

OPENING THE DOOR FOR RAINBOW FOLKS: CREATING INCLUSIVE AND WELCOMING LONG-TERM & CONTINUING CARE FOR 2SLGBTQIA+ OLDER ADULTS

Roberta Bishop (she/her)
Dene Guillas (he/they)

“It is not our differences
that divide us. It is our
inability to recognize,
accept, and celebrate
those differences.”
— Audre Lorde





ROBERTA

Pronouns: she/her

Misplaced Maritimer

Proud Manitoban

Bisexual

Older Adult

Committed Community Member

Personal and Professional LTC experience

Education and Training, Technology, Business Operations

Public and Private actor employment; self-employed

Operations Manager at Rainbow Resource Centre

Consultant - MB Association of Senior Communities (MASC)



DENE

Pronouns: he/they

Proud father & husband

Two-Spirit (Metis)

Pansexual

Transgender human

Training & Education field: 20+ years

Non-profit sector: 13+ years

Rainbow Resource Centre: 5+ years

Psychology of Canada: Youth mental health

Private Consulting: 2SLGBTQIA+ focused

WHY THIS MATTERS

- Aging population is increasingly diverse—including 2SLGBTQIA+ folks.
- Many older adults still live with the trauma of discrimination.
- Long-term care must reflect inclusive values to offer dignity, safety, and belonging.
- Inclusion isn't a trend—it's a care standard.



STATISTICS

42% of LGBTQ2+ older adults are not fully “out” to care providers.

65% of LGBTQ2+ seniors fear they will be treated poorly in long-term care homes.

1 in 3 trans or non-binary adults aged 55+ avoid medical care out of fear of being disrespected or misunderstood.

LGBTQ2+ elders are **2–4** times more likely to live alone and less likely to have family advocates.

Only **12%** of long-term care homes in Canada have explicit LGBTQ2+ inclusion policies.

WHAT DOES INCLUSION *REALLY* MEAN?

Equality



The assumption is that **everyone benefits from the same supports**. This is equal treatment.

Equity



Everyone gets the supports they need (this is the concept of “affirmative action”), thus producing equity.

Justice



All 4 can see the game without supports or accommodations because **the cause(s) of the inequity was addressed**. The systemic barrier has been removed.

Inclusion



Through equity, and social justice, each has the access they need to health and education to build wealth in order to **buy their own seat inside the stadium**.



SEX ASSIGNED AT BIRTH

The classification of a person based on biological characteristics, such as chromosomes, hormones, external genitalia, and reproductive organs.



GENDER IDENTITY

A person's internal & individual lived experience of what it means to be a woman, man, neither, or a mix of many genders.



GENDER EXPRESSION

The way a person presents & communicates gender within a social context.



ATTRACTION

A person's potential for emotional, intellectual, spiritual, intimate, romantic, and/or sexual interest in other people(s).



CULTURE

Honors the fluid and diverse nature of gender, attraction, and the connection to community, spirituality, and traditional worldviews.

Gender Identity, Gender Expression, Sex Assigned at Birth, Attraction, and Culture are all separate ideas but work together to make us who we are. By better understanding the differences, we can better understand ourselves & others.

PRONOUNS

Subjective	Objective	Possessive adjective	Possessive pronoun	Reflexive
She smiles	I like her	Her hat is blue	That is hers	She likes herself
He smiles	I like him	His hat is blue	That is his	He likes himself
They smile	I like them	Their hat is blue	That is theirs	They like themselves
Ze smiles	I like zir	Zir hat is blue	That is zirs	Ze likes zirsself
Hir smiles	I like hir	Hir hat is blue	That is hers	Hir likes hirsself
Xe smiles	I like xem	Xem hat is blue	That is xyrs	Xe likes xemself

TRY:

"What pronouns do you use?"
"My pronouns are... What are yours?"

AVOID:

"Preferred pronouns"

GENDER TRANSITIONS

Social Transition: changes in behaviour, appearance or language, name/pronoun, packing, tucking, binding, etc.

Medical Transition: gender affirming surgeries, hormone & voice therapy, counselling, or other means to align with gender identity

Legal Transition: birth certificate, passport, citizenship card, driver's license, health card, financials, etc.

Not every person who identifies as gender diverse will transition in social, medical, and/or legal ways.



Understanding oppression
isn't about guilt—it's about
truth, healing, and doing
better in care today.

HISTORICAL OPPRESSION

- Many elders lived through:
 - Loss of family/community support
 - Lack of affirming healthcare
 - Criminalization of identity
 - Residential schools, 60's scoop, Indian Act, “pedophile”, “dirty blood”, marriage equality, DSM-5, conversion therapy, etc.



TODAYS CHALLENGES

- **Hypervigilance & Fear:** Many older 2SLGBTQIA+ people hide their identity in care settings, fearing rejection, abuse, or neglect.
- **Re-Closeting:** After living openly, some return to the closet out of survival—especially when dependent on staff or roommates.
- **Isolation & Loneliness:** 2SLGBTQIA+ elders are more likely to be single, childless, or estranged from family—less likely to have advocates in care.
- **Invisibility in Policy & Programming:** Rarely see their lives reflected in forms, intake questions, or activities—leading to erasure.

TODAYS CHALLENGES

- **Avoidance of Care:** Some delay seeking health or long-term care services due to prior discrimination.
- **Higher Rates of Mental Health Issues:** Depression, anxiety, and PTSD are common—often worsened by exclusion or discrimination in care.
- **Mistreatment & Microaggressions:** Assumptions about gender/partners, refusing to use correct pronouns, or outing residents to others.
- **Barriers for Chosen Family:** Chosen family may not be recognized in visitation or medical decision-making.

TODAYS CHALLENGES

- Dementia, Alzheimer's & Identity Loss:
 - Re-closeting due to internalized fear or survival habits.
 - Increased confusion, anxiety, or shame about identity.
 - Cognitive decline may bring back old biases or homophobic attitudes learned during formative years.
 - Can cause tension or harm in communal living spaces.

“

Our Elders carry
stories of resilience,
resistance and
LOVE!

”

AFFIRMING STRATEGIES

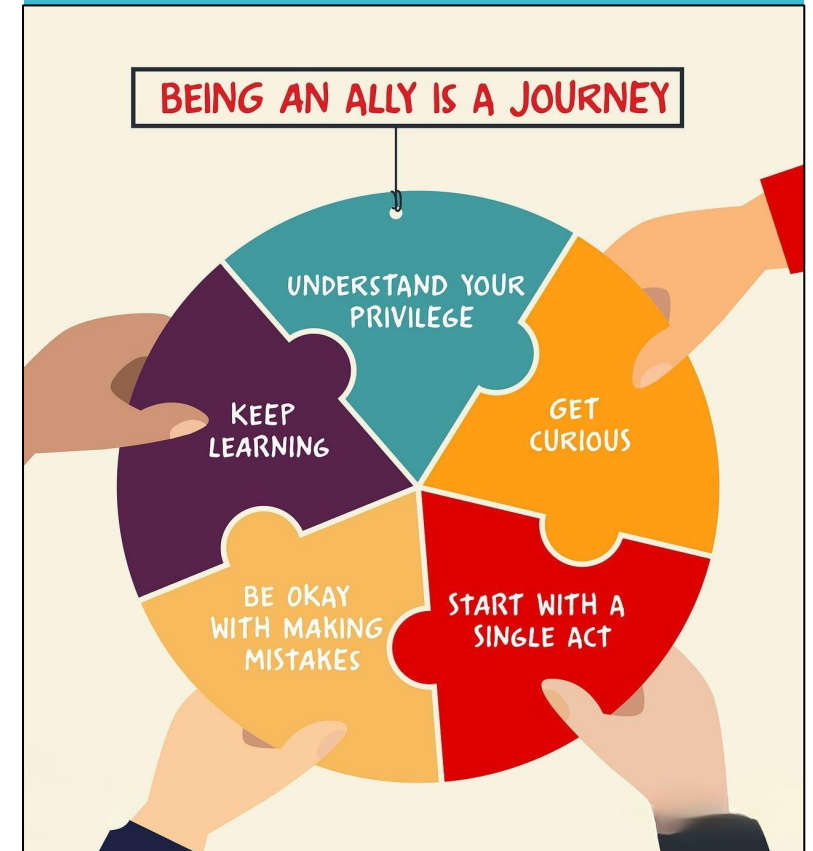
Inclusive Language & Communication



Visible & Structural Inclusion



Ongoing Allyship & Growth



Inclusive Language & Communication

Language shapes culture. Using inclusive language is one of the simplest yet most powerful ways to affirm students.

- Normalize pronouns (share yours, ask respectfully)
- Use chosen names and pronouns consistently
- Respect privacy & confidentiality
- Interrupt harmful language gently but firmly

It's not just about political correctness—it's about seeing and respecting someone's full identity.



INCLUSIVE LANGUAGE

Gendered	Non-Gendered
Wife/Husband	Spouse, Partner
Mother/Father	Parents, guardian
Brother/Sister	Siblings
Aunt/Uncle	Piblings, auncle
Grandma/Grandpa	Grandy, grandparent
Niece/Nephew	Nibling, niblet, nibs
Mr/Ms/Miss/Mrs	Mx.
Ladies & Gentlemen, Guys	Folks, residents, everyone, people, etc.

Visible & Structural Inclusion

Inclusion is more than policy—it needs to be seen and felt. What residents see in their environment signals who belongs.

- Visibly affirm (e.g., stickers, posters, flags)
- Create gender inclusive spaces (bathrooms, change rooms)
- Inclusive books, media, and diverse programming
- Address systemic issues (e.g., forms, visitation rights, etc.)

Inclusive symbols, posters, and affirming materials send a message: you are welcome here.



POLICIES & PROCEDURES

- “No decisions made for us, without us”
- Promote inclusive recruitment practices
- Review current inclusivity policies – become familiar
- Evaluate anti-harassment and anti-discrimination policies
 - Includes sex, gender identity, expression & orientation
 - Clear procedures for reporting incidents and following up
- Share inclusive policies with community—website, handout, posted, etc.

POLICIES & PROCEDURES

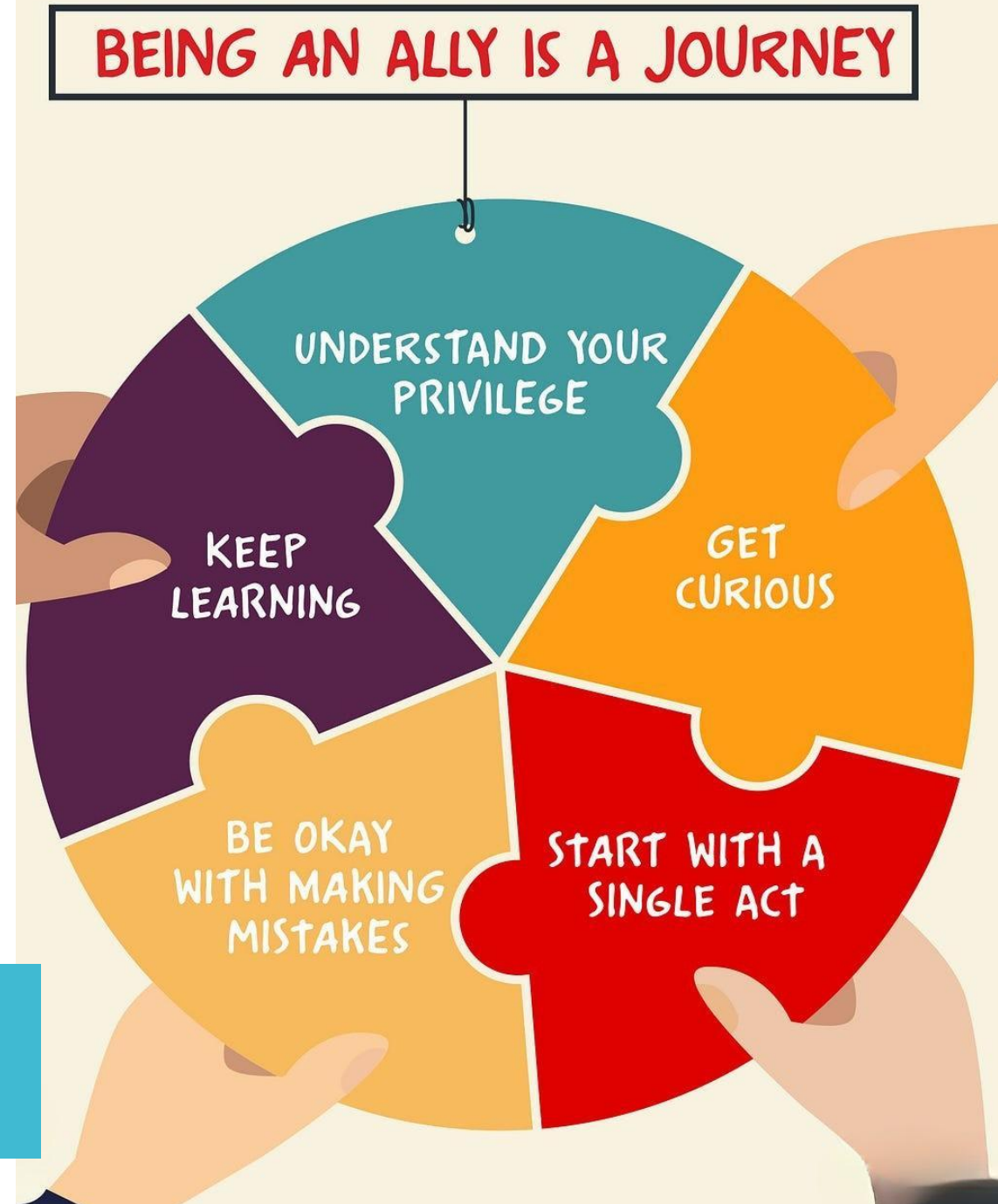
- Review current forms:
 - Legal & chosen name, pronouns, etc.
- Support and advocate cultural activities—like ceremony—that don't fit into standard, Western models
- Access to smudging, tea, and inclusive Elders, knowledge keepers, traditional people, etc.
- Contact Dene for further consultation. (Policies, documents, walkthrough of the physical space, etc.)

Ongoing Allyship & Growth

Allyship isn't a one-time act—it's a lifelong journey. It requires reflection, learning, unlearning, and humility.

- Offer visible and consistent allyship (rainbow lanyards, safe space symbols)
- Educational opportunities (staff, residents, families, etc.)
- Invite resident feedback
- Commit to continuous reflection and learning

We won't always get it right, but showing up, staying curious, and being open to feedback are essential.



WHAT IS *ACTIVE* ALLYSHIP?

If you claim to be someone's ally but aren't getting hit by the stones thrown at them you aren't standing close enough

- *Stan Mitchell*

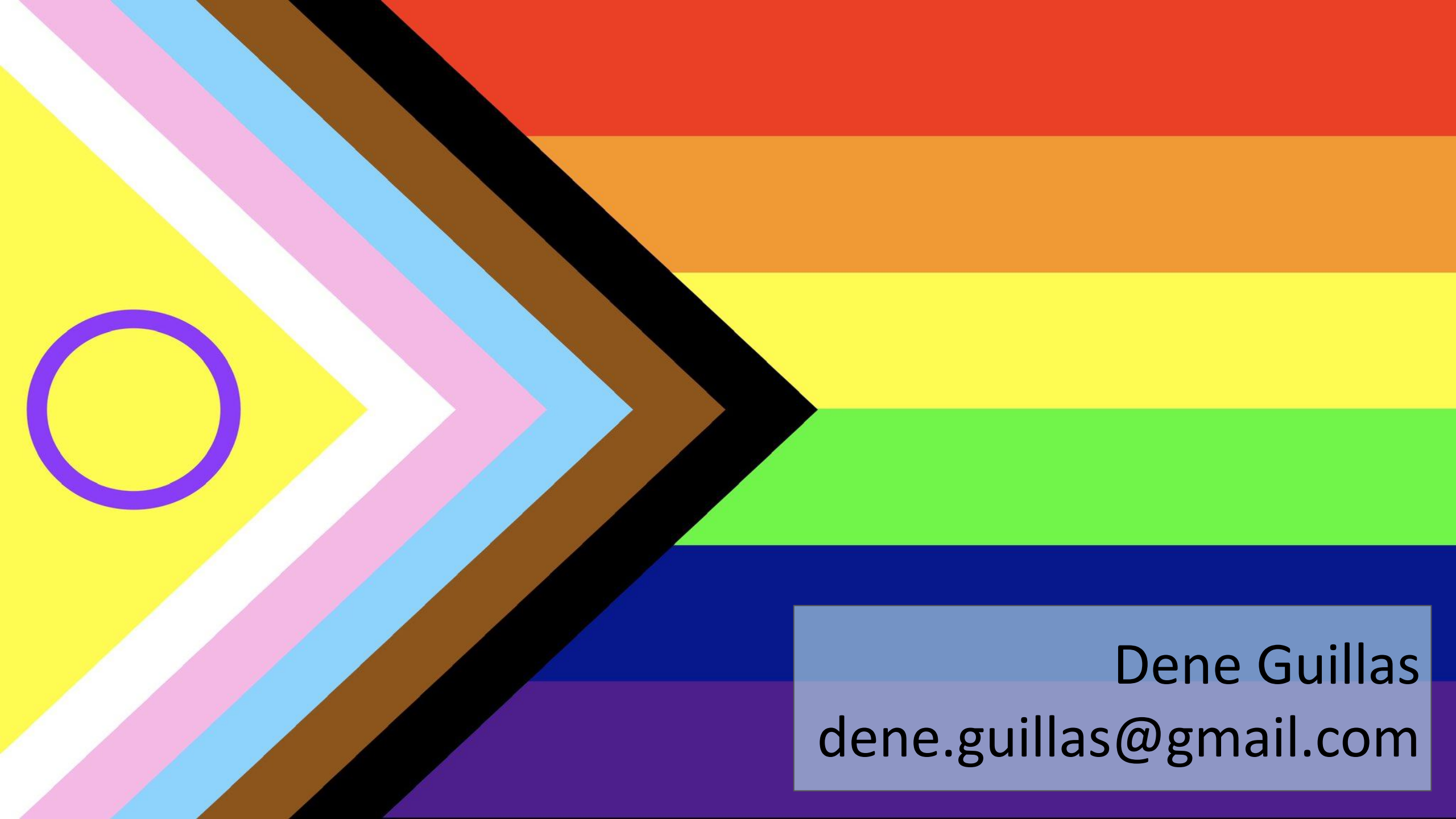


GROUP REFLECTION

What's one brave
step you'll take in
your role?



“When we create safe
spaces for others to be
themselves, we give them
permission to thrive.”
— Unknown



Dene Guillas
dene.guillas@gmail.com



Resources