

Identifying barriers, developing solutions: Addressing the health and social needs of gay, lesbian, bisexual and transgender older adults who reside in long-term care homes

An Environmental Scan

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INTRODUCTION

The population of Canadian older adults, aged 80+, is growing proportionately faster than any other age group in Canada. Individuals making up this population have a 1 in 3 chance of relocating to a long-term care home or another congregate living environment such as a retirement residence or an assisted living facility. An extensive body of literature exists that documents the profile, health issues and aging experiences of older adults in congregate living facilities. Nonetheless, there remains a largely invisible population of elderly Canadians in congregate living facilities: those who identify as gay, lesbian, bisexual and transgender. Little is known about the prevalence, health concerns, and aging experiences of LGBT older residents of long-term care homes, retirement residences, and assisted living facilities. While some research has begun to illuminate how LGBT older adults' aging process and comfort with health services differ from that of the general population, these investigations have not been applied to experiences within congregate living facilities. Hence there is limited published literature on the topic, especially in the Canadian context.

This environmental scan was undertaken between May -September 2012 to systematically document how community agencies charged with addressing the needs of LGBT older adults and congregate living facilities purported to be LGBT "friendly" currently identify and address the needs of LGBT older residents. Part of a larger initiative aimed at identifying and addressing the health and health care needs of lesbian, gay, bisexual and transgender older adults who reside in long-term care homes, the environmental scan was undertaken to meet the three following objectives:

- 1) to identify and describe initiatives currently implemented to address the needs of LGBT older adults in congregate housing in 2 cities in each of the identified provinces (British Columbia, Ontario, and Québec), with particular interest in how the initiatives were developed and what factors facilitated or challenged implementation;
- 2) to identify service gaps by learning what initiatives advocacy groups and service providers would like to see developed relating to LGBT older adults in congregate living facilities;
- 3) to identify grey literature on this topic.

METHODOLOGY

Phase 1: Development of the Interview Guide

The environmental scan began with the development of a semi-structured interview guide, aimed at informing the three objectives listed above. An initial guide was developed by the research coordinator (MC) and the Principal Investigator (TS), and was circulated to the research team for

further input on the relevance, clarity, and comprehensiveness of the questions.¹ Once team input was integrated, the guide was pilot tested on four research collaborators who were already involved in initiatives for LGBT seniors in congregate living facilities. During these pilot interviews, research collaborators first responded to the questions and then provided post-interview input in light of their experiences with the questions and their knowledge of the objectives of the scan. Based on the feedback from the pilot interviews, minor adjustments were made to the interview guide, which was circulated to the entire team for final amendments and approval (See Appendix 1).

Phase 2: Sampling, Recruitment and Key Informant Interviews

Organizations and facilities that met the following inclusion criteria were included in the sample:

Organizations:

- 1) Their promotional material (internet, written documents) identified LGBT older adults as a group they serviced
- 2) They were identified by key informants to be involved in advocacy, training or other work in the area of LGBT older adults and congregate living

Facilities:

- 1) Their promotional material (internet, written documents) suggested that they were inclusive and welcoming to LGBT older adults;
- 2) They were identified by key informants to have undertaken some initiative(s) related to LGBT older adults within congregate living

On-line search:

An initial on-line search was conducted using the following search terms:

LGBT-related: LGBT, GLBT, lesbian, gay, bisexual, trans, transgender, transsexual, queer, lesbienne, gai, bisexuel, bisexuelle, transgenre, transsexuel, transsexuelle

Older adults-related: older adults, seniors, adults, personnes âgées, aînés

Long-term care-related: long-term care, nursing home, retirement home, residential care, CHSLD, résidences

¹The research team was comprised initially of eight investigators (including the Principal Investigator), the project coordinator, and five collaborators, with more collaborators joining the team as the project developed. Team members represented the three provinces, Québec, Ontario, and British Columbia.

Canada-related: Canada, British Columbia, Vancouver, Victoria, Ontario, Toronto, Ottawa, Québec, Montréal

The on-line search yielded 14 organizations and 12 facilities. After conducting a brief on-line search, a snowball method was used to identify additional organizations and facilities that met the inclusion criteria.

Snowball Sampling

The list of organizations and facilities identified on-line were circulated to the research team who identified an additional four organizations and five facilities. Key informants from all facilities and organizations identified on-line or through the team were also asked to identify organizations and facilities as they were contacted by the research coordinator. This yielded no additional organizations and 18 additional facilities for a total of 22 organizations and 35 facilities.

In addition to identifying organizations and facilities, some participants identified other individuals they felt should be contacted because of their interest or experience with the topic. These individuals were also contacted by the research coordinator to provide insights on the facilities, organizations or initiatives they knew of for LGBT older adults in congregate living.

Sample

One of the identified facilities was excluded from the sample because the project (to develop a retirement home for lesbian women) was cancelled. This facility was one of the 12 identified on-line. Two other facilities were not currently in operation; however, they were maintained in the sample because they were moving forward with their plans. Therefore 22 organizations and 34 facilities were deemed eligible for inclusion in the scan.

Key informants were contacted to provide information on the organizations' and facilities programs and policies represented a range of positions and professional affiliations including: facility directors of programming, facility directors of care, social workers in long-term care homes, and various program directors/coordinators at LGBT organizations. All interviews were conducted by the research coordinator (MC) using the guide developed in phase 1 (See Appendix 1).

The majority of interviews took place over the telephone. However a few interviews were conducted in person and one interview was conducted electronically through e-mail correspondence.

Phase 3: Analysis of Data

Extensive notes were taken by the project coordinator both during and immediately following each interview.

All interview notes and field notes were reviewed by the project coordinator and the Principal Investigator for the purposes of (a) summarizing initiatives and (b) capturing recurrent themes on what made initiatives work, what challenged initiatives and what gaps stakeholders identified.

FINDINGS

By City

Toronto

A total of six organizations and fourteen facilities were eligible for inclusion in Toronto.

Organizations

According to key informant interviews, four of the six organizations have undertaken initiatives to address issues related to LGBT older adults in congregate living. More specifically, this is what they have done:

- two organizations were instrumental in working with long-term care facilities, LGBT older adults, and researchers, in the development of a publication meant to be used by long-term care facilities to become more inclusive and welcoming of LGBT older adults;
- two organizations have offered training in congregate living facilities;
- one organization, which offers a range of services for older adults including a housing unit for older adults with dementia, adopted an LGBT inclusiveness strategy in 2010, and has ensured that all staff in their organization has been trained.

Facilities

Fourteen facilities were identified by key informants as being LGBT “friendly”. Of the fourteen facilities identified as LGBT friendly 11 were publicly funded long-term care home and three were private retirement residences.

Seven key informants were reached to provide additional information on the initiatives undertaken by the fourteen facilities identified in the scan.

The Initiatives

On-line statements about LGBT inclusivity

Eleven facilities, including ten public homes governed by one administration identified themselves as LGBT responsive in their on-line promotional material. The ten public homes provide a link to a tool kit they developed in collaboration with community agencies to ensure LGBT identifying older adults would not experience discrimination when entering a long-term care home (http://www.toronto.ca/ltc/pdf/lgbt_toolkit_2008.pdf). Another facility, a retirement

residence, is self-promoted on-line as “recogniz[ing] and celebrat[ing] the diversity of the lesbian, gay, bisexual, transsexual, transgender, two-spirited, queer, intersexed communities.” These eleven facilities are the only facilities included in the scan that were identified on-line suggesting that most LGBT ‘friendly’ facilities can only be located through word of mouth.

General Inclusivity

Two of the fourteen facilities described their approach as “inclusive of everyone”. As such, no specific steps were undertaken to address the issues of LGBT older adults, because these facilities “don’t differentiate”. Both facilities are members of the Toronto Senior Pride Network.

Training

Eleven facilities identified as inclusive of and welcoming to LGBT seniors reported receiving LGBT inclusivity training. In nine of the homes LGBT inclusivity training was provided to all staff and volunteers on a one time. The other two facilities offered training to selected staff such as social workers and managers.

LGBT Steering Committee

An LGBT steering committee was established by the head office of the ten public homes in collaboration with two Toronto based community organizations. The committee was established to help guide the homes in the establishment of an LGBT inclusive and positive atmosphere. The Steering committee was instrumental in the creation of the tool kit described above. Membership of the steering committee included representatives from: long-term care homes, community organizations servicing LGBT older adults and LGBT older adults.

Welcoming Physical Environment

Two facilities reported having visual cues such as the Pride rainbow flag displayed in the facility’s common areas. During Pride week, one of them also distributes rainbow flag pins, displays big banners, and flies a rainbow flag on its mast.

Programming

Two facilities reported incorporating LGBT-themed activities into their programming. Programs and activities include the following:

- Gay-themed readings and movies on a regular basis
- Tea with the Vicar: a social for the LGBT population, often with a guest speaker
- Guest speakers or roundtables on LGBT issues
- Pride week BBQ, entertainment, and flag-raising
- Participation in the Pride parade
- Bingo called by a prominent drag queen
- Cabaret shows
- “True Colours” social club – organizes lunches out in the Gay village, for example

- Renting out rehearsal space to a gay choir
- LGBT publications available in common areas

Key informants from facilities who have not developed LGBT themed programming suggested that they would develop this type of programming if they had a big enough LGBT population at their facility. As one key informant stated “We simply don’t have the commodity – but if we did, we would set things up in a New York minute.”

Participation in Pride Parade

Six facilities reported participating in the Pride parade.

Outreach/Recruitment

Three facilities were identified as having made efforts to outreach and recruit residents or volunteers from the LGBT community. For example one facility invited the seniors’ group at a nearby LGBT organization to come to the facility for a recital and social with current LGBT residents, and then gave a tour of the facility. Another facility asked LGBT organizations to advertise their facility amongst its older members. A third facility has actively outreached to the LGBT community to recruit volunteers.

Including LGBT Representation on Advisory Committees/ Boards

Two facilities invited representatives of LGBT organizations to sit on their advisory committees.

Attention to Language

Two facilities reported making efforts to use inclusive language in programming, documentation and in discussions with residents. For example, one facility renamed its “Family Christmas dinner” a “Family and Friends Christmas dinner” in recognition of the notion of “chosen families”.

Ottawa

A total of three organizations and ten facilities were eligible for inclusion in Ottawa. Eight key informants were reached to provide information on LGBT initiatives undertaken by facilities in Ottawa.

Organizations

According to key informant interviews, two of these organizations have done work directly relevant to LGBT seniors in congregate living:

- One organization is currently working with the head office of Ottawa’s municipal homes to adopt an LGBT inclusiveness strategy. This organization is also reaching out to private retirement homes to offer LGBT sensitivity training.

- One organization hosts a regular LGBT social activity, which has taken place in a room at an Ottawa-based retirement home; however, no residents have participated in the activity to date (instead, community-residing older LGBT adults attend the program).

Facilities

Of the ten facilities identified as LGBT “friendly” by key informants four are public long-term care homes, and six are private retirement homes (one of which has recently been allocated funding for transitional beds).

The Initiatives

On-line promotion or recognition of LGBT residents

According to our search results No Ottawa facilities identified themselves as LGBT sensitivity in their on-line materials.

General Inclusivity

One of the retirement homes reported providing in-house seminars on treating everyone equally regardless of ethnicity, religions, sexual preference, etc. This was the sole strategy adopted by the organization.

Advisory/Steering Committee

None of the Ottawa facilities identified reported forming an LGBT advisory or steering committee. However, one long-term care home administrator reportedly acts as a long-term care home representative on the Ottawa Senior Pride Network.

Training

Nine of the facilities (five retirement facilities and four public long-term care homes) reported receiving LGBT inclusivity training. In all cases the training was provided to management only. One of these retirement homes explained that part of the motivation for requesting the training was to be “ahead of the curve in responding to the new babyboom cohort.”

Welcoming Physical Environment

None of the Ottawa facilities identified reported having visual cues such as the Pride flag or pictures of same-sex couples in their environments.

Programming

None of the Ottawa facilities reported offering LGBT-themed programming for residents. However, one retirement home reported occasionally providing space for a community organization to host a “Rainbow Coffee Group”, but residents do not appear to participate in this.

Outreach/Recruitment

None of the Ottawa facilities reported any outreach work to recruit volunteers, staff, or residents from the LGBT community.

Attention to Language

None of the key informants from the Ottawa facilities specifically mentioned that their respective facilities had made sure, or were planning on making sure, that the language used in policies, publications, meetings with residents, and any communication within the facility is inclusive of sexual minorities.

Montreal

A total of five organizations and six facilities were eligible for inclusion in Montreal. Ten key informants were reached to provide information on LGBT initiatives undertaken by facilities in Montreal.

Organizations

According to key informant interviews, three of the organizations have done work directly relevant to LGBT seniors in congregate living:

- One has launched a campaign called “Pour que vieillir soit gai,” for which it has written a *Charte de la bientraitance envers les personnes âgées homosexuelles* and developed some information resources.
- One has screened a documentary for residents of various congregate living facilities about the experiences of older lesbians.
- One has outreached to a housing non-profit organization to secure a number of retirement apartments, half of which will be government-subsidized.

Facilities

In Montreal, a total of six facilities were identified for inclusion by key informants.² Two of these facilities are currently in development, one is a public long-term care home and three are retirement residences (two private and one not-for-profit). The two currently under construction will both be located in or near Montreal’s Gay Village. One is a multi-purpose facility which will include apartments for older gay men, and one is a facility for seniors with reduced autonomy which has identified lesbians as a priority population.

² The Québec Ministry of Health and Social Services offers two training programs to service providers about working with the LGBT population. These are entitled “Training for a new vision of homosexuality” and “Training to adapt our interventions to homosexual realities: intervening at all ages” (both our translations). From information gathered, it appears that a number of congregate living facilities throughout the province have received such training; however, the project coordinator was not able to find a list naming all of these facilities, or even get a number of how many have requested the training. For the purposes of this scan, the project coordinator relied on the information provided by the key informants included in the sample in order to identify facilities of interest. None of the key informants at the facilities identified recalled receiving this provincial training.

Six key informants were reached to provide additional information on the initiatives undertaken by the facilities.

The Initiatives

On-line promotion or recognition of LGBT residents

None of the Montreal facilities were found to advertise inclusion of LGBT sensitivity in their on-line materials.

General Inclusivity

One Montreal facility described their approach as open to and inclusive of all residents. This facility has a *Charter of the Rights of the Elderly* which, while not making any specific reference to LGBT seniors, does include two rights that could be especially pertinent to them: these are the “right to express his/her individuality and sexuality” and the right to be called by the name of his/her choice.

Advisory/Steering Committee

None of the Montreal facilities reported forming an LGBT advisory or steering committee.

Training

None of the Montreal facilities identified in this scan reported offering LGBT training to any of its staff. This was somewhat surprising given that in Quebec the Minister of Health and Social Services funds voluntary LGBT sensitivity training to any congregate living facility that requests it.

Welcoming Physical Environment

One of the facilities reported displaying the *Charte de la bientraitance envers les personnes âgées homosexuelles* created by Fondation Émergence in the residence.

Programming

None of the facilities identified reported offering regularly-scheduled LGBT-themed activities or programs. One of them, however, once held a coffee discussion on aging and homosexuality, and held discussions with residents leading up to a joint press conference that the facility did with the Fondation Émergence about its *Charte de la bientraitance envers les personnes âgées homosexuelles*.

Two of the facilities (one long-term care home and one retirement residence) allowed a community organization to screen a documentary on older lesbian women. In one long-term care home residents followed up by planning a Valentine’s Day event that was inclusive of same-sex couples.

Outreach

Three facilities reported actively outreaching the LGBT community. Two of these facilities are in the process of development and are scheduled to open in the coming year: one of these is a multi-purpose facility which will include apartments for older gay men, and one is a facility for seniors with reduced autonomy which has identified lesbians as a priority population. In both of these facilities, both located in or near Montreal's Gay Village, about half of the apartments will be government-subsidized and the others will not.

Official Partnership with an LGBT Organizations

None of the Montreal facilities identified reported having an official partnership with any LGBT organization.

Attention to Language

One facility reported making a language adaptation when interviewing potential residents. In the case of this facility, potential residents are asked how they would feel having a neighbour of a different culture, background or sexual orientation. Previously the question asked only about culture and background.

Quebec City

No organization or facility of interest could be identified through the on-line search for the Quebec City area. No members of the research team and none of the Montreal key informants mentioned a facility or organization of interest in Quebec City.³

Vancouver

A total of six organizations and two facilities were included in the scan in Vancouver. Three key informants were reached to provide information on LGBT initiatives undertaken by facilities in Vancouver.

Organizations

According to information gathered through key informant interviews, only one of these organizations actually does work directly relevant to LGBT seniors in congregate living. This organization has provided LGBT diversity training in continuum of care complexes. While the organization would like to outreach to more facilities, limited staffing has required that training be offered by demand only.

³Similar to the case of Montreal, it is possible that there are facilities in the Quebec City area which have received relevant training through the Ministry of Health and Social Services. If this is the case, however, this information did not surface through the on-line search or through key informant interviews.

One of the organizations identified in the on-line search advertised itself as working in partnership with a business to try to “consider the development of a progressive living community for The Second Fifty Years,” a community that “will welcome LGBTQ and our friends and families.” The project coordinator was not able to contact a key informant at this organization, and no other key informant could speak to this project.

Facilities

The two facilities included in the scan from Vancouver are continuum of care complexes.

The Initiatives

On-line promotion or recognition of LGBT residents

None of the Vancouver facilities were found to advertise inclusion of LGBT sensitivity in their on-line materials.

Advisory Committee

One of the facilities reported being in the process of putting together an LGBT Advisory Committee which will be composed of staff members, residents, family members, and members of the community at large.

Training

Both of the facilities identified in the scan reported receiving training from a community organization. In both cases a management level staff member approached the organization to pursue training. One of the facilities had heard about the LGBT Diversity Initiative in Toronto and was interested in learning more about how to become an LGBT competent facility. At this facility, training was offered on a first come first serve basis to any interested staff. Demands exceeded the capacity for the one-day training. The second facility organized training for its professional staff (social workers, occupational therapists, and nurses).

Welcoming Physical Environment

One of the Vancouver facilities reported displaying a few rainbow stickers in the residence to provide visual “safe space” indicators.

Programming

Neither of the Vancouver facilities reported regular LGBT-themed programming, but one of the facilities hopes to have a community organization host a discussion with residents on LGBT history. This idea developed after an activity was held on the history of women and pants; residents who participated in this expressed an interest in having a similar activity on LGBT

history. Some staff at this facility also participated, as representatives of the facility, in a queer breakfast event held in the community.

Outreach

One of the Vancouver facilities reported actively outreached to the LGBT senior community: it hosted a tea and tour for senior lesbians.

Attention to Language

One of the facilities identified the need to review its policies and procedures to ensure that LGBT-inclusive language is used in all facility documentation. This process has not started yet.

Victoria

A total of two organizations and two facilities were included in the scan in Victoria. Three key informants were reached to provide information on LGBT initiatives undertaken by facilities in Victoria.

Organizations

Both organizations were identified on-line, and both are volunteer organizations. According to information gathered by key informants, only one of these organizations has done work directly relevant to LGBT seniors in congregate living. This organization was originally formed to try to establish housing for lesbian seniors, but it has more recently focused on providing recreational and social activities to senior lesbians, as well as on raising awareness about the health and social service needs of senior lesbians.

Facilities

Two facilities were identified in the Victoria by one key informant. One facility is a public long-term care facility, and the other is a public continuum of care complex that services veterans. Another Victoria facility, a retirement home for lesbian seniors, had been identified but was excluded because plans for its development had halted.

The Initiatives

On-line promotion or recognition of LGBT residents

None of the Victoria facilities were found to advertise inclusion of LGBT sensitivity in their on-line materials.

General Inclusivity

Neither of the facilities identified have taken any explicit steps to ensure LGBT-inclusivity. The key informant at one facility explained that any government-funded facility does not have the

right to exclude anyone on any basis (other than level of care needs), and suggested that by not being exclusive, the facility was being inclusive.

Advisory/Steering Committee

Neither of the Victoria facilities identified reported forming, or planning to form, an LGBT advisory or steering committee.

Training

Neither of the Victoria facilities reported receiving LGBT sensitivity training.

Welcoming Physical Environment

Neither of the Victoria facilities identified reported displaying any visual “safe space” indicators such as the Pride flag or pictures of same-sex couples. The key informant of one facility explained that residents would be welcome to display whatever they like in their rooms, but that the facility would not display such signage in the hallways since this is shared space and the residents’ home – the residence would not want to be imposing.

Programming

Neither of the Victoria facilities identified reported offering any LGBT-themed programming or activities.

Outreach/Recruitment

Neither of the Victoria facilities reported initiative to recruit LGBT residents, staff, or volunteers.

Official Partnerships

Neither of the Victoria facilities reported establishing a formal relationship with an LGBT organization.

Attention to Language

Neither of Victoria facilities reported assessing all of their respective policies and procedures to ensure that language used is inclusive of sexual minorities. The key informant of one facility, however, said that she is participating in the development of a policy on resident sexuality, and is pushing to ensure that the language used in this policy is inclusive of sexual minorities.

Pan-Provincial Summation

The Initiatives

On-line promotion or recognition of LGBT residents

A total of 11 out of 34 facilities were found to include a statement about LGBT inclusivity in their on-line material. The remaining 22 facilities were described by others as LGBT inclusive but had no on-line promotional material self-identifying as LGBT inclusive.

General Inclusivity

Of the 34 facilities identified as LGBT inclusive in the five cities (Toronto, Ottawa, Montreal, Vancouver, Victoria), fifteen described their respective facilities as broadly inclusive and welcoming of everyone. While some of these fifteen facilities have organized staff training on LGBT sensitivity or had an occasional LGBT-themed activity, these have not been central to the functioning and culture of the facilities. Rather, these facilities worked on the premise that a strategy of general inclusivity was sufficient for LGBT residents to feel included, welcomed and acknowledged. In a couple of cases, it was suggested that putting special emphasis on the LGBT population by, for example, displaying “safe space” visuals might be seen as encroaching on the private sphere of other residents. As one key informant explained, “The facility is the residents’ home, so we wouldn’t put signage in the hallways, which is a shared space for all residents – but residents would be welcome to put up whatever visuals they want in their room.”

Advisory/Steering Committee

Of the 34 facilities identified as LGBT inclusive in the five cities, 11 had been, are, or will soon be guided by an LGBT steering committee or advisory group in the development and implementation of an LGBT sensitivity and inclusivity strategy.

Training

Twenty-two of the 34 facilities reported receiving some sort of staff training on LGBT older adults. Of those only ten facilities reportedly provided LGBT sensitivity training to all staff. Three facilities offered training to professional staff only (e.g. social workers, occupational therapists, nurses) and nine facilities offered training exclusively to management staff.⁴ In most cases training been provided by community organized charged with the mandate of addressing the needs of LGBT older adults.

The provision of LGBT training in congregate living facilities is, overall, a relatively new phenomenon. The first facility to have received some sort of staff training was a Toronto public home, in the early 2000s. The rest of the facilities have received their first training some time since 2008, with a large number of them receiving their first training within the last year.

⁴As mentioned previously, the Quebec Ministry of Health and Social Services offers LGBT sensitivity training to service providers, and information gathered suggests that there are congregate living facilities in Montreal and perhaps Québec which have received such training; however, none could be identified by name, nor could an estimate of the number of such facilities be found.

Only five of the 22 facilities identified as having received training are private facilities. The key informant at one of these facilities mentioned that part of the motivation for receiving the training was to be “ahead of the curve” in preparing for the babyboom cohort.

Welcoming Physical Environment

Of the 34 facilities, only five reported displaying any visual signs in their homes. Visual signs that were displayed included rainbow flags, rainbow stickers a charter of rights for older LG adults.

Programming

Two of the facilities reported regularly-scheduled LGBT-themed programming. Another nine facilities reported holding one-time occasional LGBT-themed activities including participation in the pride parade.

Outreach/Recruitment

Seven of the 34 facilities reported outreach work to advertise the facility amongst the LGBT community. One of the facilities has also actively sought volunteers from the LGBT community. Two of the homes outreaching to the LGBT community are homes under development specifically targeting gay men or lesbian women.

Official Partnership

All facilities that have taken concrete steps to be inclusive of the needs of LGBT residents have partnered with an LGBT community organization in one way or another. Few, however, have established a formal relationship such as having a representative of an LGBT organization sit on their board. Two facilities reported having had formal partnerships with an LGBT organization.

Attention to Language

Three facilities reported making adaptations to the language of their programming or intake process to ensure more inclusivity. In one facility, incoming residents previously asked about their comfort with neighbours of other cultures are now also asking about comfort with LGBT neighbours. In two facilities efforts have been made to ensure that language used in policies, publications, meetings with residents, and any communication within the facility is inclusive of sexual minorities. These based facilities attributed the adoption of these changes to the sensitivity training they received.

Two other facilities mentioned the intention of initiating a review of language.

Comprehensive Approach

The LGBT Tool Kit published by the City of Toronto Long-term Care Homes and Services outlines a clear framework for the inclusivity of LGBT residents. The framework identifies six main areas to target to address LGBT inclusivity within long-term care homes (1) programs and services; (2) governance; (3) human resources; (4) physical facility and environmental design; (5) communications; and (6) community relations. While all but four of the facilities identified have undertaken at least one initiative that fits into one of these six categories (as outlined above),⁵ only three facilities could be identified that have embraced the framework as a whole.

Common elements identified in the three facilities that adopted a comprehensive strategy include: (1) leadership at all levels including a senior management team that has named LGBT inclusivity as an important goal for their respective facilities, and middle management (e.g. director of programming or director of resident services) who have worked hard to ensure that senior management directives are translated into real change within the facility; and (2) access to and collaboration with an LGBT organization with a paid staff member dedicated to working with and for LGBT seniors. These respective organizations have supported the facilities in many ways – for example, by providing staff training, by facilitating connections between the facility and the LGBT community, and by sitting on a facility advisory committee. Adopting a comprehensive approach has allowed these facilities to start creating an institutional culture of LGBT inclusiveness, making this a central aspect of the facility’s functioning. Two of the three facilities are also located in neighbourhoods with a high LGBT population however one is not.

Perceived Facilitators for the Implementation of a Comprehensive Approach:

LGBT Staff or Volunteers Open at Work

A number of key informants said if staff and volunteers are not comfortable being open about their sexual orientation in a given facility residents will not feel comfortable either. Although having openly LGBT staff members and volunteers does not guarantee that LGBT residents will feel comfortable and recognized in a given facility, it can be an indication of the potential for a facility to be welcoming to and inclusive of LGBT residents. Key informants from a majority of the facilities reported that their respective facilities have LGBT staff or volunteers who are open in the facility. Furthermore, there seemed to be a relationship between facilities that did not have any openly LGBT staff or volunteers, and facilities that did not have any openly LGBT residents.

Champions of the Cause

Some key informants emphasized the importance of having “champions of the cause” at all levels of the organization – at top management, mid-management, and front-line levels – to

⁵ While a philosophy of “General inclusivity,” is not in itself a step towards LGBT inclusivity it appears to be an important as a prerequisite to a facility embracing an LGBT inclusivity strategy. (See “Getting a pulse on the social landscape of the home” on page 8 of the Tool Kit for more detail on this).

ensure that LGBT inclusiveness remains center stage. These champions were often, but not always, identified as being part of the LGBT community or having family members or friends who are part of the LGBT community.

Residents Comfortable Coming/Being Out

According to key informants, at two of the facilities that have adopted a comprehensive approach to LGBT inclusivity strategy, there have been cases of residents coming out against their own expectations. One key informant reported that an older resident came out for the first time in his/her life after moving into one of these facilities. At the other such facility, one of the residents reported that he had expected to go into the closet when moving into long-term care, but that the atmosphere in the facility was one that felt safe, so he was comfortable coming out again in this new environment.

Key informants at a majority of the facilities reported having at least one resident who was openly LGBT. Anecdotal evidence suggests that in some cases residents are open because of the efforts the facilities have taken to be welcoming to LGBT residents, while in other cases, having openly LGBT residents has influenced the facilities to start taking concrete steps to ensure that the needs of these residents are being met.

Challenges Implementing LGBT Initiatives and Strategies

Key informants identified challenges encountered when their respective facilities undertook steps to become more LGBT inclusive and responsive, and/or challenges they anticipate encountering as their respective facilities further develop an LGBT inclusiveness strategy. Key informants also shared strategies used to overcome these challenges.

Staff: Homophobic Attitudes

Some key informants reported actual or anticipated challenges in dealing with the homophobic attitudes of some staff members. A number of key informants mentioned that many employees of congregate living facilities are people who have moved to Canada from places with strong culturally- and religiously-based homophobic attitudes. A strategy used by one key informant was to make it explicit at the beginning of training sessions that the purpose of the training was to ensure that human rights codes and charters are respected and not to alter religious beliefs. These strategies emphasised residents' rights to dignity and respect. Some stated that explicit anti-discrimination policies mentioning the LGBT population helps staff understand they have a professional commitment to follow these policies, regardless of personal beliefs.

A strategy used at one facility was to have an anonymous discussion board put up in the staff area. This allowed for self-monitoring within the staff group, and a space for staff to anonymously express their concerns. For example, it was reported that a comment appeared on the board that appealed to religion to condemn homosexuality, and that in response, someone

else had written a comment that also appealed to religion, but to make the case for love and acceptance.

Staff: High Turnover

Another challenge described by key informants was the high rate of staff turnover in congregate living facilities. In such a context, the impact of one-time training sessions, even when given for all staff from personal support workers to nurses to management, is not necessarily significant or long-lasting. Responding to this challenge, one of the homes includes mentions their LGBT inclusiveness mandate in the general training given to all new staff. Not surprisingly, however, it was reported that this small mention is less impactful than the larger training sessions that have been given devoted solely to LGBT inclusiveness.

A number of key informants suggested that integrating information on the health and social needs of LGBT seniors into core curriculum in professional schools (e.g. nursing and social work), would, to a certain extent, help address the challenge that high staff turnover rates currently pose to the efficacy of LGBT training given by facilities. This could address turnover at the professional level but still overlooks the turnover more commonly identified for support staff.

Another strategy that has been used to help address the challenge caused by high staff turnover is to ensure that LGBT inclusiveness is incorporated comprehensively (see “Comprehensive Approach” on page 16). In this way, LGBT inclusiveness becomes an aspect of the culture of the institution, something that new staff will quickly understand. Only two facilities in the scan have attained this level of comprehensiveness in terms of LGBT inclusiveness, and a third has only within the last year started to make the transition from a facility of “general inclusiveness” to a comprehensive LGBT inclusiveness.

Questioning the Need of LGBT-specific Initiatives

As mentioned previously, the key informants of a number of facilities mentioned the general culture of inclusivity and equality at their facility, suggesting this makes their facility LGBT-inclusive. On the other hand, key informants from other facilities stated that general inclusivity is not enough. They explained that “treating everyone the same” usually means treating everyone as though they are heterosexual, which does not make LGBT people feel included. Furthermore, these key informants explained that LGBT seniors often have unique needs that will go unmet if staff members do not understand the historical context of these residents’ lives – if they do not recognize the experiences of discrimination and stigmatization that LGBT people of older generations lived through.

Even at facilities where staff have received training on LGBT history and culture, there was resistance expressed by a number of key informants to the idea of taking further steps to increase their respective facility’s LGBT inclusiveness strategy. It was suggested that these facilities

simply did not have enough LGBT residents to warrant such an undertaking. As one key informant put it, “We simply don’t have the commodity – but if we did, we would set things up in a New York minute.” Despite good intentions, such a perspective may hinder disclosure by older LGBT residents, who, having grown up in a period when being LGBT was considered immoral and/or illegal, are unlikely to come out unless they are in an environment that is explicitly welcoming of LGBT persons. Importantly two of the facilities that reported adopting a comprehensive approach suggested that this environment facilitated the “coming out” of some residents. This leads one to question the assumption that evidence of an LGBT resident presence should preclude the adoption of LGBT specific strategies within facilities.⁶

Non-LGBT Residents’ Attitudes

A large number of key informants anticipated that resident homophobic attitudes would pose a challenge to LGBT inclusiveness initiatives. It was suggested that, because senior residents grew up during a period when homosexuality was illegal and considered immoral, they likely still hold strong prejudices. Furthermore, a number of key informants in Québec mentioned the strong influence that the Catholic Church used to hold in the province, meaning that many of today’s seniors in Québec are Catholic and accept the Church’s condemnation of homosexuality.

It is worth noting, however, that at the two facilities that have attempted the most comprehensive implementation of LGBT inclusiveness strategies, key informants did not report having encountered great resistance from residents. They did experience minor setbacks. For example, at one facility it was reported that when rainbow flags were first displayed in the reception area and elsewhere, they would disappear from time to time; however, this no longer happens. A key informant also explained that there was some concern expressed by family members of residents when the facility first started undertaking its LGBT inclusiveness strategy, because of misinformation and misunderstanding: rumours had spread that the facility would be kicking out non-LGBT residents to become exclusively LGBT! This misinformation was promptly clarified. One key informant explained that dialogue and discussion had proved the best approach to dealing with resistance.

Furthermore, the key informant of the only facility in Montreal that could be identified that has posted a visual affirmation of LGBT residents – by posting the *Charte de la bientraitance envers les personnes âgées homosexuelles* – reported that residents seem to have responded positively. The key informant explained that before signing and posting the *Charter*, the facility held workshops and discussions with residents on the subject, so that it would not come as a surprise to them that their facility was making a public affirmation of LG seniors. The key informant explained that she understood that this could be seen as a “delicate issue” and that perhaps it would seem that they were asking a lot of their residents, given the fact that the residents lived a

⁶Estimates in the literature suggest that anywhere between 7-10% of a given population is LGBT, which suggests that most likely every facility has some residents who are LGBT, whether “out” or not.

good part of their lives at a time when homosexuality was illegal, and given the influence of the Catholic church. She explained, however, that most residents were completely on board with the facility's initiative, with many of them talking about how they have a family member or friend of the family who is openly LGBT, and that they are comfortable with that.

Additionally, a key informant reported that at a facility where a documentary on older lesbians was shown to interested residents, residents subsequently made an effort to ensure that their Valentine's Day event was inclusive of same-sex couples.

Being in the Context of a Religious Facility

Two of the facilities in the scan are public long-term care home with a specific religious denomination. While it may seem surprising that religious facilities would have ended up being identified as LGBT inclusive, the fact that these two facilities were identified speaks to the impact that can be made by individuals when they decided to take on a cause. Nonetheless, key informants at both facilities spoke of the challenge that being in the context of a religious facility posed to introducing LGBT inclusiveness initiatives. They suggested that being a facility charged with the responsibility of addressing the needs of a particular religious community does not make becoming an LGBT inclusive facility impossible, but that it certainly poses unique challenges and calls for creativity and patience. One key informant, for example, stated that it is not feasible at this point in time to put up rainbow flags in the facility, but that work can nonetheless be done with staff to ensure they are more aware of the life experience and unique needs of LGBT seniors. One key informant emphasized the importance of building partnerships and finding allies within the facility and its various stakeholders.

As mentioned earlier, the question of religion was also brought up by a number of key informants in Québec. In this instance, it was not to speak of a facility founded by a religious group, but rather to speak of the influence of the Catholic Church amongst much of Québec's older generation. The only key informant who spoke of a strategy used for addressing this challenge explained that the facility hosted workshops or discussions on LGBT history and present-day rights. (See "Non-LGBT Residents' Attitudes" on page 20 for more detail).

Lack of Resources

A number of key informants bemoaned the lack of financial and human resources they were working with. One key informant explained that, increasingly, healthcare professionals are being asked to do more with less. As a result, this informant explained, it is hard to get people on board for new initiatives. Another key informant mentioned the challenge of trying to find money for LGBT-specific programming within his facility.

Key informants expressed frustration with workload: there are initiatives they want to be able to take on, but simply do not have the time to because they are stretched thin as it is. For example,

a key informant that provided training in two facilities expressed a desire to outreach to more, but lacks the time to do so. In this case, the key informant is the only paid staff in Vancouver whose professional mandate is to advocate and provide services specifically for LGBT older adults. This is a similar issue in Toronto, where only one organization had a paid staff member with a mandate to work with and serve LGBT seniors. No such paid employee could be identified in any of the other cities, although Ottawa does have a thriving Senior Pride Network strongly affiliated with an organization with paid employees. As noted previously three facilities that have adopted a comprehensive approach to LGBT inclusivity worked with the two organizations that have a staff member mandated to advocate for and provide services to LGBT older adults.

Points of Contention

LGBT Inclusivity in Mainstream Facilities vs. LGBT-specific Facilities

While the majority of facilities identified themselves as “mainstream” facilities that are taking steps to adapt to better serve LGBT residents, three facilities included in the scan consider themselves to be targeting the LGBT community. All three of these facilities are located in Montreal (two of these facilities are currently in development). While a retirement home in Victoria also had plans to service an older lesbian clientele, this home was never developed.

Most key informants supported the idea of LGBT inclusiveness within mainstream facilities. They pointed out that other approaches could lead to segregation or “ghettoization” of LGBT seniors; that many LGBT seniors have non-LGBT friends whom they might want to live with; and that securing financing for such facilities would be a big challenge (which may be the reason that the facility in Victoria never materialized). Furthermore, in a perfect scenario, if all mainstream facilities adapt, LGBT seniors will not have to move far away from home just to find a facility where they feel included and affirmed.

LGBT vs. L, G, B, and T

Most key informants, when asked to speak of LGBT initiatives or issues, spoke of initiatives geared towards lesbian women and/or gay men. Bisexual residents and transsexual residents, or initiatives geared towards ensuring the needs of these people are met, were largely overlooked. Only one facility was identified that has actively engaged with the trans community: it has had a transwoman perform at events, and has organized a presentation by a transwoman to speak of her experience as such.

A few key informants were contacted specifically with the aim of filling in some of the information on trans experience that was not forthcoming in other key informant interviews. While at least one key informant speaking of trans initiatives expressed a wish to find a way

develop broader collaboration and solidarity with the larger queer community, other key informants suggested that this does not always work.

One key informant, who was contacted because of her identification with and involvement in the trans community, testified that she often finds the “T” in “LGBT” seems to stand for “token” or “tolerated” – in other words, trans people are not fully included and considered when people speak of “LGBT.” Another key informant pointed out that, even the most progressive tool kits and inclusivity strategies focus very little on trans residents. And yet, as some key informants explained, the issues that trans residents face in long-term care are not the same as the issues faced by LGB residents. One key informant asserted that comparing the experience of trans residents to the experience of LGB residents is in fact comparing “two completely different worlds.” While the invisibility of LGB seniors was identified as an issue by many key informants, some key informants pointed out that trans residents can experience the opposite problem. While an LGB resident can choose to hide his or her sexuality or maintain silence about it, a trans resident receiving intimate care does not have this option of maintaining invisibility. (This is especially the case for a trans resident who has not completed reassignment surgery, or for a resident who experienced an unsuccessful operation). A trans resident therefore has less control over disclosure. Key informants reported hearing of trans residents being ridiculed by voyeuristic staff members; some reported they have heard trans adults say they would rather take their lives than move into long-term care.

Similarly, the unique experience and needs of bisexual residents were not mentioned in any key informant interviews, with one exception, and they do not figure in to existing initiatives. The key informant that did speak to the unique experience of bisexual residents did so upon prompting. She explained that bisexual people are sometimes afraid of coming out as bisexual to the gay community for fear of rejection, just as they can be afraid of coming out as bisexual in a heteronormative society to heterosexuals. This key informant also explained that a bisexual resident could possibly have to “come out” and explain their sexuality more often than a gay or lesbian resident, because many people do not understand the concept of the fluidity of sexuality and sexual orientation. In other words, many people are more comfortable with binaries, with that idea that someone can be attracted to either men or women, not to men and/or women, and so would not be easily understanding of a bisexual resident.

RECOMMENDATIONS

The recommendations outlined in this section build on the previous sections – on the lessons learned from the approaches, challenges, levels of success, and gaps identified in existing LGBT

inclusiveness initiatives in the three provinces. The recommendations are broken down into practice recommendations and research recommendations.

Practice Recommendations

Paid Staff Mandated to Address the Needs of LGBT Older Adults in Community Organizations

Findings from this scan suggest that LGBT organizations play an important facilitative role in connecting facilities with the LGBT community and in providing training. More specifically, findings suggest that organizations that have a paid staff member mandated to advocate for and provide services for LGBT seniors have played a central role in supporting facilities in undertaking LGBT initiatives. In fact the few facilities that adopted a comprehensive LGBT inclusivity strategy all worked closely with an organization that housed a paid staff person charged with the mandate of identifying and addressing the needs of LGBT older adults. The scan revealed that only two (Toronto, and Vancouver) of the five cities studied have one paid staff person attached to a community organization with a mandate to address the needs of LGBT older adults. These two cities also housed the only facilities that comprehensively adopted an LGBT inclusivity strategy. This suggests that resourcing organizations with paid staff dedicated to identifying and addressing the needs of older LGBT adults may be a critical step in the development of congregate facilities that are comprehensively inclusive of LGBT residents.

Fostering Internal Leadership

Key informant interviews revealed the importance of having “champions of the cause” in facilities, and suggested that these champions are often either self-identified as LGBT or have a family member or friend who is part of the LGBT community. Such internal leadership should be encouraged and promoted. Hiring policies should be welcoming and encouraging of LGBT applicants and effective anti-discrimination and anti-harassment policies should be in place. It is likely that staff who self-identify as LGBT or as an ally will be very receptive to the idea of LGBT inclusiveness, and promote it from within the facility. In fact, in at least six cases, it was this leadership that initiated or maintained the LGBT strategy adopted in many of the facilities included in this scan, including the three with the most comprehensive approach.

Comprehensive Approach

The facilities with the most successful reported outcomes of LGBT inclusiveness initiatives are the facilities that have taken the most comprehensive approach to LGBT inclusivity. These facilities have embraced the 6-category framework outlined in the City of Toronto Long-term Care Homes and Services’ LGBT Tool Kit (and have been supported by an LGBT community organization in realizing this approach). We recommend that other facilities follow suit, emphasizing that our findings made it clear that, while providing staff training on LGBT sensitivity is an important step in creating a culturally competent facility, it is not sufficient. Such training must be supported by visual affirmations of LGBT presence, by outreaching to the

LGBT community to enrich programming, by ensuring language used in all communication is inclusive of sexual minorities, by having inclusive hiring policies, and by ensuring that the concerns and aspirations of LGBT residents or future residents are heard and responded to. In other words, training needs to translate into real actions and approaches.

Two major obstacles emerged as challenging facilities from embracing a comprehensive LGBT strategy: the belief that a facility should have a certain number of openly LGBT residents before it adopts such an approach; and a fear that non-LGBT residents will react badly to LGBT inclusiveness initiatives. These two obstacles are addressed in the section on research recommendations

The next two practice recommendations are meant to address issues which emerged through key informant interviews.

Attention to Bisexual and Trans Experiences, Needs, and Aspirations

As mentioned in the section “LGBT vs. L,G,B,T” (see page 22), the unique experiences and needs of bisexual and transgender individuals have largely been sidelined or overlooked in discussions of “LGBT” initiatives. Anyone undertaking an “LGBT” initiative must be aware of this, and make efforts to avoid doing the same. This could involve doing special outreach to these communities, and making sure these communities are represented in facility committees (e.g. on an LGBT steering committees or a facility advisory committees).

Developing Strategies for LGBT Inclusiveness in Religious Facilities

Key informants of the two publicly funded religious facilities identified in the scan both spoke of challenges related to reconciling religious beliefs with LGBT inclusivity initiatives. While these facilities are open to the public their mandate is to provide culturally and religiously adapted services. Key informants, who were themselves open to LGBT inclusivity and had begun to initiate training in this area expressed a concern that residents, family members and/or other community members, would be affronted by overt affirmation of sexual minorities because of religious beliefs. Developing partnerships with faith-based leaders who have considered LGBT issues could help such organizations reconcile these concerns. Despite these obstacles it is important to highlight that 2 of the 34 facilities identified in this scan did adopt at least one initiative to include LGBT residents. This suggests that internal leadership and will can go a long way in overcoming these obstacles.

Networking and Information Sharing

Key informants from most facilities and organizations suggested that more effective networking and information/resource sharing was necessary to successfully implement LGBT initiatives in congregate living facilities. The Senior Pride Networks in Toronto and Ottawa which includes stakeholders from various sectors aims to address this need by facilitating knowledge-exchange

and collaboration. Further the LGBT Diversity Tool Kit Developed for Toronto Metro Homes is available electronically and has been used to guide other facilities. Of the three major metropolitan areas included in the scan (Vancouver, Toronto, and Montreal), Montreal appears to be the city with the least robust networking. Of these three cities, it is also the only one without an organization that has a staff member mandated to advocate for and provide services to LGBT older adults. While a number of different initiatives have been attempted (e.g. provincial training offered to service providers on working with LGBT populations, the screening in facilities of a film on older lesbians by the Réseau des lesbiennes du Québec, the Fondation Émergence's campaign "Pour que vieillir soit gai"), there does not seem to have been any coordination between them.

Curriculum Development

Key informants repeatedly mentioned the need for LGBT inclusivity to be integrated into core curricula of professional trainings programs and college programs. This would ensure that staff members such as social workers, nurses, and nursing aides being would already have knowledge about the unique needs and experiences of LGBT seniors. This would ensure that training provided in-house would build on the curricula rather than introduce issues for a first time. Importantly unless certificate programs and colleges also adopt this strategy front-line staff (such as nurses-aids, kitchen staff and cleaning staff) whose turnover is high and training is limited will remain undertrained in this area.

Research Recommendations

As mentioned above, the recommendations made in this section focus on filling in gaps in knowledge that will help with some of the practice recommendations made above. More specifically, these research recommendations are meant to help address two of the biggest barriers identified to implementing comprehensive LGBT inclusivity strategies: the belief that a facility should have a certain number of openly LGBT residents before it adopts such an approach; and a fear that non-LGBT residents will react negatively to LGBT inclusiveness initiatives

Learning from the Experience of LGBT Residents in Facilities with a Comprehensive Approach

Anecdotal evidence gathered through key informant interviews suggested that the adoption of a comprehensive approach by a facility can make LGBT residents feel safe coming and being out, even when they had expected to have to go back to (or remain in) the closet upon moving into a congregate living facility. The data gathered by systematically tracking such experiences will allow for a better assessment of the impacts of LGBT inclusiveness initiatives. In the event that data collected corroborates anecdotal evidence gathered in this scan, this data could support the importance of engaging in a comprehensive strategy despite resident disclosure. More specifically, it will help challenge the belief that embracing such a framework makes sense only when there are already openly LGBT residents at a facility.

Furthermore, LGBT residents will be able to provide information based on personal experience about what has and what has not facilitated their sense of comfort and well-being in congregate living, and will be able to make recommendations for improvement of LGBT inclusiveness strategies.

Tracking/Recording non-LGBT Residents' Reactions to LGBT Initiatives

More knowledge and data is also needed in the area of non-LGBT residents' reactions to LGBT inclusiveness initiatives. Many facilities who did not adopt a comprehensive approach to LGBT inclusiveness suggested that they anticipated residents' attitudes to be an obstacle. A review of the literature reveals many similar assertions, yet only one study has actually been conducted on resident views of homosexuality in facilities (Walker & Ephross, 1999). Furthermore, facilities in our scan that have adopted a comprehensive approach or at least displayed "safe space" visuals did not report experiencing much resident resistance. The preliminary testimonies gathered in this scan challenge the view expressed by many key informants that seniors will be close-minded and oppose LGBT initiatives. Research examining residents' attitudes within long-term care may help to explicate the current realities of this barrier. Quite possibly, ageist attitudes that view older adults as rigid thinkers may contribute to facilities' perceptions that residents would be more closed to an LGBT strategy than the general population. Furthermore, as part of this research, information should be gathered on how facilities have dealt with resistance from residents if it has surfaced. This will allow for the discernment of "best practices" or guidelines and approaches which can then be applied in other facilities.

APPENDIX 1

2012 CIHR Planning Grant Environmental Scan - Procedure, Objectives, Questions

Start by getting recommendations of places to contact from investigators and collaborators, and offer to give a copy of our report to all who participate in the environmental scan

Objectives:

- a. Learn about existing initiatives intended to address the concerns and needs of LGBT older adults in congregate housing in each of the identified provinces with particular attentions to identifying differentials in L, G, B & T initiatives**
 - i. Describe initiatives, formal or informal (e.g. awareness training; implementation of policies; where; who it has involved and who it is serving; how/why initiative was started)**
 - ii. Identify barriers and facilitators for implementation**
 - iii. Explore perceived outcomes from the perspective of organizations offering the initiatives (for older adults, for staff, other stakeholders)**
- b. identify initiatives that advocacy groups and service providers would like to see developed relating to LGBT older adults in congregate living facilities**
- c. Identify grey literature on this topic**

First Step:

- Develop a list of LGBT-focused organizations with initiatives for older adults in approximately 3 cities of each of the three provinces (Ontario, Quebec, BC)
- Develop a list of congregate living facilities (residences, long-term care facilities, etc) that have been identified as having done anything (formal or informal) to address the topic of LGBT older adults living in congregate housing

Questions:

- 1) Can you briefly describe the work your organization/facility does in relation to older adults?
 - Who is served, major program and initiatives, catchment area, access (paid or free; referral or outreach), etc.

Can you describe what, if anything, your organization has done/does to support LGBT older adults in congregate housing/long-term care homes (residential, long-term care, public housing for older adults)?

- E.g. training to staff; discussion groups with membership; collaboration with housing organizations/other organizations, social events for pride, regular social events with an LGBT focus

Other prompts to elicit a description of initiatives from congregate housing facilities:

- Is your organization private or public?
- What makes people eligible for your housing?

- What are the financial costs?
 - Can you tell me a bit about the people who live in your complex? (needs, age range, sexual orientation? Etc
 - How did the facility come to be established?
 - What makes your facility inviting/supportive/affirming for sexual minorities? (incl. trans and queer)?
 - Prompts: e.g. explicit “safe space” with use of flag; LGBT staff; etc
 - How did this initiative evolve?
 - What have been some of the barriers to this initiative? What has contributed to the success of this initiative?
 - What have been the results of this initiative for the institutions, residents and/or staff?
- 2) What are some of the issues LGBT older adults may face in congregate living situations?
- Have any of these issues been raised by your membership? Are some of your members currently in, or thinking about relocation to, congregate living?
- 3) What are other initiatives would you like to see take form in regards to LGBT older adults in congregate living?
- 4) Does your organization have any organizational documents or reports (published or unpublished) on the issue of LGBT aging and congregate living? (If yes, ask for copy)
Do you know of any other reports, program descriptions, or policy statements that have been written about LGBT older adults and congregate housing? (If answer is yes, ask how to locate them/info of a contact person)
- 5) Do you know of any other organizations that may also be interested in/concerned with the issue of LGBT older adults and congregate living?
Do you know of any (other) congregate housing organizations that have taken initiatives to address the issue of LGBT aging in long-term care? (known to be inviting/supportive/affirming for sexual minorities; known to have done some work on this issue)
- 6) Would you be open to us contacting you again at a later stage to discuss this issue further?
- 7) Would you like to receive a copy of our report once it is completed? If so, to whom should it be sent?

Appendix 1: Investigators and Collaborators

Investigators (by name):

Tamara Sussman, School of Social Work, McGill University

Shari Brotman, School of Social Work, McGill University

Line Chamberland, Sexologie, Université du Québec à Montréal

Andrea Daley School of Social Work, York University

Judith MacDonnell, York University, School of Nursing

Heather MacIntosh, School of Social Work, McGill University

Jean Dumas, post- doctoral fellow, UQAM, CSSS Jeanne-Mance

Bill Ryan, School of Social Work, McGill University

Collaborators (by organization):

The 519 Church Street Community Centre
Toronto Long-Term Care Homes and Services
QMUNITY - Generations
Haro Park Residential Care Services
Aide aux Transsexuels et Transsexuelles; UQAM
CSSS Jeanne-Mance
Réseau des lesbiennes du Québec
Aide aux transsexuels et transsexuelles
CSSS Cavendish
ARC (Aînés et retraités de la communauté)