



Service Competency for the LGBTQ Community

A Community Asset Mapping Exercise in Durham Region

October 2011



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Introduction

The lesbian, gay, bisexual, transgender, queer and/or questioning (LGBTQ) community is a unique and vibrant addition to the diversity that exists within the Region of Durham.¹ The diverse and complex nature of the LGBTQ community requires welcoming and supportive services to ensure their optimal health and well-being. However, there is a lack of knowledge and culturally competent support services for sexual and gender minorities in Durham. There is a need for service providers and health care professionals to have a better understanding of sexuality and gender which would require specialized training and appropriate policies to be enforced. There is a need to encourage organizations, businesses and groups in the Durham community to adapt their service models and create more inclusive and positive spaces for their LGBTQ customers and clients.

OCASI (Ontario Council of Agencies Serving Immigrants) defines a *positive space* as

“a welcoming environment where members of the LGBTQ community are able to access culturally inclusive services with dignity and respect and service providers can work free from discrimination based on sexual orientation, gender identity and gender expression” (Stewart & Tcheng, 2009, pg. 1).

Due to the fact that there are various sexual identities and lifestyles that warrant particular services and support, the Community Development Council Durham conducted a community asset mapping process to see what positive services are currently available to the LGBTQ community in Durham Region. This report will attempt to unpack the gaps and barriers within Durham Region’s services and resources for the LGBTQ community through an analysis of the data gathered. This data will provide direction in developing best practices for improving the quality of positive spaces and services for the LGBTQ community.

¹ LGBTQ is a commonly used acronym that is shorthand for lesbian, gay, bisexual, transgender/transsexual and queer identities. While this may be the most commonly used acronym it does not encompass all diverse sexual orientations and gender identities. For example, LGBTTTTIQQ is another acronym, which stands for lesbian, gay, bisexual, transgender/transsexual, two-spirited, intersex, queer, questioning. Considering that LGBTQ is the most commonly used and recognized acronym, it will be used in this report to represent all gender identities and sexual orientations. These acronyms illustrate the expansive positionalities and different identities that exist within sexual minority populations. It is important to remember that these acronyms and their definitions continuously change with people’s thinking and attitudes towards sexual orientation and gender identity. (Barbara, Angela, Farzana Doctor & Gloria Chaim. (2007). *Glossary: LGBT Terms and Definition*, accessed June 1st 2011 from www.rainbowhealthontraio.ca.)

Project Rationale

Statistics

According to the *Canadian Community Health Survey*, conducted by Statistics Canada, 1.1% of Canadians aged 18 to 59 reported in 2009 that they consider themselves to be homosexual (gay or lesbian) and 0.9% of Canadians aged 18 to 59 reported in 2009 that they consider themselves to be bisexual (Statistics Canada, 2010).² This particular *Canadian Community Health Survey* (Cycle 2.1) was the first Statistics Canada survey to include a question on sexual orientation. In addition to these statistics, in 2004, Diane Beauchamp, of the Canadian Centre for Justice Statistics published the *Sexual Orientation and Victimization Report* which stated that 1.5% of Canadians aged 18 years and over identified themselves in the *General Social Survey* as being homosexual (gay or lesbian) in 2004 and that 6% of Canadians aged 18 years and over did **not** identify themselves in the *General Social Survey* as being heterosexual (Beauchamp, 2008).³

While these statistics reflect a small population of Canadians identifying as LGBTQ, we must consider the fact that these numbers do not accurately incorporate the full spectrum of sexual and gender identities and that entire groups of individuals were not considered in these surveys. This data is also problematic because we cannot be certain that members of lesbian, gay and bisexual communities felt comfortable enough to self identify when filling out the survey. It is important to consider the fact that regardless of the gaps and nuances found within these statistics, LGBTQ individuals do in fact make up a portion of our communities and it is imperative that their needs are considered as important as any other culture or community.

People who identify as LGBTQ face multiple barriers that exist within the social and political framework of society. These barriers include the structures and processes that favour and/or target certain sexual and gender identities, and the discrimination they face in their social lives as a result of homophobia, biphobia, and transphobia.⁴ Facing these barriers leaves individuals feeling that they are alone and that there are few options for getting support and obtaining services (Stewart & Tcheng, 2009, pg. 1).

² "Several concepts can be used to measure sexual orientation. These include behaviour, that is, whether a person's partner or partners are of the same or the opposite sex, and identity, that is, whether a person considers himself or herself to be heterosexual, homosexual or bisexual. The CCHS uses the concept of identity. Data from other countries suggest that the number of people who consider themselves to be homosexual is much smaller than the number who report having had sexual relations with someone of the same sex. However, people are more willing to answer questions about identity than about behaviour" (Statistics Canada, 2010).

³ Statistics Canada has neither the definitive number of people whose sexual orientation is lesbian, gay, bisexual, nor the number of people who are transgender, but the agency does attempt to quantify some estimates in various surveys and in the census (Statistics Canada, 2010).

⁴ Examples of the results of homophobia, transphobia and biphobia include physical abuse and harassment, verbal abuse and harassment, exclusion and invisibility. These can be individual or systemic (part of policy, programming and "the way things are").

The implications of the struggles these barriers can cause are astounding and distressing. PFLAG⁵ statistics show that about 26% of LGBTQ youth are asked to leave home after coming out to their parents and that 30% of all suicides are completed by members of the LGBTQ community and are related to the issue of sexual identity. 43% of trans-identified persons attempt suicide and on average, LGBTQ high school students hear anti-gay slurs at least 26 times a day (PFLAG Canada, 2009).

In 2009, the *First National Climate Survey on Homophobia in Canadian Schools* provided statistics on the victimization faced by LGBTQ youth in schools and its impacts. These statistics include the following (Taylor *et al.*, 2009):

Victimization

- Six out of ten LGBTQ students reported being verbally harassed about their sexual orientation.
- Nine out of ten transgender students, six out of ten LGB students, and three out of ten heterosexual students were verbally harassed because of their expression of gender.
- Almost two in five transgender students and one in five LGB (lesbian, gay, bisexual) students reported being physically harassed due to their expression of gender.

Impacts

- Three-quarters of LGBTQ students and 95% of transgender students felt unsafe at school, compared to one-fifth of heterosexual students.
- Over a quarter of LGBTQ students and almost half of transgender students had skipped school because they felt unsafe, compared to less than a tenth of non-LGBTQ.
- Over half of LGBTQ students did not feel accepted at school, and almost half felt they could not be themselves, compared to one-fifth of straight students.

While the findings listed above are specific to LGBTQ youth in schools, they illustrate that the LGBTQ community is underrepresented and marginalized in many ways and that support services and resources are needed in order to create an atmosphere of inclusion and acceptance in communities across Canada.

Prideline Durham Project

In recognizing the relative invisibility and marginalization of the Lesbian, Gay, Bisexual, Transgender and/or Queer (LGBTQ) community as well as the need for more inclusive and positive services, the Distress Centre Durham, along with the Community Development Council Durham (CDCD) and the Durham LGBTQ Communities Involved Committee (CIC), with funding from the Ontario Trillium Foundation, partnered on a project called *Prideline Durham*.

⁵ PFLAG = Parents and Friends of Lesbians and Gays

The goals of the *Prideline Durham* project were three-fold: First, to put in place a crisis and information telephone line that specifically responds to LGBTQ-related inquiries. Second, to gather a list of local resources that offer inclusive services, and create a resource guidebook that is accessible to the public and the *Prideline Durham* telephone operators for referral purposes (The *Prideline Durham Services and Resources Guidebook*). Third, to host a series of community forums with the purpose of discussing current barriers and potential solutions for local service organizations, businesses and groups looking to provide a more LGBTQ-positive space for their customers and clients.

On September 26, 2011, the Distress Centre Durham launched *Prideline Durham*, a LGBTQ crisis and information telephone line (**1-855-87-PRIDE (77433)**). On October 18, 2011, the project partners hosted the first community forum. The bulk of this report focuses on the *Prideline Durham Services and Resources Guidebook*, and more specifically, on the research process undertaken to complete it.

Using an online survey, the CDCD set out to engage organizations, businesses and groups in Durham Region to be a part of the *Prideline Durham Services and Resources Guidebook*. To qualify to be in the Guidebook, organizations were asked to participate in the online survey, which was designed to determine the current nature of local services and resources and their collective capacity to address the unique needs of the LGBTQ community in Durham. The purpose of the online survey was to inform a community asset mapping process where organizations, businesses and groups were asked a series of questions in order to determine the extent to which they offer a positive environment for their customers and clients. Participants were asked to state how they define and value diversity, whether they currently consider their organization, group or business to be a positive space for the LGBTQ community and what the needs are for organizations, professionals and business people themselves as they work towards providing a high quality of service to diverse groups. The results of this survey inform the findings of this report.

Project Partners

Distress Centre Durham

The Distress Centre Durham currently provides the community with a 24 hour helpline telephone service for those in distress and offers resource and referral information on suicide and related topics (**905-430-2522 or 1-800-452-0688**). The Distress Centre Durham is also the host of *Prideline Durham (1-855-87-PRIDE (77433))*, which is aimed at providing emotional support, crisis intervention and community referral information specific to the concerns and issues of the LGBTQ community in Durham Region.

Community Development Council Durham

The Community Development Council Durham (CDCD) is an independent, not-for-profit social planning organization that has been working to enhance the quality of life for individuals, families and communities in Durham for more than 40 years. They organize and implement a variety of research, community development and social planning initiatives as well as administer and deliver front line social service programs. This *Prideline Durham* project adheres to the mandate of the CDCD by promoting equity and

inclusion and the value of diversity in order to create welcoming and productive communities in the region of Durham.

Durham LGBTQ Communities Involved Committee

The Durham LGBTQ Communities Involved Committee (CIC) is a group of organizations and businesses that are either run by members or allies of the LGBTQ community or whose services and products meet the needs of the LGBTQ community. The purpose of the CIC is to bring these organizations and businesses together to share information and promote a community of inclusion.

Literature Review

It is essential that organizations, businesses and groups, as well as health care professionals, are educated, respectful of and responsive to the needs and issues that affect LGBTQ communities. As this literature review will illustrate, within the past decade research has shown a lack of resources, information and supportive services for members of this marginalized community. There is a need for cultural competency training and education for professionals, as well as the public, about the broad spectrum of sexual and gender minorities so that those in need of counselling or medical attention can feel comfortable seeking assistance from family, friends and community resources. In light of these community needs, recent literature has also provided information and guidance as to how an agency can create a positive space for members of the LGBTQ community. Changes to policies, procedures and attitudes are needed as part of an overarching approach to providing inclusive, accessible and welcoming services.

Research conducted outside of Canada has found that there is a deficit in the availability of inclusive and informed community social services for the LGBTQ population. In an article titled, *Sexual and Gender Minority Health: What we know and what needs to be done*, Mayer, Bradford, Makadon, Stall, Goldhammer and Landers state that “although attitudes are changing, societal misperceptions and discomfort about homosexual behaviour and identity persist” (2008, pg. 993). This lack of understanding and acceptance is detrimental to the health and well-being of members of the LGBTQ community and needs to be addressed because they require access to competent medical personnel and sensitive prevention services (pg. 992). Consequently, there is a need for continuing education programs that provide the training required to improve the attitudes, knowledge, and skills of physicians and other health care professionals as well as social service agencies, in caring for members of the LGBTQ community.

The Human Rights Campaign for health promotion in the United States posits that a provider’s lack of cultural competence has been shown to negatively affect not only provider-patient interaction and care-giving, but also the patient’s care seeking behavior (Human Rights Campaign, 2011, par.1). Creating a nonjudgmental and secure environment through training on LGBT-specific skills and competencies would ensure patients feel welcome and would relieve anxiety or confusion among employees (par.2). Mayer *et al.* agree. They state that “the establishment of culturally competent care for

sexual and gender minority clients requires welcoming clinical and program environments that promote good communication and allow individuals to feel comfortable discussing matters of their sexual identity, behaviour, attractions, and any conflicts they may be experiencing” (Mayer et al. 2008, pg. 993).

A number of studies conducted in Canada and locally, in the Greater Toronto Area, have resulted in similar findings which illustrate the presence of a gap when it comes to LGBTQ-sensitive and knowledgeable services. The Centre for Addiction and Mental Health (CAMH) conducted an investigation into the quality of services provided to bisexual people in 2008 and discovered that mental health services are not meeting the needs of this population in Ontario. The *Bisexuality, Mental Health and Emotional Well-Being Research Project*, a partner initiative of CAMH and Sherbourne Health also showed that Ontario mental health service providers have a general lack of understanding of, and education around, bisexuality and that change is needed to improve the quality and accessibility of mental health care for bisexual people in Ontario.

Dr. Lori Ross of CAMH’s Social, Equity and Health Unit, states that “bisexual people we interviewed felt that therapists and other health care providers need a better understanding of the continuums of sexuality and gender” (CAMH, 2008, par.5). Ross added that gaps in the system may point to the need for specialized clinical training. “Many participants reported that they felt that some queer-friendly therapists were uncomfortable dealing with certain mental health issues, while mainstream mental health clinicians did not have an understanding of the specific challenges faced by bisexual people” (par. 5).

According to Anna Travers, the Director of Rainbow Health Ontario and Sherborne Health Centre, this challenge is not specific to heterosexual health care practitioners. “Some clinicians are from the LGBT community and they have difficulty seeing bisexuality as a healthy and legitimate sexual orientation (CAMH, 2008, par. 6). The *Bisexuality, Mental Health and Emotional Well-Being Research Project* also explored difficulties regarding common beliefs about bisexuality and acceptance among friends, families and the public and made a number of suggestions for fostering a more inclusive and effective mental health system for bisexual people, including education for providers and the public along with increased resources for mental health (par.7).

Similar research was conducted in 2007. The Social Planning and Research Council of Hamilton and the Hamilton Pride Festival were inspired to conduct a needs assessment in order to discover what gaps and barriers existed for the LGBTQ community in accessing appropriate services and resources.

Participants in the research expressed that there was a sheer lack of services and lack of information on services and connections to different support groups/services for youth or older adults (Pike, 2008, pg.14). Bisexual and queer-identified individuals talked about resources and services for the LGBTQ community in Hamilton as “non-existent” and “lacking” (pg.14). In addition to these sentiments, even the service

providers who were interviewed described the services and resources available for the LGBTQ community as “scarce” (pg.14). Service providers also stated within the research that there was a gap in one-on-one counselling and support group opportunities. Some also noted they were not fully aware themselves of what services and resources did exist for the LGBTQ community in Hamilton (pg.10).

Throughout each part of the data collection from the Hamilton needs assessment, participants made it clear that there is an essential need for LGBTQ specific services and resources in Hamilton (Pike, 2008, pg.19). Respondents identified that particular attention needs to be paid to the lack of queer and trans positive healthcare, the need for social opportunities to take place outside of bars and for the development of counselling services related to coming out, especially for LGBTQ youth (pg.3). “Uninformed” is how one lesbian described services when talking about her experience of coming out to her family physician. She went on to say she could not find any information about coming out. “No one could tell me anything in the area about coming out.” Her comments echoed what many participants described as “difficult” and “uncomfortable” experiences (pg.14).

A relevant and unsettling statistic that came out of this research is that 3 out of 15 youth who participated in the needs assessment said they had already attempted suicide in part because of the isolation they feel in the community (Pike, 2008, pg.14).

In response to the lack of resources, information and support services for the LGBTQ community, overwhelmingly, all studies suggest that there is a gap in the level of education and training for service staff and health care professionals. The academics cited in this literature review would agree that everyone who works in healthcare facilities and social services organizations should receive training on LGBT cultural competence because an individual’s experience while accessing care is influenced by everyone they interact with in the process. Mayer *et al.* explain that in order for sexual and gender minority patients to receive optimal care, clinical and program environments need to be welcoming, promote good communication and allow individuals to feel comfortable discussing matters of their sexual identity, behaviour, attractions, and any conflicts they may be experiencing (2008, pg. 993).

The public health department in Seattle and King Country offer similar recommendations for serving the LGBTQ community in a culturally competent way. They state that negative past experiences, provider-patient power dynamics, and societal pressures may make it very difficult for patients to disclose same-sex behaviour in a health care setting. They suggest that it is important to be sensitive to verbal and body language to create an atmosphere of care, openness and non-judgment (2011, section 3). They also suggest that service staff and health care professionals need to begin with self-evaluation and reflection and need to identify what expectations, assumptions, values, biases and beliefs they bring to the patient encounter (section 3).

Jan Grove provides a similar argument in her article, *How Competent are Trainee and Newly Qualified Counsellors to work with Lesbian, Gay, and Bisexual clients and what*

do they Perceive as their most Effective Learning Experiences? She believes that it is necessary to consider what competence might mean before beginning to work with LGB clients. Stemming from the research she conducted with students who were enrolled in an integrative counselling diploma course, she discovered that it is imperative to go beyond a set of tasks to perform when serving LGBTQ clients, and that care must involve more subtle elements such as the ability to see meaning in interactions with clients, and the counsellor's own personal qualities (Grove, 2009, pg. 79). Key components would be the ability to relate to the client with some understanding of the social context of the client. It is noted in her research that LGB clients valued counsellors who had educated themselves about LGB issues, demonstrated a non-pathologising attitude, and found it important that the counsellor could be proactive in addressing issues relating to sexual orientation.

Within the Hamilton study, the authors state that the need for training and education for service providers and members of the LGBTQ community was a point raised by many people within the course of their research. They state that “anti-racism and anti-oppression training, with an emphasis on the realities of heterosexism⁶ and homophobia, was identified as essential for Hamilton in terms of decreasing homophobia and increasing the safety of LGBTQ members” (Pike, 2008, pg.19). They go on to state that training was seen as an important first step for service providers, including health care providers and guidance counsellors, as well as members of the LGBTQ community who often have their own experiences of internalized homophobia⁷ (pg.20).

Suggestions for resolving the identified gap in professional education are provided in the *Provider guidelines for creating a welcoming environment*, created by the Gay and Lesbian Medical Association. They state that training sessions for health care and service facilities should be reinforced with nondiscrimination policies in clinical and program settings such as intake forms that ask about gender identities and same-sex partners. They also suggest that there should be visual cues in waiting and examination rooms that signal acceptance, such as brochures that discuss LGBTQ health risks and promotion (Gay and Lesbian Medical Association, 2006, pg. 3). They also suggest that organizations, groups, business and health care providers should exhibit posters showing racially and ethnically diverse same-sex couples or transgender people, or feature posters from non-profit LGBT or HIV/AIDS organizations. The Gay and Lesbian Medical Association also provides other recommendations which include that intake forms should use the term “relationship status” instead of “marital status,” including

⁶ Heterosexism as defined in the Hamilton Needs Assessment Report is the assumption expressed overtly and/or covertly, that all people are or should be heterosexual. Heterosexism excludes the needs, concerns, and life experiences of lesbian, gay, and bisexual people, while it gives advantaged to heterosexual people. It is often a subtle form of oppression that reinforces silence and invisibility for lesbian, gay and bisexual people (Pike, 2008, pg. 28).

⁷ Internalized homophobia as defined in the Hamilton Needs Assessment report is the fear and self-hatred of one's own sexual orientation that occurs for many lesbians and gay men as a result if heterosexism and homophobia. Once lesbians and gay men realize that they belong to a group of people that is often despised and rejected in our society, many internalize and incorporate this stigmatization, and fear or hate themselves (Pike, 2008, pg. 28).

options like “partnered.” When asking—on the form or verbally—about a patient’s significant other, use terms such as “partner,” in addition to “spouse” and/or “husband/wife.” Adding a “transgender” option to the male/female check boxes on an intake form can help capture better information about transgender patients, and will be an immediate sign of acceptance to that person (pg.5).

There was an emphasis in all of the studies that policies and procedures need to be adjusted in order to accommodate and respect the fluidity and variability of the identities that exist within the LGBTQ community. The Gay, Lesbian, Bisexual and Transgender Health Access project, which was funded by the Massachusetts Department of Public Health, worked to develop a framework to improve GLBT access to quality care and to assist clinicians and their facilities in creating responsive environments. The project was guided by four key principles which informed community standards of practice and quality indicators which are outlined within the document titled *Community Standards of Practice For Provision of Quality Health Care Services for Gay, Lesbian, Bisexual and Transgendered Clients*. The service standards outlined in the document address both agency administrative practices and service delivery components, including personnel, client rights, intake and assessment, service planning and delivery, confidentiality and community outreach and health promotion. Listed below are some indicators that reflect whether an agency’s policies and procedures are culturally competent and whether their services and resources are welcoming, sensitive and openly supportive to gay, lesbian, bisexual and transgendered people and their families (GLBT Health Access Project, 1997, pg. 2-7):

Personnel

- Inclusion of policies in all new employee orientation programs and materials; inclusion of policies in employee handbooks.
- Comprehensive ongoing training of all human resource and other appropriate personnel in sexual orientation and gender identity issues with regard to employee benefits.

Client Rights

- Mechanisms to ensure that non-discrimination policies and procedures are appropriately conveyed to all clients, including those with disabilities and those for whom English is not their primary language.

Intake and Assessment

- All reception, intake and assessment staff are trained to use culturally appropriate language.

Service Planning and Delivery

- Outreach to and development of relationships with other agencies and providers with expertise in gay, lesbian, bisexual and transgender health issues.

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Confidentially

- Written disclosure to clients explaining when information may or must be disclosed to third parties for payment or other reasons, and in what circumstances such disclosures may include information regarding sexual orientation and gender identity.

Community Relations and Health Promotion

- Agency outreach and promotional efforts accurately reflect the level and quality of services available to gay, lesbian, bisexual and transgendered clients and their families.

These, as well as many other indicators and standards of practice, are offered within the report as benchmarks for both providers and consumers in the development of and search for welcoming, culturally competent and responsive care (GLBT Health Access Project, 1997, pg. 1).

Another source of good examples for organizations and businesses looking to build more inclusive policies and practices is OCASI's *LGBTQ Positive Spaces Initiative*. OCASI produced a starter kit which includes tips and tools about what it means to make an organization, business or group a 'positive space'. This is a specific local example of how organizations, groups and businesses, as well as health care providers can adjust their environment, communication, attitudes and policies to better serve the LGBTQ community and create a positive space. In this starter kit they include important characteristics for agencies to consider. Please see Table 1 (pg. 14) for tips and tools on how to make your agency a positive space.

Table 1

<p>Environment</p>	<ul style="list-style-type: none"> • Display rainbow flags or posters; by displaying rainbow flags or posters within an agency it allows people to recognize the space as inclusive and will also signify to other service agencies that they can refer their LGBTQ clients to that specific agency. • Display materials from LGBTQ inclusive organizations; having these materials demonstrates an agencies commitment to providing a positive space. This will allow and empower people who may not disclose information related to their sexual orientation and/or gender identity and expression to access the information themselves. In order to ensure safety and confidentiality, it is helpful to have information available about local LGBTQ resources and in neighbouring communities because people may choose to call or visit other community services in order to maintain confidentiality.
<p>Communication</p>	<ul style="list-style-type: none"> • Use Inclusive language; intake forms should ask, “Do you have a partner or are you dating?” in addition to asking if the person has a spouse. It is important to ask intake questions in a very positive way, this will help to build trust with clients. • Be aware of the ‘coming out’ process; this process will impact how and what clients disclose about their sexual orientation or gender identity and expression. • Use non-judgemental communication style; for those who are questioning they may have many unanswered questions and not know where to find needed information.
<p>Attitude & Behaviours</p>	<ul style="list-style-type: none"> • Challenge homophobia and transphobia in your agency. • Commit to making change in your agency and ensure that you and your colleagues are providing accessible services. • Do not make the assumption that someone is ‘out’. It is a person’s right to negotiate their individual safety, and many individuals negotiate who they are and are not out on a daily basis. Friends, family, and community members may or may not know. • Adhere to your agency confidentiality guidelines. It is not appropriate to discuss client’s files with other, and it is not appropriate to decide for another person what they should disclose to others.
<p>Policies and Procedures</p>	<ul style="list-style-type: none"> • Educate staff, volunteers, clients and service users by providing necessary training. In addition to general diversity or anti-oppression training, learn the complexity of issues impacting LGBTQ populations by attending focused trainings.

(Stewart & Tcheng, 2009, pg. 13).

The above literature presents the framework for the Prideline Durham project and this report, as it attempts to build on current research by addressing the lack of resources, information and culturally competent support services that reflect welcoming and inclusive policies and procedures for LGBTQ customers and clients. Within the current literature we identified a perceived gap in the absence of research which focuses on how businesses and organizations, as opposed to health care providers, treat LGBTQ customers and clients specifically. Within the Prideline Durham project we attempted to reach out to organizations from a variety of sectors, as well as businesses and municipalities, in order to get a more thorough understanding of the situation in Durham Region. As part of the project we plan to coordinate three annual community forums in order to start the conversation and identify the unique gaps and barriers in creating safe and inclusive spaces for the LGBTQ community in Durham Region.

The Asset Mapping Method (Methodology)

In an effort to determine which organizations, businesses and groups are inclusive and welcoming to the LGBTQ population in Durham Region, the CDCD began a process called 'Asset Mapping'. Asset mapping is a community based research process which focuses on the positive attributes of a community's composition. According to Canada's Rural Partnership, "asset mapping is a method used to both collect information on the positive attributes of a community, and to discover why people value those assets" (Canadian Rural Partnership, 2010, par. 2). As a research process, asset mapping provides a useful starting point, which may potentially lead to a strategic planning process, the development of policies and activities based on capacities, skills and assets as well as community and/or organizational development.

In utilizing an asset mapping research process for this project, the CDCD has been able to locate assets that are available to the LGBTQ community in Durham Region and identify organizations, businesses and groups who could be considered 'allies'. Allies to the LGBTQ community are those who support them and respect their rights as human beings. For the purposes of this project the CDCD defined three categories in which respondents could identify themselves in terms of their acceptance and accessibility for the LGBTQ community. The three definitions are listed below:

LGBTQ Friendly – This community ally does not have specialized services or products for the LGBTQ community. However, they strive to accommodate everyone and they work towards improving their ability to serve and reflect the LGBTQ community specifically.

LGBTQ Positive – This community ally offers some specialized services or products for the LGBTQ community. They provide a welcoming environment for the LGBTQ community and can offer appropriate referrals to those with specific needs. They also strive to be reflective of the LGBTQ community.

LGBTQ Focused – This community ally reaches out to the LGBTQ community and offers programs, services and products specific to their needs. They also strive to be reflective of the LGBTQ community.

These definitions will be useful for navigating through the *Prideline Durham Services and Resources Guidebook* for the community as well as the *Prideline Durham* information helpline volunteers for referring individuals in crisis to the appropriate services. As part of the asset mapping process, the CDCD developed a *Prideline Durham Resource Guidebook Survey*, via Survey Monkey and sent the survey link to approximately 1000 contacts including CDCD's own contact lists and community contact information gathered from the Inform Durham search engine (www.informdurham.com). The survey gathered information in regards to service demographics and challenges and inquired about the policies and activities of each organization, business or group that completed the questionnaire. In order to signify the need for the community to consider the complex realities of diverse populations and promote a shift in how organizations, businesses and groups think about cultural competency, questions on the survey related to how diverse groups are served, in general, and focused, in turn, on LGBTQ communities, Newcomers to Canada, and individuals with varied physical and mental abilities⁸.

In addition, the survey gathered information on the gaps and barriers not only in service delivery but with information sharing and overarching managerial struggles faced by many organizations, businesses and groups. As a result of this work we can now connect these community partners through forums and discussion so that, together, they can learn how to multiply their power and effectiveness in order to better serve the diverse communities of Durham Region.

Findings

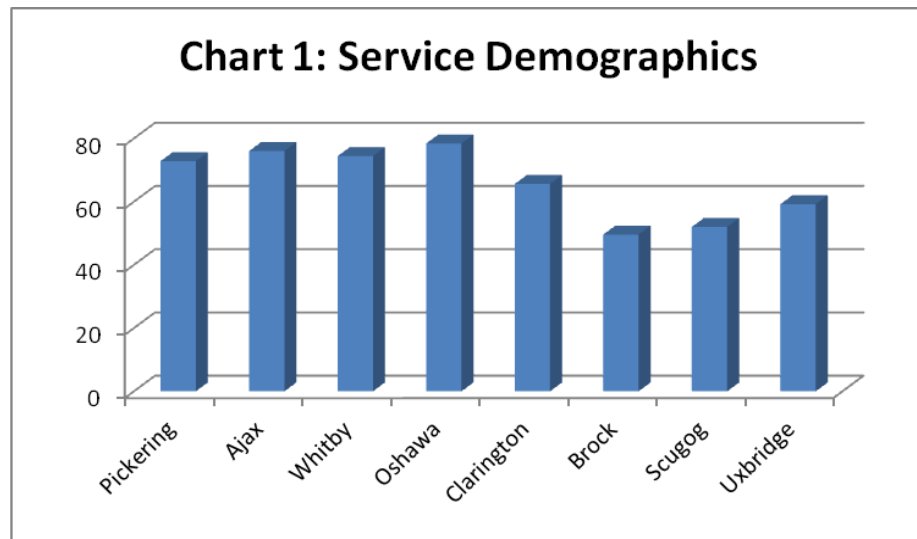
In total, 75 different organizations, businesses or groups completed the *Prideline Durham Resource Guidebook Survey* online. Interestingly, 133 people began the survey and only 75 people actually completed the online survey. While 75 people responded to the survey only 59 organizations, businesses or groups are represented in this community asset mapping process because several people from the same organization completed the survey. The reasoning behind why 56.4 % of the people who initially opened the survey decided not to complete it is unknown.

The municipalities represented in the online survey data range from Durham Region, to York Region, Toronto, and Northumberland. Chart 1 illustrates the number of organizations, businesses or groups that only serve the Region of Durham. 125 of the 133 people, who began the survey, responded to this question and 8 people decided not to answer. 72.8% of the respondents serve the City of Pickering, 76.0% serve the Town of Ajax, 74.4% serve the Town of Whitby, 78.4% serve the City of Oshawa, which is the highest percentage, 65.6% serve the Municipality of Clarington/Bowmanville,

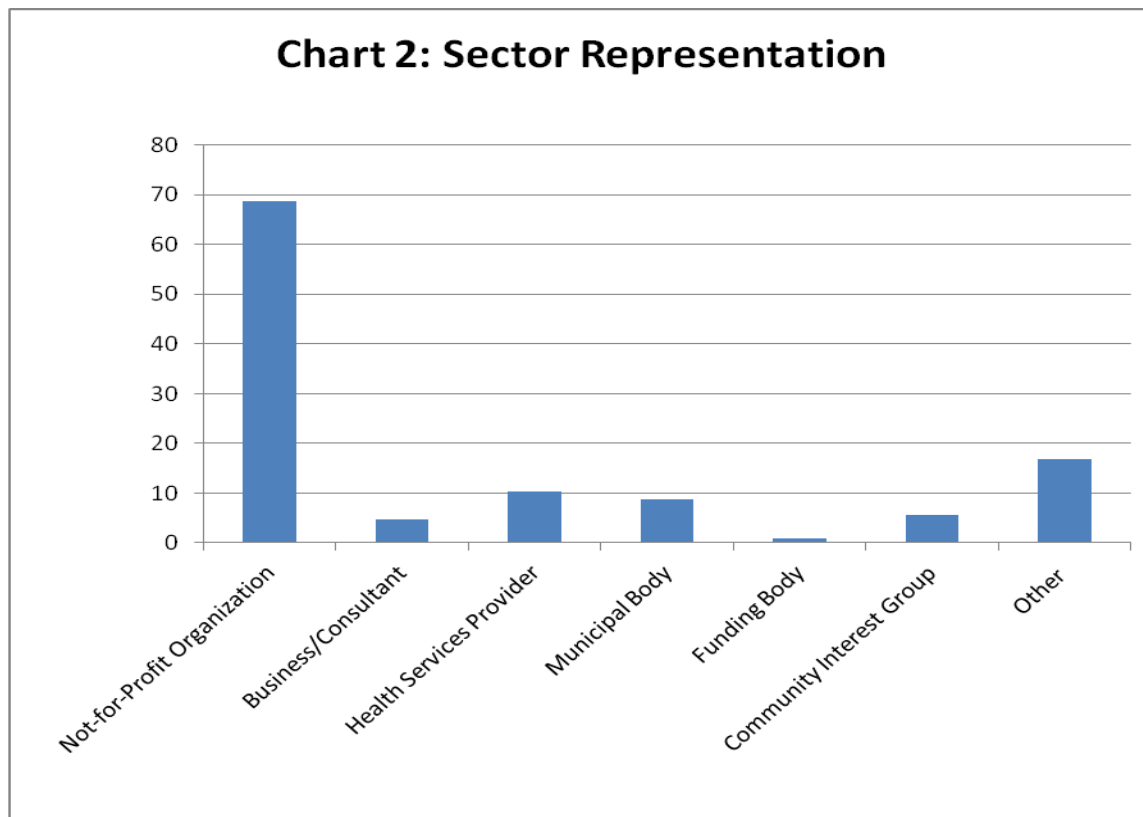
⁸ Please see Appendix A.

Service Competency for the LGBTQ Community

49.6% serve various communities within Brock Township, including Sunderland, Cannington and Beaverton, 52.0% serve The Township of Scugog, and 59.2% of the survey respondents serve the Township of Uxbridge.



As part of the asset mapping process, the online survey asked the survey respondents what the role of their organization, business, or group is within the Durham community. Chart 2 illustrates the percentage of survey participants who identified with 7 particular service categories. Again, 125 of the 133 people, who began the survey, responded to this question and 8 people decided not to answer. 68.8% of the respondents (86 people) identified with the not-for-profit sector, which is the highest percentage of all the categories. The second highest percentage was 16.8% (21 people), which were respondents who did not strongly identify with any of the category labels and chose 'Other'. For example, respondents who were from Government bodies and the education system could not as easily identify with the 7 categories and therefore categorized their role in the Durham community as 'Other'. 4.8% of the respondents (6 people) identified with the business/consultant category, 10.4% (13 people) identified as health services providers, 8.8% (11 people) identified as being part of a municipal body, 5.6% (7 people) identified their role as a community interest group, and finally, 0.8% (one of the respondents), identified as a funding body.



Defining Diversity

Within the online survey, participants were asked to list the characteristics that their organization, business or group uses to define diversity. Characteristics of diversity that were named most often by respondents included, but were not limited to, sexuality, gender, culture, ethnic background, place of origin, age, ability and race. Participants also listed aspects of diversity that focus more on people’s life choices and circumstances than on intrinsic characteristics of human life. These characteristics of diversity included employment status, family structure, marital status, religion, spirituality, geography, citizenship status, criminal record, addiction status, creed, language skills, literacy level and/or level of education, and health status in regards to being affected by HIV/AIDS and/or mental health issues.

It is important to note that within the 74 responses to this question, sexuality and gender was explicitly mentioned by 24 participants and culture and ethnic background was mentioned a total of 25 times as a key component in defining diversity. Several respondents made comments that illustrate how organizations and businesses have acknowledged the increase in diversity and have adapted by encouraging and even celebrating diversity. One respondent commented by stating that their organization is “accepting of all gender identities, regardless of whether they are gay, straight, questioning, bisexual, transgender/ transsexual, or gender queer”. Another survey participant commented by saying that their organization, “actively assists in the recognition and growth of gay, lesbian, bisexual, transgender, transsexual, two-spirit,

intersex, queer and questioning persons and their families and friends, within their diverse cultures and societies.”

The majority of comments made in regards to how an organization, business or group defines diversity and how they serve diverse populations, revolved around an all-encompassing definition that included all intersections of diversity and said that they would serve anyone regardless of their social, economic, cultural or racial position within society. As an example, one survey respondent stated, “we offer an open-door policy where we will accept all patrons regardless of race, ethnicity, creed, sexuality or gender. We make everyone feel welcome and treat them all like close family.” Another respondent replied by stating they “[believe] that every client has a right to equal access to [our] services and facilities without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status or disability”.

The only exceptions to serving diverse populations were related to adhering to the mandates or the capabilities of certain organizations. For example, some organizations and businesses only serve particular groups such as low income individuals or those who are able-bodied. To clarify, one respondent said that their business serves anyone who is interested; however, the nature of their business prevents them from serving individuals who are confined to a wheelchair. That being said, no one stated that they would reject a client or customer based on their sexual orientation.

From these responses, we can see that the way in which organizations, businesses and groups in the Region of Durham and surrounding areas define diversity, is inclusive and accepting of ‘difference’. This is a positive attribute of the Durham community’s composition. This sense of inclusion and acceptance of the many different positionalities and gender identities is a first step in ensuring that the LGBTQ community is supported; however, it is imperative that these sentiments are emphasized through policy and practise.

It is interesting to note that out of the 74 responses to this question, one person stated that “there is no diversity, ethnic, gender or otherwise,” and two others expressed that they were either unsure of what the question meant or had no specific definition of what diversity means to their organization, group or business.

Policies and Activities

Acknowledging, Celebrating and Respecting Diversity

As part of the asset mapping process, the *Prideline Durham Resources Guidebook Survey* asked the participants to describe the ways in which their organization, business or group currently acknowledges, celebrates and/or respects diversity. 62 of the 75 survey respondents answered this question with varying responses and the majority of them were very positive.

Service Competency for the LGBTQ Community

The data gathered from the survey shows that currently in Durham Region, organizations, businesses and groups acknowledge diversity in a variety of ways. They develop specific programs that respect diversity, they attend and organize celebrations and events for diverse communities, coordinate workshops, develop resources (e.g. activities, toys and information) and partner with community agencies that promote diversity. Four people acknowledged Black History Month as something they support. Two respondents recognized the International Day for the Elimination of Racism, and one person mentioned their support of Diwali. In addition, people mentioned South Asian Heritage Month and Summer Solstice as ways in which they celebrate cultural diversity in Durham Region. Others participate in International Day Against Homophobia and Transphobia as well as Sexual Assault Awareness month and Violence Against Women Awareness month, which were each mentioned twice within the 62 responses to the question. In addition, the 'Day of Pink', to end bullying, was mentioned three times and the 'Day of Purple', to end homophobia, was mentioned once, along with the 'Day of Silence', which is a national youth-run effort using silence to protest the actual silencing of LGBT people due to harassment, bias and abuse in schools. Furthermore, Pride celebrations in general were mentioned a total of 7 times, with specific events such as Durham Pride Prom, Durham Pride, L Word Night and Queer as Folk Night. LGBTQ parenting programs, such as 'Dykes Planning Tykes' and 'Daddies to Be' were also mentioned.

When asked about diversity awareness and celebration activities that currently exist in Durham outside of their own organization, business or group, the responses included the following: Durham Immigration Portal, Newcomers to Canada Walking Program, the Language Line, Durham Communities Involved Committee, Durham Pride Prom, Accessibility Advisory Committee, Diversity & Community Engagement Advisory, Diversity month in September and a 'Winter Holidays Around the World' display in community centres in December and January. It was also mentioned that a recreation and culture department in a Durham Region municipality offers financial assistance to those in need and that accessibility is at the forefront of their priorities.

Several of the respondents spoke about developing full scale 'Diversity and Inclusion Plans' in order to better coordinate their services and to recruit volunteers from more diverse areas. In addition, one respondent mentioned their efforts to train people in anti-oppression principles so that they can better recognize intersecting identities. Several other comments revolved around the discourse of inclusion and openness. One survey participant stated that they "celebrate the achievements of various peoples from diverse backgrounds". These are attributes and values of a truly inclusive and welcoming community. However, during this asset mapping process we also found that in order for organizations, businesses and groups to even begin and/or continue to develop and implement more inclusive and culturally diverse policies and services, they have to face a number of barriers. This challenge will be discussed in the latter portion of this report.

As previously stated, the majority of comments in relation to acknowledging, celebrating and/or respecting diversity were positive; however, several responses were unclear or

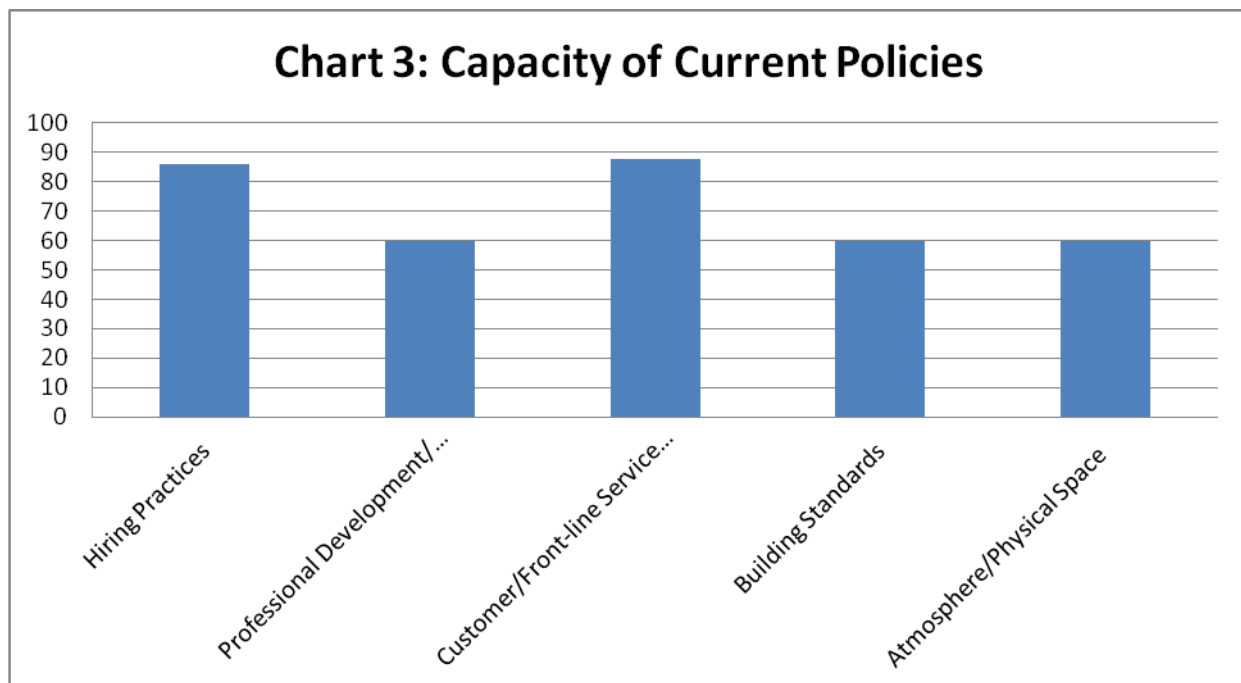
less positive. One respondent simply said “not available”, another said “unsure” and one person said their employer states that they do, but did not leave any more details. Another respondent plainly stated, “we don't do anything as an organization to celebrate diversity”. It is important to note that with some organizations, businesses or groups their mandate does not allow them to acknowledge diversity as much as others. For example, one respondent stated that they don't do anything to “celebrate” diversity, but they do ensure that their materials represent the community”. All of these statements are valuable as the community works together towards developing more awareness and celebration of Durham’s diversity.

Policies and Procedures

As part of the asset mapping research process and in order to determine what already exists in Durham Region in terms of inclusive services with competent policies and procedures that respect diversity, the online survey asked respondents if their organization, business or group currently has official or non-official policies around diversity. 73.8% of survey participants who responded to the question answered ‘yes’, 12.5% answered ‘no’, and 13.8% stated that they were unsure.

The 59 survey respondents who said ‘yes’ went on to further classify what issues these policies relate to, such as hiring practices, professional development, front-line service standards, building standards (e.g. wheelchair ramps), and atmosphere/physical space (e.g. posters, decorations, etc). Chart 3 illustrates these findings and indicates that front-line service standards are covered the most, with 50 responses, a percentage of 87.7% overall. This is an interesting finding considering that the review of literature found that most social service organizations do not adequately serve diverse groups, specifically the LGBTQ community. However, the responses posted to this question shed light on the fact that while these policies exist, they are not being adequately implemented. One survey respondent said, “I'm not sure if diversity is included in all of these areas in specific policies,” and another stated that “having policies (written or unwritten) is not the same as having 100% compliance with those policies. Achieving 100% compliance 100% of the time is an on-going project.” While complying with inclusive policies and procedures may be a “work in progress” for many, one bad experience may deter a member of the LGBTQ community from accessing a certain service in the future, which could impact their health and well-being in a variety of ways.

Policies around hiring practices were the second most common response, with 49 responses (86.0%) overall. The remaining three categories had the same response rate of 34 per issue and were consistent in response percentage at 59.6%.



11 survey participants answered ‘no’ to whether they currently have official or non-official policies that acknowledge diversity, and they provided varying responses as to why that is. Some responses were positive in that their lack of culturally competent policies is not a result of ignorance but one of circumstance. For example, one person responded in the following way: “we are just starting out, we are not a business.” Another commented by saying, “to my knowledge this has not been started yet. We would welcome some input and assistance in getting this going.” A third respondent said, “we are a very small organization (3 staff all part time) with very inconsistent funding. This is an area that we are currently working on and hope to have policies in place within the next year.” It appears that the nature of certain organizations hinders their ability to have such policies. For example, one participant said, “we are a grassroots volunteer-driven organization with few official policies. Our mission however does provide direction to the purpose and activities of the organization.”

On the contrary, other survey participants responded by stating things like “there is no diversity,” “not applicable,” “there is no need for this in private business,” and finally one person commented by stating they “never saw a need for it.” Not only do these responses reflect the fact that the LGBTQ community is relatively invisible, but it also illustrates how some organizations, businesses and groups in Durham Region are not aware of how they can play an important role in building a stronger community by offering their clients and customers a positive and inclusive environment.

Reflecting on the comments above, it is interesting to point out that when asked how often the organizations, businesses and groups served members of the LGBTQ community, 14 of the 41 responses said that they were unsure. The survey also asked survey participants to state how often they thought they served diverse populations in general, newcomers to Canada and people with varied physical and mental abilities. In

no other category did participants check 'unsure' more often than when asked about serving the LGBTQ community. However, from one extreme to another, more survey respondents (39.6%; 16 respondents) said that they serve the LGBTQ community daily as opposed to stating that they were unsure.

From the research, it seems most organizations, businesses and groups do not have the appropriate language on their intake or registration forms. Comments that reflect this include, "profile data does not include an identifier for LGBTQ," "to me it only matters if it matters to the individual who wants to share, or is looking for services specific to their sexuality," "not typically an area of disclosure in our work environment," "while we have had several openly gay oriented participants, we do not inquire, label or track anyone's orientation as it is not relevant to our services," and lastly, a respondent replied by saying such information is "not tracked, [but] sometimes the information is volunteered." It can be considered natural that organizations, businesses and groups do not know if they serve LGBTQ people, as this is not a visible characteristic in the same way that skin colour or mobility might be. However, it is unfortunate that without this data, organizations will have a hard time identifying the need for inclusive planning and policy development related to LGBTQ-specific issues.

Service Challenges

In the service challenges portion of the online survey, participants were asked to describe how they feel their organization, business, or group currently addresses the needs of diverse groups in general, and more specifically, newcomers to Canada, people with varied physical and mental abilities and the LGBTQ community. Participants were also asked about additional supports they would need in order to better serve these groups. When responding to the question regarding their current capacity to serve these groups, four categories were presented for the respondents to choose from. These categories included: COULD BE BETTER – which means they provide no specialized services or products but that they try to help everyone they come in contact with; OK – means they have no specialized in-house resources but know of a few places that they could refer people to; WELL – means they have good connections for referring people, depending on their needs, and have some specialized in-house resources as well; VERY WELL – means they have services and/or products that are specifically targeted to the needs of diverse groups.

When survey participants responded to their level of service in regards to serving diverse groups, newcomers to Canada, and people with varied physical and mental abilities, the highest percentage of responses were found in the WELL category. In comparison, when considering the quality of service offered to the LGBTQ community, the majority of responses were placed within the OK category. Please see Charts 4 and 5 (below) for a visual comparison of how well organizations serve the LGBTQ community compared to diverse groups in general.

Chart 4: Serving the LGBTQ Community

- COULD BE BETTER - no specialized services or products that we know of but we try to help everyone we come into contact with
- OK - no specialized in-house resources but we know a few places we can refer people to
- WELL - we have good connections for referring people, depending on their needs, and we have some specialized in-house resources as well
- VERY WELL - our services and/or products are specifically targeted to the needs of the LGBTQ community

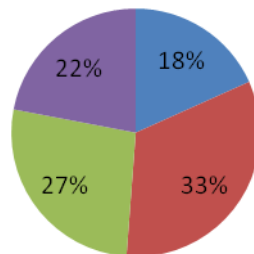
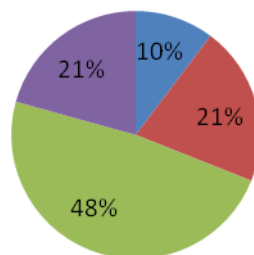


Chart 5: Serving Diverse Groups in General

- COULD BE BETTER - no specialized services or products that we know of but we try to help everyone we come into contact with
- OK - no specialized in-house resources but we know a few places we can transfer people to
- WELL - we have good connections for referring people, depending on their needs, and we have some specialized in-house resources as well
- VERY WELL - our services and/or products are specifically targeted to the needs of diverse groups



Overall, organizations, businesses and groups in Durham Region feel that they are able to serve diverse groups in general more effectively than the LGBTQ community. Out of 81 responses, 48% categorized their ability to serve diverse groups as 'WELL'. When

asked about services provided to newcomers to Canada, 40.5% of the 84 respondents categorized their services as 'WELL'. People with varied physical and mental abilities are served to a lesser degree with only 39.5% of respondents categorizing their services as 'WELL'. The data shows that the LGBTQ community is a group that is the most inadequately served in the Durham Region, with 27% of the 82 respondents categorizing their services as 'WELL'.

In serving these groups better, survey respondents mentioned that having better connections to other service agencies and being exposed to more networking opportunities where they could become more aware of the services available to diverse groups, would be beneficial. One survey participant commented that there is a need for "complete information resources so that we can point residents in the right direction" in terms of referrals. Another respondent echoed this comment, saying that "increased awareness of diverse groups in the Durham community would be beneficial" and that "there needs to be an increased awareness of specialized community based resources."

One participant supported the need for more networking and stronger relationships in the community in their comment that "making connections in the community is always a big piece of ensuring you are being inclusive and aware." In addition to this, one participant commented on the need for building stronger relationships in order to create better referral processes to other community agencies, they stated, "partnerships with organizations that allow us to engage with LGBTQ youth and hear directly from them about what supports they need would be great."

Education and ongoing training is another common theme found in the responses of how organizations, businesses and group can better serve diverse groups. Comments such as "more in house mental health training and professional development opportunities," and "more training/sensitivity materials for staff, referral protocols with suitable agencies, possible annual/biannual networking/training," were mentioned for those serving people with disabilities. Comments such as "information and training from specific support organizations to assist in integration and support for individuals," and "a resource tool kit on the various services offered to newcomers," were mentioned to assist those serving newcomers to Canada.

It is important to point out that out of the four groups identified in the series of questions pertaining to service challenges; comments in regards to education and ongoing training were the highest when discussing needs in serving members of the LGBTQ community. 19 comments were made in regards to training and education around the LGBTQ community, 14 comments were made in regards to diverse groups in general, 9 for newcomers to Canada and 3 for people with varied physical and mental abilities. What this research shows is that because LGBTQ issues have been less visible in the past and continue to be comparatively 'closeted' issues, there is not enough training and public awareness for the broader community. According to the survey respondents there needs to be "ongoing training so that agencies can be better informed of needs/services and so that social service agencies can be sensitive to those needs." For example, a respondent suggested that there needs to be "more training like the

Positive Spaces modules from OCASI,” and that “access to more information would be very helpful, i.e. workshops on what is appropriate support for the LGBTQ community and their needs.”

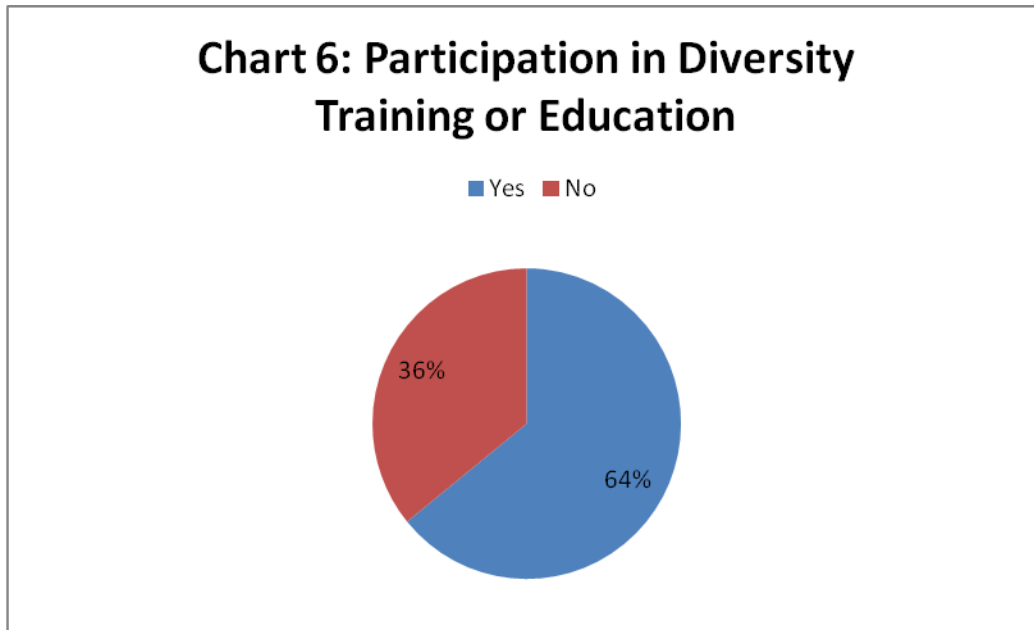
Other prominent gaps and barriers that were identified in serving diverse groups, newcomers to Canada, people with varied physical and mental abilities, and LGBTQ communities are funding and accessibility as well as a specific focus on the lack of diverse services. There is an apparent need for “more services in Durham that meet the specific needs of the various diverse populations [like LGBTQ people and those with diverse ethnic backgrounds].” It was also mentioned that there is a need to “broaden the age boundaries in which services are provided, [and] increase...the amount of staff that comes from diverse backgrounds, etc.”

Specific to serving newcomers to Canada, a major concern was the need to acquire translation services, which reflect comments made by survey respondents in regards to funding and accessibility. Without the appropriate funding they cannot pay for translation services. Consequently, these services are not adequately accessible to people who do not speak English as a first language. The same connection can be made with regards to funding and accessibility when it comes to serving people with varied physical and mental abilities. Organizations cannot be accessible for people who have physical disabilities if they have no money or support to make their facilities accessible, particularly within the not-for profit sector.

With respect to accessibility and better serving the LGBTQ community, a unique barrier that was mentioned was that organizations, businesses and groups are often unable to offer accessible facilities such as gender neutral washrooms. While only 3 out of 46 comments were made in regards to this inadequacy, there was a lot of confusion in the following stages of the research process as to what a gender neutral washroom is and the difference between that and ‘normal’ public washrooms for men and women. This again signifies the lack of knowledge specific to LGBTQ identities and their unique needs.

Corporate or Organizational Activities

The online survey asked participants whether or not their organization, business or group has participated in any kind of training or education around diversity that they feel would be beneficial to others. Out of the 78 responses, 50 said yes and 28 said no (Please see Chart 6).



When asked what made these training opportunities so valuable, people commented that “it educated [them] on areas that not everyone has an expertise in” and that they provided knowledge and awareness on issues they would otherwise not have the opportunity to learn about. Others commented that the diversity training they attended was good because it helped “to familiarize the staff with accessibility issues and to continue to provide excellent customer service through awareness training.” In considering the comments made about what organizations, businesses and groups need in order to better serve diverse communities, one person said that the training they attended was valuable because “[it] allowed [their agency] to recognize service gaps and improve upon them,” which is a positive implication of these training sessions. Others commented that sessions they had attended involving testimonials or group discussions where people shared their lived experiences were more beneficial. As one survey participant said, “it is always good to hear another’s perspective as to how they are treated and the adversities they have experienced so that we can then better improve our services.” Another respondent echoed this sentiment, saying that training was a “reality check.” Survey participants felt it was valuable to have the opportunity to hear about the struggles and frustrations of other organizations so they knew they were not alone in their own challenges and in the search for solutions.

Examples given of valuable training sessions are as follows:

- CDCD - Taking a Stand
- Sexuality Conference, provided good information on LGBTQ issues and gave insight into the lives
- Positive Spaces Workshop - OCASI Diversity Training
- Training by the Women’s Multicultural and Resource Counselling Centre (WMRCC)
- Coalition of Rape Crisis provides discussion and at times trainings

Service Competency for the LGBTQ Community

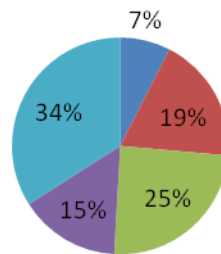
- Sensitivity Training Program
- Presentations by the LGBTQ Parenting Network
- Gen Silent' Conference sponsored by AIDS Committee of Durham Region
- Accessibility training
- Rainbow Health Ontario training and Durham Hospice's bereavement training were both helpful to educate volunteers and staff around language and power/privilege

The online survey also asked survey participants to comment on what was missing or could have been improved within the training and education sessions they had attended. Survey participants provided constructive criticisms like the fact that there could have been more time for group work and strategic thinking processes to see how they could improve their services (i.e. think-tank brainstorming). They felt that in order to make change, “diversity training should require ongoing follow up information sessions, to better understand and reflect on traditional practice approaches and how to be anti-oppressive.” Another respondent went on to state that diversity training sessions should involve the “provision of non biased education, because while life experiences is one form of educating, it is not the only way to increase understanding, to move beyond understanding and to learn how to engage.” Another suggestion that was mentioned twice was that training sessions should offer more “resources for exercises/materials for staff...on diversity awareness,” and that a variety of samples of exercises to do with staff to introduce these concepts would be valuable to take away.

53 participants responded to the survey question related to the content of the diversity training they had attended in regards to what extent LGBTQ issues were discussed. 4 people (7.5%) said that LGBTQ issues were not mentioned during the diversity training, 10 people (18.9%) said that LGBTQ issues were introduced but not discussed much, 13 people (24.5%) said that LGBTQ issues were covered in some detail, as one of a number of diversity themes, 8 people (15.1%) said that LGBTQ issues were covered in great detail, and 18 people (34.0%) said that LGBTQ issues were discussed extensively as the core theme of the training/education.

Chart 7: Issues discussed in diversity training as they relate to the LGBTQ community

- LGBTQ issues were not mentioned
- LGBTQ issues were introduced but not discussed much
- LGBTQ issues were covered in some detail, as one of a number of diversity themes
- LGBTQ issues were covered in great detail
- LGBTQ issues were discussed extensively as the core theme of the training/education



At first glance, it appears that LGBTQ issues are well represented in diversity training opportunities. However, respondents who said that LGBTQ issues were discussed extensively at training sessions they had attended were at a training session to talk specifically about these issues. For example, as one respondent commented “I specifically went to conferences that spoke about these issues, but generally at the majority of educational conferences these topics are never addressed.” A similar comment was made by a respondent who said, “we have participated in a number of events in the community. Some of them targeted to specific diversity groups. There have been times when the training or education session has been about diversity and does cover the LGBTQ community in a very limited way,” another survey participant stated, “I answered extensively; however, this is only the case for PFLAG training. In overall staff training, LGBTQ issues were covered as one of a number of diversity themes.”

Discussion

A few central issues currently facing the Durham Region community with regards to LGBTQ competency can be drawn from this study’s findings. These are discussed below.

Prideline Durham Services and Resources Guidebook has 75 different organizations, businesses and groups that offer inclusive and safe spaces for the LGBTQ community

to seek support and services. This is an encouraging number of resources and illustrates an existing desire to embrace Durham Region's rich diversity. This study has brought attention to the varying levels of LGBTQ service competency and awareness within these resources. Many LGBTQ Friendly resources appear to be struggling with next steps, despite an obvious desire to enhance their capacity for inclusion. Durham is fortunate to have a significant number of LGBTQ Positive and Focused resources which can help to lead the way for others looking to learn and improve.

Related to the above point, the need for organizations, businesses and groups to comply with inclusive policies and procedures is more important than ever as the Durham community becomes increasingly diverse. As this report reflected, 86% of the agencies that responded to the survey have policies that reflect customer and front-line service standards. However, they must be appropriate, achievable and consistently monitored and updated. There appears to be a great opportunity for cross-sector collaboration in the region, as training was the most commonly cited recommendation for helping organizations and businesses to get on the right track. This can include everything from policy development to customer service training to signage decisions within a particular space. This study also brought to light the need for trainings to contain opportunities for understanding lived experiences of diverse individuals as well as provide space for follow-up in order to enable constant learning and improvement.

Necessary to LGBTQ competency improvement is knowledge building around the importance and impact of intersectionality. This refers to the combination of challenges or barriers that are faced by members of the LGBTQ community when they also face barriers due to age, immigration status, mobility, socioeconomic status, etc. Specifically revealed in this study was a need for clarification on the importance of wheelchair accessible facilities and gender neutral washrooms for creating an inclusive environment.

Recommended Actions

In light of the findings illustrated in this report, and the central issues discussed above, the authors make the following recommendations for improving LGBTQ competency in Durham Region organizations, businesses and groups.

- Solicit advice from LGBTQ Positive and Focused resources for assistance in adapting policies and procedures to reflect a positive atmosphere where people of all diverse backgrounds feel safe. Dedicate time to work consistently to identify areas for improvement and to update materials accordingly.
- As an initial step, incorporate safe space signage in local organizations and businesses in order to create an opening and welcoming environment for people who identify with the LGBTQ community. In addition to this, offering gender neutral washrooms would remove the possibility of someone feeling uncomfortable utilizing certain services and seeking support. It also prevents discomfort as it avoids the need for disclosure of information that otherwise may be unnecessary for receipt of service.

Service Competency for the LGBTQ Community

- Take creative approaches to addressing organizational barriers to appropriate training, such as time and resources. Take advantage of resources such as www.positivespaces.ca and the new Prideline Durham telephone information line.
- Moving forward, the development of a more collaborative social service sector would be beneficial, as well as increased dialogue across sectors Durham-wide. Examples include establishing thorough email list-serves and holding lunch-and-learn meetings to keep current with the efforts and opportunities of fellow allies.
- Local councils and bodies that work on issues of diversity can broaden their mandates and definition of diversity to include the LGBTQ community. Further, they can work to engage individuals and organizations specific to this community to participate as members. More representation in community action initiatives will ultimately ensure more accurate and appropriate approaches to LGBTQ inclusion.
- Keep an open mind and embrace the possibilities that come with positive change.

Appendix A: Glossary of Terms

Lesbian: a female whose primary sexual orientation is to other women or who identifies as a member of the lesbian community.

Gay: a word to describe a person whose primary sexual orientation is to members of the same gender or who identifies as a member of the gay community. This work can refer to men and women, although many women prefer the work “lesbian”.

Homophobia: irrational fear, hatred, prejudice or negative attitudes toward homosexuality and people who are gay or lesbian. Homophobia can take overt and covert, as well as subtle and extreme, forms. Homophobia includes behaviours such as jokes, name-calling, exclusion, gay bashing, etc.

Heterosexism: the assumption, express overtly and/or covertly, that all people are or should be heterosexual. Heterosexism excludes the needs, concerns, and life experiences of lesbians, gay and bisexual people, while it gives advantages to heterosexual people. It is often a subtle form of oppression that reinforces silence and invisibility for lesbian, gay and bisexual people.

Bisexual: a word describing a person whose sexual orientation is directed towards men and women, though not necessarily at the same time.

Biphobia: irrational fear or dislike of bisexuals. Bisexuals many be stigmatized by heterosexuals, lesbians and gay men.

Trans and transpeople are non-clinical terms that usually include transsexual, transgendered and other gender-variant people.

Transgender: a person whose gender identity is different from his or her biological sex, regardless of the status of surgical and hormonal gender reassignment processes. Often used as an umbrella term to include transsexuals, transgenderists, transvestites (cross dressers), and two-spirit, intersex and transgendered people.

Transsexual: a term for a person who has an intense long-term experience of being the sex opposite to his or her birth-assigned sex who typically pursues a medical and legal transformation to become the other sex. There are transmen (female to male transsexuals) and transwomen (male to female transsexuals). Transsexual people may undergo a number of procedures to bring their body and public identity in line with their self image, including sex hormone therapy, electrolysis treatments, sex reassignment surgeries and legal changes of name and sex status.

Two-Spirit: an English term coined to reflect specific cultural words used by First Nation and other indigenous peoples for those in their cultures who are gay or lesbian, are transgendered or transsexual, or have multiple gender identities. The

term reflects an effort by First Nation and other indigenous communities to distinguish their concepts of gender and sexuality from those of Western LGBTTTIQ communities.

Intersex: a person who has some mixture of male and female genetic and/or physical sex characteristics. Formerly called “hermaphrodites”. Many intersex people consider themselves to be part of the trans community.

Queer: traditionally, a derogatory and offensive term for LGBTTTIQ people. Many LGBTTTIQ people have reclaimed this word and use it proudly to describe their identity. Some transsexual and transgendered people identify as queers; others do not.

Questioning: people who are questioning their gender identity or sexual orientation and who often choose to explore options.

Ally: Allies are people who do not necessarily identify as LGBTQ and who work in both their personal and professional lives to end oppression through support and advocacy for LGBTQ people.

Note: This list is not exhaustive. It is important to acknowledge that people choose their own terms to define themselves. Ask the person you are working with what terms they use to define themselves.

Appendix B: Prideline Durham Resource Guidebook Survey

Welcome to the 'Prideline Durham' Resource Guidebook Survey

Before you begin, please note the following:

Due to the nature of the Guidebook as a community resource, you are encouraged to indicate the name of your organization or business in this survey. Please be assured that the only person who will see your name and survey responses together is the project coordinator (staff member of the Community Development Council Durham), who fully adheres to the organization's policies regarding confidentiality in community work.

In addition, you will be contacted after completing the survey to confirm what organization or business information would like provided in the Guidebook in relation to the services you offer, your location, etc. This process will ensure that nothing is published without consent and that the final product is as accurate as possible.

Thank you so much for lending your valuable time and expertise to this important initiative!

One: Introduction

1. Name of Organization, Business, or Group:

2. Municipalities you serve (please check all that apply):

- Pickering
- Ajax
- Whitby
- Oshawa
- Clarington
- Brock
- Scugog
- Uxbridge
- Other

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3. What is your role in the Durham region community? (Please use the comments box to specify)

- Not-for-profit Organization
- Business/Consultant
- Health Services Provider
- Municipal Body
- Funding Body
- Community Interest Group
- Other (please specify below)

Two: Service Demographics

1. Please described your organization’s business’s or group’s mandate (or insert your mission/vision statement):

2. Please list the characteristics that your organization, business or group uses to define ‘diversity’ (e.g. gender, ethnic background, etc):

3. Do you keep track, or have any way of knowing, which diverse and/or marginalized communities you serve?

Please describe below:

- Yes
- No

Describe:

Three: Service Demographics continued

1. To your knowledge, how often do you serve diverse groups in general?

- Daily
- Weekly
- Monthly
- Less than 6 times/year
- Never
- Unsure
- Comments

2. To your knowledge, how often do you serve newcomers to Canada?

- Daily
- Weekly
- Monthly
- Less than 6 times/year
- Never
- Unsure
- Comments

3. To your knowledge, how often do you serve people of varied physical and mental abilities?

- Daily
- Weekly
- Monthly
- Less than 6 times/year
- Unsure
- Never
- Comments

4. To your knowledge, how often do you serve members of the LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Queer) community?

- Daily
- Weekly
- Monthly
- Less than 6 times/year
- Never
- Unsure
- Comments

Four: Service Challenges

1. How well do you feel your organization, business or group is able to address the needs of diverse groups in general?
 - COULD BE BETTER – no specialized services or products that we know of but we try to help everyone we come in contact with
 - OK – no specialized in-house resources but we know a few places we can refer people to
 - WELL – we have good connections for referring people, depending on their needs, and we have some specialized in-house resources as well
 - VERY WELL – our services and/or products are specifically targeted to the needs of diverse groups

2. What would help you to better serve diverse groups? (What additional supports do you require?)

3. How well do you feel your organization, business or group is able to address the needs of Newcomers to Canada? (these needs could include language challenges, employment help, settlement services, learning about the community or Canada, etc)
 - COULD BE BETTER – no specialized services or products that we know of but we try to help everyone we come in contact with
 - OK – no specialized in-house resources but we know a few places we can refer people to
 - WELL – we have good connections for referring people, depending on their needs, and we have some specialized in-house resources as well
 - VERY WELL – our services and/or products are specifically targeted to the needs of diverse groups

4. What would help you to better serve newcomer to Canada? (What additional supports do you require?)

Five: Service Challenges Continued

1. How well do you feel your organization, business or group is able to address the needs of people with varied physical and mental abilities? (These needs could include specific equipment to aid in communication or mobility, or could include knowledgeable actions and sensitivities of service staff, etc).
 - COULD BE BETTER – no specialized services or products that we know of but we try to help everyone we come in contact with
 - OK – no specialized in-house resources but we know a few places we can refer people to
 - WELL – we have good connections for referring people, depending on their needs, and we have some specialized in-house resources as well
 - VERY WELL – our services and/or products are specifically targeted to the needs of diverse groups

2. What would help you to better serve people with varied physical and mental abilities? (What additional supports do you require?)

3. How well do you feel your organization, business, or group is able to address the needs of the LGBTQ community? (needs could include gender neutral washrooms, gender option of ‘trans’ on intake forms, staff trained in LGBTQ issues, use of inclusive language by staff, such as partner, etc)
 - COULD BE BETTER – no specialized services or products that we know of but we try to help everyone we come in contact with
 - OK – no specialized in-house resources but we know a few places we can refer people to
 - WELL – we have good connections for referring people, depending on their needs, and we have some specialized in-house resources as well
 - VERY WELL – our services and/or products are specifically targeted to the needs of diverse groups

4. What would help you to better serve the LGBTQ community? (what additional supports do you require?)

Six: Policies and Activities

1. Please describe some of the things your organization, business or group does to acknowledge, celebrate and/or respect diversity:

2. As of this moment, does your organization, business or group have any official or non-official policy or policies around diversity?

- Yes
- No
- Unsure

3. If 'Yes', which of the following issues do these policies relate to? (check all that apply):

- Hiring Practices
- Professional Development/Promotion Practices
- Customer/Front-line Service Standards
- Building Standards (e.g. wheelchair ramps)
- Atmosphere/Physical Space (e.g. posters, decorations, etc)

- Comments

4. If 'No', is there a particular reason?

Seven: Policies and Activities Continued

1. Have you, or has your organization, business or group participated in any kind of training or education around diversity that you feel would be beneficial to other?
 - o Yes
 - o No

2. If 'Yes', what made this/these experience(s) meaningful for you or your organization, business or group?

3. If 'Yes', (Q1), was there anything missing in this/these experience(s) that you or your organization, business or group would like to learn in the future ? (Please be as specific as possible):

4. If you or your organization, business or group have participated in any kind of diversity training or education in the past, to what extent were issues discussed relating to the LGBTQ community?
 - o LGBTQ issues were not mentioned
 - o LGBTQ issues were introduced but not discussed much
 - o LBGTQ issues were covered in some detail, as one of a number of diversity themes
 - o LGBNTQ issues were covered in great detail
 - o LGBTQ issues were discussed extensively as the core theme of the training education

Comments

5. What diversity issues do you think are the highest priority for your organization, business, or group to learn about?

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6. Are you aware of any resource in Durham Region that serve the LGBTQ population? (e.g. organizations, business, professional)

Please indicate these in the space below:

Eight: Conclusion

Thank you so much for taking the time to fill out this survey! Your responses will help to work towards building a stronger community.

We hope you are interested in being a part of the Prideline Durham Services and Resources Guidebook so that more people can find and access your organization, business, or group.

If you have any questions about the survey or project, please feel free to contact the project coordinator, Sarah, at CDCD: 905-686-2661 ext. 131.

1. Please leave the first name, email and phone number of a person we can contact to confirm information for the Guidebook. (Reminder: this process is completely confidential; nothing will be published or made public without your final consent)
2. Do you have any final comments about diversity issues or opportunities in your organization, business or group?

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