Aging with Dignity

2SLGBTQI+ Seniors in British Columbia

2023 Dignity Seniors Society, Vancouver

Acknowledgments

Dignity Seniors Society is based in Vancouver, British Columbia, and acknowledges that it is situated on the unceded traditional territories of the xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish), and səlilwətaɬ (Tsleil-Waututh) Nations.

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Language used to respectfully describe or self-describe gender identity, gender expression, and sexual orientation changes quickly. The language used in this study reflects currently accepted terminology in a Canadian anglophone context and honours participants' self-description throughout.

Community organizations, governmental agencies, students, and researchers are welcome to use the information provided in this report with proper attribution. For questions about this research project, please contact matthew.heinz@royalroads.ca

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The cover image is a licensed Shutterstock Image depicting a gay married senior couple touring Niagara Falls, Ontario, in November 2020.

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Executive Summary

Dignity Seniors Society of Vancouver (DSS) is a 10-year-old non-profit organization dedicated to providing tailored information and programming for 2SLGBTQI+ seniors and seniors' service providers in British Columbia, with a focus on health, housing, community building and end-of-life planning/finances.

In 2022, DSS sponsored a needs assessment to document current needs of 2SLGBTQI+ seniors in British Columbia. Individuals who were 55 years or older, lived in British Columbia, and identified as part of the 2SLGBTQI+ communities were invited to participate in interviews or an online survey.

A total of 51 individuals participated in one-on-one interviews between January and September 2022, and 115 individuals completed an online survey between September and December 2022. The findings presented in this report reflect the perspectives of the participants and survey respondents; they are not a demographic representation of the 2SLGBTQI+ senior population of British Columbia.

Interviews identified three prominent clusters of concern: health and health care; loss of mobility and independence compromising the ability to age in place; and loneliness, social isolation, and lack of community. Three sub-themes consisted of access to culturally competent and safe long-term care; access to safe and affordable housing; and concern about long-term financial resources. Survey responses reflected a need for trained, affordable, respectful home support services to age in place and nursing homes, care homes, assisted living facilities and housing communities dedicated to 2SLGBTQI+ seniors and perhaps their allies. The survey responses also emphasized the need for access to health care, especially 2SLGBTQI+ inclusive health care and the need for social connections and a community network.

The Board of Directors of Dignity Seniors Society generated 25 recommendations in the areas of governmental responsibility, training and education, social inclusion, and long-term care/housing based upon the findings of this needs assessment.

Literature Review

An unprecedented number of out 2SLGBTQI+ seniors in Canada are reaching a stage in their lives where they will need increased access to health and social services, access to culturally competent home care to age in place, and access to welcoming or dedicated assisted living, senior care, dementia care, or hospice facilities (Lintott, Beringer, Do, & Daudt, 2022). This population is affected by concerns about safety and discrimination, particularly in age cohorts who were disproportionately affected by systemic discrimination.

Estimates of the Canadian senior 2SLGBTQI+ population vary, typically between 3 and 10 percent of the total population. The Canadian government has no data available regarding the number of LGBTQ Canadians aged 65 and older. Some estimates suggest that approximately 395,000 older adults in Canada currently identify as lesbian, gay or bisexual (Wilson et al., 2016). A 2015 conservative estimate of the combined Fraser Health and Vancouver Coastal Health communities suggested a population of 23,376 LGB seniors and 2,577 trans* seniors (Aging Out, 2015). For Vancouver Island, Island Health estimates a population between 4,500 and 15,000 2SLGBTQ people, adding that "the number of LGBTQ2 seniors needing responsive, quality health care, home care, and residential services will grow" (Island Health Tool Kit). The BC Association of Community Response Networks considers this group of seniors as "both under counted and underserved" (https://bccrns.ca/resources/lgbtq2s).

Homosexuality was criminalized in Canada until 1969 but today, Canada has a strong reputation as a haven and consistently ranks in the Top 5 most accepting or safest countries for LGBTQ people. Prime Minister Justin Trudeau formally apologized for "the oppression of the lesbian, gay, bisexual, transgender, queer, and two-spirit communities" in Parliament on Nov. 28, 2017. This apology was followed by the June 21, 2018, expungement (Bill C-66) of past convictions for "homosexual acts" as "historically unjust convictions." However, older 2SLGBTQI+ Canadian seniors lived through institutionalized

discrimination and oppression, including social and health service delivery, and carry those experiences with them today (Brotman et al., 2015, Stinchcombe et al., 2021).

Canadian research provides empirical evidence of 2SLGBTQI+ seniors' concerns. A study involving 14 focus groups and three individual interviews in five Canadian cities found LGBT older adults "more likely than their heterosexual peers to age with limited support in stigmatizing environments often poorly served by traditional social services challenging their preparedness for end of life (de Vries et al., 2019). In a 2019 survey of 813 older LGBTQ2S Canadians, 36% percent reported having a negative housing experience in the past five years (Gahagan, 2020). A qualitative study of 23 LGBT2 senior community members in Ontario documented fear, social isolation, concerns about dependence, and longing for safe and inclusive spaces (Kortes-Miller et al., 2018). A related study surfaced concerns about the lack of competent care in care services and facilities as perceived by 21 LGBTQ senior Ontario residents (Boulé et al., 2019). A qualitative study involving 12 older lesbian and gay couples in Alberta, British Columbia, and Ontario documented concerns about discrimination in formal care, concerns about disclosing sexual orientation, and concerns about the amount of energy needed to live in heteronormative long-term care facilities (Furlotte et al., 2016). Aging with HIV (Furlotte & Schwartz, 2017) constitutes an emerging trend that disproportionately affects members of 2SLGBTQI+ communities, as does aging with dementia, particular for transgender seniors (Baril & Silverman, 2022, Flanagan & Pang, 2022). In British Columbia, Qmunity's Aging Out Project aimed to increase belonging and inclusion for LGBTQ seniors residing in assisted living and in-residence care facilities in both Vancouver Coastal Health Authority and Fraser Health Authority. A final report noted that "the current generation of LGBTQ seniors is fearful that health authorities and residential care as well as assisted living facilities are not equipped to adequately meet even their most basic needs" (Aging Out, 2015). Aspects of aging such as end-of-life conversations and health planning pose distinct challenge for 2SLGBTQI+ seniors (Beringer, Gutman, & de Vries, 2015).

Research also consistently documents that sexual and gender minorities tend to experience higher degrees of loneliness and social isolation (Kortes-Miller et al., 2018), a phenomenon that has been recognized by the Canadian government, which has created a tool kit to help

2SLGBTQI+ seniors strengthen human connections and decrease social isolation. Based on research, this tool kit identifies the following risk factors in regard to isolation of LGBTQ seniors: living alone, not being partnered, experiencing loneliness, having fewer children than heterosexual seniors, concealing sexual orientation or gender identity, having few social interactions, loss or limitation of social network, fear of discrimination, past or current discrimination, stigmatization associated with discrimination based on age, sex, and ethnocultural community, obstacles to services, fear of accessing assisted living or long-term care facilities, fear of loss of independence or illness, feeling unwelcome at programs for seniors or for the LGBT community, lack of community involvement opportunities, housing discrimination, heterosexism and homophobia in organizations that provide care and services, and living in rural settings (Government of Canada, 2022). Further, in a qualitative study by de Vries et al. (2019), loneliness and social isolation were not the main topics of study, but social isolation in particular emerged as pertinent to 2SLGBTQ+ older adults' considerations of end-of-life preparations.

As more research becomes available, a more complex picture of 2SLGBTQI+ seniors portrays differences in regard to geographical location, cultural aspects, and jurisdictions (Stinchcombe et al., 2017). Research on 2SLGBTQI+ elder abuse and financial elder abuse is just emerging in Canada (Pang & Rideout, 2022). Gahagan (2020) concluded:

> Older LGBTQ2S Canadians, while not a monolithic population, have faced discrimination and stigmatization for their sexual orientation and/or gender identity and expression throughout their lives (…). As a result, they are more likely than older heterosexual and cis-gender Canadians to experience certain mental and physical health issues. These experiences contribute to older LGBTQ2S Canadians living alone, not having connections with their families or origin, living in poverty, and experiencing social exclusion, among other issues (p. 4).

Informed by the concerns documented by researchers, Dignity Seniors Society sponsored a needs assessment to examine current concerns of 2SLGBTQI+ seniors in British Columbia to inform the society's work and to contribute to applied scholarship in this area.

Interviews

Participants

A total of 51 individuals participated in interviews, which were conducted in person, via Zoom, on the phone, by mail, or by e-mail as per request. Interviews took place between January and September 2022. Participants were invited to disclose any demographic information they deemed relevant. All participants disclosed location, age, and pronoun usage; about half of the participants volunteered their ethnicity. Those participants self-described as white or Caucasian except for three participants who identified as Indigenous. Twenty-five participants used male pronouns; 23 participants used female pronouns; two participants used gender-neutral pronouns, and one participant did not use any pronouns. Participants self-described as gay (20), lesbian (20), queer (4), bisexual (3), in a male same-sex relationship (1), non-binary (1), ITF lesbian (1), transwoman (2), transgender man (1), Two-Spirit (1) and male assigned to female sex at birth (1). Participants came from Burnaby (2), Langley (1), Metchosin (1), Nanaimo (6), Nanoose Bay (1), Saanich (4), Salt Spring Island (2), Surrey (1), Tofino (1), Vancouver (21), Victoria (10), and View Royal (1). Age of the participants ranged from 55 to 85 with a mean age of 68. Most participants were not familiar with DSS prior to the needs assessment invitation.

Top Concerns

- **Health and Health Care**
- **Loss of Mobility and Independence**
- **Loneliness and Social Isolation**

Participants were asked about their top concerns in relation to aging. A thematic analysis of the responses identified three prominent clusters of concern: health and health care; loss of mobility and independence compromising the ability to age in place; and loneliness, social isolation, and lack of community. Three sub-themes consisted of access to culturally competent and safe long-term care; access to safe and affordable housing; and concern

about long-term financial resources. It is noteworthy that most participants described leading fulfilled lives and adequately managing common aging phenomena such as declining health, restricted mobility, or restricted incomes.

Health and Health Care

- **access to medical care**
- **anticipation of decline of health and mobility**
- **lack of culturally competent medical and health care services**

About half of the participants assessed their health as good or very good. The other half described managing health conditions such as arthritis, back pain, cancer, cardiovascular disease, cataracts, chronic fatigue syndrome, chronic pain, chronic obstructive pulmonary disease, depression, diabetes, fibromyalgia, gender dysphoria, hearing decline, hepatitis, high blood pressure, high cholesterol, hip problems, HIV, kidney disease, knee problems, post-COVID conditions, respiratory problems, substance abuse disorder, and vision problems. Three participants said the pandemic left them with a general sense of anxiety.

Sub-themes identified in the health cluster consisted of concerns about access to medical care, anticipation of decline of health and mobility, and lack of culturally competent medical and health care providers. Some participants described no longer having a family physician, long wait periods for diagnostic procedures and medical appointments, and lack of timely, easy-to-manage medical care for transgender people. Almost all participants expressed concerns about the prospect of declining health in later years and the potential repercussions of declining health, such as loss of independence and mobility, social isolation, need to obtain assistance with daily living tasks, inability to age in place, or necessity to enter long-term care or hospice facilities.

The lack of health care and care providers trained and educated to serve 2SLGBTQI+ seniors emerged as a strong concern. Some participants described obtaining appropriate care from lesbian or gay medical providers and hospitals, but others described lack of knowledge in caring for transgender people, lack of confidence in disclosing sexual orientation to medical providers, and experiences of homophobic and/or transphobic

behaviour. These participants wished for greater availability of 2SLGBTQI+ medical providers in general, for greater training and education for heterosexual and cisgender providers, and for 2SLGBTQI+ hospital discharge patient liaisons. Such training, participants stressed, is particularly important for health care workers and medical providers who are new to Canada and may come from national cultures in which discrimination against LGBTQI+ people is common and accepted. Participants who belong to ethnic minority groups stressed the lack of medical providers providing care that is informed by understanding of specific cultural contexts as well as understanding of sexual and gender minority concerns.

"A lot of home care workers are uncomfortable with trans people. (…) I said, look, I'm sorry, you have to accept that I'm trans and that my body doesn't match."

One participant recalled his experience in receiving home care after surgery, noting the obvious discomfort of the care workers. This participant also recalled awaiting surgery for his broken leg and overhearing the surgeon talking to the anesthetist about him while using inaccurate pronouns and a disparaging reference. "Firefighters, paramedics, nurses – they all need to have some education early on," he said.

Another participant said he worries about his long-term needs should he require care. "People keep saying that things are better now but are they really?" It is easy to find welcome within 2SLGBTQI+ community, he said, but finding welcome in the place where he came from and where he might ultimately go to appears more challenging. As a patient, this participant has encountered instances of disrespectful behaviour by health care staff, and fearing that a complaint might have repercussions, he has at times chosen not to pursue complaints. He grew up at a time when homosexual behaviour was still a criminal offense, and his generation's "hard-fought battles" came at a price, he said, noting that he does not want to anticipate having to go back to fighting anti-discrimination battles once he might need care.

Loneliness, Social Isolation, and Lack of Community

- **decrease in social contact and community involvement**
- **lack of 2SLGBTQI+ centres, communities, or programs for seniors**
- **difficulty of finding significant other late in life**

About half of participants considered themselves to be lacking social connections and/or anticipated increased isolation and loneliness in later stages of aging. For single participants who live alone, the pandemic increased social isolation and loneliness, often reducing human contact to online interactions.

> **"Victoria has nearly 400,000 people, and there is no focused community for LGBTIQ2S+ persons like exist in other large centres. Clearly, I would like to be able to live in a community like Vancouver's West or East Ends."**

Sub-themes identified in this cluster consisted of concerns about the absence of local 2SLGBTQI+ community and activism, the dread of having to come out again in care facilities, the fear of being socially isolated in hetero/cis-normative senior housing, the inability to find a romantic partner late in life, a lack of intergenerational contact, ageism and lack of understanding from the younger 2SLGBTQI+ community, lack of children or other family members to provide social connections, and lack of community or recreation programs or support groups specific to 2SLGBTQI+ seniors. Several participants said they wished for animal companionship but lived in places that did not allow pets. Location played a significant role for those living away from urban centres. "I don't know how strong the LGBTQ community is here or if it really exists in a way that's beneficial to people. I'm in Surrey. It doesn't exist here. (…) There's nothing to grab onto except in the West End. It's too far. I can't drive home in the dark anymore," one participant said.

Participants attributed a number of reasons to their sense of social isolation and loneliness, such as being too physically old to keep up with younger members of the 2SLGBTQI+ communities, ageism within and external to queer communities, internalized ageism, having missed the opportunity to have or raise children, lack of energy to build new social relationships, being the one to always initiate social meet-ups, lacking transportation to

attend social events, not knowing one's neighbours, and a 2SLGBTQI+ community focus on young people and celebratory activities rather than community organizing and activities for seniors. "It just seems like too much Pride partying and not enough organization (…). Community matters, too," a participant said.

For some participants, the experience of isolation is new and surprising and linked to withdrawal from social involvement due to health or mobility reasons, coming out late in life, or the loss of a partner.

> ***"As I get older and more removed, because I'm less able to participate socially, the more isolated I have become already. It amazes me. I've had so many people in my life and now, at this stage in my life, I feel alone."***

"I think my top concern is really around isolation. This is the first time in my life that I've ever lived alone. And despite the fact that I know many people and many people know me, the relationships are mostly connected with the volunteer work I did. It's not like I have people who drop in on me or who phone me on a regular basis," a long-time community activist said.

Two trans participants described loneliness directly related to being trans. One noted that she is very much alone: "That I only have a limited amount of time to live as my authentic self is daunting. The difficulties trans women in particular have with dating are perhaps even greater for lesbians. So, the spectre of never having a partner as a woman and of aging and dying alone loom very large on my horizon." Another participant observed that aging as a trans person makes it more difficult to create or maintain a larger social circle: "I don't tell people I'm trans or was born in a female body unless I feel safe and close to them. But the reality is that as you get older, things get harder, it's harder to be social, harder to be truthful."

The other half of participants said they had sufficient social contact with others, and several noted they might be too busy. These participants spoke about their family relationships with significant others, children, stepchildren, grandchildren, and parents; they referenced volunteer work and serving on organizations' committees and boards; and

they were active in recreational groups. One participant said: "I would say as far as socially, I'm kind of over-involved. (…) I like doing things with people. So, if something nice comes up, I always say yes."

Such participants were involved in groups and organizations such as AIDS support groups, Amnesty International, Anglican Church's Dignity Network, book clubs, Britannia Services Community Centre, camping groups, choirs, co-op housing communities, cycling groups, Diverse and Inclusive Salt Spring Island (DAISSI), dog walking groups, ethnocultural groups, Friends for Life, golf teams, H.I.M., Indigenous communities, the Legion, lesbian groups, Lion's Club, meditation communities, men's groups, Neighborhood House, Out and About, Pacific AIDS Network, pickleball, political parties, Pride at Work Canada, Pride organizations, PrimeTimers, Qmunity, queer writing groups, Reaching Out Assisting Refugees (ROAR), recovery communities, senior centres, spiritual and faith groups, theatre groups, trans communities, The Positive Living Society, United Church, walking groups, women's groups, and Women's International League for Peace and Freedom.

Loss of Mobility and Independence

- **compromised ability to age in place**
- **fear of dementia**
- **fear of homophobic and transphobic care facilities**

All participants lived by themselves, with partners, or with family members, and all either rented or owned their place of residence. Most participants said they had no concerns about housing at the present time because they either owned their house, condo, apartment, or trailer or were satisfied with their rental residence. Two participants lived in cop-op housing; four participants lived in subsidized housing. About a third of the participants expressed worry about future housing, noting that their current situation depended on maintaining fair health, not being subject to rent increases or increased cost of living, and remaining mobile. While participants generally hoped to age in place, they were also aware that at some point, they would likely need assistance to do so and might not be able to age in place until death. Most participants expressed apprehension about the likelihood of needing to access assisted living, care or hospice facilities because they feared

the presence of hetero- and cisnormativity, ignorance, or outright homophobia or transphobia, both among service providers and residents at such facilities.

Although most participants described their current housing situation as meeting their needs, several expressed concerns about the long-term viability of their current housing. For those who owned their homes, condos, or trailers, the biggest concerns were the inability to afford needed maintenance, the current difficulty of obtaining assistance with daily living tasks, or the anticipated difficulty of aging in place. Those who rented expressed worries about future rent increases, the inability to have pets, insufficient space, lack of mobility accommodation, inconvenient location of rental housing away from urban centres that offer 2SLGBTQI+ services, and the anticipated difficulty of aging in place.

Participants worried about the general lack of independent housing options for seniors with mobility issues or seniors living with disabilities, the cost of senior housing, the limited number of spaces available in assisted living facilities, and the potential of homelessness in case of ill health or loss of income. They pointed to the lack of communal living options welcoming to, or specifically designed for 2SLGBTQI+ seniors in British Columbia, the lack of subsidized housing for 2SLGBTQI+ seniors, and inability to age in place due to lack of social support and a care network.

> **"As I age out and need to move into some sort of long-term care arrangement, I would like the option of living in a facility that is focused toward 2SLGBTQI+ residents."**

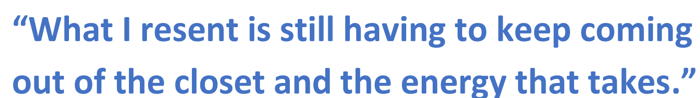
One participant stressed the need to have options for designated welcoming or inclusive facilities as opposed to 2SLGBTQI+ exclusive facilities: "I have always believed in integrated living. As humans we should strive to be comfortable with all "walks of life" and I believe that one way that can be accomplished is by living with each other in community. This, I believe, is one way to encourage tolerance and acceptance of each other. Otherwise, we might just "ghettoize" ourselves and that is not acceptable."

Aging Challenges Specific to 2SLGBTQI+ People

Some participants said they did not think aging posed any additional challenges for 2SLGBTQI+ people because times had changed and because they lived in Canada. But most participants pointed out specific challenges that only affect 2SLGBTQI+ seniors. These challenges included compounded challenges due to the intersectionality of sexual orientation, gender identity, racialization, ethnicity, religion, ability, and/or socio-economic status; increased isolation; a need for repeated coming out processes late in life; fatigue resulting from a lifetime of activism and self-advocacy; lack of social support systems; and the potential of culturally incompetent or unsafe care. "My partner is Asian, and racism is alive and well, and it tends to target the most vulnerable," a participant said.

Participants noted that heterosexual seniors can retire to residences with other heterosexual seniors, but 2SLGBTQI+ seniors do not have a similar opportunity. Several participants noted that being a part of numerical minority poses structural problems when it comes to aging: "We're fewer in number so it's more difficult. Like when I think about moving into something that's more of a communal life, I'm faced with "Are there going to be any people like me there?"

None of the participants anticipated going back into the closet if they had to enter care, but several referenced having heard stories about this phenomenon. The participants were not worried about being forced back into the closet, but they worried about the emotional and psychological toll of having to come out of the closet again upon obtaining personal care services or entering long-term care.



One participant said: "I'm very out. I've been very public. But you know, if I were to go into a seniors' residence, I'd have to go through all of that all over again. It's like "Oh no, not again."" Another participant questioned media coverage about seniors going back into the closet: "I know the generation before me and probably my generation (…) may be more closeted. I used to get really pissed off when I read those things about going back into the

closet. What the hell? I mean if people were in the closet they're still in the closet. They're not going back. And if they are people like me who are out of the closet, they are not dammit going back into the closet. (…) I used to think "God help me. We did all of this work to get out of the closet!"

Experiences of homophobia and transphobia continue for members of the 2SLGBTQI+ communities in British Columbia despite legal, political, and social progress. Many participants said they did not feel safe in taking current rights and protections for granted, noting how much advocacy and work it took to arrive at the current place. "Trans rights and other rights are not stable. They're only there because they've been fought for," one participant said. Another described how discrimination and stigmatization continue to affect her life:

> "We're still weeding out the little pockets of discrimination and homophobia and transphobia. (…) It's not like it went away magically, and certainly the work has not been done to eradicate it. You feel that. It's commonplace enough, in my experience in life, to be discriminated against, on a number of counts, and I'm prepared for that. (…) It changes your attitude towards how you approach facilities and heteronormative services and public services."

This participant said she is treated respectfully and appropriate about 40 percent of the time. "We expect it to happen, so normal becomes this very different thing, and so if we're treated with the tiniest amount of respect, oh, that's a big reason to cheer. But you look at your heterosexual counterpart and it's like 'Why are you cheering over that? That's just like normal. Everyone should be treated like that.' Great. But we're not. So it becomes a different thing. It's a very different scale."

> **"I would wish for anyone what I wish for us – that is safe, affordable housing; safe, affordable public transit; comprehensive health care that's affordable; and communities in which they can continue to be open and loved for who they fully are."**

Ideal Scenarios for 2SLGBTQI+ Aging

Many participants discussed an ideal-case scenario for 2SLGBTQI+ seniors in British Columbia. They identified different types of scenarios but most stressed that they would like to have options, ranging from the ability to obtain culturally safe assistance to age in place to accessing care from trained providers to potential housing in 2SLGBTQI+ welcoming care facilities and housing co-ops to care and housing options specifically designed for 2SLGBTQI+ seniors.

Participants said they often discuss the lack of care and housing options with friends; several had attempted to organize around co-op housing in the past, were actively involved in creating proposals now, or were hoping to do so in the future. A few participants lived in neighborhoods or buildings in which a significant portion of the residents are part of the 2SLGBTQI+ communities. “Here in this building and in the West End there is a lot of support, and I like that,” a participant said.

Most participants stressed that addressing 2SLGBTQI+ seniors’ needs is an urgent issue. “I think we need to be having these discussions. We need to have them publicly and talk about the possibilities. We need to put pressure on the federal government for affordable housing. It’s a time where we can push for a more socially progressive society,” one participant said.

> *“The ball is rolling in terms of the queer community and what aging means to us and what we think we will need and the concerns that we all will be faced with in the future. We are not there yet, and we don’t know what those things are. It’s kind of scary in itself. But we know there is more awareness now, and that is all very positive. That makes me feel a little better going forward.”*

Some noted that it is up to members of the 2SLGBTQI+ communities to advocate for the needs of their senior members because no one else will. Others said it’s the government’s responsibility to ensure that 2SLGBTQOI+ seniors can age in safety and dignity given that they have spent much of their lives fighting discrimination and stigmatization. “I would

hope that they would offer us a higher priority on getting into affordable rental housing and have the community resources there that would be able to help us out, whether it's complimentary therapy stuff once a week or access to get to some place that potentially offers that," a participant said. Some participants suggested the need for a special advocate for 2SLGBTQI+ seniors in British Columbia.

Facilities Designed Exclusively for 2SLGBTQI+ Seniors

Several participants noted that they had taken part in consultations and sometimes organizing to work toward LGBT housing, such as co-ops or co-housing communities, but nothing had ever come of it. Several pointed to the existence of such living communities in the United States and some European nations, such as Sweden's LGBT retirement home in Stockholm, a French LGBT retirement village, or Germany's care services and housing specifically dedicated to LGBT seniors. One participant suggested a 2SLGBTQI+ senior centre for people with disabilities would be important. "My mother lived to be 100, and she was so happy when she moved into the Jewish old folks home. It was like a new lease on life for her. If there was something like that (…) just to know that there was a place like that." Several participants said they wished senior lesbian co-op style living communities were available in British Columbia. "It would be nice to know that when I do need services or companionship, there would be options to choose from, such as a senior lesbian co-op style living community. I do know of lesbian groups that live together and support each other but these are few in number."

Others expressed a need for subsidized housing for 2SLGBTQI+ seniors, particularly in recognition of past discrimination. "I'd just like to be where other people are that are gay. That's all," one participant concluded. Another participant stressed the need for dedicated seniors' housing "specifically for our community so no one needs dread being marginalized in a predominantly heterosexual home. To be placed in the latter would, for me, feel like a return to the high school environment. Death." A safe village for 2SLGBTQI+ residents living with dementia was mentioned by several participants as a community need.

> *"There are some seniors whom I've met who are just now coming out as gay and lesbian, and some of them still have a lot of bad feelings about it and fear."*

Facilities Welcoming to 2SLGBTQI+ Seniors

Most participants emphasized that they would not want to live in 2SLGBTQI+-only places but in facilities and care homes welcoming to 2SLGBTQI+ seniors. They expressed concern about trans and non-binary seniors, a demographic emerging with more visibility and specific health care needs given the increase in individuals having obtained surgeries and/or hormones, and the ability of staff to competently take care of this demographic. They emphasized that their social networks consist of people of all kinds of sexual orientations and gender identities. One participant said: "If I were to have a stroke or become incapacitated and have to be put into a care home, I would hate to have to be afraid of a homophobic person or attendants. That would be one of my great fears. So, what I would like to see is a place where it's really gay friendly. (…) We don't need a gay place. We need a gay friendly place because most of our friends are straight."

Several participants noted the difficulty in assessing how welcoming a facility truly is. Concerns about safety go beyond staff training, many said. "I think it will be very hard to find a communal living that would make LGBTQ people feel accepted and part of them. Heterosexuals will have, or have had, partners, and usually children and grandchildren. There are some neighbourhood retirement communities whose members have known each other since childhood, meaning that it is impossible for newcomers to break into the cliques. I am thinking of one that I checked out in Kerrisdale although I am certain it also applies to one in West Vancouver," a participant said. Another participant stressed the challenge of making social connections in hetero- and cisnormative settings. "I think it is about friends. I was going to say that it's about knowing there are people like me but that's not exactly right, it's more that sense of wanting friends to be around, or people that can be friends, not that they are necessarily friends before we start."

Co-Housing Communities

Many participants expressed a desire for co-op or other co-housing opportunities. Some mentioned wishing to have the funds to buy trailer courts or apartment complexes, designating neighborhood sections, co-financing co-op housing, or organizing for government-dedicated 2SLGBTQI+ housing communities. Such communities would fill the void for seniors who can no longer live independently but don't need a long-term care facility yet. Participants shared that they would like to combine environmental and accessibility considerations in the development of such communities. One participant said: "Why not have a housing complex that has a little shop and a little this, to share things more, share transportation and the services we all need (…). Say one care home with, say, randomly, 20 residents or something can support a car and a driver to do their errands and get their groceries and drive them to appointments and stuff as opposed to using this service more individually (…) it helps form more society, too." Participants suggested a need for 2SLBGTQI+ communities to organize around senior care and housing, but that as seniors, they needed support from younger members of the communities and governmental assistance to be successful.

Support for Aging in Place

Most participants expected to age in place but said they needed community and public support to do so. Creating facilities or housing complexes welcoming to, or dedicated to, 2SLGBTQI+ seniors is necessary, they said, but the overall state of the health care system, lack of financial resources, housing shortages, and the cost of real estate make this difficult. Several participants noted that they began to become more concerned about their future when they realized how significant their support was to others and questioned who would provide the same service for them.

"I think it's this sense of knowing, being reassured that the services I need are queer-friendly. People say that they are, but I don't always trust that they are. You know you can have an agency that says they are but then you get a worker who isn't. There isn't that reassurance. That would certainly make a difference to me."

Participants expressed concern about 2SLGBTQI+ seniors who are not able or willing to participate in needs assessments. One participant said she looks after a queer friend who is in her 80s and has Alzheimer's. "I see how services are hard to get. She has housecleaning because I helped arrange it. She's getting vaccinated or to a doctor appointment because I help her get to them. I help her with a couple of meals a week but left on her own she'd live on coffee shop muffins and a bottle of Boost supplement. She is still assessed as cognitively able to make her own decisions so not a candidate for assisted living." Another participant described himself as secure at the moment but deeply worried about other 2SLGBTQI+ seniors who need financial assistance, housing, or food on the table. If his 80-year-old friend loses his job or his driver's license, there is very little in place to help him, he said. "There is nothing in the gay community."

Many participants said their priority is to be able to continue living independently, but they know that this will require savings or access to public services (e.g., meals on wheels, cleaning, nurse home visits) that may not be available. "I would like to have more help on a daily basis. I have [Island Health] coming twice a day, but they are not allowed to do this or that. They do the things that I can do; they are not allowed to do the things I cannot do, like washing the floor. That's the most frustrating part," a participant said.

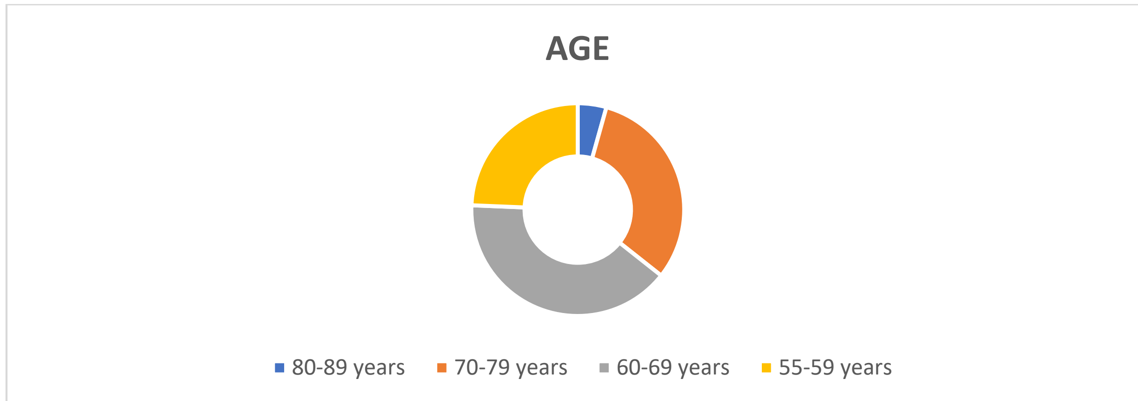
Participants worried whether their savings would last to support independent or assisted living, particularly those who were diagnosed with HIV decades ago and were told they faced a lower life expectancy. One participant has been HIV positive for 33 years. "So, I wasn't expected to make it to my 40th birthday and here we are, 62 on the horizon. I'm happy I proved them wrong, but then of course I went through what many people did back then and cashed out savings."

Another participant, who is politically active in HIV stigma reduction work, pointed to the continued need for such initiatives. Very few HIV-positive people are working in AIDS/HIV support services and health services in British Columbia, he said. He sits on the provincial and the national HIV stigma survey committees but says recent experiences have left him inadvertently re-stigmatized by HIV-negative health service staff.

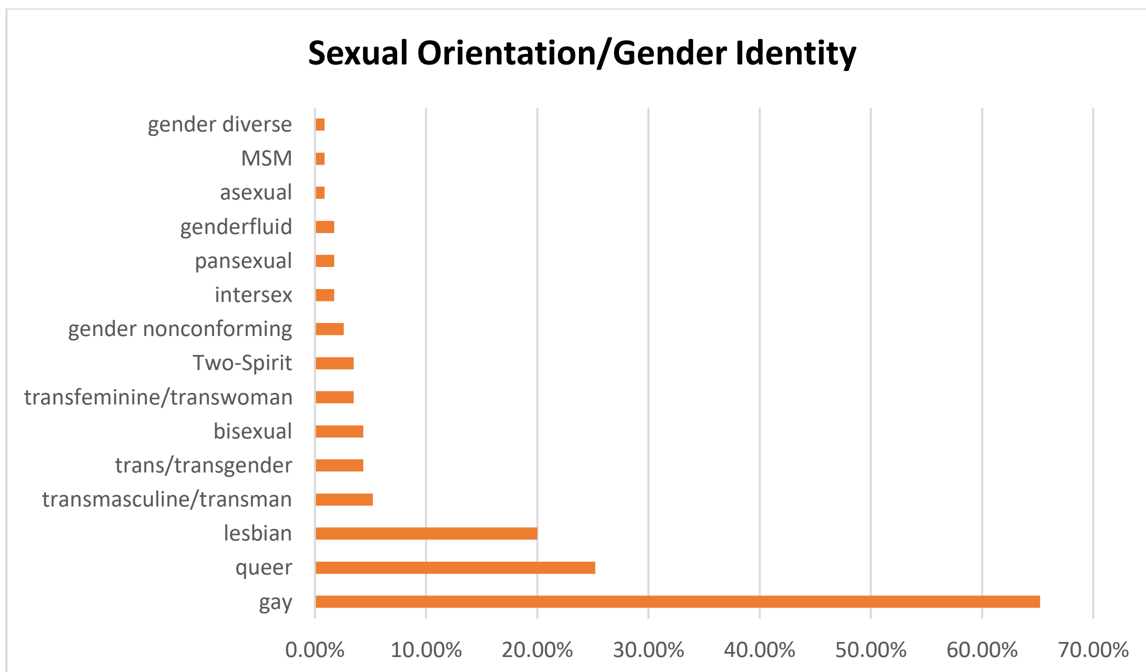
Survey

A total of 115 respondents completed the 28-question survey, which included open-ended and closed-ended items.

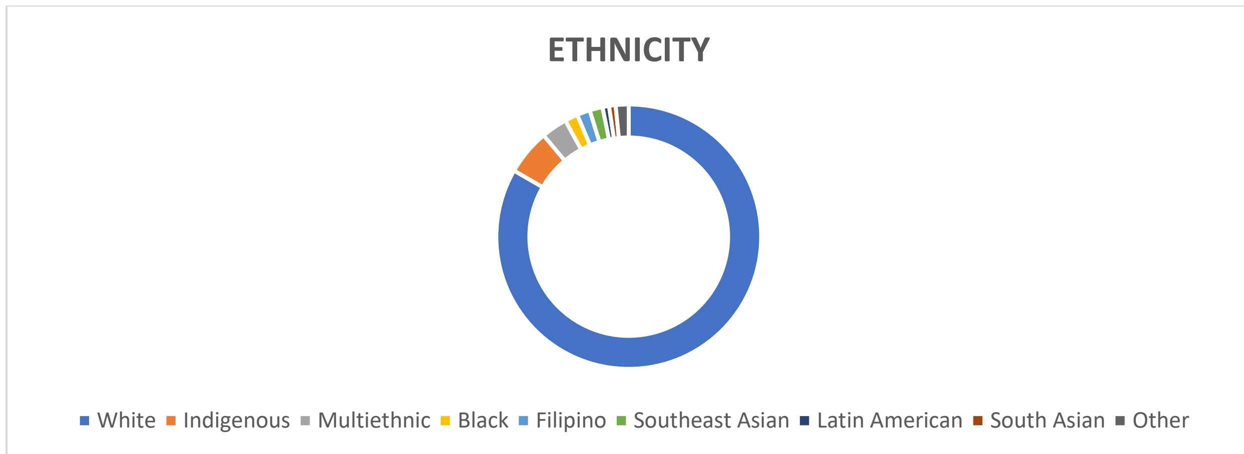
Demographics



Respondents were born between 1938 and 1967, making the youngest respondent 55 and the oldest respondent 84 in 2022. Five respondents were in their 80s; 36 respondents were in their 70s; 46 respondents were in their 60s; and 28 respondents were in their mid- to late 50s. The mean age was 66 years.



Respondents described their sexual orientation and/or gender identity as gay (65.22%), queer (25.22%), lesbian (20%), transmasculine/transman (5.22%), trans/transgender/of transgender history (4.35%), bisexual (4.35%), transfeminine/transwoman (3.48%), 2Spirit/Two-Spirit/2S (3.48%), gender nonconforming (2.61%), intersex (1.74%), pansexual (1.74%), genderfluid (1.74%), asexual (0.87%), MSM (0.87%), and gender diverse (0.87%). Respondents were able to select multiple labels to self-describe.

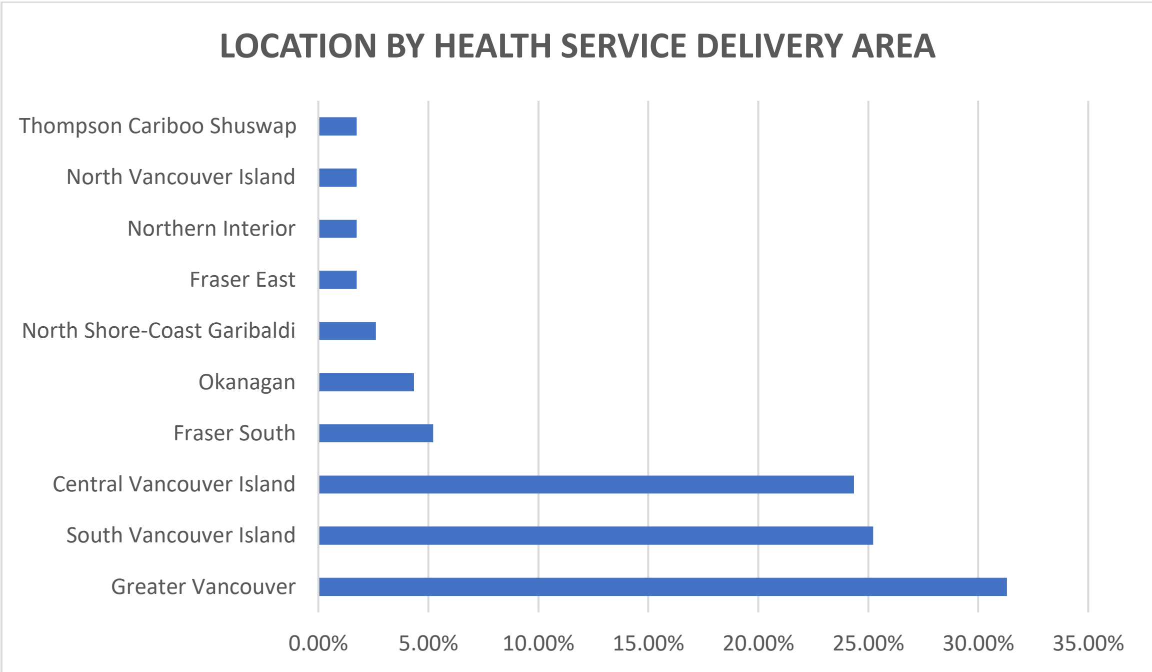


Respondents identified their ethnic background using the most recent Canadian Census categories as follows: White (91.3%), Indigenous/First Nations/Métis/Inuit (6.09%), Multiracial/Multiethnic (3.48%), Black (1.74%), Filipino (1.74%), Southeast Asian (1.74%), Latin American (0.87%), South Asian (0.87%). Two respondents (1.74%) selected "Other" noting European/Jewish and Jewish as responses. Of the 115 respondents, 26 (22.61%) were living with disability, 10 (8.7%) were immigrants, 7 (6.09%) were neurodivergent, and 2 (1.74%) were newcomers.

Income appeared not an immediate concern for most respondents, who reported that their income covered more than their basic living expenses (33.04%), covered their basic living expenses now but would not in the years to come (39.13%), or covered their basic living expenses (22.61%). Six respondents (5.22%) said their income does not cover their basic living expenses.

Respondents reported being able to obtain enough food to eat (95.65%), having access to safe drinking water (100%), being able to use electricity when they need to (100%), being able to heat their home when needed (97.39%), having access to the Internet (98.26%),

and having access to reliable private or public transportation (93.91%). The ability to cool one's home when needed was the most prominent need, with 20.87% of respondents stating that they are not able to cool their home as needed.



Most respondents lived in Vancouver or Greater Vancouver Area (31.3% or 36 respondents), South Vancouver Island (25.22% or 29 respondents), or Central Vancouver Island (24.35% or 28 respondents). Other respondents lived in the following Health Service Delivery Areas of British Columbia: Fraser South (5.22% or 6 respondents), Okanagan (4.35% or 5 respondents), North Shore – Coast Garibaldi (2.61 or 3 respondents), Fraser East (1.74% or 2 respondents), Northern Interior (1.74% or 2 respondents), North Vancouver Island (1.74% or 2 respondents), and Thompson Cariboo Shuswap (1.74% or 2 respondents).

Most participants (63.48% or 73 respondents) lived in large urban population centres larger than 100,000 inhabitants, with 19.13% or 22 respondents in population centres between 30,000 and 99,999 people and 13.04% or 15 respondents in population centres between 1,000 and 29,999 people. Five respondents (4.35%) lived in rural areas of fewer than 1,000 people.

Social Connections

A slight majority of respondents (59.13%) said they did not access community or support services specifically geared at 2SLGBTQI+ people.

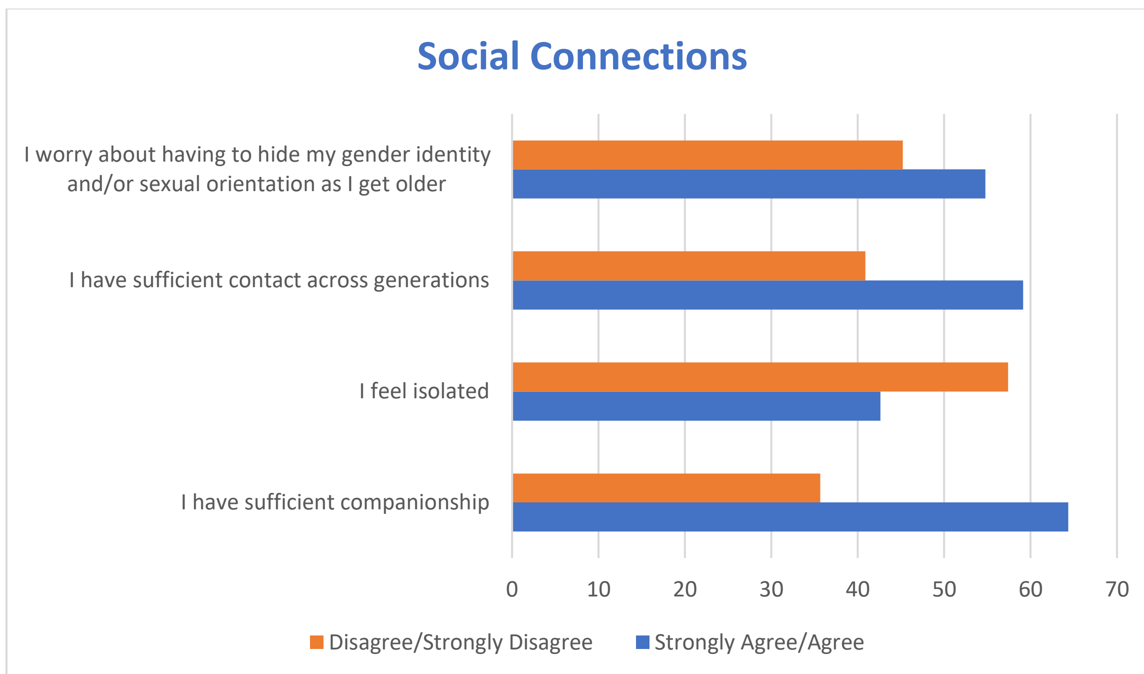
Almost all respondents (94.78%) reported being involved in one or more social activities. Of those, 66 (57.39%) reported participating in 2SLGBTQI+ groups or communities, which is likely due to the fact that the survey invitation was distributed through 2SLGBTQI+ groups and communities. A total of 64 respondents (55.65%) reported being involved in online communities/social media, and 58 (50.43%) were engaged in volunteer activities. Continuing education/lifelong learning was reported by 40 (34.78%) respondents; and 36 (31.30%) said they were active in club meetings or group activities. Faith, religious, or spiritual activities were an area of engagement for 29 (25.22%) respondents; 23 (20%) were active in recreational programming, and 5 (4.35%) in ethnocultural organizations. Six respondents (5.22%) reported not being involved in any of these activities.

Of all 115 respondents, 94 (or 81.74%) reported having experienced harassment, abuse, or violence because of their sexual orientation and/or gender identity in their lifetime. However, the number of respondents who had experienced harassment, abuse, or violence in the past year was much lower, with 26 respondents (22.61%) reporting such an experience and the majority (77.39%) reporting the absence of such instances. Still, 17.39 percent of respondents reported having chosen to not access senior services (e.g., senior centre, meal program, recreation program) because they feared discrimination or harassment, and 20.35% reported having chosen to remain closeted when accessing a senior service because they feared discrimination or harassment based on sexual orientation and/or gender identity.

- **94 percent reported having experienced harassment, abuse, or violence because of their sexual orientation and/or gender identity in their lifetime.**
- **93.04 percent said they would be more likely to access senior services if they knew staff had received 2SLGBTQI+ sensitivity training.**
- **47.82% were not confident they would be treated with respect by health care providers as they age.**

The vast majority of respondents (93.04%) said they would be more likely to access senior services if they knew staff had received 2SLGBTQI+ sensitivity training.

Just more than half of the respondents reported having sufficient companionship, not feeling isolated, and having sufficient contact across generations. However, 42.61% reported feeling isolated; 40.87% reported not having sufficient contact across generations; more than one-third of respondents (35.66%) reported not having sufficient companionship. Significantly, more than half of the respondents (54.78%) said they worried about having to hide their gender identity and/or sexual orientation as they get older.



Health

Almost two-thirds of respondents (72.18%) rated their physical health as good, very good, or excellent and their mental health (74.78%) as good, very good, or excellent. Respondents identified geographical location, sexual orientation, gender identity, age, lack of physicians, and income as the most significant barriers to health care access. Respondents were almost split on whether they were confident (52.18%) or not confident (47.82%) that they will be treated with respect by health care providers as they age.

Housing

Most respondents lived with a partner or spouse (52.17%) or by themselves (36.52%). The remaining respondents lived with other family members or friends or roommates. Participants were split on whether they had someone to take care of them in case they were unable to care for themselves, with 49.57% answering yes and 50.43% answering no. The majority of participants (91.3%) were not currently taking care of someone unable to take care of themselves.

All of the respondents were living independently at the time of the survey; none of the respondents lived in senior care facilities or were unhoused. Respondents were asked to rank options should they no longer be able to live independently in the future. The majority of respondents (67.83%) selected continuing to live independently with home care assistance (aging in place) as their top choice. The second most popular option was living in independent or assisted living housing for 2SLGBTQI+ seniors only, followed by living in independent or assisted living housing welcoming to 2SLGBTQI+ seniors and finally moving in with family members who might be able to assist with care.

End-of-Life Arrangements

Respondents were asked about end-of-life planning documents. About one-quarter (26.96%) of respondents had no such documents in place; the majority (70.43%) had a last will and testament in place. Prior to taking the survey, most respondents (70.43%) were not aware of Dignity Seniors Society, Simon Fraser University's LGBT End-of-Life Conversations website or the British Columbia LGBT End-of-Life Resource Inventory.

ITEM	IN PLACE
Last will and testament	70.43%
Power of attorney (financial/property)	33.91%
Advance directive	28.70%
None	26.96%
Enduring power of attorney	26.96%
Personal records overview	20.00%
Funeral plan	19.13%
Representation Agreement Section 7	15.65%
Representation Agreement Section 9	8.70%

Top Concerns

In response to an open-ended question asking respondents to identity their biggest personal concern about aging, the following concerns were generated:

1. Health and health care access (37 respondents)
2. Social isolation, loneliness, and lack of community (23 respondents)
3. Finances (15 respondents)
4. Housing (13 respondents)
5. Loss of ability to live independently (10 respondents)
6. Long-term care facilities (9 respondents)
7. Dementia (5 respondents)

One respondent each identified ageism and elder abuse as their top concern, respectively. One respondent reported having no concerns. Respondents also were asked to rank concerns from not at all concerned to extremely concerned. The results are presented in the table below, reflecting health and health care as the most prominent concern, followed by community connections, housing, and finances.

	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not At All Concerned
Community Connections	25.22%	36.53%	18.26%	13.04%	6.96%
Finances	26.96%	30.43%	16.52%	15.65%	10.43%
Health Care	48.70%	26.96%	13.91%	10.43%	0%
Housing	31.30%	28.70%	13.91%	13.04%	13.04%

The final question asked respondents an open-ended question about support services they would like to see available to 2SLGBTQI+ seniors. A content analysis of the 115 answers surfaced four specific areas of need, which mirror the interview findings:

1. **trained, affordable, respectful home support services to age in place;**
2. **senior care facilities and housing communities dedicated to 2SLGBTQI+ seniors and perhaps their allies;**
3. **access to health care, especially 2SLGBTQI+ inclusive health care; and**
4. **opportunities for social connections and a community network.**

Recommendations

The Board of Dignity Seniors Society reviewed the findings of the needs assessment and generated the following recommendations for local, provincial, and national government agencies, public and private health care providers, public and private senior housing providers, seniors community organizations and non-profit agencies, and 2SLGBTQI+ community organizations and non-profit agencies.

The Board expresses its disappointment over the lack of progress that has been made in British Columbia in light of similar research findings in the last two decades. The Board further calls on the provincial and national government to assume responsibility for the legacies of harm and to identify and address the needs of older 2SLGBTQI+ residents of British Columbia. Such legacies of harm include the continued disproportionate experience of social isolation and loneliness and the risk of re-traumatization of seniors who experienced the criminalization of homosexuality in Canada, who underwent conversion therapy, who are residential school survivors, or who were persecuted because of their sexual orientation and/or gender identity in their nations of origin.

Governmental Responsibility

1. A Diversity, Equity and Inclusion Seniors Ombudsperson should be appointed by the provincial government as part of the existing Seniors Advocate Office to ensure the effectiveness and authenticity of inclusion and diversity policies in seniors' services, with explicit acknowledgment of the needs of 2SLGBTQI+ seniors.
2. All British Columbia ministries and health authorities charged with overseeing, designing, and implementing policies and processes that potentially affect 2SLGBTQI+ seniors should counteract the continued erasure of our communities by including sexual orientation, gender identity, and gender expression in program evaluation and program delivery.
    - DSS recommends that the B.C. Ministry of Health require training in the completion of new optional gender identifiers for all InterRAI LTCF users. (The B.C. Ministry of Health is licensed to use the InterRAI Long-Term Care (LTCF) tool with its required public reporting through the Canadian Institute

for Health Information and to place individuals in care.) DSS advocates for further integration of optional 2SLGBTQI+ self-identification in the InterRAI LTCF to facilitate strategic long-term care home matching.

- Long-term care sites should be classified as to whether they are certified as culturally appropriate homes for 2SLGBTQI+ seniors.
- Heteronormative and cisnormative language should be removed from all public forms.

Training and Education

3. Health and social service providers in British Columbia should be required to obtain ongoing specialized training to learn about the needs of 2SLGBTQI+ seniors.
4. Health and social service providers in British Columbia should be required to obtain ongoing specialized training to learn recommended practices to provide culturally appropriate care for 2SLGBTQI+ seniors.
5. Mandatory training for staff and volunteers in senior care facilities should address the need to identify and prevent instances of discrimination, exclusion, and prejudice by other residents in such facilities.
6. Faculty in fields related to health care and gerontology should be prompted to consider inclusion of curriculum content that addresses 2SLGBTQI+ senior issues.
7. Research on the following subgroups of 2SLGTBQI+ seniors in British Columbia is urgently needed:
    - Low-income and economically vulnerable residents
    - Unhoused/homeless 2SLGBTQI+ seniors,
    - 2SLGBTQI+ seniors from racialized communities, and
    - 2SLGBTQI+ seniors in long-term care homes, hospices, and other senior care facilities.

Social Inclusion

8. Community programs and services for 2SLGBTQI+ seniors should be offered in non-metro areas of British Columbia and be available in in-person and online formats. Special consideration must be given to the needs of 2SLGBTQI+ seniors in rural areas of British Columbia.
9. Seniors advocacy organizations should assess whether they provide sufficient opportunities to engage 2SLGBTQI+ members of their communities.
10. 2SLGBTQI+ advocacy organizations should assess whether they provide sufficient opportunities to engage older members of their communities.
11. Community programs and services for 2SLGBTQI+ seniors should give special consideration to low-income seniors and seniors affected by disabilities, including, but not limited to, d/Deaf seniors, vision impaired/blind seniors, seniors with mobility impairment, and seniors affected by mental health conditions.
12. Organizations and agencies providing services for 2SLGBTQI+ seniors need to consider how colonization has affected and continues to affect Two-Spirit and other Indigenous LGBTQI+ people's relationships within Indigenous and non-Indigenous communities and provide culturally appropriate outreach.
13. Organizations and agencies providing services for 2SLGBTQI+ seniors need to consider how racialization and discrimination based on national, cultural, and/or linguistic origin disproportionately affects a particular demographic within 2SLGBTQI+ seniors and provide culturally appropriate outreach.
14. Senior advocacy and other relevant organizations representing racialized or otherwise marginalized populations should seek to work in coalition and collaboration with 2SLGBTQI+ organizations.
15. 2SLGBTQI+ advocacy organizations should seek to work in coalition and collaboration with local, provincial, and national senior advocacy organizations, particularly those representing marginalized population groups.
16. Public programming for seniors should actively reach out to 2SLGBTQI+ seniors and signal inclusivity in promotional materials.

17. 2SLGBTQI+ organizations in British Columbia should generate programming specifically designed to involve older 2SLGBTQI+ people in intergenerational and multicultural activities within the broader community.

Long-Term Care/Housing

18. Provincial and municipal governments should create affordable housing units designed and certified to be welcoming and inclusive to 2SLGBTQI+ seniors, and, where preferred, dedicated to 2SLGTBQI+ seniors.
19. Ideally, independent living complexes, assisted living facilities, long-term care facilities, dementia care facilities and hospices should provide units/beds in units explicitly welcoming to 2SLGBTQI+ seniors.
20. Ideally, and where appropriate, independent living complexes, assisted living facilities, long-term care facilities, dementia care facilities and hospices should provide units/beds in units exclusively dedicated to 2SLGBTQI+ seniors who prefer such options.
21. All documentation, such as intake forms, in senior care facilities should allow for the optional self-identification of gender identities, gender expression, and sexual orientation. Intake and referral procedures should be holistic and client-focused.
22. Seniors should have the ability to choose if they wish to identify as 2SLGBTQI+ and have the choice to be matched with an assisted living or long-term care home designated as culturally appropriate for sexual and gender minority residents.
23. Providers of health and social services should have recruitment policies and procedures to engage members of the 2SLGBTQI+ communities to be part of their staff and volunteers.
24. Independent living complexes, assisted living facilities, long-term care facilities, dementia care facilities and hospices should explicitly provide publicly available information about their 2SLGBTQI+ welcoming and inclusive services.
25. Senior care facilities should have an effective policy and procedure in place to address instances of discrimination, exclusion, and prejudice.

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