SCOA
saskatoon council on aging
Positive Aging for All

OUT SASKATOON

Gay, Lesbian, Bisexual and Transgender (LGBT) Older Adults and Residential Care Environments – Final Report

This project examines the challenges faced by LGBT older adults within residential care environment within Saskatoon facilities and offers practical solutions to support the development of training and policies considerate of the needs, fears, and preferences of LGBT individuals.

This project is funded by the Saskatoon Health Region.

Contents

1. Research Question - Research LGBT Friendly Care Environments

This project, Research LGBT Friendly Care Environments, is a co-sponsored project setting out to examine Saskatoon`s older adult residential care environment in order to determine:

- The approaches/views of residential care environment facilities towards their lesbian, gay, bisexual and transgender (LGBT) residents
- The experience of LGBT older adults living in older adult residential care environments
- The expectations of the LGBT population who are going to be moving into these facilities in the future

These conversations inform the development of education and training material that will be shared with older adult residential care facilities in Saskatoon and across Saskatchewan. A further potential outcome is the development of a "listing" of LGBT friendly facilities in Saskatoon.

Management and employees of older adult residential care environments in Canada and Saskatchewan are sensitive to discrimination on the basis of sexual orientation and gender identity. Governments of both Canada and Saskatchewan have implemented legislation toward the creation of positive environments for LGBT people; intolerance and discrimination is not accepted. As well, Canada and Saskatchewan have tended to encourage diversity within public environments.

Yet, older adult residential care environments continue to be challenged when it comes to LGBT resident. Research indicates that many residential care environment facilities express the view that they "treat everyone the same" and thus no attention is focused on the LGBT older adult's needs, including their desire to express their sexual orientation. Unfortunately, a "don't see don't tell" approach usually means treating everyone as though they are heterosexual, effectively forcing the LGBT older adult to live in a closeted state with continued concern and fear for their safety and well-being. Moreover, this soft discrimination often denies the older LGBT resident access to supports by default, and of services reflective of specific needs and which create an environment positive towards their orientation.

Project partners are: The Saskatoon Council on Aging and OUTSaskatoon.

This project is funded by the Saskatoon Health Region Community Grants program.

2. Statistical Data

2.1 Canada – Seniors Population

Seniors account for a record high of 14.8% of the population in 2011, with 4,945,060 people aged 65 and older in Canada.[1]

Saskatchewan's population of seniors is 14.9% to the total population, or approximately 153,705.[2]

2.2 Canada – LGBT Seniors Population

Numbers differ on how many LGBT seniors are present in Canada, largely due to shifting definitions and the fact that many LGBT seniors are reluctant to share their sexual orientation or gender identity. Yet, lesbian, gay, bisexual and transgender (LGBT) seniors are becoming a distinctive demographic within Canada's aging population.

The Canadian Community Health Survey (CCH), a biannual nation-wide survey, also includes questions on sexual orientation amongst its questions. The CCH 2014 survey found that 3% of Canadians identify themselves as LGBT, which is then further broken down in the following manner:

- 1**.7%** — the percentage of Canadians aged 18 to 59 who reported in 2014 that they consider themselves to be homosexual (gay or lesbian).
- 1.3**%** — the percentage of Canadians aged 18 to 59 who reported in 2014 that they consider themselves to be bisexual.[3]

There are approximately 98,901 to 247,253 LGBT seniors in Canada or between 2% and 5% of the senior's population

In addition, Forum Research found in a 2011 poll that 5% of Canadians identify as LGBT.[4] The same poll also noted that 2% of Canadians aged 55 and older identified as lesbian, gay, bisexual or transgender.[5] The difference in the reported percentages is thought to be representative of the older LGBT's desire to remain anonymous or "in the closet".

Alfred Kinsey's research in the late 1940's identified the 10% figure which is widely used in terms of homosexuality. Kinsey's research methods have since been seriously questioned, because the people he surveyed did not represent the general population.

Estimating the LGBT senior's numbers using a range of 2 – 5% of the population (inferred from the aforementioned studies), Canada's population of LGBT seniors is 98,901 – 247,253.

2.3 Saskatchewan – LGBT Seniors Population

The 2011 Forum Research found 5 per cent of Saskatchewan's population or approximately 50,000 people identified as LGBT.[6] Statistics Canada's 2011 *Census of Population* identified Saskatchewan as having 850 individuals living in same-sex relationships with 110 people living in a same-sex relationship over the age of 55.[7]

There are approximately 3,074 to 7,685 LGBT seniors in Saskatchewan representing between 2% and 5% of the province's total senior population

Applying a range based on the Forum Research (2%) work and the Canadian Community Health Survey (3%), against the total population of Saskatchewan's 65+ population (an estimated 153,710),[8] Saskatchewan's 65+ LGBT is between 3,074 and 7,685 individuals.

Notably, the number of Saskatchewan's seniors, and thus LGBT older adults, is expected to grow significantly in line with the aging of the baby boomers.

3. Background – What Research Has Identified

3.1 Academic Literature

Academic literature is rich with research on the range of aging needs of Canada's older adults. At the same time, little of that research focuses on the experiences, concerns and perspectives of older LGBT populations. The information dearth is even greater when looking at the experiences and needs of LGBT older adults living in residential care facilities, or contemplating such a move in the future.[9]

When looking at why LGBT older adults respond in this manner, it is firstly important to recognize that this population represents a diverse group spanning a number of generations. The oldest or the elderly LGBT people (80+) grew up pre-gay liberation and endured being "vilified as 'sinners' by the church, 'criminals' in law and pathologized by medicine."[10] They are generally less likely to have "come out" publicly and may not identify with labels such as lesbian or gay.[11] Younger LGBT seniors (70+) bring more liberal attitudes and are often more open about their sexual orientation. Openness is not widespread amongst this cohort as many remain fearful of discrimination. The first stages of baby boomers are entering into these environments, albeit in small numbers given that they are under 70, and they tend to be more open and accepting of LGBT older adults. In cases where they are LGBT themselves, they are more willing to publicly express themselves.

The LGBT baby boomers and generations that follow will, it is anticipated, demand that their residential care environment facilities not only be welcoming places for them, but that these facilities are prepared to recognize and support their needs in full.

An understanding of generational differences informs the appreciation of the type of issues faced by LGBT residents in residential care environments.

Some research and studies have been conducted on the perspectives of the LGBT population and residential care environment facilities. Gary Stein surveyed gay and lesbian older adult's views, finding the following respondents perspectives on the challenges they see regarding living in long-term care environments: [12]

Community Participants

- Concerned about universal challenges of aging (e.g., physical frailty, chronic illness)
- Living in isolation
- Being neglected or abused when vulnerable
- Not being accepted and respected by others in a long-term care setting
- Feel cautious about being openly gay to neighbors
- Experience gay-related rejection or stigma from neighbors
- Feel isolated because of lack of family and other supports
- Experience double stigma of ageism and homophobia
- Fear homophobia will increase with age

Long-term care participants

- Concerned about universal issues in long-term care (not receiving necessary care)
- Fear of being rejected or neglected by healthcare providers
- Fear of having to go back into the closet if placed in a mainstream long-term care facility
- A preference for a gay residential option if needed for long-term and end-of-life care
- Fear being neglected or abused by health care providers because of being gay
- Fear of being maltreated or ostracized by roommates/other residents because of being gay
- Greater anxiety about health care aides who assist with daily life activities
- Feel alone because could not talk about their lives, partners, and grief after loss of their partners
- Experience gay-related rejection or stigma from neighbors
- Feel cautious about being openly gay to health care providers
- Experience gay-related rejection or stigma from health care providers
- Fear not being accepted and respected by health care providers
- Fear not being accepted and respected by other residents in long-term care
- Fear being abused or neglected by providers in long-term care, especially care aides
- Worry about not receiving safe and equal treatment in residential care settings
- Observed negative experiences visiting friends/partners in residential care

An assessment of housing needs and preferences among LGBTQ2S* seniors and soon- to-be seniors in Edmonton found the following views on the needs of LGBT seniors:[13]

Issue	Very important/quite important%
Partner is respected as main caregiver	91.4/6.7
Allowed to share suite/room with partner	90.2/6.3
Policies against discrimination on the basis of sexual orientation	86.1/9.1
Relationship status respected–whether partnered or single	77/15.9
People respect me and my partner showing affection	76.3/14.4
Policies against discrimination based on gender identity	70.9/22.8
Staff diversity training in working with LGBTQ2S residents	65.6/26.4
Social activities make LGBTQ2S residents feel included	65.6/26.4
Someone on staff to approach if feeling excluded/disrespected	60.8/26.4
Having support groups available for issues specific to LGBTQ2S seniors	47.6/30.2
Others who live/work there do not assume I am straight (heterosexual)	45.1/23
Others who live/work there do not assume my gender identity=sex at birth	16/6.7

3.2 Heterosexism/ Heteronormativity

Every LGBT individual has experienced heterosexism. Heterosexism is defined as "a belief system that values heterosexuality as superior to and/or more 'natural' than homosexuality."[14] Research suggests that the culture of heterosexist institutions and LGBT adults' perceptions of these institutions results in decreased use of services and access to supports.[15] For example, standard questions about social history, such as, "Are you married?" may unintentionally imply bias by suggesting that the provider assumes each patient is heterosexual. Bias may also exist in written or electronic forms.[16]

The fact that most care professionals automatically assume that their patients or service users are heterosexual is an assumption that leads to the marginalization of older lesbians and gay men,

* LGBTQ2S = Lesbian, Gay, Bisexual, Transgender, Queer, 2Spirited

continues to (mis)inform service developments and professional practice, and limits the involvement of LGBT service users in activities such as life reminiscing and discussing openly their relationships.[17]

LGBT older adults from diverse ethnic backgrounds may bear the dual burden of disparities due to their sexual orientation and minority status. Some may also have challenges associated with limited English proficiency and limited health literacy. Recent immigrants are especially at risk because they are not acculturated into the mainstream culture and may have limited ability to recognize and support their rights as LGBT individuals.

3.3 Discrimination/ Homophobia

Homophobia is the fear or hatred of lesbian and gay people.[18] Research shows that a history of homophobic discrimination leads many LGBT elders entering into a residential care environment to react in one of two ways. First, they return to the closest, fearful of disclosure, mistrustful of staff and other supports. Often their response is justified as many experience actual discrimination from staff and/or from fellow residents.[19] Silent or hidden discrimination can manifest in the form of micro-aggressions, "generally characterized as brief, daily assaults on insults, and invalidations of individuals, which can be social or environmental, as well as intentional or unintentional."[20] Such experiences of assaults can have profound and deleterious effects on LGBT older adults' mental and physical health, the helping relationship itself, and whether or not services are accessed and utilized.

Second the LGBT older adult may be less inclined to be open about their orientation to any staff, including health care providers, administration or management or day to day support staff. This means, they often do not receive appropriate care.[21] [22] Indeed, it is actually easier for management to respond to staff attitudes, but acting on resident's attitudes about LGBT older adults or the attitudes of resident's family, relatives and friends is more difficult.[23] Unfortunately, it is unlikely that many attitudes of residents regarding sexual orientation, bias, and sexuality in their later years will be changed.[24]

Discrimination also suggests that LGBT older adults may have a harder time securing housing.[25] Most residential care environments do not provide dedicated identifiers or signals of an environment that welcomes or supports LGBT residents. As a result, they often are unaware of the attitude of the facility to their sexual orientation. Moreover, the pervasiveness of religious based long-term care facilities and their associated attitudes towards LGBT older adults can further limit retirement choices.

Research shows that LGBT older adults feel significant anxiety, apprehension, and fear of discrimination or abuse from caregivers, staff, management and other residents in residential care environment; it is a fear that results in them avoiding these facilities at the cost of their health and well-being.[26]

3.4 Isolation

Additionally, fear created within the residential care environment may lead to LGBT older adults becoming isolated and invisible to others.[27] They may askew social events and even adopt "stories" to hide their orientation. Many LGBT older adults exist in a state of deception: they

are one person to their visiting friends and another when in the common areas of their residence. Such a state results in isolation especially when close friends pass away or are unable to visit leaving these individuals with no contact with whom the can be themselves.

Moreover, compared to their heterosexual peers, older LGBT adults are more likely to live alone.[28] Some 20% of older LGBT people indicated they have no one to call on in times of crisis – a rate up to ten times higher than that seen in the general older population.[29] Many rely on friends or informal caregivers for support later in life, yet, these individuals are peers from a similar or near generation as opposed to younger individuals or children and thus, share many of the aging problems and frailties as that of an older LGBT resident.[30]

LGBT older adults are also less likely to have children and possibly less support from their "family of origin," depending upon the relationship history. As a result, research demonstrates a need for an increased focus on social supports for gay and lesbian older adults as they age.[31] For example, rather than being cared for in community settings by family members, as is true for nearly 80% of the general population, current studies of LGBT older adults suggest that they will use residential care facilities in greater numbers than their non-LGBT cohort members because they do not have the same level of family support.[32]

Entering later years in isolation or without family supports exposes the LGBT older adult to further challenges in that they lack an advocated within the system who acts on their behalf. Without an advocate, many LGBT seniors become susceptible to softer forms of discrimination such as being overlooked or ignored.

3.5 Expression of Sexuality

LGBT individuals find that entering into residential care environments may mean the loss of self-expression which is embedded in their sexuality.

Sometimes this may simply be a matter of the differences in language used by LGBT individuals that may not be understood or deemed offensive by staff and other residents. They may be unable to display LGBT related materials such as photos, community newspapers nor watch gay TV without outing themselves.'[33]

While some LGBT seniors choose abstinence, the vast majority regularly engages in some sort of sexual experience and expression.[34]Thus, the lack of opportunity for physical touch such as holding hands, kissing and hugging is of concern of some older LGBT people.[35] Sometimes this relates to the inability to be overtly sexual towards their partner or to engage in same-sex intimacy due to fear of how others will react.

3.6 Income

A small percentage of LGBT individuals can face income issues. In particular, lesbians earned incomes at the same level as heterosexual women, but because lesbians do not cohabitate with a higher salaried male wage earner, they have households that earn significantly less than households of heterosexual couples.[36] Older LGBT people may also have suffered from employment discrimination that impacts their retirement incomes.[37]

3.7 Transgender

While the challenges faced by transgender adults mirror that of the LGB older adult, there are other unique issues that need to be acknowledged.

3.7.1 Health

From childhood to later life, transgender people experience discrimination and high rates of interpersonal violence and violence in interaction with law enforcement officials, which makes them hesitant to report violence. Barriers to adequate health care for transgender adults is not only due to lack of basic cultural and clinical knowledge among health care providers, but also refusal to care for transgender patients, harassment, and abuse of the patient. This level of disregard from healthcare can lead to distrust overtime and increased isolation, delayed care-seeking and poor health outcomes. This can be attributed to the fact that the aging agencies or the facilities do not offer cultural competency training to the staff or residents about the issues related to serving transgender clients. Many practitioners reason that lack of knowledge or training in transgender-specific issues maintains an atmosphere of ignorance and can lead to neglect and abuse. [38]

3.7.2 Erasing Identity:

Many transgender people fear that nursing home staff members will ignore their gender identity and force them to live as the opposite sex. This can occur through refusal to acknowledge their trans identity, by failing to provide hormone therapy, or forcing them to wear clothes of the opposite sex. Transgender people also feel they will be harassed, ostracized and ridiculed if the residents are hostile towards homosexuality and transgender identity. [39]

3.7.3 Social impact on health of transgender adult:

Transgender adults who experience regular discrimination and violence can lead to high-risk behaviours and poor health outcomes due to the amplified level of anxiety. Studies show that transgender people are more likely to engage in sex work, drug use and alcohol abuse which increases the incidence of HIV, substance abuse, self-harm and suicide. This cohort is also often isolated from family and likely to have no children, thereby more often alone as they age. [40]

3.8.4 Transition-related health issues:

There is risk of developing certain cancers in transgender people. For example, transgender men have risk of endometrial and ovarian cancer, due to the lower rates of Pap tests and pelvic exams among transgender males who may be denied care from provider or feel uncomfortable requesting these examinations, or also may be denied insurance coverage for these gender specific screenings. Because of financial and insurance barriers some transgender women may resort to hazardous silicone injections as a form of self-treatment. Transition-related medical treatments are generally understood to be very safe and highly effective, however, less is known about the possible side effects and best practices for monitoring long term hormone replacement therapy in older patients. There are increased chances of developing surgery related conditions such as urinary tract infection, and rectovaginal fistulas. [41]

3.7.5 Employment and Housing discrimination:

Job instability affected the economic security and the overall health of transgender people . Transgender people who lose their jobs due to discrimination were four times more likely to be homeless, twice as likely to have HIV, 70% more likely to use drugs or alcohol to cope with stress. Many transgender people have been refused an apartment or have been evicted because of trans-related discrimination.[42]

4. Issues of LGBT Friendly Care Environments

The findings of this research have a number of implications for providers of residential care environments if they are to adequately meet the unique needs of older LGBT people. First and foremost, implementing a LGBT inclusive environment requires an understanding some of the barriers that exist within the older adult care environment. These barriers include:

4.1 Questioning the Need of LGBT-specific Initiatives or *don't see, don't tell*

Many facilities express two views on their approach to LGBT older adults. Firstly, management is of the view that they "treat everyone the same" and thus there is no need for any directed focus or special attention to the needs of the LGBT resident. [43] After all, "aren't they just older adults in need of care?" Unfortunately, this approach fails to create a positive environment, nor does it enable LGBT people to feel included nor to see their unique needs addressed.

Secondly, many residential care environments employ a "*don't see*" approach, usually meaning that they do not ask, nor do they encourage residents to tell management or staff about their LGBT status. Effectively, the LGBT older adult must live in a closeted state with continued concern and fear for their safety and well-being. Moreover, this soft discrimination often condemns the older LGBT resident to silent social isolation, and by default, bars them from access to relevant supports and services reflective of their specific needs.[44] Simply, the LGBT older adult often faces additional hardships related to their sexual orientation with such challenges exacerbating their already existing medical and mental health problems.

Neither approach sends a clear signal that a space is LGBT safe for employees or residents. Employees may not be sensitive to nor prepared for an LGBT resident if they lack information necessary to meet their concerns and needs. Often, everyday language and even resident-on-resident aggression towards a suspected LGBT person may go unnoticed or unattended. In worst case situations, high employee turnover (in some instances) mean persons coming into the care environment may represent groups who have moved to Canada from places with strong cultural and religious based homophobic attitudes; attributes which are not managed through training and education. It also suggests that when there are no clear policies in place protecting the LGBT resident, an assumption exists that there is tacit support for harmful behaviours.[45]
Importantly the "don't see, don't tell" approaches imply that:

- Staff are unaware of their legal responsibilities regarding discrimination
- Staff are not being held accountable for discriminatory acts
- Staff fail in their role to protect LGBT seniors from discrimination by co-clients and visitors of shared services.

- There is little or no guidance in the form of organizational policies, education and leadership around the living environment of LGBT seniors
- There is little or no guidance in the form of organizational policies, education and leadership around the standard of care to LGBT seniors
- There are restriction of opportunities for sexual expression

Although lesbian and gay seniors have certainly long been residents of aged care facilities such as retirement housing, assisted living and nursing homes, they remain invisible to staff and other residents, largely by choice.[46] Understandably, in these environments they fear expressing their sexual orientation largely because they do not believe that the management, staff or other residents understand or would be sensitive to their sexual orientation.[47]

Implementing a LGBT inclusive environment in an older adult care environment is not a passive experience. Rather, it must be proactive and focused on an early intervention that understands there are existing barriers in these settings. Such barriers need to be removed, thereby signaling a LGBT positive environment and that discriminatory activities will not be tolerated by staff or residents. This ensures a healthy and safe retirement for the LGBT older resident.

4.2 Lack of Resources

The lack of organisational resources means that staff must do more with less. As a result, it is hard to get staff on board for new initiatives such as LGBT programming for LGBT residents or education for staff and residents on LGBT sensitivities.[48] Both require time away from work.

Moreover, it is helpful to have individual staff members targeted to serve in advocate roles and with intervention skills. They are then responsible for acting quickly on complaints of discrimination, preparing and delivering staff and resident training, and generally providing a watchful eye over residents.

4.3 Lack of Support from Leadership

The most significant influence in any care home or extra care housing setting is the leadership of the manager and the ethos that they promote. If there is little to no leadership from administration on providing supportive or safe LGBT environments then it is near impossible to get in front of any issues that may arise, whether it is establishing a welcoming environment or intervening in bullying occurrences.

4.4 Families and Caregivers

Families can be complicated at the best of times. Defining family can vary greatly depending on the personal situation and experience of each individual. Lesbians and gay men may refer to their 'family of origin' which includes kin family and whom may or may not be a part of their everyday lives, and their 'family of choice' which may include a same-sex partner and/or members of the lesbian and gay community.[49] Thus, an LGBT individual may identify many types of caring relationships, including:

- Lesbians or gay men providing care for a same-sex partner (living together or separately), a member of the lesbian and gay community, or care for heterosexual parents or other relatives,
- Lesbian, gay or heterosexual adult children providing care for a lesbian or gay parent or co-parent, and
- Heterosexual people providing care for an ex-partner, friend or parent who has 'come out' as lesbian or gay later in life that, sometimes it is the very lack of response that is creating a 'crisis' situation.

Management of facilities, when dealing with LGBT older adults, must be prepared to deal with family dynamics which can often meant that there may be kin family members who have not accepted, or may not know about, the same-sex relationship.

5. Existing Programs

i. Diversity our Strength (Toronto)

LGBT Toolkit for Long Term Care Homes

The toolkit contains resources, training plans, programs and activities to enhance understanding, sensitivity and responsiveness about LGBT issues, educate staff and provide advice in care and service design in order to be LGBT-positive, inclusive and welcoming for all residents. Although initially designed for Toronto's homes, the toolkit is available to help other long-term care organizations wanting to become LGBT-positive and inclusive.

ii. Spring Seniors Care: EQUITY BEGINS AT HOME A Guide To Creating LGBT Inclusive Community Support Services For Older Adults

An accredited, not-for-profit community support service agency in Toronto by offering a wide range of practical and low-cost services to seniors and their caregivers. Equity begins at home. Sprint Senior Care, 2013.

6. Research

6.1 Methodology:

This study examined the research question from two perspectives.

First, the study set out to obtain the views of the LGBT population. This included an effort to gain reliable documentation from a variety of LGBT older adults on their experiences, concerns, and expectation of aged care environments. Two approaches were employed: engaged data collection process involved an online survey and a focus group-interview format. The latter aimed to encourage dialogue among participants.

Secondly, the study explored existing organisational and facility attitudes, knowledge and current practices towards older and ageing LGBT residents. The target group for the study was all providers of services in residential care environments. The study population included private and public as well as high and low care facilities. Participants were selected from a directory of personal care homes.

Study Gaps Identified

During the course of the study, various gaps were identified in regards to the LGBT senior population in Saskatoon. There is limited to no research on LGBT older adults in Saskatoon. In the literature review that was conducted, most of the Canadian information was from cities such as Toronto and Vancouver where programs and services specifically for LGBT seniors exist. However, this cannot be extrapolated to comparatively smaller cities like Saskatoon.

Focus Group Limitations

The difficulties in sampling hidden populations such as older LGBT people are well documented. Recruitment was conducted through established networks however this did not prove sufficient to recruit adequate numbers. Low participation rates may be attributed to LGBT older adults being apprehensive about identifying as LGBT and/or having few connections to the LGBT community. A lack of participation may indicate their indifference to the ageing LGBT issue.

6.2 Discussion with LGBT Individuals

6.2.1 Background – Focus Groups

Pertaining to the fact that the research study centered on the experiences of LGBT older adults, the selection of participants for interviews and for the focus groups took into consideration the ability to recruit older adults willing and interested in the research questions. Participants were recruited using a mixture of word of mouth, social media and poster advertisements. Assistance was received from OUTSaskatoon and from the Saskatoon Health Region, both of whom shared the posters widely within their populations.

Two focus groups were scheduled; one hosted at the Saskatoon Council on Aging and the other at OUTSaskatoon. The Saskatoon Council on Aging focus group had four participants: consisting of two male and two female participants. Overall, the participant's ages ranged from 65 to 70 years.

At the Saskatoon Council on Aging venue, the project was introduced and the consent form was read out, emphasizing the anonymity of their contributions and the ability to opt out or not respond to any of the questions asked. Questions were asked and each participant had the opportunity to answer as best as they could. The session lasted for about 30 minutes as the

participants were in a hurry to get on with their daily activities. Points were noted during the discussion with jottings written on paper and later compiled and stored in a protected pendrive.

Discussions at venue two, OUTSaskatoon, did not occur as no individuals registered to participate.

An informal discussion was held by the interviewer with the Vintage Movers & Shakers Club. Eight individuals, 3 men and 5 women participated in the discussion. All individuals were over the age of 50, but individuals were not asked to identify their specific age range. The discussion was held at one of their regularly scheduled meetings. Again the project was introduced and the consent form was read out emphasizing the anonymity of their contributions, and the ability to opt out or not respond to any of the questions asked. Points were noted with jottings written on paper.

i. Data Analysis – Focus Groups

Focus group question

1. Do you think that an LGBT senior would be comfortable within an aged care environment?
2. What issues do you anticipate older LGBT adults will face if they were open about their sexual orientation or gender identity?
    a. Abuse or neglect by staff.
    b. Isolation from other residents.
    c. Discrimination by residents.
    d. Discrimination by staff.
3. Has staff or long term care facility denied you or someone known to you, services based on the sexual orientation/gender identity?
    a. Verbal or physical harassment from other residents.
    b. Refused admission or readmission, abrupt discharge.
    c. Verbal or physical harassment from staff.
    d. Staff refused to accept medical Power of Attorney from resident's spouse or partner.
    e. Restriction of visitors.
    f. Staff refused to address the transgender individual with preferred name and pronoun.
    g. Staff refused to provide basic services or care.
    h. Staff denied medical treatment.
4. In what ways do other aspects of life like race, ethnicity, level of education, financial means influence LGBT aging?
5. What issues do you believe are pertinent for the aged residential care environment when accommodating LGBT clients
6. Are there any comments or insights you would like to share about LGBT aging?

Themes

A. Belief (towards of service)
B. Expectations of services

Results

In the focus group discussion, members talked about their personal experiences as individuals looking at future residential aged care options. No individual interviewed represented the experiences of a resident.

A. Belief (towards of service)

Every individual interviewed felt concern over entering the residential care environment in Saskatchewan. They believed or witnessed discriminatory activities of staff or other residents and as such felt that when they moved into this setting, they would likely have to return to "the closet". The reality for the majority of interviewees, the decision to disclose or remain closeted was influenced by their perceptions that Saskatchewan had a high level of heterosexist attitudes and anti homosexual attitudes.

Interviewees were exceedingly concerned about their safety should they be "outed" within these environments. Largely the issue focused on the responses of staff and centered on people's view of their older self as dependent upon others. One told a story that in her workplace, which was a care environment, the staff and management and residents were even hostile towards LGBT individuals. All of these interviewees indicated that they were "out" in their current lives, but being in a more vulnerable position due to age, meant their fear of society's negative attitudes towards LGBT people left them concerned.

All individuals interviewed expressed concern about their well being within a congregate or community living environment. They sensed that this would not be a positive experience in terms of the care they would receive, especially care that reflects their sexual orientation of gender identity. One interviewee suggested that maybe having staff who were LGBT would ensure that their care was more appropriate to his needs.

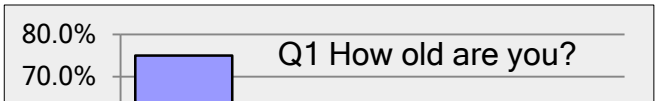
One individual noted that the challenges she expected to face had to do with recognition of her partner as a key decision maker. She cited examples of how she had been treated in hospital environment by health personnel. Another individual observed that many LGBT individuals likely had left Saskatchewan because they saw that other larger centres offered better and safer environments for them.

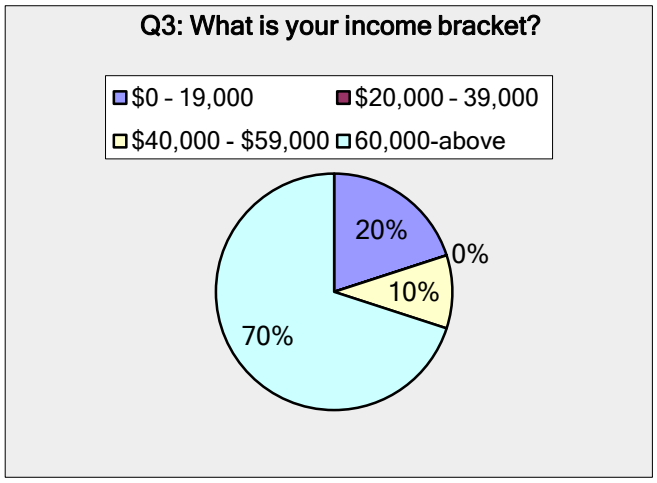
B. Expectations of services

All the interviewees had low expectations of the type of services that they would access within a care environment. Their views were influenced by the current state of care in Saskatchewan, which meant they had low expectations of the residential care environment and even lower expectations of that environment's ability to respond to any special needs they may have. One noted that while a gay or lesbian person may have it hard, they felt particularly sad about how a

transgender person might face numerous challenges with things like their medication or simple associated health issues.

The interviewees said that their social networks were composed primarily of other LGBT individuals, and they understood that as they aged, these individuals faced many of the same age challenges themselves. One interviewee said, "the reality is, my circle of friends has grown downsized" and I don't know if I will have anyone to be a caregiver when I get older. Another noted that he expected that his partner would be his sole caregiver and that it would be tough for their current network of friends to assist them. One interviewee reflected on the fact that many LGBT individuals may have family, but that does not mean that they have a close relationship with their family and even their children. Sexual orientation has defined many of their family relations so it cannot be assumed that family members and/or children will be supportive of their gay or lesbian parents.





6.2.2 Questionnaire Survey – LGBT Population

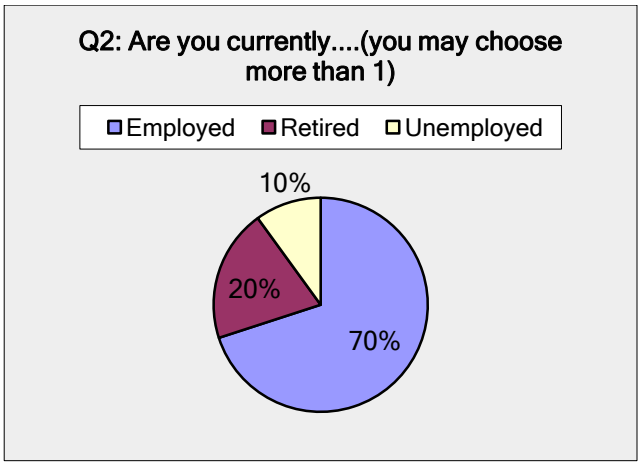
The questionnaire mostly consisted of closed and one open-ended question. The closed questions enabled participants to choose their option(s) from a list of predetermined responses, in order to obtain a definite answer. The open ended question aimed to obtain a much broader answer with regards to various viewpoints. Each question was specifically constructed to identity the perceptions, experiences and views of the LGBT older adult towards aged residential environments.

i. Data Analysis – Questionnaire Survey

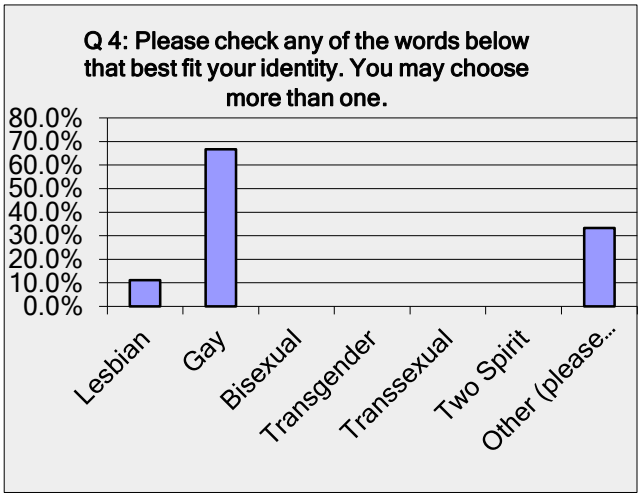
Twenty individuals took part in the online survey.

Generally, the survey attracted participants in the 50 to 60 age range. This may be a reflection of the methodology used given that technology is the purview of younger individuals over older.

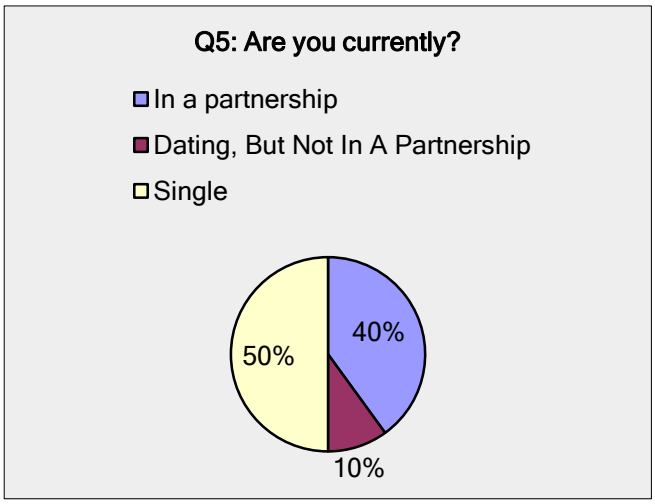
With regards to the participant's employment status, 70% of the total respondents are employed and 10% identified themselves as unemployed.



This clearly represents correlates with the age group data gathered.

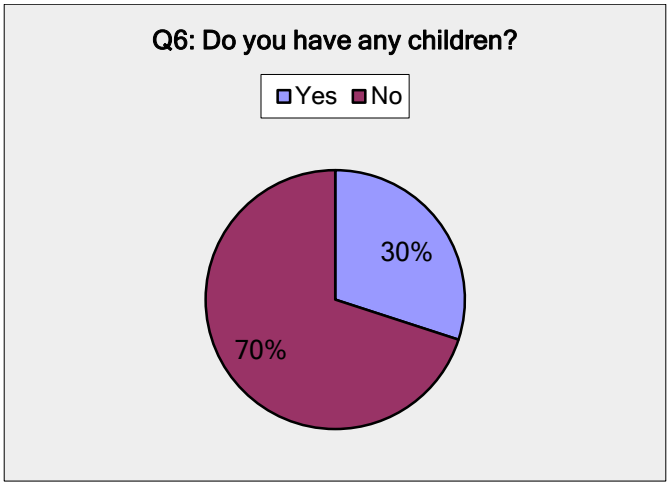


With regards to the participant's income, 70% of the total respondents had income over 60,000 signaling that the respondents tended to represent a more affluent population of LGBT individuals. It would have been of value to identify the income of the 2 people who signaled they were retired to better understand how income might impact their views on anticipated experiences within aged residential care environments.



When participants were asked to identify their sexual identify, they majority identified themselves as gay, with an additional 25% indicating other, representing individuals who identified as pansexuals and another as queer; one individual indicated that they were heterosexual.

Interestingly, only 2 lesbians participated in the survey. This may reflect the fact that lesbians are less concerned about the transition into the care environment as they have greater opportunity to remain hidden within a lesbian lifestyle.



In addition, out of all the total responses obtained (20), as seen in the Q5, the majority of individuals who responded are single – at least 10 persons. Only 20% or 8 were in a partnership with 2 people dating but not in a relationship.

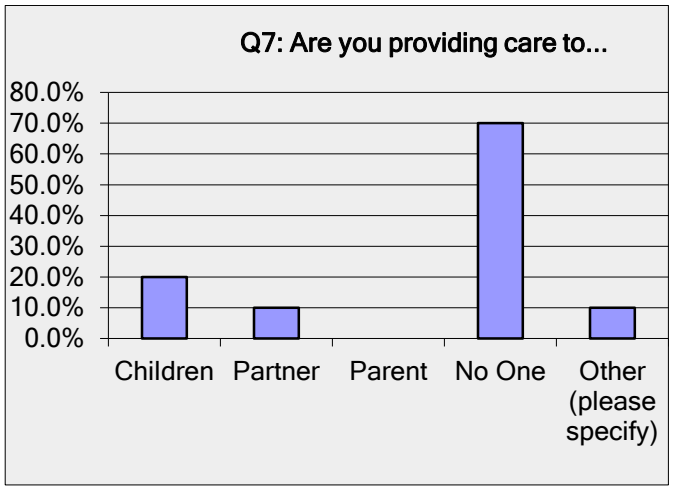
This data reflect the common understanding that LGBT older adults tend to enter retirement as single.

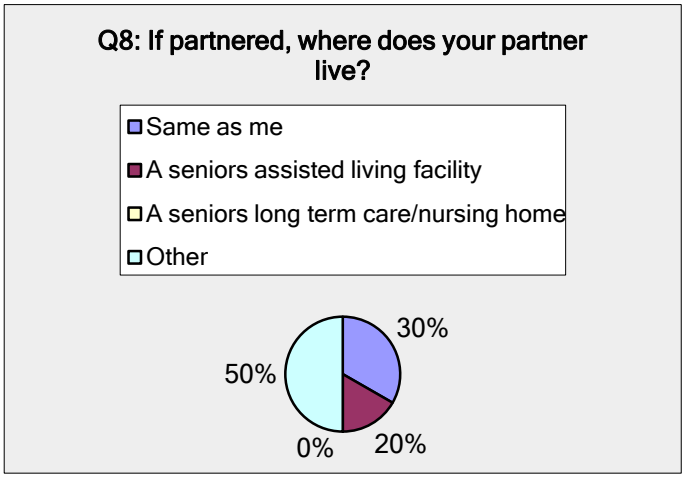
As was anticipated, the vast majority at 70% had no children as compared to 30% or 5 people.

Interestingly, this latter number is still high and does signal that a population of LGBT individuals will have some support.

Notably, during the focus group interviews, there was some concern that relying on children may be a challenge. With respect to who are you providing care to, it was interesting that children were identified by 20% of the respondents. As no explanation was required in this question, it is difficult to identify who these children are: such as grandchildren or other children.

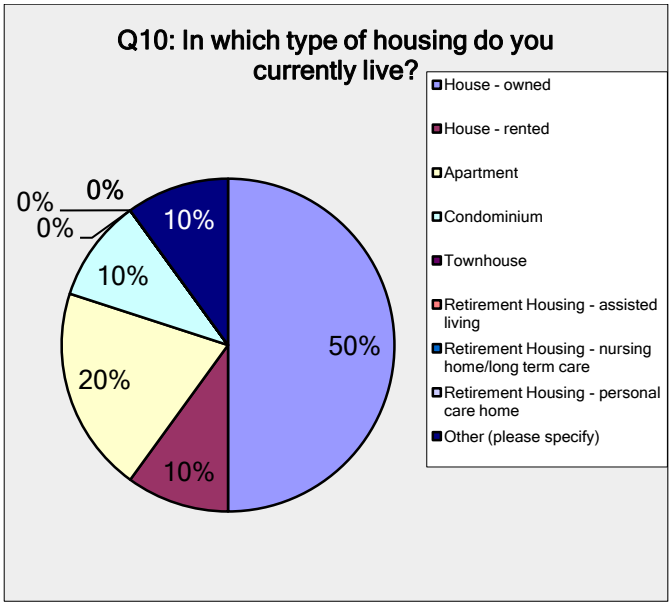
As well, some respondents identified other as a choice. This reflected "friends" with no further explanation. This response could signal LGBT individuals caring for other LGBT individuals or simply, friends.





The majority of those partnered (10 individuals) indicated that their partner had other living arrangements that included separate living arrangements and at a distant location due to employment.

Interestingly, 2 people indicated that their partner was in an assisted living facility. The remaining 3 people lived with their current partner.



When participants were asked to identify their retirement planning status, the vast

majority signaled that they had only begun to plan for their retirement.

Interestingly, no participant indicated “no” to this question.

A large number or 30% are actively making plans for their retirement.

In terms of location of current housing, the majority (10) indicated that they owned their own home and another 2 indicated condominiums; a strong signal that they will be entering retirement with some asset base.

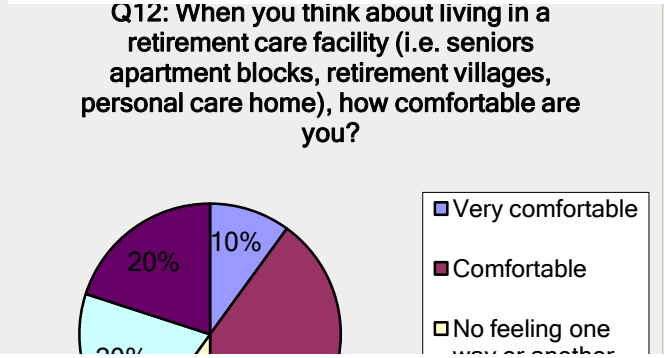
The remainder lived in rented housing or an apartment. The other represented both living with a friend and living in a hotel.

Q11: Are you currently "out" to....	
Answer Options	**Response Percent**
No one - I am in the closet	0.0%
Limited - only family and friends	0.0%
Open about by orientation to everyone	90.8%
Out about gender identity to everyone (i.e. out as Trans)	0.0%
Other (please specify)	10.2%

With respect to “out” status, 1 respondent people skipped the question while 1 indicated that they were heterosexual. The majority of respondents indicated that they were “out to everyone”.

When participants were asked their views of living in a retirement facility, the majority, 50% suggest that they were very comfortable or comfortable with this idea.

Less than half or 8 individuals signaled that they did not feel comfortable with this idea, while 2 individuals were neutral.



With regards to the their concerns about living in aged care retirement environments, the majority of respondents expressed worry about the potential for their orientation to impact their care. They also indicated bullying by other residents and discrimination by staff to be of concern, although all three

Q13: What concerns do you have about moving into a retirement care facility	
Answer Options	**Response Percent**
Overt discrimination by staff	44.4%
Bullying and discrimination by other residents	55.6%
Poor care due to my sexual orientation	66.7%
Not having programs that appeal to me as a LGBTI individual	44.4%
Isolation due to my being an LGBTI person	55.6%
Lack of a caregiver to act on my behalf	55.6%
Poor care due to my gender identity	11.1%
None of the above - I don't expect any problems associated with my sexual orientation	22.2%
Other (please specify)	0.0%

of these questions reflect discriminatory views or attitudes of the organization towards LGBT individuals.

Notably, one person skipped this question and 3 respondents signalled belief that there would not be problems associated with their sexual orientation.

The vast majority of respondents (14) indicated that they did not know any LGBT individuals who have moved into some type of seniors' housing.

Of the remainder, 4 indicated that LGBT individuals who lived in some form of seniors' housing had experienced discrimination. Interestingly, 2 respondents noted that the LGBT individuals did not speak of their experiences. Thus on the whole, the LGBT persons living within some type of seniors' housing had concerns or had experienced discrimination.

Q14: Overall, the LGBTI people I know, who have had to move into some type of seniors' housing, have described their treatment as LGBTI residents as:	
Answer Options	**Response Percent**
Very discriminatory	10.0%
Somewhat discriminatory	10.0%
Neutral	0.0%
Somewhat accepting	0.0%
Very accepting	0.0%
They do not talk about their experiences of discrimination or acceptance	10.0%
I don't know any LGBTI seniors in that situation	70.0%

With regards to the question on important criteria for selecting seniors housing, the results highlight that LGBT respondents are looking for environments that are not only free of discrimination, but that are welcoming to them.

Q15: If I were to decide that I wanted to make a change in my housing situation, and required some type of seniors housing setting, how important would each of the following be to me?						
Answer Options	**Not important to me**	**Somewhat important to me**	**Quite important to me**	**Very important to me**	**Not applicable**	**Rating Average**
Others who live or work there do not assume I am straight (heterosexual)	4	1	3	2	0	2.30
Having social activities that make LGBTI residents feel included	0	1	5	4	0	3.30
Feeling that my relationship status is respected- whether partnered or single	0	1	3	6	0	3.50
My partner is respected as my main caregiver	0	0	3	6	1	3.80
Being allowed to share a suite or room with my partner	0	0	3	6	1	3.80
Having people respect me and my partner showing affection to each other	0	1	2	6	1	3.70
Having support groups available for issues specific to LGBTI seniors	1	2	2	5	0	3.10
I am able to express my gender identity	0	1	2	3	3	3.89

Q 16: Other comments:

Having the right to choose the sex of the staff giving personal care would be important

I think that LGBTI women and men should be asked if they would prefer a certain gender of caregiver as some women/men do not feel comfortable with a man/woman as their caregiver. Also - would lesbians and gay men be comfortable living together/interacting together etc. in the same housing setting? Here again, some women/men may not feel uncomfortable living too closely to men/women, despite both parties being from the LGBTI community. 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 during their lives. These people have contributed through their hard work and taxes to the well-being of this country. They deserve to be treated just as fairly and respectfully as non-LGBTI people. I can understand why many senior LGBTI people may even consider suicide as a way out of their misery. I think it is horrible that a situation like this (i.e. discrimination on account of sexual orientation or gender identity) could arise in this day and age. We need to do more to pave the way so that our LGBTI seniors can look forward to their retirement years and living conditions with hope, and not with doubt and fear.

I would want a care facility that publicly states it is welcoming to gay residents, not just an anti-discrimination policy.

Wow great start to a wonderful topic we are not getting any younger. Awesome to see some thought for planning about this in the future. We have talked about it as same sex partners who are married. We have been married for ten years

I am not LGBTI, but feel strongly about this issue.

I think there needs to be a look at an assisted living environment different from a "care home" environment.

6.3 Residential Care Environment

6.3.1 Background – Residential Care

A total of 12 residential care facilities were contacted for participation in the study. The participating group included residents that are enriched environments (80%) and that are special home or long term care homes (20%).

The participating facilities were randomly selected in order to eliminate biases. The in-depth interviews took place in the respective participating facilities with prior appointment. The interviews were initiated by practicum supervisor and student researcher with the help of a prepared and approved guiding questionnaire. The answers were recorded by hand and later compiled and stored in a protected USB drive. The interviews lasted for 15-30 minutes on average.

Measures were taken to ensure consent before we involved the participants in in-depth interviews. The person representing the care home was either the executive director or the wellness coordinator. It was decided to interview them based on the knowledge and interpersonal relationship they would have with the residents and the staff.

The study has received ethical approval from University of Saskatchewan Ethical Review board in Human behavioural ethics category which was also mentioned on the consent form.

As we found gap in the current literature on the LGBT older adult and their experiences within the residential care facilities population in Saskatoon, it was decided that focusing on themes would aid in elaborating the study. Collection of qualitative data is less structured, flexible and inductive.

i. Data Analysis

The themes that were identified by the primary investigator are:

- *Awareness of LGBT issues:*

This theme is defined by the awareness and perception of LGBT older adults within the residential care environment. The theme seeks to determine if managers are aware of any LGBT senior in their care home and if it is necessary to understand how sexual orientation or gender identity of their client impacts services to this group.

- All of the residential care environment managers indicated that they were not aware of any residents that were LGBT. One noted that they had experience in the past with a resident who was transgender but were not aware of any current LGBT residents. Also, all of the managers interviewed agreed that they had some knowledge regarding the issues of LGBT older adults.

- Almost all recognized that LGBT residents may have unique needs however most identified that unique need as being free from discrimination. One manager did suggest that LGBT residents do not have any different needs, because most of their patients are heavy care in which case, care is the priority. In this case the manager noted however,

that being LGBT friendly is still important and that any discrimination by staff would not be tolerated.

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
Your facility is aware of LGBT issues				5%	95%
Your Facility recognises that LGBT residents have specific needs		13%			87%
Same-sex partners of a LGBT resident has the opportunity to be involved in that persons care					100%
Your Facility provides a LGBT-friendly environment			25%	75%	
Non-judgemental language is used and promoted within your Facility's printed policy and procedure documents					100%
All residents' beliefs and personal diversity (e.g. religious, cultural, sexual) are honored within your Facility's policies and procedures					100%
A resident's sexuality is not of concern to your Facility					100%
Staff are comfortable providing services to LGBT residents	z			100%	
Your Facility provides a trusting environment where LGBT residents feel safe enough to disclose their sexual orientation				100%	
LGBT residents' needs are openly discussed at your Facility		100%			
Other residents are encouraged to support a LGBT-friendly environment				100%	
You are interested in providing training material to your staff on providing supportive care to LGBT residents					100%

- *Inclusiveness:*

This theme focused on what the care homes have undertaken to ensure that they are a LGBT friendly institution or provide services that are LGBT sensitive, and if so how do they express it.

- None of the interviewed residents provided programming or services or policies specific to LGBT residents.
- They also do not advertise to be LGBT friendly or have any materials that reflect a LGBT positive space. Largely, they indicated that they had never had the need for it. The care homes again stress that their primary objective is to give the best care they can.
- In some cases, there was a sense of hesitance to put up a rainbow flag or any poster or brochure that would seem that they are LGBT friendly. This seemed to reflect concerns with how other residents or family members of residents might respond.

Action against discrimination:

This section aimed to seek information regarding organisational views regarding discrimination against LGBT residents. In a congregate living environment there is always bound to be disagreements and challenges that arise due to the fact that people who had once lived in the comfort of their home are now living in close proximity to each other.

- All managers indicated that they had zero tolerance towards discrimination of any sort. As LGBT residents were not present there were no issues yet.
- None had formal mechanisms to report anti-LGBT discrimination. However, it was informed that in such circumstances, they would be treated as any other discrimination. All indicated that should issues arise, the process was to report the matter to management, who would in turn, address the matter quickly.
- All care homes interviewed said that if it was a staff member discriminating then they would be warned and if the behaviour continued they would be fired.
- One of the homes felt that it would be a challenge however if a resident was being discriminative towards a LGBT resident or a resident who may have visitors who is a member of LGBT population. They indicated that it may not be easy to explain to a resident from a generation where homosexuality is not considered normal and acceptable, although, they do not tolerate bullying towards other residents or staff. Should a situation occur they would try and talk to the family of the resident or make some structural changes or let the discriminating resident go. This is explained by one of the homes that had a transgender resident a while ago who was discriminated and isolated by the other residents. The transgender resident tried to commit suicide so the management brought in counselling. The management had a talk with the other residents however they eventually had to move the transgender resident to another community.

Policies targeting LGBT residents:

This section aimed to identify views regarding the need to identify LGBT residents within operational policies. Such policies reflect the rights of the LGBT population over and above discrimination. This may include the rights of partners; the need for inclusive language, etc.

- All mangers indicated that they had no policies that included a reference to LGBT individuals within them.
- All managers indicated that they had not given thought to a request by a LGBT couple to share a couple's space in their residence. The majority indicated there would be no issue with such a request, while 2 indicated that this would likely not be a problem.
- All managers indicated that if an individual indicated a same-sex partner, they would honor a request for couples housing.

- Willingness to learn*:*

This theme aims to explain the importance care homes would give in training their staff about LGBT issues.

- When asked if their residence provided training to their staff on LGBT issues, the majority indicated that they had not. The only training that they might have received would be provided during the care aid training that staff are required to take.
- All managers indicated they would be open to receiving any training material in regards to this matter as they may encounter some clients in the future who may be from the LGBT community and may require special care. One indicated that she thinks it is a good idea to get some training material and that as the residents may not be on the same page they would also like to get training on how residents can be educated to manage and deal with LGBT residents.
- All managers expressed interest in receiving written training material.

ii. Refusals to participate in the study:

When the residential care facilities were approached to participate in in-depth interviews on LGBT aging in Saskatoon, some homes were hesitant to talk about the issue. In one instance, while explaining the research project to the director of the home, they quickly interrupted and said that they did not have any LGBT residents and that they will call back if they know of anybody and then disconnected (hung up!).

In some conversations with residences that did not participate in the study, it was noticed that the manager did not know the acronym of LGBT and asked what that was. This recognises the lack of knowledge by management within the residence. It makes one think that if a gay or transgender person asked for admission, they would be utterly unprepared or even deny services to avoid conflict.

When another residence was called to explain the research project and to know if they had any available dates to conduct an interview, the management personal said that they were busy and would not be able to do it. When efforts were made to see if a future date was available, they indicated that they could not give a date but to call back in the future. The situation can only suggest that this residence is not LGBT friendly.

iii. Informal survey of residents:

As part of the study, a nursing practical student undertook an informal survey of 13 residents at on of the private care homes in Saskatoon on their views of LGBT individuals within their care homes. The following are the responses provided by the student:

1. Would you be friendly towards these residents?

Yes	No	Depends	Unsure
12	1	0	0

2. Do you encourage the welcoming of older adults from the LGBTI community into your care home?

Yes	No	Depends	Unsure
9	2	0	2

3. Do you support their way of life?

Yes	No	Depends	Unsure
6	3	2	2

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, some residents were critical of LGBT people and viewed interaction with them as an unfortunate circumstance.

7. Observations

The research generally reflects previous academic research and studies on the views of the LGBT population as well as managers of aged care facilities. There were however, some observable differences in the research undertaken for this project:

a. Saskatoon's LGBT population is extremely small compared to the research performed in other Canadian and U.S. research projects. The outcome of this is that LGBT individuals will likely not reside in aged care environments in large enough numbers to result in the development of programs or services that cater to their needs.
b. Saskatoon's LGBT population does not focus on their identity as LGBT individuals and thus there is not a large demand for changes in retirement options within this community. In fact, one individual aptly suggested that most LGBT individual likely leave Saskatoon in search of a city where they can retire within an environment that is more positive to their needs. The alternative, which seemed to stand out, was that the majority of LGBT respondents conveyed the view that they would move silently into retirement and back into a semblance of a closet.
c. The majority of aged care residences were supportive of the LGBT population, although, none had given thought to what support meant beyond providing a safe, non discriminatory environment. When asked if they would "identify themselves as LGBT friendly" their responses reflected some hesitation, largely, due to their concerns with how future residents would react. This is an area that requires work.

8. Recommended Actions

Providing high-quality health care for older LGBT adults requires active steps by organizations, institutions, advocacy groups, and health professionals to 'see' the LGBT resident and to be responsive to their needs by creating an environment free from discrimination.

Based on the research study done so far, the recommendations are as follows:

a. Policies

Organizations should take steps to create, implement, and evaluate policies that require equal treatment for LGBT individuals, regardless of age, and should make these policies available to staff, patients, and families.

Developing policies helps to provide safe environments for LGBT older adults and sends a signal that residences are prepared. The types of policies to be created include:

- Policy necessary for managing anti-LGBT biased behaviour.
  - Hiring policies
  - Training policies.
  - Language usage policies
  - Standard of care policies that include reference to LGBT
  - Policies on the provision of services and programs like pride week and talent shows and sessions for the residents which will have creative activities while educating them about being accepting.

When drafting polices they should incorporate responses to particular care and social circumstances of those persons, including:

- Consideration of the role of partners or other chosen family in decision-making and care giving.
- Creation of 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.
- All residents' beliefs and personal diversity (e.g. religious, cultural, sexual) are promoted within the Facility's policies and procedures
- The needs of aging LGBT persons, including the reality of health disparities that have resulted from past discrimination.
- The reality of unequal treatment under laws and social service programs.
- Recognition of the preferred name and gender identity of transgender individuals, regardless of legal or biological gender status.
- The staffs role and responsibility to protect the interests of LGBT service users, and, in line with reflective practice, keep updated on changes to legislation, and the broader issues concerning LGBT seniors.
- Mechanisms for monitoring and evaluation, seeking to ensure that the needs of older LGBT citizens are being met, should be set up in care homes and by community-based providers.

Management must ensure that policies are carried out on behalf of their service users. [50]

b. Training

Resident employees typically lack knowledge and skills and 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.

Thus, providing staff with LGBT sensitive training or certification would be beneficial, as this will help them to be more sensitive to the needs of residents and to situations that could arise such as visitation from a same sex partner in the case of a lesbian or a gay senior.

- Organizations should ensure that education for providers who care for older adults includes training on older adult LGBT concerns, the effect of discrimination on service delivery, the social circumstances of LGBT individuals, and the relationship between social history (including gender identity, relationship status, and sexual behavior) and health and health care. The principles of respect, rights, fulfilment, independence, privacy and dignity are an essential requirement of this training.
- Ongoing training refreshers should be available for staff with topics relevant to the needs and choices of LGBT elders.

c. Creating a Positive Environment

Visually creating a welcoming physical environment and positive environment:

- Display visual signs in the residence such as rainbow flags, rainbow stickers.
- Written material to conveys a welcoming message identifying everyone
- Outreach into the LGBT community.
- Attention to Language in intake process and in programming and communications to ensure more inclusivity.

Activities: creating services and programs for a positive environment:

- Create programs for LGBT persons.
- Develop alliances with LGBT organizations in the community.
- Recruit LGBT volunteers and staff and ensure a positive environment for them.

Actions: creating a positive environment through demonstrated actions:

- Ensure involvement of LGBT persons on all resident committees and on any advisory committees.
- Onsite advocate for LGBT individuals. Clear guidance for LGBT service users on complaints procedures should also be included.
- Same-sex partners of a resident have the opportunity to be involved in that person's care
- Staff treat residents as individuals (not defined by their cultural/political/sexual identity)
- Facility provides a trusting environment where residents feel safe enough to disclose their sexual orientation
- LGBT residents' needs are openly discussed at your Facility
- Other residents are encouraged to support a LGBT-friendly environment

9. Recommended Training Program

The care of LGBT individuals has been hampered by lack of knowledge and understanding of their needs and experiences. In addition to overt prejudice, staff may impede care of LGBT individuals because of lack of knowledge or tacit assumptions. [51]

Cultural competence and patient-centered care are widely acknowledged to be central to effective long-term care. In fact the first steps towards a LGBT positive environment are:

- establishing and maintaining a relationship with LGBT residents
- communicating effectively
- demonstrating respect
- providing the right information

Training programs recommended:

- 1/2-day event focused on a broad range of service providers who are likely to encounter LGBT older adults during the course of their employment. These providers included social workers, counselors, nurses, first responders, senior services ombudsmen, skilled nursing and other residential care facility managers and staff members, and religious leaders.
- Includes LGBT older adults willing to share their lived experiences of discrimination and challenges of hetero-normativity, homophobia, and the intersection of ageism and heterosexism in each of the workshop areas is important. These LGBT older adults reveal their concerns and vulnerability so that providers would know them as real people and increase providers' awareness of the active presence of discrimination and its lingering effects on this population.

Level I of the aging service providers training curriculum guides participants as they:

- Learn about the culture, needs, and concerns of LGBT older adults;
- Consider why LGBT older adults are less likely to access health and social services; and
- Learn best practices for increasing inclusiveness and safety for LGBT older adults.
- Identify health disparities between LGBT older adults and those who are not LGBT;

Level II of the curriculum builds on Level I and guides participants to:

- Learn how to review and change your policies, practices, procedures, and forms to be more inclusive;
- Learn about how to build a positive environment; and
- Use role-plays to practice how to provide effective feedback to address bias from staff or other older adults, in order to create LGBT-welcoming environments.

Level III Transgender Aging: What Service Providers Need (and Don't Need!) to Know (1 hour)

7. Answer common questions about the transgender experience and transitioning
8. Learn best practices for providing transgender affirming care
9. Discuss the unique needs of transgender older adults

10.Appendices

Appendix A: Consent form for focus group discussion:

Saskatoon Council on Aging Participant Consent Form

Project Title: LGBT Aging in Saskatoon

Researcher(s): Marie Claire Joseph, Graduate Student, MPH, University of Saskatchewan, claire.joseph@usask.ca

Supervisor: Cheryl Loadman, Age-Friendly Saskatoon Project Coordinator, Saskatoon Council on Aging, 306-652-2255, cheryl@scoa.ca

Purpose(s) and Objective(s) of the Research:

- The and purpose of the study is to inform the development of information and policy that supports delivery of services sensitive to and inclusive of the needs of LGBTI people, their families careers.

Procedures:

- This study involves qualitative interview where we would like you to share your opinions, thoughts, beliefs or perceptions on the topic of LGBTI aging. The expected duration of the focus group interview would be 1-2 hours.
- Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Potential Risks:

- There is a potential that focus group questions may trigger strong emotions, distress or anxiety. Please let us know if you wish to leave and not participate in the study in such a situation.

Potential Benefits:

- There are no personal benefits in participating in this study. Others may benefit in the future from the information we find in this study.

Confidentiality:

- There are limits to anonymity due to the nature and size of the sample and procedure for recruiting or selecting participants may compromise the confidentiality of participants.
- The researcher will undertake the confidentiality of the discussion, but cannot guarantee that other members of the group will do so. Please respect the confidentiality of the other members of the group by not disclosing the contents of this discussion outside the group, and be aware that others may not respect your confidentiality.
- Any report of this research that is made available to the public will not include your name or any other individual information by which you could be identified.

Storage of Data:

1. The data and consent forms will be stored in secure U of S cabinet on PAWS, which will be accessed by the graduate student and Dr. Szafron. The data will be kept till 2016.

Right to Withdraw:

- Your participation is voluntary and you can answer only those questions that you are comfortable with. You may withdraw from the research project for any reason, at any time without explanation or penalty of any sort. Should you wish to withdraw, you may leave the focus group meeting at any time. However, data that has already been collected cannot be withdrawn as it forms part of the context for information provided by other participants. However, your right to withdraw data from the study will apply until data has been summarized. After this it may not be possible to withdraw your data.
- Whether you choose to participate or not will have no effect on your position or how you will be treated.

Follow up:

- If you have questions or want a copy or summary of the study results, contact the researcher at the email address or phone number above. You will be given a copy of this form to keep for your records.

Questions or Concerns:

Contact the researcher(s) using the information at the top of page 1;

- This project has been approved on ethical grounds by the U of R Research Ethics Board on -------. Any questions regarding your rights as a participant may be addressed to the committee at (585-4775 or research.ethics@uregina.ca). Out of town participants may call collect. OR
- This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

Consent:

Your signature below indicates that you have read and understood the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

Name of Participant	*Signature*	*Date*

Researcher's Signature	*Date*

Appendix B: Questionnaire for focus group discussion:

Questions for LGBT seniors: (focus group)

10. Do you think that an LGBT senior would be comfortable within a aged care environment?
11. What issues do you anticipate Older LGBT adult will face if they were open about their sexual orientation or gender Identity?
    - Abuse or neglect by staff.
    - Isolation from other residents.
    - Discrimination by residents.
    - Discrimination by staff.

1. Has a staff or long term care facility denied you or someone known to you, services based on the sexual orientation/gender identity?
    a. Verbal or physical harassment from other residents.
    b. Refused admission or readmission, abrupt discharge.
    c. Verbal or physical harassment from staff.
    d. Staff refused to accept medical Power of Attorney from resident's spouse or partner.
    e. Restriction of visitors.
    f. Staff refused to address the transgender individual with preferred name and pronoun.
    g. Staff refused to provide Basic services or care.
    h. Staff denied medical treatment.
2. In what ways do other aspects of life like race, ethnicity, level of education, financial means influence LGBT aging?
3. Are there any comments or insights you would like to share about LGBT aging?

Appendix C: Consent form for survey in care homes:

Saskatoon Council on Aging ***Participant Consent Form***

Project Title: LGBT Aging in Saskatoon

Researcher(s): Marie Claire Joseph, Graduate Student, MPH, University of Saskatchewan, claire.joseph@usask.ca

Supervisor: Cheryl Loadman, Age-Friendly Saskatoon Project Coordinator, Saskatoon Council on Aging, 306-652-2255, cheryl@scoa.ca

Purpose(s) and Objective(s) of the Research:

- The main goal of this study is to inform the development of information and policy that supports delivery of services sensitive to and inclusive of the needs of LGBTI people, their families and careers.

Procedures:

- There will be a questionnaire which will include both qualitative and quantitative questions which you would be asked to answer if you are willing to participate in this study. The approximate amount of time to fill the questionnaire would be 10 minutes.
- Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Potential Risks:

- There are no known or anticipated risks to you by participating in this research

Potential Benefits:

- There are no personal benefits in participating in this study. Others may benefit in the future from the information we find in this study.

Confidentiality:

- There are limits to anonymity due to the nature and size of the sample and procedure for recruiting or selecting participants may compromise the confidentiality of participants.
- Any report of this research that is made available to the public will not include your name or any other individual information by which you could be identified.

Storage of Data:

12. The data and consent forms will be stored in secure U of S cabinet on PAWS, which will be accessed by the graduate student and Dr. Szafron. The data will be kept till 2016.

Right to Withdraw:

- Your participation is voluntary and you can answer only those questions that you are comfortable with. You may withdraw from the research project for any reason, at any time without explanation or penalty of any sort. However, your right to withdraw data from the study will apply until data has been summarized. After this it may not be possible to withdraw your data.
- Whether you choose to participate or not will have no effect on your position or how you will be treated.

Follow up:

- If you have questions or want a copy or summary of the study results, contact the researcher at the email address or phone number above. You will be given a copy of this form to keep for your records.

Questions or Concerns:

Contact the researcher(s) using the information at the top of page 1;

- This project has been approved on ethical grounds by the U of R Research Ethics Board on 21st August 2015. Any questions regarding your rights as a participant may be addressed to the committee at (585-4775 or research.ethics@uregina.ca). Out of town participants may call collect. OR
- This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

Consent:

Your signature below indicates that you have read and understood the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

Name of Participant	*Signature*	*Date*

Researcher's Signature	*Date*

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix D: Residential Care Environments Contacted:

The care homes that participated for an indepth interview:

1. Bright water Senior living of Stonebridge
2. Mclure Place
3. Prairie Spring Care homes
4. Quality Care Homes
5. Riverside Terrace

Senior care homes that could not participate:

6. Villa royale Residential group- Elaine Redekopp
7. Jubilee residences- Kathy Pawluk
8. Preston Park Retirement Residence Jodi gronsdahl

Senior care homes that refused to participate:

9. Cedar gardens- Renita Hamm
10. Trinity Manor- Susan Turmail
11. Palisades Residential Group- Jennifer Honoria

Senior care home in waiting:

12. Luthercare: Carla Kushma

Appendix E: Residential Care Environments Questionnaire:

Qualitative Questions for Care:

1. How well do you know about LGBT issues?
    a. Very well
    b. Somewhat
    c. Nothing
2. Do you think LGBT older adults have different needs than heterosexual individuals?
    a. Yes
    b. No
3. Are there current services or programs established in your facility, which address the needs of LGBT older adults?
    a. Yes
    b. No
    c. Not Sure
    d. If yes, what are they? ----------
4. Does your organization have materials or information specifically designed for LGBT older adult population?
    a. Yes
    b. No
    c. Not sure
5. Are there formal mechanisms to report anti-LGBT biased behaviour?
    a. Yes
    b. No
    c. Not aware.

    If yes, what are they? ----------
6. Do I think my staff are comfortable providing services to LGBT older clients?
    a. Yes
    b. No
7. Currently there are one or more LGBT client that I know of.
    a. Yes
    b. No
    c. Not sure
8. What are the currents challenges of you organization in providing services specific to LGBT clients?

    _____

    _____

    _____

9. How much priority does your agency place on the needs of LGBT senior?
    a. Top priority
    b. Low priority
    c. Not a priority

10. A client's sexual orientation or gender Identity is his or her personal business and should not be discussed.
    a. Agree
    b. Neither agree or disagree
    c. Disagree
11. Has the agency offered or promoted staff trainings about LGBT older adults?
    a. Yes
    b. No
    c. Not sure
12. Would you like to receive training about LGBT older adults?
    a. Yes
    b. No
13. If yes, what is the best and most preferable way to get this training?
    a. Online
    b. In-service training
    c. Written materials
    d. Other specify ----------

Appendix F: Residential Care Environments Responses:

1. How well do you know about LGBT issues:
    a. All of the 5 care homes said that they have somewhat idea of the LGBT issues.

2. Do you think LGBT older adults have different needs than heterosexual individuals?
    a. 1 yes, 5 said no
    b. They said that for residents with dementia it is not any different.

3. Are there current services or programs established in your facility, which address the needs of LGBT older adults?
    a. All 5 homes do not have any current programs or services for LGBT seniors.
    b. They all said they did not think of it as it was not an issue yet.
    c. No current policies

4. Does your organization have any materials or information specifically designed for LGBT older adult's population?
    a. None of the care homes had any materials or information specifically designed for LGBT older adult population.

5. Are there any formal mechanisms to report anti- LGBT biased behavior?
    a. All of them said there are no formal mechanism, just the way any other incident is reported it is taken to the manager.
    b. She would sit with the residents and talk about not discriminating
    c. They have instant reports. She said that discrimination or ill-treating a resident based on the sexual orientation would not go unnoticed based on the way residents often complain about the rest of the things. Anything of to be reported will go from the resident counsel to the director.

6. Do I think my staff are comfortable providing services to LGBT older clients?
    a. 5 yes. All of them said they are open to having an LGBT person in their home and if there is discrimination by the staff they will deal with it then and would not be tolerated. They said would not tolerate discrimination or bullying due to a person's sexual orientation or gender identity. Another challenge they had was that the residents may show differences but then they will deal with it like any other discrimination.

7. Currently there are one or more LGBT client that I know of.
    a. 1 said that they had a transgender client long back not or none at present that they know of.
    b. The rest 4 said that they did not have any LGBT seniors that they know of.

8. What are the current challenges of your organization in providing services specific to LGBT clients?

a. 4 of them hadn't had any LGBT seniors in their residences hence they did not face any challenges yet.
b. Haven't seen a problem because the people they deal with are having dementia and so they do not see it being a problem.
c. The one home where they had a transgender person said that they had some residents who saw that person differently and avoided and would complain to the management about the way she dressed. She seemed to have low self-worth and was suicidal. Counselling was brought in and was sent to another community. She had her transition surgery when she was older. Care home rep says that there would not be a problem medically because now they have a medical nurse throughout the shift.
d. One home was explaining that the resident may show discriminatory behavior towards the staff if he/she belongs to LGBT community.

9. How much priority does your agency place on the needs of LGBT senior?
    a. 1 home said it is a priority.
    b. 2 homes said low priority
    c. 2 said that it was not a priority, they explained that the reason it is not a priority is because the residents of that home have dementia or Alzheimer and so being LGBT would not make any difference.
    d. Care is the priority for residents with dementia

10. A client's sexual orientation and gender identity is his or her personal business and should not be discussed.
    a. All the homes neither agreed nor disagreed. They said that the sexual orientation is their personal business in the sense that we are not going to ask them if they don't mention it. But if they mention in particular they will make sure to address it.
    b. As long as it doesn't interfere their ability to give care, it doesn't matter

11. Has the agency offered or promoted staff trainings about LGBT older adults?
    a. All of them replied no again the reason being they have never encountered a challenge that demands it and also the basic requirement that the care homes look for in hiring a care provider is the education.

12. Would you like to receive training about LGBT older adults?
    a. All of them replied yes. Saying that they may encounter some clients in the future who may be from the LGBT community and may require special care.
    b. Quality care homes mentioned that the care workers at the home have the educational qualifications to take care of seniors but that does not include LGBT sensitive training. She thinks it is a good idea to get some training material. Her home she said is open to LGBT population and would care of LGBT population but the residents may not be on the same page and so they would like to get training on how they can manage and deal with that kind of situation.

13. What is the best and most preferable way to get this training?
    a. All of them would like training in the form of written material.

References

[1] Statistics Canada, The Canadian Population in 2011: Age and Sex, Ottawa
[2] Statistics Canada, The Canadian Population in 2011: Age and Sex, Ottawa
[3] Same-sex couples and sexual orientation... by the numbers (2012) Canadian Community Health Survey, Cycle 2.1
[4] Forum Research (2012) One twentieth of Canadians claim to be LGBT.
[5] Forum Research (2012) One twentieth of Canadians claim to be LGBT. Kathryn Blaze Carlson, The True North LBGT; New Poll Reveals Landscape of Gay Canada, National Post, July 6, 2012.
[6] Forum Research (2012) One twentieth of Canadians claim to be LGBT
[7] Statistics Canada, 2011 Census of Population, Statistics Canada Catalogue no. 98-312-XCB2011045.
[8] **Statistics Canada, Focus on Geography Series, 2011 Census**
[9] Adelman, M., Gurevitch, J., de Vries, B. and Blando, J. 2006. "Openhouse: Community building and research in the LGBT aging population". In *Lesbian, gay, bisexual, and transgender aging: Research and clinical perspectives*, Edited by: Kimmel, D., Rose, T. and David, S. 247–264. New York, NY: Columbia University Press.
[10] Duberman, M., Vicinus, M., Chauncey, G. (eds.) 1989. Hidden from History: Reclaiming the Gay and Lesbian Past. Nal Books, New York.
[11] Harrison, J. 2003. Becoming visible: gay, lesbian, bisexual transgender and intersex ageing in Australia. Meeting of the Australian Association of Gerontology (SNNT), Adelaide, Australia
[12] Stein , Gary L.; Beckerman, Nancy L; Sherman, Patricia A. (2010) Lesbian and Gay Elders and Long-Term Care: Identifying the Unique Psychosocial Perspectives and Challenges, Journal of Gerontological Social Work *Vol. 53,* Iss. 5 421-435.
[13] Goldblatt, Ann; Horne, Tammy (February 2015) Into the Closet Again? An Assessment of Housing Needs and Preferences amongLGBTQ2S Seniors and Soon-to-be Seniors in Edmonton Final Report Wellquest Consulting
[14] Morin, S. F., & Garfinkle, E. M. (1978). Male homophobia. *Journal of Social Issues*, *34*, 29–47. [CrossRef], [Web of Science ®], [CSA]
[15] Knochel, K. A., Croghan, C. F., Moone, R. P., & Quam, J. K. (2012). Training, geography, and provision of aging services to lesbian, gay, bisexual, and transgender older adults. Journal of Gerontological Social Work, 55, 426–443. [Taylor & Francis Online], [PubMed]
[16] Hurd, Zhenya (2015) American Geriatrics Society Care of Lesbian, Gay, Bisexual, and Transgender Older Adults Position Statement J Am Geriatr Soc ;63(3):423-426.
[17] Kaelber T.A Community Response: Opening doors to the needs of older lesbians, gay men and bisexuals, Age Concern. Presentation to the conference held in London; 30 April 2002. 2002. available online at www.ageconcern.org.uk/AgeConcern/Documents/Transcripts_of_Presentations.pdf
[18] Herek, G. M. (1992). The social context of hate crimes: Notes on cultural heterosexism. In G. M. Herek & K. T. Berrill (Eds.), *Hate crimes: Confronting violence against lesbians and gay men* (pp. 89–104). Newbury Park, CA: Sage.
[19] Simone, M.J., & Appelbaum, J.S. (2011). Addressing the needs of older lesbian, gay, bisexual, and transgender adults. Clinical Geriatrics, 19(2), 38-45.
[20] Balsam, K. F., Molina, Y., Beadnell, B., Simoni, J., & Walters, K. (2011). Measuring multiple minority stress: The LGBT People of Color Microaggressions Scale. *Cultural Diversity & Ethnic Minority Psychology*, *17*, 163–174. doi:10.1037/a0023244 [CrossRef], [PubMed], [Web of Science ®]
[21] Brotman, S., Ryan, B., & Meyer, E., (*2006*). The health and social service needs of gay and lesbian elders: Final report. Montreal, Quebec, Canada: McGill University School of Social Work.
[22] AGS Viewpoint, (March 9, 2015) Engagement, Equality, and Respect Guide AGS Vision for Long-Term Care of LGBT Older Adults Volume 23 - Issue 3 - March 2015
[23] Lishman G. (2006) The Whole of Me … Meeting the Needs of Older Lesbians, Gay Men and Bisexuals Living in Care Homes and Extra Care Housing: A Resource Pack for Professionals. London; 'Foreword', in Age Concern. available online at www.ageconcern.org.uk
[24] Stein , Gary L.; Beckerman, Nancy L; Sherman, Patricia A. (2010) Lesbian and Gay Elders and Long-Term Care: Identifying the Unique Psychosocial Perspectives and Challenges, Journal of Gerontological Social Work Vol. 53, Iss. 5 421-435.
[25] Bahrampour, T. (2014, February 26).Same-sex couples encounter more barriers when seeking senior housing, study finds. Washington Post.

[26] Stein , Gary L.; Beckerman, Nancy L; Sherman, Patricia A. (2010) Lesbian and Gay Elders and Long-Term Care: Identifying the Unique Psychosocial Perspectives and Challenges, Journal of Gerontological Social Work Vol. 53, Iss. 5 421-435.
[27] Jeyasingham, D. (2008). Knowledge/ignorance and the construction of sexuality in social work education. Social Work Education, 27, 138–151. [Taylor & Francis Online]
[28] Adelman, M., Gurevitch, J., de Vries, B., & Blando, J. (2006). Openhouse: Community building and research in the LGBT aging population. In D. Kimmel, T. Rose, & S. David (Eds.), Lesbian, gay, bisexual, and transgender aging: Research and clinical perspectives (pp. 247–264). New York, NY: Columbia University Press.
[29] Cantor, Brennan, & Shippy, 2004
[30] Cantor, Brennan, & Shippy, 2004
[31] Kathleen M. Sullivan (2014) Acceptance in the Domestic Environment: The Experience of Senior Housing for Lesbian, Gay, Bisexual, and Transgender Seniors, Journal of Gerontological Social Work Vol. 57, Iss. 2-4, 2014.
[32] Leyva, Valerie L.; Breshears, Elizabeth M.; Ringstad, Robin (2014) Assessing the Efficacy of LGBT Cultural Competency Training for Aging Services Providers in California's Central Valley, Journal of Gerontological Social Work Vol. 57, Iss. 2-4, 2014.
[33] Barrett 2008
[34] Davis, Andrew Workshop on aging covers LGBT sexual expression and long-term care
Windy City Times 2013-04-17
[35] McNair and Harrison 2002
[36] Allegretto, S., and Arthur, M. 2001. "An Empirical Analysis of Homosexual/Heterosexual Male Earnings Differentials: Unmarried and Unequal?" Industrial and Labor Relations Review 54(3): 631-4
[37] AGS Viewpoint, (March 9, 2015) Engagement, Equality, and Respect Guide AGS Vision for Long-Term Care of LGBT Older Adults Volume 23 - Issue 3 - March 2015
[38] Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Washington (DC): National Academies Press (US); 2011.
[39] Redman, Daniel (June 2011), Fear, Discrimination and Abuse: Transgender Elders and the Perils of Long-term Care, Aging Care, American society on Aging.
[40] Improving the lives of transgender older adults, Recommendations for Policy and Practice (May 2012), SAGE and NCTE.
[41] Schuassler, Ryan (Feburary 2014), For aging transgender population, retirement can be bittersweet refuge, Aljazeera America.
[42] Sussman, Tamara, etal (2012) Identifying barriers, developing solutions: Addressing the health and social needs of gay, lesbian, bisexual and transgender older adults who reside in long term care homes, York University
[43] Sussman, Tamara, etal (2012) Identifying barriers, developing solutions: Addressing the health and social needs of gay, lesbian, bisexual and transgender older adults who reside in long term care homes, York University
[44] Sullivan, Kathleen M. (2014) Acceptance in the Domestic Environment: The Experience of Senior Housing for Lesbian, Gay, Bisexual, and Transgender Seniors, Journal of Gerontological Social Work Vol. 57, Iss. 2-4, 2014.
[45] Barrett, Catherine (2008) My people: A project exploring the experiences of Gay, Lesbian, Bisexual, Transgender and Intersex seniors in aged-care services, Matrix Guild Victoria
[46] Stein , Gary L.; Beckerman, Nancy L; Sherman, Patricia A. (2010) Lesbian and Gay Elders and Long-Term Care: Identifying the Unique Psychosocial Perspectives and Challenges, Journal of Gerontological Social Work Vol. 53, Iss. 5 421-435.
[47] McFarland, P. and Sanders, S. 2003. A pilot study about the needs of older gays and lesbians: What social workers need to know. *Journal of Gerontological Social Work*, 40(3): 67–80. [Taylor & Francis Online]
[48] Barrett, Catherine (2008) My people: A project exploring the experiences of Gay, Lesbian, Bisexual, Transgender and Intersex seniors in aged-care services, Matrix Guild Victoria
[49] Alzheimer's Australia (2009) Dementia, Lesbians and Gay Men, No 15
[50] Concannon, Liam (2009) Developing Inclusive Health and Social Care Policies for Older LGBT Citizens *Br J Soc Work 39 (3): 403-41*
[51] Hurd, Zhenya (2015) American Geriatrics Society Care of Lesbian, Gay, Bisexual, and Transgender Older Adults Position Statement J Am Geriatr Soc ;63(3):423-426.