

Responding to the Needs of Lesbians, Gay Men, Bisexuals and Transgender Individuals Living in Congregate Housing Environments

A resource for professionals

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

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

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

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Material in this pamphlet has been adapted with permission from: [Sprint Senior Care: Equity begins at home. Sprint Senior Care, 2013](#). A Guide to Creating LGBT Inclusive Community Support Services for Older Adults

Overview

Lesbian, gay men, bisexual, and transgender (LGBT) people have the right to live in a safe and inclusive environment free from discrimination, oppression and abuse.

Creating a welcoming environment for LGBT older adults within a congregate residential housing environment is not a passive activity. Rather, welcoming is an active effort built on understanding, appreciation and better engagement that recognizes and responds to the LGBT older adult resident's unique needs. It becomes an endeavour that encourages the LGBT older adult to feel and be safe in opening up about their sexual orientation and gender identify.

Manual Purpose

To encourage management and staff of congregate housing environments to adopt practices that create an inclusive, rather than an exclusive, environment accepting and welcoming of all LGBT older adults.

For the purpose of this manual, “congregate housing environments” include personal care homes, retirement housing, assisted and enriched living, and nursing, special care and long term care homes.

This manual aims to:

- Encourage managers and staff to think about their own attitudes and approaches when responding to LGBT older adults.
- Raise awareness and understanding of care issues specific to LGBT older adults.
- Provide practical strategies to the management and staff so that they are better able to recognize, understand and meet the specific needs of LGBT older adults.
- Frame information around existing best practices already used by management and staff of congregate living environments so as not to increase workloads or resource pressures.

I want a care facility that publicly states it is welcoming to gay residents and where it creates a welcoming environment through more than words.

Saskatoon LGBT survey respondent

I. INTRODUCTION

1. What is the reality for congregate housing environments?

Until recently, meeting the needs of the LGBT older adult resident has not been a priority or concern within residential care environments in Saskatoon. In fact, many managers and staff believe that they have never met a person who is LGBT nor have they had an LGBT older adult resident in their facility. As a result, managers suggest this is a reason why their facility has no policies or procedures aimed at supporting the LGBT population.

Yet, in Saskatoon, today, LGBT older adults are living in residential care environments. Research tells us this is true - there are approximately 3,390 to 7,910 LGBT aged 65+ individuals in Saskatchewan (between 3% and 5% of the province's population). There have to be LGBT older adults living in many residential care environments in our city.

2. Why the need for a focus on LGBT older adults?

The reality is that a history of discrimination and persecution means many LGBT older adults are in these congregate residential housing environments but have become invisible or returned to the "closet" because they are fearful of expressing their sexual orientation or gender identity. They have suffered a history of persecution and attack. They do not trust health professionals, as many lack understanding of sexual orientation and gender identity issues; some professionals are even intolerant. The LGBT older adult is also less likely to speak up for their rights, fearing, even suffering in silence, verbal or physical bullying by staff or other residents. The end result is that the LGBT older adult does not readily share intimate details regarding who they are; and often fear means they do not access social or community supports within the community.

3. Why focus on congregate care housing and environments?

A recent study of Saskatoon suggests LGBT older adults are right to be fearful. Saskatoon's congregate living environments lack organizational policies and do not provide staff training on supporting or working with LGBT older adults. In a number of instances, managers acknowledged that other residents might react negatively to residing with an LGBT individual. LGBT individuals even reported witnessing staff and resident intolerance.

Creating an LGBT positive and welcoming residential care environment is not a passive activity. Supporting the LGBT older adult means gaining an understanding of their experiences and unique needs, and then using that knowledge to eliminate the systemic barriers that they typically experience. Managers and staff thus must become aware of the subtle ways that homophobia, transphobia and heterosexism may be embedded in their organization's policies and procedures. They then need to work to change these practices. Longer term change means training care providers, staff, volunteers and even other residents to raise their knowledge to reduce unfriendly situations and to provide appropriate care and supports to their LGBT residents and neighbours.

II. LGBT COMPETENCY FRAMEWORK

In recent research on Saskatoon residential care environments, management and staff expressed a common belief that there are no LGBT residents under their care. This belief is incorrect! Yet it is also unlikely to change until more LGBT older adults feel safe enough to talk or even be open about their sexual orientation.

We don't have any gay people so it isn't an issue for us.

Other common beliefs expressed by management and staff during the study were:

- *everybody is treated the same;*
- *the care of LGBT individuals would not differ from anyone else's care;* and
- *a person's choice is their business and we don't need to know.*

These well-intentioned responses imply that good service means 'equal service'. In reality, responding appropriately to the needs of LGBT older adults means recognizing differences. LGBT older adults are different, and treating everyone the same really means treating everyone as heterosexual. Moreover, when management and staff are not prepared to be active in making the environment welcoming, they are signaling that LGBT older adults must be like everyone else – heterosexual.

Thus, LGBT older adults want to be open but they believe they cannot. Management must demonstrate leadership that creates a positive and safe setting for them.

Ultimately, the single most important concern of the LGBT individual is that of 'safety' and 'security'. Often safety and security are interpreted as meaning physical safety or security. Both are important; however, psychological safety is even more important for a person who has experienced prejudice in the past –understandably they protect themselves by anticipating negative reactions in new situations. Thus, in spite of a lifetime of fighting for their rights, when LGBT older adult's age and move from their homes into a residential care environment, they are particularly fearful. This fear is intensified by their age-related loss of independence and increasing vulnerability and reliance on others for services and support. They feel they are no longer able to fight for their rights or to protect against negative attitudes and actions by others. Besides, they should not have to take up this fight in their golden years!

Providing a safe, non-discriminatory and respectful environment along with high-quality care requires active steps by management and staff. The process begins with awareness and most likely requires changing the following organizational frameworks.

- Governance
- Human Resources
- Programs and Services
- Communications

The end result is open and positive acknowledgement of the LGBT population that in turn ensures LGBT older adults feel physically, spiritually and emotionally safe.

A. Understanding the LGBT older adult

Effects of Social Stigma and Prejudice

Many LGBT older adults are concerned about stigmatization and discriminatory treatment by professionals. A history of systemic discrimination means they may avoid using support services and opt to stay invisible. This impacts their health and well-being, as they may not give full histories of their health and history and may not share intimate details.

Families of Choice

LGBT older adults are more likely to be single, childless or estranged from their biological family. Same-sex partners play a significant role. If there is no partner, LGBT older adults often rely on connections with friends and community members for social support. These relations provide support, advocacy and strength. They must be respected.

Increased Isolation

Fear of being 'outed' within the congregate environment may lead to the LGBT older adult becoming isolated and invisible to others. They may avoid social events and adopt "stories" to hide their orientation.

Bullying and Violence

In some cases, LGBT older adults may be subject to verbal or physical attacks by other residents/staff. Immediate intervention is necessary to ensure their safety and well-being.

B. Creating a welcoming environment

The first step to creating a welcoming environment is to audit the residential environment. This examination includes the following considerations:

Feel: The overall environment gives a sense of being safe and affirming:

- LGBT resident's and their families' and friends' identity is acknowledged, affirmed and respected
- There is recognition of residents' family rights, and reminders that the environment is a safe place
- Discrimination is not tolerated in policy and in practice

See: In the physical environment, evidence of positive signs and symbols displayed throughout:

- Written materials, images, artwork, etc., that are welcoming and inclusive of LGBT persons
- LGBT literature and materials (brochures, magazines, or newspapers) in common areas

Hear: The language heard within the environment reflects:

- A broad definition of family to include ‘family of choice’
- Staff and volunteers are comfortable and knowledgeable regarding inclusive language, and it is reflected in their day-to-day discussions

Being proactive on all fronts sets a tone for all residents, that everyone is treated with respect and value.

C. Governance

The governance and administration of a residential care environment includes the organization’s policies, procedures and processes, values, hiring practices, employee standards and practices, privacy and confidentiality practices, and ethical considerations and practices. All of this plays a role in creating an inclusive environment.

Policies and Procedures

Creation of a culture of respect for LGBT older persons is the intended result of this effort. Management must begin by determining if their organization has an understanding and awareness of LGBT issues by ensuring:

- Recognition of the acceptance of and respect for residents’ beliefs and personal diversity (e.g. religious, cultural, sexual)
- Recognition of the rules and law on discrimination along with support for equal treatment
- Recognition of the needs of aging LGBT persons, including the reality of health disparities that have resulted from past discrimination
- Recognition and acceptance of the role of partners or other chosen family in decision-making and care-giving
- Recognition of the preferred name and gender identity of transgender individuals, regardless of legal or biological gender status
- Recognition of their roles and responsibilities in protecting the interests of LGBT residents through proactive intervention

Questions to ask:

- ✚ Your facility recognizes that LGBT residents have specific needs?
- ✚ Your facility has policies and procedures in place to protect LGBT residents?

All of the organization's policies and procedures (both current and future) need to then be reviewed with a lens for inclusivity. Typically, systemic barriers to inclusion are commonplace in existing policies and procedures and thus are hard to identify. Considerations should be made of the following:

- A review of key policies such as:
 - Employee discrimination policies
 - Resident-on-resident discrimination policies
 - Standard of care policies that include reference to LGBT individuals whether residents, residents' family members, staff and volunteers
 - Policies on the provision of services and programs

- A review of language usage in policies and forms to replace heterosexist language with language inclusive of all sexual orientations and gender identities. For example:
 - Delete the use of marital status within forms, and revise them to state relationship
 - Delete the identification of male and female from forms, and substitute gender identity
 - Change personal data and family history to family medical history
 - On forms that provide a space to enter relationship, provide a code to allow entry for spouse, partner, family member, other
 - On forms that require next-of-kin's last name, enter primary contact
 - Ensure all promotional materials for the agency are reviewed to make certain they contain inclusive language

Privacy and Confidentiality

This is a very challenging area for management and many simply take the route of least resistance: treat everyone as heterosexual. The reality is that the best practice route to use is neutral language (as noted above). When asking for personal details use open question such as 'who are your significant relationships or partnerships to consider in your care?'

Once the information is disclosed, the LGBT older adult must be asked and allowed to determine which service providers may be made aware and with which family members their sexual orientation or gender identity can be discussed. This gives LGBT older adults the right to disclose their sexual orientation or gender identity at their own discretion. Once an individual discloses personal information, it is important to discuss with them how or whether such information will be documented, and with whom it may be disclosed or discussed.

It is important to note that while LGBT older adults may be comfortable to disclose their sexual orientation or gender identity with staff or volunteers, they may not be "out" to members of their family or friends. For some LGBT older adults, particularly those from cultural or religious groups which are less supportive of alternative sexual or gender

identities, “coming out” may create alienation from families of origin or cultural communities upon which they depend.

Rights and Responsibilities

Saskatchewan’s and Canada’s legal environment is clear that discrimination on the basis of sexual orientation and gender identify is prohibited. Managers and staff therefore must be sensitive to the policies and procedures within their environment to ensure there is alignment with these laws. This needs to include consideration of:

- Procedures for addressing attitudes of other residents as they contribute to a hostile environment
- Ensuring that policies address requests by LGBT couples for shared living space
- Recognizing the rights of LGBT partners/spouses and ensuring these individuals are included in the care planning and support system of the older adult. As well, staff should understand family members and relatives of an LGBT older adult may have limited or no role in the care of the LGBT older adult

D. Human Resources

While in Saskatchewan discrimination against LGBT persons is against the law, every employer needs to make a public statement on this issue. Ideally this involves making it explicitly clear – including in contracts of employment and in training processes – that prejudice towards LGBT persons is unacceptable. Further the organization should have:

Questions to ask:

- Your facility makes it clear to staff that any discrimination including that against LGBT persons is not tolerated?

- A clear *Anti-Discrimination Policy and Harassment Policy*
- A confidential complaint process by which staff and volunteers can bring forward violations of these policies. This complaint process and the potential outcomes, including the possibility of dismissal for violating these policies, should also be made clear to all employees and volunteers
- A policy regarding the agency’s commitment to inclusive hiring of staff and volunteers and assurance that this is clearly stated in all internal and external job postings
- An Employee Code of Conduct policy in place and reviewed on a regular basis with staff

Training and Education

Providing education and training is one of the surest ways to see that all staff and volunteers are aware of and are equipped with the skills and knowledge required to support and work with LGBT older adults. Research highlights that trained staff are more sensitive to and understanding of LGBT issues and better able to understand specific needs. Staff and volunteer training promotes awareness and knowledge

around inclusive language; and that language is reflected in their language in day-to-day discussions.

Training opportunities should be provided in a number of ways, including:

- All staff and volunteers should attend an initial LGBT diversity awareness session
- Further, there should be additional training sessions to keep the information current. Practice suggests refresher training at least every two years
- An LGBT resource list should be created and maintained as part of the agency's staff/ volunteer resource library

E. Programs and Services

It is safe to say that congregate environments rarely if ever provide programs or services specific to their LGBT population. In some cases such programming may not be feasible. Nonetheless, where possible, organizations are encouraged to create LGBT friendly programming. Examples include:

- Opening meeting rooms or facilities to the wider community and actively inviting a local lesbian, gay or bisexual organisation to use them, such as rehearsals by the local LGBT choir
- Adding a list of outside programs and services catering to the LGBT population within the information packages offered to residents
- Including listings of community LGBT events in community listings and, when possible, offering rides so that residents can participate in LGBT events, e.g., gay pride week events
- Where possible, including LGBT activities in programs and services

Questions to ask:

- 🚩 Your facility is proactive in looking at inclusive programs and services to offer to residents?

F. Communications

One of the most effective ways for an organization to demonstrate its LGBT positive environment is through appropriate communications. An LGBT older adult already has a preconceived view that an organization's environment could be hostile towards them. It is the responsibility of the organization to signal their support for minority populations, such as LGBT older adults, and not the other way around. Methods that convey a positive message include:

- Brochures and communications material displaying the rainbow flag symbolizing an LGBT positive environment
- Written and promotional materials, images, artwork and signage that are welcoming and inclusive of LGBT people. Examples include displays of images of same-sex couples, posters and information relevant to the local LGBT community

Questions to ask:

- 🚩 Your facility makes an effort to include LGBT displays in all communications material.

- LGBT literature and materials, such as newspapers, magazines and brochures that are accessible in common areas of the agency office, i.e., front lobby sitting area. There may also be an LGBT section in the resident and staff resource library

Language

The choice of language used to identify one's orientation or gender identity is personal. Though the words 'lesbian' and 'gay' are widely used and accepted, not all lesbian or gay people feel comfortable with them. They may refer to their 'friend' or 'companion' rather than to a 'lover' or 'partner'. Take the cue from the person as to the kind of language they want used and check with them regarding what terminology they prefer and use the same terms.

III. TRANSGENDER

Working with transgender older adults may mean additional challenges for management. In particular, transgender older adults face stigmas about their identities and gender expressions, and they also have special needs with respect to their care.

Language

Staff should always know and use the pronoun that their clients prefer, even when the client is not within earshot. It is important that staff set the tone for other staff, volunteers, and residents.

Personal Care

Staff should receive special training on providing personal assistance such as bathing or medical support. This prepares individuals for working with residents whose physical bodies are different from their outward gender expression or their inner gender identity. Training should also focus on an understanding of the various medications that a resident is taking to ensure appropriate medical management. The transgender individual should be able to use whichever restroom aligns with their gender identity.

IV. SETTING THE TONE

Congregate living environments are challenging places in which to live and work at the best of times. People from a gamut of experiences converge into a collective environment that, for many, signals a significant and often unwelcomed milestone in one's life.

Creating successful and welcoming living environments is not a passive effort, but requires particular and focused attention to the establishment of appropriate guiding principles for living in a community. The following small steps can have a large impact:

- Leadership from management is essential and sets the tone for staff, residents, volunteers and families. Leadership must be positive and affirming of differences within the community

- Leadership must demonstrate intolerance of discrimination and inappropriate behaviour (e.g. resident-to-resident bullying, homophobic language, gossip)
 - Intervene immediately when a problem arises. Most often congregate environments end up with resident problems because staff, management and volunteers do not speak up
- Leadership messaging must be constant. Use posters, table tents, meetings, etc., to illustrate intolerance for inappropriate behaviours and promotion and support for appropriate behaviours
- Leadership must support the community as leaders of respectful living

V. CONTACT SUPPORTS IN THE COMMUNITY

When an issue arises, contact any one of many community organizations that may be able to assist by providing information or on-site presentations to staff and/or residents.

VI. RESOURCES

OUTSaskatoon

320 21st St W, Saskatoon, SK

Phone: 306-665-1224

<http://www.outsaskatoon.ca/>

Saskatchewan Human Rights Commission

8th Floor, Sturdy Stone Building

122-3rd Avenue North

Saskatoon SK S7K 2H6

E-mail: shrc@gov.sk.ca

Phone: (306) 933-5952

Toll free: 1-800-667-9249

VII. TERMS

Allly: heterosexual individuals who believe that gay, lesbian, bisexual and transgender people should have the same rights as their heterosexual counterparts. Allies work to confront and counteract homo/bi/transphobic and heterosexist behaviours.

Bisexual: an individual who has or can have relationships (mental, emotional, physical & spiritual) with men and women.

Closeted: someone who has not publicly or privately disclosed their true sexual, romantic, or gender identity.

Cross Dressing: performed by primarily heterosexual men who wear “female attire” for a variety of reasons. The term “cross dressing” has replaced “transvestite” as a term to describe this segment of the population because transvestites are stereotyped as people who seek sexual pleasure from wearing clothes that are typically associated with the opposite sex; in this way, transvestite is a very narrow definition.

Gay: even though gay is a non-gender specific term, gay is typically defined as men who have relationships (mental, emotional, physical & spiritual) with other men.

Gay bashing: when a gay man, lesbian, or anyone who is perceived as gay or lesbian is assaulted by one or more people. The assault does not have to be physical; making someone fear for their well-being by making threats or chasing them is also considered gay bashing. Subset of homophobia.

Gender Identity: Gender identity is an individual's internal and inherent sense and/or experience of gender. A person's gender identity is fundamentally different from, and does not determine, their sexual orientation that is also protected under the Code.

Gender Expression: Gender expression is the external representation of one's gender identity. It is usually expressed through “masculine” or “feminine” behaviour, and may include clothing, hairstyle, voice or physical appearance

Heterosexual: refers to individuals whose relationships (mental, emotional, physical & spiritual) are with or are perceived to be with members of the opposite sex and/or gender.

Heterosexism: the assumption that everyone you come into contact with is heterosexual. Also discrimination or prejudice against LGBT individuals on the assumption that heterosexuality is the norm. For instance, when you ask a man if he has a girlfriend or when you ask a woman what her husband does for a living, you are making an assumption about their sexual orientation.

Homophobia: hatred that is directed towards gays, lesbians, anyone perceived as being gay or lesbian. Homophobia has also come to include a collection of beliefs that being gay or lesbian is unnatural and abnormal and that this justifies discrimination and/or acts of hate and violence. Also includes ignorance surrounding gay and lesbian identities and experiences.

Lesbian: a gender specific term that refers to women who have relationships (mental, emotional, physical & spiritual) with other women.

Outing: revealing someone's gender or sexual identity or desire, often against their knowledge or consent.

Transgender: often used as an umbrella term for individuals whose gender identity and gender expression/behavior does not conform to that typically associated with the sex to which they were assigned at birth.

Transsexual: an individual who identifies with a physical sex that is different from the one to which they were assigned at birth. People who transition from male to female (MtF) are transsexual women or transwomen. People who transition from female to male (FtM) are transsexual men or transmen. Other commonly used terms within this category are “pre-operative,” “operative,” and “post-operative” transsexual; however, being transsexual is neither limited to nor dependent on undergoing surgery or taking hormones.

Appendix A

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

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

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

- Denise C.
- Elaine K.
- Lindsey H.
- Rachel Loewen Walker – Executive Director, OUTSaskatoon
- Marie Joseph – Researcher - Master of Public Health student, University of Saskatchewan
- Cheryl Loadman, Project Coordinator, AFSI, Saskatoon Council on Aging

This project is funded by the Saskatoon Health Region and the contributions of OUTSaskatoon and the Saskatoon Council on Aging

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

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

I. Research Question

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

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

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

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

Cheryl Loadman, Saskatoon Council on Aging

Outcomes of these conversations include:

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

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

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

II. Study Approach

This study examined the research question from two perspectives.

First, 12 residential care environments were approached to explore existing organisational actions and attitudes, knowledge and current practices involving older and ageing LGBT residents. Only 10 agreed to interviews with the management/staff. This population included private and public as well as high and low care facilities.

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

LGBT Interviewee

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

III. Summary Findings

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

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

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

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

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

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

LGBT Interviewee

Interviews were also attempted with two groups within the LGBT population: current LGBT residents of congregate housing environments and older LGBT individuals looking at their retirement options. Notably, current LGBT resident were contacted for an interview but none agreed, with one indicating

that she worried about possible repercussions and inadvertent “outing”. A majority of those LGBT individuals planning for future housing options expressed significant concerns about moving into congregate housing environments in Saskatoon. They feared possible physical and emotional bullying, rejection, and violence by both staff and residents, and denial or reduced care levels by staff. They all felt this became more of an issue as they lost their independence and ability to “fight” for their rights. Some responded that they would feel forced to leave Saskatoon for a community or city where the congregate housing environments are supportive of LGBT older adults. Consistent with what is identified in academic research in Canada and the United States, Saskatoon’s LGBT population is looking for a congregate housing environment where they can feel safe from discrimination and be provided services, supports and care that reflect their unique needs as LGBT individuals.

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

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

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

IV. Saskatchewan – LGBT Seniors Population

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

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

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

A further research effort, the Canadian Community Health Survey 2015, identified a lesser number of LGBT identified individuals. It suggested that only 3% of the Canadian population consider

themselves to be LGBTⁱⁱ. Using the same approach as above, this suggests that an estimated 3,390 individuals in Saskatchewan are 65+ LGBT adults.

Based on these studies, this report assumes that there are approximately 3,390 to 7,910 LGBT aged 65+ individuals in Saskatchewan. Notably, the number of Saskatchewan's seniors, and thus LGBT older adults, is expected to grow significantly in line with the aging of the province's baby boomer population.

V. LGBT Residents within the Congregate Housing Environments in Saskatoon

A total of 12 congregate housing environments were contacted for participation in this study. The 10 that responded represent congregate housing environments that fall into the private and enriched category (80%) and special home or long term care homes (20%).

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

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

Survey Interviewee

a. Questioning the Need for LGBT-specific Initiatives

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

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

- to be unaware of their legal responsibilities regarding discrimination
- to not be held accountable for discriminatory acts by themselves or other residents

- to be unaware of their role in shielding LGBT older adults from indirect and direct discrimination by other residents and visitors
- to receive limited or no guidance in the form of organizational policies, education and leadership around the living environment of LGBT seniors
- to receive limited or no guidance in the form of organizational policies, education and leadership around the standard of care for LGBT seniors

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

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

b. Programs, Services and Supports

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

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

c. Resource Challenges

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

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

d. Support from Leadership

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

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

VI. Perceptions of the LGBT Population on the Care Environments in Saskatoon

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

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

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

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

LGBT Interviewee

The LGBT participants believe they will find it even harder to fight against these structural problems

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

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

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

VII. Informal Survey of Older Adult Residents

As part of the study, a nursing student doing a practicum with the Saskatoon Health Region undertook an informal survey of 13 residents in a Saskatoon personal care home on their views of LGBT individuals within their residence. The nurse indicated that she heard many different perspectives from the residents. Most were of the opinion that it does not matter who you are or how you choose to live, if you need care, you should be able to live at the residence. However, 30 percent of these residents were critical of LGBT people and viewed interaction with them as “an unfortunate circumstance”, noting they would not welcome an LGBT individual into their residence.

VIII. Recommended Actions

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

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

1. **Policies** - Organizations should take steps to evaluate, create and implement policies that require respectful treatment of LGBT individuals, regardless of age, and should make these policies visible (provided to and publicly posted) to staff, residents, patients, and families. This process should include:
 - A review of key policies such as:
 - Hiring policies
 - Resident/employee discrimination policies

- Standard of care policies that include LGBT references
- Policies on the provision of services and programs
- Review language usage in policies and forms to determine if they are heterosexist, and revise as necessary to be inclusive to all sexual orientations and gender identities. For example, a language review should:
 - Delete the use of marital status within forms, and revise them to state relationship.
 - Delete the identification of male and female from forms, and substitute with gender identity.
 - Change personal data and family history to family medical history.
 - On forms that provide a space to enter relationship, provide a code to allow entry for spouse, partner, family member, other.
 - On forms that require next-of-kin's last name, enter primary contact.
 - Ensure all promotional materials for the agency are reviewed to make certain they contain inclusive language.
- Ensure privacy and confidentiality practices are in place, and are monitored to ensure compliance.

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

- Promoting acceptance of and respect for residents' beliefs and personal diversity (e.g. religious, cultural, sexual)
 - Recognizing the rules and law on discrimination and support for equal treatment
 - Creating a culture of respect for LGBT older persons in supportive living situations (e.g., assisted living facilities and nursing homes), including training for all types of care workers, including line staff, physicians, nurses, and nursing assistants, and management.
 - Recognizing the needs of aging LGBT persons, including the reality of health disparities that have resulted from past discrimination.
 - Considering the role of partners or other chosen family in decision-making and care giving.
 - Recognizing the preferred name and gender identity of transgender individuals, regardless of legal or biological gender status.
 - Recognizing their role and responsibility in protecting the interests of LGBT residents through proactive intervention.
2. **Training** - Education and training of employees is essential to their understanding of their roles and responsibilities in creating an appropriate environment for LGBT residents. Employees within these residential care environments currently lack knowledge and skills necessary to ensure LGBT residents do not experience discrimination. They also do not have access to resources enabling them to deal with a "negative" situation, if one arises. They also do not have the awareness or training on how to provide LGBT specific care and services.

3. **Creating a Positive Environment** – Making the physical environment visually welcoming through changes such as displays of rainbow flags, rainbow stickers and outreach into the LGBT community, and ensuring all language is inclusive. A positive environment also includes creating services and programs for LGBT individuals and recruiting LGBT volunteers and staff so that diversity is reflected at all levels.

NB: Material in section has been adapted from:

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

IX. Concluding Comments

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

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

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

ⁱⁱ http://www.statcan.gc.ca/eng/dai/smr08/2015/smr08_203_2015#a3