

COMMUNITY ENGAGEMENT CONSULT FOR LGBTQI2S SENIORS



ONLINE CONSULTATION RESULTS: JUNE 2017

Egale is developing a Community Engagement Consult for LGBTQI2S seniors to investigate the pressing issues facing LGBTQI2S seniors across Canada. This project is a collaborative effort between Egale Canada, LGBTQI2S seniors, community organizations, and Egale's National Seniors Advisory Council. We hope that health practitioners, policy makers, seniors' communities and allies will find these results informative and use them to create positive change in their own community.

BACKGROUND

Despite the fact that LGBTQI2S Seniors live among our communities, very little data exists that can speak to these experiences on the national level. To address this gap, Egale hosted an LGBTQI2S Seniors Knowledge Sharing Forum in Toronto, ON to identify key issues and make recommendations for the ways that government, institutions, and communities can take action to improve the wellbeing of LGBTQI2S older adults. Conversations generated from the Knowledge Sharing Forum were extended to an Online Consultation Workbook that was launched nationally. To remain accountable to the diversity of the LGBTQI2S community, this project is under the supervision of Egale's National Senior's Advisory Council (NSAC) – a group of lesbian, gay, bisexual, transgender, intersex, queer, and Two Spirit seniors and allies from across the country.

ONLINE CONSULTATION WORKBOOK PROCESS

The online consultation was open for 6 months, from September 2016 to March 2017, and received responses from 192 seniors, and 33 allies and service providers. The results were compiled by Egale's Seniors Program Coordinator. Other stories included in the strategic framework were captured from the Knowledge Sharing Forum, focus groups, and 1-on-1 interviews that targeted key demographics underrepresented in the online consultation. We hope that the strategic framework will be used to strengthen advocacy efforts, develop resources, and direct the work of Egale for years to come.

RESPONDENT DEMOGRAPHICS

	Urban (n=123)	Rural (n=73)	Total (n=225)
Region:			
Ontario	64	41	120
BC	20	12	36
Prairies	31	7	38
Quebec	2	4	7
Maritimes	14	8	14
Territories	0	0	0
(not-identified)	-	1	10
Age:			
< 65	62	33	109
66-75	37	28	74
76+	5	0	7
(not-identified)	-	12	35
Race:			
White		58	178
Racialized		2	7
(not-identified)		13	40
Sexual Orientation			
Gay	55	30	97
Lesbian	45	18	69
Bisexual	6	6	6
Queer	15	14	36
Heterosexual	2	4	6
(not-identified)	0	1	4
Gender Identity:			
Cisgender	115	73	209
Trans or non-binary	6	6	12
(not-identified)	2	2	4
Disability:			
Yes	15	28	46
No	46	76	144
(not-identified)	12	19	35

While the experiences gleaned from the Online Consultation Workbook were rich and varied, it also tended to be from those who identify as white, cisgender, gay or lesbian, living in Ontario, and under the ages of 65. Thus, these demographics also helped us identify key regions to target for the in-person consultation to help build a more comprehensive picture. Moving forward, key regional targets will include the Maritimes, the Territories, and Quebec, and key identity demographics will include older seniors (75+), trans/non-binary folk, Two Spirit folks, and people of colour.

TOP ISSUES THAT HAVE THE HIGHEST PERCEIVED IMPACT

LGBTQI2S Senior (n= 182)	Service Provider + Allies (n= 34)
Fear of being "forced back into the closet" in residential care. n=95 (52%)	Fear of being "forced back into the closet" in residential care. n=22 (64%)
Concerns about end-of-life decision making rights. n=92 (50%)	Lack of designated spaces for trans and/or two-spirit seniors. n=21 (61%)
Lack of guidance for the care of LGBTQI2S seniors experiencing dementia /Alzheimer's who have transitioned/come out. n=88 (48%)	Difficulty accessing health services that are accepting and knowledgeable about all the parts of a senior's identity. n=20 (58%)
Lack of residential care staff who are open about their own LGBTQI2S identities. n=82 (45%)	Feelings of exclusion due to intakes and sign-up forms not inclusive of LGBTQI2S identities. n=18 (52%).
Concerns about limited definition of "family" in legal and medical settings. n=81 (44%)	Lack of guidance for the care of LGBTQI2S seniors experiencing dementia/Alzheimer's who have transitioned/come out. n=88 (48%)

TOP RECOMMENDATIONS FOR GOVERNMENT, INSTITUTIONS, AND COMMUNITIES

LGBTQI2S Senior (n= 196)	Service Provider + Allies (n= 31)
Develop LGBTQI2S inclusion policies at all institutions. n=156 (79.6%)	Develop LGBTQI2S inclusion policies at all institutions. n=24 (77.4%)
Create shared housing /co-housing for LGBTQI2S seniors. n=115 (59.3%).	Ensure gender-neutral or all-gender washrooms are available in all public buildings. n=20 (64%)
Ensure facilities that serve LGBTQI2S seniors are warm, welcoming, and patient-centred spaces. n=109 (55.6%)	Promote and provide LGBTQI2S inclusion training for residents + community members in residential care. n=18 (58.1%)
Increase funding in home care. n=108 (55.1%)	Incorporate LGBTQI2S history into public school curricula. n=17 (54.8%)
Promote and provide LGBTQI2S inclusion training for residents and community members of residential care. n=106 (54.1%)	Create shared housing /co-housing programs for LGBTQI2S seniors. n=16 (51.6%)

With over half of senior respondents and two-thirds of service providers in agreement, the top issue with the largest perceived impact on LGBTQI2S seniors was the fear of being re-closeted in residential care. Particularly in cases of dementia and/or Alzheimer's disease, many LGBTQI2S seniors worry if their identities will be honoured and respected as their consent and autonomy are brought into question.

Service providers and allies were most concerned with: the institutional impacts of homophobia, biphobia, lesbophobia, and transphobia; a lack of designated spaces for trans and Two Spirit seniors; difficulty accessing knowledgeable and accepting health services; and discriminatory intake and sign up forms. All these were considered to be top issues with high impact on the wellbeing of LGBTQI2S seniors in Canada.

Understandably, LGBTQI2S seniors tended to be more concerned with personal wellbeing than institutional practice. Their top issues revolved around making end-of-life decisions; having a limited legal and medical definition of "family"; and connecting with residential care staff who are open about their own identities.

There is considerable overlap with the recommendations from the LGBTQI2S Seniors Knowledge Sharing Forum, such as ensuring public buildings have all-gender washrooms and creating more shared housing programs. There was also a call for increased home-care funding, and providing inclusion training for residents and community members of residential care.

Several other recommendations include developing inclusion policies or accountability measures that appropriately recognize and protect the diversity of LGBTQI2S identities, and providing end-of-life planning that meet legal needs. In the next phase of our project, we plan to investigate these questions more, understand how people are leveraging community resources, and learn about similarities and differences across provinces.