

# NSRAP Elders Project

## Everyone Deserves the Same Care

*“To some extent, homosexuality represents the last frontier of diversity—in our society, and thus a place that welcomes the [LGBT] community—welcomes all kinds of people.”*

—Richard Florida, *The Rise of the Creative Class*.

### *Real People, Real Needs: A Guide to Introducing LGBT Cultural Competency in Nova Scotia’s Continuing Care Facilities*

~~Nova Scotia Rainbow Action Project  
2100—1801 Hollis Street  
Halifax NS B3J 2X6~~

~~©2011 Nova Scotia Rainbow Action Project ♦ All rights reserved~~

Nova Scotia Rainbow Action Project  
2100 – 1801 Hollis Street  
Halifax NS B3J 2X6

©2011 Nova Scotia Rainbow Action Project ♦ All rights reserved



Nova Scotia Rainbow Action Project  
2100 – 1801 Hollis Street  
Halifax NS B3J 2X6

|

|

## **Table of Contents**

<u>Foreword.....</u>	<u>5</u>
<u>Our Partner:.....</u>	<u>5</u>
<u>Aknowledgements.....</u>	<u>6</u>
<u>About the Elders Project.....</u>	<u>7</u>
<u>NSRAP Elders Project: Terms of Reference.....</u>	<u>7</u>
<u>LGBT Elders Project Goals:.....</u>	<u>8</u>
<u>How to Approach this Guide.....</u>	<u>9</u>
<u>Key Concepts: Heterosexism, Homophobia &amp; Transphobia.....</u>	<u>9</u>
<u>1. Getting to Know You: Introduction to LGBT Inclusion.....</u>	<u>15</u>
<u>LGBT Nova Scotians.....</u>	<u>15</u>
<u>10 Basic Points about LGBT Elders.....</u>	<u>17</u>
<u>What Should a Seniors’ Organization That Values Diversity Consider?.....</u>	<u>18</u>
<u>2. First Impressions: Creating an LGBT Welcoming Environment.....</u>	<u>19</u>
<u>What does an organization that values diversity look like?.....</u>	<u>19</u>
<u>LGBT Welcoming Environment Initiatives.....</u>	<u>20</u>
<u>3. Engaging the Internal Community: Governance &amp; Administration.....</u>	<u>22</u>
<u>4. Profoundly Invisible: Privacy, Intimacy Rights, Policies.....</u>	<u>27</u>
<u>Coming Out of the Closet: Privacy and Confidentiality.....</u>	<u>27</u>
<u>Suggestions for Developing the Wording of a LGBT Inclusive Intimacy Policy.....</u>	<u>28</u>
<u>5. Hidden in Plain Sight: Transgender Inclusion.....</u>	<u>30</u>
<u>Hidden From History.....</u>	<u>30</u>
<u>Caring for Transgender and Transsexual Elders.....</u>	<u>31</u>
<u>Policy Recommendations.....</u>	<u>32</u>
<u>Best Practices.....</u>	<u>32</u>
<u>Glossary of Transgender Terms.....</u>	<u>32</u>
<u>6. Working It Out: Staff Practice.....</u>	<u>35</u>
<u>An Introduction for Staff who are Unfamiliar with LGBT People.....</u>	<u>36</u>
<u>7. An ongoing Commitment: Staff Education.....</u>	<u>38</u>
<u>8. Proud Lives: Resident Care.....</u>	<u>40</u>
<u>Quality of Life Indicators.....</u>	<u>40</u>
<u>Resident Screening.....</u>	<u>40</u>
<u>Spiritual and Religious Screening.....</u>	<u>41</u>

<u>Community Engagement.....</u>	<u>41</u>
<u>9. Recommendations.....</u>	<u>42</u>
<u>Appendix I: Glossary of Terms.....</u>	<u>44</u>
<u>Appendix II: Timeline of LGBT History.....</u>	<u>49</u>
<u>Appendix III: Excerpts from an Independent Look at LGBT Elder Care in Nova Scotia.....</u>	<u>57</u>
<u>Appendix IV: Gay seniors in Quebec get funding.....</u>	<u>62</u>
<u>Appendix V: LGBT Community Resources.....</u>	<u>64</u>
<u>LGBT Organizations.....</u>	<u>64</u>
<u>AIDS organizations.....</u>	<u>64</u>
<u>Affirming Spiritual Organizations.....</u>	<u>65</u>
<u>FOREWORD.....</u>	<u>4</u>
<u>ACKNOWLEDGEMENTS.....</u>	<u>6</u>
<u>ABOUT THE ELDERS PROJECT.....</u>	<u>8</u>
<u>How to Approach this Guide.....</u>	<u>12</u>
<u>1. GETTING TO KNOW YOU! INTRODUCTION TO LGBT INCLUSION.....</u>	<u>18</u>
<u>2. FIRST IMPRESSIONS: CREATING AN LGBT WELCOMING ENVIRONMENT.....</u>	<u>22</u>
<u>3. ENGAGING THE INTERNAL COMMUNITY: GOVERNANCE AND ADMINISTRATION.....</u>	<u>26</u>
<u>4. PROFOUNDLY INVISIBLE: PRIVACY AND INTIMACY RIGHTS AND POLICIES.....</u>	<u>32</u>
<u>5. HIDDEN IN PLAIN SIGHT: TRANSGENDER INCLUSION.....</u>	<u>35</u>
<u>6. WORKING IT OUT: STAFF PRACTICES.....</u>	<u>40</u>
<u>7. AN ONGOING COMMITMENT: STAFF EDUCATION.....</u>	<u>42</u>
<u>8. PROUD LIVES: RESIDENT CARE.....</u>	<u>44</u>
<u>9. RECOMMENDATIONS.....</u>	<u>46</u>
<u>Appendix I: Glossary of Terms.....</u>	<u>48</u>
<u>Appendix II: Timeline of LGBT History.....</u>	<u>54</u>
<u>Appendix III: Excerpts from an Independent Look at LGBT Elder Care in Nova Scotia.....</u>	<u>63</u>
<u>Appendix IV: Gay seniors in Quebec get funding.....</u>	<u>67</u>
<u>Appendix V: LGBT Community Resources.....</u>	<u>69</u>

|

## ~~FOREWORD~~ Foreword

As lesbian, gay, bisexual, and transgender (LGBT) people enter middle age and begin to face the realities of growing old, they often express fear about possibly having to go back into the closet should they need long-term care. Addressing that fear by trying to ensure that long term care facilities in Nova Scotia are safe and ~~welcomin~~welcoming for LGBT people, was the primary motive behind the Nova Scotia Rainbow Action Project (NSRAP)'s decision to launch the *Elders Project*. We are grateful to the Nova Scotia Department of Seniors for supporting this project.

In 2005, Toronto Long Term Care Homes and Services produced a comprehensive guide to LGBT inclusivity for the facilities under its jurisdiction: *Diversity Our Strength: LGBT Tool Kit*. One of the primary goals of the *Elders Project* was to create a Nova Scotian version of this tool kit. We began with an excellent and willing partner in Northwood, Nova Scotia's largest continuing care home. We hoped to follow Toronto's work plan and establish small working groups of staff, volunteers, and community members to examine all aspects of long term care, from admission and governance, to client care and leisure programs. **In our next phase we would try to replicate the whole process at a rural facility.**

**The closet looms large in any discussion of LGBT inclusivity in continuing care: the fear of going back in - for those who are aging, the fear of coming out for those who are already residing in care facilities and homes. "Coming out" is not something that a person does once and then it's over. It can indeed be a lifelong process, as one widens the circle of people one is "out" to, and also ventures deeper in to an understanding of LGBT history and culture. In the LGBT community we often liken the process of coming out of the closet to a journey.**

~~If there is one thing this project has taught us in a year of research, community meetings, and engagement with staff and administrators at Northwood, it is that this journey will be long and involved. Fortunately there are many rewards along the road to diversity and inclusion.~~

### Our Partner:

We have been very fortunate in our partnership with Northwood. They had an active Diversity Committee and had begun to address making their community LGBT inclusive. However we quickly learned that a continuing care facility such as Northwood is a community unto itself, with its own codes of conduct, both written and implicitly understood. Northwood demonstrated a culture of change and adaptation but the change may not always proceed at a pace we can control. Recognizing the limitations of time and adjusting expectations will be a requirement for any future work in this area.

~~We found that there was an appetite for change; that change would happen, but the pace of change was not in our control. Learning to not just live with that pace, but to see it in a positive light has been an important lesson.~~

We consider this Tool Kit to be a work-in-progress. Time and resources prevented our engaging with a long term care home in rural Nova Scotia, although that will happen; indeed must happen. We have had direct conversations with people working in this field in Toronto and Boulder, Colorado. We have read reports and research papers from the USA, Canada, the United Kingdom, and Australia. We have consulted with educators and care providers and with members of our own LGBT Elders community right here at home. Everyone we have met and spoken with had a role in shaping this document. We know that as we carry the work forward that it will continue to evolve.

~~“Festina lente,” said the Emperor Augustus, “Make haste slowly.” As this project moves forward, we hope to share this process of change with long term care facilities throughout Nova Scotia, slowly but surely, with our eyes on the journey’s end.~~

## **ACKNOWLEDGEMENTS** **Aknowledgements**

The Nova Scotia Rainbow Action Project (NSRAP), with support from the Nova Scotia Department of Seniors, initiated the Elders Project in partnership with the Northwood in order to address long term residential care for lesbian, gay, bisexual, and transgender (LGBT) elders in Nova Scotia. Throughout this process we have been working from *Diversity Our Strength*, a 2008 publication of Toronto Long Term Care Homes & Services. The Toronto Toolkit, as we have come to call it, has served as our guide and is heavily referenced throughout this document. It is our ultimate goal to create a toolkit that reflects Nova Scotia's unique multi-cultural heritage and the specific realities of its LGBT citizens.

We are profoundly grateful to the members of the Toronto Working Group who took time to speak with us. We would also like to acknowledge the work of Project Visibility in Boulder Colorado. Their work with long term care facilities has had a significant impact on this project. We particularly wish to thank our intern Holly Huntley, a student of Health Promotion at Dalhousie University. Holly summarized endless documents and policy statements for our review. She also authored the first draft of this guide. Her work was invaluable.

We also wish to thank the following individuals for their contribution and support:

- Jacqueline Campbell, **Department of Seniors**
- **Josie Ryan, Northwood**
- **Judy Aymar, Northwood**
- **John O'Keefe, Northwood**
- **Nancy Grimes, Boulder County Aging Services**
- **Anne Mortimer, Ontario Rainbow Health Network** -
- **Sherbourne Health Centre, Toronto**
- **Greg O'Grady, True Davidson Acres, Toronto**
- **Sandra Borneman, Youth Project, Halifax**
- **Lynn Murphy, LGBT Community Activist, Halifax**
- **Gerard Veldhoven, LGBT Community Activist, Amherst**

|

|

~~***ABOUT THE ELDERS PROJECT***~~ ***About the Elders Project***

~~In December 2010 the Nova Scotia Rainbow Action Project (NSRAP) applied to the Department of Seniors for funding to initiate a project to enhance the lives of Lesbian, Gay, Bisexual, and Transgender (LGBT) Elders. We wished to increase social opportunities for older LGBT people within the community, and to engage long-term care facilities in LGBT cultural competency. We sought and received support local LGBT organizations; also from Northwood, Nova Scotia's largest continuing care facility and from Spencer House. In March of 2011 the project was approved and NSRAP began a process of community consultation, meetings with Northwood, and research into LGBT Elders initiatives in other jurisdictions. Our community consultation led to the creation of an LGBT social group, The Elderberries. This group has been meeting regularly for almost a year, holding monthly potlucks at Spencer House. These gatherings regularly attract 25 Elders and The Elderberries' membership is now over 50 and growing. In our working with Northwood we made extensive use of Diversity Our Strength: LGBT Tool Kit for Creating Lesbian, Gay, Bisexual, and Transgendered Care at Toronto Long-Term Care Homes and Services.~~

**NSRAP Elders Project: Terms of Reference**

**Purpose:** The NSRAP Elders Project is committed to working with the NS Department of Health, long term care providers and facilities, and senior services agencies to ensure that elder care and services are delivered across Nova Scotia in a manner that respects the sexual orientation and gender identity and expression of all applicants, residents and clients.

The LGBT Elder's Project continuing purpose is to build on the successes achieved to date in establishing LGBT welcoming environment and care within Northwood, and to extend that to all continuing care facilities and services in Nova Scotia. We seek to provide education, advice and community support in enhancing and sustaining this culture of inclusivity and community collaboration, and to develop multi-level strategies and partnerships to expand this culture to other long-term care facilities.

The NSRAP Elders Project seeks to enhance the quality of aging LGBT Nova Scotians by increasing healthy leisure activities, intergenerational dialogue, and community engagement in order to offset the isolation many LGBT Elders experience.

**Fundamental Principles:**

**To celebrate the diversity and the unique lives of residents, families, volunteers, and staff involved in long term care in Nova Scotia.**

To celebrate the continuing contributions LGBT Elders make to Nova Scotian culture and society as a whole.

**LGBT Elders Project: Principles of Collaborative Strategies Towards LGBT Elder Care:**  
(Adapted from *Diversity Our Strength: LGBT Tool Kit*, Toronto, 2008).

These principles have grown directly out of the NSRAP Elders Project's involvement with Northwood: ~~We have come to learn that lasting change does not happen overnight, that slow and steady wins the race, and that respecting the differences of our collaborative partners makes for a stronger foundation in which we can truly value diversity. We believe in:~~

- Understanding and respect for the traditions and values of the ~~group/communities/facility~~ being engaged. This will facilitate success in achieving person-centred care;
- Finding shared values and common objectives;
- Building ~~buy-in and trust~~ relationships between the long-term care provider and the LGBT community at large;
- Meaningful and ongoing ~~engagement with~~ empowerment of LGBT community groups — working and evaluating together;
- ~~Staff training and awareness building regarding all cultures being served;~~
- —Finding “program champions” or “allies” among established leaders within the staff and the community partners to guide the models' success; and
- Revising and realigning processes, policies, resources and the environment to improve quality of life ~~and foster~~ in order to provide the best possible care for all Nova Scotians.

**LGBT Elders Project Goals:**

To provide leadership, support, and ~~encouragement~~ practical tools in the continuing implementation of LGBT responsive services throughout Nova Scotia;

- To promote full and equal access to services for LGBT individuals who require long-term care;
- To foster an atmosphere of openness and affirmation for LGBT individuals applying to, residing in, or working and volunteering in continuing care facilities in Nova Scotia;
- To create safe and inclusive environments where it is “safe” to be “out” for people who live, work and volunteer at long-term care facilities in Nova Scotia;
- To create social support groups and networks for LGBT residents, their partners and families;
- -To continue to research and develop strategies for the provision of culturally competent service for LGBT individuals;
- To plan, develop, coordinate and implement care and service protocols that respect LGBT culture, traditions and social networks; and
- To create a “tool kit” to guide the provision of LGBT responsive care and service.

**LGBT Elders Project Objectives:**

- To plan, develop, coordinate and implement administrative practices that facilitate the demonstration of LGBT inclusive care and service;
- To advise and consult on ~~provide advice and input into the creation of~~ LGBT responsive (culturally competent) care, service and environment and quality improvement processes;

To network LGBT services to care facilities; ~~To develop effective linkages for LGBT referrals;~~

~~• To support the development of volunteer programs connecting LGBT community members to seniors' care facilities;~~ ~~continue to build an effective volunteer program with connections to the LGBT community;~~

- To continue to develop processes to maintain effective community engagement;
- To develop LGBT cultural competence among senior care facilities staff through training and education; ~~To provide advice regarding the provision of staff orientation, training and education regarding LGBT inclusive services, thus contributing to cultural competence;~~
- To ~~develop indicators to evaluate~~ and measure LGBT inclusive services; and

•

~~• To foster the introduction~~ introduce of the Allies program ~~a registry (administered by the Youth Project) in~~ of continuing care facilities and seniors' service organizations throughout Nova Scotia that are LGBT-inclusive.

•

|

DRAFT

## *How to Approach this Guide*

Most lesbian, gay, bisexual, and transgender (LGBT) Canadians born in the 20<sup>th</sup> Century will have grown up in a world where homosexuality and/or non-conforming gender expression were viewed as either serious mental illnesses or criminal, or both. ~~While it is true that society Canadian society is changing for the better in terms of LGBT equality,~~ While it is true that society Canadian society is changing for the better in terms of LGBT equality, However, even if we succeed in eradicating discrimination and bigotry (as we believe we can), ~~the~~ the impact of homophobia and transphobia will remain. Acceptance is a relatively new phenomenon and for the foreseeable future, any LGBT Nova Scotian will have experienced homophobia at some point in their lives.

For the next thirty or forty years, ~~every LGBT person entering a nursing home in Nova Scotia will have been affected by their experience of a world where discrimination was the rule and respect the exception.~~

The initial goal of this project is to introduce you to this community, to share a bit of our history and our struggle for equality. We will be paying a lot of attention to health care and how to make care facilities safe and welcoming for LGBT residents, families, staff, and volunteers. This guide will enable those who are not a member of the LGBT community to understand the experiences LGBT Nova Scotians face. Whether it is a co-worker, a client or a member of the client's family, this guide will help you see past generalizations and stereotypes to relate to the person. Ultimately, we hope that this guide will give you the knowledge to see beyond generalizations and see the LGBT members of your community, residents and co-workers alike, as real people with real needs.

To begin this journey, we want to introduce a few key concepts and also to provide you with an opportunity for self-reflection. At the back of this Guide you'll find appendices: a detailed glossary; a timeline of LGBT history (with a particular emphasis on Nova Scotia), local, national and international resources, and a survey of long term care institutions conducted by Gerard Veldhoven, an LGBT Elder from Amherst, NS.

***"Heterosexuality isn't normal, it's just common."***

***- Derek Jarman, British filmmaker and LGBT rights activist***  
***Dorothy Parker, poet and author***

## **Key Concepts: Heterosexism, Homophobia & Transphobia**

### **Heterosexism**

Merriam-Webster defines heterosexism as, "discrimination or prejudice by heterosexuals against homosexuals." ~~Discrimination on the basis of sexual orientation, practiced by heterosexuals against homosexuals~~ That is how the Online Dictionary defines it, ~~but its~~ the effect is subtler and more pervasive than simple discrimination. Heterosexism is a set of societal attitudes and beliefs that presume heterosexuality is the norm; these attitudes can be shared by some gay people as well. Heterosexism can be consciously expressed as discrimination, discrimination; it can also be unconscious, as in when health care providers just assume that everyone is

heterosexual. Failing to considering the health (and other needs) of LGBT people ends up reinforcing the barriers for LGBT people in accessing care.

*~~An~~ Example of ~~Heterosexism~~ heterosexism from Project Visibility:*

- *Going out to dinner is a wonderful way for couples to connect and relax. A gay couple. However, may think twice about holding hands across the table. Will people stare or say something rude? After dinner, the couple may worry if it is safe to hold hands outside in public, wondering if people will threaten or harass them. Most heterosexual couples aren't concerned with these things.*

- *Project Visibility*, Boulder County Aging Services, 2002



DRAFT

An example of heterosexism in health care would be the introduction of *Gardasil* as a vaccine to prevent transmission of the human papilloma virus (HPV). HPV is a leading cause of cervical cancer, and clinical trials were conducted exclusively on girls and women. HPV is also a leading cause of anal cancer among men who have sex with men, however when the vaccine was released no tests had been done on males. [These tests have since been done. Maybe check with Cybelle or Angus to make sure that *Gardasil* is ~~no~~now being offered to NS boys?] In 2007 the NS Department of Health started a vaccination program for young girls in Grade 8. Not only was an opportunity lost to teach young men about the importance of condom use for anal sex (in heterosexual as well as homosexual contacts), but the unconscious message was delivered that the health of young gay men wasn't important.

### Homophobia & Transphobia

Homophobia is ~~an unreasoning fear of people with a same sex attraction, gay men, lesbians, and bisexuals~~ an irrational fear of or aversion to homosexuality or anything relating to homosexuality. Various definitions will cite antipathy, contempt, hatred, and prejudice. In a 1998 address, civil rights leader Coretta Scott King stated that "Homophobia is like racism and anti-Semitism and other forms of bigotry in that it seeks to dehumanize a large group of people, to deny their humanity, their dignity and personhood."

Transphobia is a similarly unreasoned fear of any people who don't conform to gender norms, including transgender and transsexual people.

#### ~~Some actual e~~ **Examples of homophobia and transphobia from *Project Visibility*:**

- *"In a day care setting, Robin, who has dementia, is the dance hall queen. She loves to dance and often acts out sexually, putting her hands on men's crotches. One day, she starts dancing with a woman, and talks to her as if she is a man. Staff laughs and pulls her away from the woman and matches her with a man."*
- *"June and Donna are residents in an Alzheimer's assisted living home. They did not know each other before living at the facility. They become friendly and now are together all the time. They often hold hands in the public area and seem happy to be together. Staff is tolerant but makes jokes and comments about them. June's son is concerned about their relationship and complains to the administrator. After some time, he moves June away from the facility to another one. Donna is bereft, but no one speaks to her about June's absence."*
- *Robert is a nursing home resident and has never been married. Staff assumes that Robert is gay because he never talks about women and has men friends visit him. One day, Robert's ~~roommate accuses~~ roommate accuses Robert of touching him sexually and wants him out of the room. Staff responds by being suspicious of Robert and having him on a 15 minute witch.*

- *Project Visibility*, Boulder County Aging Services, 2002

### **Safe Space**

We began our presentations at Northwood by inviting participants to agree that while we were together, the room we were all sharing would be a *Safe Space*. We often posted the internationally recognized symbol for “Straight Ally/ies of the LGBT Community”, a pink triangle surrounded by a green circle, on the door. The term comes from educators who sought to make schools and colleges safer for LGBT young people.

*“A place where anyone can relax and be fully self-expressed, without fear of being made to feel uncomfortable, unwelcome, or unsafe on account of biological sex, race/ethnicity, sexual orientation, gender identity or expression, cultural background, age, or physical or mental ability; a place where the rules guard each person's self-respect and dignity and strongly encourage everyone to respect others.”*

*—Advocates for Youth*

**It has proven to be a useful way to introduce topics that may be uncomfortable for some. It means that we can share our stories, discuss our differences, ~~even~~and even respectfully agree to disagree, all without fear of judgment or shame.**

**DRAFT**

**SAFE SPACE**



**This Space  
RESPECTS**

**All aspects of people,  
including race, ethnicity,  
gender expression, sexual orientation,  
socio-economic background,  
age, religion, body shape, size, and ability.**

**Personal Assessment Tool**

Before you travel any further, we invite you to take a few minutes for yourself and use the Personal Assessment Tool. This was developed by Toronto Long Term Care Homes and Services for *Diversity Our Strength: LGBT Tool Kit*. You may be pleasantly surprised to learn you have already travelled further along this journey than you realized!

**Some of the questions are not applicable to everyone. Use N/A as appropriate.**

Yes No In Progress Not Sure

<u>Yes</u>	<u>No</u>	<u>In Progress</u>	<u>Not Sure</u>	
				I have an equal rights statement posted in my work area (i.e., i.e. “safe space” sticker).
				I am honest about the limits of my understanding of sexual orientation and gender diversity.
				I endeavor to use inclusive language such as “partner” instead of “girlfriend/boyfriend” or “wife/husband.”
				When providing individual or group services, I use questions and comments that are inclusive of all sexual orientations and gender identities.
				I treat people of all sexual orientations and gender identities as individuals with many roles and identities.
				I ask questions to understand the personal lived realities of others.
				I review forms, histories, posters, etc., regularly for inclusivity and appropriate language.
				I keep a list of resources for people who are LGBT or questioning.
				I post positive images and posters of sexual orientation minorities and gender diverse people.
				I am comfortable working with co-workers of all sexual orientations and gender identities.
				I am comfortable working with clients and communities of all sexual orientations and gender identities.
				I would feel comfortable if my manager were LGBT.
				I utilize opportunities for ongoing training on sexual orientation and gender identity issue.
				I monitor my attitudes, values, behaviours and practice for discrimination based on sexual orientation or gender identity.
				I recognize that a person’s appearance, actions or words may not be reflective of that person’s sexual orientation or gender identity and I avoid making assumptions based on these characteristics.
				I can recognize discrimination by association (i.e., discrimination against heterosexuals who support the rights of sexual minorities).
				I have been/or would be accepting of an LGBT person

				<b>coming out to me.</b>
				<b>I am aware of the laws and personnel policies concerning sexual orientation and gender diversity.</b>
				<b>I advocate for policies that include non-discrimination related to sexual orientation minorities and gender diverse persons.</b>
				<b>I encourage education about sexual orientation and gender identity in my workplace.</b>
				<b>I work to safeguard the rights of sexual orientation and gender diverse minorities.</b>
				<b>I confront statements and jokes that discriminate or make fun of LGBT people or communities.</b>
				<b>I challenge gender stereotypes.</b>

Now, tally up your score: how often did you say Yes/In Progress versus No/Not Sure?

If the majority of your answers were Yes/In Progress, you know that you are already accepting of LGBT issues. However, there is always more work to be done and new issues to consider.

If the majority of your answers were No/Not Sure, there are many tools we can provide you to help you move forward.

DRAFT

## 1. Getting to Know You: Introduction to LGBT Inclusion~~GETTING TO KNOW YOU! INTRODUCTION TO LGBT INCLUSION~~

*“According to law, members of the [LGBT] community must be afforded equal treatment to all others. In practice this no doubt remains a cause for concern. How do management and staff propose to make certain [LGBT] persons are treated with respect and dignity on their premises? Nursing home management and staff must be aware and educated to assure proper care and possess positive attitudes. In order to achieve that goal, is this type of training available to those working in care facilities? “Unfortunately, discrimination continues to rear its ugly head. As elsewhere in Canada, Nova Scotia has an aging [LGBT] population not comfortable with the present system. This is an urgent situation that needs to be addressed.”*

*Gerard Veldhoven, LGBT Elder and activist in a 2009 letter to Nova Scotia’s Health Minister, Karen Casey.*

*- Gerard Veldhoven, LGBT Elder and activist in a 2009 letter to Nova Scotia’s Health Minister, Karen Casey.*

*“After decades of struggling to become a legitimate and valued segment of our diverse Canadian society, it is only recently that changes in human and legal rights have begun to create a more equitable landscape for sexual and gender minority communities.”*

*— Diversity Our Strength: LGBT Toolkit, Toronto Long Term Care Homes and Services, 2008.*

*- Diversity Our Strength: LGBT Toolkit, Toronto Long Term Care Homes and Services, 2008.*

### LGBT Nova Scotians

Nova Scotia’s population, including its LGBT population, is aging. Estimates of Nova Scotia’s LGBT population range from 40,000 to as high as 90,000 people, that could mean anywhere from 6,000 to 13,000 older LGBT Nova Scotians.

An LGBT person born in 1946 was already 23 when Pierre Trudeau declared that “the state has no business in the bedrooms of the nation,” ~~and decriminalized homosexuality; this year, that persons turns 65.~~

**Much has improved over the last forty years for Canada’s LGBT Community. With the adoption of marriage equality by Parliament in 2005, it must have seemed to many that our long quest for civil rights was accomplished. However there are still many social and practical barriers facing the LGBT community, and for LGBT elders there is the additional marginalization associated with growing old. Thus, they have two (and possibly more) serious social stigmas to contend with.**

Nova Scotia’s LGBT elders grew up during a time when it was commonly believed that homosexuality was a sin, crime or mental illness. In the past, many LGBT people were

imprisoned for “crimes” or hospitalized for “illnesses” that are no longer recognized in Canadian society. **EXAMPLE OF EST**

Nova Scotia’s LGBT community has played a long and active role in the quest for social justice. In 1977, the first national protest was organized by gay students in Halifax against the CBC’s refusal to broadcast public service announcements from gay and lesbian community groups. Beginning at Dalhousie University in Halifax, the protest was picked up at university campuses across the country, resulting at last in positive changes to CBC’s discriminatory policy.

LGBT activism wasn’t confined to Halifax. In the 1990s, Guysborough Member of Parliament Roseanne Skoke used her parliamentary position to speak against equality for gays and lesbians. She was vigorously countered by activists in the Pictou area who named their group “**The Homosexualist Agenda**”, appropriating Skoke’s own derisive language. “Yes, we have an agenda,” they said. “Our agenda is equality.” Throughout the 1980s, ’90s, and into the early years of the 21<sup>st</sup> Century, Nova Scotians remained at the forefront of national issues facing the LGBT community, including the fight against HIV/AIDS, the fight to end persecution of LGBT members of Canada’s armed forces, pension reform, adoption rights, and the right to equal marriage.

With Parliament’s adoption of same sex marriage in 2005, to many outside the LGBT Community (and even to some within) it seemed that the struggle for LGBT rights was finally and completely won. Yet we know this is not the case. Three jurisdictions in Nova Scotia, most famously Truro, have adopted “no flag” policies specifically to avoid flying the LGBT Pride Flag. Incidents of homophobic violence and harassment continue to make headlines, while many more go unreported.

*“Today, a vast majority of the LGBT seniors over the age of 65 years have lived most of their lives in an environment of overt discrimination and hostility. For many, given the times and societal views, they have experienced different forms of abuse as a result of their sexual orientation and gender identity. For many, it was impossible to be openly gay and to feel safe.”*

*- Diversity Our Strength: LGBT Toolkit,  
Toronto Long Term Care Homes and Services, 2008.*

~~*- Diversity Our Strength: LGBT Toolkit, Toronto Long Term Care Homes and Services, 2008.*~~

In Nova Scotia this history has been further complicated by cultural and racialized barriers. Mi’kmaq, Acadian, Anglo-Irish, New England Planters, African Nova Scotian, Gaelic, German, Lebanese communities, and others, have all lived in Nova Scotia for hundreds of years, each with their own linguistic and cultural heritage. LGBT Mi’kmaq and African Nova Scotians are often doubly marginalized. There is a saying in the LGBT Community, “If you are Mi’kmaq and you want to come out of the closet, you have to leave the reserve; if you are African Nova Scotian, you need to leave the region!” While it is also true that different religious traditions have often played a negative role in the lives of LGBT Nova Scotians, increasingly churches such as Bedford United and First Baptist Church in Halifax have decided to become affirming congregations, integrating their LGBT congregants fully into church life. In a continuing care

setting, informed spiritual advisors can often be a bridge to greater understanding and acceptance of LGBT people.

*“Now, perhaps at a different time in their life where they require the services and programs offered within a long-term care home setting, many LGBT seniors report heightened fear and anxiety should they disclose their sexual orientation to service providers within both health and social service agencies and have little faith and confidence that they would not experience further victimization. Within current literature and research, it indicates that LGBT elders are five times less likely to use services than the population at large as a result of this fear. In addition, there is research that demonstrates the significant needs of LGBT seniors are not well served within the mainstream health care system and certainly is not being addressed within the long-term care sector itself.”*

*- Diversity Our Strength: LGBT Toolkit,  
Toronto Long Term Care Homes and Services, 2008.*

*- Diversity Our Strength: LGBT Toolkit, Toronto Long Term Care  
Homes and Services, 2008.*

Just as LGBT Elders grew up in a society that viewed anything outside of heterosexuality and the restrictive gender “norms” of male and female as being deviant or abnormal, so too did many staff and administrators. As a culture, we have been taught these “values” since our earliest childhood as if they were immutable scientific or doctrinal truths. While laws and policies may have changed, the hearts and minds of those who have to administer those changes may be another matter.

We understand that the process of moving towards inclusivity will be challenging, yet we feel strongly that it is essential. We believe that engaging in diversity and human rights is always a work-in-progress. NSRAP also believes that each and every long term care facility is itself a community with its own unique values and practices. Any one-size-fits-all approach to providing care to LGBT seniors is bound to fall short. Making a long-term, collaborative plan to address smaller components of the initiative within an institution may work better than a fast-paced, tackle-everything-at-once approach. With the latter approach, as has been experienced within many health organizations, there is a ‘finished’ mentality. That is to say the participants within the organization may think “ok, we’ve done this, now on to the next initiative”. However, with the high-turnover with residents, as well as turnovers with staff and new problems arising within any sort of initiative, we really stress the importance of taking on this initiative as a long-term plan.

At the very least, it is the aim of the Elders Project to put a human, personal face on LGBT seniors, to share our stories and our concerns, and in so-doing, to allow long term care providers to recognize us for the loving brothers, sisters, parents, and grandparents that we are, equally deserving of the highest possible standards of care.

## 10 ~~BASIC~~ Basic Points ~~About~~ about LGBT Elders

1. *LGBT elders' fears about ageing are different from heterosexual elders.*
2. *LGBT elders are afraid of ridicule, discrimination, ostracism, neglect, and harm.*
3. *LGBT elders may want to talk about their lives to someone who can understand and is not uncomfortable.*
4. *LGBT elders do not need LGBT caregivers. LGBT-friendly is enough.*
5. *LGBT elders may be more at risk of social isolation, substance use, and depression.*
6. *LGBT elders and caregivers will watch for signs of inclusiveness and acceptance in your language and in the environment.*
7. *Service providers need to market to the LGBT population and to make policies that help create an inclusive environment for clients and staff.*
8. *LGBT elders can have opposite sex partners. They can have children and grandchildren.*
9. *LGBT elders may not want to come out. Do not ask them about their sexual orientation directly or speculate about it with others.*
10. *LGBT elders may choose to come out to selected people, but not others. If you have documentation that mentions their sexual orientation, ascertain if they want the rest of the staff to know.*

11-

*Project Visibility, Boulder County Aging Services. 2002*

### **What Should a Seniors' Organization That Values Diversity Consider?**

- *LGBT seniors may have issues and concerns not experienced by mainstream seniors;*
- 
- *Some LGBT seniors have been rejected by their families due to their sexual orientation or gender identity, and do not have the family support and structure that many mainstream seniors enjoy;*
- *Some LGBT seniors have been closeted throughout their entire lives, and experience feelings of fear and insecurity about coming out;*
- *LGBT seniors, or any LGBT person, should never be pressured to come out;*
- *Some 'out' LGBT seniors may be experiencing discrimination and/or homophobia within home and long-term care-systems.*

- Organizational Change at the 411 Seniors Centre.

DRAFT

## **2. First Impressions: Creating an LGBT Welcoming Environment** **HRST** **IMPRESSIONS: CREATING AN LGBT WELCOMING ENVIRONMENT**

All of the literature reviewed by the NSRAP Elders Project demonstrates the importance of creating a welcoming, positive, and safe environment as a crucial component in providing appropriate and professional care for LGBT Elders.

*“It makes intuitive sense that the environment, the first (and lasting) impression of the continuing care facility, would be the first step in providing competent care for LGBT seniors. This is because the welcoming environment is more likely to promote LGBT seniors to be open about their sexual and gender identities with their caretakers. While this may seem a simple task in the process, creating a welcoming and safe environment for LGBT seniors can be a monumental and somewhat complex undertaking”*

*- Diversity Our Strength: LGBT Toolkit,  
Toronto Long Term Care Homes and Services, 2008.*

~~**- Diversity Our Strength: LGBT Toolkit, Toronto Long Term Care Homes and Services, 2008.**~~

**What does an organization that values diversity look like?**

*“When I heard that Northwood was going to be in the Halifax Pride Parade I felt so proud to work there.”*

– Northwood staff member

When NSRAP began working with Northwood on the Elders Project in June of 2010, they had already begun the process of creating a welcoming environment. Northwood has an active Diversity Committee and they had decided that Northwood should have a presence in the Halifax Pride Parade. Anyone arriving at Northwood during Halifax Pride Week (July 2010) was greeted with sight of an enormous LGBT Pride exhibit in the main lobby, including a beautiful handmade quilt, created by a Northwood staff member, featuring the colours of the Rainbow Flag. A strong but subtle message was being communicated to residents, staff, and visitors that Northwood valued diversity and was acknowledging the contributions of LGBT people to its communal experience. The positive reinforcement of such a display for members of our community cannot be overstated.

*“It is important to recognize that in an agency that values diversity, the goal is not to treat everyone as if they are the same. Rather, there must be mechanisms in place that recognize and celebrate the differences among staff and service users while ensuring that these differences do not impact the quality of employment or services that individuals enjoy.”*

**- Organizational Change at the 411 Seniors Centre.**

NSRAP considers the inclusion of sexual orientation, gender identity and gender expression to be essential components to any diversity program. The Affiliation of Multicultural Societies and Service Agencies of British Columbia (AMSSA) has created a guide, **Cultural Diversity in Organizations and Business: Gaining a Competitive Advantage**, which outlines the process for introducing organizational changes that support diversity.

1. Diversity is tied to the organization's key business strategies, mandate and/or mission statements;
2. Organizational policies, procedures, and practices demonstrate a commitment to diversity;
3. Staff at all levels of an organization reflect the community/communities being served;
4. The organizational culture is welcoming of diversity and inclusive of all people regardless of ethnic background, race, gender, abilities, religious beliefs, ~~or~~ sexual orientation, gender identity or gender expression;
5. The organization has a strong customer or client focus, ensuring that people of all cultural and social groups feel welcome and included, and that they can access all services and or products.

DRAFT

- Adapted from **Cultural Diversity in Organizations and Business: Gaining a Competitive Advantage**, AMSSA, 2000.

### **LGBT Welcoming Environment Initiatives**

Toronto's Long-Term Care Homes and Services' LGBT Steering Committee adapted a simple framework from the "National Health Service in Scotland" toward achieving effective, culturally competent LGBT care and creating a welcoming environment. This simple framework includes:

Visual expression of a welcoming environment: In the physical environment, is there evidence of positive signs and symbols displayed throughout the home?

- Written, graphic materials, images, artwork and signage welcome and are inclusive of LGBT people to the home. This could include displays of the rainbow flag, images of same-sex couples, posters and information relevant to the local LGBT community, display of the home's participation at the Pride Parade, announcements of upcoming community meetings with LGBT inclusive local agencies, as examples;
- LGBT literature and materials, such as newspapers, magazines (local examples: Wayves Magazine, Gaze, Xtra, Outlooks) and brochures are accessible in common areas of the home, i.e., front lobby sitting area, LGBT section in the home's library, LGBT themed videos and DVDs, inclusion and announcements of LGBT programs and services being offered in the home are included in newsletters;
- Materials offered to the public clearly reflect non-discrimination policies and practices and reflect the home's commitment to LGBT inclusion. This would include information provided to the public during tours of the home;
- Programs with an LGBT focus or interest are advertised or promoted through the resident newsletter, posted in the home and/or announced as a special program.

Verbal expression of a welcoming environment: The language heard within the home reflects:

- Written forms and assessments do not assume heterosexuality as the norm, i.e., the use of partner **or spouse instead of husband/wife;**
- There is a broad definition of family to include **“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.

Other actions to create a safe and affirming environment:

- Within the bounds of safety and respect for privacy, LGBT residents’, their families’ and friends’ identities are acknowledged, affirmed, and respected;
- There is recognition of residents/family rights and reminders that the home is a safe place. An example of this would include the care and attention taken in selecting roommates or in the sharing of the facilities’ common spaces, possibly allowing for the **creation of a Diversity Lounge;**
- There are accessible and supportive processes available in the home that allows residents, family, volunteers and staff to raise issues and concerns, feel that they are heard, and that issues raised will receive due follow-up, **with mechanisms to ensure two-way communication;**
- While physical safety is an important aspect in ensuring that the environment is LGBT welcoming, it is equally important to consider the aspect of privacy and understand the special importance it can have for LGBT individuals.

|

DRAFT

### 3. *Engaging the Internal Community: Governance & Administration* ~~ENGAGING THE INTERNAL COMMUNITY: GOVERNANCE AND ADMINISTRATION~~

Throughout our work at Northwood, NSRAP has heard from staff that implementing respect for diversity must be supported at the highest levels of administration. Northwood is fortunate in having an active Diversity Committee. However, as several staff have observed, the work of making the facility LGBT inclusive needs to be undertaken at all levels of Northwood's governance structures, including the Residents and Families Committee.

Toronto Long Term Care Homes and Services note in *Diversity Our Strength: LGBT Tool Kit* that, "It is vital to include the Home Advisory Committee members early in the process of launching the LGBT initiative in the home. The Home Advisory [members] have an opportunity to become "ambassadors of the initiative" either through actively participating in the home's Gay-Straight Alliance, or depending on the member, self-identifying as a member of the LGBT community."

NSRAP recommends these steps in establishing LGBT inclusion:

- Diversity **and LGBT inclusion principles are understood by all, including the Board of Directors, management, volunteers, staff, affiliates, and community agencies, organizations, and partners;**
- **Respect for diversity and LGBT inclusion are is written into contracts and rental agreements with residents and families. N. B. Northwood has already demonstrated a willingness to follow through on this;**
- **Diversity and LGBT inclusion are written into the facility's strategic plan;**
- **Diversity initiatives are supported by on-site union representatives;**
- **Developing a communications strategy so the facility can go on record, publicly stating their commitment to being an LGBT inclusive organization.**
- **NSRAP strongly encourages all long term care facilities to have at least one person on staff join the Allies Program, administered by the Youth Project, (See below: *Becoming an Ally*: NSRAP's registry of care providers.**

Within this process of administrative change, it is recommended that long-term care homes consider:

- All policies and procedures (both current and future) need to be viewed with a lens for **inclusivity. Are there any barriers to the LGBT inclusivity?**
- Examine health benefits to ensure inclusion of the specific health and personal care needs of transgender residents;
- **Privacy and confidentiality practices: the facility's policies need to underline the privacy rights of residents, volunteers, or staff person; to make clear that the sexual orientation of a resident, volunteer or staff person, and/or that person's medical**

**history with regards to their gender identity is solely theirs to disclose. (See below for more on privacy and confidentiality);**

- **Intimacy policies should explicitly support the right to consensual expressions of same sex intimacy;**
- **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 *Expectations for Health and Health Care in Nova Scotia* legal document), and following instructions (which includes reference to Professional Standards);**
- **There are established policies and practices to address issues of anti-discrimination and harassment and they are used effectively by the management and staff when addressing these issues/concerns;**
- **A process is available to ensure that as future policies and procedures are developed they be examined to ensure inclusive wording;**
- **Access to an Ethics Committee and/or consultation as issues/concerns arise (and this would help to bring in awareness of ethical dilemmas) and what resources might be available to help address issues/concerns;**
- **All promotional materials for the home are reviewed to ensure that services and programs are described as LGBT inclusive. This would include all written material, i.e., brochures, fact sheets, materials used to promote the facility and provided to participants on tours of the facility, website Web site etc.;**
- **Strong linkages and partnerships with the Nova Scotia Department of Health, Department of Seniors, local Health Advisory Boards, and LGBT community organizations, etc. in order to inform and communicate any LGBT-specific programs and services to prospective applicants.**

*“Administrative forms and the associated assessments required within a long-term care home can have a significant impact on the sense of being welcomed, acknowledged and validated by the individual and those significant to them. Review all forms used and implemented by the home for wording regarding marital status and gender. Also be sure to examine intake procedures and policies as well as the information clients’ receive when accessing services.”*

- Halifax Rainbow Health Inclusion Program, NSRAP, 2005.

Examples and suggestions to be aware of, and sensitive to, would include (all were taken from *Diversity Our Strength: LGBT Toolkit*):

- *Modify the emphasis on marital status within forms and revise to state relationship, i.e. partner;*
- *Delete the identification of male and female from forms and substitute gender identity;*
- *Change personal data and family history to family medical history;*

- *Forms that require family signature, revised to include signature and relationship;*
- *Forms that require spouse's name, revised to read 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 Substitute Decision-Maker or 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 desired; and*
- *Finally, when completing both administrative processes and assessments, the use and comfort with language used by staff can be a significant indicator in making an inclusive and welcoming environment.*<sup>DRAFT</sup>
- *LGBT applicants and residents should be informed about the home's privacy statement and the required data collection (including references to sexual orientation and/or gender identity) and be assured that no information will be disclosed, except as required by law or as determined/directed by the individual. Individuals should be assured that the designation of sexual orientation and gender identity on forms is at his/her option.*

*- Diversity Our Strength: LGBT Toolkit,*

*Toronto Long Term Care Homes and Services, 2008.*

~~— Diversity Our Strength: LGBT Toolkit, Toronto Long Term Care Homes and Services, 2008.~~

~~- Diversity Our Strength: LGBT Toolkit, Toronto Long Term Care Homes and Services, 2008.~~

### Becoming an Ally/Joining the NSRAP Registry

The Allies Program was developed to assist LGBT youth in school and colleges. Its function is to make a staff person visible who can provide a Safe Space for people to express concerns about issues relating to sexual orientation, gender identity, and gender expression.

While the program was developed for youth, NSRAP feels that the program can be readily adapted to continuing care facilities and organizations serving LGBT Elders. In Nova Scotia, the Allies Program is administered by the Youth Project. The text below is taken from the Youth Project; we have made changes only to reflect its applicability to Elder care facilities.



**What an Ally is all about:**

An Ally is someone who accepts, appreciates and celebrates lesbian, gay, bisexual and transgender [people]. Allies can be of any sexual orientation or gender identity, work together to help put an end to discrimination and fear, and work to make Nova Scotia a safer place. Allies can be anyone who works with [LGBT people] or who has [LGBT people] in their lives. They could be [family, teachers, social workers, youth workers, doctors, nurses, personal care attendants, home care workers, police officers, etc.] The list is endless. Allies are an important part of the fight to end homophobia and a valuable resource and support to lesbian, gay, bisexual and transgender [people]. An important part of ending the isolation felt by lesbian, gay, bisexual, and transgender [Elders] is to provide them with opportunities to meet other [Elders], but with the opportunity to interact with and seek support from allies in [long term care facilities and seniors' services].

**What the program is about:**

Fear of homophobia and transphobia often prevents [LGBT Elders] from trying to access support. The Ally card program helps identify safe, supportive people. The program does so by providing Allies with a card to display in their space and by providing the Youth Project with an Ally list that enables the Project to identify allies [in continuing care settings].

**How to get involved:**

In order to become an Ally, you must first have the desire to support and work with lesbian, gay, bisexual and transgender youth. The next step is filling out the online application (<http://gfrog.ca/allycard/>). This may take a while but being an Ally is worth it! If you do not have access to the Internet we can provide you with a paper copy. This application comes with

*a contract to fill out stating that you understand what being an Ally means and the importance of being a member of the program. Once approved you are sent an Ally card to display in your work area, information, and a copy of your contract. You will also gain access to our Ally website Web site area where you will be updated on the newest resources, events and training opportunities.*

*The Ally program is open to all who work with [LGBT people], have them in their lives, or see them as part of their overall work. The Program is province wide.*

***Benefits of being an Ally:***

*Allies gain access to our Ally website Web site area that includes up to date information, resources and training opportunities. Allies are also eligible for discounts on any training sessions hosted by the Youth Project. As an Ally you make yourself visible to LGBT [Elders] who may not otherwise know who is safe. You also make yourself visible to the Youth Project so that we can let youth know you are there. Being an Ally joins you with other Allies in your work setting and around the province. Together you can work for change, share in development opportunities and look to one another for support. Being an Ally sends a strong message that you respect LGBT people.*

DRAFT

DRAFT

#### **4. Profoundly Invisible: Privacy, Intimacy Rights, Policies~~PROFOUNDLY INVISIBLE: PRIVACY AND INTIMACY RIGHTS AND POLICIES~~**

*“Past and current experiences of stigma reinforce, in the minds of many lesbian and gay seniors, a vigilance in maintaining secrecy over their sexual orientation. Other seniors may feel it necessary to deny a same-sex relationship for fear of being badly treated in the long-term care network. Many seniors are often cautious about disclosing their sexual orientation. Consequently, they remain profoundly invisible in most segments of society. Older gays and lesbians are hardly ever seen in mainstream senior networks, in health care institutions, and in society.”*

- *The Health and Social Service Needs of Gay and Lesbian Elders and Their Families in Canada, Shari Brotman, Bill Ryan, Robert Cormier, McGill University, 2002.*

—The Health and Social Service Needs of Gay and Lesbian Elders and Their Families in Canada, Shari Brotman, Bill Ryan, Robert Cormier, McGill University, 2002.

After the decriminalization of homosexual acts, from the 1970s through the '80s and '90s, police forces in Montreal, Hamilton, London, Calgary, and other Canadian cities continued to harass gay men in gay baths, bars, and cruising areas. The names of those arrested in these “clean-up” operations were often published in mainstream newspapers; it was not uncommon for suicides to follow their publication. In 1980, a group was formed in Toronto to offer legal and emotional support to those charged; it was called the Right to Privacy Committee.

On the night of February 5, 1981, Toronto’s Metropolitan Police launched **Operation Soap**, raiding four gay bathhouses in the city’s downtown. It was the largest mass arrest in Canada since the 1970 October Crisis and remained so until the Stanley Cup riots in Edmonton in 2006. 286 men are charged as “found-ins” under Canada’s common bawdy house laws. The police are repeatedly described as physically and verbally abusive. The Richmond Street Health Emporium is so badly damaged that it never reopens. The raid leads to mass street demonstrations and protests and is often likened to the Stonewall Riots for its galvanizing effect on the gay community. In the immediate aftermath, membership in the Right to Privacy Committee skyrocketed. For LGBT Canadians over the age of 45 the right to privacy may be seen as essential to survival as the right to life itself.

#### **Coming Out of the Closet: Privacy and Confidentiality**

The Nova Scotia Personal Health Information Protection Act, (Bill 89, 2010) requires consent of the resident before information regarding sexual orientation is disclosed to anyone. Residents and clients have the right to all personal and medical information to be held in confidence by staff. As a result, staff ~~members is~~ are expected to refrain from discussing resident or client related information in public and must maintain the confidentiality of records and information. This includes personal, medical and other information concerning residents, clients, their families and fellow employees and staff repeating, or otherwise conveying information to anyone except those specifically designated to receive the information shall be considered in breach of confidentiality.

The objective of the legislation is to keep personal health information confidential and secure. Under this legislation people and organizations that deliver health care are known as “custodians” of health information and strict rules apply regarding how personal health information is collected, used, maintained, disclosed and disposed of.

In the LGBT community we use the term “coming out” to describe the action of disclosing to others information about our sexual orientation or gender identity. We talk about coming out in terms of a process or a journey, one that often begins internally when we come out to ourselves about our difference. Sharing this information with others is an act of trust, and not all LGBT people are “out” to everyone. Some are not out to their biological families.

*“Coming out is a very personal journey. Many out older LGBT [people] choose not to be out when they are forced to live in a long term care community. They are concerned about being ostracized and ridiculed by their peers and staff, and additionally, of being a victim of neglect or even violence. This means they cannot reminisce or be a part of any life review process. The people with whom they eat their meals, attend concerts, or play cards will never really know them. ... As a service provider, being sensitive to this issue is paramount. Your job is to let them know in different ways, that you and your staff are open and accepting people.”*

*- Project Visibility, Boulder County Aging Services, 2004.*

Personal information about a resident’s sexual orientation can create some challenging ethical considerations within a long term care environment. What should you do if you think a resident may be gay or lesbian? What if a resident comes out one staff person but not to others? What if a resident is out with some staff but not with their family of origin?

The most you can do is affirm your openness and acceptance. Even if you feel that a person is gay, don’t try to “come out” for them. In a professional situation, it would be inappropriate to ask a person directly about their sexual orientation; it is always up to them to disclose. It would also be inappropriate to speculate or discuss it with others. If a person does “come out” to you, it is an indication of their trust and their privacy must be respected. Once that trust has been offered, it is a good idea to ask the resident if anyone else knows, and to clarify whether or not they would wish this information shared and, if so, with whom.

Transgender residents may have personal information included as part of their medical histories. That information should be shared strictly on a need-to-know basis, to medical and nursing staff and in some cases to personal care attendants. The greatest care must be taken to ensure that staff [members](#) are trained to meet the needs of trans residents and that their confidentiality is respected.

## **Suggestions for Developing the Wording of a LGBT Inclusive Intimacy Policy**————

*In keeping with our mission and values statement, we are committed to diversity and LGBT inclusion. We believe in supporting all members of our community in reaching their full potential, and that all people deserve to be treated with dignity, honesty and respect, including respect for appropriate sexual expression.*

*We recognize that healthy and appropriate sexuality includes same-sex expressions of intimacy. Deciding what is appropriate and what is inappropriate is sometimes difficult. When sexuality is expressed inappropriately, dignity and respect are compromised.*

*Sexuality is a part of our personality; we all need human closeness, intimacy, touch, the feeling of attractiveness and sexual pleasure throughout our life. LGBT people have struggled for decades to love who they choose and we respect their rights to express that part of themselves.*

### **General Guidelines**

DRAFT

*All residents should be allowed to have private time for appropriate intimate expression.*

*Before responding to an expression of same-sex intimacy, take care that you have not made assumptions about the sexual orientation of the parties involved. If you see same sex expressions that you deem to be out of character for a resident(s), again exercise caution that you have not made assumptions about the sexual orientation of the parties involved. As people age, the barriers to expressing same sex attraction may become less important.*

*Where appropriate, families should be notified for information and support. Where same-sex behaviour is involved, it is important to recognize that some families may object to, or deny, or even be unaware that their relative has same-sex attractions. In this scenario it would not be appropriate to allow the family members to remove the elder's freedom of informed consensual sexual expression.*

- [Source?](#)

## 5. Hidden in Plain Sight: Transgender Inclusion

### IDDEN IN PLAIN SIGHT: ~~TRANSGENDER INCLUSION~~

*“How can the community help? Develop awareness of trans elders and their needs; value their lives, experience and stories, and understand and be compassionate about the fact that elders may sometimes see the world very differently from young people and their needs must be met in that context. You can be allies who advocate for elders.”*

- [Hawkmoon River Stone, Elder transman and activist, from Growing Older and Being Trans, an interview published online at transhealth.com.](#) ~~Hawkmoon River Stone, Elder transman and activist, from Growing Older and Being Trans, an interview published online at www.transhealth.com.~~

**Transgender** is an umbrella term, sometimes colloquially shortened to “trans” within the community, which includes a range of gender identities and expressions, including Male to Female (MTF) or Female to Male (FTM) transsexuals, people who are intersex, or who identify as genderqueer. Transsexual usually refers to trans people who are living wholly or in part in their gender identity. More terminology relating to the transgender community can be found at the end of this chapter and in [Appendix I: Glossary of LBT Terms.](#)

Transitioning refers to the process of living in one’s preferred gender identity. This can mean adopting the outward appearance (dress and mannerisms) of one’s gender identity. Medical treatments for trans people range from taking hormones to offset the sex characteristics of one’s birth gender to undergoing Sex Reassignment Surgeries (SRS). The process of undergoing any of these medical treatments is lengthy and involved, usually involving one’s primary care physician, an endocrinologist, and counselling. Nova Scotia does not offer most sex reassignment surgeries and they are not covered by provincial health insurance. It is important for care providers, especially personal care attendants and home care workers, to understand that not every trans person undergoes surgery.

### **Hidden From History**

Transgender people have always been with us, but their stories are almost always related in the context of heteronormativity (see glossary). If we look at history through a trans lens, famous historical transgender figure might include Queen Christina of Denmark, who renounced her throne and put on men’s clothes and lived as Count Donha, or We W’ha, the Two Spirit Zuni who in the 1880s spent months in Washington advocating for her community. ~~Despite~~[Despite](#) being born male, We W’ha lived almost her entire life as a woman.

Since Sexual Reassignment Surgeries (SRS) became possible, many transsexuals who have gone through that process have wanted nothing more than to be invisible. Their former gender identity having been so alien, they have put their past behind them as fully as possible, wanting nothing more than to live in their true gender. It is only in recent decades that trans people have become increasingly vocal and remaining “out” as transgender even after transition.

The lesbian, gay, and bisexual community are not immune from transphobia. Even today, the “T” community within the LGBT often has to fight for inclusion, acknowledgement and due attention to their fight for civil rights from lesbian and gay organizations. For instance, it often goes unacknowledged that many of the first resisters at the Stonewall Riots in 1969 were trans.

### **Caring for Transgender and Transsexual Elders**

*Most trans people feel particularly vulnerable when undergoing a physical exam and need extra reassurance and support. They may be unwilling to take off their clothes until they are feeling much safer. **Protecting the identity, dignity and bodily integrity of the trans person is paramount.***

***Recognize that many trans people have a mix of male and female anatomical characteristics.** Not all trans people want sex reassignment surgery and the majority is unable to access it in any case. Don't be surprised to see a trans woman (MTF) who has breasts and also male genitalia, or a trans man (FTM) who has had chest surgery or binds his breasts (chest) with a tensor bandage but still has a vagina. **It is extremely important to deal with these differences in a supportive and matter of fact way,** without showing shock, disgust or too much curiosity. Ask the questions that are needed to deliver care and educate yourself further on your own.*

*Use the appropriate pronouns (usually the pronouns that correspond to the person's felt gender). When in doubt, ask: “What is your preferred pronoun?” or “How do you prefer to be addressed?”*

*Continue to follow desired dressing and grooming routines that help the person to live in their felt gender. **Again, when in doubt, ask!***

*For trans people who are taking hormones, it is important to reassure them that their hormone therapy will continue to be prescribed and administered (oral or injection) as usual. These medications are central to the person's identity. Contact the person's primary care doctor or endocrinologist to get details of his or her hormone regimen and ongoing monitoring strategies.*

*If a resident has had sex reassignment surgery there may be short or long term post-operative care required. Again, the primary care physician or surgeon should be consulted in this regard.*

***-Adapted from Diversity Our Strength: LGBT Tool Kit, Toronto Long Term Care Homes and Services, 2005***

The following policy recommendations were adapted by the Halifax Rainbow Health Inclusion from materials developed by the 519 Community Centre in Toronto. They were

originally developed by trans activist and artist, Alec Butler. Although a resident of Toronto, Alec was born and raised in Cape Breton Island, Nova Scotia.

### **Policy Recommendations**

Trans access should be considered as part of a larger anti-oppression framework and policies regarding trans service users should be consistent with policies regarding other marginalized groups accessing services.

~~A policy of inclusion: ensure that the mandate of the organization specifically includes trans people in advertising in advertising, outreach material, web sites, etc.~~

~~Include gender identity and expression in existing non-discrimination policies and/or anti-policies and training. Trans people can be accommodated in women and men's services according to their self-defined needs and gender identity.~~

DRAFT

~~Ongoing training for staff, volunteers and counselors by members of the TS/TG community and ongoing outreach to the trans community.~~

- ~~1. Staff, boards, volunteers: reflect the diversity of your service users in all aspects of the organization by recruiting and hiring trans people as well as members of other marginalized groups. Trans access should be considered as part of a larger anti-oppression framework and policies regarding trans service users should be consistent with policies regarding other marginalized groups accessing services.~~
- ~~2. A policy of inclusion: ensure that the mandate of the organization specifically includes trans people in advertising in advertising, outreach material, web sites, etc.~~
- ~~3. Include gender identity and expression in existing non-discrimination policies and/or anti-policies and training. Trans people can be accommodated in women and men's services according to their self-defined needs and gender identity.~~
- ~~4. Ongoing training for staff, volunteers and counselors by members of the TS/TG community and ongoing outreach to the trans community.~~
- ~~5. Staff, boards, volunteers: reflect the diversity of your service users in all aspects of the organization by recruiting and hiring trans people as well as members of other marginalized groups.~~

## Best Practices

1. Respect: demonstrate respects towards all people on the trans spectrum. Use pronouns that are consistent with the person's stated preference or gender expression; if preference is not known, respectfully ask.
2. Privacy/confidentiality: trans status is to be kept confidential unless permission is given by the person to disclose. Allow TS/TG staff or clients to choose if, when, and to whom to disclose their trans status. If someone is inadvertently or accidentally outed, let them know.
3. Personal Questions: Refrain from asking questions of an intimate physical nature (such as asking about genital surgery) other than what is relevant and necessary to best serve the client.
4. Intake conversations: let service users know that your organization works with people from diverse backgrounds including trans people, this allows them to make an informed decision to use the service and creates an environment where trans people may be more likely to disclose and get their needs met.
5. Advocacy: Assistance and advocacy with trans specific goals: changing ID, keeping medical appointments related to transitioning, attending trans support groups.
6. Referrals: If referrals are necessary, work with other agencies to develop an appropriate referral plan.

~~Respect: demonstrate respects towards all people on the trans spectrum. Use pronouns that are consistent with the person's stated preference or gender expression; if preference is not known, respectfully ask.~~

~~Privacy/confidentiality: trans status is to be kept confidential unless permission is given by the person to disclose. Allow TS/TG staff or clients to choose if, when, and to whom to disclose their trans status. If someone is inadvertently or accidentally outed, let them know.~~

~~Personal Questions: Refrain from asking questions of an intimate physical nature (such as asking about genital surgery) other than what is relevant and necessary to best serve the client.~~

~~Intake conversations: let service users know that your organization works with people from diverse backgrounds including trans people, this allows them to make an informed decision to use the service and creates an environment where trans people may be more likely to disclose and get their needs met.~~

~~Advocacy: Assistance and advocacy with trans specific goals: changing ID, keeping medical appointments related to transitioning, attending trans support groups.~~

~~Referrals: If referrals are necessary, work with other agencies to develop an appropriate referral plan.~~

## Glossary of Transgender Terms

### General Terminology

#### Binary Gender System

The idea that there are only two sexes or gender identities; male and female. You can change your sex/gender.

#### Sex

The classification of people as male or female. At birth, infants are assigned a sex based on a combination of bodily characteristics including: chromosomes, hormones, internal reproductive organs, and genitals. You can change your sex.

#### Gender Identity

One's internal, personal sense of being a man or a woman (or a boy or girl.) For transgender people, their birth-assigned sex and their own internal sense of gender identity do not match.

#### Gender Expression

External manifestation of one's gender identity, usually expressed through "masculine," "feminine" or gender variant behavior, clothing, haircut, voice or body characteristics. Typically, transgender people seek to make their gender expression match their gender identity, rather than their birth-assigned sex.

### Transgender Transgender-specific Terminology

#### Transgender

An umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. The term may include but is not limited to: transsexuals, cross-dressers, gender-queers and other gender-variant people. Transgender people may identify as female-to-male (FTM) or male-to-female (MTF). Use the descriptive term (*transgender*, *transsexual*, ~~cross-dresser~~, FTM or MTF) preferred by the individual. Transgender people may or may not choose to alter their bodies hormonally and/or surgically.

#### Transsexual

An older term which originated in the medical and psychological communities. Many transgender people prefer the term "transgender" to "transsexual." Some transsexual people still prefer to use the term to describe themselves. However, unlike *transgender*, *transsexual* is not an umbrella term, and many transgender people do not identify as transsexual. It is best to ask which term an individual prefers.

#### Transition/Transitioning

Transitioning can refer ~~to all~~ to all or part of a lengthy process ranging from living wholly or in part in one's gender identity to undergoing SRS (see below Sex Reassignment

[Surgery \(SRS\)](#). Altering one's birth sex is not a one-step procedure; it is a complex process that occurs over a long period of time. Transition includes some or all of the following cultural, legal and medical adjustments: telling one's family, friends, and/or co-workers; changing one's name and/or sex on legal documents; hormone therapy; and possibly (though not always) ~~some form of surgical~~ alterations.

### **Sex Reassignment Surgery/ies (SRS)**

Refers to surgical alteration, and is only one small part of transition (see *Transition* above). Preferred term to "sex change operation." Not all transgender people choose to or can afford to have SRS. Some who have gone through SRS and transitioned no longer identify as transgender.

### **Pass/Passing**

To be recognized in society as the gender you ~~present~~, present, as opposed to the sex you were assigned.

### **Cross-Dressing**

DRAFT

To occasionally wear clothes traditionally associated with people of the other sex. Cross-dressers are usually comfortable with the sex they were assigned at birth and do not wish to change it. "Cross-dresser" should NOT be used to describe someone who has transitioned to live full-time as the other sex, or who intends to do so in the future. Cross-dressing is a form of gender expression and is not necessarily tied to erotic activity. Cross-dressing is not indicative of sexual orientation. It is considered more polite than "transvestite."

### **Gender Identity Disorder (GID)**

A controversial DSM-IV diagnosis given to transgender and other gender-variant people. Because it labels people as "disordered," Gender Identity Disorder is often considered offensive. The diagnosis is frequently given to children who don't conform to expected gender norms in terms of dress, play or behavior. Such children are often subjected to intense psychotherapy, behavior modification and/or institutionalization. Replaces the outdated term "gender dysphoria."

### **Intersex**

Describing a person whose biological sex is ambiguous. There are many genetic, hormonal or anatomical variations which make a person's sex ambiguous (i.e., Klinefelter Syndrome, Adrenal Hyperplasia). Parents and medical professionals usually assign intersex infants a sex and perform surgical operations to conform the infant's body to that assignment. This practice has become increasingly controversial as intersex adults are speaking out against the practice, accusing doctors of genital mutilation.



DRAFT

## 6. ~~WORKING IT OUT: STAFF PRACTICE~~ Working It Out: Staff Practices

Nova Scotia's Long Term Care Policy Manual bases its policies on fairness, equality, and family inclusion, which provide the underpinnings and foundation for the care and service provided to all residents and clients.

*"A 2006 job call for a Director of Nursing position did not include any language pertaining to the LGBT community. Including language pertaining to the LGBT community within a call for a job position informs job seekers (a) that the agency is LGBT inclusive and (b) that LGBT experience is valued. Including such language may deter those who are homophobic to apply for the job position or force them to challenge their values and beliefs and has potential to attract LGBT-positive employees."*

*Here is an example of how to include language within a job description of duties:  
"Reporting to the Administrator, the successful candidate will be working with a diverse and multi-cultural population served by the home. We welcome all applications and encourage applications from people with experience and/or demonstrated cultural competencies in working with the ethnic and lesbian-gay- bisexual-transgendered (LGBT) communities."*

*- [Diversity Our Strength: LGBT Toolkit, Toronto Long Term Care Homes and Services, 2008.](#)*

~~*-(Diversity Our Strength: LGBT Toolkit, Toronto Long Term Care Homes and Services, 2008).*~~

Long term care facilities, both urban and rural, need to approach human resources with a view to addressing LGBT inclusivity. Policies and procedures that help set the framework for writing job calls, position descriptions and other verbal and written communication include:

- [Employment Equity Policy,](#)
- [Human Rights and Harassment Policy,](#)
- [Plain language used in all communications, including internal and external job calls, policies and procedures,](#)
- [Advertising in the LGBT media and/or posting opportunities in LGBT agencies. Nova Scotia's LGBT Community is served primarily by two publications; Wayves \(a monthly magazine\) and Gaze \(a quarterly magazine\). Many LGBT organizations have active email listservs and are happy to share Job Postings. Many of Nova Scotia's labour unions also have active diversity committees and LGBT caucuses,](#)
- [In recruiting front line staff, questions used at the time of interview should include at least one question related to diversity and one question related to LGBT sensitivity,](#)
- [All internal and external job calls should reflect that your facility welcomes all applications and encourages applications from people with experience and/or demonstrated cultural competency in working with the ethnic and LGBT communities.](#)

~~Employment Equity Policy,  
Human Rights and Harassment Policy,  
Plain language used in all communications, including internal and external job calls,  
policies and procedures,  
Advertising in the LGBT media and/or posting opportunities in LGBT agencies.  
Nova Scotia's LGBT Community is served by two publications. Many LGBT  
organizations have active email listservs and are happy to share Job Postings. Many  
of Nova Scotia's labour unions also have active diversity committees and LGBT  
caucuses,  
In recruiting front line staff, questions used at the time of interview should include  
at least one question related to diversity and one question related to LGBT  
sensitivity,  
All internal and external job calls should reflect that your facility welcomes all  
applications and encourages applications from people with experience and/or  
demonstrated cultural competency in working with the ethnic and LGBT  
communities.~~

DRAFT

### **An Introduction for Staff who are Unfamiliar with LGBT People**

*"You may have grown up being taught that LGBT people are sinful, immoral, mentally ill or dangerous. These attitudes have been recognized as part of a system of prejudice and discrimination and they are no longer acceptable in Canada or in Nova Scotia's public services.*

*As a care provider, you are expected to learn about the specific needs of this population and to treat them with dignity and respect.*

*To help you learn more about the special needs and issues of LGBT people, there are reading materials and training sessions that you can access). Be sure to read the glossary (which has also been included in the appendices for your reference) if you are not sure of the meanings of terms, such as gay, bisexual, lesbian, transgender, intersex, etc. Try to use the same language the resident uses to describe his/her sexual orientation or gender identity.*

*Don't assume you can tell whether a resident or family member is LGBT by the way they look or act. Be open to the fact that about 10 per cent of the population is believed to be gay, lesbian or bisexual. In large urban areas such as Toronto, the numbers are higher because many people have migrated to larger cities from other parts of Canada and the world because of our positive human rights record.*

*Trans identities are less common, but not as rare as many people imagine. There is a wide range of gender expression that involves clothing, grooming, roles and interests, but not*

*body modification, as well as the more permanent changes achieved through hormone therapy or body-modifying surgeries.*

*Confidentiality is very important to LGBT people – often their safety depends on it. If someone discloses that they are LGBT, it is important to ask ~~whom~~who else knows and whom else they would like to know. There may be particular people, such as family members, who are not aware of their identity or with whom it is not discussed openly.*

*You may have to tread carefully in relating to someone who is not “out” but who you know to be LGBT. Try offering safety and support by affirming the existence of all LGBT people and by being knowledgeable about LGBT culture and history.*

*Remember that even the most closeted LGBT people have usually been “out” in some situations — to partners and friends, in community groups, in recreational spaces — but in the home they may not disclose their identity until they feel safe and affirmed.*

*Not being open and out is more than keeping quiet about your sex life or your gender identity — it means hiding your most meaningful relationships and experiences, your social history, your friends and partners, your hobbies and interests, etc. Being closeted prevents the development of authentic relationships and reinforces social isolation.”*

- Adapted from *Diversity Our Strength: LGBT Toolkit*, \_\_\_\_\_,  
Toronto Long Term Care Homes and Services, 2008

## 7. ~~7.~~ An ongoing Commitment: Staff Education

### 1. ~~AN ONGOING COMMITMENT: STAFF EDUCATION~~

*“Given the uniqueness of the long-term care home environment, education must be offered to all staff on all shifts within all long-term care homes.”*

*- ~~Diversity Our Strength: LGBT Toolkit,  
Toronto Long Term Care Homes and Services, 2008.  
- Diversity Our Strength: LGBT Toolkit,  
Toronto Long Term Care Homes and Services, 2008~~*

At the outset of the NSRAP Elders Project, from our first community consultation and throughout our involvement with Northwood, the need for education has consistently been stressed. LGBT history is not taught, and most Canadians under the age of 50 are probably unaware that, prior to 1969, a gay person could be deemed a “dangerous sexual offender” and jailed indefinitely for engaging in same sex activity with another consenting adult. (See *Appendix II, LGBT Timeline, 1966*)

Furthermore, within the LGBT community (as in the general population) there is ignorance about aging issues, even amongst community activists. As LGBT people grow older, they may feel uncomfortable in some social settings and there are not enough opportunities for different generations to meet and exchange their views.

*“One group was not necessarily informed regarding the needs of the LGBT community or potential residents requiring long-term care home services, and conversely, those that had expertise and/or knowledge regarding the needs of the LGBT community but did not necessarily know about the long-term home care environment. In recognizing this dichotomy, it was important to initiate a plan that would support reciprocal learning amongst the members of the Committee in order to successfully launch this initiative within Toronto Long-Term Care Homes and Services.”*

*- ~~Diversity Our Strength: LGBT Toolkit,  
Toronto Long Term Care Homes and Services, 2008.~~*

*- ~~Diversity Our Strength: LGBT Toolkit,  
Toronto Long Term Care Homes and Services, 2008.~~*

Education in itself can serve as an important catalyst in helping organizational change. In our work with Northwood, we often saw connections made between LGBT issues and other minority groups. Sessions on LGBT issues served to reinforce the work of Northwood’s diversity initiatives in other areas.

*It is important to acknowledge that the initial introduction of LGBT education in the home may take several months before managers and staff members brings their own personal attitudes and beliefs into line with the concepts of human rights and respect. Success will not occur if a “one-off” approach is taken to education, awareness building and provoking an open dialogue ...”*

- Diversity Our Strength: LGBT Toolkit,  
Toronto Long Term Care Homes and Services, 2008.

~~- Diversity Our Strength: LGBT Toolkit, Toronto Long Term Care  
Homes and Services, 2008.~~

It may seem self-evident, but it bears repeating: not everyone learns at the same pace. What is true of individuals is equally true of organizations, even of different departments within an organization. It is particularly true when the subject may prove challenging to both institutional and personal beliefs. Involving LGBT community members in staff education can be very helpful. This also takes the burden off of any LGBT staff that may be present of having to be “ambassador/educators.” Presentations to staff at Northwood have been most effective when we have had LGBT elders present, comfortably sharing their lived experience with staff. They have offered a human face to concepts such as heterosexism and homophobia. Their presence also provided an opportunity to introduce the concept of a “Safe Space.”

DRAFT

## 8. ~~PROUD LIVES: RESIDENT CARE~~ Proud Lives: Resident Care

*“Losses in the quality of life in all areas of your being become a worry. This is your physical world, your social world and your community”.*

- *Challenges and Opportunities for the 519 Community Centre and the GLBT Community, 519 Community Centre, Toronto, ~~2000~~, 2000.*

### Quality of Life Indicators

- A gay resident may wish to attend cultural events (Halifax Pride Week, Pride Cape Breton, Cumberland Pride and monthly Elderberries gatherings) that are meaningful to him/her.
- A lesbian may have lived very independently, earning her own living or having hobbies more common to men of her generation.
- A trans woman (born with a male body) who lives as a woman in society has learned skills in changing her appearance, her movements and perhaps her voice. Maintaining good grooming and a feminine appearance may still be very important.
- A bisexual man or woman may have struggled with a lack of acceptance by both straight and gay communities and may have developed lifelong friendships with men and women like him.

It will be important to factor these into the care plan for the LGBT resident.

### Resident Screening

*“[The social history of an LGBT resident] may provide information about important life events (such as coming out), coping in a time when society was not accepting of LGBT people (like living a double life), relationships with partners, friends, etc.*

*Family continuity may have been affected by rejection on the part of the family of origin, the need to hide identity, etc. Some people show resilience and strength by developing a “chosen family” to spend special occasions with and to provide social support. These people should be treated like next of kin.*

*Placement in an institutional setting may be especially worrying for the LGBT person due to a fear of ill-treatment by staff or other residents, or concern that a partner will not be welcomed. For some, there could be memories of being institutionalized in hospitals simply for being LGBT and subjected to psycho- analysis or shock treatment. Remember, until 1973 being gay or lesbian was seen as a mental illness.*

*[It is] important to ask about significant others. A partner may be acknowledged as such or spoken of as “a friend.” And chosen family members may also take on significant care giving responsibilities for one another. The resident may at one time have been involved in a heterosexual marriage and may have children. A partner may also have children who regard the resident as a parent.”*

~~*- Diversity Our Strength: LGBT Toolkit,  
Toronto Long Term Care Homes and Services, 2008.  
- Diversity Our Strength: LGBT Toolkit, Toronto Long Term Care  
Homes and Services, 2008.*~~

## **-Spiritual and Religious Screening**

Like most Nova Scotians of their generation, LGBT people were raised in families with strong faith traditions. Many of these religious and spiritual traditions were not accepting of LGBT ~~identities~~identities. This may have led some to feel unwelcome in their faith group or to feel bad or unworthy. Nevertheless, many LGBT people still seek to belong to their faith community of choice. There are a number of religious groups in Nova Scotia that are accepting of LGBT people. For example, First Baptist Church, the largest Baptist Church in Atlantic Canada has recently become an LGBT welcoming congregation and an active supporter of the Youth Project.

Most long term care facilities have access to spiritual advisors who, while members of one particular faith community, are able to offer counseling to people of many faith backgrounds. If any clergyman/spiritual counselor opposes LGBT expression for reasons of faith, it is important that they are protocols in place that protect LGBT residents from being exposed to those particular aspects of the counselor's faith. On the other hand, a cleric who is accepting of LGBT people, who respects every individual's right to their inherent sexual orientation and gender expression, can be an invaluable support in reassuring LGBT residents, whether they are believers or not, that the home is LGBT welcoming. They can also serve as bridges of understanding for staff members who are uncomfortable around LGBT people.

## **Community Engagement**

Nova Scotia is fortunate in having a vibrant and engaged LGBT population, with many non-profit, community-based organizations. Our many universities host a large academic community, many of who identify as LGBT. While many of these resources are focused in HRM, there are pockets of LGBT community activity in every region of the province.

Specifically, when it comes to community engagement, long-term care homes need to take a broad view and include the community both inside and outside of the home. This approach and understanding accentuates the complexity in creating organizational change within a long-term care home. However this initiative proposes that to achieve both success and sustainability in evolving into a welcoming and inclusive environment, community engagement needs to be systemically approached with an understanding that there are two distinct communities that need to be engaged — the internal community of the home as well as the external community. Volunteers can play a huge role in enhancing both the visibility of LGBT people within a long term care residence and the quality of life of LGBT residents. We have seen this first hand at Northwood. Volunteer Coordinators should actively recruit candidates through LGBT organizations, affirming religious groups, and LGBT media.

## 9. ~~RECOMMENDATIONS~~ Recommendations

In 2009, Marguerite Blais, the Quebec minister responsible for seniors, announced that the province would spend half a million dollars over three years to improve the lives LGBT Elders, (see Appendix V for more details). If Nova Scotia is to be prepared for the oncoming wave pending onslaught of LGBT Elders in need of care and services, it must commit to a similar course of action.

However, it cannot rest with government alone. LGBT community organizations and the community itself must make it a priority to safeguard the health and well-being of the generations who fought to win us our civil rights. It is with these thoughts in mind that we present the following recommendations:

1. Leadership is required. The Nova Scotia Department of Seniors, together with the Department of Health must commit at the highest level to providing culturally competent care to LGBT elders throughout the province. It is crucial that this process is undertaken in partnership with LGBT community organizations such as NSRAP, the Elderberries, prideHealth, and the Youth Project. DRAFT
2. The work begun at Northwood should continue.
3. The project should expand beyond HRM. Other LGBT organizations, PrideHealth, the Youth Project, Sexual Health Centres and provincial AIDS organizations should be brought on board. The participation of groups such as South Shore Sexual Health Centre or the Northern AIDS Connection Society can be strong allies in reaching out to LGBT Elders and care facilities in rural areas.
4. The project needs to extend to its scope to include home care.
5. LGBT Elders face isolation within long term care facilities and within the LGBT community. LGBT Elders need to see themselves, in care facilities, seniors' service agencies, and in the community. We strongly recommend the development of social marketing that portrays Nova Scotia's LGBT Elders as "real people with real needs;" that celebrates their lives and accomplishments. Transgender Elders need to be included.
6. This project was unable to address the Department of Health's intake process for those in need of long term care. This work needs to be done to ensure that inclusive language is being used, and to begin the identification of those facilities who are seriously engaged in providing culturally competent care to LGBT Elders.
7. Education is crucial if culturally competent care is to be available for LGBT Elders. Long term care providers deserve all the educational support that the combined forces of government and LGBT organizations can provide.
8. Transgender inclusion is essential in Education. Transgender Nova Scotians still face enormous barriers in accessing services. There is still far too much ignorance about transgender issues, and this ignorance leads to fear and misunderstanding. Workshops and education on transgender realities, with a focus on aging need to be developed. Front line staff, Nurses and Personal Care Attendants in particular, must be prepared for the physical

realities of gender variance before they confront it while providing personal care. Wherever possible, transgender people should be involved both in preparing and presenting the materials.

9. Consistency is important. Providers have a right not be bombarded by conflicting messages. Collaboration amongst LGBT community organizations is key to success.

Wherever possible non-LGBT agencies such as Sexual Health Centres, Spencer House and the Alzheimer Society, should be included in developing materials and workshops.

10. Research is essential. NSRAP should continue to forge partnerships with academic institutions. NSRAP should also look beyond our borders for potential funders to develop research projects.

11. The project should consider addressing the needs of LGBT caregivers.

~~Leadership is required. The Nova Scotia Department of Seniors, together with the Department of Health must commit at the highest level to providing culturally competent care to LGBT elders throughout the province. It is crucial that this process is undertaken in partnership with LGBT community organizations such as NSRAP, the Elderberries, PrideHealth, and the Youth Project.~~

~~The work begun at Northwood should continue.~~

~~The project should expand beyond HRM. Other LGBT organizations, PrideHealth, the Youth Project, Sexual Health Centres and provincial AIDS organizations should be brought on board. The participation of groups such as South Shore Sexual Health Centre or the Northern AIDS Connection Society can be strong allies in reaching out to LGBT Elders and care facilities in rural areas.~~

~~The project needs to extend to its scope to include home care.~~

~~LGBT Elders face isolation within long term care facilities and within the LGBT community. LGBT Elders need to see themselves, in care facilities, seniors service agencies, and in the community. We strongly recommend the development of social marketing that portrays Nova Scotia's LGBT Elders as "real people with real needs;" that celebrates their lives and accomplishments. Transgender Elders need to be included.~~

~~This project was unable to address the Department of Health's intake process for those in need of long term care. This work needs to be done to ensure that inclusive language is being used, and to begin the identification of those facilities who are seriously engaged in providing culturally competent care to LGBT Elders.~~

~~Education is crucial if culturally competent care is to be available for LGBT Elders. Long term care providers deserve all the educational support that the combined forces of government and LGBT organizations can provide.~~

~~Transgender inclusion is essential in Education. Transgender Nova Scotians still face enormous barriers in accessing services. There is still far too much ignorance about transgender issues, and~~

this ignorance leads to fear and misunderstanding. Workshops and education on transgender realities, with a focus on aging need to be developed. Front line staff, Nurses and Personal Care Attendants in particular, must be prepared for the physical realities of gender variance *before they confront it while providing personal care.* ~~Wherever possible, transgender people should be involved both in preparing and presenting the materials.~~

Consistency is important. Providers have a right not be bombarded by conflicting messages. Collaboration amongst LGBT community organizations is key. Wherever possible non-LGBT agencies such as Sexual Health Centres, Spencer House and the Alzheimers Society, should be included in developing materials and workshops.-

~~Research is essential. NSRAP should continue to forge partnerships with academic institutions. NSRAP should also look beyond our borders for potential funders to develop research projects.~~

~~The project should consider addressing the needs of LGBT caregivers.~~

Real people with real needs. We know that there are hundreds if not thousands of LGBT Elders in Nova Scotia. We know that they still feel the negative health effects of years of discrimination. We know that many harbour suspicion about institutions, including long term care facilities. As a community, as health care professionals, we need to address ~~this~~ this situation. It is our belief that we are increasingly willing to do so. Now we have to find the ways and the means

*Appendices*

***Appendix I: Glossary of Terms***

**Elders:**

We deliberately use the term “Elders” to describe older members of our community. It is a term that connotes a degree of respect, and recognizes the value of an individual’s lived experience. Not all residents of long term care are necessarily “seniors,” however all have had unique lives and are worthy of dignity and respect.

**Rainbow Community/LGBT Community:** The term Rainbow Community takes its name from the Rainbow Flag, an internationally recognized symbol of the Lesbian, Gay, Bisexual and Transgender (LGBT) Community. There are many acronyms used by, for and about our community, including GLBTTI2SQ\* (gay, lesbian, bisexual, transsexual, transgender, intersex, two-spirit, queer & questioning). LGBT is the acronym most commonly used and is recommended by the style guides of the Canadian Press and the National Lesbian and Gay Journalists Association. The two terms are interchangeable and both acknowledge the diversity inherent within our “community of communities.” For more about the different communities that comprise the LGBT Community and about the Rainbow Flag, please use the alphabetical listings provided below.

**AIDS:** Acronym for Acquired Immune Deficiency Syndrome, a medical condition that affects the human immune system. It is caused by a virus, the human immunodeficiency virus (HIV), and leaves the body vulnerable to opportunistic infections. There are medical treatments that can slow the rate at which the immune system is compromised. Often written as HIV/AIDS. See HIV.

**Allies Program:** The Allies Program is a program that seeks to place easily-identified people who can serve as go-to resources for people who need to express issues or concerns relating to LGBT matters. After going through certification, a person identifies themselves as an ally and that their office space is a “safe space” where LGBT issues can be discussed securely and in confidence. In Nova Scotia, the Allies Program is administered through the Youth Project. NSRAP hopes to adapt this program for use in other institutions, i.e. long-term care facilities.

**Ally:** Used to describe a person, usually heterosexual, who supports LGBT people in their continuing struggle for civil rights and social equality.

~~**Allies Program:** The Allies Program is a program that seeks to place easily-identified people who can serve as go-to resources for people who need to express issues or concerns relating to LGBT matters. After going through certification, a person identifies themselves as an ally and that their office space is a “safe space” where LGBT issues can be discussed securely and in confidence. In Nova Scotia, the Allies Program is~~

~~administered through the Youth Project. NSRAP hopes to adapt this program for use in other institutions, i.e. long-term care facilities.~~

**Bisexual:** An individual who may be attracted to both sexes; as an adjective, of or relating to sexual and affectional orientation towards both sexes. Attraction to both sexes does not presume non-monogamy.

**Cisgender:** a neologism describing a person whose gender identity conforms to their biological or assigned birth gender; used in contrast to transgender. See Transgender.

**Closet, In The Closet:** Refers to person(s) who wishes to keep his/her/their sexual orientation or gender identity a secret, likely from expressions such as “skeleton in the closet” referring to a shameful secret.

**Coming Out:** Coming out of the closet (more often just “coming out”) is the process by which gay, lesbian, bisexual and transgender persons begin first to accept and then to disclose their sexual orientation or gender identity. Someone who publicly acknowledges their LGBT identity is referred to as “out”. Coming out also refers to a society debutante’s “Coming Out”. In the early years of the 20<sup>th</sup> Century, lesbians and gay men in New York would hold “Coming Out Balls” where those newly “out” could introduce themselves to the community. This tradition is carried on within the Drag community.

**Drag, Drag Performers/Artists, Drag King, Drag Queen, etc.:** Usually used in connection with the practice of dressing in the clothes of persons of the opposite sex, often for performance purposes. Drag Performers are entertainers who adopt the dress and mannerisms, often in an exaggerated or parodic style, commonly associated with the opposite sex (drag kings for female performers, drag queens for males). Some drag artists, such as Craig Russell and Ru Paul have achieved international stature. Drag occasionally refers to a costume, often, but not necessarily, of the opposite sex.

**Fag, Faggot:** A pejorative word for gay men, may relate to the fact that up until the 17<sup>th</sup> Century, gay men were often burned at the stake. It is still the most commonly used insult bandied about by Canadian schoolchildren. In recent years, some gay men are trying to reclaim the word from its oppressive connotations. (i.e. the person who, responding to an NSRAP survey, self-identified as “*Fagtastic!*”).

**Gay:** An adjective that has largely replaced “homosexual” in the daily use. It is not a noun, there is no such group as “the Gays.” While it can be used as an umbrella term for those who are sexually and affectionally same-sex oriented, it is most often associated with men. For women, “Lesbian” is the preferred adjective. To refer to both sexes, while “gay men and women” is acceptable, “lesbians and gay men” is certainly preferred.

**Gay Straight Alliances/GSAs:** Found in middle schools, high schools and universities throughout North America, these clubs bring LGBT and straight students together to work collaboratively on issues such as ending discrimination and bullying based on sexual orientation or gender identity.

**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:** A person's psychological and emotional sense of being male or female; not necessarily the same as one's biological identity. See Cisgender and Transgender.

**Heterosexism:** The presumption that heterosexuality is the universal and superior orientation of humankind; also the prejudice and/or discrimination that stems from this presumption. The related word, heteronormative, presumes that heterosexuality is the normal and natural sexual orientation for human beings, inferring that anything else is deviant.

**Heterosexual:** As a noun, refers to a person whose sexual and/or affectional orientation is towards the opposite sex; vernacular term is "straight."

**HIV:** Human immunodeficiency virus, the virus that causes AIDS ("HIV virus" is a redundancy). "HIV positive" means that one has been infected by the virus, but not necessarily having AIDS.

**Homophobia:** Fear, hatred or dislike of homosexuality, lesbians and gay men. LGBT people around the world have set aside May 17 as the International Day Against Homophobia. On May 17, 1992, the World Health Organization removed homosexuality from its list of classifiable mental illnesses. Since 2006, NSRAP has marked this day of action with cultural events and political rallies, including wrapping the offices of the Municipality of Pictou County in a giant Rainbow Flag.

**Homosexual:** As a noun, refers to a person whose sexual and/or affectional orientation is towards the same sex; as an adjective, of or relating to sexual and affectional same-sex orientation. It is considered to be a clinical term, used only if and when the word "heterosexual" would appear in a parallel construction, as in a medical context. In any other circumstance gay, gay men, lesbian, or lesbian and gay should be used.

**Intersex:** An adjective, describes persons born with sex chromosomes, external genitalia, or a reproductive system that is not considered standard for either male or female. Parents and physicians often seek to determine the sex of intersex children

through surgery and/or hormone treatments. Many intersex adults seek an end to this practice.

**Lesbian:** Preferred term, both as noun and adjective, for women whose sexual and affectional orientation is towards other women.

**LGBT:** Acronym for lesbian, gay, bisexual and transgender. Of the many acronyms employed by and about the Rainbow Community (“GLBT,” “GLBTTI2SQ\*”), it is the most commonly used, followed by LGBTQ, which includes those who identify as “queer”. See Queer and Rainbow Community; ~~also above: Rainbow Community.~~

**Pride (Day, Week, and/or Parade):** This is an annual celebration of the rights, history, and culture of the LGBT community. It commemorates the Stonewall Riots of June 28, 1969. Pride events usually take place in the summer and are held in towns and cities around the world, including many jurisdictions (such as the USA, China, and Eastern Europe) where LGBT people do not enjoy the rights and freedoms of their Canadian counterparts. See Stonewall.

DRAFT

**Queer:** Originally a derogatory term for gay, since the early 1990s has been reclaimed by many in the LGBT community. It is most often favoured by young people, and those within the creative and cultural communities. Its meaning is understood to not specify any one sexual orientation, but rather that a person identifying as queer rejects the hetero-normative definition of humanity. A person who rejects traditional gender behaviour roles and/or stereotypes will sometimes identify as “genderqueer.” Nonetheless, queer remains a highly charged word when used as an epithet, especially amongst older gay men and lesbians.

**Questioning:** A term that may be employed by those still questioning their gender identity or sexual orientation. The Rev. Irene Moore, in a column for the Anglican theological website writes: “like LGBT people, this sexual [orientation] group also transgress heteronormativity.” People who identify as questioning “may not see or identify themselves as heterosexuals. However, they also do not identify themselves socially, politically, or culturally as LGBT because they are questioning their sexual identity.”<sup>24</sup>

**Rainbow Flag, Pride Flag:** Designed in 1978 by San Francisco artist Gilbert Baker for that city’s Gay Freedom Day, the flag originally carried eight horizontal stripes (the pink and turquoise stripes have since been removed). Despite its local origins, the Rainbow Flag has become an internationally recognized ensign for the LGBT Community. Mr. Baker intended each colour to symbolize the following attributes: red (life); orange (healing); yellow (sunlight); green (nature); indigo (harmony); violet (spirit). The pink stripe stood for Eros and the turquoise for art and magic. While Mr. Baker may have been influenced by a flag denoting the races of the world

---

<sup>1</sup> [www.thewitness.org/agw/monroe092904.html](http://www.thewitness.org/agw/monroe092904.html)

which was popular at peace marches in California, it is generally believed that the flag was inspired by the Judy Garland song, “Somewhere over the Rainbow” from the movie *The Wizard of Oz*. Miss Garland was an icon to the gay community, and the film has often been interpreted as a metaphor for coming out. Although no longer as prevalent as the flag it inspired, the song remains an unofficial anthem for the international Rainbow Community. The flag has often been a source of controversy. In recent years, several jurisdictions in Nova Scotia have passed legislation that prevents any flag other than those of government being flown at government buildings. Despite their claims of fairness, these moves have generally been seen by the LGBT Community as motivated by homophobia and with the goal of avoiding flying the Rainbow Flag during local Pride Weeks.

**SRS:** Sex reassignment surgery (surgeries) is the surgical procedure (s) whereby a person’s sex characteristics are altered. See Transgender, Transition, and Transsexual.

**Sexual Orientation:** A person’s innate sexual and/or affectional attraction. Do not use sexual preference.

DRAFT

**Stonewall Riots:** These riots took place in June, 1969. New York City Police raided the Stonewall Inn, a gay bar in Greenwich Village. While neither the first public demonstration for gay rights, nor the first time that LGBT people fought back against state oppression, these riots are considered to be the beginning of the modern LGBT civil rights movement.

**Straight:** Commonly used term to describe heterosexuals. Heterosexuals who support LGBT people in the struggle for civil rights and social justice were sometimes referred to as “straight-but-not-narrow,” now more frequently called “straight allies.”

**Transgender:** Describes people whose gender identity or expression may not be the same as the gender they were assigned at birth. In the 1980s and 90s the term was expanded to serve as an umbrella term, a means of uniting all those who have at some point not conformed to gender norms. The term took on a political aspect used to question the validity of those norms, or to pursue equal rights and anti-discrimination legislation. The term continues to evolve. While transgender can be used as an umbrella term to include people who are intersex, preoperative and postoperative transsexuals, as well those who choose not to go through SRS, some persons may prefer to be described as Transsexual or Intersex. See Intersex and Transsexual.

**Transition:** The process by which one alters one sex; this may include and all aspects of hormone therapies, SRS, and changes of legal identity.

**Transsexual:** An individual who identifies as himself or herself as a member of the opposite sex. Transsexuals can be of any sexual orientation. Transsexuals who have

**completed the transition process may no longer identify as transsexual or transgender.**

**Two Spirit: A term used by some First Nations people to describe those believed to possess both masculine and feminine natures. Some Two Spirit people may also identify as gay, lesbian, bisexual, or transgender; the term should not be used as a blanket term for LGBT aboriginals. Its use by non-aboriginals is also deemed offensive by many First Nations people who see it as an inappropriate use of their spiritual heritage.**

DRAFT

|

DRAFT

## ***Appendix II: Timeline of LGBT History***

**These are some important dates in the evolution of the LGBT Community, with an emphasis on the legal and equality rights for LGBT persons in Nova Scotia. These dates are drawn from numerous sources, including *Wikipedia* and *Transgender History: A Timeline*. The names of gay men murdered in Atlantic Canada come from *Pink Blood: Homophobic Violence in Canada*, Douglas Victor Janoff, University of Toronto Press, 2005.**

### **1882 (NS Flag)**

**Oscar Wilde visits Nova Scotia as part of a North American lecture tour. He offers lectures in Halifax and Truro on the “*House Beautiful*” and “*The Decorative Arts*.” In 1895, Wilde is tried and sentenced to two years hard labour for “gross indecency. His health broken, his reputation destroyed, he dies in poverty and exile two and a half years after his release from prison.**

### **1886**

**We’wha, a Zuni *Ihamana* (Two Sprit), visits Washington and meets President Cleveland. We’wha was over 6 feet tall but presented as female and was accepted in Washington as a genuine “Indian Princess Princess.” She excelled at weaving and pottery, crafts traditionally associated with women in Zuni culture.**

### **1919**

**Dr. Magnus Hirschfeld establishes the Institute for Sexual Research in Berlin. Hirschfeld had been advocating for the repeal of Germany’s anti-gay legislation, Paragraph 175. He is interested in all aspects of human sexuality and gender expression and ~~coined~~<sup>coined</sup> the words *transvestite* and *transsexual*.**

### **1928**

**The well of Loneliness by Radclyffe Hall is published in England. The novel portrays lesbianism as a natural, “God-given” state. The Editor of the Sunday Expresses launches a campaign against the book, writing "I would rather give a healthy boy or a healthy girl a phial of prussic acid than this novel." The book is declared obscene and its publication is banned. The ban remains in place until the 1970s. Thousands of copies are smuggled in from Europe.**

### **1933**

**Hitler comes to power in Germany. The Nazis attack Magnus Hirschfeld’s Institute for Sexual Research on May 6, 1933. The library of library of more than 20,000 volumes is publicly burnt. Joseph Goebbels addresses a crowd of 40,000 people who are there to witness the book burning. Hirschfeld is away from Berlin at the time goes into permanent exile.**

### **1937**

**The Nazis expand the scope of paragraph 175 and many homosexuals end up in concentration camps. They are identified on their prison uniforms by a pink triangle.**

While it has been difficult to estimate the number of gay men who died in the camps, convictions for homosexual acts from 1933-1945 may have been as high as 60,000. In the years following Stonewall (see below: 1969), the pink triangle becomes an important symbol of gay liberation.

#### **1965** (CD Flag)

**George Everett Klippert is arrested in the Northwest Territories for a suspected arson. He is completely innocent of the arson charge, but while in custody he admits to consensual sex with other adult males. He is charged with four counts of “gross indecency.” A court psychiatrist assesses him as “incurably homosexual” and he is sentenced to preventive detention as a “dangerous sexual offender,” essentially a life sentence. He appeals as high as the Supreme Court of Canada which declines to hear his case. Tommy Douglas rises in the House of Commons and declares that homosexuality should not be a criminal offence. Within six months, Justice Minister Pierre Trudeau introduces an omnibus bill to reform Canada’s laws governing divorce and homosexuality.**

DRAFT

#### **1966**

**Dr. Harry Benjamin publishes *The Transsexual Phenomenon*. Dr. Benjamin was born in Berlin; he knew and was inspired by Magnus Hirschfeld. He moved to the United States in 1913 and joined the Neurological Institute at Columbia University. Beginning in 1949, he pioneered the use of hormone therapies for transsexual patients. Over the course of his career he treated over 1500 people with issues of gender identity and was renowned for his kindness and compassion.**

#### **1969** (CD Flag)

**May 14, 1969: Trudeau’s law reforms are enacted; homosexuality is decriminalized, although the age of consent is higher than for heterosexuals. Trudeau famously remarks, “The state has no business in the bedrooms of the nation.” George Klippert remains in prison. He is not released until 1971.**

**June 28, 1969: Police in New York City stage a routine raid of the Stonewall Inn in Greenwich Village, a popular gay bar. The raid sparks a violent counter demonstration and leads to a massive protest march. This is generally acknowledged as the first Gay Pride March.**

#### **1971** (CD Flag)

**The *Body Politic*, a monthly magazine for the gay and lesbian community, begins publishing in Toronto.**

#### **1972** (NS Flag)

**The Gay Alliance for Equality (GAE) is founded in Halifax, the first LGBT rights group in Atlantic Canada. It launches the Gayline, a phone line staffed by trained volunteers that remained in operation (at varying locations) until 1996, offering information, counseling, and referral services to the community.**

**1976 (NS Flag)**

A gay and lesbian community dance is held on the top floor of the building now known as The Khyber in downtown Halifax. It is soon followed by another, then another until its operation is taken over by GAE, and named The Turret Club. Revenue from the club (and its successor Rumours) helps to support Gayline.

**1977 (CD Flag & NS Flag)**

University students in Halifax launch a protest against the CBC for refusing to broadcast public service announcements of LGBT meetings and dances. The protest is taken up by student groups across the country, ~~eventually~~eventually forcing a change in CNC policy.

Police in Montreal raid two downtown gay bars. ~~Ironically~~Ironically, this same year Quebec becomes the first jurisdiction in North America to recognize the rights of sexual minorities when it includes the expression “sexual orientation” in its *Charte des droits et libertés de la personne*.

The Body Politic publishes a controversial article about inter-generational love. The police raid the offices and charge its publisher Pink Triangle Press with obscenity. In San Francisco, on his third attempt, Harvey Milk becomes the first openly-gay man to win public office in California when he is elected to the Board of Supervisor's.

**1978 (NS Flag)**

New legislation allows gays and lesbians to immigrate to Canada, removing homosexuals from the list of people ineligible for Canadian citizenship.

**Halifax** plays host to a national conference of LGBT activists; the conference had to be hastily relocated to Dalhousie University after the administration at St. Mary's, the original location, realized what the conference was about. As part of the conference, a musical play about one of the bar raids in Montreal, *The Night They Raided Truxx*, is performed at The Turret.

Nov 27: Harvey Milk is assassinated, along with Mayor George Moscone, by former fellow-Supervisor, Dan White. White, a retired police officer, was acquitted of first-degree murder but convicted of voluntary manslaughter for the double-~~homocide~~homicide. The gay community is outraged by the verdict which will ~~see~~see White released after only five years in jail. Rioting breaks out as crowds march on City Hall and police swarm the gay neighbourhood of The Castro.

*“Later that evening, several police cruisers filled with officers wearing riot gear arrived at the Elephant Walk Bar on Castro Street. Harvey Milk's ~~protégé~~ protégé—Cleve Cleve Jones and a reporter for the San Francisco Chronicle, Warren Hinckle, watched as officers stormed into the bar and began to beat patrons at random. After a 15-minute melee, they left the bar and struck out at people walking along the street. The chief of police finally ordered the officers out of the neighborhood. By morning, 61 police officers and 100 rioters and gay residents of the Castro had been hospitalized. City Hall, police cruisers, and the Elephant Walk Bar suffered damages in excess of \$1,000,000.”*

(~~Source~~Source: Wikipedia)<sup>4</sup>

**1983** (CD Flag)

The House of Commons refuses to pass a bill prohibiting discrimination on the grounds of sexual orientation. M.P. Svend Robinson brings forward similar bills in 1983, 1985, 1986, 1989, and 1991, all of which are rejected.

**1981** (CD Flag)

Police in Toronto launch Operation Soap and simultaneously raid a number of bathhouses. The raid sparks a protest demonstration and is seen as a pivotal moment in Canada's gay rights movement.

The Centre for Disease Control publishes a report on the outbreak of rare immune-deficiency related pneumonia among a small cluster of gay men in Los Angeles. Similar cases are noted amongst gay men in New York. The syndrome is dubbed Gay related Immune Deficiency (GRID); it is renamed the following year as Acquired Immune Deficiency Syndrome (AIDS). Although almost certainly present in the 1970s, the publication date of the report (June 5, 1969) is often used as an historical marker for the beginning of the AIDS epidemic in North America.

**1985**

DRAFT

The Names Project AIDS Memorial Quilt is conceived by LGBT activist Cleve Jones during a candlelight march, held in memory of Harvey Milk. The Names Project is an enormous quilt made up of individual panels created by lovers, ~~families~~ families, and friends to commemorating the names of people who have died of HIV/AIDS related causes. It is continually being added to. It is the largest piece of community folk art in the World. In Nova Scotia, panels are displayed in Halifax every year in late November-early December to mark International AIDS Awareness Week.

**1987** (CD Flag & NS Flag)

Eric Smith, a teacher in the small community of Cape Sable Island, is outed a both gay and HIV-positive. The local school board removes Mr. Smith from the classroom and tries to initiate a policy that will ban gay teachers. Mr. Smith's situation draws international attention to the vulnerability of people living with HIV. He launches a human rights complaint to challenge this and the legal discrimination still faced by the LGBT community.

*CODCO* debuts on CBC Television. The sketch comedy troupe features recurring gay and lesbian characters, as well as numerous drag roles – both male and female.

**1988** (CD Flag & NS Flag)

Halifax hosts its first annual Pride March with 75 marchers, several marchers disguise themselves with paper bag masks for fear of losing their jobs.

Nova Scotia People with AIDS ~~Coalition~~ Coalition (NSPWAC) is formed. The first AIDS Vigil is held in Halifax.

Svend Robinson comes out as a gay man, making him Canada's first openly gay M.P. He will go on to win re-election until his retirement from federal politics.

*Kids in the Hall* debuts on TV. Openly gay cast member Scott Thompson's character Buddy Cole, as well as the ensemble sketch *The Steps*, will (along with CodCo)

**provide regular, popular ~~portrayals~~ portrayals of LGBT characters on Canadian TV for years to come.**

**1990 (NS Flag)**

**Lucien Bertin is murdered in Halifax, stabbed 40 times.**

**1991 (NS Flag)**

**The Nova Scotia Human Rights Act is amended to include “sexual orientation.” It is widely believed that this is part of a deal worked out with Mr. Smith to drop his human rights complaint.**

**Robert Read is killed in Sackville, N.B; he is beaten and run over by a car.**

DRAFT

**1992** (CD Flag & NS Flag)

At the Barcelona Olympics, swimmer Mark Tewksbury and boxer Mark Leduc win medals for Canada. Both athletes will later come out as gay.

In *Haig and Birch v. Canada*, the Ontario Court of Appeals rules that the omission of the term “sexual orientation” from the *Canadian Charter of Human Rights and Freedoms* is discriminatory.

Michelle Douglas launches a court challenge to her dismissal from the Canadian Armed Forces. A federal court decides that a regulation should be amended to permit gays and lesbians to join the Canadian Armed Forces.

Donald Pettipas is murdered, stabbed in the chest, in Halifax.

Roderick MacLeod is stabbed to death in Sydney.

**1993** (NS Flag)

HIV/AIDS infection rates continue to rise; the federal government slashes funding.

It announces that in Nova Scotia only one provincial organization will receive federal support. NSPWAC and Nova Scotia AIDS move into a shared office space.

The Lesbian Gay Bisexual (LGB) Youth Project is formed in Halifax under the auspices of Planned Parenthood. The aim is to support LGBT youth in Nova Scotia.

Roseanne Skoke is elected as Liberal Member of Parliament in the federal election. Ms. Skoke gains notoriety for speaking out against gay rights in the House of Commons., calling homosexuality “unnatural and immoral.” She is opposed by a group of local LGBT activists in Pictou County who call themselves *The Homosexualist Agenda*.

Ms. Skoke gains notoriety for speaking out against gay rights in the House of Commons., calling homosexuality “unnatural and immoral.” She is opposed by a group of local LGBT activists in Pictou County who call themselves *The Homosexualist Agenda*.

Ms. Skoke gains notoriety for speaking out against gay rights in the House of Commons., calling homosexuality “unnatural and immoral.” She is opposed by a group of local LGBT activists in Pictou County who call themselves *The Homosexualist Agenda*.

Ms. Skoke gains notoriety for speaking out against gay rights in the House of Commons., calling homosexuality “unnatural and immoral.” She is opposed by a group of local LGBT activists in Pictou County who call themselves *The Homosexualist Agenda*.

Michel Comeau is kicked and beaten to death in Fredericton, N. B.

**1994** (NS Flag)

Gregory Jodrey is beaten to death in Wolfville. His killer is defended by Joel Pink who claims that Mr. Jodrey “raped” his murderer. The killer is sentenced to two years in Dorchester.

**1995** (CD Flag & NS Flag)

Ontario becomes the first Canadian province to legally authorize same-sex couples to adopt children. British Columbia, Alberta, Nova Scotia, and Quebec follow suit.

The AIDS epidemic reaches its lethal peak in Canada. More than 1700 Canadians die of AIDS-related causes in this year. NSPWAC and AIDS NS officially merge to become the AIDS Coalition of Nova Scotia.

GALA dissolves following the closure of Rumours. The Nova Scotia Rainbow Action Project (NSRAP) is formed after a gathering of LGBT activists meet in Yarmouth.

**1996** (CD Flag)

The federal government passes Bill C-33, adding sexual orientation to the list of prohibited grounds of discrimination under the *Canadian Charter of Rights and Freedoms*.

**1998** (CD Flag & NS Flag)

The LGB Youth Project hosts a youth conference in Halifax. This leads to the formation of the first Gay Straight Alliance (GSA) in Nova Scotia at Millwood High School.

Glen Murray is elected Mayor of Winnipeg, becoming the first openly gay mayor of a major North American city.

Gold medalist Mark Tewksbury comes out. He loses a six-figure speaking gig for being “too gay.”

October 6: Matthew Shepard is viciously assaulted and left strung up on a barbed wire fence outside Laramie, Wyoming. He dies in hospital 6 days later. LGBT communities around the world hold candle light vigils in mourning and to call for an end to homophobic violence. October 28, 2009: Almost exactly eleven years after his death, US President Barack Obama signs the Matthew Shepard Act, federal hate crimes legislation, into law.

**1999** (CD Flag)

The Supreme Court of Canada stipulates that same-sex couples must be granted the same rights and responsibilities as opposite-sex common-law couples and equal access to benefits under programs to which they contribute.

Members of the House of Commons vote 216 to 55 to define marriage exclusively as the union of a man and woman.<sup>5</sup>

**2000** (CD Flag & NS Flag)

Lindsay ~~willow~~ Willow is accused by principal Gordon Young of Halifax West High school of molesting a female student in a girls' washroom. ~~He~~ Young calls the police who quickly determine that nothing whatsoever took place. Despite the police exoneration, Ms. Willow is continually harassed and intimidated by Young. She launches a human rights complaint that will last six years and cost almost \$70,000 (see 2006).

Toronto Police (two female, five male) raid an all-women ~~bathhouse~~ bathhouse event. Many of the 300 women attending characterize it as a “panty raid.” Protesters march on ~~to~~ Toronto Police HQ waving underwear over their heads.

The House of Commons and the Senate pass Bill C-23, giving same-sex couples access to the same social and tax benefits as opposite-sex couples in common-law relationships.

**2001** (CD Flag)

Aaron Webster is brutally beaten to death by four young men with baseball bats in Vancouver's Stanley Park.

**2002 (CD Flag & NS Flag)**

Nova Scotia passes legislation on the registration of domestic unions, addressing same-sex and opposite-sex couples.

The Northwest Territories supports transgender equality by becoming the first government in the country to prohibit discrimination on the grounds of gender identity

For the first time in Canadian history, a Canadian court decides to allow same-sex unions. In reaction to the Ontario court decision, Alberta passes a law prohibiting same-sex marriage. The Government of Canada appeals the decision to allow same-sex marriage. The Justice Minister holds a series of public hearings on the legalization of same-sex unions.<sup>6</sup>

**2003 (CD Flag)**

An Ontario judge orders Durham county Catholic School Board to allow openly gay student, Marc Hall, to bring his boyfriend to the prom.

**2003 (CD Flag)**

DRAFT

**June 12: The Ontario Court of Appeal** rules that the definition of marriage as being between one man and one woman violates the *Canadian Charter of Rights and Freedoms*. The decision immediately legalizes same-sex marriage in Ontario, and sets a legal precedent.

Following this decision and a similar ruling in B.C., the federal government proposes a draft bill to legalize same-sex marriage and submits a reference to the Supreme Court of Canada to obtain the Court's advice on whether or not the bill respects the constitutionally guaranteed rights in the *Canadian Charter of Rights and Freedoms*.

**2004 (CD Flag)**

The Quebec Court of Appeal recognizes the right of same-sex couples to marry.

**2005 (CD Flag)**

July 19: Bill C-38, the federal Civil Marriage Act, legalizing same-sex marriage across Canada, is given royal assent.

**2006 (NS Flag)**

Lindsay Willow wins her six-year fight against Principal Gordon Young and the Halifax regional School Board. The Nova Scotia Humans Rights Tribunal orders the board to pay Ms. Willow \$27,000, barely a third of what the case has cost her. Nevertheless she is hailed as a hero, particularly by LGBT youth, and is honoured as Grand marshal of the Halifax Pride Parade.

**2007 (NS Flag)**

Glen David Race kills two gay men in the Halifax area. While Mr. Race's extreme condition of schizophrenia makes it difficult to ascribe his actions to homophobia, the case marks a degree of willingness on the part of Halifax Regional Police to work with

the LGBT community. The work with LGBT organizations to warn the community while the case is under investigation. The murdered men are mourned by the community on May 17, the International Day Against Homophobia in Halifax's Grand Parade Square.

**2008 (CD Flag & NS Flag)**

Halifax Pride celebrates its 20<sup>th</sup> anniversary. More than 50,000 people attend the annual Pride Parade.

November 3: A lesbian couple are physically assaulted while waiting to pick up their son at Gordon his school in Oshawa by Mark Scott, the parent of another child. Over 300 people gather outside Oshawa City Hall on November 14 to protest the incident. Despite Scott's use of homophobic slurs, Durham Police announce they will not treat the assault as a hate crime.

**2009 (CD Flag)**

March 13: Shawn Woodward is charged with aggravated assault after physically attacking 62-year-old Ritchie Dowrey in a Vancouver gay bar. Woodward says, "He's a faggot. The faggot touched me. He deserved it." Dowrey survives, but suffers extensive brain damage and will likely remain in care for the rest of his life. Woodward is convicted of a hate crime and sentenced to 6 years in prison; he appeals but the conviction is upheld in 2011.

**2010 (CD Flag & NS Flag)**

The Winter Olympics are held in Vancouver B.C. There are "Pride Houses" in Whistler and in downtown Vancouver, serving as drop-ins for LGBT athletes, journalists, and visitors.

Mark Tewksbury is named Chef de Mission for Canada's team to the 2012 Olympic ~~games~~Games.

NSRAP establishes an LGBT Elders social group; they name themselves the Elderberries. The group now has a membership of more than 50 people.

Eric Smith receives the Darlene Young Hero Award from the Nova Scotia Rainbow Action Project at its annual Community Heroes Award Gala.

**2011 (CD Flag)**

A private member's bill, known as the Trans Rights Bill, introduced by New Democrat M.P. Bill Siksay, passes third reading in the House of Commons. The purpose of the Bill C-389 is to amend the Canada Human Rights Act and Criminal Code to include the words "gender identity" and gender expression, thus extending human rights and hate crime protections to transgender and transsexual Canadians. The bill moves to the Senate but dies on the order paper as a result of the dissolution of Parliament. It is the first time that the rights of transgender and transsexual Canadians are debated in parliament, and support of members from all parties is encouraging; most Nova Scotian M.P.s vote in support of the bill.

***Appendix III: Excerpts from an Independent Look at LGBT Elder Care in Nova Scotia***

***by Gerard Veldhoven, 2009***

In 2009, Gerard Veldhoven, an LGBT Elder and activist residing in Amherst, NS, began a personal inquiry into the readiness of Nova Scotia's long term care facilities to accept LGBT residents. The excerpts below are taken from Gerard's report. The opinions are entirely Gerard's own and do not necessarily represent the views of NSRAP. Nevertheless, we include it here, in part because of the thoroughness of Gerard's approach; he contacted some 80 facilities across the province. Most importantly, Gerard is himself in his 70s. He recently lost his life partner, Norman. They were together for more than 30 years and were the first same-sex couple to marry legally in Nova Scotia. Gerard is a father, a grandfather, and a community leader. We may quibble with him over some of his language or conclusions, but we certainly argue with his sentiment. His is an important voice; we do well to hear him.

DRAFT

Ageing, for many of us, may be a scary and lonely experience. As we go through life, it becomes clear our time here is limited. The older we become the more we realize that eventually we will be in need of special care, in perhaps nursing homes or by private care workers. To some, the prospect of losing the ability to care for oneself will be of phenomenal concern. The question of how we may retain dignity and a sense of respect is of the utmost importance. At some point in time most of us will experience this dilemma. We may also ask ourselves if this is truly the end of a lifetime of wonderful experiences. This may be a correct analysis. However, the outlook for the LGBT members of society remains a confusing issue when it comes to equal treatment in long-term care facilities, taken for granted by most heterosexuals.

On many occasions throughout the years have I heard, and read, about concerns LGBT members have regarding the eventual need of long-term care. These concerns are expressed not only by those who are entering their senior years, but also by the younger generations. Grave concerns exist that need to be addressed. I decided to study the situation and finally wrote to the Nova Scotia Health Minister, Karen Casey on January 9, 2009, expressing the concerns of senior LGBT persons. I pointed to the fact so many seniors have thoughts of not being able to be who they really are, and will they be protected from discriminatory actions by management, staff and other patients.

The following are some quotes of my letter to the Minister, followed by her reply.

*“Members of the LGBT community are not convinced they will be welcomed with open arms, especially with a spouse or partner at their side. How will a*

*couple be accommodated in such surroundings and feel understood? Above all, married or single, will we feel comfortable in surroundings that are no doubt geared towards a “straight” society? Must we hide our sexual orientation so as not to upset other residents? Many questions arise as we contemplate our twilight years.’*

*“According to law, members of the LGBT community must be afforded equal treatment to all others. In practice this no doubt remains a cause for concern. How do management and staff propose to make certain LGBT persons are treated with respect and dignity on their premises? Nursing home management and staff must be aware and educated to assure proper care and possess positive attitudes. In order to achieve that goal, is this type of training available to those working in care facilities?”*

*“Unfortunately, discrimination continues to rear its ugly head. As elsewhere in Canada, Nova Scotia has an aging LGBT population not comfortable with the present system. This is an urgent situation that needs to be addressed.”*

**The following is the Minister’s reply:**

*“I can assure you that requirements for new and future long-term care beds incorporate the importance of respect, dignity and diversity. The Long Term Care Facility Program Requirement Guide, which is a template in the development and implementation of new and future long-term care beds, includes wording such as respect, dignity and privacy of each resident housed within a long-term care facility. Furthermore, this document also states the importance of orientation of staff and volunteers around such topics as diversity, confidentiality and resident values.*

*The Department of Health is committed to providing the best possible care to Nova Scotians so they can live well in a place they can call home.”*

**These statements by the Health Minister are commendable in that they indicate an attempt by government to explain the Charter and other official documentation such as, The Nova Scotia Human Rights Act. However, the acts are meaningless unless government assure their implementation, including equal treatment of senior members of the LGBT community. So far, indications are dismal that a serious attempt is made by government officials and long-term facilities administrations to eradicate discrimination.**

**The government changed and the present Minister of Health, Maureen MacDonald assured me that the department endorses the core values of treating all continuing care clients with respect and dignity, while acknowledging diversity. She also promised the info I put forward will be taken into consideration.**

**Discrimination in senior facilities is a reality as indicated by recent attempts to find out exactly what sort of rules and regulations are in place to combat unequal treatment by health care workers, as far as senior LGBT are concerned. The lack of response by some facilities indicates a disregard for serious dialogue that needs to be developed. The seemingly unwillingness to address this dire situation is of great concern to those of us who are in the middle of this dilemma. For the vast majority this is a scary situation that needs attention.**

**On March 6, 2009, I distributed a questionnaire to over 80 long-term care facilities in Nova Scotia. The following are the questions directed to administrations of the facilities.**

- 1. Does your facility have a policy in place that will protect a senior LGBT patient from discriminatory action by a care worker, or the administration?**
  
- 2.—Does your facility recognize the diversity of its patients and their special needs?**
  
- 3. Does your facility have in place an assurance that all LGBT patients are protected from harassment by staff and other patients?**
  
- 4.—Does your facility have a policy that will avoid any discriminatory action by another patient because of sexual orientation?**
  
- 5.—Does your facility recognize the fact all are equal under the law and therefore have accessibility to equal treatment?**
  
- 6.—Does the administration have a policy whereby a care worker will be dismissed on the grounds of intolerant behaviour detrimental to the ~~well-being~~wellbeing of a LGBT patient?**

**A number of long-term care facilities failed to respond. I concluded some of the facilities I contacted are either ignoring the situation, or administrations cannot be bothered with the obvious changes that are so desperately needed.**

**A number of long-term care facilities responded by insisting they have policies in place to counteract abuse regardless of race, creed or sexual orientation. One reply suggested a separate facility be built to house senior GLBT patients. That option, though discussed previously by members of the LGBT community, does not seem realistic, according to LGBT seniors. It is believed by most that erecting a separate facility does absolutely nothing to further the cause of building an alliance, and above all indicates exclusion. The aim is to include, not separate. A positive educational program must be initiated in order to train those who are in administration and those who are directly involved in giving care. Also, patients and their families that are “straight” should be made aware of the diversity of the residents of long-term care facilities.**

DRAFT

**In regard to existing policies, or the willingness to implement action, some replies are listed below.**

- **White Birches Retirement Residence in Amherst is a prime example of tolerance and inclusion. Owners Doug and Sandra Gallagher are constant in their support and readily accepted policies as a guide to equal treatment.**
- 
- Ocean View Manor in Eastern Passage has submitted policies in place at the facility. The following is a statement included in the policy. The facility “rejects any form of discrimination based on age, gender, religion, race, ethnic origin, SEXUAL ORIENTATION, disability or social-economic background”.**
- 
- Maplewood Manor in Tatamagouche also submitted a positive reaction to my questions. Helen Walker, the administrator, accepted the list of policies I submitted to this facility. Again, a positive attitude that has a tremendous effect on the ~~well-being~~wellbeing of LGBT seniors.**
- 
- Administrator Robin Carter at Carter’s Senior Care went so far as to ask for a gay friendly logo that would then be posted on their ~~website~~Web site. She assured me all seniors are treated with respect, dignity and equality in care.**
- 
- High-Crest Place administrator Jean Willison requested policies as a guide for**

her facility in New Glasgow. She informed me no policy regarding sexual orientation is in place at High-Crest. She requested a set of policies to keep on file at that establishment.

- Rosemary Donkin, President of Continuing Care Association of Nova Scotia, (CCANS), said policies are in place. CCHNS has a membership that consists of 58 Home Support Organizations, Nursing Homes, Group Homes, Residential Care Facilities, Small Options and many other types of agencies and organizations. ~~Mrs.~~Mrs. Donkin outlined the policies of her organization and assured me “clients receive care in a sensitive environment that acknowledge individual identity, dignity and self-esteem”. The association’s pamphlet, while not being specific in mentioning sexual orientation, seems to cover the basics. Sexual orientation must be included in the wording of any policies.

DRAFT

Generally speaking, in long-term care facilities in Nova Scotia, ~~Scotia~~ and one may conclude in the rest of Canada, sexual orientation is an issue that needs urgent attention. The responses indicate a willingness to look into this sad situation. That attitude simply is not enough, and indeed seems to be an attempt to soften the situation in hopes it will disappear. As well, most responded by quoting the mission statements of each facility. I am greatly concerned that in practice the situation is a stark reality that homophobia, and therefore discrimination, continues to rear its ugly head. Rarely is sexual orientation part of the mission statements. As someone who is a gay man, I am rather ~~skeptical~~sceptical to what the future holds if I need the services of a long-term care facility. My spouse, who is somewhat older, also is greatly concerned.

Nova Scotia’s long-term care facilities have the obligation to embrace equal treatment for all patients. Members of the LGBT community seek just that in their twilight years. The government of Nova Scotia, through the Department of Health, must also develop policies that go beyond the Canadian Charter of Rights and Freedoms. Inspections should be mandatory and carried out on a regular basis. Complaints must be taken seriously and acted upon.

In closing, I will reiterate that we have the obligation to assist members of our community to live life to the fullest and be treated with respect, dignity and have access to the services afforded all others and feel comfortable in their senior years. The struggle continues, but together we will succeed in gaining equal treatment in Long Term Care Facilities.



DRAFT

## ***Appendix IV:- Gay seniors in Quebec get funding***

### **QUEBEC / Province sets the bar high, says researcher**

*By Dale Smith*

*Xtra.-ca/ National / Thursday, May 07, 2009*

The Quebec minister responsible for seniors, Marguerite Blais, recently announced that the province will spend half a million dollars over three years to fund an education program to improve the lives of queer seniors.

"I don't think this has happened anywhere else in the world, with this kind of money and this kind of initiative," says Bill Ryan, a researcher and professor at McGill University. "It's pretty impressive." \_

Ryan conducted the first national Canadian study on issues relating to queer seniors four years ago. He says that while details of the funding are still being worked out, it will go toward educating the general public, organizations that both represent and work with elders, and health and social services agencies.

"It's a lot of money, and it's very comprehensive," says Ryan. "Some of it's going to involve developing materials, ~~website~~ Web sites and videos and things like that, but a great deal of it is going to be involved in doing more direct sensitization and training on identifying and adapting services to the needs of this particular population."

While Blais played down the fact that none of the seniors' residences contacted agreed to host the announcement, Ryan says that this is a sign of why these funds are needed.

"You have to see in that, that there's a lot of resistance if people thought they could refuse the minister on this," Ryan says.

Diane Heffernan, coordinator of the Quebec Lesbian Network, can attest to the resistance by residences. Her group — which receives \$120,000 of the new funds — has developed a video which talks about the lives of six elder lesbians as a tool to reach out to these residences. To date, only two out of 120 contacted have allowed her to screen it.

"They're very resistant because the ones who are 80 and over [are] Catholic," says Heffernan. "The Catholic Church has been very strongly opposing homosexuality in Quebec, so we have a real struggle there. In fact, one of the residences that I was able to show my video, the 25 elderly women who came said to me that the priest on Sunday had told them not to come to see the video."

Nevertheless, Heffernan says that the very act of asking these residences, and including the video in her request, opens the door because it begins the discussion with the staff. "They say to me 'no', but I know they're having a debate inside the home with the other workers," says Heffernan. "They do have to talk about it, they do have to make a decision, so therefore the process is already started."

Aside from educating the staff and residents, Heffernan also sees her project as reaching out to those women who may have gone back into the closet when they became residents. "I've had a few directors who've told me that they had a lesbian in their home, but they committed suicide because of isolation," says Heffernan.

Ryan agrees that a big difficulty is that many of these queer seniors don't identify themselves.

"They're the product of lives lived under the repression of homophobia in a way that no one today can understand, and it's a very particular population," Ryan says. "That's not going to happen 20 or 30 years from now because people are going to be demanding services be adapted."

On top of the funds in and of themselves, Ryan also believes that this announcement lends legitimacy to the work.

"It's the first step in starting to change the mentality of the health service networks for seniors, and it's explaining the context and convincing people that they're actually out there," says Ryan. "It's much like we started doing in schools 25 years ago."

The Ontario government does not have any dedicated programming for queer seniors, but a government spokesperson says the province is aware of sexual orientation and gender identity as possible factors contributing to elder abuse and have instituted measures to assist.

"We provide online information and links on our Seniorsinfo.ca line to the LGBT community about a variety of issues including health care, housing, legal matters and personal safety," says Lisa Robart, spokesperson for the Ontario Seniors Secretariat. "In conjunction with some of the largest seniors organizations in Ontario — the Long-Term Care Home Association, the Advocacy Centre for the Elderly, the Ontario Network for the Prevention of Elder Abuse, and the Registered Nurses Association of Ontario — we've come up with a set of questions to help them re-evaluate their policies, programs and practices when it comes to seniors, including lesbians and gays."

**The BC government currently has no programs specifically for gay and lesbian seniors, according to a spokesperson for the province's Ministry of Healthy Living and Sport.**

DRAFT

## ***Appendix V: LGBT Community Resources***

### **LGBT Organizations**

**Nova Scotia Rainbow Action Project (NSRAP):**

**Halifax based, provincially mandated organization concerned with social justice and LGBT equality. Contact: ~~Lisa Buchanan, Executive Director. Tel:~~ Tel: 902.444.3206; Email: nsrap@nsrap.ca; Web site: ~~www.~~<http://nsrap.ca>**

**Elderberries Social Group: Halifax based social group for LGBT people and friends aged 50 up. An autonomous group supported by the NSRAP. Contact: Lynn Murphy. Email: ~~nselderberries@gmail.com~~[elderberries@nsrap.ca](mailto:elderberries@nsrap.ca)**

**The Youth Project: Halifax based, provincially mandated organization concerned with issues affecting LGBT youth (ages 11 – 25); administer the Allies Card Program. The Youth Project also ~~host~~hosts ~~the Transaction~~TransAction Society of Nova Scotia<sup>NS</sup>, a transgender community activist organization. Contact Sheena Jameson, Support Services. ~~Tel:~~ 902.429.5426; Email: [youthproject@youthproject.ns.ca](mailto:youthproject@youthproject.ns.ca); Web site: [http://](http://http://youthproject.ns.ca)**

**prideHealth: Halifax based, prideHealth is a program of Capital Health and the IWK Health Centre. Contact: ~~Cybelle Reiber, is the~~Cybelle Reiber, is the prideHealth Coordinator; ~~Tel: 902- 473-1433; Email: [Cybelle.Rieber@cdha.nshealth.ca](mailto:Cybelle.Rieber@cdha.nshealth.ca). Anita Keeping, is the~~Anita Keeping, is the Clinical Nursing Specialist; ~~and can be~~Tel: reached at (902) 220-0643; Email: [anita.keeping@cdha.nshealth.ca](mailto:anita.keeping@cdha.nshealth.ca). Web site: <http://pridehealth.ca>.**

**Halifax Sexual Health Centre: Halifax based, but with strong ties to sexual health centres around the province. Anonymous HIV testing, open and inclusive sexual health clinical services, education and workshops. Angus Campbell, Executive Director; ~~Tel:~~ (902) 4545-9656; Email: [ed@hshc.ca](mailto:ed@hshc.ca); Web site: <http://hshc.ca>.**

### **AIDS organizations**

~~Organizations working on HIV/AIDS often have strong ties with LGBT communities.~~

**AIDS Coalition of Nova Scotia: non-profit, community based AIDS organization, Halifax based, provincially mandated. Provides direct services for people living with HIV/AIDS and offers various prevention programs across NS. Contact: Chris Aucoin, Gay Men's Health Coordinator. In HRM, call 425-4882, or toll free: 1.800.566.2437. Web site: <http://acns.ns.ca>**

**AIDS Coalition of Cape Breton: Support, advocacy, prevention/education for those affected by HIV/AIDS. Queer Advocacy and Education. Contact: Evan Coole, Queer**

**Outreach Coordinator. In Sydney call 902.567-1766; Toll free: 1.877.597.9255. Web site:  
<http://www.accb.ns.ca>**

**Northern AIDS Connection Society: HIV prevention education initiative serving  
Colchester,  
Cumberland and East Hants Counties. Web site: <http://northernaidsconnectionsociety.ca>**

**Affirming Spiritual Organizations**

**Affirm United: LGBT & Friends, support, action and worshipping community within the  
United Church of Canada. Contact Al Stewart, 461.4528; Email: [alstew@eastlink.ca](mailto:alstew@eastlink.ca).**

**Bedford United Church: Affirming ministry within the United Church of Canada – all are  
welcome. 835.8497, Email: [bedfordunited@eastlink.ca](mailto:bedfordunited@eastlink.ca)**

DRAFT