**Saskatchewan 2SLGBTQ+ Elders, Seniors, and Older Persons**

**Issues of Concern – Overview Document**

**November 2020**

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# OVERVIEW

## Data Gaps

A lack of data collection regarding Canadians and/or Saskatchewan individuals aged 65 and older who identify as members of the 2SLGBTQ+ community means there are currently no scientifically established figures and facts that policy or decision makers can draw upon.

Many times, conclusions or generalizations on this population are drawn from a variety of sources.

Research by the Canadian Community Health Survey (CCHS), Statistics Canada, and Forum Research have made general estimates of the size of this population. Using their data, Saskatchewan’s population is estimated at:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Saskatchewan** | | **Canada** | |
| 65+ population | 153,710 | 15.5% of total population | **5,935,6301** | **16.9% of total pop** |
| 2SLGBTQ+ 65+ | 7,685 | 5% of senior population (~.5% of SK population) | **~400,000** | **6.7% of senior population (~1% of CDN population)** |
| 1Statistics Canada, 2016b  2Statistics Canada, 2016a | | | | |

Research gaps also exist in every area of the 2SLGBTQ+ elders, seniors and older persons (2SLGBTQ+ senior) experience, although the exception may be that of their experiences in long term care residences and on health-related issues (not specific to age).

## A Very Diverse Population

While often presented as a single, unified community, Saskatchewan’s 2SLGBTQ+ senior population is actually very diverse.

Many identify by sexual orientation such as lesbian, gay, asexual or pan sexual, and/or by gender such as man, woman, and/or by gender identity, such as transsexual, and all of these are in turn intersected by a host of other social identities. A single-axis framework artificially simplifies the complexities of 2SLGBTQ+ seniors’ lives, making their stories impossible to see. It is thus unlikely that meaningful remedies to the marginalization and oppression arising from these experiences will be identified.

A range of intersections potentially exist (though the list is not exclusive) and could include:

* Several age cohorts exist within the 65+ scope. In addition, those almost 65 constitute another separate though experientially similar cohort.
* Race and ethnicity
* Rural and urban, large urban centre versus small urban centre, and northern
* Socio economic class and professional status

This variability, as well as intersectionality, is an important consideration when reflecting on unique circumstances facing Saskatchewan’s 2SLGBTQ+ seniors. Intersectionality means it is not possible to view experiences with a single lens. For example, the experience of being a First Nations lesbian cannot be understood in terms of being aboriginal, being female and of being a lesbian, independently, but must include the interactions of these and other lenses, all of which underpin the overall experience of that individual.

|  |  |  |
| --- | --- | --- |
| **Year** | **Landmark Event** | **Age an 80-year-old was at the time** |
| 1969 | Stonewall riots against abusive police incite widespread protest for equal rights & acceptance. Canada brings in limited reforms to buggery and gross indecency in the criminal code | 29 |
| 1973 | The American Psychiatric Association declares that homosexuality is not a psychiatric disorder | 33 |
| 1978 | Canada lifts immigration ban on homosexual men | 37 |
| Early 1980s | AIDS crisis leads thousands of deaths within the community, resulting in new organizing and advocacy within the LGBT community | 44 |
| 1992 | Canada lifts ban on homosexuals in the Canadian Forces | 52 |
| 1993 | Saskatchewan protects sexual orientation in the human rights code | 53 |
| 1996 | Canadian Human Rights Act amended to prohibit discrimination based on sexual orientation. | 56 |
| 2004 | Saskatchewan allows marrying by same-sex couples | 64 |
| 2005 | Civil Marriage Act was created to allow for same sex marriage | 65 |
| 2017 | Bill C-16 was passed to “add gender identity and gender expression to the list of prohibited grounds of discrimination” | 77 |

### Saskatchewan’s 2 Spirit elders

Saskatchewan’s2 Spirit elders share all the experiences of their non-aboriginal counterparts. Yet, like all Indigenous peoples, they have also experienced higher rates of personal trauma and systemic racism. They have lived with the horrific legacy of colonization, attempts to deny or suppress Indigenous spiritualties and the residential school system in Canada. Their experience as 2 spirited is also challenged by acceptance within their own communities.

## Aging and Life Experiences

Compared to their heterosexual counterparts, 2SLGBTQ+ seniors have faced a lifetime of negative experiences arising from their sexual orientation or gender identity that act as barriers to success. The trauma of past experiences shapes their present identities including the way they think, act, and interact with people and society.

Truly understanding the connection of the 2SLGBTQ+ seniors’ age-related vulnerability (a phenomenon where older adults lose a sense of their own agency and control over their well-being) and the impact of historical oppression in instilling deeply rooted fear, is difficult for those who have grown up since the onset of protected rights. Indeed, these covary of these issues means that most 2SLGBTQ+ seniors “return to the closet” as they age. In fact, their response to exogenous variables such as a news stories about homophobic, means they may even be reluctant to seek help or community support.

A better appreciation of their experiences better informs the community. These include:

1. **Legacy of Discrimination and Hate**

Throughout their lives, 2SLGBTQ+ seniors have had to cope with visible and invisible truculent discrimination and outright hate invading their personal, economic, and social lives.

Publicly sanctioned discrimination and hate have been the story of their lives. They have been victims of verbal and physical persecution and publicly sanctioned violence and hatred. They were denied legal and societal rights. They have been barred them from employment, have had their children taken away, their families disown them, their same-sex relationships go unrecognized, and barred access to housing and public services. They have lived their lives in fear.

1. **Stigmatization**

In Canada, the social exclusion and shame associated with being lesbian, gay, bisexual or transgender has existed for the majority of their lives – and still does. Even today, many still feel community and family stigma associated with being a 2SLGBTQ+ senior.

1. **Criminal Offences**

Some 2SLGBTQ+ seniors have been convicted of criminal offences, or perhaps even imprisoned, for engaging in consensual sex. Many 2SLGBTQ+ seniors have been victims of police harassment or assaults. While justice has changed, many still have criminal records.

1. **Conversion Therapy or Labeled as Deviant**

Since the early 1960s, the sociological study of deviance has featured homosexuality as prototypical of the central principles of the discipline. It was not until 1973 The American Psychiatric Association declared that homosexuality is not a psychiatric disorder.

During these years, and even afterwards, 2SLGBTQ+ seniors have suffered from being labelled as having a psychiatric disorder; some were even institutionalized. Some 2SLGBTQ+ seniors have had treatments such as electroshock therapy imposed on them for “sexual orientation disorder” or “gender identity disorder”.

Many 2SLGBTQ+ seniors have been subjected to conversion therapies and treatments purported to cure, suppress, or change their sexual orientation, gender identity or gender expression. Today conversion therapy is still debated.

1. **HIV/AIDS health crisis**

2SLGBTQ+ seniors who survived the HIV/AIDS health crisis of earlier decades lived through trauma, multiple losses and significant grief intertwined within community-based anger, and health professionals whose actions were hurtful and discriminatory.

## Financial security

Today, 2SLGBTQ+ seniors often have higher poverty rates than their heterosexual counterparts. Research indicates that for 2SLGBTQ+ seniors poverty rates are in the 30% range as compared to 20-25% for their heterosexual counterparts.

**Employment**

A lifetime of employment discrimination translates into earnings disparities, reduced lifelong earnings, smaller government support payments, fewer opportunities to build private pensions, and more limited access to health care than their heterosexual peers.

2SLGBTQ+ seniors have lived most, if not all, of their working years in an era when discrimination was legal, meaning they:

* were barred from employment
* faced potential blacklisting from promotions and other opportunities
* were afraid to become employed in their professions of choice (e.g. teaching)
* may have been fired for being 2SLGBTQ+

Job opportunities for openly 2SLGBTQ+ individuals were not only limited, but those jobs were less likely to include higher wages, health benefits or pensions.

Higher levels of poverty can be accounted for in the 2SLGBTQ+ population by the intersection of sexual orientation and the gap in wages, employment opportunity, and benefits for lesbians, bisexual and trans women, visible minorities, and 2 Spirit persons. Research finds that 2SLGBTQ+ lesbian couples are twice as likely to be poorer than heterosexual couples and, for the 2 Spirited aboriginal, 5 times.

**Historic Oppression**

Most 2SLGBTQ+ seniors were unable to access publicly funded benefits. For example, 2SLGBTQ+ seniors couples were denied marital status and any attached benefits such as spousal supports. Likewise, they could not access CRA or other government programs associated with those of heterosexual couples for most if not their entire lives.

## Housing

Many 2SLGBTQ+ seniors lived the majority of their lives when discrimination was legal, meaning they could be:

* forced out of their housing
* denied access to housing

Moreover, reduced financial resources from lifetime of oppression mean that 2SLGBTQ+ seniors lack access to healthy, affordable housing. As accessibility issues increase due to possible mental and physical health declines, these individuals become particularly vulnerable to poor housing choices.

Today transgender and 2 Spirit persons continue to face overt discrimination in housing.

## Impact on Wellbeing

Existing data suggests that 2SLGBTQ+ seniors face poorer health outcomes. The past experiences of publicly sanctioned discrimination, inequality, social stigma, social isolation, and socio-economic barriers means that the 2SLGBTQ+ senior’s population report higher rates of:

* Mental health challenges such as depression, anxiety and suicidal thoughts or attempts
* Drug abuse, alcohol consumption and use of tobacco
* Domestic violence and abuse
* Health issues due to failures in the health system to reflect their specific needs or fear of overt discrimination
* Poverty related issues (poor housing, access to stable employment, etc.)

# SYSTEMIC CHALLENGES FACING SASKATCHEWAN’S 2SLGBTQ+ ELDERS, SENIORS & OLDER PERSONS

## Health

Canada and Saskatchewan’s health professionals and health system have subjected 2SLGBTQ+ seniors to overt and intimidating discrimination throughout their lifetimes. As a result, 2SLGBTQ+ seniors tend to be mistrustful, constantly on guard for discriminatory behaviours, and in many cases chose not to disclose their sexual orientation or gender identity with the prospect of “coming out” to health care professionals a cause for stress and anxiety.

Specifically, the health system exhibits following areas of concern:

### Physician level Barriers

Historically, physicians have demonstrated a lack of physician knowledge about the health issues of 2SLGBTQ+ individuals; an issue exacerbated by a further failure to then appreciate the importance of the lived experience of the 2SLGBTQ+ seniors in their care. Moreover, physician-based discriminatory or inequitable treatment due to personal views and values existed in the past and still exist today. These challenges are further aggravated by a health system that is already ageist.

Research has found that 2SLGBTQ+ seniors fail to disclose their sexual orientation or gender identity/expression for fear care providers will treat them differently. Forty percent of 2SLGBTQ+ individuals aged 60 to 75, report that their healthcare providers did not know their sexual orientations.

Physicians have a history of use of “reparative” therapies and diagnosing mental health disorders for their 2SLGBTQ+ seniors. Today concerns exist over physicians diagnosing vs. pathologizing transsexual patients.

### Healthcare setting Barriers

The health care system, including people barriers and system barriers.

Social workers, nurse, home care aides, etc., have a history of discrimination and today, perpetrate three types of systemic behaviours:

* They may not be accepting of, or even are hostile toward the 2SLGBTQ+ population
* They are often not only unaware of the lived identities but treat all clients as heterosexual
* They have not received training or sought out training on the specific concerns and health attributes of their 2SLGBTQ+ senior clients

System failures when working with, 2SLGBTQ+ seniors, include:

* Failure to implement policies or training on working with this cohort
* System protocols do not have professionals inquire about sexual orientation, gender identity, and gender expression when assessing needs
* Governments and service providers rarely track, and are largely unaware of, the health disparities of 2SLGBTQ+ seniors
* There is still a failure to acknowledge same sex partners and relationships
* There is difficulty accessing resources targeted at this population due to a lack of or poorly developed materials

## Residential, assisted living and long-term care facilities barriers

Numerous studies across Canada and the U.S. have identified that residential, assisted living and long-term care environments are problematic for the 2SLGBTQ+ seniors. In 2016, a research project led by the Saskatoon Council on Aging found analogous results.

The key challenges faced by the 2SLGBTQ+ seniors in congregate settings include:

### Erasure

A congregate environment stereotypically treats every resident as if they were heterosexual. Heteronormalization erases the 2SLGBTQ+ senior’s gender identity, gender expression and sexual orientation and ultimately creates an unwelcoming environment. Changing that environment requires the 2SLGBTQ+ senior to take responsibility for shifting the attitudes and beliefs of the environment as opposed to the responsibility falling on staff and management.

### Discrimination and harassment

When entering congregate environments many 2SLGBTQ+ seniors express anxiety and uncertainty about revealing their sexual orientation, gender identity, and/or expression to staff and other residents for fear of potential discrimination. The outcome is that they may not tell staff about their 2SLGBTQ+ status nor will they signal concerns about social, emotional or health problems that may identify their status or any resulting negative experiences or discrimination they may be experiencing.

Even today there are employees and residents who harbor hatred or discriminatory attitudes towards the 2SLGBTQ+ community and since these individuals are in power positions, they are easily able to mistreat or abuse the 2SLGBTQ+ senior. Typical actions include:

* + Verbal or emotional harassment or bullying from other residents or staff
  + Physical attacks from other residents and staff
  + Restriction of visitors
  + Refusal to provide basic services or care, and denial of medical treatment by staff
  + A refusal to allow same-sex partners to live together
  + A refusal to allow non-biological families to take part in medical decision-making
  + Refusal to refer to a resident by the name or pronoun in accordance with their gender identity

### Lack of policies to safeguard

The majority of Saskatchewan congregate environments have no written policies or welcoming statements regarding 2SLGBTQ+. Absent an affirming *visible cue (no posters nor policies)* or *obvious* *feel* (lack of affirming statements or attitudes by staff) within the congregate environment 2SLGBTQ+ seniors are likely to anticipate discriminatory responses in services.

### Privacy

Many 2SLGBTQ+ seniors are extremely concerned about their privacy. They fear that caregivers may inadvertently or deliberately reveal their identity resulting in discrimination or negative reaction from other residents.

In some cases, 2SLGBTQ+ seniors hide their identities from their ‘families of origin’ out of fear, shame or imposed separation and are fearful that their families may inadvertently be told by staff or other residents.

### Family of choice

Many 2SLGBTQ+ seniors have experienced rejection from family, spouses and children. In their stead, they may rely on friends, chosen families, and other informal caregivers to provide care and nurturing relationships and to build support networks.

In the context of COVID-19, 2SLGBTQ+ seniors may be separated from friends and ‘families of choice’ due to enforcement of visitation rules that allow only “family” members visitation.

### Social isolation and lack of support systems

Within congregate environments, 2SLGBTQ+ seniors are at an even greater risk for social isolation. This includes:

* Research notes they are twice as likely to enter congregate care without a partner.
* They are three to four times less likely to have children or support from kin-based supports. They are alone.
* The support network or family of choice of the 2SLGBTQ+ senior is often less likely to be intergenerational meaning that their supports may also be elderly or ill.
* 2SLGBTQ+ seniors fearing discrimination or ill-treatment will often avoid social activities and other supports when they need them.
* Opportunities to meet other older 2SLGBTQ+ seniors for social interaction are limited.
* Programs, activities, and events in congregate environments are not geared toward 2SLGBTQ+ seniors.

### Abuse

Isolated 2SLGBTQ+ seniors without a support system are at an increased risk of abuse because they may not report out of fear that their sexual identity will be revealed. When subject to abuse, there is less likelihood that it will be spotted, and there is less likelihood that someone will come to their defense.

### Dementia/Alzheimer’s

2SLGBTQ+ seniors experiencing dementia/Alzheimer’s, are especially vulnerable and face risky situations because of their use of chosen names, preferred pronouns, how they express themselves or converse with other 2SLGBTQ+ seniors, how they dress or accessorize, or how they act or interact (e.g. campy) with other people.

### Palliative Care

2SLGBTQ+ seniors experiencing palliative and end-of-life care, need relief from pain and anxiety, and emotional and spiritual comfort and guidance. For 2SLGBTQ+ seniors and their loved ones, this passage becomes fraught with many of the same issues that plague medical care throughout the 2SLGBTQ+ senior’s life. Safety of disclosure of their gender identity, sexual orientation. Who is considered as family? Will healthcare providers welcome the involvement of a same-sex or trans partner and/or shared parenthood with that partner in medical and psychosocial decision making? Will a home health aide treat their 2SLGBTQ+ seniors with compassion? How can a dying 2SLGBTQ+ senior who seeks spiritual guidance identify a supportive hospice chaplain?

All palliative and care professionals should receive cultural competence training to help them understand the range of needs of 2SLGBTQ+ seniors. Training resources would help them understand the needs of 2SLGBTQ+ seniors and offer the providers a chance to examine and change their biases. In addition to requiring training for staff, healthcare facilities can encourage patients to disclose their sexual orientation and gender identity by updating intake forms and assessment tools with inclusive language and multiple check-off choices. Familiarity with 2SLGBTQ+ seniors supportive organizations helps care providers ensure that 2SLGBTQ+ seniors and their families of choice are offered safe and welcoming referrals. After death, end-of-life care providers should ensure that grief support is extended to the people whom their patients have identified as the bereaved.

## Aging Independently

### Aging in their homes

Remaining in one’s own home is the first choice of every senior. The 2SLGBTQ+ senior faces several obstacles to aging independently in the community.

* Our support system expects that when older adults begin to need some level of care they first turn to their spouse and own children; second, to parents and siblings; and third, to in-laws and the spouse’s family with, fourth and last, friends and other informal caregivers. Homebound 2SLGBTQ+ seniors are likely lack these kin family supports due to their propensity to be single. This is important when it comes to living independently living and more important on the matter of emotional support to combat loneliness, depression, and other mental health challenges. Furthermore, 2SLGBTQ+ seniors rely far more heavily on non-traditional caregivers, often their friends and often other aging 2SLGBTQ+ seniors. This requires the 2SLGBTQ+ seniors to look to paid assistance more often than their heterosexual counterparts - a situation they may not be able to afford due to a history of employment discrimination.
* The safety and security offered by one’s home falls away as the aging 2SLGBTQ+ senior begins to rely on home based supports essential to independence. To ward off harassment, LGBT elders may “degay” their homes before a caregiver arrives (e.g., hide family pictures or ask a same-sex partner to temporarily leave), a process that can be emotionally and physically trying for an older person with serious health care needs.
* Access to needed health supports in the home, such as homecare can be stressful as there is a constant change of home care workers which does not allow the development of trust and confidence.
* Often 2SLGBTQ+ seniors must navigate and negotiate a labyrinth of home supports and services for independence on their own, the type of supports normally provided by family. Examples include:
  + - * Transportation programs for medical appointments, etc.
      * In-home services such as meals, home repair, home help and grocery delivery
      * Community income tax help

### Aging in Saskatchewan Housing

Within the Saskatchewan Housing Corporation (SHC), or publicly funded housing environment, 2SLGBT+ seniors may be subject to a number of areas of concern:

* policy language that inadvertently marginalizes them
* staff (custodial, maintenance and administrative, that may not support their lifestyle
* bullying by fellow residents
* boards that do not understand 2SLGBTQ+ senior client

Each of these can be remedied but only when there is raised awareness of the heteronormative environments existing within the housing ecosystems and the need to increase understanding of its impact on the 2SLGBTQ+ senior.

## Community Services and Supports

2SLGBTQ+ seniors often find that mainstream community programs and services are unwelcoming. Lack of awareness and sensitivity, heteronormative environments and sometimes discrimination are barriers to 2SLGBTQ+ seniors accessing these publicly funded services.

* + Age related programming and community services including senior centers, social programs, friendly visitor programs, recreational activities, support groups, adult day care are not welcoming to 2SLGBTQ+ seniors. Despite their need for strong social networks, they often feel unwelcome at senior centers, seniors’ programs and services, as often these environments are rife with negative views and values of other older participants who are rarely challenged by staff. Even places of worship can lead to concerns over discrimination and hate. Few are prepared to address incidents of discrimination toward 2SLGBTQ+ seniors by workers and other clients.
  + Currently government does not mandate training targeted at creating welcoming environment for 2SLGBTQ+ seniors in publicly funded third party programs and services.
  + As with the other supports, 2SLGBTQ+ seniors must navigate program and services in the context of years of discrimination and hostility over their sexual orientation.
  + There are a limited number of agencies delivering outreach specific to 2SLGBTQ+ seniors. Often funding programs targeting 2SLGBTQ+ populations do not highlight 2SLGBTQ+ seniors.

## Public Education System

Much work is undertaken on addressing the safety and wellbeing of the 2SLGBTQ+ youth and on anti-discrimination work within the education system, it is well documented that heteronormativity is prevalent in schools. This is addressed by including the story or history of 2SLGBTQ+ in Saskatchewan in public education curriculums (such as history, social studies) to create awareness and acceptance, and reduce discrimination.

## Justice

Access to the same benefits and rights as heterosexual seniors is an important aspect of the successful aging of 2SLGBTQ+ seniors.

### Saskatchewan Public Guardian and Trustee (SPTG)

The SPGT steps in to provide oversight and services, tools, and support for personal and financial matters to vulnerable individuals. The person appointed to act as a Guardian becomes responsible for the nonfinancial decisions affecting the represented person such as adult’s living accommodations and health care. There is a need to ensure that within reasonable limits the SPGT is sensitive to the dynamics related to 2SLGBTQ+ seniors to counteract the tendency to default to assumptions towards biological families and lifestyles. There can also be a failure to understand the living experiences and choices of the individual (e.g. transsexual).

### Elder abuse

2SLGBTQ+ seniors are especially susceptible to elder abuse due to the following:

* Lack of acceptance by their biological families has estranged many 2SLGBTQ+ seniors from their families a thus they experience greater levels of isolation and susceptibility to abuse.
* Isolation may mean the 2SLGBTQ+ seniors face barriers in accessing information about their rights or independently navigating a complex system. Failing to address these information or service barriers means supports are inaccessible.
* Pursuing options can have significant costs attached.
* Seeking redress against persons on whom they depend for vital supports is difficult for the isolated 2SLGBTQ+ seniors so often individuals do nothing
* Few if any elder abuse support organizations include a consideration of the experience of 2SLGBTQ+ seniors. There is a need to ensure abuse related services and programs to provide information and advocacy on behalf of 2SLGBTQ+ seniors. They also do not promote or provide public information on the issue of elder abuse of 2SLGBTQ+ seniors. There is a need to ensure that pamphlets and any promotional material “speak to” the 2SLGBTQ+ seniors to ensure those individuals feel the supports relate to them.

Elder abuse can take several forms for the 2SLGBTQ+ seniors. These include:

* + Abuse within a residential care setting. Allegations of elder abuse often involve some form of physical abuse, such as deficient care, physical and sexual assault, and rough treatment indicated by unexplained physical injuries. However, infliction of emotional and psychological anguish is also a recognized form of elder abuse and can comprise various kinds of hostility, such as yelling, insulting them, intimidating, or humiliating them, ignoring them, and disrespecting their privacy rights.
  + Abuse experienced by an isolated senior in the community. Allegations typically involve some form of physical abuse or verbal hostility from a neighbour or service provider. Situations of this nature can also include fraud- like activity where an individual is stealing funds or assets from the 2SLGBTQ+ seniors.

### Wills and Inheritance Laws

Few 2SLGBTQ+ seniors possess a complete awareness of the laws that impact them as they age or of how these legal issues can impact their financial and overall wellbeing.

* Wills, inheritance, estate and power of attorney law require attention to a variety of details. In many cases, same-sex couples must put in place a series of specific and often expensive legal arrangements to try to ensure that financial decision making, and inheritance will pass to a partner. Unfortunately, many are not aware of the need for these documents, while others do not have the means to seek professional help and may end up without the proper legal documents (or with documents that are improperly executed). Little education exists targeting the 2SLGBTQ+ seniors on the process of decision-making in the later stages of life,
* Legal requirements regarding common-law and marriage status are not fully understood.
* Even with legal documents in place, 2SLGBTQ+ seniors, whether single or coupled, may face legal challenges from biological family members, incurring additional expense.
* While it is of value to access financial planners, this requires that 2SLGBTQ+ seniors can identify 2SLGBTQ+ friendly businesses.
* Easily accessible public materials about 2SLGBTQ+ seniors and common legal issues need to be made available.

### End of Life Decisions

2SLGBTQ+ seniors often fail to recognize end-of-life contexts. Care providers who are unaware of their client’s status may also fail to appreciate 2SLGBTQ+ seniors’ unique needs. Lack of knowledge about end-of-life care planning options combined with lack of preparedness may place 2SLGBTQ+ seniors at increased risk of a lower quality of care in the last stages of life.

The invisibility of 2SLGBTQ+ seniors in both the aging communities and with health care professionals means a failure to recognize the “whole person”, the unique aspects of the LGBT community (e.g., “being shunned by family”, the important role and legacy of HIV/AIDS) as well as the diversity of the 2SLGBTQ+ seniors’ population. This suggests the need for educational interventions with service providers and their organizations as well as in the provision of targeted educational supports to 2SLGBTQ+ seniors and their allies such that they can access and navigate legal frameworks to aid in advance care planning and end-of-life decisions.

## Rural Issues

The situation for rural 2SLGBTQ+ seniors is more challenging than for their urban counterparts. Access to resources and supports for 2SLGBTQ+ and 2SLGBTQ+ seniors is significantly reduced in rural areas. 2SLGBTQ+ seniors may also not want to utilize local health services fearing their 2SLGBTQ+ status may become public, or because of potential discrimination by health care providers.

2SLGBTQ+ seniors with limited financial resources and community support, are intensely impacted these location issues.

## Municipal Governments

Today many municipalities are undertaking anti-discrimination work and promoting the adoption of more inclusive practices. Municipalities play a key role in combatting discrimination against LGBTQ2+ individuals.

Municipalities have a unique position: closely connected to residents, they can address and advance LGBTQ2+ rights and especially those related to 2SLGBTQ+ seniors, by enacting policies and programs. Municipalities have a responsibility to govern service delivery in a way that is inclusive and accessible, to ensure the safety of residents and to promote a sense of belonging and inclusiveness. Municipalities own an important role in addressing the ongoing challenges that LGBTQ2+ individuals face within their communities and in working to foster a safe and inclusive environment for all residents.

Municipalities can support 2SLGBTQ+ seniors through preventative community programming, funding for not-for-profit organizations that support 2SLGBTQ+ seniors and that use an inclusive and intersectional framework, and in supporting the development of senior organizations and supports that are 2SLGBTQ+ seniors friendly and inclusive.

## Minister of Seniors

### Saskatchewan seniors strategy

2SLGBTQ+ seniors, need to be the subject of specific considerations within a Saskatchewan senior’s strategy. Ignoring their issues within a Seniors Strategy perpetuates existing systemic repression.

### 2SLGBTQ+ seniors and Government Policy

Rarely is there systematic analysis of 2SLGBTQ+ senior’s issues prior to policy development in areas that directly impact this population. There is a need to ensure the inclusion of 2SLGBTQ+ seniors in policy development that impacts their lives.

### 2SLGBTQ+ seniors data

There is a lack of research on Saskatchewan’s 2SLGBTQ+ seniors’ population. This makes effective and meaningful policy development difficult. Research into 2SLGBTQ+ seniors is needed to increase understanding and awareness of the specific concerns and needs of, and to provide for evidence-based policy and support systems.

# RECOMMENDATIONS

## Congregate Environment Recommendations

Organizations should take steps to create, implement, and evaluate policies that address the creation of safe spaces for 2SLGBTQ+ seniors, regardless of age. They should make these policies available to staff, patients, and families. Developing policies helps to provide safe environments for 2SLGBTQ+ seniors and sends a signal that residences are prepared and welcoming and are willing to bar all forms of discrimination. The types of policies to be created include:

* Intake and assessment policies to reflect 2SLGBTQ+ seniors
* Hiring and training policies
* Language usage policies
* Standard of care policies that include reference to 2SLGBTQ+ seniors
* Policies on the provision of inclusive services and programs (e.g., Pride Week)
* Resident-on-resident discrimination policies and training sessions for the residents which will educate them about being accepting
* Initiatives that create a positive environment
* Working with local 2SLGBTQ+ seniors groups

## Government Actions Recommendations

### Health and congregate care

* Assess all public information to ensure that it considers exceptionally vulnerable members of the 2SLGBTQ senior’s communities, including our elders, and aboriginal and black, trans and gender nonconforming/nonbinary people
* Ensuring all public health workers receive training that directs an understanding of 2SLGBTQ+ seniors
* Ensuring policies that reinforce equal care to all regardless of their actual or perceived sexual orientation, gender identity/presentation.
* Including mandatory training about 2SLGBTQ+ seniors within all legislation related to congregate care in Saskatchewan. This includes guidelines and procedure manuals.
* Ensuring health messaging includes information tailored to communities at increased risk for 2SLGBTQ senior’s populations.
* Ensuring funding to community health programs is distributed in a fashion that accounts for the additional burden anticipated by 2SLGBTQ -identified health centers.
* Whenever possible ensuring health agencies partner with community-based organizations to get messaging out to the 2SLGBTQ seniors’ population.
* Providing 2SLGBTQ seniors’ resources to Saskatchewan’s health care providers and seniors residential care settings.

### Data Collection

* Undertaking data collection and surveillance efforts to capture 2S2SLGBTQ+ seniors as part of routine information collection.

### Government Support

* Requiring all publicly funded community-based organizations to be provided with 2SLGBTQ seniors’ resources to guide them to understanding inclusivity in their programing.
* Ensuring 2SLGBTQ+ seniors are invited to participate in policy development where such policy impacts this community.
* Ensuring that media communications note the particular vulnerabilities of any person from the 2SLGBTQ+ seniors’ community.
* Initiate process of working with 2SLGBTQ+ seniors with regards to the following ministries: Justice, Education, Social Services and Rural and Remote to discuss inclusion of 2SLGBTQ+ seniors in legislation and policy.

## Community Actions Recommendations

* all community-based organizations working with 2SLGBTQ senior’s engage in training to guide them to understanding inclusivity in their programing.
* media works to gain an understanding of the particular vulnerabilities of any person from the 2SLGBTQ+ seniors community and their increased risks.