

Creating a Queer Positive Environment

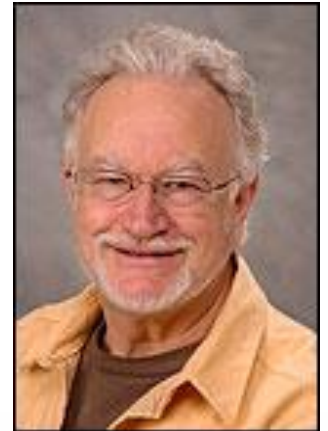
Alzheimer's Society of Canada Webinar
June 2014



Presenters

Dick Moore

- Experienced educator re.older LGBT concerns & needs
- Coordinator of Older Adult LBTT at 519 Church St
- 9 years director of Senior Services of TFS.
- 5 years director of Older Adult Centre at St. Christopher House
- Chair, Senior Citizens Advisory Committee of the City of Port Colborne.



Chris Morrissey

- Educator from first graders to adults including service providers
- Community organizer both overseas & in Canada
- Challenged Federal Government's Immigration Law
- Program Manager of LGBT Generations Project at Qmunity, Vancouver
- Chair, Seniors Advisory Committee, City of Vancouver






Pre-Session Poll

Have you ever knowingly worked with a client who was gay, lesbian, bisexual transgender or transsexual?

Yes

No

Don't now

- 
- Have you ever knowingly worked with a colleague/fellow worker who was gay, lesbian, bisexual transgender or transsexual?

Yes

No

Don't Know



Have you previously taken a workshop related to sexual orientation and gender identity

Yes

No




I know the difference between sexual orientation and gender identity.

Yes

No

Not Sure

- 
- It is important as a service provider to treat every client/patient the same.

Yes

No

Not Sure



Agenda

- Welcome/ Introductions
- Review of Goals and Agenda
- Terminology/Language
- Issues and Concerns of Older LGBT People
- Best Practices for Individuals and Organizations
- Q and A
- Evaluation

Goals

- To provide you with tools and vocabulary for working with older LGBT people
- To provide you with knowledge of the history, situation, issues and concerns of older LGBT people
- To identify and expose myths associated with older LGBT people
- To provide you with tips for best practice both individually and organizationally



Diversity

Remember -

• We are not all the SAME

Age

Race

Size

Style

Appearance

Beliefs

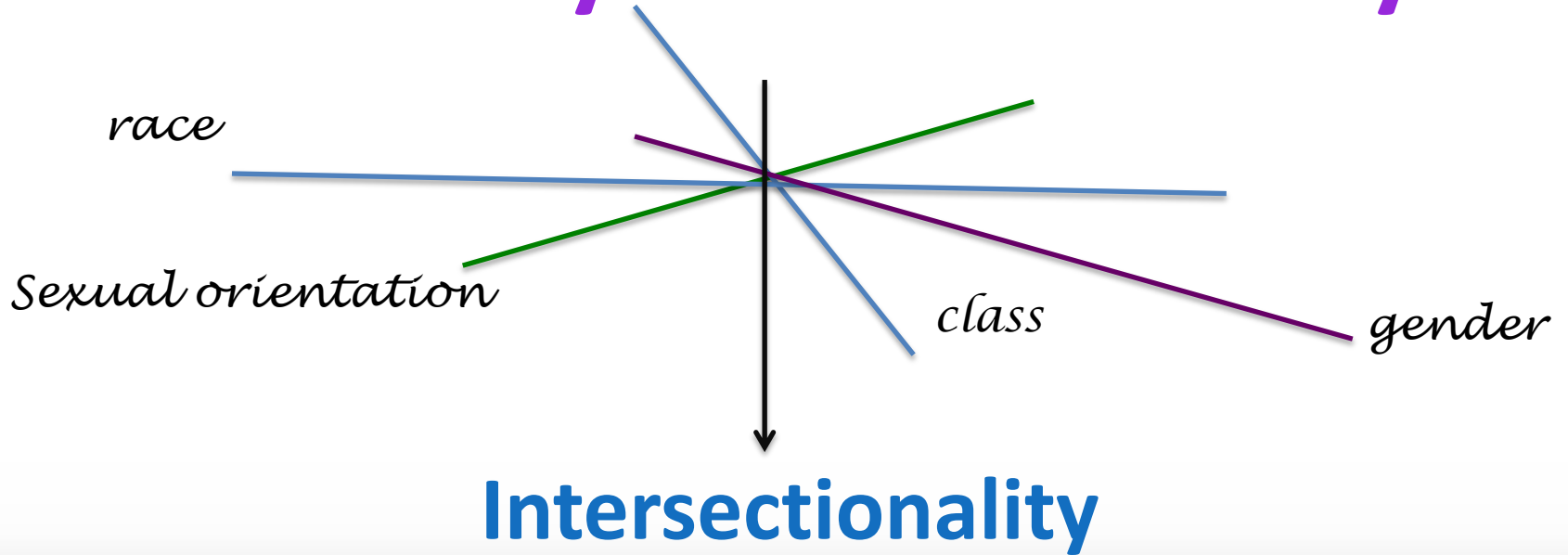
Abilities

Politics

etc



Diversity within Diversity



Language and Definitions



- Sexual Orientation



- Gender Identity



SEXUAL ORIENTATION

- Lesbian
- Gay
- Bisexual
- Heterosexual
- Homosexual
- Queer
- Two spirit

GENDER IDENTITY

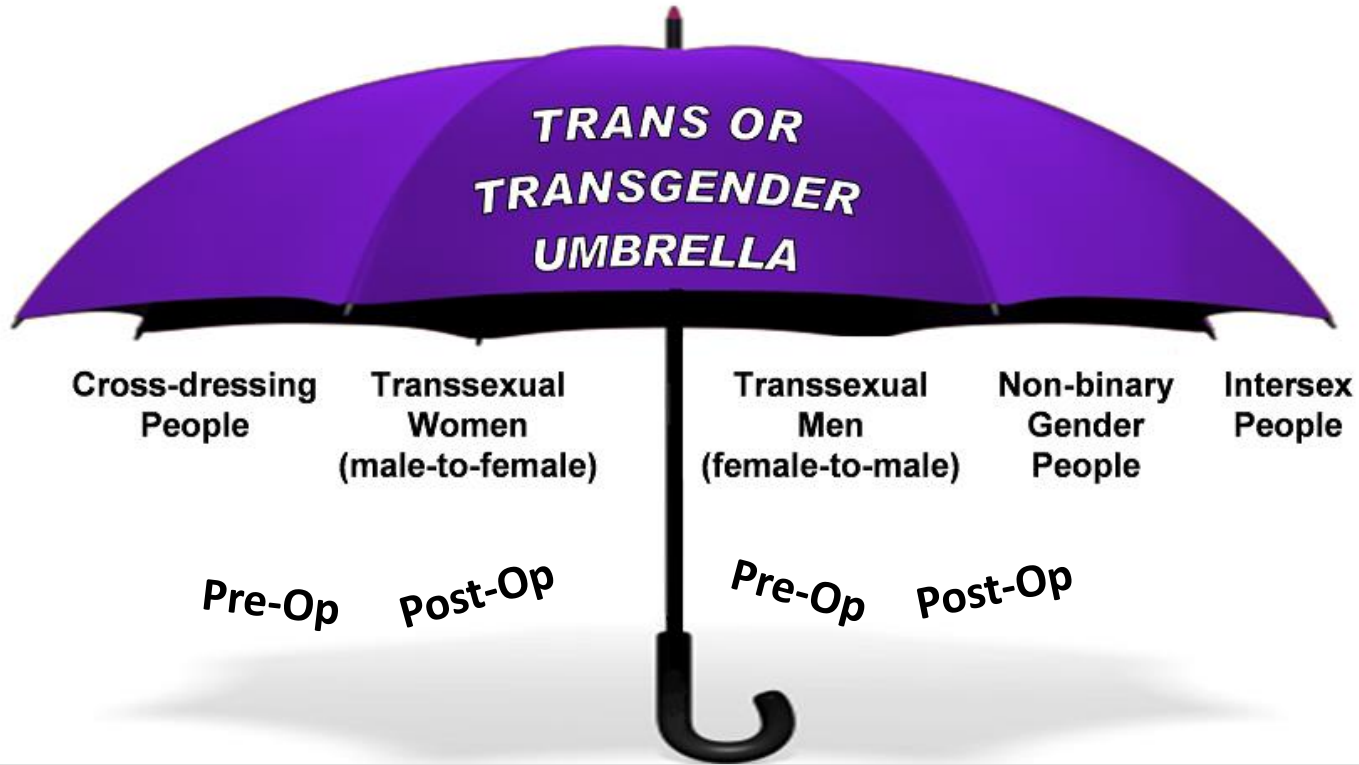
- Transsexual
- Transgender
- Transwoman
- Transman
- Genderqueer
- Intersex
- Biological sex
- Two spirit
- FTM/MTF
- Transition
- Cisgender

OTHER TERMS

Homophobia,
biphobia,
transphobia

- Heterosexism
- Coming out
- Questioning
- WSW/MSM
- Outing

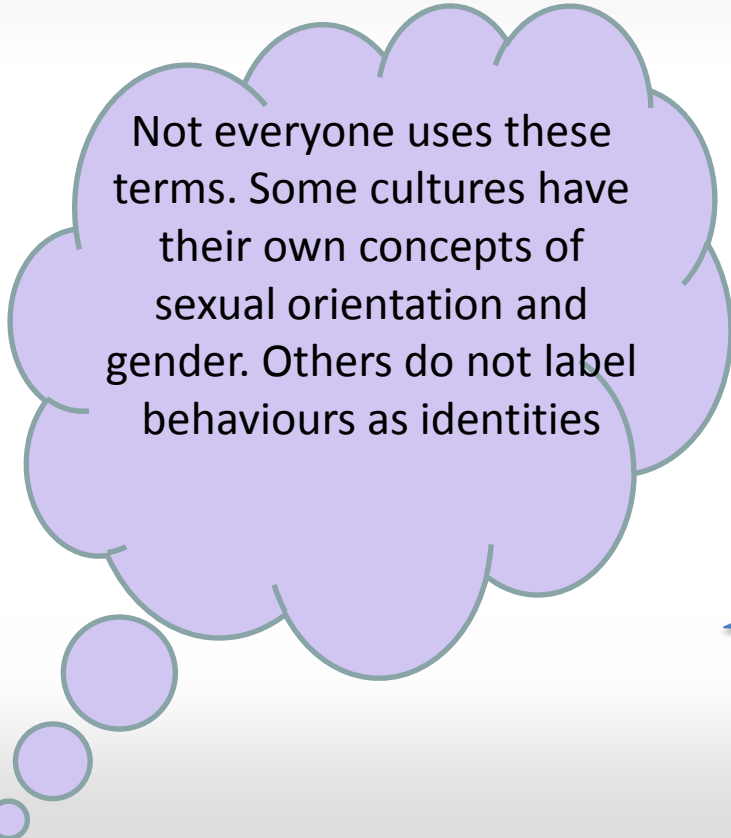
Gender Identity



Language & Intersectionality



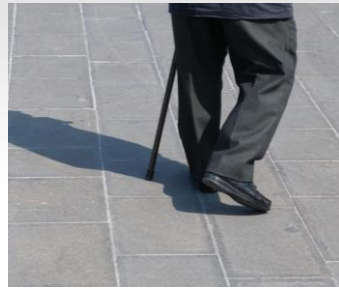
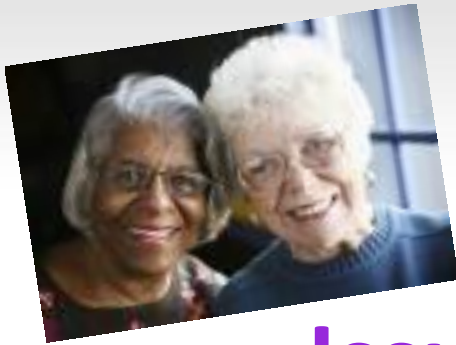
Lady &
Tomboy



Not everyone uses these terms. Some cultures have their own concepts of sexual orientation and gender. Others do not label behaviours as identities



Third
Gender



Issues and Concerns of Older LGBT People



Time line of LGBT Rights in Canada

79 Year Old LGBT Canadian (born 1935)

Age	Event	Year
34	Sex between consenting adults decriminalized	1969
38	Being LG or B removed from list of mental health conditions (diseases)	1973
42 – 61	Provinces and territories prohibit discrimination on basis or sexual orientation	1977 to 1996
70	Canada legalizes marriage between same sex couples	2005
77	Ontario prohibits discrimination on basis of gender identity or gender expression	2012

Typical Experiences of Older LGBT People

- Invisibility of LGBT elders in media, society in general and in LGBT community.
- Invisibility of LGBT elders in leadership position in community life (senior centres, churches, municipal advisory committees, legions, clubs, teams, choirs, etc.)
- Invisibility in policy, program planning or implementation
- Mixed identity with gay rights movement
- Mixed identification to gay liberation movement.
- Fear of needing care either at home or in care facility

Real or Perceived Fears

Does it Matter?



Fear of needing care either at home or in care facility

- Will I need to “de gay” my apartment?
- Will I be neglected or abused in care?
- Will I need to go back in the closet to pass as straight?
- Will I be outed?





Typical Experiences of Older LGBT People

LGBT seniors have significantly diminished support networks when compared to the general senior population

LGBT seniors are:

- 2 x as likely to age as a single person

- 4 x as likely to have no children to call upon in times of need

- 2 x as likely to live alone

Older lesbians are generally poorer than their straight sisters.
Fewer opportunities to gather for social support

Typical Experiences of Older LGBT People



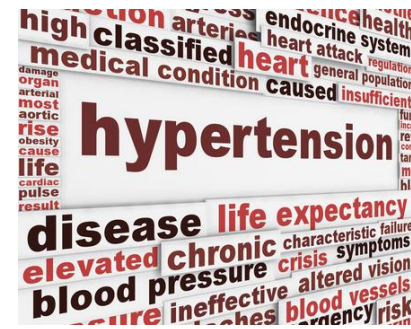
- Effects of years of harassment and violence
- Effects of years of homophobia and heterosexism
- Effects of years of transphobia
- Effects of lives lived in the closet



Typical Experiences of Older LGBT People

Health Issues

- High levels of social isolation, mental health issues and related use of alcohol and drugs
- Fewer health resources that are sensitive to LGBT culture and accessible.
- Few culturally competent health care providers



Typical Experiences of Older LGBT People

Negative Experiences in Health Care

- Ignorance, hostility, neglect and rejection by of providers.
- Ignorance of LGBT health issues resulting in wrong diagnoses.
- Provider discomfort dealing with sexuality, sexual orientation or gender identity





Typical Experiences of Older LGBT People

Health Complications

- As result of above, may have avoided the health care system, especially preventive care.
- Diseases may be more advanced, chronic conditions unmanaged.

Amazing – we live to be OLD!

resistors

resilient

creative

resouceful

persistent

survivors

strong

intuitive



Best Practices for Front Line Workers





Skills

**Cultural
Competence**

Values and
Attitudes

Knowledge and
Understanding

Dos and Don'ts



- ❖ Don't gossip. Do ask questions & get support
- ❖ Do watch your language! Don't assume heterosexuality
- ❖ Ask "what would you like me to call you?" *to everyone*
- ❖ Always ask open-ended questions
- ❖ Use the same language and terminology that a client does to describe self, sexual partners, relationships and identity
- ❖ When talking about sexual or relationship partners, use gender-neutral language such as "partner(s)" or "significant other(s)"

More Tips

- ❖ If a client seems offended by something you've said, simply apologize and ask what terminology the client prefers
- ❖ Think “Chosen Family” - give the same respect and privileges to partners and friends usually given to a spouse or relative
- ❖ Be aware that dementia may remove inhibitions
- ❖ Be prepared to respond to biological family members

Special issues regarding trans people

- ❖ Use name and pronoun of chosen gender (regardless of hormone or operative status)
- ❖ In residential settings, accommodate with others according to their chosen gender
- ❖ Support dress and grooming that respects the person's chosen gender
- ❖ Care providers need to continue to prescribe and administer hormones (oral or injection)
- ❖ Screening and preventative care is essential
- ❖ Learn about the potential Impact of dementia on chosen gender identity





Typical Experiences with Health Care System

Health Care providers

- Wrong diagnoses
- Neglect
- Hostility/ discrimination/discomfort



Guiding Principles for Organizational Change

- Recognize Diversity
- Strive For Inclusion
- Take An Anti-Oppression Approach



Guiding Principles for Organizational Change

- Recognize the Social Determinants Of Health
- Aim for Equity
- Cultural Competency is the Goal

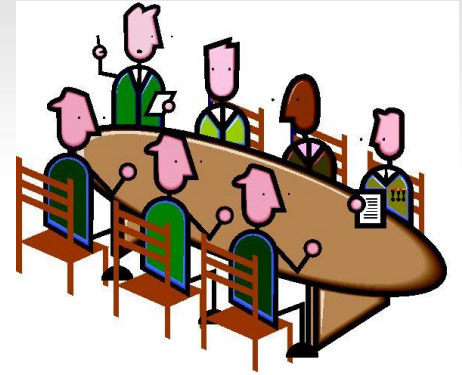


Needed to Proceed

- Community Engagement
- Accountability

Steps in the Process

- Strike a Committee
- State your Commitment to diversity
- Undertake a self assessment
- Assign dedicated, expert and enough resources to the process



Steps in the Process

- Diversify your staff, volunteer and board
- Remove barriers to opportunities and services
- Forge partnerships with diverse communities





Best Practice for Organizational Change

- Diversity organizational change is situated as a strategic priority
- It is supported (financially and morally) by the organization's leadership.



Best Practice for Organizational Change

- Cultural competency is identified by staff as an essential skill that enables them to properly serve their clients.
- Over time, a diversity infrastructure and momentum are established to the point where cultural competency is no longer a 'special initiative' for the organization, but becomes 'business as usual.'

Scenario 1

- A resident or staff member comes to you to complain that she has just seen a resident & their visitor of the same gender holding hands and kissing and hugging in public places.
- What is your response?
- What is your response if it is a family member (an adult child or a spouse) who is complaining?
- 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, chaplain, education manager, administrator, union?

Scenario 2

- You and your client are having a conversation while you are providing personal care. She or he tells you that her granddaughter dropped a bomb shell at her last visit. Her granddaughter is a regular visitor and supports her a lot. The bombshell is that she is really a boy/man, is taking hormones and will be having a double mastectomy. Your client says she will not speak to her granddaughter again.

Scenario 2 (cntd.)

- What is your response?
- 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?
- How/where do you get the support and information you need?

What Now?



- Name one thing you will do personally
- Name one thing you will bring to your organization

The End

