



What's the Story? Home Care and the LGBTQ2S+ Community July 2020

June is traditionally Pride Month, when we recognize the vastness and diversity of the LGBTQ2S+ community. This year, COVID-19 deprived us of the parades and colourful events celebrating strength and resilience. Despite this strength, however, the LGBTQ2S+ community faces inequities. Care Watch advocates for high quality home and community care for Ontario's senior citizens, but that's often not the reality for LGBTQ2S+ seniors.



Today's queer elders grew up in a society very different from the current one.

- Until 1969, having intimate relationships with same-sex partners was a crime for which many were jailed.
- Until 1973, being gay or lesbian was treated as a mental health disorder.
- Gay, lesbian, and bisexual people waited anywhere from 1977 to 1996 for provincial and territorial human rights legislation protecting them from discrimination. Trans people waited until 2017.
- Churches, synagogues, and mosques told queer people they were sinners, and some still deliver this message.

Many LGBTQ2S+ people internalized what society told them and themselves became homophobic. For most older queer folk, the gay liberation movement came too late to erase their coming of age under the cloud of sinner, deviate, or criminal.

Even now, LGBTQ2S+ people's experience of the health care system is negative. Rejection, hostility, harassment, excessive curiosity, pity, condescension, refusal of treatment, avoidance of physical contact, breach of confidentiality, and excessive use of protective equipment are common. Seniors who have lived openly gay lives as activists are feeling they must return to the closet if they need home support or long-term care. The fear of rejection by staff, volunteers, other residents, and families of other residents is real. Equally real is the fear of neglect – that they won't receive hormones, personal care, or grooming – and also that their chosen families will be left out of important decisions.

Understandably, queer elders are hesitant and appear suspicious about seeking or accepting home support services. Along with resilience, they have developed keen perceptions of risk and safety. Having a person come into their home, their sacred, safe space, is a major risk.

Roy is 80 years old and has lived with Joe for 15 years. He is recovering from surgery, and Joe has a heart condition, so they arranged for home support services. Even though Roy followed the advice of friends to "degay" his apartment, the first worker looked around, saw Joe, made an excuse, and left. The next worker arrived with a large supply of protective equipment. She treated Roy respectfully, but before leaving, handed him some religious tracts and asked him to pray with her that he would be cured of his "affliction." Roy has regained his independence, but he fears a future in which he might need long-term care. Will he and Joe be able to stay together? How will the staff and other residents treat him? After so many years, will he have to return to the closet? He fought those battles long ago. Will he have to fight them again?

Ontario's Health Services Appeal and Review Board tells us that, "If you receive home care services, you have the right to be dealt with in a manner that recognizes your individuality and that is sensitive to and responds to your needs and preferences, including preferences based on ethnic, spiritual, linguistic, familial, and cultural factors."

• *Not-for-Profit.* • *Volunteer-Run.* • *Senior-Led.*

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Today, a climate of silence has largely replaced the overt discrimination and hostility. "Don't ask, don't tell" is how many services are handling LGBTQ2S+ clients. Intake forms and interviews ignore sexual orientation, gender identity, or gender expression – critical parts of their clients' lives.

What is the home care sector prepared to do? Some organizations have done honest self assessments and made significant changes. They have established robust anti-discrimination policies and procedures, revisited hiring practices, and overhauled staff orientation and training. Some have developed unique programs for their LGBTQ2S+ clients. Unfortunately, too many other organizations have not. We have taken the first steps, but there is still a long way to go.

What can you do?

- **Start with yourself.** Take nothing for granted. Do you make assumptions simply because of perceptions?
 - ✚ Avoid assumptions about people's sexual orientation or gender identity. Use gender neutral language when referring to intimate relationships. If you're unsure about people's pronouns, ask them.
 - ✚ Don't assume all LGBTQ2S+ people are the same. They are as diverse as our society. They include newcomers and members of families with founding mothers and fathers. They are able bodied and disabled, rich and poor, young and old. They are members of every religious tradition and every race.
 - ✚ Educate yourself. Be an engaged, responsible citizen by checking websites (for example, [Egale Canada](#), [Rainbow Health Ontario.ca](#) , or [The 519 Church Community Centre](#)) or reading articles in the media about gay issues or persons. Attend or view events dealing with queer issues. Ask queer friends about their coming out.
 - ✚ Respect chosen families, who are as important to LGBTQ2S+ people as families of origin.
 - ✚ If you see discrimination, challenge it.
- **Examine your organization.** Make your physical and virtual work environments welcoming and safe.
 - ✚ Adopt anti-discrimination policies and be sure that all staff are familiar with them and follow them.
 - ✚ Provide visible signs of welcome and awareness, for example, a rainbow flag in the foyer or stickers on doors.
 - ✚ Pay attention to your website, newsletters, and publicity materials to be sure they mention that you welcome LGBTQ2S+ folk.