Still Here, Still Queer

A HANDBOOK FOR AFFIRMING LGBTQ OLDER ADULTS

SPACE FOR CHANGE

Still Here, Still Queer

Queer is a term with a complex history. It is a term that has been used in hurtful ways against people for their perceived difference. It is also an umbrella term that has been reclaimed by some people who proudly defy gender or sexual restrictions, and a way that some lesbian, gay, bi, and/or trans people identify themselves with particular communities, cultures, and values. This handbook will offer a "queer" perspective from which to rethink, challenge, and transform older adult spaces and services to promote greater affirmation of diverse lesbian, gay, bisexual, trans, and queer (LGBTQ) identities and expressions in later life.

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Welcome

This handbook is intended as an accessible resource for fostering affirming spaces and services in partnership with **lesbian**, **gay**, **bisexual**, **trans**, and **queer** (LGBTQ) older adults. We encourage LGBTQ individuals, their allies, and service providers to explore the ideas, information, and practical examples set out in this resource. Through using case studies and educational resources that have been informed by the lived experiences and organizing work of older LGBTQ communities and their allies, this guide presents best-practice recommendations on how to more effectively include and involve LGBTQ older adults in programming. Highlighted throughout are organizations, programs, and services that are actively enhancing LGBTQ cultural competency, safety, and opportunities for older LGBTQ communities within Ontario. The 519 encourages you to build on these examples in your service provision, space, and leadership. We welcome your feedback on this resource and would be pleased to assist you on the journey toward more effectively supporting LGBTQ older adults.

This resource recommends a person-centred approach for assessing the degree to which spaces and services are affirming of older LGBTQ communities. We call this approach the "Perceive and Feel" framework **(refer to page 38 for more information)**

Perceive: The physical space displays positive and inclusive symbols and imagery, and the language used reflects a LGBTQ-inclusive environment.

Feel: The overall environment gives a sense of safety and affirmation.

Lesbian:
A woman who is emotionally, physically, spiritually and/or sexually attracted to women

Gay:
A person who is emotionally, physically, spiritually and/or sexually attracted to people of the same gender

Bisexual:
A person who is emotionally, physically, spiritually and/or sexually attracted to people of more than one gender, though not necessarily at the same time

Trans:
An umbrella term that describes people with diverse gender identities and gender expressions that may differ from stereotypical gender norms

Queer:
An umbrella term used and reclaimed by some whose sexual orientations and/or gender identities defy the norm

Acknowledgements

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- The 519's Education and Training Programs and Services; the Older LGBTQ Drop-In Program; and the Friendly Phone Program

- *Creating Authentic Spaces: A Gender Identity and Gender Expression Toolkit to Support the Implementation of Institutional and Social Change* and *The 519 Glossary of Terms*

- The Toronto Senior Pride Network

- Buddies In Bad Times Theatre

- Alzheimer Society of Toronto

- True Davidson Acres long-term care home

- SPRINT Senior Care

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Land Acknowledgement

The land on which this educational resource and many of its initiatives were created is the traditional territories of the Haudenosaunee, the Anishnaabeg, the Huron Wendat, and most recently, the territory of the Missassaugas of the New Credit First Nation who signed the Toronto purchase of 1787.
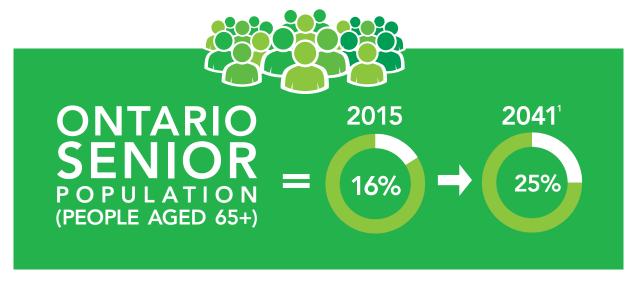
 The territory was the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Haudenosaunee and Anishnaabek confederacies and allied nations to peaceably share and care for the resources around the Great Lakes.

 This territory is also covered by the Upper Canada Treaties.

 Today, the meeting palce of Toronto (from the Haudenosaunee word Tkaronto) is still home to many Indigenous people from across Turtle Island, and we are grateful to have the opportunity to work in community, on this territory.

Because of these great nations we are ALL treaty people.

Why is this Important?

ONTARIO SENIOR P O P U L A T I O N **(PEOPLE AGED 65+)** = **2015** 16% → **2041**[1] 25%

OF THE ONTARIO SENIOR POPULATION

LGB = 6.4% • T = 0.3%[2]
LGB = 200,000 • T = 9,350

* THESE NUMBERS DO NOT INCLUDE THOSE THAT ARE GENDERQUEER, GENDER NON-BINARY OR THOSE THAT ARE NOT OPEN ("OUT") ABOUT THEIR IDENTITIES AND INTIMATE RELATIONSHIPS.

Older LGBTQ Experiences: A (Canadian) History of Discrimination

The lives of LGBTQ older adults and the broader context for their experiences have been subject to erasure, and are not well represented within general older adult programming and supports.[3] For LGBTQ older adults, concerns about aging include discrimination in health care and living settings, fears around disclosing lived identity and how that might impact their care, lack of familial and social supports, and fear of loneliness and isolation.[3–5] The prospect of more frequent medical visits and coming out to health care professionals are causes of anxiety for many LGBTQ older adults, often partially driven by prior experiences of discrimination encountered by many of these adults throughout their lives.[3] Many LGBTQ individuals have encountered prejudice and, in some cases, criminalization and pathologization of their identities/desires based on their **sexual orientation**, **gender identity** and/or **gender expression**.[6] This has contributed to increased levels of stress, internalized **homophobia**, **biphobia**, and/or **transphobia**, and fears around disclosing sexual orientation, gender identity, and/or gender expression.[7,8] Although significant gains have been made for the legal protection of LGBTQ individuals in Canada over the past 50 years,

these rights have not always ensured safer and affirming spaces and services.

Impacts on Health

There is limited research on the health and well-being of LGBTQ older adults due to governmental and organizational failure to track and include LGBTQ identities in explicit or significant ways.[7,9] Existing data suggests that LGBTQ older adults face poorer health outcomes related to mental health and psychosocial well-being. Trans and gender-diverse people face greater rates of isolation due to familial rejection, and loss of their own support networks due to illness and disability.[7,10] Compared to the general population, LGBTQ older adults are at higher risk of experiencing violence and abuse, which manifests in unique ways as they age. This includes the threat of being "outed," experiencing caregiver neglect because of LGBTQ identity, and denial of lived identity. LGBTQ individuals also face higher rates of depression and isolation when compared to straight and **cisgender** people. Nearly 50 per cent of older trans adults, and 30 per cent of LGB older adults experience depression. These higher rates are a result of various complex factors, including social isolation and the impacts of violence, stigma and marginalization, and stress associated with these experiences.

HIV and Aging

The number of older adults living and aging with HIV is rising in Canada, due partially to improved treatment options, efforts to challenge discrimination and stigma, as well as an increasing number of people being diagnosed with HIV later in life.[11] Sexual contact is the primary risk factor for older adults acquiring HIV, for a number of reasons that include limited knowledge about/access to prevention methods and care, as well as the impact of overlapping discriminations such as ageism, racism, and homophobia. Diagnosis later in life may also contribute to delayed HIV treatment[12] and further damage to older adults' immune systems compared to youth. Older adults living with HIV are at higher

Sexual orientation:
The direction of one's sexual interest or attraction (e.g. gay, straight, lesbian, bisexual)

Gender identity:
A person's internal and individual experience of gender

Gender expression:
How a person publicly presents or expresses their gender

Homophobia/homophobic:
The aversion to, fear, hatred, or intolerance of gay and lesbian people and communities, or of behaviours stereotyped as "homosexual"

Biphobia/biphobic:
The aversion to, fear, hatred, or intolerance of bisexual people

Transphobia/transphobic:
The aversion to, fear, hatred, or intolerance of trans people and communities

Cisgender:
Someone whose gender identity aligns with the sex they were assigned at birth

risk for illness and disease, in conjunction with drug interactions that older adults may experience as they age. People living with HIV also face heightened levels of stress related to accessing care and coverage, and support for navigating these issues is limited.[7]

Care Providers and LGBTQ Older Adults

Home care providers are often unaware of the lived identities and specific needs of their LGBTQ clients.[3,13] This is in part the result of care providers not inquiring about sexual orientation, gender identity, and gender expression when assessing clients' needs, as well as a lack of appreciation for the importance of a client's lived experience to their care delivery. A 2016 report found that the majority of care providers in Ontario working with older adults had not received any form of LGBTQ-inclusion training.[13] As a result, LGBTQ service users often have to engage in educational work and self-advocacy when accessing supports, resulting in additional stress and risk. A lack of appreciation for LGBTQ needs and experiences creates circumstances where LGBTQ older adults are not able to be their authentic selves, for fear care providers will treat them differently if they disclose their LGBTQ identities.[3,13]

In a 2011 report from the United States detailing mistreatment of older adults within care facilities, 38 per cent of respondents who reported mistreatment identified as LGBTQ.[14] Mistreatment included verbal or physical harassment from other residents or staff, restriction of visitors, refusal to refer to a trans resident by the name or pronoun in accordance with their gender identity, refusal to provide basic services or care, and denial of medical treatment.

Many LGBTQ older adults express discomfort and uncertainty about speaking with caregiving staff about their sexual orientation, gender identity, and/or expression.[14] Whether or not LGBTQ individuals will experience discrimination from caregivers or residents within care homes, they are likely to anticipate discriminatory responses, and caregiving services therefore perpetuate this by not addressing these concerns.

Impact of Social Isolation on Older Adults

Social isolation is a concern for all older adults, and it impacts health and well-being in a number of ways. Social isolation is associated with higher levels of mental health issues such as depression, anxiety, and suicidality.[15] Socially isolated older adults have a greater likelihood of a more sedentary lifestyle, substance use, and falls and hospitalization. Social isolation can result in reduced social skills, greater risk of elder abuse, and increased fear of crime and theft – all of which further decrease the likelihood of engaging in social activities.[15] Risk factors for social isolation include living with low income, chronic health issues or a disability, living with a mental health issue, and living alone. LGBTQ older adults are at an even greater risk for social isolation, being twice as likely to live alone and three to four times less likely to have children.[16] Furthermore, many LGBTQ older adults are estranged from their **families of origin**.

> **Family of origin:**
> Refers to the familial structure a person grew up with. This may or may not be of biological origin

> **Chosen family:**
> A family structure that is composed of friends, partners and neighbours who act in place of (or together with) one's family of origin

Significance of Lived Experience

Service providers need to not only recognize the concerns of LGBTQ older adults, their **chosen families**, and friends; where possible, allyship, spaces and services should be guided by those they serve. People's life stories are vital to effectively addressing needs of their communities, especially those that may have been silenced in the past.[17] These stories expose us to both the personal struggles and resilience of LGBTQ lives, and to the broader societal conditions that impact them.

Intersectionality

As Ontario's population becomes both increasingly senior and diverse, it is important to recognize the complex ways that discrimination, harassment, and violence may impact people's lives. Many LGBTQ older adults experience homophobia, biphobia, transphobia, and ageism, as well as discrimination on the basis of race, disability, class, and immigration status. These oppressions are not experienced in isolation, but rather interact and overlap, producing heightened experiences of marginalization and discrimination. The intersectional identities of LGBTQ older adults often result in their isolation from both queer and older adult community spaces.

Intersectionality refers to the ways in which two or more oppressions overlap in the experiences of a group, which creates interconnected barriers and complex forms of discrimination. Recognizing intersectionality is essential to appreciating the lived experiences, resiliencies, and barriers encountered by our diverse older LGBTQ communities, and to creating spaces and services that are equitable and anti-oppressive.

Ageism:
A socially constructed way of thinking about older persons based on negative attitudes and stereotypes about aging as well as a tendency to structure society based on an assumption that everyone is young, thereby failing to respond appropriately to the real needs of older persons.[57]

Ableism:
May be defined as a belief that sees persons with disabilities as being less worthy of respect and consideration, less able to contribute and participate, or of less inherent value than others. It can limit the opportunities of persons with disabilities and reduce their inclusion in the life of their communities.[58]

Racism:
An ideology that either directly or indirectly asserts that one racial group is inherently superior to others. Racism operates at a number of levels; individual, systemic and institutional.[59] In Canada, racism tends to operate through a system of white supremacy.

Equity vs. equality:
- **Equity**: Recognizes and compensates for how oppressive systems create different experiences and starting places for people.
- **Equality**: Assumes everyone has the same needs and is starting from the same place.

Case Studies

TELL IT LIKE IT IS

Purpose of activity

The 519 and the Senior Pride Network planned and delivered an older LGBTQ lived-experience speaker series called Tell It Like It Is (TILIS). A committed, intergenerational group of volunteers organized five public events, each on a community-identified theme of significance. The purpose of this program was to reduce social isolation and promote intergenerational connection through mutual understanding and cultural knowledge exchange.

Design and structure of activity

The eight-person organizing committee planned and delivered this program. The events took place on a bimonthly basis between August 2016 and March 2017. Each event showcased the voices of LGBTQ elders, featured a youth and elder emcee and local artists, and explored the following themes: chosen family, aging and disability, aging as a person of colour, being trans and aging, and living a life of activism. The organizing committee made an effort to highlight intersectional identities and experiences, and

"It made my day to hear such moving life stories from the speakers."

— Program participant, Tell It Like It Is

provided honouraria to contributors. The 519 partnered with local service agencies to support the attendance of local long-term care residents while providing personal support worker assistance, active listening, and child care as needed. Refreshments were offered to everyone.

Community impact

About 400 people, at least half of whom were over 50 years old, directly benefited from this project as attendees, guest speakers, artistic performers, volunteers, and organizers. It was important to TILIS organizers to have community engagement at every stage of planning and delivery, as well as meaningful relationship building and skill development (such as video documentation and social media). Participant feedback on this project emphasized the power of storytelling, and the genuine curiosity and desire for connection that exists across generations of LGBTQ communities.

2. SENIOR PRIDE NETWORK

SENIOR PRIDE NETWORK (SPN) TORONTO

Purpose of activity

The Senior Pride Network (SPN) is committed to promoting appropriate services and a positive, caring environment for older LGBTQ people in Toronto and throughout Canada.

Design and structure of activity

The Senior Pride Network began in 2002 as a group of representatives of service providers who were interested in expanding and improving programming for older LGBTQ people. The network hosted its first conference in 2006 and has since hosted three more conferences. SPN trains and supports service providers, organizes community forums and workshops, advocates for and represents LGBTQ seniors, and is a member of the Ontario Ministry of Seniors Affairs Liaison Committee.

"Meeting with and feeling at home in the SPN increases our self-confidence and belief in our worth to the general population."

— Eugene Stasiuk, community member

The network meets quarterly to share experiences and to work collaboratively on activities and projects designed to enhance services for older LGBTQ people. An advisory committee meets monthly to review the priorities, strategic direction and work plan of the network. SPN is an independent organization and The 519 generously provides administrative and in-kind support.

SPN's website, seniorpridenetwork.com, features older community activists and includes resources for LGBTQ seniors.

Community impact

In the spring of 2016, SPN held a community forum – "What's So Queer About Dying?" – to address end-of-life issues, and in January 2017, the network presented a workshop on powers of attorney and wills. SPN also successfully lobbied the City of Toronto to improve staff training at long-term care homes on the impact of homophobia and creating inclusive spaces. SPN proudly initiated the first intergenerational Seniors' Pride event as part of Pride Toronto 2017.

3. EDUCATION & TRAINING

OLDER LGBTQ-INCLUSION EDUCATION & TRAINING PROGRAM

Purpose of activity

The 519's robust range of education and training services centre the lived experiences of LGBTQ older adults in order to foster affirming care environments in which older community members can be their authentic selves, and where their perspectives and needs are understood and addressed. This program builds on The 519's long history of working in community with older LGBTQ adults and aims to decrease their marginalization in care environments, to increase their knowledge regarding their rights within these environments, and to increase the support of caregiver and care facility leadership around the specific needs of older LGBTQ communities.

"Thank you for your knowledge, your sense of humour, your caring, and for encouraging us to be the best we can be!"

— Workshop participant, personal support worker

Design and structure of activity

Implementing this program involved appointing a program coordinator; recruiting, coaching, and learning from older LGBTQ volunteers to incorporate their lived experiences into trainings; conducting a literature review; designing trainings; developing a marketing plan and accompanying resources, such as the Respect Your Elders campaign; and engaging in ongoing consultation with older adult community members and other subject-matter experts. Pre- and post-training evaluations are completed by training participants, and detailed progress notes are maintained by the program coordinator to evaluate this program's impact, in addition to regular debriefs with facilitators and community partners. LGBTQ older adult volunteers receive honoraria for co-facilitating trainings and can access personal and professional development opportunities.

Community impact

Over 20 LGBTQ older adult volunteers are directly involved in the ongoing development, delivery, and evaluation of this project. Approximately 5,000 health care providers and caregivers have been trained in LGBTQ inclusion over three years, and through working in collaboration with over 30 partner agencies to meet our program objectives, hundreds of socially isolated LGBTQ older adults will experience safer and more welcoming care environments, access to care providers who understand their needs and who can empathize with their experiences, greater access to LGBTQ-inclusive resources and organizations, and heightened self-advocacy skills and awareness of their rights. The conversations and capacity development around upholding safer and affirming practices, services and spaces that have been fostered by this program will undoubtedly improve the quality of life and care for older adults beyond the LGBTQ community, as well as that of their families and friends.

4. TIME AFTER TIME

TIME AFTER TIME

Purpose of activity

The 519 and Senior Pride Network have collaborated on a series of elder-focused intergenerational dances entitled Time After Time (TAT). Since 2014, Time After Time has become a highly anticipated annual event within the LBGTQ community. The event strives to create a space for LGBTQ elders and youth to gather and celebrate their diverse lived histories while supporting the needs of elders within and outside of the community. Each dance also serves as a fundraiser for the Senior Pride Network.

Design and structure of activity

A group of committed, intergenerational volunteers from The 519, the Senior Pride Network and the larger LGBTQ community has worked to design, promote and execute each of the Time After Time events. Each event has had a theme that integrated historical queer tropes and elements of camp – for example, a John Waters-inspired Halloween party entitled "Halloqueen!" and a Mad Hatter-inspired daytime tea party entitled "Queers

All of the attendees - youth and elders - tell us they enjoy the atmosphere of socializing and dancing together.

— Community event organizer, Time After Time

in Wonderland." Most recently, Time After Time partnered with Pride Toronto and held the first-ever Seniors' Pride event, entitled "Time After Time: Then and Now." Time After Time's founders and co-chairs, Lezlie Lee Kam and Vanessa Dunn, have worked to ensure that the diversity found within the LGBTQ community is reflected in each event through focusing their outreach, providing necessary accommodations (including ASL and PSWs), and emphasizing the hiring of People of Colour and trans DJs and performers.

Community impact

Each Time After Time event has attracted crowds of 200–300 community members and allies. On top of highlighting the needs of the elder LGBTQ community through the on-site presence of resource kiosks representing community organizations (the Senior Pride Network, The 519, and the Canadian Cancer Society), the opportunity for LGBTQ youth and elders to share space and exchange experiences has helped to cultivate much-needed meaningful connections. Time After Time continues to bridge both generational and knowledge gaps while celebrating our community, music, and the arts.

5. RESPECT YOUR ELDERS

OUR NEED FOR INTIMACY DOESN'T FADE AS WE AGE

#RESPECTYOURELDERS

OLDER QUEER AND TRANS RIGHTS MATTER

THE 519 SPACE FOR CHANGE

WORKING TO BUILD INCLUSIVE CARE ENVIRONMENTS FOR OLDER LGBTQ ADULTS

HEAR IT! STOP IT! #NOBYSTANDERS

The519

RESPECT YOUR ELDERS

Purpose of activity

The 519 developed an educational campaign and program that supports organizations and individuals in understanding the needs of LGBTQ older adults. Respect Your Elders is part of The 519's ongoing work to secure LGBTQ-affirming environments for older people. Understanding that many LGBTQ older people have experienced a lifetime of discrimination due to their sexual orientation, gender identity and gender expression, they often encounter specific challenges and needs as they age. Due to an increased likelihood of social isolation and estrangement from families of origin, we wanted to highlight the need for community among LGBTQ older adults. Furthermore, due to the widespread belief that seniors are not sexual beings, the program highlights the need for intimacy among LGBTQ older adults.

Design and structure of activity

Respect Your Elders encourages dialogue about the need for both community and intimacy as we age, and it aims to foster

"This campaign has been really helpful for our care team in terms of awareness to LGBTQ needs and wants."

— Workshop participant, personal support worker

care environments that are respectful and affirming of LGBTQ older adults. Posters that emphasized community and intimacy were developed with input from community elders. Each concept shows two sides to highlight the difference that access to one's community and intimacy can have on a person's sense of self and overall health. Tag lines were crafted to underscore the role that older queer and trans people played in the rights our communities enjoy today and to foster spaces – homes and places of care in particular – that are free from discrimination.

Community impact

Thousands of Respect Your Elders posters and educational resources have been disseminated to organizations serving older adults. Since all tools are available as openly online and via social media, it's impossible to know the full extent of their reach.

6. DROP-IN PROGRAM

OLDER LGBTQ DROP-IN PROGRAM

Purpose of activity

The Older LGBTQ Drop-In Program was initiated in July 2003 after a number of community consultations. The program aims to create a welcoming, safe, and comfortable space where LGBTQ persons 50 years and over can drop in for a nutritious meal, obtain information through workshops, access support and resources, meet and make friends, and counter the social isolation faced by many older LGBTQ community members.

Design and structure of activity

The Older LGBTQ Drop-In Program has been designed as a weekly drop-in that allows people to self-identify and register with this group. Through the program, community members can connect with their peers, volunteers, and students; access information, including community events and services; obtain one-on-one support; borrow from the LGBTQ lending library; enjoy

> **"I came to meet people, to get acquainted with the community. This program has helped me stay connected."**
>
> *— Participant, Older LGBTQ Drop-In Program*

refreshments prepared by program volunteers; and attend a range of interactive workshops facilitated by community partners. Workshops are geared toward the interests of drop-in participants; topics have included safer sex education, urban gardening, and Indigenous cultural safety. The program also coordinates excursions for participants, such visits to the local cinema.

Community impact

The program has an average of over 950 visits per year. It offers meaningful student placement opportunities for a variety of professional programs, including social work and therapeutic recreation, as well as ongoing opportunities for volunteers to contribute. Most importantly, it responds to the needs and interests of LGBTQ older adults, helping them navigate services and achieve greater food security, and it serves as a consistent, safe, affirming space where older community members can connect with others and be their authentic selves.

FRIENDLY PHONE PROGRAM

Purpose of activity

The Friendly Phone Program was created during the summer of 2012 as a means to check in on participants of The 519's Older LGBTQ Drop-In Program, as they were identified as at high risk for health concerns such as stroke and exhaustion during extreme heat. Older LGBTQ community members are often highly isolated; creating a weekly check-in program counters that by promoting affirming friendships and helping members remain engaged in community life and informed of events if they are unable to make it to programming. The Friendly Phone Program helps its members access information they need to stay healthy, safe, and connected in later life.

Design and structure of activity

The Friendly Phone Program started as a student-led community outreach pilot project. It now runs with the support of one placement student and a dedicated peer volunteer. The program is regularly evaluated, with notes and resources maintained by

"The people I talk to, we have an open dialogue."

— Volunteer, Friendly Phone Program

program staff. Volunteers and students make their phone calls at a pre-established date and time from The 519. If the program participant does not answer the phone, the volunteer or student will leave a voice message, ensuring that everyone gets a call and sharing necessary information. Having a consistent volunteer and student means that long-term relationships and trust are developed. The program has evolved from simply being a conduit for information on extreme heat precautions, programs and services to being an opportunity for open and ongoing connection, care, and conversation.

Community impact

Volunteers with the program have engaged with participants through significant shifts in health, family relationships, aging, and life more broadly. Some participants are 90+ years in age and, for folks who may not have the resources or ability to engage with events or programs that require mobility, having a support that they can access from home is incredibly important. The program acts as a support for folks who have lost family, whose health may be deteriorating, or who may be adjusting to new access needs. The rapport, trust, and friendships developed between volunteers and participants are mutually beneficial. Students with the phone program have made unique and strong connections with some of the participants. Some participants will go out of their way to attend the drop-in program on the date that a student they connect with by phone is facilitating a workshop to show their support.

JEREMY MIMNAGH PHOTOGRAPHY

THE YOUTH / ELDERS PROJECT

Purpose of activity

Buddies in Bad Times Theatre partnered with The 519 and the Senior Pride Network to gather a group of LGBTQ elders and youth for a year-long theatre-based project where identities, personal histories, and queer perspectives were turned into performance. Participants used diverse theatre, storytelling, and movement techniques to investigate, document, and express contemporary queer life from both sides of a generational divide; the final result was a powerful combination of contemporary performance and community building. The show, directed by Buddies' artistic director, Evalyn Parry, had a sold-out, one-week run on Buddies main stage in May 2017.

Design and structure of activity

A series of free, drop-in theatre, storytelling, and performance workshops were held over 13 weeks. The workshops were three hours long; each centred around a particular theme or creative activity, explored through a variety of group and solo

"YEP was an experience I could never have imagined or created let alone make happen on my own. It not only changed the direction of my life, it fundamentally altered who I am in deep and important ways."

— Brian Cope, elder participant, Youth/Elders Project

games, exercises, and assignments. Participants were regularly asked to create short performances inspired by personal stories; these were often done in youth-elder pairs or small intergenerational groups. At the end of the workshop series, 13 participants from the workshop series were selected for the Ensemble to create and perform the final show. The Ensemble members were selected based on their demonstrated ability to work collaboratively in a group, with an emphasis on including a diversity of perspectives, lived experiences, and cultural and gender identities. The Ensemble met weekly over four months; leading up to the final performance, they were paid professional rates for a full-time, three-week rehearsal period. Each performance was followed by a talk-back with the cast and audience.

Community impact

Through the act of creating and performing a show together, all of the Ensemble members, particularly the youth-elder pairs, formed strong and lasting relationships. Participants gained performance skills, confidence, and community connections, and increased their capacity for empathy and collaboration across difference. Based on comments from the post-show talk back sessions, we learned that many LGBTQ audience members strongly identified with the personal narratives shared on stage, and non-LGBTQ-identified audience members were also deeply touched by the work. It was empowering for all involved to see this community-engaged theatre project produced on a professional stage, and be seen by an audience of over 1,000 people. Ensemble members committed to using an inclusive, anti-oppressive framework for the project and spent a lot of time keeping the group accountable to this commitment. It was challenging and imperfect, and everyone learned a lot when differences inevitably arose.

TRUE DAVIDSON ACRES GENDER-SEXUALITY ALLIANCE

Purpose of activity

The True Davidson Acres Gender-Sexuality Alliance (GSA) originated from an initiative to create safe and welcoming environments for LGBTQ2S people. This initiative sought to create homes that are inviting and affirming to LGBTQ2S people needing long-term care placement. Understanding that Toronto has a large population that identifies as LGBTQ2S, coupled with the reality that baby boomers are the "out-of-the-closet" generation, long-term care facilities need to ensure that their services are inclusive. The GSA works to develop a culture of acceptance so that people can openly identify as LGBTQ2S.

Design and structure of activity

The True Davidson Acres GSA started as a LGBTQ2S committee involving facility staff, residents, volunteers, and community partners. The committee initially organized to educate staff

"This partnership supports our welcoming environment for our LGBTQ clients."

— Staff, True Davidson Acres long-term care home

at long-term care facilities and to promote understanding and acceptance of LGBTQ2S identities. It achieved this through sensitivity and cultural competency training, discussion groups, and education workshops. The committee, wanting to maintain the momentum of LGBTQ2S inclusion, was renamed the Gender-Sexuality Alliance. The GSA now meets monthly to socialize, discuss LGBTQ2S inclusion, and report on efforts to maintain a positive space for LGBTQ2S persons within the home.

Community impact

The GSA has had a significant impact on the community and actively recruits new members, including residents, staff, family members, and volunteers of True Davidson Acres, as well as participants from the larger community. They expand their networks through partnerships with a variety of community organizations, involving The 519, the Senior Pride Network, EGALE, and several others. The GSA advocates for and provides feedback on the delivery of LGBTQ2S programs and activities. It also advances LGBTQ2S representation by taking part in Pride Week activities, such as a barbecue and Pride flag-raising ceremony at the home, and by participating in Toronto's Pride Parade. The GSA's ongoing activities include LGBTQ2S movie screenings, special musical performances, and craft programs, offering a range of opportunities to connect and socialize. The group also runs a LGBTQ2S guest speakers' panel, which provides an important platform for community voices.

Chosen Families

For many LGBTQ older adults, family composition may not reflect biological origin. LGBTQ individuals often face conflict with and rejection from their family of origin due to gender identity, gender expression, and/or sexual orientation. Many community members have developed affirming networks of support or "chosen families." A chosen family is a family structure that is composed of friends, partners, and neighbours who act in place of (or together with) one's family of origin. It is important to affirm chosen families and to recognize their unique significance for LGBTQ older adults given their historic and continued marginalization.

Support Networks

Support and care may come in a variety of forms, often classified as formal or informal. Examples of formal support may include care facilities, nurses, doctors, and other health care providers, while informal support may include care provided by chosen family members and other familial supports, such as spouses, siblings, or children.[18] LGBTQ older adults are twice as likely to be single and four times more likely to be without children than their straight and cisgender peers.[19] Consequently, informal support for LGBTQ older adults is often organized and provided by chosen family members. This situation is frequently met with challenges, barriers, and lack of understanding on individual, systemic, institutional, and societal levels.

Families Define Themselves

Although societal appreciation for diverse family compositions has grown, laws that regulate family status have yet to fully reflect this. Incorporating the concept of chosen family into law and organizational policy are important for ensuring that the dignity and needs of LGBTQ older adults are respected.[20] There is much that can be learned from historic and present-day LGBTQ communities, their organization, and responses to the care needs of their social networks.

Intergenerational Connectivity

As the age gap widens between the older and younger generations of our communities, it is increasingly important to challenge ageism as it presents on personal, systemic, and institutional levels. Ageism intensifies where meaningful interactions between age groups are limited.[21,22] A lack of mutual understanding between generations can lead to prejudice and mistrust. Generational separation within LGBTQ communities has contributed to social isolation, thinner support networks, culture loss, and fewer social possibilities for LGBTQ older adults.[3]

Opportunities for LGBTQ youth and older adults to connect have historically been limited, but incorporating an intergenerational approach into programming can build rapport, challenge assumptions, and contribute to more positive attitudes toward aging.[21–24] Bringing different generations together can be mutually beneficial by encouraging skill building, advocacy, and cultural knowledge exchange (such as queer histories of struggle and liberation, and respect for gender and sexual diversity).[23]

BENEFITS OF INTERGENERATIONAL ENGAGEMENT

Intergenerational projects for LGBTQ people have proven to enhance the lives of both younger and older community members in a variety of ways.[23-25]

MENTORSHIP
Especially for those who are struggling with identity and acceptance.

DECREASED SOCIAL ISOLATION AND LONELINESS.

IMPROVED CONFIDENCE AND SELF-ESTEEM.

OPPORTUNITY TO DEVELOP LIFE SKILLS AND RESILIENCIES.

OPPORTUNITY TO LEARN ABOUT QUEER HISTORIES.
To better understand the struggles, gains and contributions that LGBTQ older adults have made.

IDENTIFY CURRENT AND EMERGING CHALLENGES FACING LGBTQ PEOPLE AND POTENTIALLY CONTRIBUTE TO GREATER SOLIDARITY AND ACTION ON THESE ISSUES.

FOSTERING A SENSE OF BELONGING, COMMUNITY, AND CONNECTEDNESS.

Sexuality and Intimacy

Sex and Intimacy

With 55 per cent of LGBTQ older adults reporting sexual activity within the past month, and many of them reporting high-risk sexual activities, it is important that sex- and intimacy-positive education and resources be available to this population. Failure to provide LGBTQ older adults with safer-sex resources increases their health risks and contributes to the ageist assumption that older adults are not sexual.[26] LGBTQ older adults may find it difficult to fully connect with a health care or service provider if they fear disclosing important aspects of their lived experience, and this is especially the case in matters of sexual health.[27,28] Older adults are often depicted as incapable of caring for or fully understanding themselves and their needs, and this contributes to stigma around supporting sexual health in later life.[28] This is especially true for LGBTQ older adults, who have historically been viewed as sexual deviants and have often experienced criminalization and pathologization of their sexual orientation and gender identity and/or expression.

Consent

Consent is critical to conversations about sexual activity and the body. Seeking consent is an ongoing process that cannot be adequately conceptualized as a single action.[29] Consent for physical contact is essential, and consent when working with service users should extend to involving people in the planning of their care.[29] This could involve checking in with a client about the words they would like used to refer to their body, rather than making assumptions (e.g., a client might prefer the term "chest" as opposed to "breasts").

Changes in Later Life

While the ways that people have sex may change with age, the desire for intimacy and sex still exists for the majority of LGBTQ older adults. Research indicates that the loss of a partner can diminish one's sexual interest; however, this may also lead people to explore their sexuality in new ways.[26] Care facility living spaces may not provide residents with adequate privacy for sexual activity. For LGBTQ older adults, navigating these spaces often requires negotiating boundaries of what is considered acceptable behaviour.[30] Supplying inclusive sex- and intimacy-positive resources and education for service users and providers can help to address this by validating sexual diversity and different lived experiences, and by reducing the risks associated with sexual activity and its stigmatization.

HIV and Aging

HIV and Chosen Families

During the time of the HIV/AIDS crisis across the United States and Canada, chosen families played a significant role as caregivers and advocates for individuals who were otherwise ignored and rejected by families of origin, health care providers and the government.[54] LGBTQ communities became instrumental in delivering care to those living with HIV/AIDS. Lesbian communities were particularly invaluable during this time, with some lesbian women serving as the sole caregiver to those who were dying.[54] Clinics already serving LGBTQ communities, and volunteer nurses, doctors, and case managers played a vital role in supporting gay men, among other community members. Chosen families served as the backbone for HIV/AIDS care and eventually HIV/AIDS activism. Much can be learned from LGBTQ communities' action and collective response to care needs during this time of crisis.

HIV and Intimacy

Medical services are often inaccessible to LGBTQ people who face systemic and institutionalized discrimination as well as stigmatization based on their sexual orientation.[55] For people who have had the same sexual partner their whole lives, engaging in safer-sex conversations with new partners can be difficult.[56] Some older adults may be hesitant to disclose their HIV status because they fear stigmatization.[56] In addition to social stigma, many older LGBTQ people have experienced the death of a same-gender partner, an experience of disenfranchised grief not fully recognized by society. People living with HIV have also typically been at higher risk than HIV-negative people for experiencing abuse by family, friends, or partners.[55] The social vulnerability created by HIV therefore points to a wider need for HIV prevention training, awareness, and resources.

Memory Loss and Dementia

People living with memory loss, Alzheimer's disease, or other dementias often face additional barriers to having their needs and experiences recognized. Some LGBTQ adults experiencing dementia may exhibit behavioural changes, such as being more or less guarded about their sexual orientation, gender identity, and expression. Sometimes this can result in problematic consequences, like inadvertently outing themselves, or ending significant relationships.[32] Understandably, this can be stressful for the individual experiencing these changes, as well as for partners, family, and friends. People with dementia may require additional support in order to process the changes they have undergone and/or are currently facing related to identity, and it is important that LGBTQ people experiencing dementia be supported in incorporating gender-affirming practices into their advanced care planning. This might include discussing how they would like to be addressed, what clothes they would like to wear, and a personal grooming routine should they require assistance with daily living.[32]

End-of-Life Conversations and Care

Fear of Discrimination

The end of life may be an especially vulnerable and isolating period for LGBTQ people, many of whom are at risk for discrimination and abuse when their dependence on others for formal and informal care increases. LGBTQ older adults have lived through times when violence, harassment, and refusal of goods and services were not only without recourse but actively promoted through the criminalization and pathologization of LGBTQ and other marginalized communities. Despite the human rights protections now in place in Canada, many LGBTQ older adults experience fear when accessing support services due to this marginalization and discrimination. Fear of discrimination in health care often impacts an LGBTQ older adult's decision about whether to be "out" and to whom they disclose. This contributes to delayed service access and poorer health outcomes. The act of having to re-closet these important aspects of one's identity strips LGBTQ people of their autonomy, profoundly impacts wellness, undermines lifetime gains, and exacerbates struggles that many have undergone to live their lives authentically.[33]

Relationship to Family in the End-of-Life Period

Reconnection with family of origin may or may not be beneficial for the LGBTQ individual, their partners, and chosen family, depending on how one's family of origin becomes involved in care.[34,35] Many LGBTQ older adults experience efforts by their family of origin to reconnect in the end-of-life period despite a history of estrangement. Instructions for one's care team and substitute decision makers should be clearly specified in a living will, and persons should be notified of their responsibilities. Trans and gender-diverse individuals may wish to include specific instructions around the representation of their lived identity after death.

Additional Challenges

Service providers commonly underestimate the importance of one's LGBTQ identity in care delivery and to their clients' health needs.[36] Although some LGBTQ older adults have accepted the reality of having to be both client and educator in health care settings, others report that having to constantly advocate for their care is exhausting.[13,33] Additionally, LGBTQ older adults who lived through the HIV/AIDS crisis may find end-of-life care especially challenging, as they are likely to have experienced the loss of multiple partners, chosen family members, and friends during that time.[37–39] Some older adults have experienced the loss of all, or nearly all, of their social network due to HIV/AIDS, and may have been unable to appropriately grieve these losses because of social stigma and alienation from their partner's or friend's family of origin.[40,41] This, compounded over many losses, results in unresolved bereavement, and intensified feelings of loneliness and grief.[39,41]

Gender-Sexuality Alliance Framework

What is a Gender-Sexuality Alliance?

Formerly known as a gay-straight alliance, a gender-sexuality alliance (GSA) is a community group consisting of LGBTQ individuals and allies that provides a safe space to talk about issues related to sexual orientation, gender identity, and gender expression.[42,43] Members of a GSA can include residents, chosen family, partners, volunteers, and organization staff.[43] GSA activities could include discussing LGBTQ issues and providing support and community-building opportunities for LGBTQ people through meetings, events, and social gatherings.

Purpose and Impact

Although GSAs have largely been established within schools, their positive impacts in these spaces suggest the potential to create change in other settings. The presence of a GSA within an older adult service setting can signify a safer space for LGBTQ people.[44] GSAs can help to reduce homophobic, biphobic, and transphobic language, harassment, and attitudes within spaces;[44,45] they also allow participants to connect, show leadership, and improve relationships with staff and other community members.[45]

GSAs likewise serve as a means to help guide and implement LGBTQ initiatives.[43] These initiatives include:

- developing safer environments for addressing LGBTQ issues;

- educating the wider community about LGBTQ identities and concerns;

- organizing events to celebrate Pride Month;

- building community through social events;

- broadening opportunities for LGBTQ people within the community and organization.

Application

Steps to creating a GSA:[42,43,46]

Step 1: Find a leader or champion

Identify a champion within your organization who is LGBTQ culturally competent, supportive, and has demonstrated themselves to be an ally around LGBTQ issues (this person may or may not identify as LGBTQ). This champion can be a client/resident, staff member, volunteer, or family member.

Step 2: Follow your guidelines

Follow the guidelines of the organization regarding establishing groups or social clubs. This process may vary by organization, so it is best to speak with a staff member on the process.

Step 3: Inform the organization

Meet with the administration or management team to discuss your plans to form a GSA. They may provide guidance, support, and advocacy on your behalf with residents, families, staff and volunteers, the resident/family councils and the home advisory committee. They might also recommend other individuals who would be interested in joining the organization's GSA.

Step 4: Gain support for a GSA

Meet with the organization's interdisciplinary teams, resident/family council and home advisory committee to discuss forming a GSA. This is a vital avenue for gaining support and recruiting GSA participants.

Step 5: Advertise

Maximize all avenues to introduce and communicate your plans for developing a GSA. Advertise the GSA in the organization's newsletters, by posting flyers, and by word of mouth. In these advertisements, set a date for your first meeting. Once the GSA is established, provide ongoing updates of the GSA's progress and LGBTQ initiatives to residents, staff, volunteers, and the community at large.

Step 6: Find a meeting place

Select a location within the organization where confidentiality and privacy can be maintained.

Step 7: Your initial meeting

Welcome all individuals to the GSA, provide an overview, and discuss the purpose of developing a GSA within the organization.

Step 8: Establish group guidelines and role descriptions

Reinforce that the meeting aims to provide an environment of safety, respect, and confidentiality to all clients/residents, family members, partners, staff, and volunteers present. Set time to discuss guidelines for the meeting, and get feedback from the group on developing new guidelines if appropriate. Establish descriptions for possible group member roles, such as a note taker, time keeper, and someone to schedule the next room booking.

Step 9: Plan for the future

Develop a meeting schedule. Identify potential LGBTQ programs and services that will support the organization's GSA; identify potential champions who can bring the discussed LGBTQ initiatives to life; discuss ways to foster community engagement and support.

Additional Resources

Creating a Welcoming Environment

Advance-Care Planning and End-of-Life Decisions

How-to: Advance-Care Planning

Best Practices Scorecard

CREATING A WELCOMING ENVIRONMENT

THE PERCEIVE AND FEEL FRAMEWORK

A welcoming environment feels safe. It is a space where people can find themselves represented and reflected, and where they understand that all people are treated with respect and dignity. This happens when services consider, and are equitable and accessible to all members of the LGBTQ community, including clients, staff, and volunteers.

The experiences of LGBTQ older adults may be different than younger generations, keep that in mind when thinking about language and posters.

> A SPACE WHERE PEOPLE CAN FIND THEMSELVES REPRESENTED AND REFLECTED AND TREATED WITH RESPECT AND DIGNITY.

PERCEIVE
physical environment and language

Service users/staff must be able to look around their physical environment and see positive and inclusive symbols, images, and artwork as well as see positive and inclusive brochures and pamphlets that represent their experiences.

Service users/staff must be able to hear positive and inclusive language and be comfortable using inclusive and positive language.

Use open-ended questions if you aren't clear on how to respectfully interact with someone.

- How would you like me to refer to you?
- What information are you comfortable disclosing if it is necessary?
- How can I best support you?
- What language would you like me to use when referring to you/your partner?

FEEL
overall environment, which imparts a sense of safety

Service users' and employees' gender identities and expressions are acknowledged, affirmed, and respected.

SAFE PLACE
There are visible and verbal reminders that the agency is a safe place.
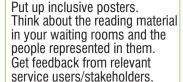
Accessible/supportive processes are available that allow people to raise issues and concerns, and to feel that they have been acknowledged and that there will be follow-up.

Service users and staff are aware that communication goes two ways.

MATERIALS ✓

Put up inclusive posters. Think about the reading material in your waiting rooms and the people represented in them. Get feedback from relevant service users/stakeholders.

LANGUAGE ✓

Make sure that inclusive and affirming language is the standard. Educate employees and make sure your policies reflect human rights legislation.

FORMS ✓

Make sure forms have a space for legal name and another name (some people don't go by their legal name). Make sure forms reflect only what you need to know.

Advance-Care Planning and End-of-Life Decisions

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Advance-care planning and end-of-life decisions are important for all aging populations. LGBTQ populations are no exception, and they experience additional considerations when navigating this process.[47]

What is Advance-Care Planning and Why is it Important?

- "Advance directives are directions given by a competent individual concerning what and/or how and/or by whom decisions should be made in the event that, at some time in the future, the individual becomes incompetent to make health care decisions."[48]

- If an advance medical directive is not set up and the individual is not married or in a common-law relationship, a parent or sibling could be in charge of health care decision-making, regardless of the individual's relationship with this person. If there is no family available, decisions about health care – for example, in an emergency situation – could end up being made by a doctor without insight into that individual's preferences and needs. These issues are of particular importance to LGBTQ populations due to the historic and systemic invalidation of their lived identities.[49]

Common barriers to end-of-life planning for LGBTQ people:[47,50,51]

- Lack of access to information

- Absence of perceived need

- Social isolation, leading to difficulty identifying substitute decision makers

- Fears around disclosure of sexual orientation, gender identity, and gender expression

- Not wanting to think about end of life decisions

- Previous negative experiences with the health care system

How-To: Advance-Care Planning

Writing an Advance Medical Directive

There are two types of advance directives; many people do some combination of the two:[48]

1. An **instructional directive** (a living will) states what (or how) health care decisions are to be made in the case of a loss of competence. This may include specific instructions or general principles to be followed when making healthcare decisions.

2. A **proxy directive** (substitute decision maker) specifies who will make decisions in case of a loss of competence. Also known as "durable powers of attorney for health care."

Recommended Resource:

1. Dying with Dignity Canada, "Advance Care Planning Kit" (by province): http://www.dyingwithdignity.ca/download_your_advance_care_planning_kit

2. End-of-Life Planning Canada, "Advance Care Planning Toolkits" (by province): https://elplanning.ca/advance-care-planning-toolkit/

3. Advance care planning for trans people: http://www.lgbtagingcenter.org/resources.cfm?r=694

Post-Death Plan

- Specify in the advance directive if the individual would like an autopsy after death. A post-mortem autopsy can present problems, though, if the coroner's office insists on recording an individual's sex assigned at birth on the death certificate, or if the autopsy "outs" the trans identity of the individual.[52]

- In casket ceremonies, an open casket should reflect the deceased's preferences regarding gender identity and expression. Similarly, memorials and gravestones should be chosen to reflect the deceased's gender identity, and any name change they have made and lived under. These details should be specified through advance directives.[47,52]

- Inconsistencies between the deceased's legal documents regarding sex and/or gender identity and their lived identity can cause problems.[53] Some funeral homes may refuse to prepare and process trans-identified individuals according to their lived identity. Seek out a funeral home that is LGBTQ inclusive and specify the use of this home in the advance directive.

- Ensure that the insurance company is LGBTQ inclusive. Some individuals have faced issues with insurance payments in the face of discrepancies between legal documents and the lived identity of the policyholder, such as an unwillingness to pay on the policy.[52]

ADVANCE-CARE PLANNING TIPS

Completing advanced directives is not enough; other stakeholders need to know they exist and need to be able to access them.[49]

1. Ensure that physicians have copies.

2. Encourage conversations with partners, family members, and friends about advanced directive, and ensure that they have copies.

3. Ensure detailed discussions with designated substitute decision makers (and ensure they have copies of the original forms).

4. Recommend that individuals carry a note in their wallet stating that they have an advanced directive, along with instructions on where to find it and who to contact in case of an emergency.

For trans and gender diverse people: use specific language, if possible and practical, that protects the interests of trans and gender diverse individuals in having gender identity and expression respected.

Best Practices Scorecard

	Rate your organization
Does your organization keep all medical and personal information private (including all information related to gender identity)?	1 2 3 4 5 6 7 8 9 10
Does your organization ensure that personal history and medical information are not disclosed unless prior permission has been granted or it is truly relevant to the health and well-being of the individual (as defined by the individual)?	1 2 3 4 5 6 7 8 9 10
Does your organization use someone's current name and pronoun regardless of what they were assigned or called at birth?	1 2 3 4 5 6 7 8 9 10
Are your requirements for "legal" name and sex assigned at birth legitimate (reasonable and bona fide according to human rights law)?	1 2 3 4 5 6 7 8 9 10
Have your IT systems been modified to recognize someone's name and gender over "legal" name and sex?	1 2 3 4 5 6 7 8 9 10
Under Canadian law, you are required to collect information on gender identity rather than sex assigned at birth (with collecting this kind of information), unless there is a legitimate, bona fide reason.	1 2 3 4 5 6 7 8 9 10
Does your organization ask service users about their gender identity rather than their sex assigned at birth?	1 2 3 4 5 6 7 8 9 10
Does your organization have dress codes that allow people to freely express their gender identity according to their needs?	1 2 3 4 5 6 7 8 9 10
Does your organization allow everyone to access washroom and changing facilities based on their gender identity (which does not necessarily correlate to their sex assigned at birth)?	1 2 3 4 5 6 7 8 9 10
Does your organization make it clear that trans people are not required to use separate facilities unless they wish to?	1 2 3 4 5 6 7 8 9 10

	Rate your organization
Does your organization make it clear that LGBTQ people will be welcomed and respected?	1 2 3 4 5 6 7 8 9 10
Has your organization referred LGBTQ clients?	1 2 3 4 5 6 7 8 9 10
Does your organization make it clear that LGBTQ people will be welcomed and respected?	1 2 3 4 5 6 7 8 9 10
Has your organization been a referral for LGBTQ clients?	1 2 3 4 5 6 7 8 9 10
Does your organization have a list of LGBTQ-positive referral options?	1 2 3 4 5 6 7 8 9 10
Has your organization received training related to LGBTQ clients and community needs?	1 2 3 4 5 6 7 8 9 10
Does your organization have clearly written anti-discrimination and anti-harassment policies that include gender identity, gender expression, and sexual orientation as prohibited grounds?	1 2 3 4 5 6 7 8 9 10
Are all new employees and service users made aware of anti-discrimination and anti-harassment policies that include gender identity, gender expression, and sexual orientation as prohibited grounds?	1 2 3 4 5 6 7 8 9 10

Final score: /160

References

1. Ministry of Finance. 2017. Ontario Population Projections Update, 2016-2041. Toronto: Queen's Printer for Ontario. Accessed September 25, 2017. http://www.fin.gov.on.ca/en/economy/demographics/projections/projections2016-2041.pdf.

2. Qmunity. 2015. Aging Out: Moving towards queer and trans* competent care for seniors. Vancouver: Qmunity. Accessed September 25, 2017. qmunity.ca/wp-content/uploads/2015/03/AgingOut.pdf.

3. Brotman, S., B. Ryan, R. Cormier. 2003. "The Health and Social Service Needs of Gay and Lesbian Elders and Their Families in Canada." Gerontologist 43 (2): 192–202.

4. Czaja, S.J., S. Sabbag, C. Chin, et al. 2016. "Concerns about aging and caregiving among middle-aged and older lesbian and gay adults." Aging Ment Health 20 (11): 1107–18.

5. Services & Advocacy for GLBT Elders. 2014. Out & Visible: The Experiences and Attitudes of Lesbian, Gay, Bisexual and Transgender Older Adults, Ages 45–75. New York: SAGE. Accessed September 25, 2017. http://www.sageusa.org/files/LGBT_OAMarketResearch_Rpt.pdf.

6. SPRINT Senior Care. 2012. Equity Begins at Home: A Guide to Creating LGBT Inclusive Community Support Services for Older Adults. Toronto: SPRINT Senior Care. Accessed September 25, 2017. https://sprintseniorcare.org/sites/default/files/documents/SPRINT%20Senior%20Care%20Older%20LGBT%20Toolkit%20-%20Rebranded%20FINAL%20-%20November%202013.pdf.

7. Choi, S.K., I.H. Meyer. 2016. LGBT Aging: A Review of Research Findings, Needs, and Policy Implications. Los Angeles: The Williams Institute.

8. D'Augelli, A.R., A.H. Grossman. 2001. "Disclosure of Sexual Orientation, Victimization, and Mental Health Among Lesbian, Gay, and Bisexual Older Adults." J Interpers Violence 16 (10): 1008–27.

9. Centers for Medicare & Medicaid Services. 2016. Health Disparities Experienced among Older Sexual Minorities: National Health Interview Survey, 2013–2014. Baltimore: CMS Office of Minority Health.

10. Jackson, E., E. Hughes. 2017. Fostering Older LGBTQ-Inclusive Care Environments.

11. Canadian AIDS Society. 2013. HIV and Aging in Canada: an Introduction. Accessed September 25, 2017. www.cdnaids.ca/wp-content/uploads/HIV_aging_1-Introduction-FactSheet.pdf.

12. Canadian AIDS Society. 2013. HIV and Aging in Canada: Diagnosis, treatment and care. www.cdnaids.ca/wp-content/uploads/HIV_aging_2-Diagnosis_Treatment_Care-FactSheet.pdf.

13. Daley, A., J. MacDonnell. 2016. LGBTQ Communities and Home Care: Findings from Ontario-Based Research. Toronto: York University. Accessed September 25, 2017. http://www.yorku.ca/lgbthome/documents/lgbtqhomecarezine2016.pdf.

14. Justice in Aging. 2015. LGBT Older Adults in Long-Term Care Facilities: Stories from the Field. Updated version. Washington, DC: Justice in Aging. Accessed September 25, 2017. http://www.justiceinaging.org.customers.tigertech.net/wp-content/uploads/2015/06/Stories-from-the-Field.pdf.

15. National Seniors Council. 2014. Report on the Social Isolation of Seniors 2013–2014. Ottawa: Government of Canada. Accessed September 25, 2017. https://www.canada.ca/content/dam/nsc-cna/documents/pdf/policy-and-program-development/publications-reports/2014/Report_on_the_Social_Isolation_of_Seniors.pdf.

16. Services & Advocacy for GLBT Elders. "Social Isolation." Accessed May 19, 2017. www.sageusa.org/issues/isolation.cfm.

17. Chataika, T. 2005. "Narrative Research: What's in a Story?" Paper presented at the 8th Nordic Network for Disability Research Conference, Oslo, April 15.

18. Movement Advancement Project, Services & Advocacy for GLBT Elders. 2017. Understanding Issues Facing LGBT Older Adults. Boulder: Movement Advancement Project.

19. Services & Advocacy for GLBT Elders. 2017. "Economic Security." Accessed May 19, 2017. www.sageusa.org/issues/economic.cfm.

20. Ontario Human Rights Commission. 2006. "Defining family status." In: The cost of caring: Report on the consultation on discrimination on the basis of family status. Toronto: OHRC. Accessed September 25, 2017. www.ohrc.on.ca/en/cost-caring-report-consultation-discrimination-basis-family-status/iv-defining-family-status.

21. Drury, L., P. Hutchison, D. Abrams. 2016. "Direct and extended intergenerational contact and young people's attitudes towards older adults." Br J Soc Psychol 55 (3): 522–43. doi:10.1111/bjso.12146.

22. Grefe, D. 2011. "Combating Ageism with Narrative and Intergroup Contact: Possibilities of Intergenerational Connections." Pastor Psychol 60 (1): 99-105. doi:10.1007/s11089-010-0280-0.

23. Bamford, S-M., D. Kneale, J. Watson. 2011. Intergenerational projects for the LGBT community: A toolkit to inspire and inform. London: International Longevity Centre.

24. Anderson, S., J. Fast, N. Keating, et al. 2017. "Intergenerational Community Arts Programming." Health Promot Pract 18 (1): 15–25. doi:10.1177/1524839915625037.

25. Toronto Intergenerational Partnerships. 2014. "Benefits." Accessed July 4, 2017. www.tigp.org/about/benefits.

26. Kia, H. 2016. "Hypervisibility: Toward a conceptualization of LGBTQ aging." Sex Res Soc Policy 13 (1): 46–57. doi:10.1007/s13178-015-0194-9.

27. Clark, T. 2012. Coming out can be ageless. Safer Sex for Seniors. Accessed September 25, 2017. http://safersex4seniors.org/assets/Coming_Out_Can_Be_Ageless_1.pdf.

28. Connolly, M., R. Breckman, J. Callahan, et al. 2012. "The sexual revolution's last frontier: How silence about sex undermines health, well-being, and safety in old age." Generations 36 (3): 43–52.

29. Butterworth, C. 2005. "Ongoing consent to care for older people in care homes." Nurs Stand 19 (20): 40–5. doi:10.7748/ns.19.20.40.s52.

30. Simpson, P., M. Horne, L.J.E. Brown, et al. 2017. "Old(er) care home residents and sexual/intimate citizenship." Ageing Soc 37 (2): 243–65.

31. Alzheimer's Australia. 2014. Caring for LGBTI People with Dementia: A Guide for Health and Aged Care Professionals. Accessed September 25, 2017. https://www.fightdementia.org.au/files/SA/documents/LGBTI Caring Booklet - 20150112.pdf.

32. Alzheimer's Society. 2017. "Supporting a Lesbian, Gay, Bisexual or Trans Person with Dementia" [Factsheet]. Accessed September 25, 2017. https://www.alzheimers.org.uk/info/20046/help_with_care/38/supporting_gay_lesbian_and_bisexual_people_with_dementia.

33. Stinchcombe, A., K. Kortes-Miller, K. Wilson. 2016. Perspective on the Final Stages of Life from LGBT Elders Living in Ontario: Improving the Last Stages of Life. Toronto: Law Commission of Ontario.

34. Lawton, A., J. White, E.K. Fromme. 2014. "End-of-Life and Advance Care Planning Considerations for Lesbian, Gay, Bisexual, and Transgender Patients #275." J Palliat Med 17 (1): 106–8. doi:10.1089/jpm.2013.9457.

35. Almack, K., A. Yip, J. Seymour, et al. 2012. The Last Outing: Exploring End of Life Experiences and Care Needs in the Lives of Older LGBT People: A Final Report. Nottingham: University of Nottingham.

36. Marie Curie. 2016. "Hiding who I am": The reality of end of life care for LGBT people. London: Marie Curie. Accessed September 25, 2017. https://www.mariecurie.org.uk/globalassets/media/documents/policy/policy-publications/june-2016/reality-end-of-life-care-lgbt-people.pdf.

37. Mallinson, R.K. 1999. "The Lived Experience of AIDS-Related Multiple Losses by HIV-Negative Gay Men." J Assoc Nurse AIDS Care 10 (5): 22–31.

38. Sikkema, K.J., S.C. Kalichman, R. Hoffmann, et al. 2000. "Coping strategies and emotional wellbeing among HIV-infected men and women experiencing AIDS-related bereavement." AIDS Care 12 (5): 613–24.

39. Sikkema, K.J., A. Kochman, W. Difranceisco, et al. 2003. "AIDS-Related Grief and Coping With Loss Among HIV-Positive Men and Women." J Behav Med 26 (2): 165–81.

40. Griebling, T.L. 2016. "Sexuality and aging: a focus on lesbian, gay, bisexual, and transgender (LGBT) needs in palliative and end of life care." Curr Opin Support Palliat Care 10 (1): 95–101. doi:10.1097/SPC.0000000000000196.

41. Springer, C.A., S.H. Lease 2000. "The impact of multiple AIDS-related bereavement in the gay male population." J Couns Dev 78 (3): 297–304.

42. GSA Network. 2009. "Building Your GSA." Accessed May 25, 2017. https://gsanetwork. org/resources/building-your-gsa.

43. Toronto Long-Term Care Homes & Services. 2008. Diversity Our Strength: LGBT Tool Kit For Creating Lesbian, Gay, Bisexual and Transgendered Culturally Competent Care at Toronto Long-Term Care Homes and Services. Toronto: LTCHS.

44. GLSEN. 2007. Gay-Straight Alliances: Creating Safer Schools for LGBT Students and Their Allies (GLSEN Research Brief). New York: GLSEN.

45. Walls, N.E., S.B. Kane, H. Wisneski. "Gay–Straight Alliances and School Experiences of Sexual Minority Youth." Youth Soc 41 (3): 307–32. doi:10.1177/0044118X09334957.

46. GLSEN. The GLSEN Jump-Start Guide. New York: GLSEN.

47. Byrne, M., M. Rodriguez, N. Massaquoi, et al. 2016. "What's So Queer About Dying? A Panel Discussion." Toronto: The 519.

48. Health Law Institute. 2016. "End-of-Life Law and Policy in Canada – Advanced Directives." Halifax: Dalhousie University. Accessed September 25, 2017. http://eol.law.dal. ca/?page_id=231.

49. National Resource Centre on LGBT Aging, Services & Advocacy for GLBT Elders. 2016. [Home page]. U.S. Department of Health and Human Services, Administration on Aging. Accessed September 26, 2017. http://www.lgbtagingcenter.org/index.cfm.

50. Cartwright, C., M. Hughes, T. Lienert. 2012. "End-of-life care for gay, lesbian, bisexual and transgender people in retirement." Cult Health Sex 14 (5): 537–48.

51. Cahill, S., K. South. 2002. "Policy issues affecting lesbian, gay, bisexual and transgender people in retirement." Generations 26 (2): 49–54.

52. Witten, T.M. 2009. "Graceful exits: Intersection of aging, transgender identities, and the family/community." J GLBT Fam Stud 5 (1-2): 35–61.

53. Hash, K.M., F.E. Netting. 2007. "Long-term planning and decision-making among mid-life and older gay men." J Soc Work End-of-Life Palliat Care 3 (2): 59–77.

54. The Ryan White HIV/AIDS Program. n.d. Gay Men: A Living History. Rockvill, MD: Health Resources & Services Administration. Accessed July 7, 2017. https://hab.hrsa. gov/livinghistory/issues/Gay-Men.pdf.

55. Fredrikson-Goldsen, K.I., C.A. Emlet, C.P. Hoy-Ellis. 2016. The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults. Accessed September 25, 2017. https://www.homophobie.org/wp-content/uploads/2016/02/Full-Report-FINAL-11-16-11.pdf.

56. Scaccabarrozzi, L. 2010. "Let's talk about sex: Interviewing older adults about HIV and risk." Achieve Summer: 6. www.gmhc.org/files/editor/file/r_a_summer10.pdf.

57. Ontario Human Rights Commission. "Ageism and age discrimination (fact sheet)." Accessed July 7, 2017. www.ohrc.on.ca/en/ageism-and-age-discrimination-fact-sheet.

58. Ontario Human Rights Commission. 2016. "Policy on Ableism and Discrimination Based on Disability." Accessed September 26, 2017. http://www.ohrc.on.ca/en/policy-ableism-and-discrimination-based-disability.

59. Ontario Human Rights Commission. n.d. "Racial discrimination, race and racism (fact sheet)." Accessed July 7, 2017. www.ohrc.on.ca/en/racial-discrimination-race-and-racism-fact-sheet.