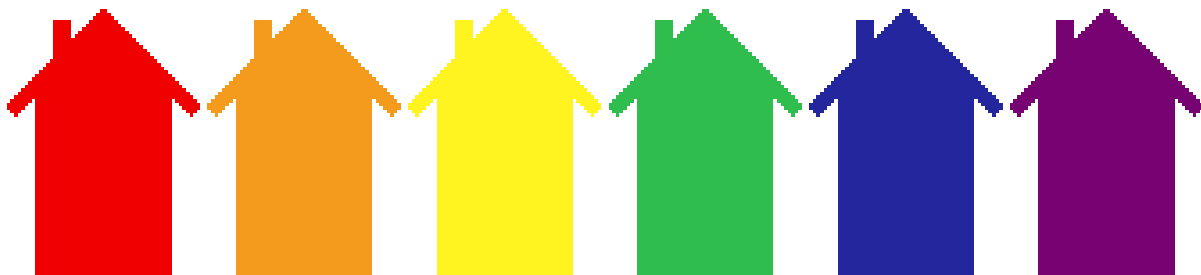




EQUITY BEGINS AT HOME

A Guide to Creating LGBT Inclusive
Community Support Services
for Older Adults



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INTRODUCTION

THE NEED FOR A FOCUS ON OLDER LGBT ADULTS

Up until recently, meeting the needs of older lesbian, gay, bisexual, and transgender or transsexual (LGBT) people have not been made a priority by mainstream aging institutions. While many of the needs of older LGBT people may be the same as their heterosexual counterparts, older LGBT people may have particular needs or concerns arising out of their lifetime experience of discrimination. Many current older LGBT adults grew up in a historical period, when LGBT identities were criminalized and pathologized, prior to what is known as “gay liberation” in the 1970’s. Furthermore, many older LGBT people have not had the opportunity to benefit from recent changes in society, such as inclusion under federal law. Currently, LGBT individuals realize legal protections, marriage, and family benefits that heterosexual people in their age group have had (Brotman & Ryan, 2008). Older LGBT adults may be less likely to seek health care, including personal support because they have been discriminated against in the past. As a result, older LGBT may be mistrustful of the health and social care system, constantly on guard for discriminatory behaviours, and may chose not to disclose their sexual orientation or gender identity.

Having faced a lifetime of discrimination, older LGBT people may be at higher risk for a number of negative health outcomes, such as depression, suicide, substance abuse, smoking, and obesity (Brotman & Ryan, 2008). This may be compounded by fears that, due to discrimination, many older LGBT people may have limited access to needed support and may be reluctant to reach out to health and social care agencies when they need care. Older LGBT people may also experience low socio-economic status as they may have been discriminated against in the workplace, and not received spousal benefits available under fairly recent legislative changes. As

a result, older LGBT people may have less financial security as they age (Brotman & Ryan, 2008). However, it is also important to remember that living with stigma and discrimination has also provided some older LGBT people with the opportunity to develop resilience, independence, and self-reliance (Brotman & Ryan, 2008). Also, while LGBT people may be less connected to biological family, they may have developed informal support networks, including partners and friends, often known as “families of choice.” (Brotman & Ryan, 2008).

In order to support older LGBT people as they age, seniors’ organizations must gain an understanding of older LGBT experiences, and eliminate the systemic barriers to healthcare that older LGBT people have experienced. This includes becoming aware of the subtle ways that homophobia, transphobia and heterosexism may be embedded in agency policies and procedures and working to transform these practices. It also involves working with individual care providers, and all staff and volunteers within an organization, to ensure that they have the knowledge needed to provide appropriate care to this population.

SPRINT SENIOR CARE

SPRINT Senior Care began caring for seniors and enabling seniors to care for themselves in 1983. They continue to do so today as an accredited, not-for-profit community support service agency in Toronto by offering a wide range of practical and low-cost services to seniors and their caregivers. SPRINT Senior Care’s services help seniors stay safe, connected, and live as independently as possible. They also prevent premature or inappropriate institutionalization.

SPRINT Senior Care supplies services regardless of ability, race, religion, ethnic origin, citizenship, marital status, sexual orientation, or gender

identity, and are committed to LGBT (Lesbian, Gay, Bisexual, and Transgender) inclusiveness for seniors, as well as older adults.

SPRINT Senior Care's services include:

- Caregiver education and support
- Community dining
- Counselling and support groups
- Dementia Care residence
- Health and wellness programs
- Farmers' markets
- In-home care
- Meals on Wheels
- Programs for seniors with dementia, other cognitive impairments and/or physical challenges
- Security checks
- Supportive housing
- Transportation

BACKGROUND

In 2010, SPRINT Senior Care identified the need to be more inclusive and welcoming for older LGBT people and build capacity and equity for older LGBT people by highlighting this as one of the agency's strategic priorities. LGBT inclusiveness was championed by senior management and members of the board. In undertaking this work, SPRINT Senior Care successfully sought out funding through project grants to support various aspects of the initiative. Funding was secured from the Government of Ontario and the Ontario Trillium Foundation, to help increase agency capacity to provide equitable care and programming for older LGBT people. This funding enabled SPRINT Senior Care to pull together a community advisory committee, and hire a project manager to spearhead this initiative. SPRINT Senior Care also secured a social work placement student to support the initiative.

In consultation with Advisory Committee members, and after reviewing current LGBT literature, SPRINT Senior Care made the determination to model its LGBT inclusive work following practices that had been identified in the City of Toronto Long-term Care Homes and Services' Diversity our Strength – LGBT Toolkit. The framework of SPRINT Senior Care's LGBT inclusiveness includes:

- See-Hear-Feel Environment
- Governance and Administration
- Human Resources
- Education and Training

In the spring of 2011, SPRINT Senior Care contracted two community trainers to provide LGBT awareness training to all staff members. These initial training sessions were two hours long and were intended to introduce staff members to the older LGBT community and provide them with some basic skills for supporting this community. Training was also provided to volunteers.

Beginning in March 2011, SPRINT Senior Care began to develop a social space for older LGBT people to come together and engage in social and recreational activities. During the ensuing months, the bi-weekly socials have steadily gained momentum. 2011 also marked the first year that SPRINT Senior Care participated in the annual Toronto Pride Parade, and in the Pride community street fair. SPRINT Senior Care is also an active member of the Senior Pride Network, and was engaged in the planning for its 2011 annual conference on LGBT aging.

CREATING A WELCOMING ENVIRONMENT

A welcoming environment for members of the older LGBT community in a community support service agency is an environment distinct from one that welcomes all seniors. It is an environment where individuals feel safe, where they see themselves reflected, where they are treated with respect and dignity, and where services are equitable and accessible for all members of the LGBT community – for clients, for staff and for volunteers.

THE SEE-HEAR-FEEL FRAMEWORK

See: In the physical environment, evidence of positive signs and symbols are displayed throughout agency facilities, in a location where all who enter the premises can view them:

- Written and graphic materials, images, artwork and signage welcomes and are inclusive of LGBT people. This could include, as examples, displays of the rainbow flag, images of same-sex couples, posters and information relevant to the local LGBT community, display of the organization's participation at the Pride Parade, and announcements of upcoming community meetings with LGBT inclusive local agencies.
- LGBT literature and materials, such as newspapers, magazines and brochures are accessible in common areas of the agency office, i.e., front lobby sitting area, an LGBT section in the staff resource library, LGBT themed videos and DVDs in the agency's collection, and ensuring that announcements of LGBT programs and services being offered in the agency are included in newsletters.
- Written materials offered to the public clearly reflect non-discrimination policies and practices and reflects an LGBT welcoming environment.

- Programs with an LGBT focus or interest are advertised or promoted through the client newsletter, posted in the agency and/or announced as a special program.
- Promotional material prepared by the agency, i.e., fact sheet and informational material, is shared with the Community Care Access Centre, Ministry of Health and Long-Term Care, Local Health Integration Network, etc. to reflect the agency's initiative to provide an LGBT welcoming environment.

Hear: The language used and the language heard within the agency reflects an LGBT inclusive environment:

- Written forms and assessments do not assume heterosexuality as the norm, i.e., the use of partner instead of husband/wife.
- There is a broad definition of family that includes "family of choice".
- Staff and volunteers are knowledgeable and comfortable in the use of inclusive language and it is reflected in their language in day-to-day discussions.

Feel: The overall environment within the agency gives a sense of being safe and affirming:

- LGBT clients and their families and friends identity is acknowledged, affirmed and respected.
- There is recognition of clients/family rights, and reminders that the agency is a safe place. This is particularly important and affirming for older LGBT adults receiving care and services.
- There are accessible and supportive processes available in the agency that allows clients, family, volunteers and staff to raise issues and concerns, feel that they are heard and that issues will be followed-up on, and that there are mechanisms to ensure two-way communication.

GOVERNANCE & ADMINISTRATION

The governance and administration of an agency includes the agency's policies, procedures and processes, values, hiring practices, employee standards and practices, privacy and confidentiality practices, and ethical considerations and practices. All of this plays a role in creating an inclusive environment in a community support service agency.

POLICIES AND PROCEDURES

All of the agency's policies and procedures (both current and future) need to be viewed with a lens for inclusivity. This involves conducting a thorough review of all policies and procedures to ensure that they are written using inclusive language, and that they articulate the steps taken to protect the rights and dignity of LGBT individuals. This includes the following:

- Review and assess all policies, guidelines and practices to determine if they contain any systemic barriers to inclusion.
- Ensure that valuing diversity is included in the agency's Mission, Vision and Values statements.
- Review administrative forms to determine if they are heterosexist, or if they are inclusive to all sexual orientations and gender identities. It is important that such forms do not assume heterosexuality as the norm.
- Ensure privacy and confidentiality practices are in place, and are monitored to ensure compliance. (Privacy and confidentiality practices will also be highlighted further in another section of this resource);
- Ensure that highlighted within the "Client Bill of Rights", are the clients' rights to receive care that is accepting and respecting of

individual, cultural, racial, religious, and gender differences, and sexual orientation.

- Ensure that Standards of Employee Conduct are available, regularly reviewed and understood by all staff. Particular attention and ongoing dialogue with staff should include: confidentiality, respect for others (including the Client Bill of Rights), and the need to follow and act within Professional Standards.
- Ensure that anti-discrimination and harassment policies are in place, and that training is conducted with all staff and volunteers to ensure compliance. Ensure that there are established policies and practices to address issues of anti-discrimination and harassment, and that they are used effectively by the management staff when addressing these issues/concerns.
- Ensure that as policies and procedures are developed in the future, they are examined to ensure inclusive wording.
- Ensure access to an Ethics Committee and/or consultation as issues/concerns arise, and ensure that resources are available to help address issues/concerns. This would help to increase awareness of ethical dilemmas.
- Ensure all promotional materials for the agency are reviewed to make certain they contain inclusive language. This would include all written material, i.e., brochures, fact sheets, materials used to promote the agency, social media, website etc.
- Maintain strong linkages and partnership with the local Community Care Access Centre (CCAC), Local Health Integration Networks (LHINs), Toronto Community Housing (TCH), and existing LGBT programs (e.g. the 519 Church Street Community Centre), etc. in

order to inform and communicate the unique LGBT program and services to prospective applicants.

Specific examples to be aware of, and sensitive to, would include:

- Delete the use of marital status within forms, and revise them to state relationship.
- Delete the identification of male and female from forms, and substitute gender identity.
- Change personal data and family history to family medical history.
- On forms that require family signature, revise to signature and relationship.
- On forms that require spouse's name, revise to enter partner's name.
- On forms that reference family involvement, revise the wording to read social network of family and friends.
- On forms that provide a space to enter relationship, provide a code to allow entry for spouse, partner, family member, other.
- On forms that require next-of-kin's last name, enter primary contact.
- Develop a process and forms for admission and assessment that provides an option for self-identification in all categories of gender identity, sexual orientation, marital/partnership and family status, providing individuals with the opportunity for written explanation, if they so desire.
- Finally, when completing both administrative processes and assessments, the use and comfort with language used by staff can

- be a significant indicator in creating an inclusive and welcoming environment.
- During intake, inform clients that the agency is committed to creating a welcoming environment for members of the LGBT community. Inform clients that intake staff routinely ask about sexual orientation and gender identity to ensure that they are providing sensitive and inclusive care to all clients. Inform clients that they do not have to answer questions they are uncomfortable with.
 - It is important to remember that intake is already an intimate experience. Staff members at community support service agencies routinely ask clients personal questions about themselves (e.g. assistance with toileting, medical conditions, and financial status). Providing them the option of telling us who they are and what relationships are important to them is not necessarily any more intimate than any other questions asked upon intake. Clients always have the right to refuse to answer questions, including those related to sexual orientation and gender identity, and have the right to know how this information will be kept private and confidential.

PRIVACY & CONFIDENTIALITY

Clients retain the right to disclose their sexual orientation or gender identity at their own discretion. Clients also retain the right to determine whether such information will be documented, and to whom workers may disclose or discuss this information with. One cannot assume that LGBT clients are comfortable with having their sexual orientation or gender identity provided to other service providers without their knowledge. Similarly, while LGBT clients may be comfortable to disclose their sexual orientation or gender identity with staff or volunteers they have contact with, they may not be “out” to members of their family or friends. For many LGBT seniors, keeping their sexual orientation or gender identity private was and continues to be an important survival strategy for them. For some seniors, particularly those from cultural or religious groups which are less supportive of alternative sexual or gender identities, “coming out” may create alienation from families of origin or cultural communities upon which the senior depends.

Agencies which provide home care and age related services to older adults are subject to privacy legislation, including the Personal Health Information and Protection Act (PHIPA), the Privacy Information Protection and Electronic Document Act (PIPEDA), and the Long Term Care Act – Part 8 Section. The right of clients to privacy in all areas of service provision is enshrined in these legislative documents. Agencies should have clear policies about how client information is accessed, secured, stored, disclosed, and timeframes and processes for retention and destruction. Client information should only be collected that will be helpful in the delivery of care and services, quality management, research, billing, and meeting legal and regulatory requirements. Workers should clearly explain to clients the reasons for collecting particular information, their right to refuse to answer questions

they are uncomfortable with, how their information will be safeguarded, and when, why and to whom their information would be disclosed.

HUMAN RESOURCES

The agency should attempt to encourage recruitment of LGBT members into all levels of the agency, including but not limited to front-line staff, management, volunteers, and members of the board of directors. The agency should also put in place policies and processes that support current and future LGBT staff and volunteers. As part of this, the agency should have in place:

- An Employment Equity Policy
- A clear Anti-Discrimination Policy and Harassment Policy
- A confidential complaint process by which staff and volunteers can bring forward violations of these policies. This complaint process and the potential outcomes, including the possibility of dismissal for violating these policies, should also be made clear to all employees and volunteers.
- The use of clear and easy to understand language in all communications including internal and external job postings, policies and procedures.
- The agency's commitment to inclusive hiring is clearly stated in all internal and external job postings.
- A process is in place whereby job postings for staff and volunteer positions are advertised in the LGBT media and/or posted in LGBT agencies.
- During staff and volunteer recruitment, at least one question should be included in the interview guide that is related to diversity and comfort

with working with LGBT populations as part of assessing potential employees and volunteers for agency suitability.

STAFF & VOLUNTEER EDUCATION

Developing an awareness of LGBT issues and comfort in working effectively with members of this community requires an ongoing commitment to education and self-reflection. Opportunities for staff and volunteers to learn and reflect should be provided in a number of ways, including:

- All staff and volunteers should attend an initial LGBT diversity awareness session. The purpose of the initial round of staff and volunteer training is to raise awareness of LGBT clients, volunteers, and staff members, to provide staff and volunteers with a language that they can use in their interactions with LGBT clients and colleagues, and to develop positive attitudes towards members of the LGBT community.
- Further training could take place with additional training sessions (i.e. level II, level III, etc). Staff and volunteers should participate in further training or refresher training at least every two years.
- Staff should be encouraged and supported in obtaining further professional development through attending LGBT conferences and workshops (in accordance with existing staff educational policies).
- Staff and volunteers should also be encouraged to participate in agency sponsored and externally sponsored special events, such as the annual Toronto Pride Parade.
- Throughout the agency's facilities, symbols of LGBT inclusivity (such as rainbow flags) should be displayed on office doors and work stations.
- A resource folder and/or binder should be created and maintained as part of the agency's staff/ volunteer resource library. This resource

folder/binder should include academic and new related articles about the LGBT community.

- A list of external programs and services which cater to the LGBT population should be maintained for the purpose of making appropriate referrals.
- Ongoing education and training should be provided through discussion of LGBT issues in “lunch and learn” sessions and within staff meetings.
- Updates regarding existing agency LGBT programming should be provided to staff through the staff newsletter and email broadcasts.

SUPPORTING LGBT PERSONS

WORKING WITH TRANSPeOPLE

Gender identity refers to a person’s innate sense of their own gender, unrelated to their biological organs. At birth, we assign people a gender of either male or female based on their reproductive organs. If a person’s reproductive organs and their gender identity match society expectations, that person is known as *cisgender*. When a person’s gender assignment at birth does not match their gender identity they are often described as being *transgender* or *transsexual*.

It is important not to make assumptions about a person’s gender identity, or to assume that you can always determine a person’s gender identity simply by the way they look. During the process of *transition*, a trans person may undertake any number of physical and social changes to demonstrate their transition from their assigned gender to their actual gender identity, including changing one’s name, dressing in the clothing of their stated gender, hormone therapy, and possibly, surgical alteration of their physical body. It should be noted that not all trans people will have the same access

to surgical interventions, nor will all trans people desire this type of intervention.

A note about "passing"....

Some transpeople "pass" as their expressed gender identity so well that they may not be identifiable as transgender/transsexual, while others may not. Not all trans people will have the same ability to access resources that are often used to "pass" for their gender identity. Also, not all trans people wish to "pass" and fit into societal norms of "male" or "female". This is just as valid as wanting to "pass".

The important thing to remember is that a person's gender identity is not defined by how they look or how well they match societal expectations of what is male or female, but rather, how they self-identify. Respecting an individual's self-identity is a critical aspect of providing a safe space for trans people.

Tips for working with trans people

- If unsure about a person's gender identity, politely ask them how they would like to be addressed, or what pronoun they use. While most trans people will identify as either male or female, some may not identify with either gender, making the use of pronouns challenging. While some people have chosen to use "they," others have developed their own pronouns, such as "ze." Ask individuals how they would like to be addressed.
- Address people by their chosen name, regardless of what their legal name might be.
- Don't ask questions about a person's physical status (i.e. biological sex, surgical status, hormone levels) unless this is medically necessary for care.

- Never disclose a person's transgender/transsexual status, without permission, to anyone who does not need to know this information for care; when it is relevant, use discretion. Always maintain the privacy and dignity of the person.
- If during the course of providing care you need to refer to a person's genitals, use neutral or trans-positive language to describe body parts. For example, using the words chest, instead of breasts is more inclusive to trans men who have not had chest surgery. Trans people often develop their own language to describe their sexual/reproductive body parts. If you're uncertain about how a person would like these parts to be referred to, politely ask what language works for them.
- Trans people, particularly those that have genitals that are considered to be opposite to their gender identity may be sensitive about being bathed by someone they don't know. It's best to approach each client without any assumptions about what their body will look like (this is good advice for all clients, not simply trans clients). If the client feels uncomfortable getting completely undressed, the same strategies should be used that would be used for other clients that feel this way – by asking them if they would like to be bathed in their underwear or with a sheet covering their genital area. If they are able, the client should also be asked if they would be more comfortable washing their genital area themselves.
- Trans people often go to great lengths to make their appearance such that they are perceived as their stated gender identity. For example, trans women (male assigned at birth) who are receiving support with personal care may require assistance with daily shaving, make-up application, female hair styling or wig care, and help with dressing in female clothing in order to be perceived as female by those around her. For trans men (female assigned at birth), personal care may include keeping their hair cut and styled in male style, binding breasts, and

assisting with dressing in male clothing. Assisting trans people in maintaining their gendered appearance is an important part of respecting their dignity.

- For those receiving medical care from nurses and doctors as part of their community-based care, it is important for medical practitioners to determine whether a client is on hormone therapy, particularly when they are prescribing other drug therapy. Additionally, long-term use of hormones does have side effects, and those caring for trans persons should be aware of these effects so that they can monitor them.

RECOGNIZING AND CONFRONTING DISCRIMINATION

Recognizing Homophobia, Biphobia, and Transphobia

Homophobia, biphobia, and transphobia refer to fear or hatred of people who are gay, lesbian, bisexual, or transgender, transsexual, or people who do not fit into society's rigid definition of what it means to be a man or a woman. Homophobia, biphobia, and transphobia can be subtle or overt and can involve comments, actions, and even acts of violence.

Some examples of discriminatory behavior may include (but are not limited to):

- Making derogatory comments about a person's sexual orientation or gender identity
- Forcing people to "come out of the closet"
- Silencing conversations about sexual orientation or gender identity
- Defacing posters with slurs or negative comments; tearing down posters that promote LGBT events

Recognizing Heterosexism and Cissexism

Heterosexism refers to the advantaging of heterosexuals over people of other sexual orientations, while cissexism refers to the advantage of cisgender people (people whose body and gender identity match society expectations) over people of other gender identities. Heterosexism and cissexism are often more subtle and pervasive.

Some examples of heterosexism and cissexism in client care may include:

- Using language that is non-inclusive and assumes heterosexuality, such as “wife” and “husband”
- Addressing an individual by a title that you believe matches their appearance, such as “Mr.” because the individual speaks with a deeper voice
- Minimizing the importance of a person’s sexual orientation or gender identity

Guidelines for Confronting Discrimination

Staff and volunteers should be encouraged to respond to incidents of discrimination witnessed against a client, co-worker, or fellow volunteer during the course of their duties. The following are guidelines for responding to an incident of discrimination:

- Confront the person who is acting in a discriminatory manner. Sensitive inform them that the agency has a commitment to creating a welcoming environment for LGBT people and that their comment or behavior may be experienced as offensive or hurtful to LGBT people. If the person witnessing the incident is hurt or offended by the behavior, they should feel free to let the perpetrator know this, if they feel comfortable. Provide the perpetrator with more information about the LGBT community, as appropriate. While one may feel uncomfortable to

confront discrimination, failing to do so jeopardizes the provision of a safe space for LGBT people.

- Provide support to the person who is being discriminated against or harassed. Let them know that this sort of behavior is not acceptable, and that you or someone else in the agency will follow-up with the discriminatory person. If the person being discriminated against would like to make a complaint, support them in doing so. If they require other resources, such as a referral to a social worker, counselor, or crisis line, assist them with this.
- Contact a supervisor or management personnel. If the behavior comes from someone in a position of power, e.g. supervisor role, you may need to contact the individual that the supervisor reports to. The agency's human resources personnel may also be a good source of support.
- Seek Support: If a staff person or volunteer has experienced or witnessed homophobia or transphobia during the course of performing their job duties, they should be encouraged to seek support from others in the agency. They may wish to speak to their supervisor, colleagues, or social work department (as appropriate). Some companies have counseling support available as part of their benefits package. Speak to the agency's human resources department.
- When witnessing an incident of discrimination, staff and volunteers must know to be aware of their own personal safety. There are times when it might not be safe to confront someone about something they may have said or done. This is particularly true for those working in isolated environments (e.g. client's homes) and/ or when the comment or behavior is directed at the witness.

- If the behavior involves physical acts of aggression or violence, staff and volunteers must maintain their own safety and call 911.

Learning to be an Ally to LGBT People

An ally refers to someone who identifies as heterosexual and actively supports and/or works on behalf of the rights of lesbian, gay, bisexual, and transgender or transsexual people. Allies are not necessarily people with special training, but rather people who are committed to a discrimination-free world.

A few tips to assist an individual in becoming an ally include:

- Don't assume people are heterosexual
- Challenge your own assumptions and prejudices about LGBT people and be prepared to work with your discomfort
- Use language and questions that are inclusive to all sexual orientations and gender identities
- Develop an understanding about how homophobia and heterosexism operate
- Educate yourself: do not expect LGBT people to inform you about what it is like to be lesbian, gay, bisexual, or transgender/transsexual
- Challenge homophobia and heterosexism when you witness it
- Be active in making socio-political change: sign petitions, join political organizations, support progressive companies and political candidates

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APPENDIX I: STANDARDS & INDICATORS

(*IP – In Progress)

STANDARD I: PERSONNEL

Standard I.I. Non-discriminatory work environment

The agency shall establish, promote, and effectively communicate an inclusive, non-discriminatory work environment for gay, lesbian, bisexual, and transgendered/transsexual employees and volunteers.

<i>Indicators</i>	<i>Yes</i>	<i>No</i>	<i>*IP</i>
The agency has clearly written non-discrimination and harassment policies which explicitly include sexual orientation and gender identity and expression.			
Non-discrimination and harassment policies are included in all new employee/ volunteer orientation programs and materials.			
There is a discussion of non-discrimination and harassment policies with all new employees and volunteers.			
All employees and volunteers provide written sign-off on non-discrimination and harassment policies.			
Non-discrimination and harassment policies are clearly posted in all agency offices/ facilities.			
Policies are reviewed annually and opportunities are provided for ongoing employee input and training.			
Interview guides for new employees/ volunteers include questions which pertain to experience and comfort working with clients who are from the LGBT community.			
Ongoing job performance feedback includes an evaluation of the worker's ability to demonstrate LGBT inclusivity in practice.			
The agency has a clear policy statement that encourages inclusive language, behaviors and practices related to sexual orientation and gender identity and expression.			

Standard I.II. Visibility

The agency shall support and encourage the visibility of gay, lesbian, bisexual, and transgendered/transsexual employees and volunteers at all levels of the organization.

Indicators	Yes	No	IP
The agency advertises employment and volunteer opportunities in the LGBT media and through information networks and organizations representing LGBT people.			
Development and implementation of policies which ensure effective procedures for dealing with employee or volunteer complaints of discrimination or harassment on the basis of sexual orientation or gender identity and expression.			
Written notice to all employees that discrimination or harassment of other employees or volunteers on the basis of sexual orientation or gender identity and expression is grounds for appropriate levels of discipline, up to and including, dismissal.			

Standard I.III. Employee Benefits and Compensation

The agency shall work towards ensuring that gay, lesbian, bisexual, and transgendered/transsexual employees are subject to the same terms and conditions of employment, including benefits and compensation as other employees.

Indicators	Yes	No	IP
The agency has written policies explicitly stating that the agency does not discriminate on the basis of sexual orientation and gender identity and expression in providing compensation and benefits, including family leave, medical leave (including medical leaves for the purpose of transition), bereavement leave, etc.			
Written policies explicitly extending the same benefits to all families, including the families of gay, lesbian, bisexual, and transgendered/transsexual employees. Such policies may			

allow employees to designate who shall be considered their "family" members.			
Comprehensive, on-going training to all human resource personal and other appropriate staff in sexual orientation and gender identity issues with regard to employee benefits.			

STANDARD II: CLIENT RIGHTS

Standard II.I. Non-Discriminatory Service Provision

The agency shall ensure that policies are implemented that prohibit discrimination in delivery of services to gay, lesbian, bisexual, and transgendered/transsexual clients and their families. Families will be broadly defined to include those related by blood, adoption, marriage, domestic partnership/ common-law relationship, and "families of choice." All staff and volunteers shall use inclusive and appropriate language in the provision of care.

Indicators	Yes	No	IP
Written policies that explicitly state that the agency does not discriminate in service provision on the basis of sexual orientation or gender identity and expression, including families of clients.			
Non-discrimination policy is clearly posted in agency offices/ facilities for clients to see and is included in agency brochures and informational and promotional materials.			
Employees and volunteers provide written sign-off on client non-discrimination policies.			

Standard II.II. Client Complaints

The agency ensures that it has procedures in place for clients to file and resolve complaints alleging violation of these policies.

Indicators	Yes	No	IP
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The agency has written complaint procedures for clients who feel discriminated against.			
The agency has designed one or more persons responsible for ensuring agency compliance.			
Written notice has been provided to all employees stating that discrimination in the delivery of services on the basis of sexual orientation and gender identity and expression violates standards of good care and is grounds for appropriate levels of discipline, up to and including dismissal.			
Complaint procedures are clearly and publically displayed and are included in informational materials provided to clients and their families.			

STANDARD III: SERVICE DELIVERY

Standard III.I. Confidential Data Collection

The agency shall ensure the confidentiality of client data, including information about sexual orientation and gender identity. Gay, lesbian, bisexual, and transgendered/transsexual clients shall be informed about data collection that includes references to sexual orientation and gender identity, including in what circumstances it may be disclosed and by whom such information will be used.

Indicators	Yes	No	IP
Written policies detailing how a client's confidentiality is protected and who will access their information.			
Clients are provided with decision-making power regarding whether information about their sexual orientation or gender identity is recorded in forms and records.			
Staff members are explicit about how sexual orientation and gender identity is documented and protected.			
Staff members are trained on appropriate data collection and reporting issues as related to confidentiality.			

Standard III.II. Intake & Assessment

The agency shall develop and implement or revise existing intake and assessment procedures to ensure that they met the needs of gay, lesbian, bisexual, and transgendered/transsexual clients and their families.

Indicators	Yes	No	IP
All reception staff and intake and assessment staff are trained to use inclusive language.			
Intake and assessment forms provide optional self-identification in all categories of sexual orientation, gender identity, and family status and an option for further written or oral explanation.			
Intake and consent forms include an explanation about how confidentiality will be protected and who can access client records.			
Intake processes offer clients the opportunity to discuss concerns about questions on the intake form.			

Standard III.III. Staff Education

All staff has basic familiarity with gay, lesbian, bisexual, and transgendered/transsexual issues as they pertain to services provided by the agency.

Indicators	Yes	No	IP
Staff and volunteers are provided with comprehensive diversity training with regard to sexual orientation and gender identity and expression upon commencing at the agency.			
On-going training is provided through additional training sessions and regular discussion of LGBT issues at learning sessions, staff meetings, etc.			
Information articles, books, newspaper articles, and videos pertaining to LGBT issues are kept in the agency's resource section and a minimum of one person is designated to keep LGBT resources up to date.			
The agency has a resource list of appropriate referrals for clients who are gay, lesbian, bisexual, or			

transgendered/transsexual (this includes older LGBT persons and their families, as well as LGBT caregivers).			
Creation and implementation of mechanism for identification of staff with special expertise or sensitivity to LGBT issues.			
Staff and volunteers are trained in how to intervene when homophobia, transphobia, biphobia threaten a client's ability to feel safe while assessing services. This includes intervening in interactions with other clients in a sensitive and non-judgmental manner.			

STANDARD IV: PHYSICAL SPACE

Standard IV.I. Welcoming Environment

The physical agency space indicates that it is accessible, welcoming, and safe for members of the lesbian, gay, bisexual, and transgendered/transsexual community.

Indicators	Yes	No	IP
The agency has a non-discrimination statement that is displayed in a visible area for all staff, volunteers, and clients to see. This statement includes explicit reference to sexual orientation and gender identity and expression.			
Posters showing LGBT people are displayed in visible areas for clients, staff, and volunteers to see.			
The agency displays positive symbols of the LGBT community, such as the rainbow flag, in visible areas.			
The agency includes on gender-inclusive washroom that is clearly labeled for staff, volunteers, and clients.			

STANDARD V: COMMUNICATION

Standard V.I. Inclusive & Accessible Communication

Lesbian, gay, bisexual, and transgendered/transsexual issues and materials are included in promotional and informational materials. Information about agency programs is made accessible to the LGBT community by using LGBT-specific networks, agencies, and media sources.

Indicators	Yes	No	IP
Promotional materials for agency services and programs are LGBT inclusive.			
The agency has a list of LGBT media and networks that is used and developed.			
The agency includes articles about LGBT issues in program newsletters and reports.			
The agency has LGBT materials, such as newspapers, magazines, and brochures in waiting areas.			
Agency services are advertised through LGBT organizations and networks.			

STANDARD VI: COMMUNITY RELATIONS AND HEALTH PROMOTION

Standard VI.I. Health Promotion Outreach

The agency shall include gay, lesbian, bisexual, and transgendered/transsexual people and their families in outreach and health promotion efforts.

Indicators	Yes	No	IP
The agency participates in networks to increase and promote diversity awareness/ professional competence in working with LGBT people.			
The agency participates in community networks/ coalitions to advocate for LGBT issues.			
The agency includes LGBT people and their families in all outreach and health promotion activities.			
The agency has LGBT materials, such as newspapers, magazines, and brochures in waiting areas.			
The agency utilizes the expertise of the LGBT community to plan, deliver, and evaluate programs and services, particularly those directed to the LGBT populations.			

Equity Begins at Home - SPRINT Senior Care Older LGBT Guide, 2012

Standards and Indicators adapted from the following sources:

Gay, Lesbian, Bisexual and Transgender Health Access Project (1997). Community standards of practice for the provision of quality health care services to lesbian, gay, bisexual and transgender clients. Boston, MA [found online at:

<http://www.glbthealth.org/communitystandardspractice.htm>]

Ontario Public Health Association Public Health Alliance For LGBTTTTIQQ Equity Workplace Assessment Tool. (2009) Rainbow Health Educational Toolkit, Section 3. Ontario, Canada [Found online at: <http://www.rainbowhealthnetwork.ca/node/24>]

APPENDIX II: TIMELINE OF LGBT OPPRESSION

The following is a timeline of historical events that a 75 year old client (born 1935) who is accessing aging services in Ontario would have experienced.

Age	Event	Year
34 years old	Homosexuality was decriminalized. People who are lesbian, gay, or bisexual can no longer be jailed simply for being lesbian, gay, or bisexual.	1969
38 years old	Homosexuality was removed from the DSM (Diagnostic and Statistical Manual of Mental Disorders, a manual which lists mental 'illnesses'). People who are lesbian, gay, or bisexuality can no longer be forced to receive 'treatments' such as counseling or shock therapy for being lesbian, gay, or bisexual. They can also no longer be institutionalized in a mental health facility for being lesbian, gay, or bisexual.	1973
39 years old	Lesbians, gays, and bisexuals are allowed to immigrate to Canada.	1974
42 to 61 years old	Territories/ provinces create anti-discrimination legislation that protects people who are gay, lesbian, and bisexual. This means that people who are lesbian, gay, or bisexual can no longer be evicted from their housing or fired from their jobs simply for being lesbian, gay, or bisexual. Canadian Human Rights Code still does not cover people who identify as trans.	1976 - 1985
69 years old	Same-sex marriage is formerly recognized in Ontario. People who are lesbian, gay, and bisexual in same-sex relationships are allowed to marry. Common-law relationships are also recognized.	2003
71 years old	Canada welcomes LGBT people as immigrants and recognizes same-sex marriage.	2005
75 years old	Older LGBT people are "invisible" within aging services.	2009
78 years old	Ontario Human Rights Code is amended to include gender identity and gender expression.	2012

*Adapted: Ryan, Bill, McGill University

APPENDIX III: GLOSSARY

Allies: An individual who is not a member of a specific group, but who works to end discrimination and oppression of that group, for example, a lesbian woman who actively works to end discrimination against transgendered individuals or a straight person who combats homophobia.

Asexual: A word describing a person who experiences little or no sexual attraction to other people.

Aromantic: A person who experiences little or no romantic attraction to other people.

Androgyne: 1. A person whose biological sex is not readily apparent. 2. A person who is intermediate between the two traditional genders. 3. A person who rejects gender roles entirely.

Androgynous: Androgynous people and those who identify as “genderqueer” typically have gender identities that are somewhere between what is stereotypically considered to be male and female. Other terms include “femme queens”, “bois”, “butch bois” or “drags”. They may be born as male or female, but identify as neither now – or as a bit of both.

Autosexual: A word describing a person whose significant sexual involvement is with oneself, or a person who prefers masturbation to sex with a partner.

Bi-gender: One who has a significant gender identity that encompasses both genders, male and female. Some may feel that one side or the other is stronger, but both sides are there.

Biphobia: Irrational fear or dislike of bisexuals. Bisexual may be stigmatized by heterosexuals, lesbians, and gay men.

Bi-positive: The opposite of biphobia. A bi-positive attitude that validates, affirms, accepts, appreciates, celebrates and integrates bisexual people as unique and special in their own right.

Bisexual: A word describing a person whose sexual orientation is directed toward men and women, though not necessarily at the same time.

Coming Out: The process by which LGBT people acknowledge and disclose their sexual orientation, or in which transsexual or transgendered people acknowledge and disclose their gender identity, to themselves and others. Coming out is thought to be an ongoing process. People who are “closeted” or “in the closet” hide the fact that they are LGBT. Some people “come out of the closet” in some situations (i.e. with other gay friends) and not in others (i.e. at work).

Cisgender: People whose body and gender match society expectations. Cisgender, from Latin cis and gender, is a concept in queer studies that labels persons who are not transgendered as something other than simply “normal”. That is, it provides a name for a gender identity or performance in a gender role that society considers to match or be appropriate for one’s sex.

Cisgender Privilege: The benefits that result from your alignment of identity and perceived identity.

Crossdresser: A person who dresses in the clothing of the other sex for recreation, expression or art, or for erotic gratification. Formerly known as “transvestites,” crossdressers may be male or female, and can be straight, gay, lesbian, or bisexual. Gay/bisexual male crossdressers may be “drag queens” or female impersonators; lesbian/ bisexual female crossdressers may be “drag kings” or male impersonators.

Dyke: A word traditionally used as a derogatory term for lesbians. Other terms include “lezie,” “lesbo,” “butch,” “bull dyke” and “diesel dyke.” Many women have reclaimed these words and use them proudly to describe their identity.

Drag Queen: The name given to a performer or entertainer who portrays themselves as a caricature or exaggeration of femininity. It’s not intended to bear any more than a superficial resemblance to any real woman, and many Drag Queens use their act as an opportunity to make fun of women. Drag Queens are usually men but can be of any sexual orientation. It is also used as slang, sometimes in a derogatory manner, to refer to all transgender women.

Drag King: The name given to a performer or entertainer who portrays themselves as a caricature or exaggeration of masculinity. Drag Kings can be of any gender identity or sexual orientation. Some Drag performers (both

Kings and Queens) like to “gender bend” and exaggerate both masculinity and femininity within their drag performances.

Fag: A word traditionally used as a derogatory term for gay men. Other terms include fruit, faggot, queen, fairy, pansy, sissy, homo. Many men have reclaimed these words and use them proudly to describe their identity.

Family of Choice: The circle of friends, partners, companions and perhaps ex-partners with which many LGBT people surround themselves. This group gives the support, validation and sense of belonging that is often unavailable from the person’s family of origin.

Family of Origin: The biological family or the family that was significant in a person’s early development.

FTM: A person who has transitioned from “female-to-male”, meaning a person who was assigned female at birth, but now identifies and lives as a male. Also known as a “transgender man”.

Gay: A word to describe a person whose primary sexual orientation is to members of the same gender, or who identifies as a member of the gay community. This word can refer to men and women, although many women prefer the term “lesbian.”

Gay-positive: The opposite of homophobia. A gay-positive attitude is one that affirms, accepts, appreciates, celebrates, and integrates gay and lesbian people as unique and special in their own right.

Gender Conforming: When someone conforms to societal expectations of what they should look like based on the gender assigned to them at birth.

Gender Expression: How a person represents or expresses one’s gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.

Gender Identity: An individual’s internal sense of being male, female, or something else. Since gender identity is internal, one’s gender identity is not visible to others.

Gender Fluid: Referring to a gender identity that changes with time and/or situation, as opposed to a fixed sex-role or gender queer expression.

Genderqueer: This very recent term was coined by young people who experience a very fluid sense of both their gender identity and sexual orientation, and who do not want to be constrained by absolute or static concepts. Instead, they prefer to be open to relocate themselves on the gender and sexual orientation continuums.

Gender Role: The public expression of gender identity. Gender role includes everything people do to show the world they are male, female, androgynous or ambivalent. It includes sexual signals, dress, hairstyle and manner of walking. In society, gender roles are usually considered to be masculine for men and feminine for women.

Gender transition: The period during which transsexual persons begin changing their appearance and bodies to match their internal identity.

Genderism: The belief that the binary construct of gender, in which there are only two genders (male and female), is the most normal, natural and preferred gender identity. This binary construct does not include or allow for people to be intersex, transgendered, transsexual or genderqueer.

Hate crimes: Offences that are motivated by hatred against victims based on their actual or perceived race, colour, religion, national origin, ethnicity, gender disability or sexual orientation.

Hermaphrodite: Now considered a derogatory term for intersex individuals.

Heterosexism: The assumption expressed overtly and/ or covertly that all people are or should be heterosexual. Heterosexism excludes the needs, concerns, and life experiences of lesbian, gay, and bisexual people, while it gives advantages to heterosexual people. It is often a subtle form of oppression that reinforces silence and invisibility for lesbian, gay, and bisexual people.

Heterosexual: A term used to describe a person whose primary sexual orientation is to members of the opposite gender. Heterosexual people are often referred to as "straight."

Heterosexual privilege: The unrecognized and assumed privileges that people have if they are heterosexual. Examples of heterosexual privilege include: holding hands or kissing in public without fear of threat, not questioning the normalcy of your sexual orientation, raising children without

fears of state intervention or worries that your children will experience discrimination because of your heterosexuality.

Homophobia: Irrational fear, hatred, prejudice or negative attitudes toward homosexuality and people who are gay or lesbian. Homophobia can take overt and covert, as well as subtle and extreme forms. Homophobia includes behaviours such as jokes, name-calling, exclusion, gay bashing, etc.

Homosexual: A term to describe a person whose primary sexual orientation is to members of the same gender. Most people prefer to not use this label, preferring to use other terms, such as gay or lesbian.

Identity: How an individual thinks of themselves, as opposed to what others observe or think about the individual.

Internalized homophobia: Fear and self-hatred of one's own sexual orientation that occurs for many lesbians and gay men as the result of heterosexism and homophobia. Once lesbian and gay men realize that they belong to a group of people that is often despised and rejected in our society, many internalize and incorporate this stigmatization, and fear or hate themselves.

Intersex: A term used for people who are born with external genitalia, chromosomes, or internal reproductive systems that are not traditionally associated with either a "standard" male or female.

Intersex people are distinct from transgender people. People with intersex conditions are born with sex chromosomes, external genitalia, or an internal reproductive system that are not considered "standard" for either male or female. Overall, there are at least 15 different medical causes of intersexuality, and only a small percentage of these cases result in ambiguous genitalia at birth. Other intersex conditions are learned at the time of puberty, while still others appear later in life. Doctors perform surgery on one or two babies per 1,000 births in a misguided effort to "correct" ambiguous genitalia.

The Intersex Society of North America, along with other groups, has exposed the fact that these surgeries are harmful to intersex people and that performing genital surgery on infants is often not in the best interests of the child. People with intersex conditions may be among shelter residents and have an increased need for privacy and safety, just as transgender people do.

Some intersex people identify as transgender if they were assigned one sex at birth but transition to the other later in life.

LGBTTTIQ: A common acronym for lesbian, gay, bisexual, transsexual, transgender, two-spirit, intersex, and queer individuals/ communities. This acronym may not be used in particular community. For example, in some places, the acronym LGBT (for lesbian, gay, bisexual and transsexual/ transgender) may be more common.

MSM: Refers to any man who has sex with a man, whether he identifies as gay, bisexual, or heterosexual. This term highlights the distinction between sexual behaviours and sexual identity (i.e. sexual orientation). A person's sexual behavior may manifest itself into a sexual identity, but the reverse is not always true; sexual orientation is not always reflective of sexual behaviours. For example, a man may call himself heterosexual but may engage in sex with men in certain situations (e.g. prison, sex work).

Out or Out of the Closet: Varying degrees of being open about one's sexual orientation or gender identity.

Pansexual: Pansexuals have the capability of attraction to others regardless of their gender identity or biological sex. A pansexual could be open to someone who is male, female, transgender, intersex, or genderqueer.

Passing: Describes transgender or transsexual people's ability to be accepted as their preferred gender. The term refers primarily to acceptance by people the individual does not know or who do not know that the individual is transgender or transsexual. Typically passing involves a mix of physical gender cues (e.g. clothing, hairstyle, and voice), behaviour, manner, and conduct when interacting with others. Passing can also refer to hiding one's sexual orientation, as in "passing for straight."

Polyamorous: Polyamory is the practice of having more than one loving relationship at the same time, with the full knowledge and consent of all partners involved. The relationships are long-term, intimate, and usually (but not necessarily) sexual. Persons who consider themselves emotionally suited to such relationships may define themselves as polyamorous, often abbreviated to poly.

Polysexual: An orientation that does not limit affection, romance, or sexual attraction to any one gender or sex and that further recognizes that there are more than just two sexes.

Queer: Traditionally, a derogatory and offensive term for LGBT people. Many LGBT people have reclaimed this word and use it proudly to describe their identity. Some transsexual and transgender people identify as queers; others do not.

Questioning: People who are questioning their gender identity or sexual orientation and who often choose to explore options.

Sex Reassignment Surgery: Surgical procedures that change one's body to make it conform to a person's gender identity. This may include "top surgery" (breast augmentation or removal) or bottom surgery (altering genitals). Contrary to popular belief, there is not one surgery; in fact there are many different surgeries. "Sex change surgery" is considered a derogatory term by many.

Sexual Behaviour: Defines what people do sexually; not necessarily congruent with sexual orientation and/ or sexual identity.

Sexual Identity: One's identification to self (and others) of one's sexual orientation; not necessarily congruent with sexual orientation and/ or sexual behaviour.

Sexual Minorities: People who identify as LGBT.

Sexual Orientation: A term for the emotional, physical, romantic, sexual, and spiritual attraction, desire, or affection for another person. Examples include heterosexuality, bisexuality, and homosexuality.

Significant Other: A life partner, domestic partner, lover, boyfriend, or girlfriend. It is often equivalent to the term "spouse" for LGBT people.

Stealth: When a trans person chooses not to disclose their trans status to others. This can be done for numerous reasons including safety, or simply because the trans person doesn't feel other people have the right to know.

Straight: A term often used to describe people who are heterosexual.

Trans and Trans People: Non-clinical terms that usually include transsexual, transgender, transvestive, trans man, trans woman, and other gender-variant people.

Transgender: An umbrella term for people whose gender identity, expression or behavior is different from those typically associated with

assigned sex at birth, including but not limited to transsexuals, crossdressers, androgynous people, genderqueers, and gender non-conforming people. Typically, transgender people seek to align with their gender identity rather than their birth-assigned gender. Transgender is a broad term and is good for health and social care providers to use.

Transgenderist: Someone who is in-between being transsexual and a transgendered person on the gender continuum, and who often takes sex hormones, but does not want genital surgery. Transgenderists can be born male (formerly known as “she-males”) or born females (once called “he/shes”). The former sometimes obtain breast implants and/ or electrolysis.

Transition: The process (which for some people may also be referred to as the “gender reassignment process”) whereby transsexual people change their appearance and bodies to match their internal (gender) identity, while living their full-time in their preferred gender role.

Transphobia: Irrational fear or dislike of transsexual and transgender people.

Transpositive: The opposite of transphobia. A transpositive attitude is one that validates, affirms, accepts, appreciates, celebrates, and integrates transsexual and transgender people as unique and special in their own right.

Transsensual: A term for a person who is primarily attracted to transgender or transsexual people.

Transsexual: A term for a person who has intense long-term experience of being the sex opposite to his or her birth-assigned sex and who typically pursues a medical and legal transformation to become the other sex. There are transmen (female-to-male transsexuals) and transwomen (male-to-female transsexuals). Transsexual people may undergo a number of procedures to bring their body and public identity in line with their self-image, including sex hormone therapy, electrolysis treatments, sex reassignment surgeries and legal changes of name and sex status.

Transvestite: A term for a cross-dresser that is considered derogatory by many. One should not use this term unless referring to someone who identifies as a transvestite.

Two-spirit: An English term coined to reflect specific cultural words used by First Nation and other indigenous peoples for those in their cultures who are gay or lesbian, or transgendered or transsexual, or have multiple gender identities. The term reflects an effort by First Nation and other indigenous communities to distinguish their concepts of gender and sexuality from those of Western LGBT communities.

WSW: Refers to any woman who has sex with a woman, whether she identifies as lesbian, bisexual, or heterosexual. This term highlights the distinction between sexual behaviour and sexual identity (i.e. orientation). For example women who identify as lesbian may also have sex with men and not all WSW identify as lesbian or bisexual.

APPENDIX IV: RECOMMENDED TRAINING CONTENT

TRAINING AGENDA

1. LGBT Vocabulary exercise
2. Stereotype exercise – identify and bust
3. Case Studies
4. Question & Answer period

TRAINING GOALS

- Raise awareness of experiences and history of LGBT people
- To provide tools and skills for supporting LGBT people
- To identify and bust stereotypes associated with LGBT people

GROUP AGREEMENTS DURING TRAINING

- Mutual respect
- Confidentiality
- Have a single conversation
- Risk participation

HETEROSEXUAL PRIVILEGE QUESTIONNAIRE

*Adapted from the **Positive Space Training Manual** by the Lesbian, Gay, Bisexual, Transgendered Community Safety Initiative, Antigay Women's Association*

In providing this quiz to you, the trainers make no assumptions regarding the sexual orientation of any participants.

- YES NO I can freely talk about my family life and important relationships to colleagues at work, school, etc.
- YES NO My partner and I can go shopping together, pretty well assured that we will not be harassed.
- YES NO I can use a gender specific public bathroom without any fear of harassment or intimidation from others.
- YES NO I can kiss my partner farewell at the airport, confident that onlookers will either ignore us or smile understandingly.
- YES NO I can access medical treatment without fear of revealing a biological sex that does not match my gender presentation.
- YES NO I can be pretty sure that our neighbours will be friendly, or neutral.
- YES NO Our families or church communities are delighted to celebrate with myself and my partner the gift of love and commitment.
- YES NO I can walk into any bookstore, sure that I will find books relevant to my relational experiences.
- YES NO When my partner is seriously ill, I know I will be welcomed to the intensive care unit to visit her/him.
- YES NO I can enter a clothing store and find gender appropriate clothing for me that fit, and without fear of harassment from sales clerks.
- YES NO The books that my children read in school reflect families like ours.
- YES NO I can find appropriate cards for my partner to celebrate special occasions with relative ease.
- YES NO I grew up thinking that my gender presentation, loves and friendships were healthy and normal.
- YES NO If I experience violence on the street, it will not be because I am

holding hands with my partner or because I am wearing clothing not associated with my biological sex.

YES NO My partner and I can choose accommodation when we travel without having to worry about being accepted as a couple.

YES NO When one of us dies, the other can be confident of the support and understanding of family, colleagues, church community or friends.

YES NO If I am married, I can say 'my wife' or 'my husband' without causing surprise.

LGBT CASE STUDIES FOR STAFF TRAINING

Case Studies for all Staff

1. While passing through a lounge or office area, you overhear another staff person making disrespectful remarks about a lesbian colleague.
 - What do you do or say?
 - What do you need to respond in situations such as these in terms of training, support and/or information?
 - Where would you look for support? A colleague, manager, administrator?
2. You are chatting with some co-workers over lunch when one of them asks if you have heard about the new client, a "she/he." The co-worker describes a person named Fiona, who has long hair, is tall and broad, has a low voice, large hands, a thick neck and the faint appearance of a beard. There is much laughter about this woman. How would you respond?

Case Studies for Personal Support Workers

1. A client or staff member comes to you to complain that she has just seen two male clients holding hands in the lounge and that they have been seen kissing and hugging in public places. How would you respond?
2. You are assigned to assist a new client with her bath. Your supervisor has advised you that she is transsexual. She seems resistant to your assistance and claims to be uncomfortable. How would you respond?
3. You have been assigned to assist a client with his bath. He refuses to cooperate with you saying that you are gay and he fears you. How would you respond?
4. While involved in completing your housekeeping tasks, you enter a client's room and find him sitting on a bed with another man, kissing and hugging. How would you respond?
5. While passing through a common area, you overhear a client making disparaging remarks about a lesbian colleague on the staff. How would you respond?
6. You have been assigned a case of a woman who was recently discharged from hospital. Your role is to assist her with bathing. The woman is reluctant

to take off her clothes. You suspect she may be transgender.

- Are you comfortable with the situation?
- How could you approach the situation to reassure the woman that you are comfortable?
- If you are not comfortable, what do you do about your discomfort?
- To respond in situations such as these, what do you need from your agency in terms of training, support and/or information?

Case Studies for Drivers/ Accompaniment Support

1. You are asked to pick up a male client in a nearby apartment building. A man comes down for the pick-up. He is accompanied by a man who hugs and kisses him before he enters the vehicle. How would you respond?
2. You have picked up several people from a hospital, rehabilitation centre and community centre and have a full vehicle. You overhear two men talking about their old boyfriends and the good time they had together. One of the men starts making a pass at the other and invites him up to his apartment for a drink and "perhaps more." How do you respond to this situation?
3. You have picked up two women from the hospital. While on route to their destination, one of them says how happy she is that the other is returning home after surgery and you observe them kissing. How do you respond?
4. You are asked to pick up a woman at her home. When you arrive, a large person with a deep voice, large hands and a thick neck with a dress, coat and scarf comes out of the vehicle. She greets you in her deep voice, introducing herself as Mary. How do you respond?
5. You overhear another staff member refer to a client you regularly transport to the doctors as an "old fag." How do you respond?

Case Studies for Social Workers

1. You are sent to a new client or resident and want to get to know her and make her comfortable. You observe some photos of the client, one of them with a younger woman. You ask: "Oh, are you married? Is that your daughter?" The client responds "No, she is my partner(wife)."
 - What assumptions were you making?
 - How could such questions about relationships and people who are important to clients be phrased so as to avoid making assumptions?

- To respond in situations such as these, what do you need from your agency in terms of training, support and/or information?

Case Studies for Reception Staff

1. A call comes in from a potential new client who introduces herself as Mary. She has quite a deep and gruff voice. You suspect she may be transsexual.

- Are you comfortable with this situation?
- What do you say to make this new client feel welcome?
- If you are not comfortable, what do you need from your agency in terms of training, support and/or information?

Case Studies for Community Dining Staff/Volunteers

1. During a meal, two new female clients arrive for lunch, and at one point during the meal, they kiss each other. You overhear other clients making remarks that indicate their disapproval.

- Are you comfortable with the situation?
- How could you approach the situation to reassure them and the rest of the clients that you are comfortable?
- If you are not comfortable, what do you do about your discomfort?

2. You have been asked to supervise a student. Upon meeting the student, and based on personal experience, you have a strong feeling that the student is gay.

- Are there any issues or considerations that you think should be addressed with the student either in the student orientation or in responsibilities and client interactions?

Case Studies for Meals on Wheels Staff/Volunteers

1. When the meal is delivered to a client's home, two women answer the door. They are extremely affectionate with each other in front of you.

- Are you comfortable with the situation?
- If you are not comfortable, what do you do about your discomfort?
- To respond in situations such as these, what do you need from your agency in terms of training, support and/or information?

Case Studies for Program Activationist

A male client arrives to your chair yoga class with a man who kisses him goodbye in front of the rest of the class and says he'll be back to meet him after the class.

- Are you comfortable with the situation?
- How could you approach the situation to reassure him and the rest of the class that you are comfortable?
- If you are not comfortable, what do you do about your discomfort?
- To respond in situations such as these, what do you need from your agency in terms of training, support and/or information?

Case Studies for Supervisors

Someone that you supervise comes to you and says that she overheard a colleague make a homophobic remark about a lesbian co-worker of hers. She was unsure about how or whether to confront her colleague so she has come to you for advice and guidance.

- What do you say to her?
- What else might you do about the situation?
- To respond in situations such as these, what do you need from your agency in terms of training, support and/or information?

Case Studies for all Staff/Volunteers

You overhear a colleague make a homophobic remark about a lesbian co-worker of yours.

- What do you do or say?
- To respond in situations such as these, what do you need from your agency in terms of training, support and/or information?