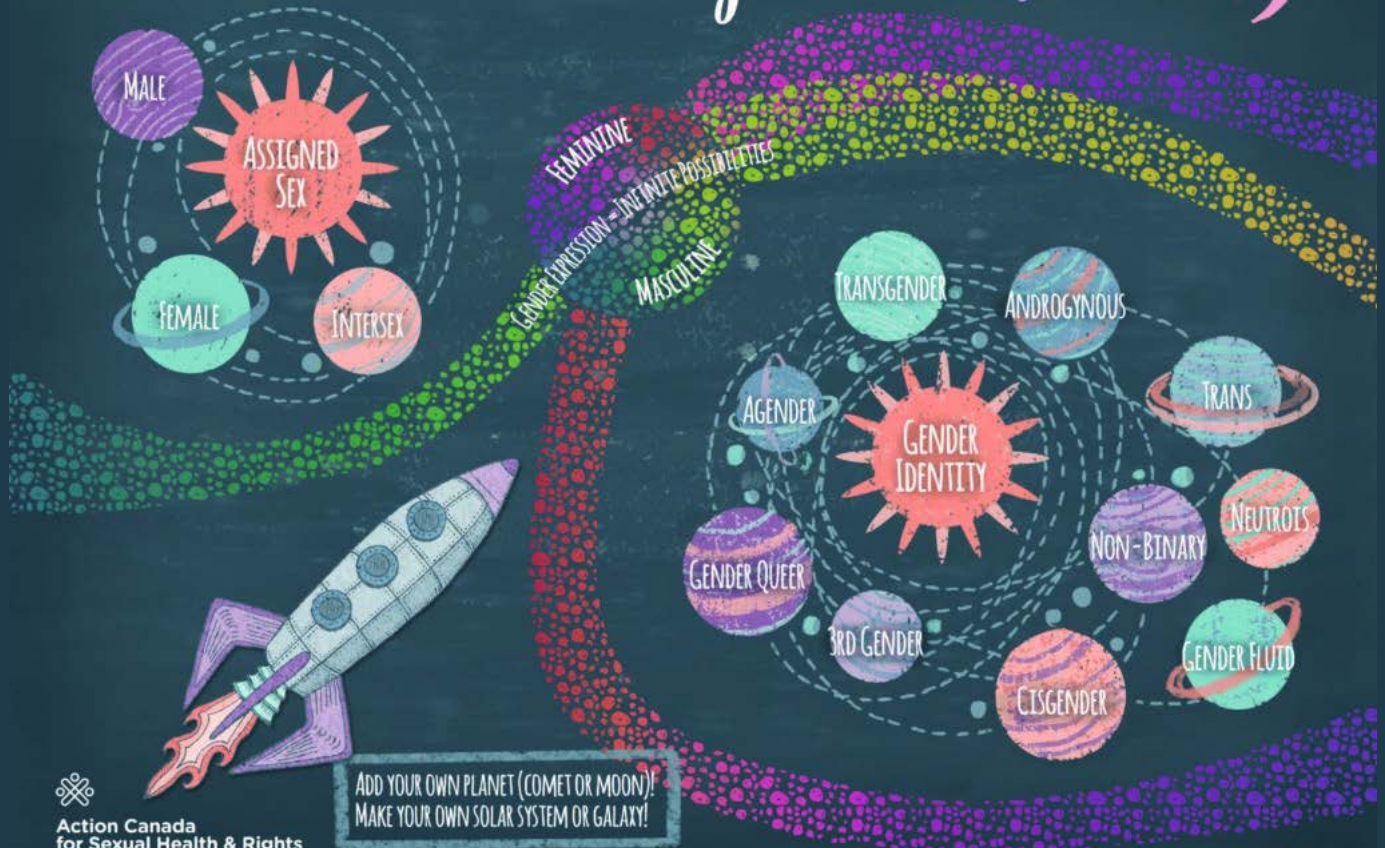
Design by Landyn Pan and Anna Moore

Gender Galaxy

TWO SPIRIT
GALAXY



SEXUALITY
GALAXY



Language & Terminology Related to Sex, Gender, and Sexual Orientation

Core Concepts and Terms

SEX

A system of classification that categorizes people as male, female, or intersex. Sex is typically assigned at birth by a medical practitioner based on assessment of a person's reproductive system, hormones, chromosomes, and other physical characteristics. A person's sex assigned at birth **does not** determine their gender identity or gender expression.

GENDER

A socially-constructed system that categorizes people, typically based on their sex assigned at birth, **as women or men**.³⁰ Characteristics, norms, roles, and expectations associated with gender categories are not fixed, but vary between individuals and across time and place. This is why some cultures understand gender as **binary** (i.e., composed of only two distinct categories, women and men) while many others understand gender as a broader spectrum that includes more diversity.

Gender is a multilayered social identity that everyone experiences in their own way, but it can be helpful to think of gender in terms of gender identity and gender expression.

GENDER IDENTITY

A person's **internal** and **individual** experience of gender. Their internal sense of being a woman, man, both, neither, or any gender. As gender identity is something experienced internally, it is not necessarily visible to others. A person's gender identity **may or may not** correspond with their sex assigned at birth and is **entirely different** from their sexual or romantic orientation.

GENDER EXPRESSION

How a person expresses, performs, plays with, or communicates their experience of gender through things like clothing, accessories, hair, makeup, body language, voice, and other traits that are associated with **masculinity**, **femininity**, both, or neither. A person's name and pronouns can **sometimes** also serve as a way to express their gender. Everyone, regardless of their gender identity, expresses their gender in different ways. Gender expressions are not fixed, but vary between individuals and across time and place.



Progress flag



Rainbow pride flag

SEXUAL ORIENTATION

The direction of a person's attraction to others, which can be described using terms like lesbian, gay, bisexual, straight, Queer, pansexual, or asexual. A person's sexual orientation is **entirely different** from their gender identity. Sexual orientation is also fluid and can change over time. This means that sexual orientation should never be assumed based on someone's gender identity or the perceived gender identity of their partner(s).

Additional Terms

AFAB

An acronym that stands for Assigned Female at Birth. Someone who was assigned female at birth **may or may not** identify as a woman.

AMAB

An acronym that stands for Assigned Male at Birth. Someone who was assigned male at birth **may or may not** identify as a man.

ASEXUAL

A person who experiences little or no sexual attraction to people of any gender, sometimes abbreviated as ‘Ace.’



Asexual pride flag

BIPOC

An acronym that stands for Black, Indigenous, and People of Colour. Used to recognize the historical and systemic racism experienced by non-white/racialized people, with special attention paid to the unique experiences of Black and Indigenous communities.

BISEXUAL

Often shortened to ‘Bi.’ A person who is attracted to people of more than one gender, although not necessarily at the same time.



Bisexual pride flag

BUTCH

A term with [rich history](#) that is used today to describe having an appearance or other qualities traditionally seen as masculine.³¹

CISGENDER

Often shortened as 'Cis'. A person whose gender identity corresponds with their sex assigned at birth.

CIS MAN

A person who was assigned male at birth and identifies as a man.

CIS WOMAN

A person who was assigned female at birth and identifies as a woman.

COMING OUT

A process of self-acceptance in relation to a person's 2SLGBTQI+ identity that **may** include sharing that identity with others. The coming out process is ongoing and unique for everyone. The degree to which a person is 'out' may also vary depending on the people they are with, the setting, and their individual comfort. For instance, coming out may not be an option for Queer and Trans people living in countries where it is dangerous to openly identify as 2SLGBTQI+. The argument that coming out is the only way to lead a meaningful life can therefore erase the experiences of 2SLGBTQI+ people living in countries or settings where it is not safe to do so.

DRAG QUEEN/DRAG PERFORMER

A person of **any** gender identity or sexual orientation who uses various gender expressions (e.g., hair, clothing, makeup) to play on gender stereotypes as a form of artistic expression and performance.

GAY

A person who is attracted to people of the same gender. Gay should be used in place of ‘homosexual,’ which some consider dated and offensive.

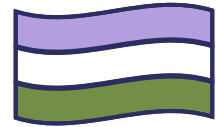
GENDER INCLUSIVE LANGUAGE

Language that avoids and counteracts assumptions or biases about someone else’s gender identity, gender expression, or sexual orientation. Gender inclusive language can help 2SLGBTQI+ people feel seen and included, and as such, should always be used. We have included some examples below:

Instead of:	Say:
‘Guys,’ ‘Ladies and gentleman’	‘Folks,’ ‘Everyone’
‘He,’ ‘She,’ ‘Him,’ ‘Her’	‘They,’ ‘Them’
‘Boyfriend,’ ‘Girlfriend’	‘Partner,’ ‘Significant other’

GENDERQUEER/GENDER FLUID

Some people use the terms Genderqueer or Gender Fluid to describe their gender identity. They may identify **anywhere** in the gender spectrum or gender galaxy for any amount of time. Genderqueer or gender fluid people may reject gender roles and stereotypes to identify as ‘feminine men,’ ‘masculine women,’ androgynous, or any other identity **outside** the binary categories of man or woman. Genderqueer and gender fluid people **may or may not** identify as Trans.



Genderqueer pride flag



Genderfluid pride flag

HETEROSEXUAL

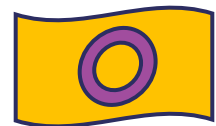
Or ‘Straight.’ A person who is attracted to people of the opposite gender.

IN THE CLOSET

A person who has not shared with others, or only shares with a few, their 2SLGBTQI+ identity.

INTERSEX

An umbrella term describing a diverse group of people whose biology (e.g., chromosomes, gonads, genitals, hormones) falls outside the medical definitions of male or female bodies. Intersex people are often assigned male or female at birth and may be subjected to invasive surgeries and drug regimens to “correct” their variation in sex. Many intersex people and allies advocate against these treatments as medically unnecessary, non-consensual, and harmful. The term intersex is **not** a gender identity and intersex people **may or may not** identify as transgender.



Intersex pride flag

LESBIAN

A woman who is attracted to women.



Lesbian pride flag

NON-BINARY

An umbrella term describing a diverse group of people whose gender identities fall **outside** the traditional binary classification of man or woman. People who are non-binary **may or may not** identify as Trans.



Non-binary pride flag

OUTING

The harmful act of disclosing a person's 2SLGBTQI+ identity to others without their consent. Outing someone is **never** acceptable.

PANSEXUAL

A person who is attracted to other people regardless of gender. Some people use the term pansexual to reflect that attraction can exist outside of a binary understanding of gender.



Pansexual pride flag

PASSING

The experience of being viewed as something in a given context. This term is context-dependent and used by different members of the 2SLGBTQI+ community in different ways. A Trans woman may use 'passing' to mean that she is perceived as a cis woman. A gay man whose gender expression is very masculine may use passing to mean that he is perceived a straight man.

**PRONOUNS**

Words that are used to talk about someone in place of their name, such as 'he/him,' 'she/her,' and 'they/them.' Some non-binary and genderqueer people may use alternative or neo-pronouns like 'ze/hir' or 'ey/em.' Pronouns are one way someone can choose to express their gender.

QUEER

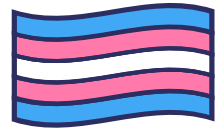
An umbrella term that has been reclaimed by some in the 2SLGBTQI+ community to broadly describe gender and sexual minority groups. The term Queer has a painful history and should only be used by and with those who use it to describe themselves.

QUESTIONING

A person who is exploring their 2SLGBTQI+ identity.

TRANSGENDER

Often shortened as 'Trans'. An umbrella term describing a diverse group of people whose gender identities do not fully or in part correspond with the sex they were assigned at birth. This includes but is not limited to people who identify as transgender, transsexual, non-binary, gender fluid, and genderqueer.



Transgender pride flag

TRANS MAN

A person who was assigned female at birth and identifies as a man.

TRANS WOMAN

A person who was assigned male at birth and identifies as a woman.

Trans or Transgender should be used in place of the offensive and dated terms 'transgendered,' 'transvestite,' or 'tranny.'

TRANSFEMININE

An umbrella often used to describe people assigned male at birth whose gender identity and/or gender expression is feminine.

TRANSITION

An array of social, legal, and medical changes that **some** Trans people pursue to affirm their gender identity. The process of transitioning can look very different for different people, but might include any one of the following: changes to name, changes to pronouns, changes in clothing/accessories, hormone therapies, and/or transition-related surgeries. Transition should be used in place of the dated term 'sex change.'

TRANSMASCULINE

An umbrella term often used to describe people assigned female at birth whose gender identity and/or gender expression is masculine.

TRANSSEXUAL

A person whose gender identity does not correspond with their sex assigned at birth and who may pursue medical transition to align their bodies with their internal gender identity. These treatments can include various hormone therapies and surgeries.

Transsexual is an older term that can be considered dated and offensive if someone does not use it to describe themselves.

TWOC

An acronym that stands for Trans Woman of Colour. Used to recognize the specific intersectional forms of oppression experienced by Trans Women of Colour. TWOC, especially [Black Trans Women](#), experience [violence at staggering rates](#).³² A recent report from the [Trans Pulse Study](#)³³ highlights that Trans People of Colour experience heightened violence, harassment, and discrimination in Canada.

TWO SPIRIT

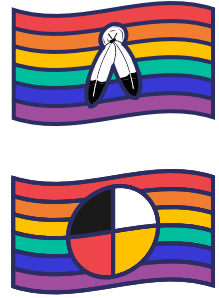
An umbrella term used to describe gender and sexual diversity in Indigenous communities. Sometimes used to identify an Indigenous person who possesses both masculine and feminine spirits.

INDIGENOUS

An umbrella term for descendants of pre-colonial societies with connection to specific lands and distinct social, cultural, economic and political traditions. In Canada, this includes First Nation, Inuit, and Métis peoples. It's important to note that in Canada the term Indigenous refers a vast array of nations and peoples with specific languages, cultures, and histories.

The term Two Spirit originated from LGBTQ+ Indigenous communities in the 1990s and is derived from the Ojibwe language. Two Spirit people often serve important roles in their communities, such as leaders, healers, mediators, and artists. Many of these roles were undermined during colonization when restrictive and binary understandings of gender and sexuality were imposed onto Indigenous people by European settlers.

As an English term, Two Spirit does **not accurately reflect** the full scope of gender and sexual diversity across global Indigenous communities. The idea of Two Spiritedness can mean very different things in different Indigenous cultures around the world.



Two spirit pride flags



As a cultural term, **only** Indigenous people should use Two Spirit to self-identify, but it is important to note that some Queer and Trans Indigenous people do not use the term Two Spirit, or may identify as Two Spirit as well as identifying as LGBTQI.

Two Spirit should be used in place of the incredibly harmful term ‘berdache.’



Resource

For additional learning on the history and experiences of Two Spirit people, you may consult the following:

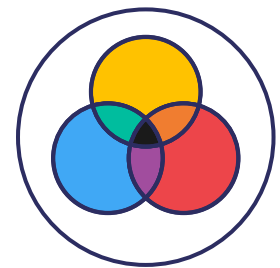
- [A History of 2 Spirited People](#), from [2-Spirited People of the 1st Nations](#).
- [Two Spirit Community](#), from Re:Searching for LGBTQ2S Health
- [Beyond the Binary: Two Spirit People](#), from the Continuing Legal Education Society of British Columbia



Language & Terminology Related to Stigma, Discrimination, & Oppression Against 2SLGBTQI+ Seniors

Language and terminology that clarify how stigma, discrimination, and oppression operate in the lives of 2SLGBTQI+ Seniors can help us better support these communities.

Recall the [intersectionality wheel](#)³⁴ included in the introduction of this Tool Kit. As you move through this next section, consider how various forms of stigma, discrimination, and oppression might **intersect** to affect the 2SLGBTQI+ Seniors you support. Consider also what forms of stigma, discrimination, and oppression might **intersect** to affect you.



Core Concepts and Terms

STIGMA –

Negative stereotypes, attitudes, or beliefs about an individual or group based on their identity.

DISCRIMINATION –

Unfair and unequal treatment against an individual or group based on their identity.

OPPRESSION –

The obvious and subtle ways in which one group maintains power and privilege over others using physical, psychological, social, economic, and/or political force. Oppression is a system that operates at all levels of society, from day-to-day interactions between people and up through various institutions (e.g., schools, hospitals, law enforcement, the media) and governments. Systems of oppression underlie the stigma and discrimination experienced by marginalized groups in society.

INTERNALIZED OPPRESSION –

A process where members of a marginalized group begin to accept the stigma and discrimination against them. Internalizing stigma and discrimination can cause people to experience self-hatred, fear, inferiority, isolation, and powerlessness.

POWER –

The ability to act or do something, often ways that direct or impact the behaviours of others, the course of events, or the flow of resources in society. Power is distributed unequally among different groups in society based on intersecting systems of oppression. In the context of long-term care, there are many different power dynamics at play, for instance, between senior leadership and frontline care providers as well as between frontline care providers and residents.

PRIVILEGE –

The unearned immunities, access, and/or opportunities granted to particular groups. As opposed to oppression, privilege shapes the unfair advantages we see for certain groups in society. Prominent examples include white privilege, class privilege, straight privilege, cisgender privilege, and male privilege. Privilege isn't always visible or obvious to the people who have it.

Additional Terms

With a clearer understanding of stigma, discrimination, and oppression, we can begin to name and describe how these forces impact the health and well-being of 2SLGBTQI+ Seniors. Below, we describe **some** of the intersecting **systems of oppression** that impact 2SLGBTQI+ Seniors:

ABLEISM –

A system of oppression based on the underlying assumption that people with disabilities are unable to contribute to society and are less worthy of respect. This assumption results in a society that limits the access of people with disabilities to physical and virtual spaces, opportunities, and their communities.

AGEISM –

A system of oppression that underlies negative assumptions about people based on their age. These assumption often result in societies structured around younger people that fail to consider and respond to the needs of seniors. Ageism also contributes to discrimination and a lack of respect for seniors, which can lead to higher risk of abuse.



CISSEXISM –

A system of oppression based on the underlying assumption that being cisgender is natural, desirable, and superior to being transgender or gender diverse. Cissexism presumes that all people are or should be cisgender. This assumption is often used to justify transphobic stigma and discrimination.

TRANSPHOBIA –

The aversion to, fear, hatred, or intolerance of Trans people and communities, including negative stereotypes, harassment, discrimination and acts of violence. Cissexism is the system of oppression underlying Transphobia.

TRANSMISOGYNY –

A specific type of transphobia that involves hatred, violence, and discrimination against Trans women and Transfeminine people. Cissexism and sexism are the systems of oppression underlying Transmisogyny.

COLONIALISM/COLONIZATION –

A historical and ongoing system of oppression in which one group takes control over a territory belonging to Indigenous people. This process may include various social, political, and economic policies that function to steal Indigenous land, break apart families, deplete resources, and devalue or erase Indigenous language, knowledge, and culture. In the Canadian context, examples include but are not limited to the Indian Act, the Residential School system, the 60s scoop, and the millennium scoop.

**Resource**

For additional learning on this history and ongoing impacts of Canadian colonialism, check out:

- National Centre for Truth and Reconciliation: [Residential School History](#)
- Toronto Council Fire Native Cultural Centre: [Every Child Matters](#)
- Government of Canada: [An Introduction to Canada's Colonial History \(K113\)](#)
- Also be sure to review the Truth and Reconciliation Commission of Canada's [Calls to Action](#) and consider how you can take personal action, and support action within your organization towards Truth and Reconciliation.

CLASSISM –

A system of oppression that favours people belonging to certain class or socioeconomic status, often based on the underlying assumption that it is desirable and superior to be wealthy.

HETEROSEXISM –

A system of oppression based on the underlying assumption that being heterosexual is natural, desirable, and superior to being gay, bisexual, lesbian, Queer, or any other minority sexual orientation. Heterosexism presumes that all people are or should be heterosexual. This assumption is often used to justify homophobic and biphobic stigma and discrimination.

HOMOPHOBIA –

The aversion to, fear, hatred, or intolerance of gay, lesbian, and queer people and communities, including negative stereotypes, harassment, discrimination and acts of violence. Heterosexism is the system of oppression underlying Homophobia.

BIPHOBIA -

The aversion to, fear, hatred, or intolerance of bisexual people and communities, including negative stereotypes, harassment, discrimination and acts of violence. Heterosexism is the system of oppression underlying Biphobia. It's also important to note that biphobic stigma and discrimination can be carried out by **both** straight and gay people.



PATHOLOGIZATION –

A process where aspects of a person's gender and/or sexual orientation are characterized as medically or psychologically abnormal. Historically and today, the pathologization of 2SLGBTQI+ people is used to justify 'treatments,' 'conversion therapies,' and other '[sexual orientation and gender identity/expression change efforts \(SOGIECE\)](#)'³⁵ that are incredibly harmful and often violate human rights. Cissexism and Heterosexism are the systems of oppression underlying the pathologization of 2SLGBTQI+ people.

RACISM –

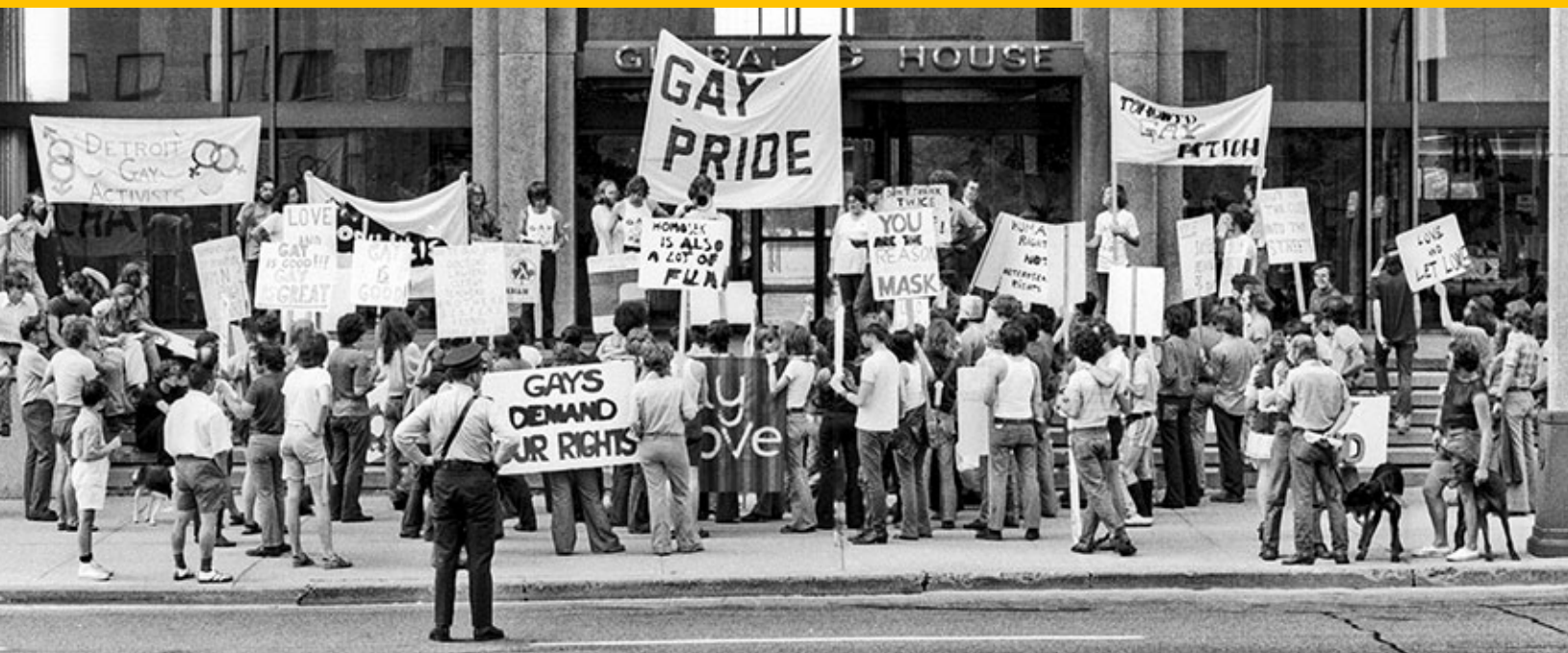
A system of oppression based on the underlying assumption that one racial group is inherently superior to others. In Canada and many other parts of the world, racism emerges out of white supremacy, a belief that it is natural, desirable, and superior to be white.

SANEISM:

A system of oppression that underlies discrimination against a mental trait or condition someone has or is perceived to have. Sometimes referred to as 'mentalism,' this discrimination often targets people with mental health diagnoses or varying forms of cognitive impairment.

SEXISM –

A system of oppression based on the underlying assumption that it is desirable and superior to be a man. This assumption results in a society that disempowers women, diminishes their opportunities, and relegates them to specific roles.



2SLGBTQI+ Seniors Today – A Snapshot of Current Research

Respectful, inclusive and affirming care acknowledges the **diverse experiences** of 2SLGBTQI+ Seniors and addresses their physical, psychological, emotional, social, and spiritual **needs**. This section of the Tool Kit will therefore explore some experiences shared by 2SLGBTQI+ Seniors and provide an overview of current research on their needs and challenges.

Keep in mind that 2SLGBTQI+ Seniors are an incredibly diverse group. As such, the common experiences, needs, and challenges examined in this section may not apply to every Queer and Trans senior you work with. Additionally, while research on 2SLGBTQI+ Seniors is gradually increasing, it is still limited, particularly for those identifying as Trans and Two Spirit.³⁶ These gaps in evidence reflect that our knowledge and understanding of 2SLGBTQI+ Seniors and their needs are incomplete and still developing.



Historical Context for 2SLGBTQI+ Seniors – A Life Course Perspective



Insight

“I was fortunate to hear from two residents about their experiences growing up in Toronto. They used to go to this club where you would put a fake name at the front door, like Judy Garland. And during this party, they would dance with their same-sex partners, but they knew police would always come. So as soon as police came, they’d switch their partners quickly, to not get in trouble. And they talked about their experience of police brutality in the climate they grew up in. And I was so appreciative to hear them open up and express their lived experience to me. I’m grateful that they felt like they had the space to do so.”

— SSLTC staff

The last 50 years have seen immense progress for Queer and Trans liberation movements worldwide. However, many seniors grew up in places and times where stigma, discrimination, and oppression against 2SLGBTQI+ communities were rampant and unchecked. Lifelong experiences of homophobia, biphobia, and transphobia shape the needs and challenges of 2SLGBTQI+ people as they age.

Many 2SLGBTQI+ Seniors grew up during periods where gender and sexual diversity was criminalized and pathologized. In fact, homosexuality was only partially decriminalized in [Canada in 1969](#)³⁷ and up until 1973, was included in the [Diagnostic and Statistical Manual of Mental Disorders](#).³⁸ As a result, many 2SLGBTQI+ Seniors have been

subjected to police brutality and [incredibly harmful, scientifically discredited conversion therapies](#)³⁹ focused on changing their sexual orientation, gender identity, and/or gender expression. Many of these so-called ‘treatments’ have [continued into the present day](#).⁴⁰ 2SLGBTQI+ Seniors may have come of age during the [1969 Stonewall Riots](#)⁴¹ or the [1981 Toronto Bathhouse Raids](#).⁴² Many have lost partners, friends, chosen family, and entire communities during [the AIDS crisis](#).⁴³ Some may have lost their jobs during the ‘[LGBT Purge](#),’⁴⁴ a process through which the Canadian government systematically surveilled, interrogated, abused, and fired 2SLGBTQI+ people serving in the Canadian Armed Forces, the Royal Canadian Mounted Police between the 1950s and mid-1990s.



Resource

[Fruit Machine](#), a documentary by Sarah Fodey recounting the personal stories of survivors of the LGBT Purge.



Above: the Toronto Bathhouse raids saw the 2SLGBTQI+ community in Toronto defending itself against police brutality.

It is also important to avoid thinking of 2SLGBTQI+ Seniors only through the narrow lens of victimhood. Despite the challenges they may face, Queer and Trans Seniors belong to diverse, vibrant, and resilient communities with rich histories full of activism, advocacy, and joy. Understanding significant 2SLGBTQI+ historical events can help contextualize the current needs of Queer and Trans Seniors and contribute to your knowledge and skills in inclusive and affirming care. For more learning, see [Appendix 1. Additional Resources on 2SLGBTQI+ History & Activism.](#)

On the following pages, we discuss some significant needs and challenges related to the health and well-being of 2SLGBTQI+ Seniors.



Physical Health

There is mounting evidence that 2SLGBTQI+ people experience disproportionate physical health challenges as they age.

Data from the United States indicate that Queer and Trans Seniors may experience higher risk for chronic pain, disability, asthma, certain cancers, and poor general health compared to their cisgender, heterosexual counterparts.⁴⁵ One U.S. study found that Black and Latinx 2SLGBTQI+ Seniors reported overall lower Health-related Quality of Life than white 2SLGBTQI+ Seniors, highlighting how intersectional forms of oppression can result in additional health burdens within 2SLGBTQI+ senior communities.⁴⁶

Similar data from the Canadian Longitudinal Study on Ageing reflect that sexual minority seniors experience higher risk for some chronic conditions (e.g., asthma, hypertension, certain cancers) and health behaviours (e.g., heavy drinking, smoking) than heterosexual seniors.⁴⁷ Unfortunately, this specific data is lacking for Trans and Two Spirit Canadians.



Sexual Health & Intimacy

Sexual health and intimacy are key components of overall health and well-being, including for 2SLGBTQI+ Seniors.

Research indicates that older sexual minority adults are just as likely to remain sexually active as other seniors, but rarely have their sexual health needs met in care and support settings.⁴⁸

Additionally, 2SLGBTQI+ Seniors may be at greater risk for contracting sexually-transmitted infections (STIs) and HIV later in life due to a lack of inclusive sexual health education, biological changes, and barriers to sexual healthcare.⁴⁹ Many of these barriers stem from ageist and heterosexist assumptions held by care providers that seniors are not sexually active, or if they are, engage exclusively in heterosexual sex. Some 2SLGBTQI+ Seniors may also be reluctant to disclose aspects of their sex life to a care provider due to internalized stigma around their sexuality.



Resource

The availability of inclusive and sex-positive resources and services to 2SLGBTQI+ Seniors is key to preventing STIs and HIV later in life. For more learning check out: National LGBTQIA+ Health Education Center:

[Sexual Health and Older LGBTQIA+ Adults](#)



HIV/AIDS

Like 2SLGBTQI+ people in general, 2SLGBTQI+ Seniors (and particularly gay, bisexual, and older men who have sex with men) remain significantly impacted by HIV/AIDS in Canada.

Thankfully, due to advances in antiretroviral treatments, many people are able to live with HIV long into old age.

However, **HIV among seniors in Canada is growing**, with the proportion of new cases diagnosed among those aged 50+ increasing from 15.1% in 2008 to 22.8% in 2017.⁵⁰

Additionally, HIV screening rates tend to be much lower in older adults, due in large part to the persistence of HIV stigma and ageist assumptions among healthcare providers about the sexual activity of older adults.⁵¹



Insight

“I remember the first time we had a gay resident who was HIV+, and it was insane. I couldn’t believe it. We had to call people from Toronto Public Health and people from Casey House to come and train staff on how to deal with this. Because of the stigma. And the questions the staff were asking, I just couldn’t believe it. I was like ‘you are nurses, and you’re asking me if I can get HIV from saliva?!’ It was shocking.”

— SSLTC staff

The combination of these factors means that an increasing number of 2SLGBTQI+ Seniors will be living with and affected by HIV. Some common considerations related to HIV and ageing include:

- 2SLGBTQI+ Seniors may experience anxiety and fear around ageing with HIV, including the long-term impacts of antiretroviral therapies⁵²
- Queer and Trans Seniors may be reluctant to disclose their HIV status due to the dual stigma of being HIV positive and 2SLGBTQI+⁵³
- Queer and Trans Seniors diagnosed with HIV later in life may delay seeking treatment due to past or expected experiences of discrimination in healthcare settings⁵⁴
- 2SLGBTQI+ Seniors who survived the AIDS crisis of the 1980s may have lost partners, friends, chosen families, and entire communities. As a society, we are only beginning to recognize the full depth and impact of this grief.⁵⁵

Knowledge about HIV and AIDS can empower providers to better support 2SLGBTQI+ Seniors and counteract harmful stigma.



Resource

[Am I ageing like others are ageing?](#) Video vignettes on growing older with HIV, from [Realize](#).



Social Isolation and Mental Health

Social isolation, meaning infrequent or poor quality contact with others, can be a significant concern for 2SLGBTQI+ Seniors. Some research estimates that as many as 53% of 2SLGBTQI+ Seniors feel isolated.⁵⁶ The factors contributing to social isolation among 2SLGBTQI+ Seniors are numerous, but may include any of the following:⁵⁷

- 2SLGBTQI+ Seniors are more likely to live alone
- 2SLGBTQI+ Seniors are less likely to have spouses, life partners, or children
- 2SLGBTQI+ Seniors are less likely to have other familial supports, sometimes due to rejection from their family of origin
- There may be limited opportunities for 2SLGBTQI+ Seniors to connect with community
- Programs and services geared towards 2SLGBTQI+ Seniors are generally limited



- 2SLGBTQI+ Seniors may be hesitant to form new connections due to past and/or anticipated experiences of stigma and discrimination
- 2SLGBTQI+ Seniors may have lost partners, friends, chosen family, or entire communities to AIDS or due to homophobic, biphobic, and transphobic violence

It is important to note that social isolation among 2SLGBTQI+ Seniors is not inevitable and not all 2SLGBTQI+ Seniors are socially isolated. Protective factors like connection to community and social support networks can shield against isolation and promote resilience among 2SLGBTQI+ Seniors.⁵⁸ Without access to these critical supports, social isolation can result in a number of physical and mental health challenges.⁵⁹ These may include:

- Loneliness
- Chronic Pain
- Low physical activity
- Falls and Hospitalization
- Depressive Disorders
- Anxiety Disorders
- Substance Use
- Suicidality

In addition to these isolation-related challenges, Queer and Trans Seniors may experience increased mental health issues.⁶⁰ These may include:

- Poor Self-Rated Mental Health
- Self-Harm
- Suicidal Ideation or Attempts
- Anxiety Disorders
- Depressive Disorders
- Other Mood Disorders
- Substance Use

As always, it is important to recognize the oppressive social contexts in which 2SLGBTQI+ Seniors grew up and acknowledge how repeated exposure to stigma and discrimination can impact mental health over the life course. Of note, Two Spirit and LGBTQ Indigenous seniors may experience heightened mental health challenges as a result of their exposure to violence and abuse in [Canadian Residential Schools](#), the last of which closed as recently as 1997.⁶¹



Working Group Guidance

Given what we know about the protective impacts of community engagement and social support in the lives of 2SLGBTQI+ Seniors, you and your organization must create as many opportunities as possible to facilitate this type of connection. The 519's [Still Here, Still Queer](#) profiles some impactful community-based programs that you may draw on or replicate in your own organizations.⁶²



Elder Abuse

Elder abuse is defined by the [World Health Organization](#) as “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person.”⁶³ Elder abuse can include physical abuse, financial abuse, sexual abuse, psychological/emotional abuse, institutional abuse, and/or neglect.

It is difficult to estimate the precise rates of elder abuse in Canada, in large part because many seniors and older adults do not come forward to report their experiences. To date, there are no studies on rates of elder abuse among 2SLGBTQI+ Seniors in Canada.⁶⁴ However, in one United States survey of 3,500 LGBTQ seniors (55 and older), 8.3% of respondents reported being abused or neglected by a caretaker as a result of homophobia and 8.9% had experienced blackmail or financial exploitation.⁶⁵

A more recent qualitative study from the U.S. highlighted that 2SLGBTQI+ Seniors may experience heightened risk for elder abuse due to factors like social isolation, discrimination, internalized stigma, and abusers' desire for power and control.⁶⁶ This study also described a number of barriers that discourage 2SLGBTQI+ Seniors from reporting abuse, including mistrust of police and healthcare providers; lack of knowledge of who/where to report to; shame and guilt; and a desire to stay connected to family, even if they are abusive.⁶⁷



Resource

Thankfully, more Canadian resources are emerging to help guide responses to elder abuse against 2SLGBTQI+ Seniors. For additional information, consult:

- [Elder Abuse & Financial Abuse: Context and Considerations for 2SLGBTQI Communities](#), from Egale
- [Elder Abuse in Our LGBTQ Community: An Intervention Guide for Service Providers and Partners in Care](#), from Elder Abuse Prevention Ontario
- [LGBT Elder Abuse](#), a series of informative videos from Simon Fraser University



Religious- and Faith-based Discrimination Against 2SLGBTQI+ Seniors

Anti-2SLGBTQI+ discrimination persists in many major religions and faith-based organizations around the world and in Canada.⁶⁸ Even today, faith and spirituality are weaponized to justify and promote homophobia, biphobia, and transphobia.

For instance, advocates and community members are expressing concerns over the rise of the religious right in many countries, including Canada, and the impacts this will have on the hard-won progress for 2SLGBTQI+ freedoms over the last 50 years. A 2017 report from the United States highlights a troubling increase in ‘religious exemption laws’ that jeopardize the safety of 2SLGBTQI+ communities by allowing individuals, businesses, and government agencies to use religion as an excuse for their homophobia, biphobia and transphobia.⁶⁹

Religious- and faith-based discrimination can be particularly harmful for 2SLGBTQI+ Seniors, many of whom seek services from healthcare, social support, retirement, and long-term care organizations with explicit religious affiliations.⁷⁰ In one Canadian qualitative study of 2SLGBTQI+ Seniors, almost all participants spoke to their concerns about seeking services from religiously-affiliated long-term care homes.⁷¹ Seniors communicated that their broader fears of institutionalization were intensified by the possibility of having to ‘go back into the closet’ if they were placed in homes linked to a religion that historically and/or currently discriminates against 2SLGBTQI+ communities.⁷² Many 2SLGBTQI+ Seniors have had negative experiences, and in some cases trauma, from their experiences in faith-based settings. Some may have been exposed to baseless and harmful ‘conversion therapies’ or other [sexual orientation and gender-identity change efforts](#) administered by religious organizations.⁷³

Long-term exposure to faith-based discrimination can have negative impacts on the health and well-being of 2SLGBTQI+ Seniors, including internalized homophobia, depression, and post-traumatic stress disorder.⁷⁴ For many Queer and Trans Seniors of faith, the prolonged process of reconciling religious identity and 2SLGBTQI+ identity is marked by grief, loss, rejection, and the difficult decision to ‘choose’ one identity over the other.⁷⁵



However, it is important to note that there is vast diversity among 2SLGBTQI+ Seniors when it comes to experiences of faith and faith-based discrimination. Many seniors are able to resolve past or potential conflicts between religious and 2SLGBTQI+ identity and find meaning, support, community, and purpose in religion.⁷⁶ In fact, one United States study estimates that almost 65% of 2SLGBTQI+ Seniors over 65 identify as religious.⁷⁷ This finding suggests that there are a wide array of beliefs in all of the world's religions and that more and more religious organizations are working to welcome, include, and affirm 2SLGBTQI+ communities. This finding also underscores the vital importance of offering inclusive faith-based and spiritual programming for 2SLGBTQI+ Seniors (see Section II, Walk the Talk – Develop & Deliver 2SLGBTQI+ Affirming Programs & Services).



COVID-19

The ongoing COVID-19 pandemic has significantly impacted the lives of seniors everywhere. In addition to increased vulnerability to COVID-19 infection and complications, access to healthcare and social supports was severely restricted and many seniors experienced unprecedented levels of social isolation. The situation was especially severe in Ontario long-term care homes, where [thousands of deaths have been recorded since the start of the pandemic.](#)⁷⁸



2SLGBTQI+ communities were also disproportionately affected by COVID-19 in Canada. A national report from [Egale](#) indicates that 2SLGBTQI+ Canadians experienced greater financial burdens, more job loss, and more extreme decreases in physical and mental well-being during the pandemic.⁷⁹ A second report from Egale further demonstrated that the negative impacts of COVID-19 on physical health and quality of life were more pronounced for racialized 2SLGBTQI+ respondents, highlighting how intersectional forms of oppression may result in worse outcomes for Queer and Trans Black, Indigenous, and People of Colour (QTBIPOC) during the pandemic.⁸⁰

Living at the intersection of these groups, it is not hard to imagine the enormous toll that COVID-19 took on 2SLGBTQI+ Seniors. Due to the pandemic, many 2SLGBTQI+ Seniors, especially those in LTC and retirement homes, lost connection to partners, chosen family, friends, and community. Some may have been quarantined with abusive caregivers or in care settings where their sexual orientation, gender identity, and/or gender expression were stigmatized.⁸¹



Insight

“For us, the LGBTQ seniors of Ontario, the COVID-19 pandemic is a stark reminder that the long-term care system in Ontario is neglectful of or unresponsive to our particular health issues, our care needs, our fears and concerns, and our social and emotional well-being.”

— 2SLGBTQ+ Senior in [Ontario’s Long Term Care COVID-19 Commission Final Report](#)

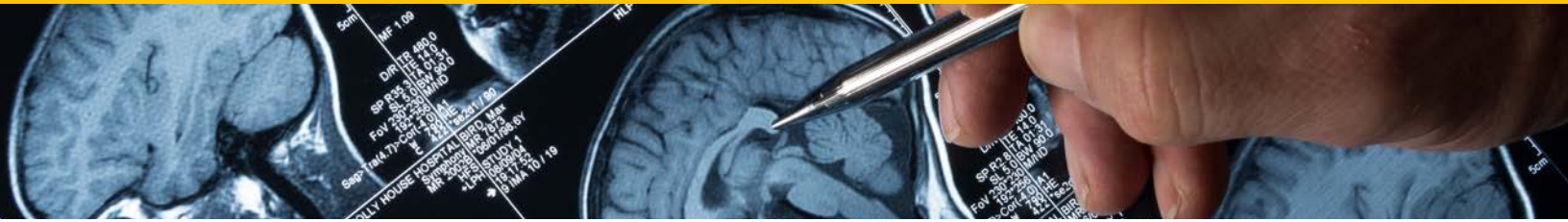


Insight

“Visiting restrictions have been restricted strictly to Power of Attorney and blood relatives [during COVID-19]. And for many reasons, 2SLGBTQ+ seniors don’t have assigned power of attorneys, and they don’t have blood relatives that they are close with or connected to. And so their social relationships, their romantic relationships, aren’t being recognized ... and it’s causing them more isolation, more loneliness.”

— Ashley Di Benedetto in [Ontario’s Long Term Care COVID-19 Commission Meeting with Ontario Senior Pride](#)

Evidence on the precise impacts of COVID-19 on 2SLGBTQI+ Seniors is still emerging, however qualitative research highlighting the lived experiences of Queer and Trans Seniors during the pandemic can help us better understand their shifting needs and prompt further research. See *Janelle’s Story* in *LGBT Seniors in the Pandemic: Silenced and Vulnerable*.⁸²



Memory Loss and Cognitive Disability

Like other seniors, 2SLGBTQI+ Seniors may struggle with various forms of memory loss and cognitive difference or disability, including dementia. There is some evidence that 2SLGBTQI+ Seniors may be impacted by higher rates of memory loss and cognitive disability due to increased exposure to contributing factors like depression, smoking, and social isolation.⁸³ A recent Canadian report further identifies parallels in the experience of 2SLGBTQI+ Seniors ‘coming into’ living with dementia and their experiences ‘coming out’ about their gender identity or sexual orientation, as both periods can be marked by significant change or uncertainty with respect to one’s relationships and sense of self.⁸⁴ This report also emphasizes the power of support networks, both paid and unpaid, in addressing the needs of 2SLGBTQI+ seniors living with dementia.

Additionally, seniors living with HIV may be impacted by HIV-Associated Neurocognitive Disorders, a group of conditions that are often overlooked in care settings and characterized by declining brain function and movement, as well as shifts in behaviour and mood.⁸⁵

The experiences of 2SLGBTQI+ Seniors living with memory loss and cognitive disability are not well characterized. Some 2SLGBTQI+ Seniors with dementia may experience changes in the way they feel about or express their sexual orientation and/or gender identity, which can result in anxiety about managing the disclosure of their 2SLGBTQI+ identity, discrimination from service providers, or ending significant relationships.⁸⁶ This can be the case particularly for Trans seniors living with dementia, who may experience shifts in memory around transition and associated changes to pronouns, clothing, and care decisions.⁸⁷



Resource

[Coming Out and Coming In to Living with Dementia: Enhancing Support for 2SLGBTQI People Living with Dementia and their Primary Unpaid Carers](#), by Dr. Ashley Flanagan (National Institute on Ageing) and Dr. Celeste Pang (Egale Canada). This is to date the most thorough investigation on the unique needs and experiences of 2SLGBTQI+ Canadians living with dementia and their unpaid carers. This report also includes four high-impact recommendations to improve programming, policy, advocacy, and research.



Working Group Guidance

Always include sexual orientation, gender identity, and/or gender expression in conversations about advanced care planning with 2SLGBTQI+ Seniors. This might include asking them about members of their chosen family, the name and pronouns they use, and decisions related to their appearance (e.g., clothing, grooming, makeup routines). When a 2SLGBTQI+ senior is experiencing memory loss or cognitive impairment, it is critical that you **respect, uphold, and honour** these considerations. For more information, consult [Section II: Open Up – Create Welcoming Policies, Procedures, and Environments](#).

End-of-Life

2SLGBTQI+ Seniors may experience anxiety about isolation near the end-of-life.⁸⁸ They may fear being placed in long-term care homes, hospices, or other facilities where their independence is undermined and their identity is stigmatized.⁸⁹ Some 2SLGBTQI+ Seniors may be contacted by their family of origin near the end-of-life, regardless of whether they are on good terms or estranged.

Reconnecting with family of origin at this time may or may not be beneficial for 2SLGBTQI+ Seniors.⁹⁰ Trans seniors may also communicate wishes about how they would like their lived identity represented after death.⁹¹

As always, what is important is attending to the needs of the individual using a person-centered, intersectional approach to help understand a person's wishes and advocating with them to ensure that dignity and autonomy are maintained during this time.



Resource


Egale's [Crossing the Rainbow Bridge](#), a helpful resource to explore end-of-life care planning with 2SLGBTQI+ Seniors, whenever they are ready.



Barriers to Care

Despite the unique needs and challenges experienced by 2SLGBTQI+ Seniors, many do not receive adequate care and support. Across healthcare, long-term care, retirement, homecare, and social service environments, Queer and Trans Seniors report barriers to access.⁹²

Many of these barriers are rooted in past experiences of discrimination or fears of stigmatization in care and support settings.⁹³ Many also stem from actual or perceived knowledge gaps in the competence of service providers to address the needs of 2SLGBTQI+ Seniors.⁹⁴ In fact, one report indicates that despite a common desire for more education, 90% of homecare providers in Ontario do not receive any training related to inclusive and affirming care for 2SLGBTQI+ communities.⁹⁵ This finding suggests that a lack of education among providers can also be due to low commitment from an organization's leadership to offer training on 2SLGBTQI+ Seniors' needs.



It is important to note that barriers to care may be heightened especially for Trans or gender non-conforming seniors. Trans seniors may experience misgendering, specific anxieties around ‘outing’, and other unique forms of discrimination in healthcare and long-term care settings.⁹⁶

A lack of access to education for care providers, knowledge gaps, and discriminatory practices create care environments where 2SLGBTQI+ Seniors are not able to be themselves or express their needs. This can deter or delay them from accessing important services.



Insight

“Nobody ever says that they discriminate, it’s a very powerful word. People will say they’re gay-positive, but will still be reacting in a gay negative atmosphere of homophobia... I’ve heard staff speaking of me in the hallway and within earshot. And I’ve heard the word ‘faggot’ or ‘fruit.’ It brought things up from years back when I was still in the closet. So I look at it and wonder why, in this day and age, staff are pretending that they’re accepting of people, but you can see by their actions that they’re not.”

— SSLTC resident

In long-term care or retirement settings, Queer and Trans Seniors are often faced with the difficult decision to hide their 2SLGBTQI+ identities and ‘go back into the closet’ for fear of being stigmatized or discriminated against by staff and other residents.⁹⁷ In a 2017 community consultation hosted by Egale, 52% of 2SLGBTQI+ Seniors reported fears about being “forced back into the closet” in long-term care or retirement settings.⁹⁸



Insight

“When you are at your most vulnerable and you are most dependent upon others for your basic care, it is sad that people fear the judgment of those who give care and so hide themselves as a form of self-preservation.”

— 2SLGBTQI+ Senior, quoted in [Ontario’s Long Term Care COVID-19 Commission Meeting with Ontario Senior Pride](#)



Resource

To hear more from 2SLGBTQI+ Seniors about their care concerns, check out this video: [Canada’s LGBT seniors fear discrimination in elder care.](#)



Practicing Allyship with 2SLGBTQI+ Seniors



Insight

“This tool kit is very important because a lot of people might not be knowledgeable and might be curious. This education piece might be really important, to teach people how to be an ally and an advocate, to create a safe place for people”

— SSLTC staff

There are many different ways to describe what it means to be an ally. Drawing from [The 519](#), this Tool Kit defines an ally as someone who works to end the system(s) of oppression from which they benefit.⁹⁹ Allies use their privilege to listen to individuals and communities affected by oppression and, together, create a more equitable world.



Another helpful way to think about allyship is through the lens of friendship. Like friends, allies listen and provide support, but allies also go above and beyond by aligning with and taking up the causes of oppressed individuals and groups.

Being an ally is a dynamic, challenging, and lifelong process. No one suddenly arrives at the status of ‘ally.’ Instead, we must practice allyship continuously with different communities and in different settings.

Practicing allyship with 2SLGBTQI+ Seniors is key component of providing respectful, inclusive and affirming care. But what does it look like to practice allyship? We provide **six** key examples below: Using inclusive language and appropriate terminology, Challenging your own biases and assumptions, Listening to others and leaning into discomfort, engaging in ongoing education, Having challenging conversations with colleagues, and Advocating.

1. Use Inclusive Language and Appropriate Terminology

One concrete way to practice allyship with 2SLGBTQI+ Seniors is to use language and terminology that acknowledges and respects their diversity. You should always consult the [‘Language & Terminology’](#) of this Tool Kit to improve your knowledge, but we have included some useful tips below:

- Always respect a person’s name and pronouns. To create an inclusive care environment, always introduce yourself with pronouns:
 - “Hi there my name is ____, and My pronouns are _____. What are your name and pronouns?”
- When you are not sure about the pronouns someone uses, it best to defer to gender inclusive pronouns (e.g., they/them):
 - “They are here for a check-up” OR “I just saw them a moment ago.”
- Always use gender inclusive language when addressing a group
 - “Hey folks” OR “Good morning everyone.”
- Use gender inclusive language when discussing relationships
 - “Do you have any significant others?” OR “How long have you and your partner been together?” OR “Tell me about the significant people in your life.”



Insight

“Another thing we need to be aware of, is to not make the assumption that just because a person appears feminine or appears masculine, it must be ‘he/him’ or ‘she/her.’ We should all be asking, *what are your pronouns?*”

— SSLTC staff

2. Challenge your own Biases and Assumptions

Part of practicing allyship with 2SLGBTQI+ Seniors is reflecting on and challenging your own biases and assumptions about these communities. We live in a heterosexist and cissexist society that propagates harmful labels and stereotypes about 2SLGBTQI+ people, which, despite our best efforts, shape the way we think about and relate to Queer and Trans Seniors. Harmful assumptions and internal biases can create barriers that unintentionally exclude 2SLGBTQI+ Seniors.

Service providers supporting 2SLGBTQI+ Seniors must work hard to recognize and address these assumptions in order to provide respectful, inclusive, and affirming care. Below, we discuss and dispel some common misconceptions about 2SLGBTQI+ Seniors. These examples were adapted from [Sage](#):¹⁰⁰

-
- **DO NOT** assume your organization has no 2SLGBTQI+ clients, even if none have openly identified this way. Recall that 2SLGBTQI+ Seniors are often apprehensive about disclosing their identity in care and support settings. Assuming that none of the seniors you work with are 2SLGBTQI+ contributes to that fear and perpetuates heterosexism and cissexism.
 - **DO NOT** assume that you can identify 2SLGBTQI+ Seniors based on appearances or other external characteristics. 2SLGBTQI+ Seniors do not all look or act the same way. Assuming they do contributes to harmful stereotypes.



- **DO NOT** assume that a 2SLGBTQI+ senior can be reduced to their sexual orientation, gender identity, or gender expression. People can be many things at the same time! Remember, 2SLGBTQI+ Seniors are an incredibly diverse group with vastly different histories and life experiences. While a senior's sexual orientation, gender identity, and gender expression should always be considered in the delivery of their care, so should their race, religion, ability, language, socioeconomic status, and any other relevant factors.
- **DO NOT** assume that because a senior came out to you, that they are out to everyone. Do not disclose this information to others without their permission. Remember that 'coming out' is a deeply personal process that looks different for everyone. However, the more you know about the seniors you support, the better able you are to provide inclusive and affirming care. Therefore, ensure that when you ask clients about their sexual orientation, gender identity, or gender expression, that you do so in a safe and confidential manner.
 - This means never forcing an answer and following the senior's lead. If your question elicits silence or an uncomfortable response, move on.¹⁰¹



3. Listen to Others and Lean into Discomfort

Practicing allyship with 2SLGBTQI+ Seniors involves listening to them and their caregivers, partners, chosen family, and communities. This allows you to get the best sense of their particular experiences, needs, and challenges. Sometimes the things you hear might strike a chord or make you uncomfortable. Lean into that discomfort and challenge it by asking yourself the following questions:

- If I'm feeling uneasy or defensive, why might that be?
- How might my assumptions about 2SLGBTQI+ people be impacting my discomfort?
- How might my social conditioning (e.g., the movies I watch, books I've read, the people I grew up with) influence my thoughts and perceptions of the 2SLGBTQI+ community?
- How might societal labels and stereotypes about 2SLGBTQI+ people be impacting my discomfort?
- How can I redirect my discomfort into something more positive, like additional learning?



4. Engage in Ongoing Education

Allyship is an ongoing process of learning and unlearning. Be an engaged ally by doing your own research on the experiences, needs, and challenges of 2SLGBTQI+ communities:

- Check websites of local 2SLGBTQI+ organizations for helpful resources
- Read articles about Queer and Trans issues
- Explore other media centered on 2SLGBTQI+ experiences (e.g., books, TV shows documentaries, social media accounts)
- Attend 2SLGBTQI+ cultural events, education sessions, and demonstrations
- If they are comfortable sharing, make time to speak with your 2SLGBTQI+ family, friends, and colleagues to learn about their experiences

5. Have Challenging Conversations with Colleagues

When you hear stigmatizing language or see homophobic, biphobic, or transphobic behaviour in your organization, challenge it. Hold your colleagues accountable for their actions by calling them into a conversation where they can listen, learn, and grow. These conversations can be tough, so we have included some helpful tips below:

Tips for Listening

- Practice Active Listening – Listen attentively to your colleague, summarizing and reflecting back what they say.
- Listen non-judgmentally – Try to avoid giving non-verbal cues that you are passing judgement or disapproving. Judgmental or passive aggressive facial expressions, gestures, or other body language can alienate your colleague and prevent meaningful dialogue.

Tips for Speaking

- Use ‘I’ statements – Try to make sure that everything you are saying starts with you/your perspective instead of your beliefs and assumptions about your colleague.
- Try to clarify what you heard and, if necessary, ask for more information (e.g., “I think I just heard... do I have that correct?” or “Could you tell me a little bit more what you mean?”)

- Acknowledge the difference between intent and impact.
 - The people we work with can do or say things that cause harm, often when it is not their intention to do so. Try to differentiate between your colleague's intention and the impact of their behaviour. Remember also that when 'good intentions' are used to deny responsibility for harm, more harm can result.
- Avoid labeling or name-calling.
- Appeal to common values and/or the values of the organization.
- If the conversation is potentially harmful, set boundaries. It can sometimes help to have a third party like a supervisor present to mediate.
- Center the needs and experiences of 2SLGBTQI+ communities in the dialogue. This conversation is ultimately about fixing language or behaviour that could harm them.



Insight

“We need to allow people to feel who they are, and then call them that. And that means to me as an RPN, educating other staff like: ‘No, that client goes by she/her.’ That’s something that we have to do to totally.”

— SSLTC staff

6. Advocate, Advocate, Advocate!

Speak up and advocate for the changes that will make your organization a more respectful, inclusive, and affirming environment for 2SLGBTQI+ communities. Refer to the ‘Respectful, Inclusive, and Affirming Care Evaluation Framework’ in Section II of this Tool Kit. If you notice items that your organization has not yet addressed, raise these issues with senior management. Some advocacy strategies you might consider:

- **Encourage ongoing conversations**
Add 2SLGBTQI+ issues as standing agenda items for departmental meetings.
- **Examine the seats at your table**
Ask who else might need to be in the room during conversations about 2SLGBTQI+ services and supports.
- **Build trusting relationships**
Engage 2SLGBTQI+ community members and organizations in your work. These stakeholders have a wealth of expertise, can help amplify your message, and hold your organization accountable.



Insight

“Advocacy means speaking up! If you hear something, say something. But also let people from the community have their own voice”

— SSLTC staff



Resource

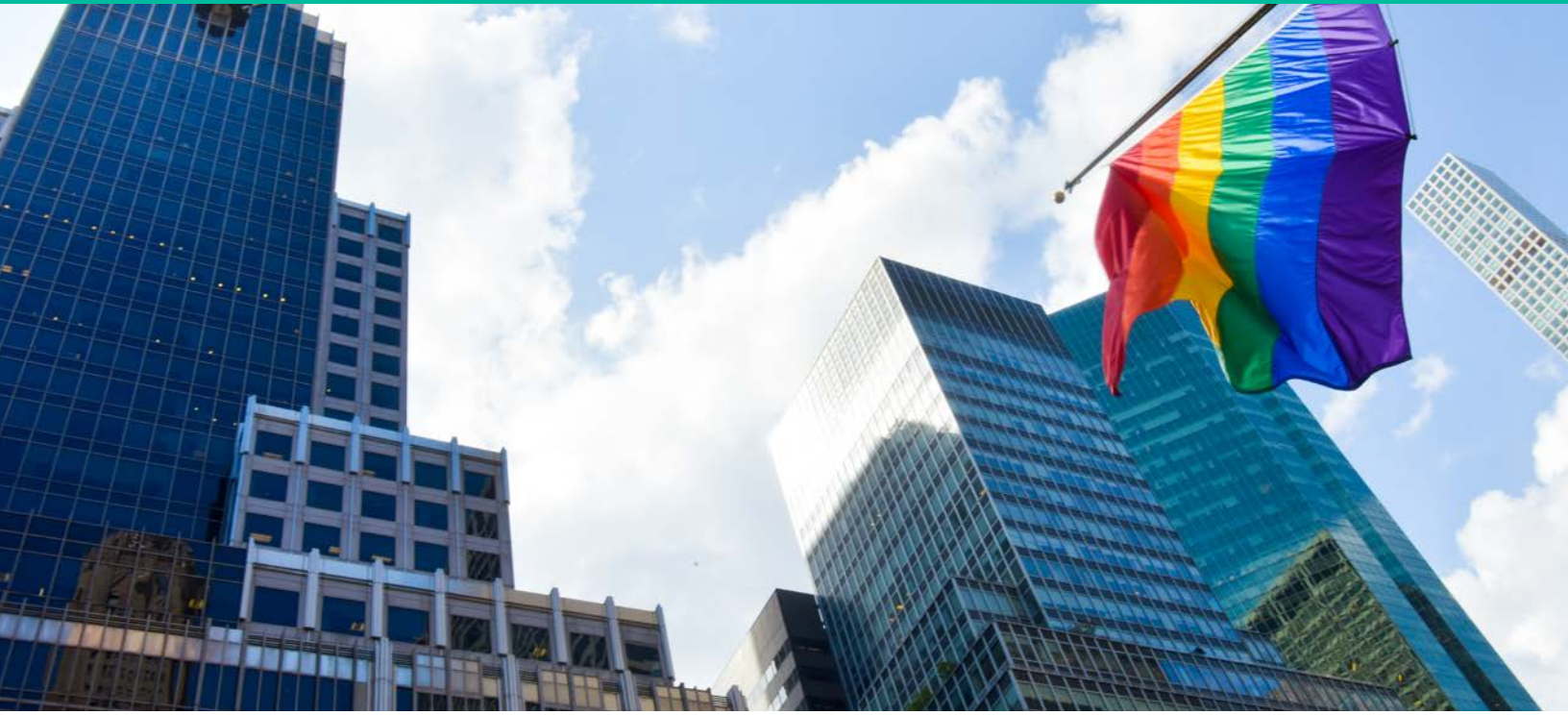
For additional learning on 2SLGBTQI+ Allyship, consult:

- The 519: [Creating Authentic Spaces](#)
- SOY H.E.A.T: [Videos! Kids Explain Allyship, Intersectionality and Pronouns](#)
- Wellesley Institute: [Supporting Safe Spaces for Trans Health: Being an Ally](#)

Advancing Respectful,
Inclusive & Affirming Care

Building Organizational Capacity





Remember: respectful, inclusive, and affirming care does not stop at the individual service provider, but extends throughout the whole organization.

Senior leadership and management therefore need to build capacity across their organizations to make sure that Queer and Trans Seniors feel they are welcomed when accessing services.

We believe that building organizational capacity means creating and implementing concrete policies, procedures, programs, and overall environments that explicitly respect, include, and affirm 2SLGBTQI+ communities. Everyone in an organization, especially senior leadership, has an essential part to play in this process.



Learning Objectives

This section, *Building Organizational Capacity*, will focus on organizational-level approaches to promote inclusion and address systemic barriers affecting 2SLGBTQI+ Seniors. Specifically, this section will:



Identify and describe 10 recommendations for creating respectful, inclusive, and affirming organizations



Provide practical examples and additional resources to accompany each recommendation that will empower staff to lead or support organizational change efforts

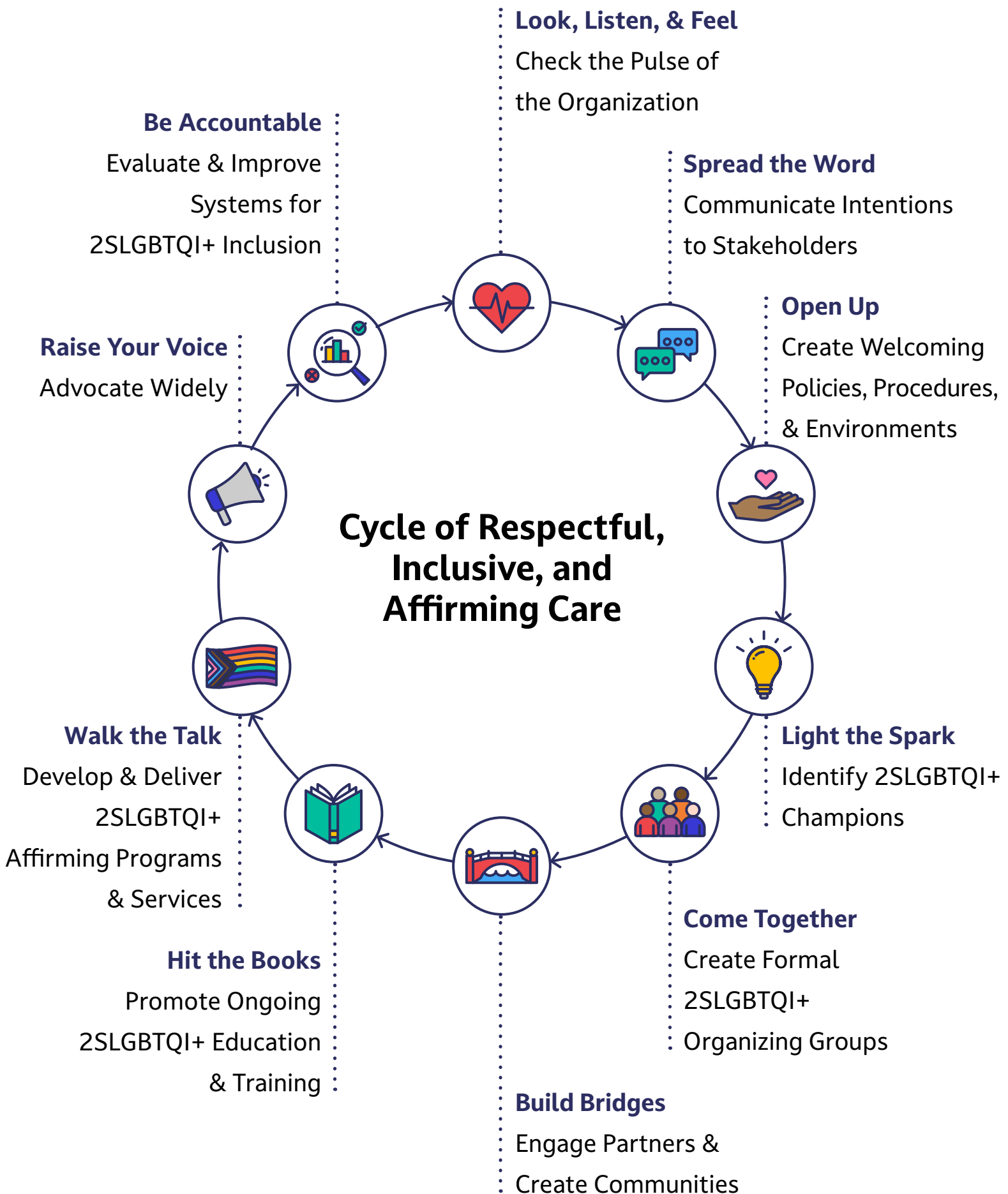
‘10 Steps’ Reimagined – Ongoing Improvement for Respectful, Inclusive, & Affirming Organizations

When the first version of this Tool Kit was released in 2008, SSLTC and community partners developed a 10-step roadmap for long-term care homes and other seniors’ organizations to better support 2SLGBTQI+ communities. Many of the strategies and recommendations included in that roadmap are still relevant today.

In this version of the Tool Kit, we have reimagined the roadmap as a continuous cycle. This new and improved model acknowledges that the process of building organizational capacity is iterative and ongoing. There is no decisive start or end point because the ‘work’ of 2SLGBTQI+ inclusion must be consistent and responsive to the evolving needs of diverse Queer and Trans communities. The bottom line is: when supporting 2SLGBTQI+ Seniors, there is always room for improvement and growth.

Drawing on resources from [Ontario Centres for Learning, Research & Innovation in Long-Term Care](#); [QMUNITY](#); [The 519](#); [Registered Nurses Association of Ontario](#); [Island Health](#); [Out and Equal](#); [Senior Pride Network](#); [Human Rights Campaign](#); [Rainbow Health Ontario](#); and [Sage](#), we have expanded the original roadmap in the **Cycle of Respectful, Inclusive, and Affirming Care**.¹⁰²

These 10 recommendations offer suggestions that your organization can adopt to improve supports for 2SLGBTQI+ Seniors. They do not necessarily need to be completed in any particular order and, depending on where your organization is on its journey, can be started, restarted, or revisited at any time.



Look, Listen, & Feel - Check the Pulse of the Organization



The process of creating respectful, inclusive, affirming organizations often starts with the senses. Look, listen, and feel to identify and assess your organization's existing strengths and limitations in supporting 2SLGBTQI+ Seniors.

Look for signs of 2SLGBTQI+ inclusion

- Where are the visible examples (e.g., posters, signage, forms, artwork) of your organization's commitment to 2SLGBTQI+ communities?
- How do you see 2SLGBTQI+ staff and service users being treated?
- Can you locate any gender-inclusive washrooms onsite (available for staff, service users, visitors)?
- Is there 2SLGBTQI+ programming available and promoted around the organization?

Listen for 2SLGBTQI+ inclusive language

- Do staff use gender inclusive and 2SLGBTQI+ affirming language?
- What is the general tone of conversations around 2SLGBTQI+ communities in your organization?
- Is there silence around the topic?



Feel the general atmosphere of the organization

- How many staff and clients openly identify with 2SLGBTQI+ communities? Why might this number be higher or lower than expected?
- Do self-identified 2SLGBTQI+ staff and service users feel respected, included, and affirmed in the organization?
- What can your organization do to better meet the needs of 2SLGBTQI+ Seniors?



Resource

The 519's [Perceive and Feel Framework](#) is a tool that helps identify barriers and develop strategies to make your organization feel more welcoming for Queer and Trans people.

Spread the Word – Communicate Intentions to Stakeholders



Identify all the stakeholders who may be involved in or impacted by efforts to make your organization more respectful, inclusive, and affirming for 2SLGBTQI+ communities. You will need their commitment and support to advance your change efforts.

We define stakeholders as individuals or groups with potential influence and/or interest in an initiative. In the context of long-term care and senior support, important stakeholders can be both internal and external to the organization. They may include senior leadership, directors, managers, frontline staff, volunteers, students, union representatives, administration, residents/service users, families, essential caregivers, home councils or advisory committees, community organizations, researchers, advocates, and policymakers.



Resource

University of Kansas' Center for Community Health and Development [Community Toolbox Chapter 6](#) contains a helpful guide for developing a communications plan to promote interest in community-based issues and initiatives.



Resource

[Stakeholder Analysis](#) by Larry W. Smith, available from the Project Management Institute, can help you map and characterize your stakeholders based on their level of interest and influence in the initiative.

Once you have identified your stakeholders, it is time to spread the word and communicate your intentions. It is also important to consider when and how that communication will occur. Developing a communications plan can help you engage your stakeholders effectively, anticipate their concerns, and make sure your message has impact. Effective communication is key in promoting buy-in and commitment from your stakeholders, especially those in leadership or management roles.



Working Group Guidance

When engaging stakeholders in leadership or management roles, consider framing your message using relevant policy and legislation. For instance, the following materials from the **Ontario Human Rights Commission** clarify the legal obligation to provide care and support free from homophobic, biphobic, and transphobic discrimination. These resources can be helpful in establishing a rationale for making your organization more respectful, inclusive, and affirming for 2SLGBTQI+ Seniors:

- [Sexual orientation and human rights \(brochure\)](#)
- [Gender identity and gender expression](#)
- [Questions and answers about gender identity and pronouns](#)

Open Up – Create Welcoming Policies, Procedures & Environments



Successfully transforming your organization will require a strong and sturdy foundation. Modifying your organization's policies, procedures, and physical environment through the lens of 2SLGBTQI+ inclusion can establish that foundation, encourage a shift in your organization's overall culture, and create the conditions for your change efforts to thrive!

With the close involvement and support of your leadership team, critically review your organization's policies, procedures, and environments to ensure that they are inclusive, affirming, and respectful of 2SLGBTQI+ communities. Below, we provide some common starting points for long-term care, retirement, and other senior support settings.



Policies

Policies are like the invisible scaffold that shapes and supports your organization's practices and culture. They provide the 'why' behind all the activities at your organization.



When it comes to improving services for 2SLGBTQI+ Seniors, there are a variety of important policies that you may need to revise, including anti-violence, harassment, and discrimination policies; human resources and staffing policies; visitating policies; and rooming policies.



Working Group Guidance

When reviewing your organization's policies through the lens of 2SLGBTQI+ inclusion, consider the following questions to begin identifying points for revision:

- Does this policy reflect an underlying assumption that all staff/service users are heterosexual and/or cisgender?
- Does this policy use gender inclusive language?
- How might this policy uniquely impact 2SLGBTQI+ Seniors or staff?
- How might this policy unintentionally create or worsen barriers to support for 2SLGBTQI+ Seniors?
- Does this policy recognize and affirm 2SLGBTQI+ relationships and/or chosen families?
- Was this policy developed with involvement from 2SLGBTQI+ Seniors? Was attention paid to their unique care and support needs?

Anti-violence, harassment, and discrimination policies

To better support Queer and Trans Seniors, and in line with [Ontario Human Rights Code](#),¹⁰³ seniors-serving organizations need to develop anti-violence, harassment, and discrimination policies, and these policies **must** contain explicit reference to sexual orientation, gender identity, and gender expression.



Recall that due to heterosexism and cissexism, 2SLGBTQI+ Seniors are exposed to specific forms of stigma and discrimination like homophobia, biphobia, and transphobia. Policies that recognize homophobia, biphobia, and transphobia provide protections for 2SLGBTQI+ communities and can be used by leadership to address concerns raised by staff and service users.

Since 2SLGBTQI+ Seniors are an incredibly diverse group with a wide range of experiences, make sure your anti-violence, harassment, and discrimination policy also accounts for other important sociodemographic factors and protected grounds.

Example

2SLGBTQI+ Inclusive Anti-violence, Discrimination, and Harassment Policy

[City of Toronto Human Rights and Anti-Harassment/Discrimination Policy \(HRAP\)](#),¹⁰⁴

Section 2.1 Services and Facilities:

*Every person has a right to equal treatment with respect to City services and facilities, without discrimination or harassment because of one or more of the following prohibited grounds: age, ancestry, citizenship, colour, creed, disability, ethnic origin, family status, **gender expression, gender identity**, level of literacy, marital status, place of origin, political affiliation, race, sex (including pregnancy, breast feeding), **sexual orientation**.*



A note on religious freedom and anti-discrimination at City of Toronto LTC homes



Under section 2.4 of the Human Rights and Anti-Harassment/Discrimination Policy (HRAP), the City of Toronto guarantees the right to equal treatment in employment without discrimination or harassment on a number of grounds, including creed or religion. In the context of supporting 2SLGBTQI+ Seniors, many of whom have experienced religious- and faith-based discrimination, it is important to highlight that religious freedoms under the HRAP and the Ontario Human Rights Code (OHRC) are guaranteed only insofar as they do not infringe on the rights of others.

Staff working in City of Toronto Long-Term Care Homes are entitled to their own personal and religious beliefs. However, under the OHRC and City of Toronto HRAP, those beliefs cannot in any way impact the quality of care or service provided to 2SLGBTQI+ Seniors in the workplace.

Staff **cannot** use religion as grounds to justify their mistreatment, discrimination, or abuse of 2SLGBTQI+ Seniors. Staff also **cannot** impose their religious beliefs onto the 2SLGBTQI+ Seniors they serve, including those near the end-of-life, who may be more vulnerable to religious evangelizing or language around ‘salvation’ or ‘repentance’ for their so-called ‘sins.’

Staff engaging in these behaviors are violating the OHRC, the City’s HRAP, and the Resident’s Bill of Rights, and are subject to progressive discipline up to and including termination.

Human resources and staffing policies

Any policies that apply to staff, including recruitment, onboarding, retention, evaluation, and complaints, also need to reflect the principles of 2SLGBTQI+ inclusion. Organizations should also adopt strategies to encourage recruitment of 2SLGBTQI+ staff.



When reviewing your HR and staffing policies, consider the following changes:

RECRUITMENT

- Add fields into hiring policies that require assessment of applicants' skills and experience related to supporting 2SLGBTQI+ Seniors and other marginalized groups

ONBOARDING

- Require all new staff and volunteers to complete training on respectful, inclusive, and affirming care for 2SLGBTQI+ Seniors

RETENTION

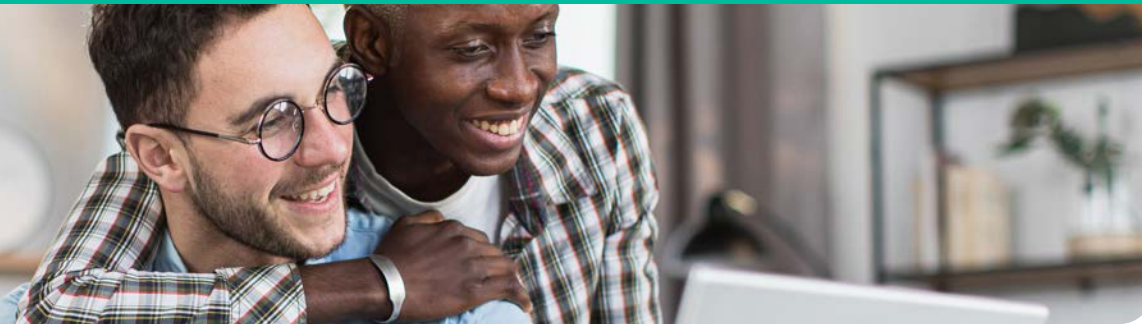
- Ensure 2SLGBTQI+ staff receive equal benefits and that gender-affirming treatments (e.g., hormone replacement therapies, transition-related surgeries) are included as eligible healthcare benefits, if not available through public healthcare services

EVALUATION

- Incorporate assessment of staffs' ability to practice respectful, inclusive, and affirming care into ongoing job performance evaluations, including disciplinary measures for staff who fail to meet this standard
- Use employee of the month policies to recognize and reward staff members who deliver exceptional care and support to 2SLGBTQI+ Seniors

COMPLAINTS

- Create a confidential staff complaint process related to 2SLGBTQI+ issues and assign a designated role, preferably in the Human Resources department, to oversee this process. Ensure timely and effective follow-up along with an annual evaluation of complaints and resolution



Working Group Guidance to recruit 2SLGBTQI+ Staff

- If available, send organizational representatives to local 2SLGBTQI+ job fairs
- Promote job postings in local 2SLGBTQI+ media
- Perform outreach with 2SLGBTQI+ organizations in your community
- Explicitly state your organization's commitment to equity, diversity, and inclusion in all job postings (with specific reference to sexual orientation, gender identity, and gender expression)



Resource

[“It’s Got To Be About Safety”: Public Services that Work for LGBTQ2+ Older Adults and LGBTQ2+ Workers](#)

[in Canada](#), a report from the Canadian Union for Public Employees that outlines promising practices to support 2SLGBTQI+ workers and clients, including employment equity, cultural competency standards tied to funding, and increasing 2SLGBTQI+ representation on governance boards.

Policies specific to long-term care and retirement settings

2SLGBTQI+ Seniors may experience specific needs and challenges in long-term care, retirement, and in-patient healthcare settings. Special attention needs to be paid to these needs, especially when it comes to the residents' bill of rights, rooming, and visiting.



The Residents' Bill of Rights

In Ontario, all long-term care homes must follow legislation called the [Fixing Long-Term Care Act](#) (FLTCA 2021; formerly the Long-Term Care Homes Act).¹⁰⁵ Both Acts include a Residents' Bill of Rights that helps ensure high-quality care, dignity, and respect for residents. However, the FLTCA also includes gender identity, gender expression, and sexual orientation as protected grounds under the Residents' Bill of Rights section 3(1):

*Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, **sexual orientation, gender identity, gender expression**, age, marital status, family status or disability.*

This focus on 2SLGBTQI+ residents was **not** included in the former *Long-Term Care Homes Act*, but now helps safeguard rights and protections for Queer and Trans Seniors living in LTC.





Living Environments and Rooming Policies

Organizations need to give careful consideration to the room and roommate given to a newly admitted 2SLGBTQI+ resident. Inclusive and affirming living environments acknowledge the need for 2SLGBTQI+ Seniors to feel comfortable, safe, and happy where they live. Organizations must respect the autonomy and choice of the resident and ensure that residents have a say in determining where and with whom they will be roomed. This can include modifying rooming placements as residents and their relationships change over time.

Sometimes 2SLGBTQI+ inclusive rooming ensures that residents can choose to live privately with their partner(s), including those in same-gender relationships.

2SLGBTQI+ inclusive rooming can also mean placing Trans residents in a room affirming of their gender identity (e.g., rooming a cis woman and trans women together, because they are both women).

Creating inclusive and affirming living environments includes avoiding assumptions and always consulting with the resident on their preference of the gender of their roommate. Organizations also need to work to ensure that residents can choose to live privately with their partner(s) regardless of gender, and modifying rooming placements as residents and their relationships change over time.

Organizations that **only** place Queer and Trans residents in private rooms or locate all Queer and Trans residents in the same area of the home, **without** involving them in the decision, are therefore **not** 2SLGBTQI+ inclusive. These policies can serve to isolate 2SLGBTQI+ residents and may reinforce the harmful, homophobic, and transphobic assumption that they cannot be a part of the larger community without making other residents uncomfortable.

Visiting Policies

2SLGBTQI+ inclusive visiting policies protect a resident's right to receive designated visitors, including partners, spouses, friends, or members of chosen/found family, at any time and in private. Inclusive visiting policies will respect a resident's choice of visitors even during emergency situations.



For instance, during the COVID-19 pandemic or other public health emergencies when visiting may be limited, inclusive visiting policies would protect and promote a 2SLGBTQI+ resident's ability to designate important or essential visitors, whether or not they are a resident's Power of Attorney or biologically/legally related.



Example

2SLGBTQI+ Inclusive Visiting Policy, adapted from [‘Finding an LGBTQ+ Inclusive Long-term Care Community’](#) by Human Rights Campaign Foundation and Sage: *All residents reserve the right to receive visitors of their choosing during their stay. Visitors include but are not limited to spouses, partners, family members, or friends for emotional support. This policy ensures full and equal rights to all visitors, regardless of age, ancestry, citizenship, colour, creed, disability, ethnic origin, family status, **gender expression, gender identity**, level of literacy, marital status, place of origin, political affiliation, race, sex, and **sexual orientation**.*¹⁰⁶



Resource

[Partners in Care: Pandemic Tool Kit – A resource for re-engaging caregivers with hospitals and long-term care homes](#), by the Ontario caregiver Association.



Procedures

Procedures are the step-by-step instructions that guide organizational activities and tasks. If policies provide the ‘why,’ procedures provide the ‘how.’

Standard procedures in LTC, retirement, healthcare, and community support settings often overlook or erase the identities and experiences of 2SLGBTQI+ Seniors. This, in turn, can discourage Queer and Trans Seniors from accessing the services and supports they need. Intake/Assessment and Advanced Care Planning are two commonly cited procedures that can create barriers for 2SLGBTQI+ Seniors.



Insight

“We have clients whose government names are one name, but they go by another name. And there’s no boxes for us to write this down. Also in our assessment form, there is nowhere to indicate ‘call the client by another name’. So that’s a big problem.”

— SSLTC staff



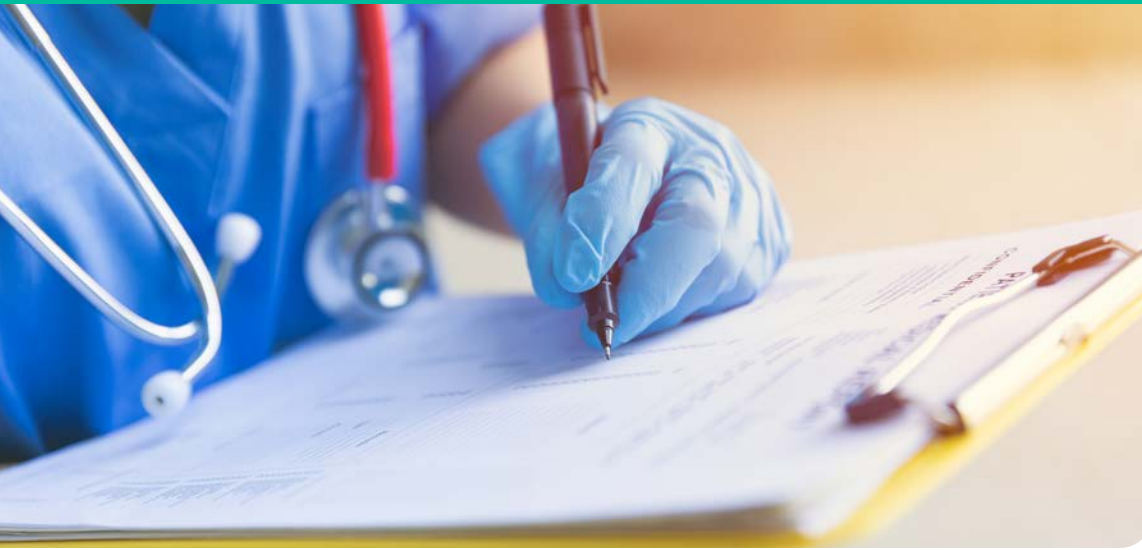


Intake & Assessment

The initial intake or assessment process is a promising opportunity for your organization to establish a positive connection with 2SLGBTQI+ Seniors and their significant others. Creating safe and welcoming intake and assessment procedures can encourage 2SLGBTQI+ Seniors to self-identify, feel seen, and feel welcomed. It can help 2SLGBTQI+ Seniors—and others—to speak up about their unique needs and to have these addressed.



Intake and assessment can also be an opportunity for your organization to collect key sociodemographic data about your clients. This can include information on their sexual orientation, gender identity, and gender expression. These data give your organization a better understanding of service users, their unique needs, and lived experiences. Over time, this information can help your organization evaluate and improve programs and services.



Resource

[Do Ask Do Tell: A Toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings](#). An online tool kit created by The Fenway Institute and the Center for American Progress that promotes the routine and standardized collection of sexual orientation and gender identity data in clinical settings.



Resource

[Leaving No One Behind in Long-Term Care: Enhancing Socio-Demographic Data Collection in Long-Term Care Settings](#). A practical guide developed by the National Institute on Ageing and the Wellesley Institute to support comprehensive sociodemographic data collection, including gender and sexual orientation, in long-term care settings.



Working Group Guidance

Integrating Sexual Orientation and Gender Identity into Intake and Assessment Procedures (1/7)



WHEN to ask?

During registration, admission, referral or intake processes where general personal information is requested and/or rooming placements are being considered. It's also important to note that not all of this information needs to be collected at the same time. Sharing all of this information at once can feel overwhelming for 2SLGBTQI+ Seniors, especially if they do not feel safe or comfortable enough to share their sexual orientation, gender identity, or gender expression.

In the context of long-term care or retirement homes, as residents settle in and begin to establish trust with staff, this information can be gathered more gradually over the first few months of a resident's stay. This information can also change as seniors and their relationships continue to evolve later in life, so it is important to foster a culture of openness where seniors feel comfortable sharing on an ongoing basis.



Working Group Guidance

Integrating Sexual Orientation and Gender Identity into Intake and Assessment Procedures (2/7)



BEFORE you ask

If possible, review any prior assessment forms or records. This can help you avoid repeating sensitive questions that an incoming service user may have already been asked by other providers. The intake process can be frightening for all new service users, regardless of sexual orientation or gender identity. It is a time when very personal and often unshared aspects of one's personal life are openly discussed and recorded, so try to set an atmosphere that encourages open and honest dialogue. Start by clearly and transparently communicating the purpose of the intake questions. Highlight how any collected information will be kept confidential, who at the organization might see this information, and how they might use it.

- *Before we get started, I want to let you know that I'll be asking you some questions that are personal. Your responses are important for us to collect so that we can provide you with the best support possible.*
- *The information I'm collecting is strictly confidential, and is protected by [identify relevant legislation, policies, and security measures]. However, it may be accessed by [identify other staff] for the purpose of [identify purpose].*
- *If you would ever like to answer something at a later date, or return back to a question to change your answer, just let me know.*



Working Group Guidance

Integrating Sexual Orientation and Gender Identity into Intake and Assessment Procedures (3/7)



WHO should ask?

Any staff tasked with intake, admissions, registration, or initial assessment. It can also be frustrating when multiple staff ask 2SLGBTQI+ Seniors the same questions over and over, especially when those questions are potentially sensitive. Organizations should try to establish clarity in which staff (e.g., caseworkers, counsellors, social workers, nurses, physicians, intake administrators) ask these questions. It is also critical that these staff respect the confidentiality of intake information – that means **not** disclosing it to other service users without express permission and **not** discussing it with other staff outside the context of providing care.

WHO to ask?

Any and all potential service users (e.g., residents, patients, clients). Remember: everyone has a sexual orientation and a gender identity. Not asking about these key areas indicates that a service provider is making assumptions, usually that the service user is heterosexual and cisgender. These harmful assumptions contribute to heterosexism and cissexism.



Working Group Guidance

Integrating Sexual Orientation and Gender Identity into Intake and Assessment Procedures (4/7)



WHERE to ask?

In a private setting where confidential information can be collected.

HOW to ask?

- Use open-ended questions to create natural opportunities in the conversation for service users to self-identify. It can sometimes help to use yourself as an example.
 - *How do you self-identify?*
 - *What terms do you use to describe your sexual orientation?*
 - *What terms do you use to describe your gender identity?*
 - *My pronouns are [state pronouns]. Would you like to share your pronouns?*
- Always use inclusive language that avoids any assumption about sexual orientation, gender identity, or relationship status. Instead of asking about a ‘husband’ or ‘wife,’ ask about a ‘spouse,’ ‘partner,’ or ‘significant other.’
 - *Do you have a partner or significant other?*
 - *Who do you consider to be family? Who in your life is especially important?*



Working Group Guidance

Integrating Sexual Orientation and Gender Identity into Intake and Assessment Procedures (5/7)



- If a service user does not feel comfortable answering any questions, never force them. When it comes to 2SLGBTQI+ identity, remember that people ‘come out’ at different times and in different ways depending on a number of factors (e.g., perceptions about the safety of their environment, personal levels of comfort around disclosure).
- All information collected during intake is confidential, but you can also ask if there is certain information, such as gender identity or pronouns, that can be shared with and used by other staff and service users. Note any privacy and confidentiality concerns in their file.
- Remind a service user that if there is anything they want to share or update in the future, that they can talk to you or another staff.

HOW to listen?

Take your time and listen carefully to the complete answers the service user provides, as ‘hints’ about needs or fears are often nestled within the conversation.



Working Group Guidance

Integrating Sexual Orientation and Gender Identity into Intake and Assessment Procedures (6/7)



WHAT to ask?

Sociodemographic data are often captured on physical or electronic forms completed by staff or service users. These forms determine the kinds of questions a service user might be asked during an initial intake or assessment.

Intake and assessment forms sometimes function to erase 2SLGBTQI+ Seniors by limiting response options for sexual orientation, gender identity, and gender expression or excluding these areas completely. Amending forms can help ensure that you are asking the **right** questions and that intake and assessment procedures are respectful, inclusive, and affirming for 2SLGBTQI+ Seniors. Equally important is providing staff with training on how to ask these questions.

Key revisions to forms might include:

- Incorporating questions on sexual orientation, with a wide array of response options and a fill-in-the-blank space for service users who may not fit into predefined categories
- Separating questions about sex from questions about gender. Consider a two-pronged approach that captures sex-assigned at birth and gender identity, with a wide array of response options for the latter and a fill-in-the-blank space for service users who may not fit into predefined categories



Working Group Guidance

Integrating Sexual Orientation and Gender Identity into Intake and Assessment Procedures (7/7)



- Instead of placing response options in any pre-determined order (e.g., putting 'heterosexual' before 'gay' or 'cisgender' before 'transgender'), list options in alphabetical order
- Avoiding the word 'Other' as a response option for any questions
- Creating space for service users to indicate whether they use a different name than the name that appears on their medical records or legal documents
- Creating space for service users to indicate whether they use different pronouns than the pronouns that might be inferred from their medical records or legal documents
- Revising questions on relationship status to include gender-inclusive response options like 'partner' or 'significant other'
- Including a 'prefer not to answer' option for any non-mandatory questions
- Allow service users to review and amend the information on their forms from time to time, at minimum annually



Resource

Appendix M in RNAO's [Promoting 2SLGBTQI+ Health Equity Best Practices Guide](#) provides and an example of an inclusive intake form from Sherbourne Health in Toronto. Please note that this form does not reflect updated Ontario Health Insurance Plan (OHIP) cards, which, as of 2017, include 3 options for sex: M, F, and X.

Power of Attorney and advance care planning with 2SLGBTQI+ residents

In Canada, each person has the right to make decisions about their own medical and nursing care and treatment. In the event that the individual is not capable to make a particular decision, according to the [Ontario Health Care Consent Act](#) (1996), decision making will fall to a Substitute Decision Maker (SDM), based on a hierarchy that ranks legal spouses and relatives highest authority.¹⁰⁷ Alternatively, individuals can appoint Power of Attorney (POA) as their SDM.



A POA has the authority to make care and treatment decisions for an individual when they are not capable to decide for themselves. It is especially important for 2SLGBTQI+ Seniors to consider designating a POA because they are less likely to have spouses, life partners, children, and other familial supports to make decisions on their behalf. Additionally, 2SLGBTQI+ Seniors may not feel satisfied or comfortable with entrusting their care and treatment decisions to a family member who may exclude or erase consideration of their sexual orientation, gender identity, and gender expression.

Organizations can educate 2SLGBTQI+ Seniors on the importance of having a POA, and support and encourage them to designate one. A POA is designated by the resident, and can fulfill this role whether or not they are legally or biologically related to the 2SLGBTQI+ senior. The POA can even give rights to other chosen family members around things like visiting, assistance with care, and receiving health updates.

Once a POA is designated, the resident needs to clarify with their POA their wishes about future care, so that the POA can make care and treatment decisions based on what the resident wanted when they were capable. This process is also known as advance care planning. A POA can ensure that the resident's identity continues to be respected, that their wishes about future care are followed, and that their chosen family can continue to support the resident.



Organizations serving seniors can support and encourage the 2SLGBTQI+ residents to discuss advance care planning with their POA. Offering to host a meeting with the entire care team, the resident and their POA can be helpful to ensure all areas of care and treatment are discussed. For 2SLGBTQI+ residents, these decisions might involve unique considerations around their identity, relationships, dress, grooming, and other activities of daily living.

Taking these steps can help ensure that if a 2SLGBTQI+ resident loses decision-making capacity, their identity and choices continue to be recognized and affirmed by staff.



Resource

For further instructions on Advance Directives with 2SLGBTQI+ Seniors, see 'How-to: Advance Care Planning' in the 519's [Still Here, Still Queer](#) OR [Dementia & Advance Care Planning: Context and Considerations for 2SLGBTQI Communities](#), from Egale



Care Planning

Considerations around sexual orientation, gender identity and gender expression should be incorporated into a resident's care plan or other records **within the organization**. Include resident wishes about their name, pronouns, and appearance (e.g., clothing, grooming, makeup routines).



Essential Caregivers and Family Members

Organizations need to adopt an expansive definition of 'family' that enables residents to designate any individuals as family members or essential caregivers, whether or not they are biologically or legally related.



Environments

Due to past experiences of discrimination in care and support settings, 2SLGBTQI+ Seniors may ‘scan the room’ when they enter a new environment. Like you would using the [‘Look, Listen, and Feel’](#) framework, Queer and Trans Seniors may investigate whether there are any visual indicators or spaces that represent the organization’s commitment to 2SLGBTQI+ inclusion.

These indicators can make a positive first impression with 2SLGBTQI+ Seniors and encourage them to seek support with your organization. Below, we describe some common examples that help create welcoming and inclusive environments.



Insight

“My mom is a resident ... and there’s a lot of 2LSGBTQI+ stuff on the walls, so it’s pretty welcoming in that way. And that made me more comfortable. I’m a man of transgender experience ... and I identify as bisexual. So that’s been really helpful and it’s been helpful with my mom.”

— Family member of SSLTC Resident



2SLGBTQI+ Posters, Banners, and Signs

Hang these in your lobby, welcome area, or other high-traffic common areas. Include images of 2SLGBTQI+ communities that reflect diversity with respect to age, gender identity, sexual orientation, race, ability, and other sociodemographic factors. Post advocacy campaigns that raise awareness about 2SLGBTQI+ issues. Posters, banners, and signs are most effective and understandable when they contain fewer words and more visual elements.



Example

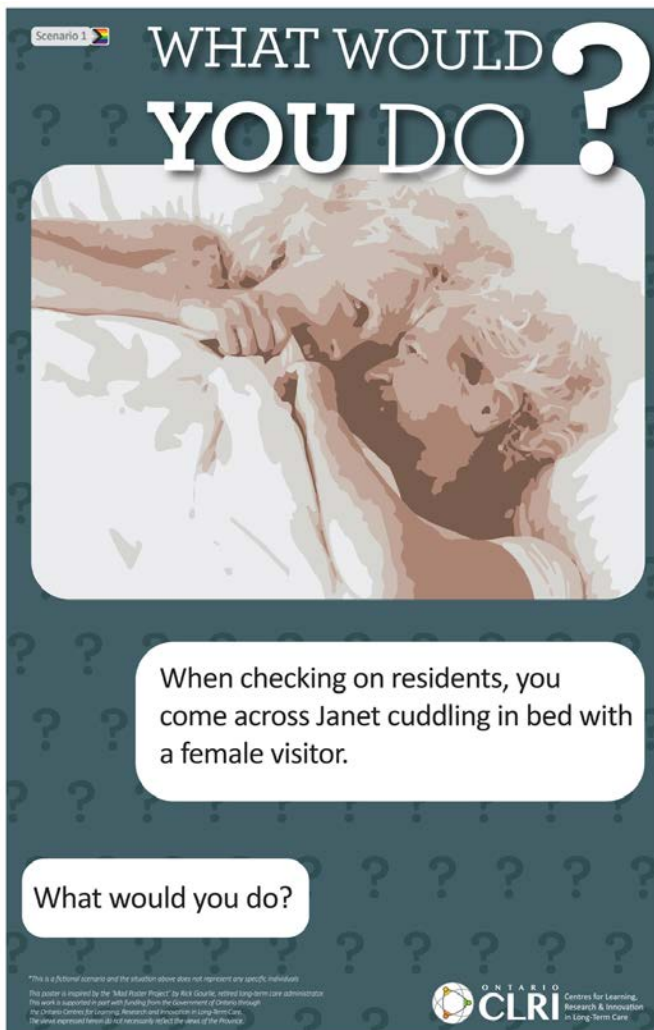
See the 519's [Respect Your Elders](#) campaign for posters to print and display.





Example

See the Ontario CLRI's [What Would You Do? \(WWYD\)](#) poster campaign and facilitator's guide to start conversations on equity, diversity, and inclusion for 2SLGBTQI+ Seniors and other communities in long-term care.





Flags

Consider hanging a [Progress Flag](#).¹⁰⁸ Created in 2018 by designer Daniel Quasar, the Progress Flag builds on the traditional Rainbow Pride Flag by adding black and brown stripes to honour marginalized 2SLGBTQI+ communities of colour as well as light pink, light blue, and white stripes to highlight Trans communities. The new stripes form a right-facing arrow along the left edge of the flag. This represents hard-won progress for 2SLGBTQI+ communities while acknowledging we must strive for continued improvement.



Progress flag



Example

See Appendix J in RNAO's [Promoting 2SLGBTQI+ Health Equity Best Practices Guide](#), which provides an overview of 2SLGBTQI+ Inclusive Symbols and Flags

Washrooms

Accessible and inclusive washrooms are very important for Trans and gender diverse seniors, especially in light of the recent surge in [anti-Trans washroom bills](#) across the United States.¹⁰⁹ Single-stall, gender inclusive washrooms need to be available for staff and service users and everyone must be able to use the washroom they feel most aligns with their gender identity.

Promotional Materials

Promotional and communication materials for the organization must represent 2SLGBTQI+ communities and relationships. Bulletin boards and social media posts should feature 2SLGBTQI+ community events and partnerships.

Policy

Prominently display your organization's 2SLGBTQI+ inclusive anti-violence, harassment, and discrimination policy in common areas and on the website.



Working Group Guidance

Visual indicators can help reflect your organization's commitment to supporting 2SLGBTQI+ Seniors, but are not alone sufficient to promote change. Hanging posters and Pride flags without taking additional steps is an example of [Performative Allyship](#), which is when an individual or group 'performs' solidarity with a marginalized community in the absence of meaningful action and change. When an organization engages in performative allyship, it undermines their efforts to support and include 2SLGBTQI+ communities.¹¹⁰ To avoid performative allyship, we recommend hanging visual indicators **only after** your organization has modified its policies and procedures and trained staff.

Light the Spark – Identify 2SLGBTQI+ Champions



Champions or change agents are internal members of an organization who can lead or support efforts to improve supports for 2SLGBTQI+ Seniors. They may be found in a variety of roles at any level of the organization.

While 2SLGBTQI+ champions **may** identify as members of 2SLGBTQI+ communities, it is important to note that just because someone identifies as 2SLGBTQI+ **does not** mean that they want to lead change efforts at your organization. Remember - one key element of 2SLGBTQI+ allyship is using your privilege to take on the work of advocacy. Using your power and position to advance 2SLGBTQI+ causes can make a huge difference for Queer and Trans Seniors and staff at your organization.

2SLGBTQI+ staff in your organization should feel comfortable and supported in their choice about whether or not to participate in this process. If your organization does not have any self-identified 2SLGBTQI+ staff, ask yourself why. By asking these questions you may actually begin to identify important barriers that discourage 2SLGBTQI+ communities from accessing your services.

Effective 2SLGBTQI+ champions also need organizational influence and resources to promote change. This is why it is so important for managers, directors, and senior leadership to embrace the call to make their organizations more respectful, inclusive, and affirming for 2SLGBTQI+ communities. If you are in a decision-making or leadership role at your organization, make time to lead these change efforts or ensure that you provide ongoing support and resources to the staff who do. This can mean:



- Taking time to listen and respond to the staff at the forefront of your organizational change efforts about their needs and challenges
- Adding to 2SLGBTQI+ topics and issues as standing agenda items during staff and strategy meetings
- Providing staff with time and budget to engage in ongoing learning and professional development around 2SLGBTQI+ inclusion
- Coordinating staff events and celebrations with a 2SLGBTQI+ focus



Resource

The Registered Nurses Association of Ontario (RNAO) has developed a [Leading Change Toolkit](#) to guide the efforts of organizational change agents in healthcare and social service settings. The Tool Kit draws on available evidence, relevant theory, and expert insights to promote the successful implementation and sustainability of change management processes.



Come Together – Create Formal 2SLGBTQI+ Organizing Groups



Formal organizing groups, such as Steering Committees or Gender-Sexuality Alliances (GSAs), bring together 2SLGBTQI+ community members and allies to design, implement, and manage change efforts at an organization. Managers, directors, and other senior leadership must support formal organizing groups to meet regularly and respond to their feedback on how to make the organization more respectful, inclusive and affirming for 2SLGBTQI+ Seniors.

Groups may come together for other activities such as informal discussions on 2SLGBTQI+ topics and issues; organizing 2SLGBTQI+ events like educational workshops, social gatherings, and Pride celebrations; and expanding opportunities for community engagement.



Example

The True Davidson Acres Gender-Sexuality Alliance (GSA)



The True Davidson Acres (TDA) GSA initially formed as a collective of LTC staff, residents, volunteers, and community partners who came together to create a safer and more welcoming environment for 2SLGBTQI+ communities in the home.

The GSA worked to integrate Toronto's diverse 2SLGBTQI+ communities within daily operations by welcoming community members and local organizations to contribute to specialized programs, events, discussion groups, and educational workshops. Every year, the GSA would help coordinate a group of True Davidson Acres' staff and residents to march in the Toronto Pride Parade.



Example

The True Davidson Acres Gender-Sexuality Alliance (GSA)



The GSA also met monthly to discuss emerging issues and promote accountability for 2SLGBTQI+ inclusion in the home. For instance, in 2016, True Davidson Acres administered a short survey with residents, staff, family, and volunteers at the home to better understand needs related to 2SLGBTQI+ care and support. Questions included level of comfort with topics such as sexual orientation, gender identity and gender expression, educational areas of interest, methods for delivering education and training, as well as feedback on current education received to date. Results from the survey were shared with the GSA, who provided guidance on 2SLGBTQI+ action planning at the home.

When asked about what conditions made the GSA so successful, TDA staff and residents highlighted importance of support from the home's leadership team and positive relationships with local 2SLGBTQI+ groups and organizations.



Insight

“Our GSA and Pride celebration also help to open the minds of other residents to be more accepting of the 2SLGBTQI+ community. We're not just showing them that we care, but also providing them an environment that is a safe space. We have lots of residents who are not from the 2SLGBTQI+ community, but who attend the [GSA] events, and they're all just wonderful”

— SSLTC staff



Example

Rekai Centres Gender-Sexuality Alliance (GSA)



The Rekai Centers has a long history of supporting 2SLGBTQI+ Seniors. Two of the Rekai Centres long-term care homes, Sherbourne Place and Wellesley Central Place, are located in close proximity to Toronto's Gay Village and run GSA groups.

The Rekai GSA works together to support the needs of 2SLGBTQI+ community members, including residents, staff, families, volunteers, students, and other allies. The GSA welcomes all community members, whether or not they identify as 2SLGBTQI+, to participate in meetings and help advance their mission to foster an inclusive and safe environment.

The GSA meets monthly to develop and lead 2SLGBTQI+ programs, promote ongoing staff education around 2SLGBTQ+ issues and topics, coordinate Pride celebrations, and establish partnerships with local community organizations, such as the [Toronto Senior Pride Network](#), [The 519](#) and [Dorothy's Place](#).





Example

Rekai Centres Gender-Sexuality Alliance (GSA)



According to Rekai staff, the passion and commitment of both residents and management has kept the Rekai GSA operating and visible in the homes, even during the COVID-19 pandemic.

“You’ve got to have support on all sides - from residents, staff, and senior leadership - and you cannot get discouraged if attendance drops here and there. Three participants is better than none. The GSA has to remain visible in the organization; new residents, staff, friends, and families need to be able to see and feel its presence. Hang posters about the GSA and circulate email invitations every month. Even if attendance is low, people know it’s always there.”

– Rekai Staff



Resource

For additional guidance on how to establish and maintain a GSA at your organization, see ‘Gender-Sexuality Alliance Framework’ in the 519’s [Still Here, Still Queer](#).

Build Bridges – Engage Partners & Create Communities



Engage and secure partnerships with local 2SLGBTQI+ community groups and organizations. Integrating 2SLGBTQI+ communities into your organization's change efforts can help build momentum and ensure that results are responsive to the needs of Queer and Trans Seniors. Local

community organizations and groups can also help by offering services, informal visits, special events, and staff education.

Remember - the more active support you have from partners, both within your organization and out in community, the more successful your efforts will be.

For more information on local 2SLGBTQI+ organizations who you might partner with, see [Appendix 2. Select Services for 2SLGBTQI+ Seniors in Toronto.](#)



Resource

The Equality Network, LGBT Youth Scotland and Stonewall Scotland's [Community Connections](#) Tool Kit outlines paths to achieve better engagement between 2SLGBTQI+ communities and public services.



Resource

The University of Kansas' Center for Community Health and Development has developed [Community Tool Kit #1 Creating and Maintaining Coalitions and Partnerships](#). The Tool Kit provides more general guidance for establishing partnerships among different organizations to achieve a common goal.



Example

2SLGBTQI+ Inclusion at the Rekai Centres and the Importance of Community Engagement



If your organization is not sure where to start when it comes to improving respectful, inclusive, and affirming care for 2SLGBTQI+ Seniors, it never hurts to ask. Perhaps ask members of 2SLGBTQI+ communities to help with outreach activities. Consider developing and circulating a survey to your service users, staff, and other important stakeholders (e.g., caregivers/families, local agencies) to identify any gaps and needs related



to supporting 2SLGBTQI+ communities. You might also hold key informant interviews or focus groups to gather more in-depth insights. This data can help your organization make evidence-informed decisions about the kinds of programming, services, and supports to create for 2SLGBTQI+ Seniors. We strongly encourage that questions posed in a survey or focus group, be reviewed by 2SLGBTQI+ community members.

For the Rekai Centres, community input from surveys and focus groups was a key factor in deciding to open a dedicated, 25-bed 'Rainbow Wing' at the Wellesley Central Place Location. The Rekai Centres has long and established connections to community, with over 20% of residents identifying as 2SLGBTQI+ (potentially due to the Centres' close geographic proximity to Toronto's Gay Village).

**Example**

2SLGBTQI+ Inclusion at the Rekai Centres and the Importance of Community Engagement



In order to identify how best to support these residents, the Rekai Centers conducted a survey targeting 2SLGBTQI+ Seniors aged 50+. 94% of respondents indicated that they were in favour of the Rainbow Wing.

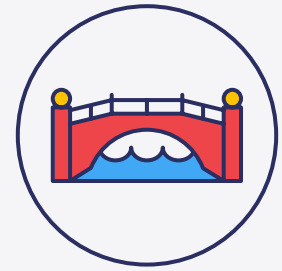
With the meaningful engagement and support of community members, Rekai began the development of the Rainbow Wing in 2019 and opened it on June 18th, 2022. It is Canada's first ever dedicated LTC unit for 2SLGBTQI+ Seniors. Importantly, the Rainbow Wing will also be open and inclusive for all residents, staff, and family members.

The Rekai Centres Rainbow Wing is but one example of how an organization can benefit from existing community ties to reshape services around the needs and aspirations of 2SLGBTQI+ Seniors. The key to their success, and the success of other organizations supporting Queer and Trans Seniors, is an approach to program and service development that meaningfully engages 2SLGBTQI+ communities in the decision-making process. Maximizing the participation and self-determination of 2SLGBTQI+ Seniors through ongoing dialogue helps ensure that your organization's programs and services are truly responding to their needs.



Example

2SLGBTQI+ Inclusion at the Rekai Centres and the Importance of Community Engagement



Working Group Guidance

The Rekai Centres Rainbow Wing is one approach to better supporting 2SLGBTQI+ Seniors that was created through extensive community consultation. A number of key contextual factors, like the Rekai Centres 60 year history supporting cultural diversity, the proximity to Toronto's Gay Village, and its longstanding positive relationship with 2SLGBTQI+ communities, contributed to the successful development of this model. As such, a 'Rainbow Wing' approach will **not** work for every LTC or retirement home, and creating one **without** the significant involvement of 2SLGBTQI+ Seniors can inadvertently isolate and cut people off from the larger community. At the same time, 2SLGBQTI+ seniors have a long and rich history of creating our own safe spaces where we can connect and be ourselves. The key is to ensure that Queer, Trans, and Two-Spirit seniors are the ones driving the change.



Example

2SLGBTQI+ Inclusion at the Re kai Centres and the Importance of Community Engagement



“The launch of the Rainbow Wing is the result of over a decade of work with the 2SLGBTQI+ community. What makes us most proud and emotional is the hugs and the tears that flow from our residents and families saying simply ‘I belong and am accepted here. Thank you.’ Everyone needs a home where they are safe and loved.”

– Barbara Michalik,
Executive Director of Academic, Community Partnerships and Programming, Re kai Centres

Hit the Books - Promote Ongoing 2SLGBTQI+ Education & Training



Insight

“When I came here, it was like, I didn’t want to represent myself as gay...And I wondered... do staff get any sensitivity training? Do they understand? I’m not going to confide in somebody if they don’t have any experience with gays or lesbians, or Trans people. But if I knew that they were allies, it would give me a comfort zone ...of knowing that I was welcome.”

— SSLTC resident

This Tool Kit represents the first of many steps in a journey of learning and growth towards respectful, inclusive, and affirming organizations. Ongoing, mandatory, and comprehensive education and training on the needs of 2SLGBTQI+ Seniors must follow. Additional training will reinforce important knowledge and lead to meaningful changes in staff attitudes, behaviours, and practices.

In addition to reading this Tool Kit, all staff and volunteers should participate in interactive training on respectful, inclusive, and affirming care.

Who should coordinate the training?

Responsibility for coordinating continuing education and training must reside with directors, managers, and other members of senior leadership and not be assigned exclusively to 2SLGBTQI+ employees. In fact, directors, managers, and senior leadership should be among the first to receive training and should actively participate in subsequent sessions delivered to staff.



Who should deliver the training?

Ideally, training will be delivered in partnership with local 2SLGBTQI+ organizations and facilitated by 2SLGBTQI+ community members with lived experience. Due to the complex and sometimes sensitive nature of content, in-person sessions with built-in breaks for group dialogue and activities are encouraged. Trainers should always be fairly compensated for their services.

Who should attend the training?

All staff, including all managers and senior leadership. The training should also be made available to volunteers.

When should the training be delivered?

Training must be offered during paid staff time. It should run at minimum annually, become an integral piece of staff orientation, and include accountability components such as knowledge checks and assessments, completion certificates, or, where possible, continuing education credits.

What should the training include?

A comprehensive training program must address the diverse, intersectional needs of 2SLGBTQI+ Seniors and cater to different staff based on the scope of their role. For instance, nursing staff may benefit from different training than recreation services staff.



Beyond foundational education in respectful, inclusive, and affirming care, additional training should focus on specific topics and issues relevant to the support of 2SLGBTQI+ Seniors, including:

- Indigenous Truth and Reconciliation, with focus on the needs of Two Spirit seniors
- Anti-oppression and Anti-racism, including Confronting Anti-Black Racism
- 2SLGBTQI+ history and activism
- Responding to elder abuse against 2SLGBTQI+ Seniors
- Responding to faith-based discrimination against 2SLGBTQI+ Seniors
- Caring for 2SLGBTQI+ Seniors with disabilities, including dementia and other cognitive impairments
- Intimacy, sexuality, and sexual health for 2SLGBTQI+ Seniors
- Care for 2SLGBTQI+ Seniors living with HIV and AIDS
- Social isolation and mental healthcare for 2SLGBTQI+ Seniors
- Addressing homophobia, biphobia, and transphobia in the workplace

For a list of additional training opportunities see [Appendix 3. 2SLGBTQI+ Training Options](#)

Walk the Talk – Develop & Deliver 2SLGBTQI+ Affirming Programs & Services



2SLGBTQI+ affirming programs and services enable your organization to put words into action. While revising policies, delivering staff training, and hanging Pride flags can all contribute to your organization's change efforts, affirming programs and services are where your organization can really begin to address the diverse needs of Queer and Trans Seniors.



Working Group Guidance

Open 2SLGBTQI+ programs to all service users and staff. This can lead to many other positive changes across the organization, including:

- Enhanced visibility of 2SLGBTQI+ communities within the organization
- 2SLGBTQI+ service users and staff feeling more safe to be 'out'
- Service users and staff building comfort and confidence as 2SLGBTQI+ allies
- Improved quality of life for all service users, regardless of gender identity, gender expression, or sexual orientation
- An overall culture of inclusion and respect



Hosting 2SLGBTQI+ affirming events and activities is also a great opportunity to collaborate with local 2SLGBTQI+ organizations, integrate 2SLGBTQI+ communities into your organization, encourage learning and understanding, and support diverse volunteering initiatives (see [Step 6 – ‘Build Bridges’](#)).

There are a wide variety of programs and services you might consider developing to better support 2SLGBTQI+ Seniors. Based on consultations with our working group, this section focuses specifically on social support and recreation services, spiritual and faith-based services, and intergenerational programming.



Working Group Guidance

Before designing something brand new, you may want to assess whether any existing programs or services can be modified through the lens of 2SLGBTQI+ inclusion. Start by asking yourself the following questions:



- Does my organization offer programs by gender? If so, can service users attend the program that aligns with their gender identity? Are there programs for service users who identify as non-binary, genderfluid, or genderqueer?
- Do program facilitators use gender-inclusive language when addressing the group?
- Are couples' activities inclusive of 2SLGBTQI+ relationships?
- Do family programs include members of chosen family?
- Are social events (e.g., parties, dances) accessible and inclusive for Queer and Trans Seniors?
- Are there ways for me to include a focus on 2SLGBTQI+ topics in general programming available to all residents?
- Is my organization's meeting/group space available for Queer and Trans Seniors and local 2SLGBTQI+ agencies to meet or host events?

Within the City of Toronto Long-Term Care Homes, Resident Service managers have developed planning templates to guide the development, implementation, and evaluation of 2SLGBTQI+ programming. These protocols may support your organization in designing and delivering your own 2SLGBTQI+ programs and services. [See Appendix 4. 2SLGBTQI+ Program Protocols.](#)



Social Support & Recreation Services

2SLGBTQI+ social support and recreation services can improve Queer and Trans Seniors' sense of belonging and overall well-being. These programs can range from informal gatherings and events to more structured support groups and counselling.



It is critical that you maintain the privacy and confidentiality of members when running 2SLGBTQI+ groups at your organization, especially when the program deals with sensitive issues. If possible, host the group in a private setting and establish confidentiality principles at the beginning by saying something like “What we discuss today does not leave this space.” Remember: it is never acceptable to ‘out’ someone or discuss their personal information outside the context of care.

Below, we provide some helpful examples of social support and recreation programs you may consider offering at your organization.

Programs focused on 2SLGBTQI+ Media

Have books, movies, television shows, music, and other media that explore 2SLGBTQI+ themes or issues available for service users. Consider hosting movie nights, theatre/art excursions, book clubs, or crafting activities that showcase these themes and issues.

Human Library

Host an open forum where 2SLGBTQI+ community members come into the organization to discuss topics, issues, and questions with service users. Human Libraries can promote 2SLGBTQI+ allyship among service users and staff through open and respectful dialogue.



Resource

For more guidance on how to facilitate a human library at your organization, check out the [Ontario Library Association's Human Library Tool Kit](#)

Support Groups

Run inclusive groups where Queer and Trans Seniors can discuss their experiences and the challenges they face. Support groups can help combat social isolation and promote mental health, drawing on the power of storytelling to help 2SLGBTQI+ Seniors make sense of and resolve a variety of issues, including but not limited to:

- Grief and bereavement in 2SLGBTQI+ communities
- Building friendships and relationships as we age
- 'Coming Out' later in life
- Chosen family
- Safer sex as we age
- 2SLGBTQI+ history and activism
- Ageing and HIV

Peer approaches, in which groups are facilitated by someone who identifies as 2SLGBTQI+, can encourage openness and relationship building. When 'someone like us' is guiding the discussion, we may feel more empowered to open up.



Pride Events

Every year, host Pride events for your staff and service users. Raise the Pride Progress Flag, participate in your local Pride parade, host a Pride BBQ, and invite local organizations and performers to host events. Pride is a time of celebration, but can also serve as a moment for critical reflection and action. Consider supplementing your celebratory Pride programming with education and action planning around ongoing 2SLGBTQI+ struggles within and beyond your organization.



Additionally, consult our calendar of significant events for 2SLGBTQI+ communities and make sure your organization is recognizing these all year round. Consider mounting a bulletin board in common areas where these events are prominently displayed. See [Appendix 5. Important Events for 2SLGBTQI+ Communities.](#)



Example

City of Toronto LTC Homes
Celebrate Pride



Every year, and even during COVID-19, long-term care homes across the city throw Pride celebrations. In consultations for this revitalized Tool Kit, SSLTC residents and staff spoke to the importance of Pride events and the positive impact they have on all who attend. See below and the following pages for some insights and images.



“I thought [the pride celebration] was so wonderful. It was open to all opinions, all over the place. And we should have more of it!”

— SSLTC resident

“We have a pride parade out of the front. And they put up flags, and we have little flags. And we go out front and we go around the circle in a parade. And we blow horns and bang pots and pans, we make a real racket!”

— SSLTC resident



“[Pride] was an event that was celebrated, and one that we took great pleasure in taking part in with the community.”

— SSLTC resident

“Pride celebrations allows the residents to actually feel some pride. Then they can openly speak to their co-residents and others in the home to provide education and just create a happier, more inclusive space”

— SSLTC staff



“There was a time years ago that we took place in the [Pride] parade, we took a bus with residents ...They would sit on the bus and they would march up front... I think it opened up for a lot of residents and staff to have a better understanding of the people that they live, work, and share the environment with. Some residents actually had very positive feedback and it was kind of eye opener for them too. That the ‘old school stuff’ they had grown up with wasn’t really true. And in their later years there was this realization, like, *I was set in this stuff and it’s not really true. Gay residents are no different from me. This is my buddy, and we’re going to celebrate pride with him this year.*”

— SSLTC staff





Spiritual & Faith-based Programs & Services

Respectful, inclusive, and affirming care seeks to address the holistic needs of 2SLGBTQI+ Seniors, including those related to faith and spirituality. Like everyone else, Queer and Trans Seniors will have their own unique perspective on, and relationship with, religion and spirituality.



Spiritual and faith-based programs and services play an important role in helping to create respectful, inclusive, and affirming spaces for 2SLGBTQI+ Seniors. They can also play an important role in end-of-life care, where the unique histories and needs of 2SLGBTQI+ communities must be understood and validated.

Faith-based discrimination continues to represent a widespread and serious problem for 2SLGBTQI+ communities the world over. Many of the Queer and Trans Seniors your organization serves will have experienced some form of exclusion or discrimination from religious and spiritual communities. Many Queer and Trans Seniors may also fear entering services linked to a religion or religious organization that has historically oppressed 2SLGBTQI+ communities. It is critical that your organization recognizes and responds to these unique issues when providing spiritual and faith-based programming for 2SLGBTQI+ Seniors.

Fortunately, recent strides have been made by faith-based organizations across Canada to right past wrongs and affirm 2SLGBTQI+ communities. Spiritual and religious care coordinators in LTC homes must follow-suit in their provision of support to 2SLGBTQI+ residents from a wide range of religions and individual homes should assess this as a core competence in staffing these positions. You should also consider connecting and forming partnerships with external religious groups to provide inclusive faith-based programming at your organization. For a list of 2SLGBTQI+ positive religious and spiritual groups, see [Appendix 6. Select Affirming Religious & Spiritual Groups in Toronto.](#)



Resource

You may also consider engaging in additional reading and education to learn about the faith-based needs and challenges of diverse 2SLGBTQI+ Seniors:

- Rainbow Faith and Freedom's landmark report: [Mapping The Landscape of Faith-Based Heterosexism and Transphobia in Canada](#), explores how faith-based discrimination operates, surveys research from the last fifteen years, and documents the long-lasting impacts of this exclusion
- Rainbow Faith and Freedom's [Resource Portal](#) also contains a ton of helpful content to help you find support, encouragement, and new wisdom about 2SLGBTQI+ communities and spirituality
- Hebrew Senior Life and SAGE: [Spiritual Themes and LGBT Elders](#)





Example

Dorothy's Place – Creating Space for 2SLGBTQI+ Seniors



[Dorothy's Place](#) is a 2SLGBTQI+ affirming ministry that serves seniors in Toronto's East End and Scarborough. Operating out of Birchcliff Bluffs United Church, Dorothy's Place offers meetings twice a week, on Mondays and Fridays. Dorothy's Place also runs weekly lunches featuring delicious food, interesting speakers, and friendly connections; performs outreach to seniors in community requiring social, emotional, and spiritual support and advocacy. Zoom meetings are an alternative when in-person gatherings are not possible.





Intergenerational Programming

Programs that seek to build relationships across 2SLGBTQI+ generations are vital. Adopting an intergenerational approach to the design of programs and services can foster connection between Queer and Trans youth and elders. These relationships, in turn, carry numerous benefits for all involved, including:



- Connecting youth, who may be navigating their own challenges around identity and belonging, to senior mentors with helpful lived experience and advice
- Reducing social isolation, loneliness, and associated mental health challenges for both youth and seniors
- Building capacity, knowledge exchange, and solidarity across generations
- Providing youth with important knowledge on the history of Queer and Trans liberation and introducing them to the seniors who were at the forefront of change
- Addressing ageism within and beyond 2SLGBTQI+ communities

There are many different avenues for your organization to explore in developing and delivering intergenerational programs, including:

- Partnerships between your organization's Gender-Sexuality Alliance (GSA) and GSAs at local high schools. Activities may include educational sessions, discussion groups, and social events
- Intergenerational support groups that explore issues and topics that impact 2SLGBTQI+ communities across generations, such as stigma, discrimination, bullying, isolation, Pride, resilience, and chosen family

**Example**

Buddies in Bad Times Theatre -
The Youth/Elders Project



buddies

IN BAD TIMES THEATRE

Buddies in Bad Times Theatre, located in Toronto's Gay Village, is the world's largest and longest-running Queer Theatre. Buddies in Bad Times produces plays, performances, and programming that centre on 2SLGBTQI+ issues and experiences. In 2016 Buddies launched The Youth/Elders Project, an intergenerational program that brought 2SLGBTQI+ youth and seniors together in a series of learning workshops that culminated in a [critically-acclaimed](#) performance on the Buddies mainstage.¹¹¹ But The Youth/Elders Project didn't end there and has since evolved into a regular program of community conversations, knowledge exchange, and an [original podcast](#)!¹¹²





Working Group Guidance

Promote intergenerational connection at your organization by recruiting 2SLGBTQI+ youth as **volunteers**. Attracting Queer and Trans volunteers is a key part of engaging 2SLGBTQI+ communities and integrating those communities into your organization's day-to-day operations. Volunteers do not necessarily have to be a part of formal intergenerational programming. Just having Queer and Trans youth volunteering around the organization and contributing to other client-facing services (e.g., intake, dining) can promote intergenerational connection and foster an inclusive and affirming environment for 2SLGBTQI+ Seniors.



Raise Your Voice – Advocate Widely



Promoting affirming, inclusive, and respectful care for 2SLGBTQI+ Seniors does not need to stop at the doors of your organization. Engaging in effective advocacy can help shape public debate and influence policy in ways that address some of the persistent and systemic threats to the health of Queer and Trans Seniors.

Remember that 2SLGBTQI+ Seniors are an incredibly diverse group who may be impacted by intersecting systems of oppression, including ageism, ableism, sexism, heterosexism, cissexism, racism, and colonialism. Using your platform and resources as an organization to contribute to diverse advocacy efforts is an excellent way to counteract these systems and practice allyship with 2SLGBTQI+ Seniors and other marginalized groups.



For the purposes of this Tool Kit, the term ‘advocacy’ is used to describe a wide array of activities that can shape public conversation and impact policy. When it comes to supporting 2SLGBTQI+ Seniors, you might consider any one of the following advocacy activities:



Assess: Reflect on your organization’s readiness to engage in advocacy, including the identification of existing strengths and gaps.

Research: Support your organization’s participation in community-based research projects or conduct your own research on the needs of 2SLGBTQI+ Seniors.

Educate: Develop or promote public education and awareness campaigns that focus on 2SLGBTQI+ senior experiences and issues.

Organize: Many voices are stronger than one. Organize or participate in community coalitions and networks that pool resources to influence policy change.



Resource

Bolder Advocacy’s [Advocacy Capacity Tool \(ACT!\)](#)



Be Accountable – Evaluate Processes & Systems for 2SLGBTQI+ Inclusion



Building organizational capacity in respectful, inclusive, and affirming care is an ongoing process. There is no definitive start or end stage and there is always room for learning, unlearning, growth, and improvement.

Senior leadership and management staff must therefore continuously evaluate whether efforts to improve supports for 2SLGBTQI+ Seniors are working, how, and for whom. It is the responsibility of an organization's leadership and management to ensure evaluation takes place and that results actively inform strategic planning for improvement.

These ongoing evaluations must be systematic and woven into your organization's existing quality improvement systems. Remember: gaps and errors identified through evaluations don't necessarily represent immovable barriers, but rather reflect opportunities for your organization to evolve and improve.

When it comes to collecting data for your evaluation, there are a number of approaches you might consider.

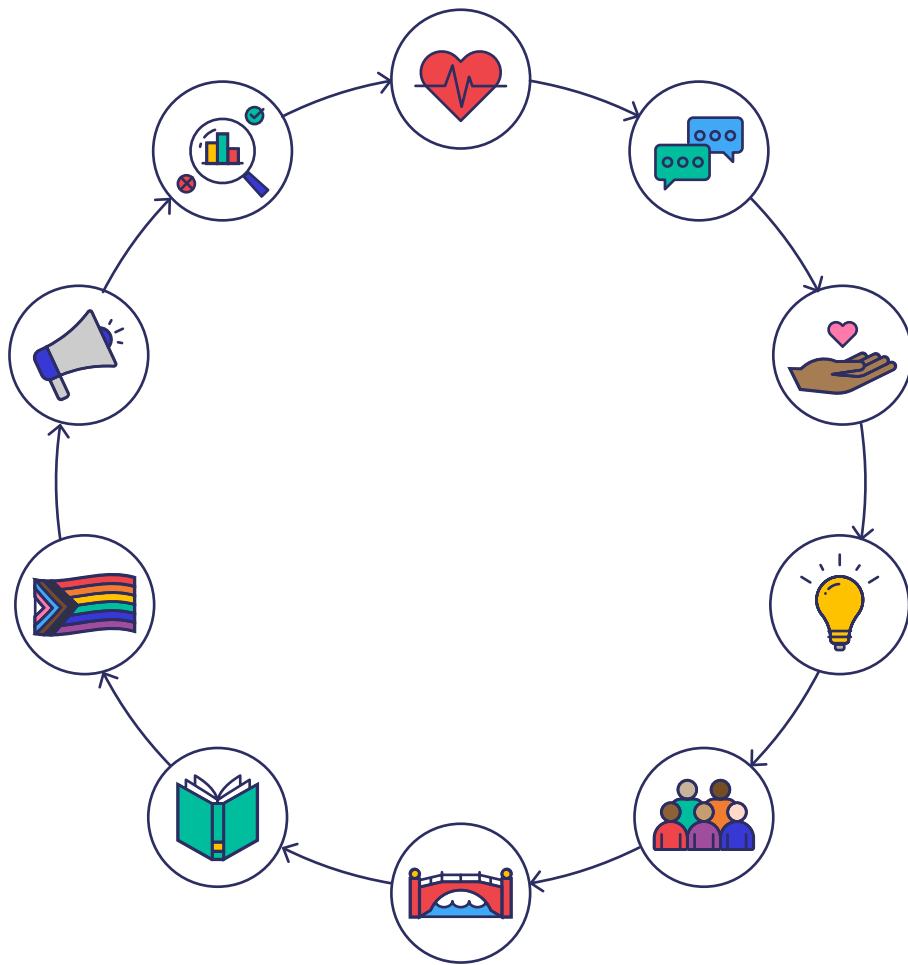


Working Group Guidance

for data collection

- Conduct focus groups with family members and caregivers about how your organization is doing with respect to supporting 2SLGBTQI+ Seniors
- Design and circulate surveys (paper and online) to all service users to characterize attitudes, beliefs, and opportunities related to 2SLGBTQI+ communities
- Design and circulate surveys (paper and online) to all staff to assess competence in supporting 2SLGBTQI+ Seniors, including identification of existing strengths and limitations
- It is ultimately 2SLGBTQI+ Seniors who determine whether they feel affirmed, included, and respected in your organization. As such, there must be opportunities (e.g., focus groups, interviews, anonymous surveys or suggestion boxes) for 2SLGBTQI+ Seniors to contribute insights to the evaluation
- Incorporate 2SLGBTQI+ specific questions into other ongoing quality improvement mechanisms (e.g., annual satisfaction surveys for service users/families, workforce surveys)
- Consider using alternative, and creative methods (e.g., arts-based, storytelling) to collect your evaluation data
- Ensure that any and all data collected are kept confidential. For 2SLGBTQI+ Seniors, an anonymous data collection strategy (e.g., surveys, suggestion boxes) may be preferable





On the following pages, we have drawn on the learning objectives and content in this Tool Kit to develop an evaluation framework for your organization. This tool was adapted from [Island Health](#) and the [Ontario CLRI](#).¹¹³ It should be used by staff in leadership or evaluation roles, at minimum on an annual basis, to assess an organization's progress in supporting 2SLGBTQI+ Seniors.

Beside each item, there is space for your organization to fill in what indicators or examples you will use to demonstrate progress and assign each task a status (e.g., 'Not Applicable,' 'Pending,' 'In-progress,' or 'Complete'). 'Pending' or 'In-progress' items indicate areas for ongoing improvement and should inform your organization's strategic planning efforts. Beside the status column there is a final column called '2SLGBTQI+ Action Planning,' where you can input the concrete next steps your organization will take to address any identified gaps and ensure all the evaluation areas move towards completion. For an example of how to complete the Evaluation Framework see [Appendix 7](#).

Respectful, Inclusive, and Affirming Care Evaluation Framework

Evaluation Area	Indicators OR Examples <i>How do we know we are making progress?</i>	Status Complete, In-progress, Pending, Not Applicable	2SLGBTQI+ Action Planning <i>What are our concrete next steps?</i>
INDIVIDUAL KNOWLEDGE AND SKILLS			
Staff can communicate what intersectional, person-centered approach to care looks like and can account for the impacts of various factors such as disability, race, and religion on the needs of diverse 2SLGBTQI+ seniors			
Staff are familiar with language and concepts relevant to the care of 2SLGBTQI+ seniors, including those related to: <ul style="list-style-type: none"> • Sex, gender identity, gender expression, and sexual orientation • Stigma, discrimination, and oppression 			
Staff have base knowledge of and can describe the unique histories and experiences of 2SLGBTQI+ seniors			

Evaluation Area	Indicators OR Examples <i>How do we know we are making progress?</i>	Status <i>Complete, In-progress, Pending, Not Applicable</i>	2SLGBTQI+ Action Planning <i>What are our concrete next steps?</i>
INDIVIDUAL KNOWLEDGE AND SKILLS			
<p>Staff have base knowledge of and can describe the various needs and challenges faced by 2SLGBTQI+ seniors, including those related to:</p> <ul style="list-style-type: none"> • Physical health • Sexual health/intimacy • HIV and AIDS • Social isolation and mental health • Elder Abuse • COVID-19 • Memory loss and cognitive 			
<p>Staff are familiar with the concept of 2SLGBTQI+ Allyship and can articulate what allyship means to them</p>			
<p>Staff use positive and inclusive language when discussing or interacting with 2SLGBTQI+ seniors</p>			

Evaluation Area	Indicators OR Examples <i>How do we know we are making progress?</i>	Status <i>Complete, In-progress, Pending, Not Applicable</i>	2SLGBTQI+ Action Planning <i>What are our concrete next steps?</i>
INDIVIDUAL KNOWLEDGE AND SKILLS			
Staff are aware of and can describe how they actively challenge assumptions or biases about 2SLGBTQI+ communities			
Staff listen carefully to 2SLGBTQI+ seniors to better understand their particular needs			
Staff engage in self-motivated education on 2SLGBTQI+ topics and issues			
Staff hold each other accountable when it comes to stigma and discrimination against 2SLGBTQI+ communities			
Staff advocate internally to improve supports for 2SLGBTQI+ seniors			

Evaluation Area	Indicators OR Examples <i>How do we know we are making progress?</i>	Status <i>Complete, In-progress, Pending, Not Applicable</i>	2SLGBTQI+ Action Planning <i>What are our concrete next steps?</i>
ORGANIZATIONAL CAPACITY			
Organization's board and leadership actively support change efforts to promote affirming, inclusive, and respectful care for 2SLGBTQI+ seniors			
Organization's anti-violence, harassment, and discrimination policy includes specific reference to homophobia, biphobia, and transphobia and is prominently displayed in common areas			

Evaluation Area	Indicators OR Examples How do we know we are making progress?	Status Complete, In-progress, Pending, Not Applicable	2SLGBTQI+ Action Planning What are our concrete next steps?
-----------------	--	--	--

ORGANIZATIONAL CAPACITY

Organization's human resources and staffing policies:

- Welcome and encourage 2SLGBTQI+ applicants
- Assess applicants on skills and experience related to supporting 2SLGBTQI+ seniors
- Require new staff to complete training on 2SLGBTQI+ affirming, inclusive, and respectful care
- Guarantee equal benefits to 2SLGBTQI+ employees and provide additional healthcare benefits to Trans employees pursuing transition-related care
- Incorporate assessment of staff ability to support 2SLGBTQI+ seniors into ongoing performance evaluations
- Establish confidential staff complaint system for 2SLGBTQI+ issues

Evaluation Area	Indicators OR Examples <i>How do we know we are making progress?</i>	Status <i>Complete, In-progress, Pending, Not Applicable</i>	2SLGBTQI+ Action Planning <i>What are our concrete next steps?</i>
ORGANIZATIONAL CAPACITY			
Organization's rooming policies maximize resident choice in determining placement, including the ability to live privately with their partner and/or placement of residents in a room affirming their gender identity			
Organization's visiting policies protect a resident's right to receive designated visitors, such as partners, spouses, friends, or members of chosen family, at any time and in private, including during emergency situations			

Evaluation Area	Indicators OR Examples <i>How do we know we are making progress?</i>	Status <i>Complete, In-progress, Pending, Not Applicable</i>	2SLGBTQI+ Action Planning <i>What are our concrete next steps?</i>
ORGANIZATIONAL CAPACITY			
<p>Organization’s intake and assessment procedures, including forms and records, are:</p> <ul style="list-style-type: none"> • Inclusive with respect to sex, gender identity, gender expression, and sexual orientation • Confidential and sensitive to past experiences of stigma and discrimination in care and support settings 			

Evaluation Area	Indicators OR Examples <i>How do we know we are making progress?</i>	Status Complete, In-progress, Pending, Not Applicable	2SLGBTQI+ Action Planning <i>What are our concrete next steps?</i>
ORGANIZATIONAL CAPACITY			
<p>Organization's advance care planning procedures:</p> <ul style="list-style-type: none"> • Encourage staff to ask about advance care directives and support residents to create these if they have not done so already • Enable residents to designate any individuals as family members or essential caregivers, whether or not they are biologically or legally related • Clarify resident wishes about their name, pronouns, and appearance • Support the resident to appoint a Power of Attorney, including from within a resident's chosen/found family, if they have not done so already 			

Evaluation Area	Indicators OR Examples <i>How do we know we are making progress?</i>	Status <i>Complete, In-progress, Pending, Not Applicable</i>	2SLGBTQI+ Action Planning <i>What are our concrete next steps?</i>
ORGANIZATIONAL CAPACITY			
Organization displays posters, banners, signs, and other visual indicators that reflect and celebrate the diversity of 2SLGBTQI+ communities			
Organization hangs 2SLGBTQI+ flags, like the Pride or Progress flag			
Organization has single-stall, gender inclusive washrooms available for staff, visitors, volunteers, and service users and ensures that everyone is able to use the washroom that most aligns with their gender identity			
Organization's promotional and communication materials represent 2SLGBTQI+ communities			

Evaluation Area	Indicators OR Examples <i>How do we know we are making progress?</i>	Status Complete, In-progress, Pending, Not Applicable	2SLGBTQI+ Action Planning What are our concrete next steps?
ORGANIZATIONAL CAPACITY			
Organization has formal organizing groups, such as a 2SLGBTQI+ steering committee or gender-sexuality alliance (GSA)			
Organization has established partnerships with local 2SLGBTQI+ organizations and groups to support education, training, programming, and/or service delivery			

Evaluation Area	Indicators OR Examples <i>How do we know we are making progress?</i>	Status <i>Complete, In-progress, Pending, Not Applicable</i>	2SLGBTQI+ Action Planning <i>What are our concrete next steps?</i>
ORGANIZATIONAL CAPACITY			
<p>Organization supports ongoing opportunities for staff at all levels to engage in education and training around 2SLGBTQI+ senior support</p> <ul style="list-style-type: none"> • Training is offered at minimum annually • Training is delivered in collaboration with 2SLGBTQI+ organizations • Training covers a wide array of topics relevant to the care and support of diverse 2SLGBTQI+ seniors 			
<p>Organization offers social support and recreation activities that cater to 2SLGBTQI+ seniors (e.g., movie nights, book clubs, support groups, outings to 2SLGBTQI+ events) and include 2SLGBTQI+ topics in general programming</p>			

Evaluation Area	Indicators OR Examples <i>How do we know we are making progress?</i>	Status <i>Complete, In-progress, Pending, Not Applicable</i>	2SLGBTQI+ Action Planning <i>What are our concrete next steps?</i>
ORGANIZATIONAL CAPACITY			
Organization hosts or is involved in local Pride events and celebrations			
Organization connects with local places of worship to deliver affirming and inclusive spiritual and faith-based program and services			
Organization seeks opportunities for intergenerational programming between 2SLGBTQI+ seniors and youth in the community			

Evaluation Area	Indicators OR Examples <i>How do we know we are making progress?</i>	Status <i>Complete, In-progress, Pending, Not Applicable</i>	2SLGBTQI+ Action Planning <i>What are our concrete next steps?</i>
ORGANIZATIONAL CAPACITY			
<p>Organization engages in advocacy to address systemic threats to the health and well-being of 2SLGBTQI+ seniors, including participation in:</p> <ul style="list-style-type: none"> • Community-based research projects • Public education and awareness campaigns • Community organizing and coalition building 			
<p>Organization has accessible and supportive accountability mechanisms that enable 2SLGBTQI+ seniors, their families, and caregivers to raise issues, feel heard, and feel that there will be appropriate follow-up</p>			

Endnotes

- 1 Government of Canada, "Canadian Human Rights Act," 1985, <https://laws-lois.justice.gc.ca/eng/acts/h-6/>.
- 2 Justin Trudeau, "Remarks by Prime Minister Justin Trudeau to Apologize to LGBTQ2 Canadians," *Justin Trudeau, Prime Minister of Canada*, 2017, <https://pm.gc.ca/en/news/speeches/2017/11/28/remarks-prime-minister-justin-trudeau-apologize-lgbtq2-canadians>.
- 3 Government of Canada, "LGBTQ2 Secretariat," 2021, <https://women-gender-equality.canada.ca/en/free-to-be-me.html>.
- 4 Government of Canada, "Be Part of the LGBTQ2 Action Plan," 2021, <https://women-gender-equality.canada.ca/en/free-to-be-me/lgbtq2-action-plan.html>.
- 5 Arne Stinchcombe, Katherine Kortess-Miller, and Kimberley Wilson, "'We Are Resilient, We Made It to This Point': A Study of the Lived Experiences of Older LGBTQ2S+ Canadians," *Journal of Applied Gerontology: The Official Journal of the Southern Gerontological Society* 40, no. 11 (November 1, 2021): 1533–41, <https://doi.org/10.1177/0733464820984893>.
- 6 Government of Canada, "LGBTQ2 Action Plan Survey Quick Stats SAFETY PHYSICAL HEALTH CARE," 2020, <https://lgbtqhealth.ca/community/two-spirit.php>.
- 7 Hate Crime Unit Intelligence Services, "Toronto Police Service 2021 Hate/Bias Crime Statistical Report," 2021, <https://www.tps.ca/services/resource-centre/2021-hatebias-crime-statistical-report/>.
- 8 SAGE USA, "Legacy Giving and Facts on LGBT Aging Infographics" (New York, n.d.).
- 9 Jennifer M. Boggs et al., "Perspectives of LGBTQ Older Adults on Aging in Place: A Qualitative Investigation," *Journal of Homosexuality* 64, no. 11 (September 19, 2017): 1539, <https://doi.org/10.1080/00918369.2016.1247539>.
- 10 Karen Fredriksen Goldsen, "Shifting Social Context in the Lives of LGBTQ Older Adults," *Public Policy & Aging Report* 28, no. 1 (April 17, 2018): 24–28, <https://doi.org/10.1093/PPAR/PRY003>.
- 11 Tinashe Dune et al., "Are Services Inclusive? A Review of the Experiences of Older GSD Women in Accessing Health, Social and Aged Care Services," *International Journal of Environmental Research and Public Health* 17, no. 11 (June 1, 2020): 1–17, <https://doi.org/10.3390/IJERPH17113861>.
- 12 City of Toronto, "TORONTO SENIORS STRATEGY 2.0" (Toronto, 2018). <https://www.toronto.ca/wp-content/uploads/2019/02/93cd-CoT-seniors-strategy2.pdf>
- 13 Rainbow Health Ontario, "LGBT Toolkit - For Creating Culturally Competent Care for Lesbian, Gay, Bisexual and Transgender Persons," 2018, <https://www.rainbowhealthontario.ca/resource-library/lgbt-toolkit-for-creating-culturally-competent-care-for-lesbian-gay-bisexual-and-transgender-persons/>.2018, <https://www.rainbowhealthontario.ca/resource-library/lgbt-toolkit-for-creating-culturally-competent-care-for-lesbian-gay-bisexual-and-transgender-persons/>.

- 14 City of Toronto Long-Term Care Homes & Services, “LGBT Tool Kit: Creating Lesbian, Gay, Bisexual and Trans-Inclusive and Affirming Care and Services - Ontario Centres for Learning, Research, and Innovation in Long-Term Care” (Toronto, 2018), <https://clri-ltc.ca/resource/lgbt-tool-kit/>.
- 15 Pauline Crameri et al., “It Is More than Sex and Clothes: Culturally Safe Services for Older Lesbian, Gay, Bisexual, Transgender and Intersex People,” *Australasian Journal on Ageing* 34 (October 1, 2015): 21–25, <https://doi.org/10.1111/AJAG.12270>.
- 16 Ronica Mukerjee, Linda Wesp, and Randi Singer, “Cultural Safety Framework for LGBTQIA+ Communities,” *Clinician’s Guide to LGBTQIA+ Care*, February 11, 2021, <https://doi.org/10.1891/9780826169211.0001>.
- 17 National Association of Independent Schools, “Kimberlé Crenshaw: What Is Intersectionality?” (USA: YouTube, 2018), <https://www.youtube.com/watch?v=ViDtnfQ9FHc>.
- 18 Canadian Council for Refugees, “Anti-Oppression,” accessed May 10, 2022, <https://ccrweb.ca/en/anti-oppression>.
- 19 Canadian Institute of Health Research and Greta R. Bauer, “Meet the Methods series: Quantitative intersectional study design and primary data collection”, <https://cihr-irsc.gc.ca/e/52352.html>.
- 20 Maude Lecompte et al., “Inclusive Practices toward LGBT Older Adults in Healthcare and Social Services: A Scoping Review of Quantitative and Qualitative Evidence,” <https://doi.org/10.1080/07317115.2020.1862946> 44, no. 3 (2020): 210–21, <https://doi.org/10.1080/07317115.2020.1862946>.
- 21 Senior Pride Network (Toronto), “A Call to Action for Person-Centred Long-Term Residential Care for 2SLGBTQI+ Elders, Seniors and Older Persons” (Toronto, 2019), <https://www.seniorpridenetwork.ca/serviceesspnt>.
- 22 City Council City of Toronto, “Creation of a Lesbian, Gay, Bisexual, Transgender, Queer and Two-Spirit (LGBTQ2S+) Council Advisory Body” (2019), <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2019.EX11.11>; City Council City of Toronto, “Proposed Name Change for the Lesbian, Gay, Bisexual, Transgender, Queer and Two-Spirit Advisory Committee” (2021), <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2021.EX26.13>.
- 23 City of Toronto, “Human Rights and Anti-Harassment/Discrimination (HRAP),” 2021, <https://www.toronto.ca/city-government/accountability-operations-customer-service/city-administration/corporate-policies/people-equity-policies/human-rights-and-anti-harassment-discrimination-hrap/>.
- 24 Government of Ontario, “Human Rights Code, R.S.O. 1990, c. H.19,” Government of Ontario § (2021), <https://www.ontario.ca/laws/statute/90h19>.
- 25 Government of Ontario, “Occupational Health and Safety Act, R.S.O. 1990, c. O.1,” 37 Sched. A, s. Sched. C, s. Sched. C, s § (2016), <https://www.ontario.ca/laws/statute/90o01>.

- 26 City of Toronto, “Guidelines for Accommodating Gender Identity and Gender Expression,” 2019, <https://www.toronto.ca/city-government/accountability-operations-customer-service/city-administration/corporate-policies/people-equity-policies/accommodation/guidelines-for-accommodating-gender-identity-and-gender-expression/>.
- 27 City of Toronto, “Accommodation,” 2014, <https://www.toronto.ca/city-government/accountability-operations-customer-service/city-administration/corporate-policies/people-equity-policies/accommodation/>; Government of Ontario, Human Rights Code, R.S.O. 1990, c. H.19; City of Toronto, “Human Rights and Anti-Harassment/Discrimination (HRAP).”
- 28 519 Community Center, “The 519’s Equity Glossary of Terms,” 1–6, accessed May 17, 2022, <https://www.the519.org/education-training/glossary>; Egale, “Fix Hearts, Not Parts - Intersex Awareness,” 2020; Rainbow Resource Centre, “Two-Spirit People of the First Nations We Are Part of a Tradition,” 2014, www.rainbowresourcecentre.org; Registered Nurses’ Association of Ontario, “Promoting 2SLGBTQI+ Health Equity,” *International Affairs & Best Practices*, 2021, <https://rnao.ca/bpg/guidelines/promoting-2slgbtqi-health-equity>; SAGE’s National Resource Center on LGBT Aging, “Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies,” 2020, 28, <https://www.lgbtagingcenter.org/resources/resource.cfm?r=487>; Nicole Tremblay and LGBTQ2+ Seniors Advisory Council (Island Health), “Toolkit for Developing Inclusive & Affirming Care for LGBTQ2+ Seniors,” n.d.
- 29 Trans Student Educational Resources, “Gender {Unicorn},” TSER, 2015, <https://transstudent.org/gender/>; “Beyond the Basics Sneak Peek: The Gender Galaxy!,” Action Canada for Sexual Health and Rights, 2019, <https://www.actioncanadashr.org/beyond-basics-sneak-peek-gender-galaxy>.
- 30 Christie Launius and Holly Hassel, “The Social Construction of Gender,” in *Threshold Concepts in Women’s and Gender Studies*, 2021, 40–86, <https://doi.org/10.4324/9781315765150-7>.
- 31 By Them, “InQueery: The REAL Meaning of the Word ‘Butch,’” By Them, 2020, <https://www.them.us/story/inqueery-butch>.
- 32 Annamarie Forestiere, “America’s War on Black Trans Women | Harvard Civil Rights-Civil Liberties Law Review” (Harvard Civil Rights-Civil Liberties Law Review, 2020), <https://harvardcrcl.org/americas-war-on-black-trans-women/>; Human Rights Campaign, “Violence Against the Transgender and Gender Non-Conforming Community in 2020” accessed May 17, 2022, <https://www.hrc.org/resources/violence-against-the-trans-and-gender-non-conforming-community-in-2020>.
- 33 C Chih et al., “Health and Well-Being among Racialized Trans and Non-Binary People in Canada,” 2020, <https://transpulsecanada.ca/research-type/reports>.
- 34 Canadian Institute of Health Research and Bauer, G., “Meet the Methods Series: Quantitative Intersectional Study Design and Primary Data Collection,” 2021, <https://cihr-irsc.gc.ca/e/52352.html>

- 35 “Conversion Therapy and SOGIECE,” Community-Based Research Centre, accessed May 17, 2022, https://www.cbrc.net/conversion_therapy_sogiece.
- 36 Karen I. Fredriksen Goldsen, Sarah Jen, and Anna Muraco, “Iridescent Life Course: Review of LGBTQ Aging Research and Blueprint for the Future,” *Gerontology* 65, no. 3 (April 1, 2019): 253, <https://doi.org/10.1159/000493559>; Dylan Kneale et al., “Inequalities in Older LGBT People’s Health and Care Needs in the United Kingdom: A Systematic Scoping Review,” *Ageing & Society* 41, no. 3 (March 1, 2021): 493–515, <https://doi.org/10.1017/S0144686X19001326>.
- 37 CBC News, “Same-Sex Rights in Canada - Canada,” *TIMELINE*, 2012, <https://www.cbc.ca/news/canada/timeline-same-sex-rights-in-canada-1.1147516>.
- 38 Richard D. Lyons, “The A.P.A. Ruling on Homosexuality,” *The New York Times*, 1973, <https://www.nytimes.com/1973/12/23/archives/the-issue-is-subtle-the-debate-still-on-the-apa-ruling-on.html>.
- 39 “Conversion Therapy and SOGIECE.”
- 40 Department of Justice Canada, “Government Introduces Legislation to Ban Conversion Therapy Practices in Canada” (Government of Canada, 2021), <https://www.canada.ca/en/departement-justice/news/2021/11/government-introduces-legislation-to-ban-conversion-therapy-practices-in-canada.html>.
- 41 Library of Congress, “Before Stonewall: The Homophile Movement - LGBTQIA+ Studies: A Resource Guide,” Research Guides at Library of Congress, accessed May 17, 2022, <https://guides.loc.gov/lgbtq-studies/stonewall-era>.
- 42 KC Hoard, “Toronto Bathhouse Raids: Everything You Need to Know about the 1981 Event,” *Xtra Magazine*, February 2021, <https://xtramagazine.com/power/toronto-bathhouse-raids-40-years-194590>.
- 43 CATIE, “A History of HIV/AIDS,” 2022, <https://www.catie.ca/a-history-of-hivaids>.
- 44 LGBT Purge Fund, “Home Page,” 2020, <https://lgbtpurgefund.com/>.
- 45 Karen I. Fredriksen-Goldsen et al., “Physical and Mental Health of Transgender Older Adults: An at-Risk and Underserved Population,” *The Gerontologist* 54, no. 3 (2014): 488–500, <https://doi.org/10.1093/GERONT/GNT021>; Karen I. Fredriksen-Goldsen et al., “Chronic Health Conditions and Key Health Indicators Among Lesbian, Gay, and Bisexual Older US Adults, 2013–2014,” *American Journal of Public Health* 107, no. 8 (August 1, 2017): 1332, <https://doi.org/10.2105/AJPH.2017.303922>.
- 46 Hyun Jun Kim, Sarah Jen, and Karen I. Fredriksen-Goldsen, “Race/Ethnicity and Health-Related Quality of Life Among LGBT Older Adults,” *The Gerontologist* 57, no. suppl 1 (2017): S30–39, <https://doi.org/10.1093/GERONT/GNW172>.
- 47 Arne Stinchcombe et al., “Physical and Mental Health Inequalities among Aging Lesbian, Gay, and Bisexual Canadians: Cross-Sectional Results from the Canadian Longitudinal Study on Aging (CLSA),” *Canadian Journal of Public Health = Revue Canadienne de Sante Publique* 109, no. 5–6 (December 1, 2018): 833–44, <https://doi.org/10.17269/S41997-018-0100-3>.

- 48 Mark Brennan-Ing et al., “Sexual Health Among Lesbian, Gay, Bisexual, and Heterosexual Older Adults: An Exploratory Analysis,” *Clinical Gerontologist* 44, no. 3 (2021): 222–34, <https://doi.org/10.1080/07317115.2020.1846103>.
- 49 Terri Clark, “FACT SHEET: Aging & Sexual Health,” SAGE (New York: National Resource Center on LGBT Aging, 2016), [https://www.lgbtagingcenter.org/resources/pdfs/Aging & Sexual Health Final 6_6_16.pdf](https://www.lgbtagingcenter.org/resources/pdfs/Aging%20&%20Sexual%20Health%20Final%206_6_16.pdf).
- 50 N Haddad et al., “Newly Diagnosed Cases of HIV in Those Aged 50 Years and Older and Those Less than 50: 2008–2017,” *Canada Communicable Disease Report* 45, no. 11 (November 7, 2019): 283–88, <https://doi.org/10.14745/CCDR.V45I11A02>.
- 51 Meredith Greene et al., “Management of Human Immunodeficiency Virus Infection in Advanced Age,” *JAMA* 309, no. 13 (April 3, 2013): 1397–1405, <https://doi.org/10.1001/JAMA.2013.2963>.
- 52 Kneale et al., “Inequalities in Older LGBT People’s Health and Care Needs in the United Kingdom: A Systematic Scoping Review,” March 1, 2021.
- 53 Sherry A. Beaudreau, Dolores Gallagher Thompson, and Nancy A. Pachana, “Two, Four, Six, Eight, Don’t Assume Your Grandma’s Straight: The Intersectionality of Aging and Sexual Minority Status,” <https://doi.org/10.1080/07317115.2019.1565644> 42, no. 2 (March 15, 2019): 135–36, <https://doi.org/10.1080/07317115.2019.1565644>; Rapid Response, “Psychosocial Needs and Vulnerabilities of Older Gay and Bisexual Men,” *The Ontario HIV Treatment Network*, 2021, <https://www.ohtn.on.ca/rapid-response-psychosocial-needs-and-vulnerabilities-of-older-gay-and-bisexual-men/>.
- 54 One Canadian, V Further, and Canadian Liver Founda-, “HIV and Aging in Canada :,” 2013.
- 55 Austin Oswald and Kathryn Roulston, “Complex Intimacy: Theorizing Older Gay Men’s Social Lives,” *Journal of Homosexuality* 67, no. 2 (January 28, 2020): 223–43, <https://doi.org/10.1080/00918369.2018.1536416>; The519, “Still Here, Still Queer: A Handbook for Affirming LGBTQ Older Adults,” 2016, <https://www.the519.org/education-training/training-resources/our-resources/still-here-still-queer>.
- 56 K. I. Fredriksen-Goldsen et al., “The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults” (Seattle, 2011).

- 57 Government of Canada, "Social Isolation of Seniors: A focus on LGBTQ seniors in Canada," 2018, <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/social-isolation-lgbtq.html#h2.3>; Kneale et al., "Inequalities in Older LGBT People's Health and Care Needs in the United Kingdom: A Systematic Scoping Review," March 1, 2021; Austin Marshall and Sean Cahill, "Barriers and Opportunities for the Mental Health of LGBT Older Adults and Older People Living with HIV: A Systematic Literature Review," <https://doi.org/10.1080/13607863.2021.2003300>, 2021, <https://doi.org/10.1080/13607863.2021.2003300>; SAGE USA, "AGING AND THE LGBT COMMUNITY LGBT Older People (65+) Are the Stonewall Generation-a Resilient, Growing Demographic with Pronounced Needs" (SAGE, 2019), <https://www.sageusa.org/wp-content/uploads/2019/03/aging-and-the-lgbt-community.pdf>; Senior Pride Network (Toronto), "Advocacy & Calls to Action," The Senior Pride Network Toronto, 2019, <https://www.seniorpridenetwork.ca/servicesspnt>; Kimberley Wilson and Arne Stinchcombe, "For the House of Commons Standing Committee on Health (HESA) POLICY BRIEF Policy Legacies and Forgotten Histories: Health Impacts on LGBTQ2 Older Adults Background," 2019, <https://www.clsaelcv.ca>.
- 58 Charles A. Emlet et al., "Bouncing Back: Resilience and Mastery Among HIV-Positive Older Gay and Bisexual Men," *The Gerontologist* 57, no. Suppl 1 (2017): S40, <https://doi.org/10.1093/GERONT/GNW171>; Kneale et al., "Inequalities in Older LGBT People's Health and Care Needs in the United Kingdom: A Systematic Scoping Review," March 1, 2021; Rapid Response, "Psychosocial Needs and Vulnerabilities of Older Gay and Bisexual Men."
- 59 Government of Canada, "Social Isolation of Seniors: A focus on LGBTQ seniors in Canada"; Debra A. Harley, Linda Gassaway, and Lisa Dunkley, "Isolation, Socialization, Recreation, and Inclusion of LGBT Elders," *Handbook of LGBT Elders: An Interdisciplinary Approach to Principles, Practices, and Policies*, January 1, 2016, 563–81, https://doi.org/10.1007/978-3-319-03623-6_30; Kneale et al., "Inequalities in Older LGBT People's Health and Care Needs in the United Kingdom: A Systematic Scoping Review," March 1, 2021; National Seniors Council, "Report on the Social Isolation of Seniors 2013-2014," *Government of Canada*, 2014, <https://www.canada.ca/en/national-seniors-council/programs/publications-reports/2014/social-isolation-seniors.html>.

- 60 Walter Pierre Bouman et al., “Sociodemographic Variables, Clinical Features, and the Role of Preassessment Cross-Sex Hormones in Older Trans People,” *The Journal of Sexual Medicine* 13, no. 4 (April 1, 2016): 711–19, <https://doi.org/10.1016/J.JSXM.2016.01.009>; George R. Brown and Kenneth T. Jones, “Mental Health and Medical Health Disparities in 5135 Transgender Veterans Receiving Healthcare in the Veterans Health Administration: A Case–Control Study,” <https://Home.Liebertpub.Com/Lgbt> 3, no. 2 (April 5, 2016): 122–31, <https://doi.org/10.1089/LGBT.2015.0058>; CMS, “Health Disparities Experienced among Older Sexual Minorities,” 2016, <https://www.cms.gov/About-CMS/Agency-Information/OMH/research-and-data/information-products/data-highlights/disparities-older-sexual-minorities>; Government of Canada, “Social Isolation of Seniors A Focus on Indigenous Peoples”; Kneale et al., “Inequalities in Older LGBT People’s Health and Care Needs in the United Kingdom: A Systematic Scoping Review,” March 1, 2021; Stinchcombe et al., “Physical and Mental Health Inequalities among Aging Lesbian, Gay, and Bisexual Canadians: Cross-Sectional Results from the Canadian Longitudinal Study on Aging (CLSA)”; The519, “Still Here, Still Queer: A Handbook for Affirming LGBTQ Older Adults.”
- 61 Shelby Lisk, “‘You Belong in This World’: Two-Spirit Survivors Share Their Stories,” *TVO.Org*, 2021, <https://www.tvo.org/article/you-belong-in-this-world-two-spirit-survivors-share-their-stories>.
- 62 The519, “Still Here, Still Queer: A Handbook for Affirming LGBTQ Older Adults.”
- 63 World Health Organization, “Elder Abuse,” 2021, <https://doi.org/10.1038/sj.bdj.2009.562>.
- 64 Celeste Pang and Raeann Rideout, “Community Conversations Brief Elder Abuse & Financial Abuse: Context and Considerations for 2SLGBTQI Communities” (Egale, 2022).
- 65 Somjen Frazer, “LGBT Health and Human Services Needs in New York State,,” 2009, <https://www.lgbtagingcenter.org/resources/resource.cfm?r=425>.
- 66 Elizabeth M. Bloemen et al., “Lesbian, Gay, Bisexual, and Transgender Older Adults’ Experiences With Elder Abuse and Neglect,” *Journal of the American Geriatrics Society* 67, no. 11 (November 1, 2019): 2338–45, <https://doi.org/10.1111/JGS.16101>.
- 67 Bloemen et al.
- 68 Brigitte Pawliw-Fry, Stephen Low, and Sarah McClark, “RFF Report: Mapping the Landscape of Faith-Based Heterosexism and Transphobia in Canada — Rainbow Faith and Freedom,” *RAINBOW FAITH AND FREEDOM*, 2021, <https://rainbowfaithandfreedom.org/blog/2021/6/3/rff-report-mapping-the-landscape-of-faith-based-heterosexism-and-transphobia-in-canada>.
- 69 Movement Advancement Project, Public Rights/Private Conscience Project, and SAGE, “*DIGNITY DENIED: RELIGIOUS EXEMPTIONS AND LGBT ELDER SERVICES*,” 2017, <https://www.lgbtagingcenter.org/resources/resource.cfm?r=892>.
- 70 Movement Advancement Project, Public Rights/Private Conscience Project, and SAGE.

- 71 Kimberley Wilson, Katherine Kortess-Miller, and Arne Stinchcombe, "Staying Out of the Closet: LGBT Older Adults' Hopes and Fears in Considering End-of-Life," *Canadian Journal on Aging / La Revue Canadienne Du Vieillissement* 37, no. 1 (March 1, 2018): 22–31, <https://doi.org/10.1017/S0714980817000514>.
- 72 Wilson, Kortess-Miller, and Stinchcombe.
- 73 David J. Kinitz et al., "'Conversion Therapy' Experiences in Their Social Contexts: A Qualitative Study of Sexual Orientation and Gender Identity and Expression Change Efforts in Canada: Les Expériences de 'Thérapie de Conversion' Dans Leur Contexte Social: Une Étude Qualitative," *Canadian Journal of Psychiatry*, 2021, <https://doi.org/10.1177/07067437211030498>.
- 74 Emily Dakin, Denise L. Levy, and Kelly A. Williams, "Religious and Spiritual Journeys of LGBT Older Adults in Rural Southern Appalachia," *Journal of Religion, Spirituality and Aging*, 2021, <https://doi.org/10.1080/15528030.2021.1985035>; Steven Meanley et al., "Lifetime Exposure to Conversion Therapy and Psychosocial Health Among Midlife and Older Adult Men Who Have Sex With Men," *The Gerontologist* 60, no. 7 (September 15, 2020): 1291–1302, <https://doi.org/10.1093/GERONT/GNAA069>.
- 75 Joshua Cockayne, David Efird, and Jack Warman, "Shattered Faith," *Voices from the Edge*, July 1, 2020, 119–40, <https://doi.org/10.1093/OSO/9780198848844.003.0006>; Dakin, Levy, and Williams, "Religious and Spiritual Journeys of LGBT Older Adults in Rural Southern Appalachia."
- 76 Dakin, Levy, and Williams.
- 77 Kerith J Conron, Shoshana K Goldberg, and Kathryn O'Neill, "Religiosity Among Lgbt Adults in the Us," no. October (2020), <https://williamsinstitute.law.ucla.edu/publications/lgbt-religiosity-us/>.
- 78 Empower Health, "NIA LONG TERM CARE COVID-19 TRACKER," 2022, <https://ltc-covid19-tracker.ca/.NIA>
- 79 Egale, "National Survey Results: The Impact of COVID-19 on the 2SLGBTQI Community," 2020, <https://egale.ca/awareness/covid19-impact-report/>.
- 80 Egale, "Impact of COVID-19 on the LGBTQI2S Community – Second National Report," 2020, <https://egale.ca/awareness/covid19-impact-second-national-report/#FullReport..>
- 81 Stephanie Jonsson, "Social Isolation and Loneliness: The Potential Impacts of the Global Pandemic on 2S- LGBTQ+ Seniors Living in Ontario Long-Term Care Homes — To Be Decided* Journal - TBD," *To Be Decided**, 2021, <https://tbd-journal.com/vol-6/2021/8/14/social-isolation-and-loneliness-the-potential-impacts-of-the-global-pandemic-on-2s-lgbtq-seniors-living-in-ontario-long-term-care-homes>.
- 82 Carey Candrian, Janelle Sills, and Jane Lowers, "LGBT Seniors in the Pandemic: Silenced and Vulnerable," *Annals of LGBTQ Public and Population Health* 1, no. 4 (February 5, 2021): 277–81, <https://doi.org/10.1891/LGBTQ-2020-0031>.

- 83 Karen I. Fredriksen-Goldsen et al., “Cognitive Impairment, Alzheimer’s Disease, and Other Dementias in the Lives of Lesbian, Gay, Bisexual and Transgender (LGBT) Older Adults and Their Caregivers: Needs and Competencies,” *Journal of Applied Gerontology* 37, no. 5 (May 1, 2018): 545–69, <https://doi.org/10.1177/0733464816672047>; Marshall and Cahill, “Barriers and Opportunities for the Mental Health of LGBT Older Adults and Older People Living with HIV: A Systematic Literature Review.”
- 84 Ashley Flanagan and Celeste Pang, “Coming Out and Coming In to Living with Dementia: Enhancing Support for 2SLGBTQI People Living with Dementia and their Primary Unpaid Carers” (Toronto, ON, 2022), <https://egale.ca/egale-in-action/2slgbtqi-dementia-care/#report>.
- 85 P. Esmaeili, N. Boissier, and and V. Valcour, “HIV-Associated Neurocognitive Disorder (HAND) - Family Caregiver Alliance,” Family Caregiver Alliance, 2015, <https://www.caregiver.org/resource/hiv-associated-neurocognitive-disorder-hand/>; Wilson and Stinchcombe, “For the House of Commons Standing Committee on Health (HESA) POLICY BRIEF Policy Legacies and Forgotten Histories: Health Impacts on LGBTQ2 Older Adults Background.”
- 86 Alzheimer’s Society, “Supporting a Lesbian, Gay, Bisexual or Trans Person with Dementia,” 2017; Catherine Barrett et al., “Understanding the Experiences and Needs of Lesbian, Gay, Bisexual and Trans Australians Living with Dementia, and Their Partners,” *Australasian Journal on Ageing* 34 (October 1, 2015): 34–38, <https://doi.org/10.1111/AJAG.12271>.
- 87 Alexandre Baril and Marjorie Silverman, “Forgotten Lives: Trans Older Adults Living with Dementia at the Intersection of Cisgenderism, Ableism/ Cogniticism and Ageism:,” <https://doi.org/10.1177/1363460719876835> 25, no. 1–2 (October 14, 2019): 117–31, <https://doi.org/10.1177/1363460719876835>.
- 88 Carey Candrian and Kristin G. Cloyes, “‘She’s Dying and I Can’t Say We’re Married?’: End-of-Life Care for LGBT Older Adults,” *The Gerontologist* 61, no. 8 (November 15, 2021): 1197–1201, <https://doi.org/10.1093/GERONT/GNAA186>; Wilson, Kortess-Miller, and Stinchcombe, “Staying Out of the Closet: LGBT Older Adults’ Hopes and Fears in Considering End-of-Life.”
- 89 Brian de Vries et al., “End-of-Life Preparations Among LGBT Older Canadian Adults: The Missing Conversations,” *International Journal of Aging and Human Development* 88, no. 4 (June 1, 2019): 358–79, <https://doi.org/10.1177/0091415019836738>; Wilson, Kortess-Miller, and Stinchcombe, “Staying Out of the Closet: LGBT Older Adults’ Hopes and Fears in Considering End-of-Life.”

- 90 de Vries et al., “End-of-Life Preparations Among LGBT Older Canadian Adults: The Missing Conversations”; Wilson, Kortes-Miller, and Stinchcombe, “Staying Out of the Closet: LGBT Older Adults’ Hopes and Fears in Considering End-of-Life.”
- 91 The519, “Still Here, Still Queer: A Handbook for Affirming LGBTQ Older Adults.”
- 92 Boggs et al., “Perspectives of LGBTQ Older Adults on Aging in Place: A Qualitative Investigation”; Dylan Kneale et al., “Inequalities in Older LGBT People’s Health and Care Needs in the United Kingdom: A Systematic Scoping Review,” *Ageing & Society* 41, no. 3 (March 1, 2021): 493–515, <https://doi.org/10.1017/S0144686X19001326>.
- 93 Fredriksen-Goldsen et al., “The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults”; Lecompte et al., “Inclusive Practices toward LGBT Older Adults in Healthcare and Social Services: A Scoping Review of Quantitative and Qualitative Evidence”; Kristen E. Porter et al., “Providing Competent and Affirming Services for Transgender and Gender Nonconforming Older Adults,” <https://doi.org/10.1080/07317115.2016.1203383> 39, no. 5 (October 19, 2016): 366–88, <https://doi.org/10.1080/07317115.2016.1203383>.
- 94 Katherine Kortes-Miller, Kimberley Wilson, and Arne Stinchcombe, “Care and LGBT Aging in Canada: A Focus Group Study on the Educational Gaps among Care Workers,” *Clinical Gerontologist* 42, no. 2 (March 15, 2019): 192–97, <https://doi.org/10.1080/07317115.2018.1544955>; Marshall and Cahill, “Barriers and Opportunities for the Mental Health of LGBT Older Adults and Older People Living with HIV: A Systematic Literature Review”; Ronald W. Smith et al., “Mental Health Care for LGBT Older Adults in Long-Term Care Settings: Competency, Training, and Barriers for Mental Health Providers,” <https://doi.org/10.1080/07317115.2018.1485197> 42, no. 2 (March 15, 2018): 198–203, <https://doi.org/10.1080/07317115.2018.1485197>.
- 95 Andrea Daley and Judith MacDonnell, “LGBTQ Communities and Home Care: Findings from Ontario-Based Research,” 2016, <https://www.yorku.ca/lgbthome/documents/lgbtqhomecarezine2016.pdf>.
- 96 Celeste Pang, Gloria Gutman, and Brian de Vries, “Later Life Care Planning and Concerns of Transgender Older Adults in Canada,” *International Journal of Aging and Human Development* 89, no. 1 (July 1, 2019): 39–56, <https://doi.org/10.1177/0091415019843520>.
- 97 SAGE USA, “AGING AND THE LGBT COMMUNITY LGBT Older People (65+) Are the Stonewall Generation-a Resilient, Growing Demographic with Pronounced Needs”; Senior Pride Network (Toronto), “Advocacy & Calls to Action.”

- 98 I Plante, S Filipenko, and F Bontje, "Community Engagement Consult for LGBTQI2S Seniors," 2017, www.egale.ca/seniors.
- 99 519 Community Center, "The 519's Equity Glossary of Terms."
- 100 SAGE's National Resource Center on LGBT Aging, "Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies."
- 101 SAGE's National Resource Center on LGBT Aging.
- 102 The519, "Still Here, Still Queer: A Handbook for Affirming LGBTQ Older Adults"; Registered Nurses' Association of Ontario, "Promoting 2SLGBTQI+ Health Equity"; Tremblay and LGBTQ2+ Seniors Advisory Council (Island Health), "Toolkit for Developing Inclusive & Affirming Care for LGBTQ2+ Seniors"; SAGE USA and Human Rights Campaign Foundation, "Finding an LGBTQ+ Inclusive Long-Term Care Community," 2021; "Best Practices for Non-Binary Inclusion in the Workplace," Out & Equal, accessed May 17, 2022, <https://outandequal.org/best-practices-for-non-binary-inclusion-in-the-workplace/>; Senior Pride Network (Toronto), "Advocacy & Calls to Action"; "A Home for All Resource Package - Ontario Centres for Learning, Research, and Innovation in Long-Term Care," 2019, <https://clri-ltc.ca/resource/homeforall/>.
- 103 Government of Ontario, Human Rights Code, R.S.O. 1990, c. H.19.
- 104 City of Toronto, "Human Rights and Anti-Harassment/Discrimination (HRAP)."
- 105 "Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. 1," accessed May 17, 2022, <https://www.ontario.ca/laws/statute/21f39>.
- 106 SAGE USA and Human Rights Campaign Foundation, "Finding an LGBTQ+ Inclusive Long-Term Care Community."
- 107 "Health Care Consent Act, 1996, S.O. 1996, c. 2, Sched. A," accessed May 16, 2022, <https://www.ontario.ca/laws/statute/96h02>.
- 108 Kickstarter, "'Progress' A PRIDE Flag Reboot by Daniel Quasar," Kickstarter, accessed May 17, 2022, <https://www.kickstarter.com/projects/danielquasar/progress-a-pride-flag-reboot>.
- 109 Molly Sprayregen, "Support for Transphobic 'Bathroom Bills' Is Increasing Amid Nationwide Attack on Trans Rights," *Them*, 2021, <https://www.them.us/story/transphobic-bathroom-bills-support-increasing>.
- 110 Chyenne Mallinson, "Crossing the Threshold From Performative Allyship to Action," *Change Matrix*, accessed May 16, 2022, <https://changematrix.org/crossing-the-threshold-from-performative-allyship-to-action/>.
- 111 Glenn Sumi, "The Youth/Elders Project Is Revolutionary Theatre -," *NOW Magazine*, 2017, <https://nowtoronto.com/culture/theatre/the-youth-elders-project-is-revolutionary-theatre>.
- 112 Buddies in Bad Times Theatre, "The Youth / Elders Podcast," 2018, <https://buddiesinbadtimes.com/show/the-youth-elders-podcast/>.
- 113 The Ontario Centres for Learning Research and Innovation in Long-Term Care, "Embracing Diversity Toolkit - Ontario Centres for Learning, Research, and Innovation in Long-Term Care," 2020; Mike Klassen, "Island Health Authority Is Increasing LGBTQ2+ Competency," *BC Care Providers Association(Blog)*, 2019, <https://bccare.ca/2019/08/island-health-authority-is-increasing-lgbtq2competency/>.



Appendices

Appendix 1. Additional Resources on 2SLGBTQI+ History & Activism

2SLGBTQI+ activism has a rich history in Canada and around the world. The experiences and events listed below are significant to many 2SLGBTQI+ communities and have served as a catalyst for social and legislative change, sparking [demonstrations](#) and [community-based advocacy](#) that have advanced rights and freedoms.

Additional learning on 2SLGBTQI+ liberation movements in Canada

- Queer Events' Timeline of [Canadian Queer History](#)
- CBC's Timeline of [Notable LGBT Events in Canadian History](#)
- Harry Sutherland's documentary [Track Two – Enough is Enough](#), which explores the background and consequences of the Toronto Police Services' 1981 bathhouse raids
- [‘Sex, Sin, and 69’](#) an 80-minute historical, retrospective documentary about the 1969 legislation to partially ‘decriminalize’ homosexuality in Canada. Produced by Egale in partnership with SandBay Entertainment with support from the Government of Canada

Additional learning on the Stonewall Riots

- The History Channel's documentary short, [How the Stonewall Riots Sparked a Movement](#)
- The New York Times' [The Stonewall You Know is a Myth. And That's Ok](#), which challenges how we think about and communicate the story of Stonewall and 2SLGBTQI+ history in general

Additional learning on the AIDS Crisis

- [Queerantime History: The AIDS Epidemic & Activism](#)
- [Reagan Administration's Chilling Response to the AIDS Crisis](#)
- [Coming of age during the AIDS crisis](#)



Appendix 2. Select Services for 2SLGBTQI+ Seniors in Toronto

This appendix present select services for 2SLGBTQI+ Seniors in Toronto, with a focus on Social connection and activities, Healthcare and mental health, HIV and AIDS, Crisis lines, Advocacy, and Technology. As a service provider or organization supporting 2SLGBTQI+ Seniors, you may wish to create partnerships with any of these services.

Note – if you do not finding exactly what you are looking for in this list, contact 211 Central by dialing ‘2-1-1’

211 information specialists are well trained to connect people with organizations and services.

Also consider consulting the City of Toronto and 211’s Directory of Services for Seniors & Caregivers in Toronto:

<https://211central.ca/directory-of-services-for-seniors-caregivers-in-toronto/>

Social Connection and Activities

The 519 - Older LGBTQ2S Adults Program

519 Church Street, Toronto, ON, M4Y 2C9

416-392-6874 www.the519.org

- Provides opportunities to make deeper connections with peers by socializing and learning through special events, guest speakers, and promoting community resources
- Weekly program offers social gatherings session with conversation, games, workshops, film screenings, and more
- Other community-based social activities and events may also operate out of The 519

Sunshine Centres for Seniors – Rainbow Seniors’ Programs

St Andrew’s United Church

117 Bloor St E, Toronto, ON, M4W 1A9

416-924-8558 www.sunshinecentres.com

- Social, recreational and healthy living programs for seniors in an inclusive multicultural, 2SLGBTQI+ friendly atmosphere; Rainbow Coffee & Tea Time

Egale – Rainbow Table

120 Carlton Street, Suite 217, Toronto, ON M5A 4K2

1-888-204-7777 www.egale.ca/egale-in-action/rainbowtable

- Virtual space where 2SLGBTQI+ Seniors can connect
- A platform to engage in important and relevant topics to the community with guest speakers and resources in areas such as health, legal rights, and activities

Dorothy's Place - Birchcliff Bluffs United Church

33 East Rd, Toronto, ON, M1N 1Z9

647-360-5767 www.facebook.com/dorothysplacelgbt

- A ministry serving 2SLGBTQI+ Seniors in East Toronto / Scarborough
- Weekly lunch and social program with speakers, friendly visiting, pastoral care, advocacy, and programming at seniors' residences

ACT (AIDS Committee of Toronto) - Gay Men's Coffee Night

543 Yonge Street, 4th Floor, Toronto, ON, M4Y 1Y5

416-340-8484 www.actoronto.org

- Social space for gay, bisexual, and Queer men over age 40 and living with HIV and AIDS to hang-out, chat and learn from each other

Buddies in Bad Times Theatre – Youth/Elders Project

120 Carlton Street, Suite 217, Toronto, ON M5A 4K2

416-975-8555 www.buddiesinbadtimes.com/community/youth-elders-projects

- Open to queer youth, elders, and folks of any age interested in conversation across Queer generations; no artistic experience is necessary
- In Conversation is a space for formal and informal discussions about salient issues within 2SLGBTQI+ communities; some sessions have guest speakers
- Monthly Youth/Elders Podcast features Queer elders and youth

Glad Day Bookshop

499 Church St, Toronto, ON, M4Y 2C6

416-901-6600 shop@gladdaybookshop.com

- Provides (and can order) a wide range of books and other resources
- Coffee shop and event space, acts as a neighbourhood meeting place
- Oldest independent bookstore in Toronto; oldest surviving 2SLGBTQI+ bookstore

Prime Timers Toronto

www.primetimersww.org

- A varied and diverse group of mature gay and bisexual men who gather in a supportive atmosphere to enjoy social, educational and recreational activities

SPRINT Senior Care

140 Merton Street Toronto, ON, M4S 1A1

www.sprintseniorcare.org

- Caring for seniors and enabling seniors to care for themselves since 1983, SPRINT Offers wide-ranging services to seniors and their caregivers, including 2SLGBTQI+ social programs for seniors and caregivers

Healthcare and Mental Health

Sherbourne Health – LGBTQ Health

333 Sherbourne Street, Toronto, ON, M5A 2S5

416-324-4103 www.sherbourne.on.ca

- Offers wide range of primary healthcare programs and services to 2SLGBTQI+ individuals
- Provides dignified, non-judgmental services to help clients feel better, cope with day-to-day challenges and address specific 2SLGBTQI+ health issues

Rainbow Health Ontario

333 Sherbourne Street, Toronto, ON, M5A 2S5

416-324-4100 www.rainbowhealthontario.ca

- Resources, information, education and training
- Supports research to inform evidence-based practice and public policy
- Website and Toronto office are excellent sources for booklets, brochures

Hassle Free Clinic

66 Gerrard St E, Toronto, ON M5B 1G3

416-922-0566 www.hasslefreeclinic.org

- Free medical and counselling services in many areas of sexual health
- Separate Men & Trans clinic hours and Women & Trans clinic hours

Rainbow Services – Centres for Addiction and Mental Health (CAMH)

60 White Squirrel Way, Toronto, ON, M6J 1H4

416-535-8501, press 2

www.camh.ca (search “Rainbow Services”)

- Group therapy for 2SLGBTQ+ individuals concerned about drug and alcohol use; self-referral accepted

HQ, Toronto Gay Men’s Health Hub

790 Bay Street, Toronto

www.hqtoronto.ca

- Expected to open in 2022
- New health hub for gay, bisexual and other men who have sex with men
- Physical, sexual, mental, emotional, community and spiritual supports

Family Service Toronto - David Kelley Services LGBTQ+ & HIV/AIDS Counselling

128 Sterling Road, Unit A, Suite 202, Toronto, M6R 2B7

416-595-9618 www.familyserVICEToronto.org

- Short-term individual, couple, and group counselling for individuals identifying as 2SLGBTQ+ on many issues, including coming out, sexuality and identity, isolation, discrimination, relationship concerns, parenting, self-esteem, violence, sexual abuse, and childhood trauma

Women's Health in Women's Hands

2 Carlton St #500, Toronto, ON M5B 1J3

416-593-7655 www.whiwh.com

- Primary healthcare for racialized women from the African, Black, Caribbean, Latin American and South Asian communities in Toronto and surrounding municipalities
- Works from an inclusive feminist, pro-choice, anti-racist, anti-oppression, and multilingual participatory framework

HIV and AIDS

ACT (AIDS Committee of Toronto)

543 Yonge Street, 4th Floor, Toronto, ON, M4Y 1Y5

416-340-2437 www.actoronto.org

- Programs and services for those living with, affected by, or at risk for HIV
- Health, testing, counselling, buddy program, employment support, taxes

Casey House

119 Isabella St, Toronto, ON, M4Y 1P2

416-962-7600 ext. 8000

www.caseyhouse.com/about-casey-house/who-we-are/

- Specialized hospital for people living with HIV with multi-disciplinary approach to health and well-being; Day health program and inpatient care
- Call to discuss and request care

Asian Community AIDS Services (ACAS)

260 Spadina Ave. #410, Toronto, ON M5T 2E4

416-963-4300 www.acas.org

- Safer sex education and services for East and Southeast Asian communities
- Support services for persons living with HIV and members of the LGBTQ communities

Alliance for South Asian AIDS Prevention (ASAAP)

120 Carlton St #212, Toronto, ON M5A 4K3

416-599-2727 www.asaap.ca

- Culturally-responsive holistic health promotion and support services for people from SAMEIC (South Asian, Middle Eastern, Indo-Caribbean) and other related communities who are LGBTQ+ and/or living with, at risk of, or affected by HIV and related health conditions

Black Coalition for AIDS Prevention (Black CAP)

20 Victoria St 4th floor, Toronto, ON M5C 2N8

416-977-9955 www.blackcap.ca

- Canada's largest Black specific AIDS service organization
- Culturally relevant outreach, prevention and support services for people infected with, affected by, or at risk of contracting HIV

Crisis Lines

Gerstein Crisis Centre

416-929-5200 www.gersteincentre.org

- Crisis services include 24/7 telephone support in over 180 languages, in-person mobile crisis team, substance abuse crisis management, follow-up and access to short term crisis beds
- All services are free and confidential

Trans Lifeline Peer Support Hotline

1-877-330-6366 (Canada) or 1-877-565-8860 (US)

<https://translifeline.org/>

- A peer support service run by and for trans people, divested from the police, for trans and questioning callers, including those in crisis
- Connects trans people to the community support and resources they need to survive and thrive. Operators are located all over Canada and the US

Advocacy

Senior Pride Network Toronto

www.seniorpridenetwork.ca

- Association of individuals and organizations committed to promoting appropriate services and a positive, caring environment for elders, seniors and older adults who identify as 2SLGBTQI+
- Education, advocacy to governments, resources, networking, projects
- Information on how to join is available on the website

PFLAG

200 Wolverleigh Blvd, Toronto, M4C 1S2

416-406-1727 www.torontopflag.org

- One-on-one confidential telephone support available at:
416-406-6378
- Monthly support meetings
- Lending Library of books and resources
- Presentations/ workshops to schools, universities, businesses, organizations

Rainbow Faith and Freedom

473 Church Street #327, Toronto, ON M4Y 2C5

833-791-1733 info@rainbowfaithandfreedom.org

- A global movement that confronts religious-based LGBTI discrimination and improves the human and equality rights of LGBTI people everywhere

Technology**Ontario Digital Literacy and Access Network (ODLAN)**

www.odlan.ca

- Resource hub that connects individuals and organizations with solutions to bridging the digital divide in 2SLGBTQI+ communities



Appendix 3. 2SLGBTQI+ Training Options

For additional training resources that focus on key topics within this Tool Kit, you may consult any of the educational resources and modules below. The City of Toronto does not endorse any one of these trainings over the others, but is providing this as a comprehensive list of additional and equal training options for organizations to improve their provision of care to 2SLGBTQI+ seniors.

Name	Type	Tool Kit Topic Area	URL	Purpose / Description	Notes
Egale Canada	Online - Free	2SLGBTQI+ Identities and Dementia	https://egale.ca/egale-in-action/2slgbtqi-dementia-care/#learning	Introductory 45-60 minute e-module program for healthcare and social services providers focused on fostering more inclusive care for 2SLGBTQI people living with dementia and their carers. English and French versions available	
Ontario Council of Agencies Serving Immigrants (OCASI) Positive Space Initiative	Online - Free	Creating Welcoming Environments	http://learnatwork.ca/	Modules of various length focused on competency to create positive spaces for culturally diverse LGBTQ+ newcomers to Canada and people who work with them	Account Required
Pacific AIDS Network: HIV & Ageing	Resource Hub - Free	Understanding needs of 2SLGBTQI+ seniors – HIV/ AIDS	https://paninbc.ca/resources-2/health-resources/hiv-and-aging/	Comprehensive resource hub exploring HIV and Ageing, including focus on social issues and clinical care	

Name	Type	Tool Kit Topic Area	URL	Purpose / Description	Notes
Compassionate Care in a Changing Landscape: HIV/AIDS and Long-Term Care, from The Reiki Centres and Casey House	Educational Video Series - Free	Understanding needs of 2SLGBTQI+ seniors – HIV/AIDS	http://www.hivlongtermcare.com/	Training videos intended for anyone working in a long-term care setting. Videos feature interviews with people working in HIV/AIDS and long-term care, as well as people who are living with HIV/AIDS, and their families and loved ones, to enable frontline staff to build compassionate and comprehensive person-centered care plans	
Rainbow Health Ontario: Providing Culturally and Clinically Competent Care for 2SLGBTQ+ Seniors	Online – At cost	Various	https://www.rainbowhealthontario.ca/education-training/	Five modules that explore the impact of aging in the LGBT2SQ communities, with a focus on impact of criminalization, discrimination against LGBT2SQ seniors; providing inclusive and affirming care for LGBT2SQ seniors; and building clinical and cultural confidence in practice with LGBT2SQ seniors	Account Required, Expected 2022

Name	Type	Tool Kit Topic Area	URL	Purpose / Description	Notes
The 519	Custom curricula – At cost	Various	http://www.the519.org/education-training	Training on various topics related to creating inclusive environments and authentic spaces for 2SLGBTQI+ communities	
Centre for Research and Expertise in Social Gerontology	Video modules (French only) + Tip Sheet (French and English) - Free	Various	https://www.creges.ca/intervenir-personnes-aiees-lgbtq-aide-memoire-et-formation/	Video modules of various length to that build awareness on the needs and realities of 2SLGBTQI+ seniors, including helpful tips for providing care	Account Required; Offered exclusively to healthcare and social services staff in Quebec
Ontario Centres for Learning, Research, and Innovation in Long-Term Care	Resource Hub - Free	Various	https://clri-ltc.ca/lgbtq/	Ontario CLRI's Supporting Diversity & Inclusion in Long-Term Care Advisory Group has created and compiled resources for Ontario long-term care homes to provide enhanced support to 2SLGBTQI+ seniors	
VHA Home Healthcare: Out at Home: Optimizing Quality of Care for Older LGBTQI2S Persons	Video – Free	Various	https://www.vha.ca/research/better-care/out-at-home/	Educational video developed based on research conducted with LGBTQI2S seniors, including a few dramatized scenarios to show examples of what inclusive home care interactions can look like	Some takeaways could also be applied in LTC and retirement settings

Name	Type	Tool Kit Topic Area	URL	Purpose / Description	Notes
Canadian Virtual Hospice: Proud, prepared, and Protected	Resource Hub – free	Understanding needs of 2SLGBTQI+ seniors – End-of-Life	https://www.virtualhospice.ca/2slgbtq	Collection of online resources to support people 2SLGBTQI+ people to access and receive respectful, inclusive, and affirming care. Developed by 2SLGBTQI+ communities and 40+ organizations and Canadian Virtual Hospice to fill a national gap.	
SAGE: Advocacy and Services for LGBT Elders	Online or in-person	Various	https://sageusa.care/our-services/coaching-training/	SAGECare training tells real stories about real people to make LGBT older adults familiar and human – so that your staff can better relate to them. Training includes 1-hour general overview and focus on specialized topics (1-hour each) including: Transgender Older Adults, Supporting LGBT Older Adults through In-Home Care, Preventing and Responding to Bullying between older Adults, HIV and AIDS, and Alzheimer’s Disease and Other Dementias	Registration required; Developed in the USA

Appendix 4. 2SLGBTQI+ Program Protocols

Example 1: 2SLGBTQI+ Movie Night

Program name: 2SLGBTQI+ Movie Night

Program start date: _____

Program duration: ☐ One-time ☒ Ongoing (once a month)

Program openness:

- ☐ Specifically for 2SLGBTQI+ residents
- ☐ 2SLGBTQI+ program open to everyone
- ☒ Standard activity program that has been adapted to incorporate the needs of 2SLGBTQI+ residents

How was the need for this program identified/how did this program come about?

There was a 2SLGBTQI+ movie screening special event that was very successful. In order to continue the momentum of this success, a monthly movie night was established. In addition to this, the 2SLGBTQI+ resource centre that was in the process of being established contained a variety of movies that were appropriate to this program.

Resident target group:

- ☐ 2SLGBTQI+ population only
- ☒ General resident population

- ☐ Cognitively intact
- ☐ Cognitively impaired
- ☐ Room bound
- ☐ Self-directed
- ☐ Special needs
- ☒ Other: all inclusive

SIPPS Focus:	<input checked="" type="radio"/> Social <input type="radio"/> Intellectual <input checked="" type="radio"/> Psychological <input type="radio"/> Physical <input type="radio"/> Spiritual
Goals of the Program:	<ol style="list-style-type: none"> 1. To create a safe, welcoming and social atmosphere for 2SLGBTQI+ residents and their supporters 2. To educate residents on 2SLGBTQI+ themes and issues 3. To promote awareness and sensitivity towards 2SLGBTQI+ needs
Describe the program in detail:	<p>Residents are invited to attend the program, and are encouraged by recreation staff and volunteers to participate. Residents gather in the space where special events are held. The movie is viewed, followed by open dialogue and discussion about the content of the movie.</p>
How does the program meet the needs of the 2SLGBTQI+ population or promote inclusion?	<p>The 2SLGBTQI+ Movie Night program meets the needs of the 2SLGBTQI+ population by:</p> <ul style="list-style-type: none"> • Creating an inclusive, safe, respectful and welcoming environment for all residents • Screening movies with 2SLGBTQI+ content or themes

Steps to implementing program:

- Select movies or documentaries relevant to 2SLGBTQI+ communities, selections can be made in consultation with the home's Gender Sexuality Alliance
- Invite and encourage residents to attend and participate in the movie screening
- Facilitate an open discussion after the viewing
- Assist in escorting residents requiring support to and from the program

Staffing requirements

Number of staff required to run the program: 1

Which staff (disciplines): Recreation & Social Work

Is any special expertise required to run this program?

☒ Yes ☐ No

If yes, please describe: To run this program a person must have basic knowledge of and preferably experience with 2SLGBTQI+ communities and have the ability to facilitate open discussion on 2SLGBTQI+ themes and issues

Are any partnerships in existence to run this program?

☒ Yes ☐ No

If yes, please describe: Volunteer support would be helpful.

Resource requirement**Location/space
required:**

Auditorium **OR** Any available and quiet space
that can be made dark to view a projector
(e.g., chapel, programming room)

**Supplies/equipment
required:**

Television, DVD player, movies
and documentaries

Refreshments required:

☒ Yes ☐ No

**Other expenses
(please provide cost
and description):**

Potential cost to movie rental or purchase

**How is the
program marketed?**

Both written in the program calendar and
program posters plus verbally from staff
and Senior Management (Administrator)
during Resident and Family Council meetings,
preferably under a standing agenda item

Evaluation (to be completed after the program is run):**What impacts did this
program have?**

**What lessons were
learned when
implementing
this program?**

Example 2: Which Shoe are You? 2SLGBTQI+ Rapport Building

Program name: Which Shoe Are You

Program start date: _____

Program duration: ☒ One-time ☐ Ongoing (once a month)

Program openness: ☒ Specifically for 2SLGBTQI+ residents
☐ 2SLGBTQI+ program open to everyone
☐ Standard activity program that has been adapted to incorporate the needs of 2SLGBTQI+ residents

How was the need for this program identified/how did this program come about? Successful 2SLGBTQI+ programming requires rapport building tools which help participants relax and get to know each other. Rapport building should take place before opening the floor for discussion groups or other programs which involve participants who do not know each other very well, or who will be discussing private matters.

Resident target group: ☒ 2SLGBTQI+ population only
☐ General resident population
☐ Cognitively intact ☐ Self-directed
☐ Cognitively impaired ☐ Special needs
☐ Room bound ☒ Other: all inclusive

SIPPS Focus: ☒ Social ☒ Intellectual ☒ Psychological
☐ Physical ☐ Spiritual

**Goals of
the Program:**

1. Break the ice for 2SLGBTQI+ residents in a fun and casual way.
2. Provide tools for stimulating conversation and help participants get to know each other.
3. Improve comfort among 2SLGBTQI+ residents to express themselves and find community.

**Describe the
program in detail:**

- Participants sit in a circle and are asked self-reflection questions. Participants are asked to consider their responses and share them with each other
- Participants are asked to select a kind of shoe they feel is a good representation of themselves, create a picture of the shoe using craft supplies (markers, collage, paints), and to explain why the shoe represents them, for Example
 - “I am a running shoe because I like to move quickly, get things done and be comfortable while working”
 - “I am a red high heeled pump because I like to stand tall, make a bold statement and look fabulous”
 - “I am a Birkenstock sandal, because I am down to earth”

How does the program meet the needs of the 2SLGBTQI+ population or promote inclusion?

‘Which Shoe are You?’ enables 2SLGBTQI+ residents to find community and get to know each other. This sense of friendship and belonging contributes to positive mental health and an overall culture of inclusion.

Steps to implementing program:

- Create program guide with questions and prompts for discussion
- Invite and encourage residents to attend and participate
- Facilitate an open discussion
- Assist in escorting residents requiring support to and from the program

Staffing requirements

Number of staff required to run the program: 1

Which staff (disciplines): Recreation, Art Therapy, Music Therapy, and Complementary Care Assistants

Is any special expertise required to run this program?

☐ Yes ☒ No

If yes, please describe: _____

Are any partnerships in existence to run this program?

☐ Yes ☒ No

If yes, please describe: _____

Resource requirement**Location/space
required:**

Boardroom

**Supplies/equipment
required:**Art supplies, speaker and background music,
name tags**Refreshments required:**☐ Yes ☒ No**Other expenses
(please provide cost
and description):**

Potential costs for extra art supplies

**How is the
program marketed?**Verbally from staff to residents, through the
program calendar, and in-house posters**Evaluation (to be completed after the program is run):****What impacts did this
program have?**

**What lessons were
learned when
implementing
this program?**

Appendix 5. Important Events for 2SLGBTQI+ Communities

September— November	December— February	March— May	June— August
September 23 Celebrate Bisexuality Day	December 1 World AIDS Day	March 31 International Trans Day of Visibility	June Pride Week / Month
October LGBT History Month	December 6 Pansexual Pride Day	April 26 Lesbian Visibility Day	July 14 International Non-Binary People's Day
October 11 National Coming Out Day		3rd Week of April National Day of Silence	July 16 International Drag Day
October 26 Intersex Awareness Day		May 17 International Day Against Homophobia, Biphobia, and Transphobia	
End of October Asexual Awareness Week			
November 8 Intersex Day of Remembrance			
November 20 Transgender Day of Remembrance			

For additional significant dates and events, consult the Ontario CLRI's Equity, Diversity, and Inclusion calendar: <http://www.clri-ltc.ca/diversitycalendar>

Appendix 6. Select Affirming Religious & Spiritual Groups in Toronto

There are many churches, mosques, synagogues, and other places of worship across Toronto that are explicitly 2SLGBTQI+ inclusive. In addition to the resource below, you may want to consult the '2SLGBTQI+ Positive Places of Worship' information document compiled by the Children's Aid Society of Toronto or call their Out & Proud Program: (416) 924-4640 ext. 2986/2987



APPENDICES

Faith	Name	Website
Anglican	Anglican Diocese of Toronto	https://www.sjwt.ca/trans
Buddhist	Dharma Friends	http://www.dharmafriends.ca/
Buddhist	Shambhala Meditation Centre of Toronto	http://toronto.shambhala.org/
Catholic	All Inclusive Ministries	http://www.allinclusiveministries.org/
Christian, United	United Church of Canada	https://affirmunited.ause.ca/ontario/#Toronto
Christian, Multi-Denominational	Metropolitan Community Church of Toronto	http://www.mcctoronto.com/
Independent (Eco-Centered)	Ruah	https://www.ruahtoronto.org/
Indigenous-Christian	Toronto Urban Native Ministry	http://tunm.ca/
Jewish	Congregation Shir Libeynu	http://shirlibeynu.ca/ https://www.mnjcc.org/lgbtq
Jewish	Danforth Jewish Circle	https://djctoronto.com/
Jewish	Beth Tikva Synagogue	https://www.bethtikvahtoronto.org/inclusive-community.html
Muslim	Salaam Canada: Queer Muslim Community	https://www.salaamcanada.info/
Muslim	Toronto Unity Mosque	https://www.facebook.com/pages/Masjid-el-Tawhid-Toronto-Unity-Mosque/300967203268830 http://jumacircle.com/
Sikh	Queer Sikh Virtual Meetup	https://docs.google.com/forms/d/e/1FAIpQLSdMMNs8FSYVttkA_jN8klEXTYjsq8SKeoFM6gQatjMk4lONJw/viewform



Appendix 7. How to Complete the Respectful, Inclusive, and Affirming Care Evaluation Framework

See below for an example of how to complete the framework in two evaluation areas, one from Individual Knowledge and Skills and one from Organizational Capacity.

Evaluation Area	Indicators OR Examples How do we know we are making progress?	Status Complete, In-progress, Pending, Not Applicable	2SLGBTQI+ Action Planning What are our concrete next steps?
INDIVIDUAL KNOWLEDGE AND SKILLS			
Staff can communicate what intersectional, person-centered approach to care looks like and can account for the impacts of various factors such as disability, race, and religion on the needs of diverse 2SLGBTQI+ seniors	<p><i>During onboarding, all staff receive training that includes a component on intersectionality</i></p> <p><i>All staff engage in anti-oppression training on an annual basis</i></p> <p><i>The question ‘what does intersectionality mean to you in the context of supporting seniors?’ is included in yearly performance reviews</i></p> <p><i>Our organization has an equity, diversity, and inclusion (EDI) committee that organizes workshops and events where staff can discuss social justice issues</i></p>	In-progress	<p><i>Explore training options that focus specifically on the intersectional needs of 2SLGBTQI+ seniors</i></p> <p><i>Plan joint events between our organization’s EDI committee and our Gender-Sexuality Alliance</i></p>

Evaluation Area	Indicators OR Examples How do we know we are making progress?	Status Complete, In-progress, Pending, Not Applicable	2SLGBTQI+ Action Planning What are our concrete next steps?
ORGANIZATIONAL CAPACITY			
Organization offers social support and recreation activities that cater to 2SLGBTQI+ seniors (e.g., movie nights, book clubs, support groups, outings to 2SLGBTQI+ events)	<p><i>Our organization has a Gender-Sexuality Alliance that meets monthly to plan programs and events with 2SLGBTQI+ focus</i></p> <p><i>Programs change month-to-month; past examples have included movie nights, Pride BBQs, field trips to see live theater in the Gay village, and drag performers coming into the home</i></p>	Complete	<p><i>Maintain funding and staff support for the GSA</i></p> <p><i>Explore ongoing opportunities for community partnership to support GSA programming</i></p>



LEADING & LEARNING WITH PRIDE

A Revitalized Tool Kit on Supporting
2SLGBTQI+ Seniors