

*** Practical Suggestions for Working with LGBT Elders**

1. Don't assume heterosexuality or gender identity even when you know the client is in a relationship with someone of the opposite sex, is married, or has children and grandchildren.

LGBT People are found in every organization, in every community, and in every age group. Yet the constant societal assumption of heterosexuality renders LGBT people invisible. Such invisibility is devastating to the individual's sense of self. Many LGBT elders suffer a profound sense of isolation from years of having protected themselves from harassment and discrimination through hiding their true identities. Many LGBT elders who have been more open about their identities in their adult lives actually experience increased isolation and harassment when depending on care givers, and "return to the closet" due to fears that discrimination may hinder getting their needs met. Simply using "partner" and "he or she" when asking about family signals safety to LGBT clients, and encourages and overall atmosphere of inclusivity to LGBT and non-LGBT clients alike.

2. Respect the privacy of clients you think might be LGBT.

Do not expect total disclosure from them about their sexual orientation or gender identity. You may have to accept only vague references from them about their personal lives.

3. Explain and emphasize your policy on confidentiality.

LGBT elders may not be out to family members, spouses, neighbors, doctors, lawyers, friends, etc. When you are "in the closet", you are hidden from everyone. Unless you have prior permission, never reveal the sexual orientation or transgender identity of a client to another provider nor one client to one another client even if you know they are both LGBT.

4. Make sure intake forms include the category of partner or significant other. Where there is a sex or gender question, add a 3rd category for transgender.

(M,F, or T) Let clients know on the intake form that if they prefer, they can wait until they get in to see the service provider before completing sensitive or confidential information.

5. Put LGBT-friendly statements in your brochures and other program materials.

Use words such as "non-traditional family," "partner," and "companion." These are words that many LGBT people will recognize and appreciate as welcoming. Consider using explicit statements if inclusivity such as "Sexual, gender or any other type of diversity is welcome here."

6. Transgender elders frequently face isolation, negative judgments, and ostracism from health and social service professionals.

Constraints in insurance and MediCal further reduce transgender elders' access to knowledgeable and appropriate health practitioners. Hormone levels, for example, must be checked regularly or medical complications can occur. Educate yourself and others in your agency about gender diversity. Provide transgender clients with information and referrals to supportive services and groups. Remember that partners, children, and parents of transgender clients also need support.

7. Respect the gender that transgender clients consider themselves to be by using the gender-correct pronouns.

Do not be afraid to ask what pronoun a transgender client prefers. Such questions show care and interest.

8. Advertise your program and services in the LGBT press.

Send your literature to LGBT organizations. Contact LGBT service agencies to let them know about your services, so they can make referrals to your agency. Invite members of the LGBT agencies to come talk to your staff about their services.

** Adapted from Practical Suggestions written by Nancy Flaxman © Spectrum Center for Lesbian, Gay, Bisexual, and Transgender Concerns 2003 Revised 2005 in collaboration with Openhouse.*