

## **Gay, Lesbian, Bisexual and Transgender (LGBT) Older Adults and Congregate Housing Environments – Final Report: Summary**

This project examines the challenges facing Lesbian, Gay, Bisexual and Transgender (LGBT) older adults within Saskatoon’s congregate housing environment, and offers practical solutions to support the development of training and policies and education and awareness training considerate of the needs, fears, and preferences of LGBT older adult residents.

This research was supported by an advisory committee made up of individuals who provided their “lived voices”. We gratefully thank them for their time and honest reflections which greatly enhanced the project. Advisory committee members include:

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The **Age-friendly Saskatoon Initiative** is a multiyear project aimed at establishing Saskatoon as an “age-friendly” community where older adults can lead healthy independent lives and are active and engaged members of the community. Conversations with over 1000 older adults have been completed and Phase 1 (Findings) and Phase 2 (Recommendations) reports have been published.

In its current Phase 3, Implementation and Evaluation, significant work has been underway in collaborating with the City of Saskatoon, the Saskatoon Health Region, the Government of Saskatchewan and multiple other organizations on implementing the actions.

In addition, the work in earlier phases identified that special attention was required around sub communities within Saskatoon’s older adult population. While these sub communities experiences mirror those of the older adult population, they also face distinct challenges that impede their ability to age successfully. This report examines the experiences of the Lesbian, Gay, Bisexual and Transgender population in congregate housing in Saskatoon.

## I. Research Question

### Gay, Lesbian, Bisexual and Transgender (LGBT) Older Adults and Congregate Housing Environments

The Gay, Lesbian, Bisexual and Transgender (LGBT) Older Adults and Congregate Housing Environments, is a co-sponsored project of the Saskatoon Council on Aging (SCOA) and OUTSaskatoon that sets out to examine the experiences and expectations of LGBT older adults in Saskatoon's congregate housing environment to determine:

- The approaches of congregate housing environment towards their LGBT residents
- The experiences of LGBT older adults living in older adult congregate housing environments
- The expectations of the LGBT population who anticipate moving into these facilities in the future

The study illustrates that creating a LGBT positive environment is not a passive activity in these facilities. It requires deliberate action.

*Cheryl Loadman, Saskatoon Council on Aging*

Outcomes of these conversations include:

- the development of recommended policies, and education and training materials that will be shared with older adult residential care facilities in Saskatoon and across Saskatchewan
- the identification of LGBT friendly facilities in Saskatoon

All material developed by this project, and especially the education and training material, will be shared with older adult congregate housing environments in Saskatoon and across Saskatchewan. A further potential outcome is the development of a "listing" of LGBT friendly facilities in Saskatoon.

For the purpose of this study, "congregate housing environments" include private care homes, retirement housing, assisted and enriched living, nursing, and special care and long term care homes.

## II. Study Approach

This study examined the research question from two perspectives.

First, 12 residential care environments were approached to explore existing organisational actions and attitudes, knowledge and current practices involving older and ageing LGBT residents. Only ten agreed to interviews and the management/staff. This population included private and public as well as high and low care facilities.

Second, the study set out to obtain the views of the LGBT population. This involved focus groups and interviews capturing the views of 12 individuals and an online survey from 20 respondents. The question probed their experiences, concerns, and expectation of congregate housing environments as and LGBT individual.

I want a care facility that states it is welcoming to gay residents and then demonstrates its "welcome" through real actions.

*LGBT Interviewee*

### III. Summary Findings

Management and employees of older adult congregate housing environments in Saskatoon are aware of and sensitive to the prohibition of discrimination on the basis of sexual orientation and gender identity. This included an awareness that both Canada and Saskatchewan have implemented legislation focused on creating positive and safe environments for LGBT people. They also expressed the position that intolerance and discrimination are not accepted in their residences. Of those interviewed, all possessed a strong positive view of the LGBT population. This largely reflects that Saskatchewan's citizens support and encourage diversity.

I am afraid of going into a care home...the bullying or the looks. It's easier to just go back into the closet than deal with that!

*LGBT Interviewee*

This study, however, also found that older adult congregate housing environments in Saskatoon continue to be challenged by the LGBT resident. Largely, while they all strive to provide the best care possible, management lacks an understanding of the unique needs of their LGBT older resident.

The majority of residence management and staff interviewed expressed one of two distinct views. *"I treat everyone the same and thus no special attention for the LGBT older adult is needed."* The second view is that *"I believe that a person's choice is their business."* These views generally suggest that they don't need to know so they don't ask. One individual noted that a personal orientation is none of their business. Notably, these same managers and staff also expressed positive support for LGBT people while also believing this approach to be affirming and respectful of them.

These views, characterized as the "don't see, don't tell, don't ask", are identified in existing Canadian and United States academic literature as a prevalent mind-set in congregate housing environments. Unfortunately, it also represents a heteronormative view which assumes that everyone is heterosexual. Heteronormativity results in a failure to acknowledge the LGBT older adult, and further, it inhibits the creation of an environment where residents can live without fear for their safety or without facing consequences through the care they receive. Simply, the unintended result of the "don't see, don't tell, don't ask" approach is the failure to provide suitable supports for the older LGBT resident such as access to "relevant and appropriate" health care and social support, and an environment where they can be openly LGBT.

I work in a long term care environment and every day I see the staff and management and resident's hostility towards LGBT people. I won't be telling anybody that I'm gay.

*LGBT Interviewee*

Interviews were also attempted with two groups within the LGBT population: current LGBT residents of congregate housing environments and older LGBT individuals looking at their retirement options. Notably, current LGBT residents were contacted for an interview but none agreed, with one indicating that she worried about possible repercussions and inadvertent "outing". A majority of those LGBT individuals planning for future housing options expressed significant concerns about moving into congregate housing environments in Saskatoon. They feared possible physical and emotional bullying, rejection, and violence by both staff and

residents, and denial or reduced care levels by staff. They all felt this became more of an issue as they lost their independence and ability to “fight” for their rights. Some responded that they would feel forced to leave Saskatoon for a community or city where the congregate housing environments are supportive of LGBT older adults. Consistent with what is identified in academic research in Canada and the United States, Saskatoon’s LGBT population is looking for a congregate housing environment where they can feel safe from discrimination and be provided services, supports and care that reflect their unique needs as LGBT individuals.

The research also brought about “learnings” that reflect the Saskatoon context. Saskatoon’s LGBT older adult face a grim reality as creating a “LGBT positive” environment requires proactive steps at a time when Saskatoon’s congregate housing environments face financial and structural stresses, and contain an older adult population often with strongly held “conservative” views.

There are also anti-gay congregate housing environments in Saskatoon. While none stated explicitly that they would not accept LGBT residents, a small number suggested that this was a research project they would not support or participate in, ever. This highlights the need for a listing of “gay positive or friendly” residences to assist the LGBT older adult find “gay friendly” seniors’ housing and to avoid residences where management and staff are not supportive of the LGBT population.

Finally, Saskatoon’s congregate environment expressed interested in learning more about the needs of the LGBT individual. The training manual developed as a result of this project is intended to raise awareness and to be an educational and policy development tool for those managers and staff of facilities that strive to provide the best environment possible for everyone who chooses to call their location home, including LGBT older adults.

#### IV. Saskatchewan – LGBT Seniors Population

In 2011 Forum Research, a national research firm released a report indicating that 5% of Saskatchewan’s population or approximately 56,500 people from all age groups identified as LGBT.<sup>1</sup>

There are approximately 3,390 to 7,910 LGBT aged 65+ individuals in Saskatchewan representing between 3% and 5% of the province’s total 65+ population

In order to identify the number of 65+ LGBT individuals within the total LGBT population, this study assumed that the percentage of seniors in the Saskatchewan LGBT population mirrors the percentage (14%) of seniors found in the general population of Saskatchewan. Thus, 5% of the province’s 158,200 seniors suggest that there are approximately 7,910 LGBT 65+ individuals in Saskatchewan.

A further research effort, the Canadian Community Health Survey 2015, identified a lesser number of LGBT identified individuals. It suggested that only 3% of the Canadian population consider themselves to be LGBT<sup>ii</sup>. Using the same approach as above, this suggests that an estimated 3,390 individuals in Saskatchewan are 65+ LGBT adults.

Based on these studies, this report assumes that there are approximately 3,390 to 7,910 LGBT aged 65+ individuals in Saskatchewan. Notably, the number of Saskatchewan’s seniors, and thus LGBT

older adults, is expected to grow significantly in line with the aging of the province's baby boomer population.

## V. LGBT residents within the Congregate Housing Environments in Saskatoon

A total of 12 congregate housing environments were contacted for participation in this study. The ten that responded represent congregate housing environments that fall into the private and enriched category (80%) and special home or long term care homes (20%).

The findings of this research provide the community with insight around the provision of services and supports to older LGBT persons residing in congregate housing environments in Saskatoon.

### a. Questioning the Need for LGBT-specific Initiatives

The majority of managers and staff of congregate housing environments interviewed expressed one of two views on their approach to LGBT residents. On one hand, they stated "*I treat everyone the same and thus no special attention is needed*". As part of this view they also stated "After all, aren't they just older adults in need of care?" The second view described by managers and staff was that *a person's choice is their business* illustrated by the statement "*I don't need to know so I don't ask*". It is important to note that managers and staff who shared either of these views also expressed support for the LGBT resident and believed such approaches were affirming and respectful of them. The managers and staff stressed that their primary objective is to give the best care they can and they also indicate a willingness to learn more.

A literature review finds that the "*don't see, don't ask, don't tell*" approaches reflect Heteronormativity, sending a clear message that heterosexuality is the norm. There is implied permission for this to be acceptable in that behaviours such as homophobic jokes/comments, gossip or related bullying go unnoticed or are noticed and are tolerated by managers, staff and other residents.. Thus, even though all managers interviewed in this study stated unequivocally that discrimination by staff was not tolerated, the "*don't see, don't ask, don't tell*" approach implied that employees are allowed:

- to be unaware of their legal responsibilities regarding discrimination
- to not be held accountable for discriminatory acts by themselves or other residents
- to be unaware of their role in shielding LGBT older adults from indirect and direct discrimination by other residents and visitors
- to receive limited or no guidance in the form of organizational policies, education and leadership around the living environment of LGBT seniors
- to receive limited or no guidance in the form of organizational policies, education and leadership around the standard of care to LGBT seniors

Importantly, the findings of this study reflect the view that the LGBT resident's response to "*don't see, don't ask, don't tell*", is to return to the "closet" as they are offered no assurance of a safe environment. Moreover, they live in constant fear of being "outed" and thus the target of potential harassment, violence or poor service provision.

### b. Programs, services and supports

None of the congregate housing environments in the study offer programs, supports or services reflecting LGBT interests. This is in line with “*don’t see, don’t ask, don’t tell*” approach since in their view, there are no LGBT residents.

While very much aware of the need to move beyond a passive response to discrimination, managers did not see the significance of offering an “LGBT friendly” environment. This type of environment allows expressions of LGBT identify through such opportunities as sharing a room and holding hands in public; actions which are often taken for granted by heterosexual couples. An LGBT friendly environment would also include programs that ensure inclusiveness and services that are sensitive and responsive unique needs of LGBT individuals.

Please take proper care of elderly LGBTI people - in many cases, these people have suffered for a large part of their lives, all on account of the horrendous discrimination they have experienced over their lifetime.

*Survey Interviewee*

### c. Resource Challenges

Creating an LGBT “positive” environment is not a passive exercise. It will require new initiatives that involve a rethinking of present approaches to LGBT issues in these living environments. Some examples include LGBT awareness training for staff and residents and the development of LGBT specific polices, programs and supports for LGBT residents will be needed. A staff member with intervention skills designated to serve as LGBT resident advocate would be able to act quickly on complaints of discrimination, and generally provide a watchful eye over residents.

When these suggestions were offered, they were met with some hesitation. Although acknowledging the importance of them, changes of this nature appear to be daunting for Saskatoon’s residential care environment managers, especially at a time of restricted funding and increased care demands.

### d. Support from Leadership

Leadership is the key element in creating an LGBT positive environment. This theme emerged often during the study’s discussions with non-management staff, in particular, who indicated that management’s direction was necessary to change attitudes and enable different service offerings.

Leadership is also important when dealing with residents who may hold strong negative views. Silence effectively is permission for those views to become tools for attaching the LGBT older resident. Privately funded environments face the greatest challenge given their customer-like relationship with their residents. They need to provide an acceptable environment for all of their residents. Given that Saskatoon’s LGBT market is not large enough to have significant representation in any one location, establishing an LGBT welcoming environment or intervening in LGBT focused bullying will not happen without management’s attention and direction.

## VI. Perceptions of the LGBT population on the Care Environments in Saskatoon

Although lesbian and gay seniors have long been residents of congregate housing environments, they remain invisible to staff and other residents, as a result of the lack of supporting residence policies and practices and the heteronormative nature of these environments.

All thirty-two LGBT individual respondents in the study expressed concern over the possibility of becoming residents in a congregate housing environment in Saskatoon. They all suggested residency in a congregate housing environment potentially would not be a positive experience and all witnessed or had heard stories of discriminatory activities by staff or other residents. They felt that when they moved into this setting, they too were likely to have similar experiences. Moreover, even though they all indicated that they were “out” in their current lives, each suggested they would likely have to return to “the closet”.

Frankly, I have no idea how we would deal with a transgendered individual.  
*Manager Interviewee*

All respondents identified personal safety as the primary reason for returning to the closet. They feared that if staff or management were aware of their sexual orientation the level of the care they would receive, especially care specific to their sexual orientation or gender identity, may be compromised. They also felt that they may be subject to subtle forms of discrimination resulting in mistreatment or isolation and feared and worried about bullying by other residents. These comments were often supported by anecdotes from their own experience or stories they had heard. Some told stories from their past when professionals such as doctors, nurses and other health practitioners refused to acknowledge their relationship. Others spoke of professionals refusing to recognize same-sex partners as their primary decision maker, while some spoke of facing overt discriminatory slurs.

The LGBT participants believe they will find it even harder to fight against these structural problems when they grow older. The majority stated that aging means not only a loss of independence and a greater reliance on services from others, but also physical and intellectual deterioration that results in the loss of ability to defend oneself against negative attitudes and actions. These concerns were particularly acute among LGBT respondents without adult children or close family who could stand up for them or care for them as they age.

I can understand why many senior LGBTI people may even consider suicide as a way out. I have seen how people are treated....it is an option even I might consider  
*LGBT Interviewee*

Going back into the closet is thus seen as the most viable and least stressful option. Interestingly, the majority of the LGBT people interviewed suggest that the decision to be closeted was greatly influenced by a perception that Saskatchewan and Saskatoon had a high level of unchecked homophobic attitudes.

When asked what defined a congregate housing environment they wanted to live in, the majority of LGBT participants described it as a place where they could openly express both their sexual orientation and gender identity, and be open in their relationship with their partner, whether that be in sharing a bed or through identifying their partner as their main caregiver and decision maker. They also described it as a place where they would be safe.

## VII. Informal survey of older adult residents

As part of the study, a nursing student doing a practicum with the Saskatoon Health Region undertook an informal survey of 13 residents in a Saskatoon personal care home on their views of LGBT individuals within their residence. The nurse indicated that she heard many different

perspectives from the residents. Most were of the opinion that it does not matter who you are or how you choose to live, if you need care, you should be able to live at the residence. However, 30 percent of these residents were critical of LGBT people and viewed interaction with them as “an unfortunate circumstance”, noting they would not welcome an LGBT individual into their residence.

## VIII. Recommended Actions

Providing a respectful, non-discriminatory and safe environment and with high-quality care for the LGBT older adult requires active steps by organizations and their employees; steps that ‘acknowledge’ the LGBT resident and are responsive to their needs.

Based on the research and study, the recommendations are as follows:

1. **Policies** - Organizations should take steps to evaluate, create and implement policies that require respectful treatment of LGBT individuals, regardless of age, and should make these policies visible (provided to and publicly posted) to staff, residents, patients, and families. This process should include:
  - A review of key policies such as:
    - Hiring policies
    - Resident/employee discrimination policies
    - Standard of care policies that include reference to LGBT
    - Policies on the provision of services and programs
  - Review of language usage in policies and forms to determine if they are heterosexist, and revise as necessary to be inclusive to all sexual orientations and gender identities. For example, a language review should:
    - Delete the use of marital status within forms, and revise them to state relationship.
    - Delete the identification of male and female from forms, and substitute with gender identity.
    - Change personal data and family history to family medical history.
    - On forms that provide a space to enter relationship, provide a code to allow entry for spouse, partner, family member, other.
    - On forms that require next-of-kin’s last name, enter primary contact.
    - Ensure all promotional materials for the agency are reviewed to make certain they contain inclusive language.
  - Ensure privacy and confidentiality practices are in place, and are monitored to ensure compliance.

Policies that incorporate responses to particular care and social circumstances of those LGBT residents, including:

- Promoting acceptance of and respect for residents’ beliefs and personal diversity (e.g. religious, cultural, sexual)
- Recognizing the rules and law on discrimination and support for equal treatment

- Creating a culture of respect for LGBT older persons in supportive living situations (e.g., assisted living facilities and nursing homes), including training for all types of care workers, including line staff, physicians, nurses, and nursing assistants, and management.
  - Recognizing the needs of aging LGBT persons, including the reality of health disparities that have resulted from past discrimination.
  - Considering the role of partners or other chosen family in decision-making and care giving.
  - Recognizing the preferred name and gender identity of transgender individuals, regardless of legal or biological gender status.
  - Recognizing their role and responsibility in protecting the interests of LGBT residents through proactive intervention.
2. **Training** - Education and training of employees is essential to their understanding of their roles and responsibilities in creating an appropriate environment for LGBT residents. Employees within these residential care environments currently lack knowledge and skills necessary to ensure LGBT residents do not experience discrimination. They also do not have access to resources enabling them to deal with a “negative” situation, if one arises. They also do not have the awareness or training on how to provide LGBT specific care and services.
3. **Creating a Positive Environment** – Making the physical environment visually welcoming through changes such as displays of rainbow flags, rainbow stickers and outreach into the LGBT community, and ensuring all language is inclusive. A positive environment also includes creating services and programs for LGBT individuals and recruiting LGBT volunteers and staff so that diversity is reflected at all levels.

NB: Material in section has been adapted from:

- Spring Seniors Care: [Equity begins at home. Sprint Senior Care, 2013](#). A Guide to Creating LGBT Inclusive Community Support Services For Older Adults
- Diversity our Strength (Toronto) [LGBT Toolkit](#) for Long Term Care Homes

## IX. Concluding Comments

There are many LGBT older adults within the existing residential care environment. This study identifies the marginalization they feel, even when many of these environments are working to provide respectful care and support.

It is important for residential care environments to learn more about the unique needs and challenges of the older adult LGBT person, and to be proactive in developing policies, programs, services and care that reflects their uniqueness and diversity. The training material developed from this work is an effort to support them in their efforts to provide the best care possible.

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<sup>i</sup> Forum Research (2012) [One twentieth of Canadians claim to be LGBT](#)

<sup>ii</sup> [http://www.statcan.gc.ca/eng/dai/smr08/2015/smr08\\_203\\_2015#a3](http://www.statcan.gc.ca/eng/dai/smr08/2015/smr08_203_2015#a3)