Aging Out:

Moving towards queer and trans* competent care for seniors

QMUNITY
BC'S QUEER RESOURCE CENTRE

This discussion paper is a summary of findings and recommendations to provide culturally competent care for LGBTQ seniors in Residential Care and Assisted Living.

Acknowledgements

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This paper can be downloaded from the QMUNITY website www.qmunity.ca

QMUNITY Generations
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Executive Summary

The key finding from the Aging Out Project is that lesbian, gay, bisexual, trans*, [1] and queer[2] (LGBTQ) seniors, are deeply concerned about being able to receive queer and trans* competent care when moving from independent living to assisted living or residential care.

As Canada's population continues to age in increasing numbers, the number of LGBTQ seniors also increases.

In 2012, the combined seniors population in the Fraser Health Authority (FHA) and the Vancouver Coastal Health Authority (VCHA) was 365,255; a conservative estimate of the total combined LGB seniors population is 23,376 and trans* population 2,557 people.[3] [4]

These numbers are expected to grow by 4% over the next 2 years; by 2020 the seniors population will be 19% of the total population.

To ensure the health and wellbeing of LGBTQ seniors, health authorities need to create policies immediately that allow LGBTQ seniors to access appropriate care and enable facilities to provide such care.

This report offers two recommendations to increase inclusion and belonging for LGBTQ seniors entering and residing in residential care and assisted living facilities. These recommendations apply to VCHA and FHA's application of the B.C. Ministry of Health's Home and Community Care's First Appropriate Bed (FAB) policy as well as the Residential Assessment and Intake (InterRAI) instrument.

The lack of information collected about LGBTQ identities in the administration of the InterRAI creates erasure for LGBTQ seniors. This erasure of LGBTQ identities makes it impossible to determine the most appropriate bed placement.

Our recommendations are based on research, literature reviews, resident and staff consultations and community policy dialogues. Our research was paired with community feedback to ensure that the recommended changes are timely, needed, and stand to make a meaningful difference in the lives of the LGBTQ seniors' population

[1] Transgender, frequently abbreviated to 'trans' or 'trans*' (the asterisk is intended to actively include non-binary and/or non-static gender identities such as genderqueer and genderfluid) is an umbrella term that describes a wide range of people whose gender identity and/or expression differs from conventional expectations based on their assigned sex at birth.

[2] A term becoming more widely used among LGBT communities because of its inclusiveness. It is important to note that this is a reclaimed term that was once and is still used as a hate term and thus some people feel uncomfortable with it. Not all trans* people see trans* identities as being part of the term 'queer'.

[3] Office of the Ombudsperson. (2012). The Best of Care: Getting it Right for Seniors in British Columbia Part II. (Vol. 1, Public Report No 47). BC.; Office of the Ombudsperson. (2012). The Best of Care: Getting it Right for Seniors in British Columbia Part II. (Vol. 2, Public Report No 47). BC.

[4] QMUNITY (2013), LGBT* 65+ Cohort Estimates

Aging and LGBTQ Seniors

LGBTQ seniors have faced a lifetime of systemic discrimination based on their sexual orientation and gender identities. This discrimination, particularly within the healthcare system, has led to many LGBTQ seniors lacking trust in mainstream health care providers.

Consequently, many LGBTQ seniors live in secrecy, hiding their identities and intimate relationships. Additionally, this history with the healthcare system means that LGBTQ seniors are often hesitant to disclose unless specifically asked. This history also means that most LGBTQ seniors are fearful of entering facilities where the setting, health providers and peers may be similarly damaging.

Therefore the process of relinquishing independence and transitioning to becoming dependent on care providers becomes especially risky and vulnerable. In the search for a place that understands their needs, LGBTQ seniors are faced with a limited set of options as they near their final stages of life.[5]

The Roots of Systemic Discrimination

Year	Landmark Event	Age an 85 year old was at the time	Age a 75 year old was at the time	Age a 65 year old was at the time
1969	Canada decriminalized homosexuality	40	30	20
1973	American Psychiatric Association removed homosexuality from the Diagnostic and Statistical Manual of Mental Disorders (DSM)	44	34	24
1992	'Sexual orientation' added to the B.C. Human Rights Code which applies to goods, services, tenancies and employment	63	53	43
1995	Supreme Court of Canada decided that sexual orientation is protected under the Canadian Charter of Rights and Freedoms, even though it is not specifically listed in the equality rights section of the Charter. Development made it possible to overturn discriminatory laws.	66	56	46
1996	'Sexual orientation' added to the Canadian Human Rights Act which applies to goods, services, tenancies and employment under federal jurisdiction	67	57	47
2003	Applying the Charter of Rights, Court of Appeal ruled that same sex partners could marry in B.C.	74	64	54

5 City of Toronto. (2008). Diversity Our Strength; LGTB Tool Kit For Creating Lesbian, Gay, Bisexual and Transgendered Culturally Competent Care at Toronto Long-Term Care Homes and Services. Toronto, Ont.

Canada's legacy of systemic discrimination against LGBTQ communities has had a lasting impact on the way that LGBTQ seniors access care today. For example, homosexual behaviour was not decriminalized in Canada until 1969; homosexuality was treated as a mental disorder in Canada until 1973 when the American Psychiatric Association removed it from its Diagnostic and Statistical Manual of Mental Disorders (DSM III), Canada Pension Plan survivor's pensions were not extended to same sex couples until 2000, and marriage was not legal for gay and lesbian couples until 2003. This history of pathology and criminalization of LGBTQ identities has led a large portion of LGBTQ seniors to living most of their lives 'in the closet'.

LGBTQ seniors have lived under health care practice, policy and legislation that have denied and erased their lives. This continues today with the application of the InterRAI[6] that similarly erases LGBTQ people. Seniors have lived most of their lives in a time when society had many institutional, systemic and legislative policies supporting discrimination against them.

They have not benefited from the recent legislative, policy and attitudinal changes,[7] that younger queer and trans* youth and adults have. LGBTQ seniors are not as comfortable to be out or disclose the true nature of their identity or relationships. Therefore they are unlikely to strongly challenge existing policy or practices, and may continue to live closeted lives. The result is that we have to create safe environments for them to come out into. This happens when we ask them their gender identity and sexual orientation and place them in a facility that has training to support their specific needs.

How Many LGBTQ Seniors Live in Metro Vancouver?

It is difficult to accurately gauge the number of LGBTQ persons living in Canada or even in Metro Vancouver. There are variations in measurement for 'sexual orientation' and 'gender identity' – some studies use behaviour as the criteria and some use self-definition. Additionally, these aspects of identity are often not considered in research at all. As far as sexual orientation goes we know that sexual minorities tend to be concentrated in urban over rural areas.

Research suggests that 'out' LGBT[8] persons aged 65 and over to be 6.7% of the population,[9] therefore out of 362,255[10] people aged 65 and over we estimate an LGBT seniors population of 24,471. Glaringly absent in these numbers are those who are closeted and therefore do not disclose their gender or sexual identities to researchers. The result of this closeting and reluctance to disclose is that this community is considerably larger than the statistics would indicate.

[6] The current Home and Community Care intake and assessment tool.

[7] Brotman, S, Ryan, B. 2008. Healthy Aging for Gay and Lesbian Seniors in Canada: An Environmental Scan. 1-27. McGill School of Social Work, Montreal, PQ.

[8] See Appendix B re trans* population estimates

[9] Gates, G.J. (2011). How many people are lesbian, gay, bisexual, and transgender? The Williams Institute, UCLA School of Law. CA: Los Angeles. Retrieved April 15th, 2041 from: http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf

[10] There are a number of incompletely enumerated Indian reserves and settlements that are not included in the 2011 Census tabulations. As a result of the missing data it should be noted that for the effected geographic areas, comparisons (e.g. percentage and population) between 2006 and 2011 are not precise (Statistics Canada, 2013).

Estimated LGB* and T* Senior Populations in Health Authorities[11]

Health Authority	Senior Population (2011)	LGB* Senior Population (6.4%) (2011)	Trans* Senior (0.3% U.S.) (2011)
Fraser Health Authority (FHA)	214,455	13,725	643
Vancouver Coastal Health (VCH)	150,800	9,651	452

The BC Ombudsperson's Report confirms the need to meet a growing population and demographic trend:[12] seniors comprise approximately 15% of British Columbia's total population, an increase from 13% in 1998 and slightly higher than the national average of 14%. By 2020, seniors are expected to grow to 19% of the provincial population. Seniors aged 85 and older grew by 43% in 2001-2008, three times faster than the rest of the seniors' population. In light of these numbers, it is imperative that the health authorities begin to address the needs of this unique population.

Chris and Bridget's Story

Chris and Bridget have been partners for 35 years. Chris, aged 71 is a well-known and respected activist and advocate, Bridget, now 79 years old has dementia. Chris considered searching for a suitable, safe, and queer positive care home, however due to the FAB policy she realizes the search is futile. When the time comes, Bridget will be placed in whichever facility VCHA determines to be most appropriate. In the meantime, they are accessing support services offered through VCHA:

"As someone who is now having to be engaged more with VCH and its services…being queer, mostly we participate in things that are for everybody. And we're fine with that…there are no queer specific services or programs. And there are differences in terms of our relationships, particularly being in a same sex relationship. We've always been accepted quite well in the groups, but we're always 'the one queer couple'. ….and I think for me it does impact queer aging, it brings back for me all the experiences of a lifetime where we have been agents of change. Once we enter a new phase of our lives, we're still agents of change. And that does get fairly exhausting."

[11] QMUNITY (2013), LGBT* 65+ Cohort Estimates
[12] Office of the Ombudsperson. (2012). The Best of Care: Getting it Right for Seniors in British Columbia Part II. (Vol. 1, Public Report No 47). BC.;

Gaps in Canadian Research

Research has taken place in larger US populations of the experiences of older LGBTQ adults and their fears around living in heteronormative long-term care facilities. However, no similar studies have been conducted in Canada. This important data gap leads to an erasure of the needs and experiences of an entire population group residing in long term care facilities. It is important that more research be funded so that we have data to develop strong policies regarding LGBTQ seniors.

Where Are LGBTQ Seniors?

Over two months in 2013, a QMUNITY volunteer visited all of the residential care facilities in White Rock and the surrounding area and asked staff at each facility if they had any queer or trans* residents. Every facility told her that none of their seniors were LGBTQ. We know that this cannot be true given that statistics show the LGBTQ seniors make up at minimum 6% of the population. A lack of reliable numbers and knowledge around the needs of LGBTQ seniors means that facilities often cannot justify the associated cost of undertaking education or leadership to support a community, which they do not believe, exists in their facilities. This practice perpetuates a cycle of invisibility and erasure for LGBTQ seniors.

> "I am on my own, I don't plan to be getting involved with a relationship and I would hate – the picture I have [in my head] is pretending to find a gay joke funny – and I just can't imagine for anybody having done what it takes to manage finally to come out to then have to end life by shutting back down again. It's a nightmare…"
>
> Lesbian focus group participant

> "I'm a former high school teacher so I have all of the baggage that goes with that job going back into the 1950's and 60's"
>
> Gay male focus group participant

Currently we are only aware of one long-term care facility in VCHA and FHA, that openly states they provide a queer and trans* positive living environment. There are other facilities that have undergone some limited staff LGBTQ competency training, however they require considerable resources to make training and internal policy change organizational priorities.

Being an LGBTQ Senior

There are many unique communities within the LGBTQ umbrella. Each letter in LGBTQ has a unique collection of experiences and challenges; the one commonality is that all groups share an experience of not fitting into hetero and gender normative ways of being. Sexual orientation and gender identity are very different aspects of identity, and impact people in very different ways.

Donna's Story

Now in her 70's, Donna knew from the time she was a child of five that she was a girl born in a boy's body. She was afraid to come out, fearing violence and discrimination, and didn't tell anyone her gender identity until she was 55 years old. At the time she was married and had built a life and a family as a man. The first person Donna shared her secret with was her wife's mother; her gender identity became a secret between them. Acceptance from her family is one of her biggest challenges.

She remained closeted until her mid 60's when she began to go out in public expressing her female gender identity. Even now, Donna is partially closeted and only chooses to go out in female dress after carefully assessing the risks involved. Finding spaces where she can be open and honest about who she is, like QMUNITY, is essential for her physical and emotional health.

Donna has had a challenging relationship with the healthcare system and as a result is hesitant to come out to health care providers. She is also deeply afraid of needing to re-closet to stay safe in care. Six years ago Donna was sent to a specialist and during the appointment she asked for an HIV test. The doctor immediately asked her if she was gay. He then stood 6 inches from her face and asked, "What kind of weird sexual behaviour have you been participating in?" She describes how following this exchange he told her to get down on the table and submit to a rectal exam. She felt a great deal of shame after the appointment and didn't tell anyone until years later.

This kind of experience informs her relationship with the healthcare system and contributes to her reluctance to come out to service providers. Due to a recent cancer diagnosis Donna visits the hospital frequently these days, and in all these visits she can only recall one time where she was asked her gender identity. In every admission, healthcare providers mark male on the form which results in all of the health care providers who see her referring to her with male pronouns and treating her in male gendered spaces. Fortunately she has the support of her new female partner, who is an integral part of Donna's overall care.

Intake and Assessment Does Not Capture Sexual Orientation and Gender Identity

The current process for someone to apply to reside in residential care and publicly subsidized assisted living facilities is based on meeting a number of criteria as determined by case managers. The InterRAI instrument is used to produce a score that determines level of care needs. Regular training is provided to facilitate consistency in its application. This training is largely focused on the coding of questions and collection of data.

The current InterRAI does not include any questions on sexual orientation or gender identity. Therefore any information that may be gleaned of a client's sexual orientation and gender identity is only recorded if the assessor understands the importance of doing so and has the skill level, interest, and ability to record it. When this information is obtained, it can only be detailed in the free text areas on each page. While the free text boxes tend to provide useful psychosocial information, there is no consistency in its use, in terms of what data is entered or how the free text areas are utilized in determining facility placement. Therefore this data cannot be meaningfully aggregated. Once the resident is placed and arrives at their facility, the facility's social worker, recreation coordinator or activity worker updates the InterRAI. Again, there is no place where questions regarding sexual orientation and gender identity are captured or queried. Therefore, if questions are not asked of this population, no data is collected and the population is erased.

The current InterRAI instrument does not allow the assessor to capture essential information about a person's sexual orientation or gender identity. The absence of this makes it difficult for an appropriate facility placement for LGBTQ seniors to be made.

Available and Appropriate - First Appropriate Bed Policy (FAB)

With regards to residential care, under the current policies of both VCHA and FHA, the first set of eligibility criteria determines the degree and urgency of a senior's need for care. Once this has been met, the senior must accept or refuse the first appropriate bed they are offered. They will have to occupy that bed within 48 hours of its offer.

There are considerable problems with how 'appropriate' is determined, and the time limit of 48 hours. While there is a transfer list that is used upon bed admission, the wait can be many months, 12-24 months in many cases. LGBTQ seniors may face additional barriers to determining whether the assigned facility is appropriate and safe, and 48 hours may not be enough time to have completed the necessary research to determine whether the bed offer meets their unique needs. For example, it is vital to determine if staff have had LGBTQ competency training, the number of 'out' staff or residents, and the existence of anti-homophobia and anti-transphobia policies and practices.

Current Policies, Practices and Recommendations

During the project, we heard repeatedly 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. They are concerned that the system is not designed to support them and that their case managers will not be able to ensure their health and wellbeing, and protect them from harassment, discrimination and abuse based on sexual orientation, gender expression and identity.

These fears are substantiated by the fact that VCHA and FHA policies and practices do not specifically identify LGBTQ seniors in Residential Care and Assisted Living facilities. There are currently no policies that speak specifically to the LGBTQ population with regards to inclusivity or non-discrimination; this includes the Ministry Of Health's Residential Care Regulation and the Resident's Bill of Rights. The only exception to this is VCHA's recently completed Supporting Sexual Health and Intimacy in Care Facilities: Guidelines for Supporting Adults Living in Long-Term Care Facilities and Group Homes in BC.

The absence of LGBTQ-inclusive policies, practice and training leaves LGBTQ seniors vulnerable to the homophobia, heterosexism,[13] and/or transphobia[14] of case managers, care providers and other residents. It also reduces the likelihood of culturally competent assisted living and residential care options for LGBTQ seniors, thereby further increasing the risk of discriminatory practices from other residents or staff. Policy development in FHA and VCHA as well as in individual long-term care facilities will result in an improved and enhanced care experience.

Due to expected rates of growth and demands on facility admission and placement it is ideal for the health authorities to begin to strategize and implement changes now. The combined evidence and community feedback suggest these recommendations stand to make meaningful differences in the lives of LGBTQ seniors in Residential Care and Assisted Living settings in British Columbia.

The FAB policy does not allow a queer or trans* senior to ensure a bed offer that takes into account a facility and community that is LGBTQ positive. LGBTQ seniors are not likely to have been given consideration for a facility that has undergone training and adapted policies to create inclusive, welcoming spaces and protect them from discrimination.

[13] Heterosexism is a system of attitudes, bias, and discrimination in favor of opposite-sex sexuality and relationships. This includes the assumption that everyone is, or should be, heterosexual and that heterosexuality is inherently superior to homosexuality or bisexuality.
[14] The fear and dislike of, and discrimination against, transgender people.

Recommendation #1:

Train InterRAI Administrators to Ask Questions on Sexual Orientation and Gender Identity and Record the Information in the Free Text Box

The current Home and Community Care intake and assessment tool, the InterRAI, does not include questions on sexual orientation or gender identity. As a result, this vital information is not captured in the assessment process. This makes it impossible for a LGBTQ senior to be placed in the most appropriate facility.

Appropriate in this context can be defined by whether facilities meet the following basic criteria:

- Facility regularly provides LGBTQ competency training to staff and supports staff in being LGBTQ competent
- Facility provides programs and activities supporting LGBTQ residents
- Family of choice has ability to make health care decisions
- Facility has policies in place to support LGBTQ residents
- Facility provides access to appropriately gendered room placements, washrooms and other spaces
- Facility provides appropriately gendered dress, pronoun use and trans* competent medical care

The fact that questions on sexual orientation and gender identity were omitted during intake was mentioned repeatedly in our research and consultation process. This was identified as being a concern for both LGBTQ seniors and service providers. Focus group participants spoke of their willingness to be more open with their care provider if these questions were asked in an appropriate manner.

As it stands currently, assessors are not trained to ask questions about sexual orientation and gender identity and there is no designated space to capture this information. This data is collected in other intake processes, including some physician intake forms. This data is then used to provide better support to LGBTQ clients. For example, one participant in the Aging Out Focus Groups spoke of the safety and comfort level she felt when her family physician's intake form asked her gender, gender of her partner and the status of their relationship as opposed to forms with tick boxes of 'M' 'F' 'Married' 'Common Law' or 'Single'.

During consultations, health authority staff spoke about the desire and need for education and training in order to become more LGBTQ competent. Specifically, training around introducing questions on sexual orientation and gender identity when applying the InterRAI would allow them to use this information to better support these clients. Additionally, learning to ask these questions when conducting social histories would provide important information for residents once they are already placed in long term care settings.

Our recommendation:

1. Train assessors to ask questions on sexual orientation and gender identity appropriately and comfortably
2. Record this information in the free text boxes in the RAI instrument
3. Provide this information to the Priority Access List Coordinator
4. Train Priority Access List Coordinators to use this information to determine appropriate bed offers

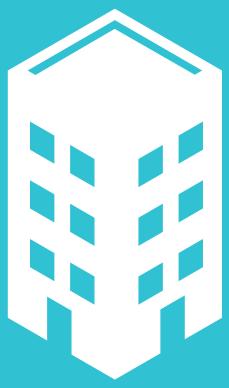
Recommendation #2:

Amend the Term 'Appropriate' to Factor in LGBTQ Identities in Determining the Most Appropriate Bed (FAB)

BC's current FAB policy does not include LGBTQ competence as criteria to determine appropriate placement.

LGBTQ seniors are not likely to be placed in the most appropriate facility and the time they are currently given to accept a bed placement does not provide enough time to research the facility's queer and trans* competence in order to ensure their safety and quality of care. The requirement to accept a bed offer within 48 hours includes the time needed to move into a facility. It is likely that LGBTQ seniors feel pressured to accept the facility that is offered, to avoid being penalized and removed from the wait list at a time when they are already in failing health and unable to care for themselves.

For LGBTQ seniors, an appropriate facility:



- Provides staff who have been trained in LGBTQ competency
- Has anti-discrimination policies that include anti-homophobia and anti-transphobia statements
- Provides appropriately gendered spaces for trans* residents
- Ensures appropriate dress and pronoun use for trans* residents
- Provides trans* competent medical treatment, care and access to hormones
- Ensures it is comfortable and safe to be with one's same sex or trans* partner in common areas
- Connects with LGBTQ community groups to provide LGBTQ residents access to their cultural community

When determining a bed offer, the Priority Access List Coordinator has to take the above factors into consideration. This will ensure the LGBTQ senior is provided a truly appropriate bed. While the Ministry of Health mandates the use of the InterRAI and the FAB policy, the Regional Health Authorities provide specific training on how to administer the InterRAI and defines what constitutes appropriate in the application of the FAB policy.

Our recommendation:

1. Define 'appropriate bed' to include a bed in a facility and community that considers sexual orientation and gender identity and therefore includes LGBTQ competence as criteria
2. At a minimum, facilities should provide regular LGBTQ competency training and have internal policies supporting LGBTQ seniors to qualify as safe and LGBTQ competent. This will allow placement that considers the cultural needs of the LGBTQ applicant

Conclusion

Systemic, societal and individual experiences of erasure and invisibility are not new for LGBTQ seniors; they have survived with tremendous strength and resilience for many decades. As this community become especially vulnerable toward the last stages of their lives, we need to support and advocate on their behalf. The recommendations in this report are first steps towards making LGBTQ seniors visible and helping them have their needs met within VCHA and FHA.

While Aging Out's research highlighted the strength and fears of this community, interviews and consultations with those working in the field also underscored a readiness for change. Our research uncovered a professional community in the Lower Mainland that is prepared to take steps to work together to create space for LGBTQ seniors to take their place fully and wholly within care facilities.

Recommendations to include questions regarding sexual orientation and gender identity into the InterRAI instrument, either as an amendment or as an additional intake process, will ensure that the voices of LGBTQ seniors are captured. The second recommendation, to consider LGBTQ needs and safety in the placement process, will ensure that FAB will become truly appropriate and allow for a seamless transition.

It is QMUNITY's vision that by integrating the needs of LGBTQ seniors into these policies and practices, case managers and care providers will become more attuned to the needs of a community that has been erased for far too long. As this community sees that their needs are being addressed, they will perhaps begin to feel heard and valued, and in turn able to advocate more fully for their needs.

QMUNITY is BC's queer resource centre – the hub for the lesbian, gay, trans*, bi and queer community programming, training and advocacy. We envision a world where all queer people are included and free from discrimination.

We provide:

Direct services

We provide personal support to queer people of all ages to live healthier, happier lives.
Drop-in Groups - Free Counselling - Information and Referrals - Special Events

Education and Outreach

We help families, businesses, schools, and service providers to create LGBTQ-inclusive spaces.
Queer Competency Trainings – Resources - Policy Review and Consultation

Advocacy

We stand at the forefront and work to advance our communities' interests on key issues.
Queer Commentary – Expertise – Visibility - Pride

Space for connection

We facilitate opportunities for connection among BC's queer communities in our two Davie Village locations. Space for Community Groups – Library – Events and Celebration

Aging Out Project

Through its Generations Program, QMUNITY offers a number of services and projects focused on the needs of LGBTQ older adults. One of these recent projects has been Aging Out, a three-year public education and policy development project that aims to increase inclusion and belonging for LGBTQ seniors residing in assisted living and residential care facilities in both Vancouver Coastal Health Authority and Fraser Health Authority.

QMUNITY has engaged in a community based research process in the form of: focus groups, interviews, training workshops and policy dialogues. This research has informed the development of these community driven practice recommendations focused on creating safer environments for LGBTQ seniors in residential care and assisted living facilities.

Over the past three decades, QMUNITY has been at the forefront of a number of advocacy initiatives and partnerships that have yielded important changes for LGBTQ communities throughout BC. Most recently, QMUNITY contributed to the BC's Ombudsperson's Best of Care: Getting it Right for Seniors in British Columbia 2012 Report. Together with the BC Health Coalition, we partnered to engage seniors' organizations to release a collective response to part one of the report. Additionally, QMUNITY Generations released recommendations for increased integration of LGBTQ seniors' issues after the second part of the report released. The inclusion of LGBTQ appropriate care, as one of the recommendations in the report is a direct result of this consultation.

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