



# Queer Older Adults in Saskatchewan

*A Needs Assessment and  
Community Report*



**May 2023**

Queer Seniors of Saskatchewan &  
The Social Innovation Lab on Gender and Sexuality





**Social Innovation Lab**  
On Gender & Sexuality

The Social Innovation Lab on Gender and Sexuality at the University of Saskatchewan brings students, researchers, and community partners together to collaborate on projects surrounding sexual and gender diverse communities in Saskatchewan.

*[law.usask.ca/socialinnovationlab](http://law.usask.ca/socialinnovationlab)*



Queer Seniors of Saskatchewan is a non-profit organization of LGBTQ2S+ older adults who focus on improving the quality of life for queer older adults across the province of Saskatchewan.

*[facebook.com/people/Queer-Seniors-of-Saskatchewan/100069981164692](https://facebook.com/people/Queer-Seniors-of-Saskatchewan/100069981164692)*

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### **Recommended Citation**

Loewen Walker, R., Sereda-McShane, C., Brenneman, H., Loadman, C. (2023). *Queer Seniors of Saskatchewan: A Needs Assessment and Community Report*. Queer Seniors of Saskatchewan and the Social Innovation Lab. [[law.usask.ca/socialinnovationlab/resources/articles/qsos\\_community\\_report.php](http://law.usask.ca/socialinnovationlab/resources/articles/qsos_community_report.php)].

Thank you to the Canadian Hub for Applied Social Research for survey development and distribution.

Thank you for financial support from the Division of Social Accountability (DSA), College of Medicine at the University of Saskatchewan and the Social Sciences and Humanities Research Council.

**This study was approved by the University of Saskatchewan's Research Ethics Board.**

# About this report

*This study was led by the Queer Seniors of Saskatchewan (QSoS), a non-profit organization for 2SLGBTQ+ older adults that focuses on improving the quality of life for queer older adults across the province. The collected data was provided to the Social Innovation Lab (SIL) on Gender and Sexuality at the University of Saskatchewan. SIL worked in collaboration with QSoS to develop this report.*



# Notes on terminology and language

## **Older Adults**

The term “older adults” is used in this report to refer to individuals 55 years of age and older.

## **Heteronormativity**

Refers to the social systems and assumptions that all individuals are heterosexual, that heterosexuality is superior, and that all people participate in heterosexual relationships.

## **Cisnormativity**

Refers to the assumption that all people are cisgender or “cis”—i.e., they live as the sex/gender they were assigned at birth. Cisnormativity also includes biases and attitudes that exclude trans people and prioritize cis people and their experiences.

## **Queer**

Queer is an umbrella term that is increasingly being used by 2SLGBTQ+ communities due to its inclusivity. Queer can refer to both gender diversity and to sexual diversity, but it is not always used by all people. Regarding the specific population surveyed for this study, we align with the language used by Queer Seniors of Saskatchewan.

## **2SLGBTQ+**

This acronym stands for Two Spirit, lesbian, gay, bisexual, trans, queer, and additional gender and sexually diverse identities. We use this acronym throughout this report to refer to the larger gender and sexually diverse community, while also recognizing that the language of gender and sexual diversity is dynamic and ever-changing.

While the acronym of 2SLGBTQ+ is widely used within a Canadian context, there are instances where transgender, Two Spirit, and other individuals are not included within research samples, whether on purpose or due to a lack of participation/outreach. We have worked to acknowledge these absences when they occur and to align with the specific language used within individual studies.



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# Introduction

**On November 28, 2017, Prime Minister Trudeau delivered an historic apology to 2SLGBTQ+ people in Canada for decades of unjust treatment and criminalization based on their gender and sexual identities.**

This apology was especially important to older 2SLGBTQ+ people in Canada who were unjustly arrested, convicted, and even criminalized for being gay, as well as those who were fired, discharged from civil service, or intimidated to resign from various positions. The apology introduced Bill C-66: The Expungement of Historically Unjust Convictions Act, which provides a procedure for expunging past convictions and making amendments to other discriminatory acts. It was also followed by \$110 million in compensation for impacted civil servants, a federal investment into 2SLGBTQ+ specific organizations through the Department of Women and Gender Equality in 2019, and the development of a national 2SLGBTQI+ action plan.<sup>1</sup>

Although these are important steps forward, 2SLGBTQ+ older adults in Canada are grossly under-researched and under-served. Only two projects out of the 76 organizations funded by the federal investment into 2SLGBTQ+ organizations, focused on queer older adults,<sup>2</sup> and the Enchanté Network, Canada's only national network of 2SLGBTQ+ centres, only documents five organizations that serve 2SLGBTQ+ older adults out of its more than 200-organization membership.<sup>3</sup>

This study was designed to better understand the demographic

characteristics of Saskatchewan's queer older adults (55+) and document their experiences with accessing community services, housing, and employment, as well as personal and interpersonal experiences of discrimination, exclusion, and coming out.

Canadian research on 2SLGBTQ+ older adults has historically focused on HIV testing, barriers to accessing health care services, experiences of discrimination in long-term care facilities, and history/policy changes.<sup>4,5</sup> A prominent focus on HIV/AIDS is not uncommon within the landscape of 2SLGBTQ+ research as our community has historically been studied through the lens of "at-risk behaviours" and through prioritizing gay and bisexual men.<sup>4</sup> Research on the experiences of 2SLGBTQ+ older adults within healthcare systems has long revealed that heteronormativity and cisnormativity often render them invisible, thus limiting access to needed services and limiting medical awareness of the unique experiences of 2SLGBTQ+ older adults.<sup>4</sup> Regarding policy changes, one study acknowledged that while Canadian research and communications are increasingly focusing on progressive policy changes pertaining to the 2SLGBTQ+ community, there is limited acknowledgement of the barriers that persist for older generations.<sup>4</sup> As such, research on the health needs of 2SLGBTQ+ older

adults is not included in any health system policies or programming, and administrators and decision makers often develop access plans for 2SLGBTQ+ older adults without consulting individuals with lived experience.<sup>5</sup>

Despite a lack of research, groups such as Queer Seniors of Saskatchewan are making a difference in the lives of queer older adults. The group has an active facebook group advertising regular meet-ups, and has partnered with the Saskatoon Western Development Museum for the last four years to co-host Spark Your Pride, an annual day-long event to celebrate queer older adults in Saskatchewan during June, Saskatchewan's pride month.<sup>6</sup> In Regina, the University of Regina Pride Center hosts online meetings roughly twice a month for 2SLGBTQ+ people 55 years and older.<sup>7</sup> Support networks such as these are crucial to feelings of belonging and inclusion, leading to positive health outcomes and a greater sense of well-being. However, more needs to be done to improve service access, decrease discrimination, and identify the systemic changes needed to ensure that queer older adults receive the support they need. This study sheds light on Saskatchewan's queer older adults, and we hope that it sparks more attention and research regarding the experiences and needs of this community.



# Summary

This study surveyed 111 people in Saskatchewan who were 55 years of age or older, identified as 2SLGBTQ+, and lived in the province. The survey had 26 questions and focused on five themes: coming out and feeling accepted; service access and delivery; discrimination and exclusion; housing and employment; and relationships, family, and community.

**The study identifies four main findings:**



**1. Queer older adults are more comfortable coming out to their chiropractor than to their family doctor.** While 68% of respondents were very comfortable coming out to healthcare practitioners such as chiropractors, counsellors, and dietitians, only 44% expressed the same level of comfort coming out to their family doctor.



**3. Queer older adults experience high levels of discrimination related to their age or sexuality.**

72% of all respondents have experienced discrimination due to their age and 63% have experienced discrimination due to being 2SLGBTQ+. This is significantly higher than rates of discrimination experienced by the general population and by younger 2SLGBTQ+ people.







## 2. Queer older adults worry about finding assisted living or long-term care that is accepting of their identity.

Although respondents were relatively confident that they can access affirming social and community services in their communities, 56% are not at all confident that they will be able to find assisted living or long-term care options that will be accepting of them as 2SLGBTQ+ people.



## 4. Queer older adults experience better health outcomes when they feel supported for who they are.

We draw on supporting research to acknowledge the direct correlation between positive health outcomes and being able to live one's gender and sexual identity openly and safely.

# Future research directions

1. **Investigate** the institutions, contexts, and ideologies that perpetuate discrimination toward queer older adults.
2. **Implement** safe & affirming healthcare and community spaces for queer older adults.
3. **Focus** on the unique experiences of transgender and Two Spirit older adults in Saskatchewan.
4. **Develop** strategies to improve acceptance levels for queer older adults in home care services, retirement housing, assisted living, and long-term care services.
5. **Implement** increased education, training, and affirming policies to better support queer older adults.

# Who participated?

**There isn't a lot of information available about older 2SLGBTQ+ people (55+) in Canada. However, we estimate that around 165,000 2SLGBTQ+ Canadians were over 55 in 2018.**

This number is likely higher due to underreporting.<sup>8,9</sup> Many older queer people lived through times when their identity was stigmatized or even illegal, so they may not feel safe disclosing their identity.<sup>10,11</sup> Also, statistical research is often collected online, which can be a barrier for people who don't have internet access.

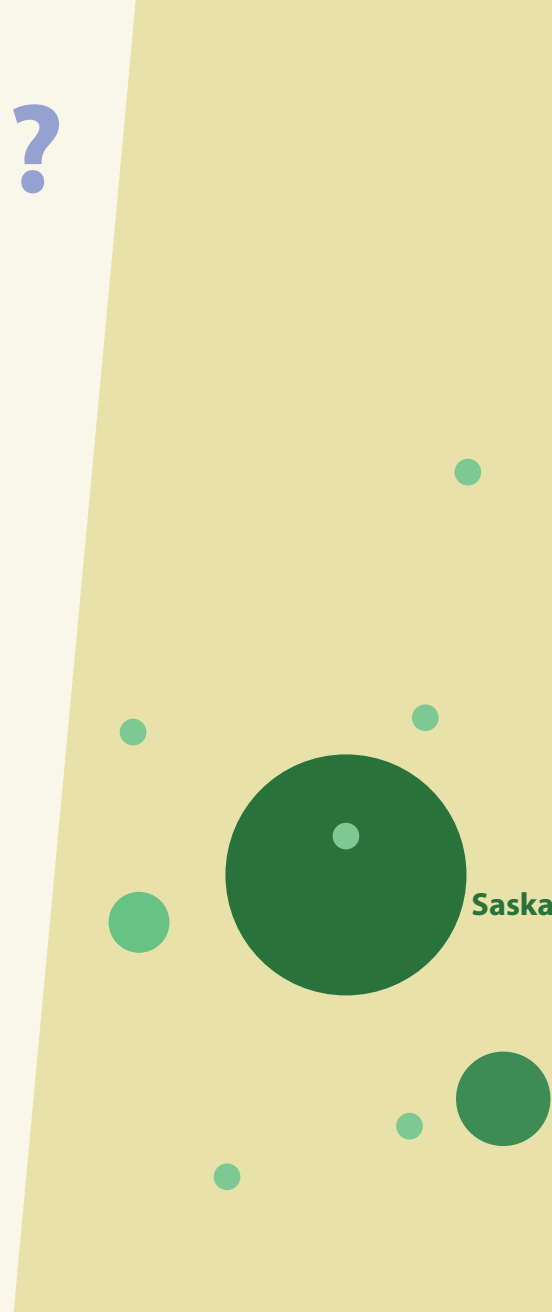
In 2021, the census included a question about gender identity for the first time.<sup>9</sup> The data from this question was divided into several generational cohorts, with individuals born between 1949 and 1965 accounting for 0.15% of the total percentage of transgender and non-binary individuals in Canada and individuals born prior to 1945 accounting for 0.12% of the total percentage of transgender and non-binary individuals in Canada.<sup>12</sup> To the researchers' knowledge, there isn't any more recent census data on 2SLGBTQ+ older adults in Canada at this time.<sup>13</sup>

This study looked at 111 2SLGBTQ+ older adults in Saskatchewan. About half of the participants in this study were between the ages of 55 and 64, while the other half were between 65 and 79. Only 3% of respondents were 80 years of age or older. These ages align closely with a national study that looked at housing security of LGBT older adults across Canada, demonstrating that our sample

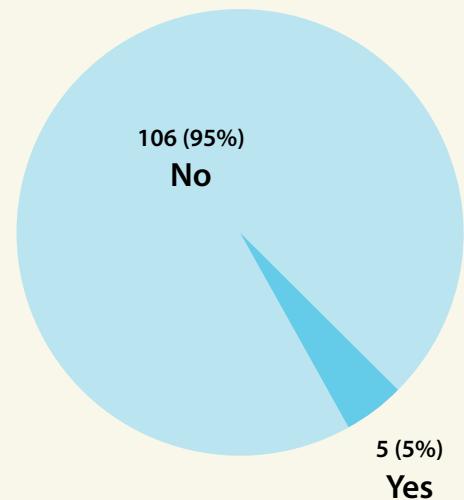
was comparative to national averages.<sup>14</sup> Just under half (45%) were lesbian, 41% were gay, 12% were bisexual, and 3% were queer. About 55% identified as women, 42% identified as men, two people identified as non-binary, and one identified as queer. Unfortunately, no one identified as transgender or Two Spirit and only 5% of respondents were Indigenous, which is lower than the overall population of Indigenous people in Saskatchewan, estimated at 17%.<sup>15</sup> Low response rates from queer Indigenous, Two Spirit, and transgender respondents represents a limitation of the survey and suggests that more work is needed to reach out to these communities, in partnership with relevant organizations and advisors.

18% of respondents said they had a disability, including mobility limitations, chronic pain, mental health concerns, and others. This is similar to results from the national survey looking at housing security of LGBT older adults in Canada, as approximately one third of their sample reported having a disability.<sup>14</sup>

Three out of four survey participants live in Saskatoon, while 11% live in Regina, and 14% live in smaller cities or towns across the province.

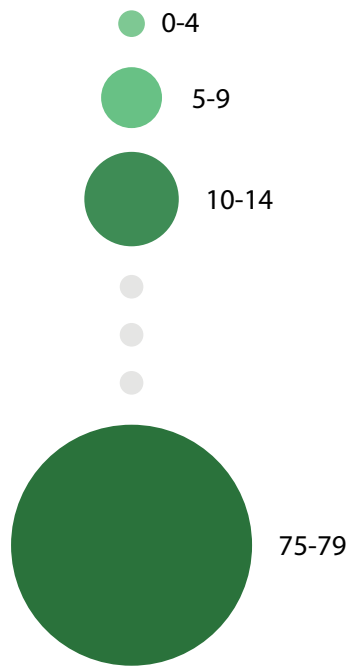


## Do you identify as Indigenous?

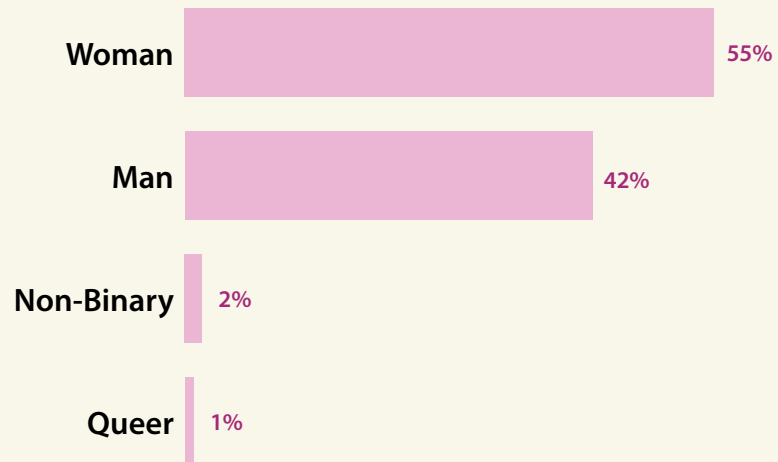


# Survey demographics

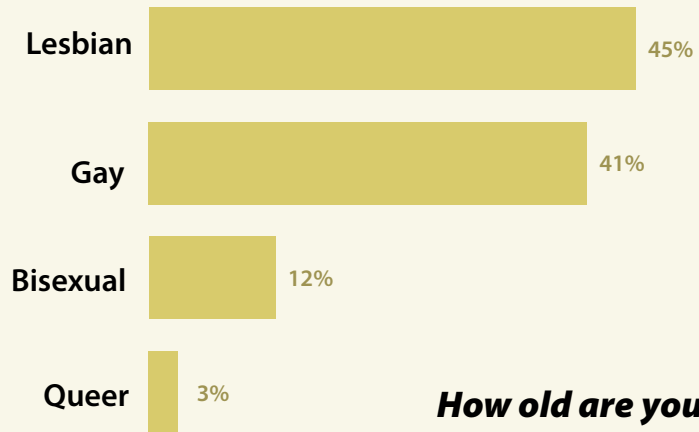
## # of respondents



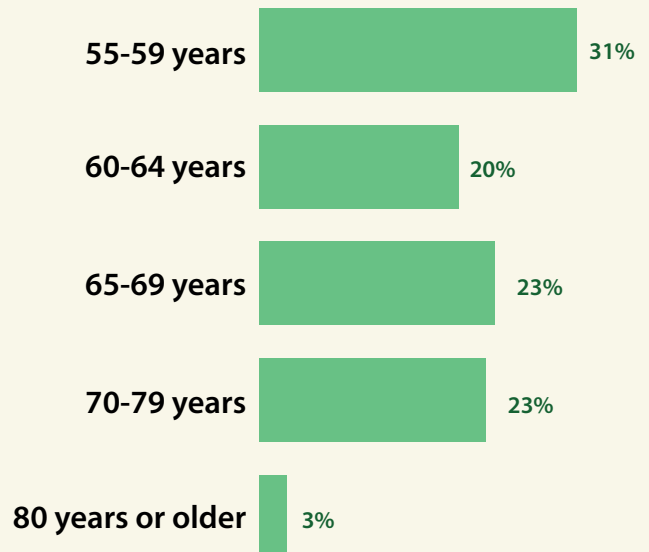
## What best describes your gender?



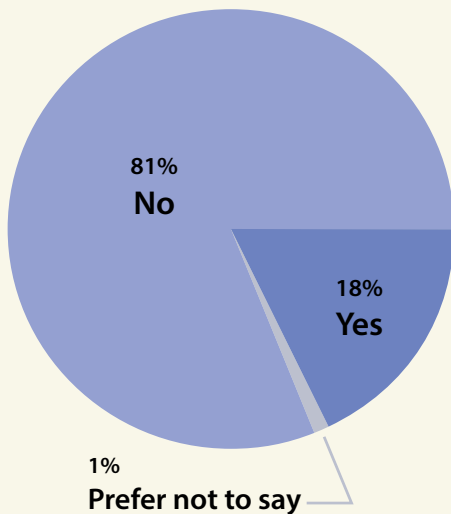
## What best describes your sexuality?



## How old are you?



## Do you identify as a person with a disability?



# Detailed findings

## Coming out and feeling accepted

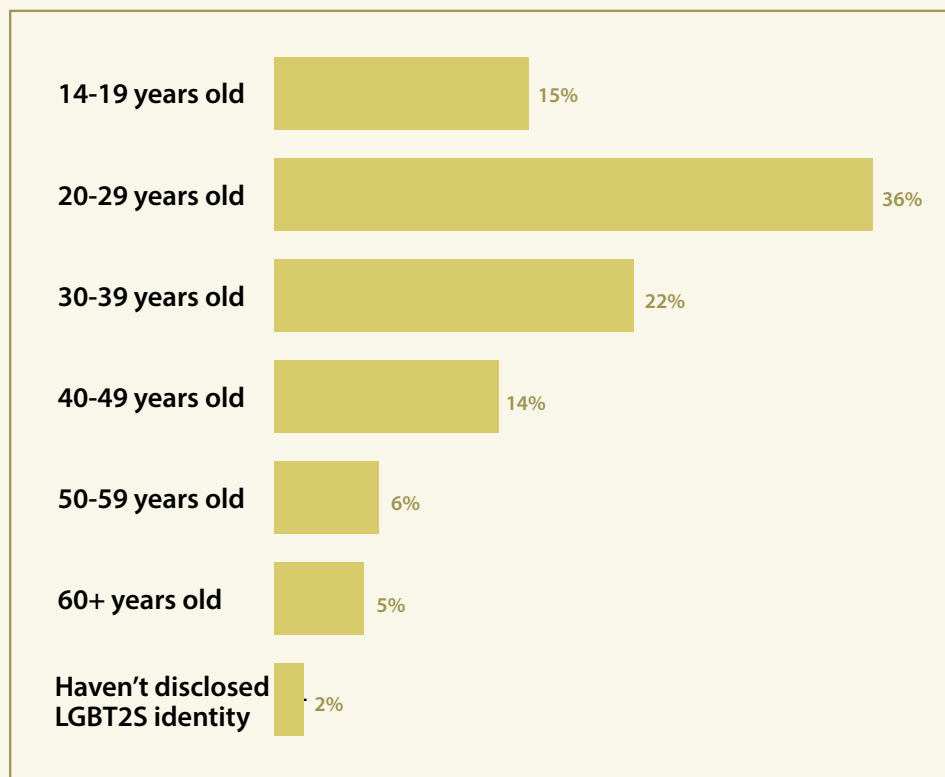
Coming out is a lifelong process that can happen at any age. Research has shown that coming out can have positive effects such as increased self-esteem, better relationships, and greater life satisfaction, but it can also lead to higher rates of discrimination and victimization due to visibility.<sup>16</sup> Unfortunately, resources for coming out are limited for 2SLGBTQ+ people and there are few opportunities for sharing experiences of coming out between queer people of different ages.

Deciding whether to disclose one's sexual identity or remain in the closet is often influenced by perceptions of sexism, heterosexism, and homonegativity within families, peer groups, and communities.<sup>10</sup> These and other factors can lead to ongoing anxiety and stress related to disclosing gender and sexual diversity, which differ depending on the person's relationships and environment.

The age at which survey respondents first disclosed their sexuality varied widely. Most respondents came out between the ages of 20 and 29 (36%), while the next highest group came out between 30 and 39 (22%). There is limited comparable research on the age at which queer older adults first come out, but our results are similar to a study in the United States which found that the average age of disclosure for older adults was 23.<sup>17</sup> Another study in

### Q6: At what age did you "come out" or transition?

About two-thirds of respondents came out before turning 40 years old.



Italy found that the average age of coming out for both middle aged adults (41 – 60) and older adults (61 – 80) was 25.<sup>16</sup>

When it came to "who" participants were comfortable coming out to, people were more comfortable talking about their 2SLGBTQ+ identity with their siblings than they were with their parents (72% versus 53%) and four out of five people were comfortable talking about their identity with their neighbours.

This was also true for other professionals like counselors and dietitians. However, when participants were asked about disclosing their identity to lawyers, the number dropped again. Overall, the study showed that many people were more comfortable disclosing

their identity to professionals who were not their family doctors. This is concerning because previous research has shown that personal support workers, who often work closely with older adults, are less likely to receive education and training about 2SLGBTQ+ issues.<sup>18</sup> Another study found that when people disclose their 2SLGBTQ+ identity to healthcare practitioners, they are more likely to use healthcare resources.<sup>19</sup> If older adults aren't disclosing their identity to healthcare practitioners such as family doctors, they may not be getting the healthcare they need. We also highlight that doctors and lawyers are gatekeepers to important information and services for older adults, increasing the need to investigate why people are

less comfortable disclosing their identity to these professionals.

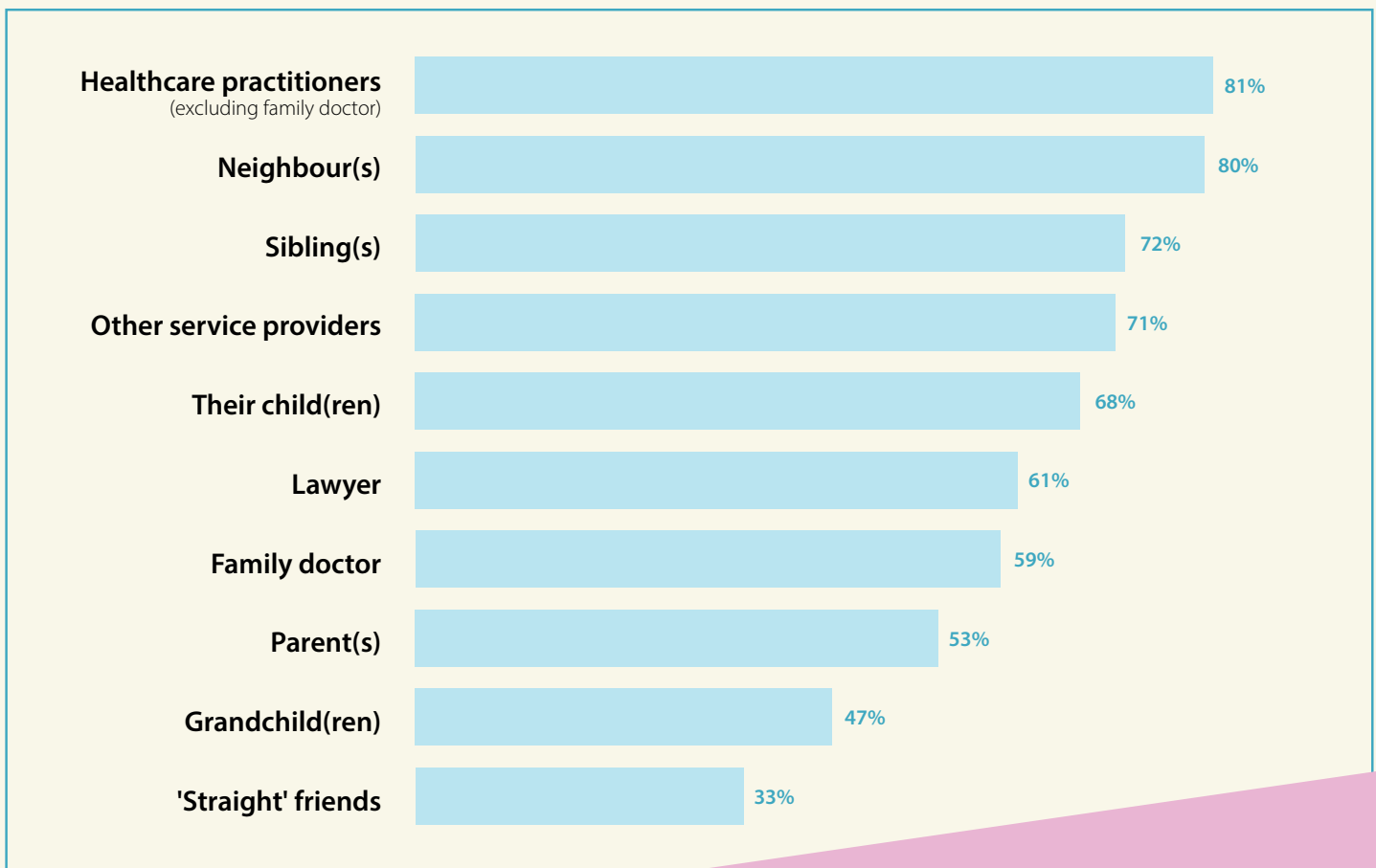
Saskatchewan has two main cities, Saskatoon and Regina, both of which provide 2SLGBTQ+ services and programs. There are also smaller communities in the province that have pride festivals and other support groups for 2SLGBTQ+ people. Most of the people in this

study (82%) live in one of these two larger cities or a town, while 13% live in rural communities, and 5% live in a seniors or retirement home. The majority of queer older adults in the study felt accepted in their community. Forty-five percent felt very accepted, and 37% felt somewhat accepted. Over half of the respondents (54%) felt connected to the 2SLGBTQ+

community in Saskatchewan while 27% felt a little connected and 15% felt not at all connected. Four respondents said that there is no 2SLGBTQ+ community where they live. This could mean that they live in a region not indicated above or they don't know about the available resources.

### **Q7: At this time of your life, with whom are you comfortable disclosing your LGBTQ2S identity?**

*Respondents were less comfortable disclosing to their family doctor than with other service providers.*



### **Key Finding #1**

**Queer older adults are more comfortable coming out to their chiropractor than coming out to their family doctor.** While 81% of respondents comfortable coming out to healthcare practitioners such as chiropractors, counselors, and dietitians, only 59% expressed the same comfort coming out to their family doctor.



# Detailed findings cont.

## Service access and delivery

Queer older adults face many challenges such as financial security, health concerns, access to healthcare, and connection with their communities. Unfortunately, social stigma that they have faced in the past and present makes it harder for them to access essential community resources and healthcare, while policies and practice don't always acknowledge the non-traditional families and kinship structures that are common in queer communities. This means that legal and biological families are often given more recognition than other caregivers or non-biological family members. Governmental, healthcare, and institutional priorities also fail to address the lack of social acceptance, financial

insecurity, and lower health and wellbeing of 2SLGBTQ+ older adults.<sup>20</sup> To explore the impact of heteronormativity, social exclusion, and both obvious and subtle forms of discrimination, this study asked queer older adults in Saskatchewan if they felt confident that they could access social and community services that were sensitive to their identities as older 2SLGBTQ+ people.

### Healthcare

When it comes to accessing healthcare services, 41% of participants felt somewhat confident that the services will be sensitive to their identity as a queer older adult. However, one in three participants felt only a little confident or not at all confident in accessing health care services sensitive to their unique needs. On average, participants felt slightly

less confident in accessing mental health services that are sensitive to their identity compared to accessing general healthcare services.

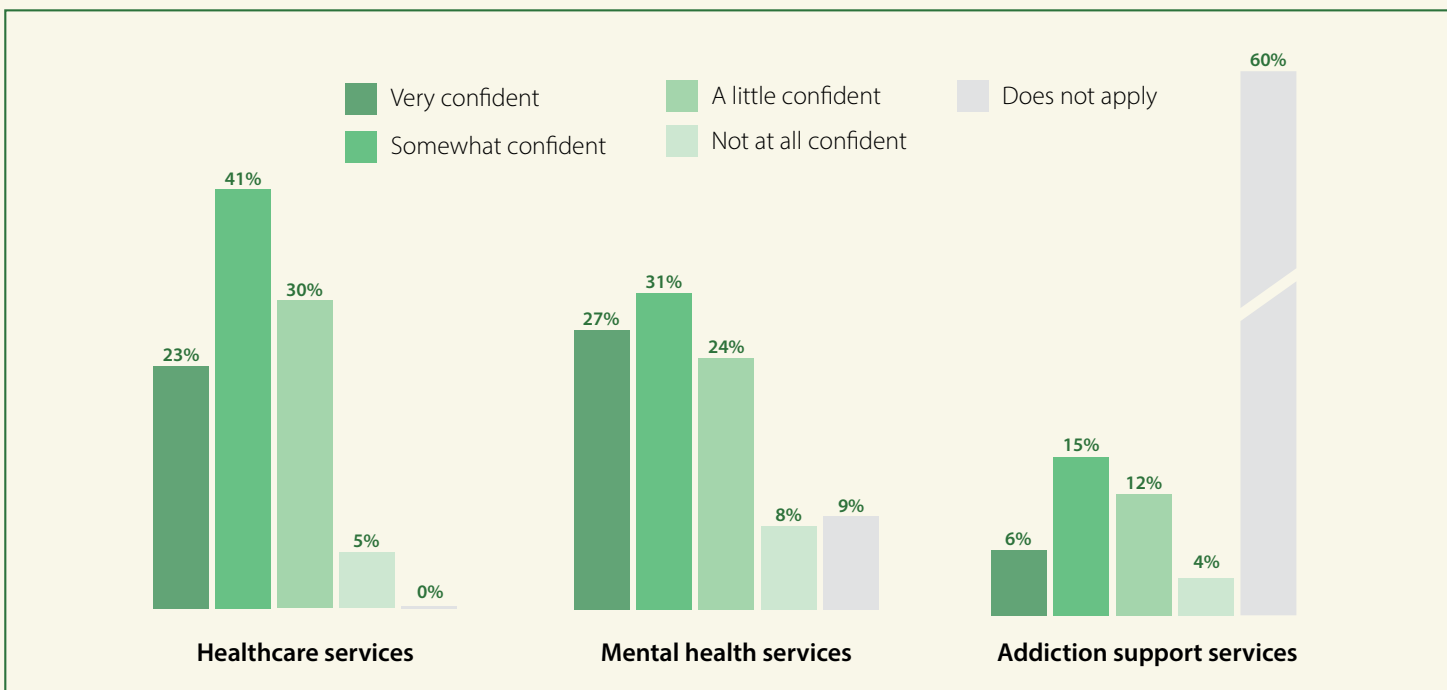
Many 2SLGBTQ+ older adults grew up during a time when healthcare professionals attempted to “cure” non-heterosexual sexual identities. This has led to a sense of mistrust toward healthcare institutions.<sup>5</sup> Additionally, there continue to be very few healthcare programs that specifically address the needs of 2SLGBTQ+ older adults.<sup>5</sup>

### Legal assistance and money management

When it comes to getting help with legal matters related to housing, wills, and health care directives, the survey found that a quarter of participants felt very confident, while 32% felt

## Q10: How confident are you accessing services sensitive to your needs & identity as an LGBT2S older adult?

In all services categories, about one in three participants felt only “a little confident” or “not at all confident.”





## Key Finding #2

**Queer older adults worry about finding assisted living or long-term care that is accepting of their identity.** Although respondents were relatively confident that they can access affirming social and community services in their communities, half of all respondents are not at all confident that they will be able to find assisted living and/or long-term care options that will be accepting of them as 2SLGBTQ+ people.



somewhat confident, and 22% felt a little confident in accessing identity-affirming assistance. This means that confidence levels varied considerably among study participants. As for money management, most participants felt either very confident (38%) or somewhat confident (28%) in accessing advice that is sensitive to their needs and their 2SLGBTQ+ identity.

### *Home care, retirement housing, and assisted living*

In Ontario, some home care providers and administrators were found not to consider 2SLGBTQ+ people in their client care, while others actively worked to create safe and affirming spaces.<sup>18</sup> This lack of consistency and inclusivity for queer older adults

is also present in Saskatchewan as one of our key findings is that queer older adults in Saskatchewan are worried about the judgement and discrimination they may experience as they enter residential and assisted living facilities.

In our survey, 38% of respondents indicated not feeling confident in finding private or provincial home care services sensitive to their needs and identity as queer older adults. When it came to seniors or retirement housing, 45% reported not feeling confident, while regarding assisted living or long-term care, 51% did not feel confident. Moreover, 42 respondents (38%) were not confident in accessing end-of-life or

hospice care sensitive to their needs, while 34% felt a little confident in this regard. These anxieties echo previous research and have resulted in a phenomenon of 'going back into the closet' for queer older adults who are concerned about discrimination from staff of long-term care facilities.<sup>1</sup>

Regarding informal support, 34% of respondents felt very confident, 48% were somewhat or a little confident, and 15% were not at all confident that they could access the support they needed as they aged. This shows that while some feel supported by their family, friends, and chosen family to remain in their homes as they age, there is still cause for concern.

**A phenomenon of 'going back into the closet' has emerged among 2SLGBTQI+ seniors in long-term care, where they do not disclose their identities out of fear of discrimination from care staff and other residents. This is even though many of today's 2SLGBTQI+ seniors are those who fought for 2SLGBTQI+ rights. <sup>1</sup>**

# Detailed findings cont.

## Housing and employment

Research shows that many 2SLGBTQ+ older adults live alone, live in poverty, and experience systemic discrimination based on their sexual and gender identity in relation to housing. A national online housing survey found that a high proportion of 2SLGBTQ+ Canadians, with a mean age of 55 years, live on limited income.<sup>14</sup> To better understand the experiences of queer older adults in Saskatchewan, this study included several questions related to employment status, household income, education level, and housing situation.

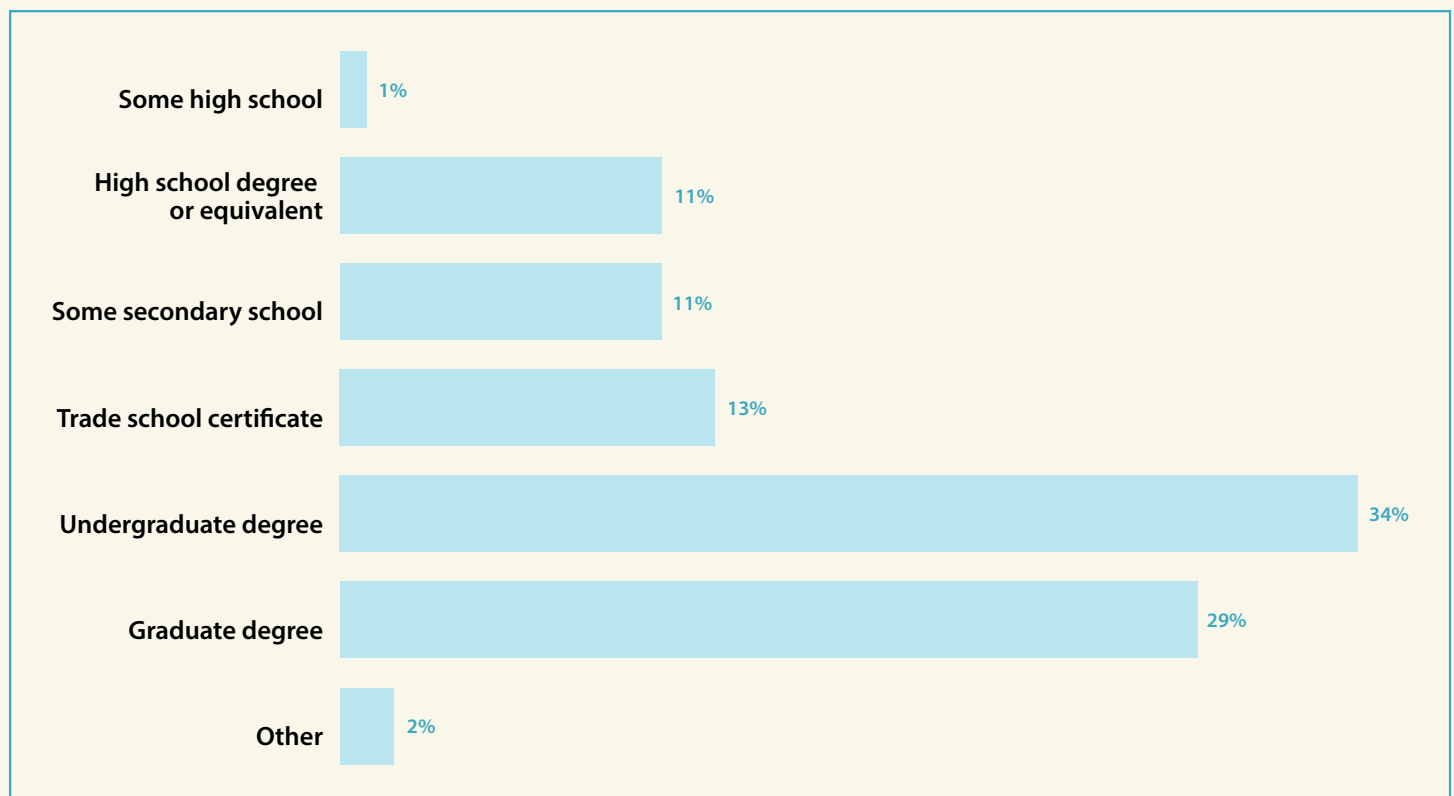
In this study, 42% of queer older adults were retired, while 28% were working full time. Fifteen percent were retired and working part time, meaning that 51% of participants were working in some capacity, either full time or part time, at the time of data collection. In terms of household income, respondents had a wide range of annual incomes. The highest income ranges were between \$40,001 - \$60,000 (23%) and \$100,001 - \$250,000 (23%), while 18% of respondents had an annual household income between \$20,001 - \$40,000, and 8% of participants had an annual income of less than \$20,000. These findings demonstrate quite diverse income levels among queer older adults in Saskatchewan.

Three quarters of the survey participants had completed post-secondary education. Specifically, 34% of respondents had completed an undergraduate degree from a college or university, and 29% of participants had completed a secondary or graduate degree from a university, such as a masters, doctorate, law degree, or medical degree.

Most participants (70%) live in a house or condo that they own. These results differ drastically from the findings of a national survey on LGBT2+ housing in Canada, which found that only 32% of respondents lived in houses that they owned.<sup>14</sup>

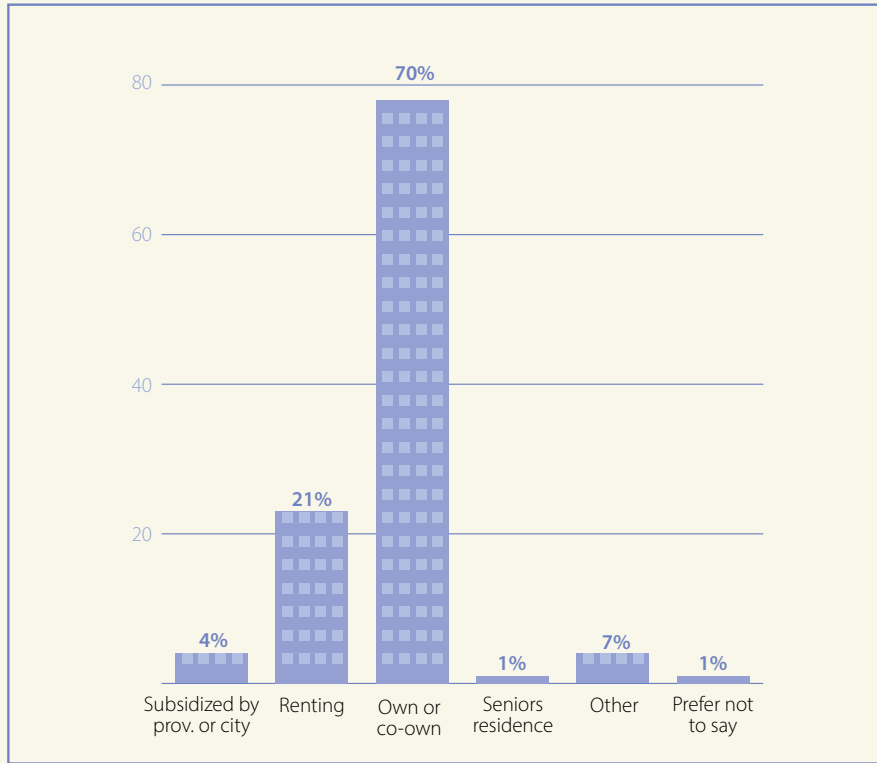
### **What is your highest level of education?**

*A majority of the respondents had an undergraduate degree from a college or university.*



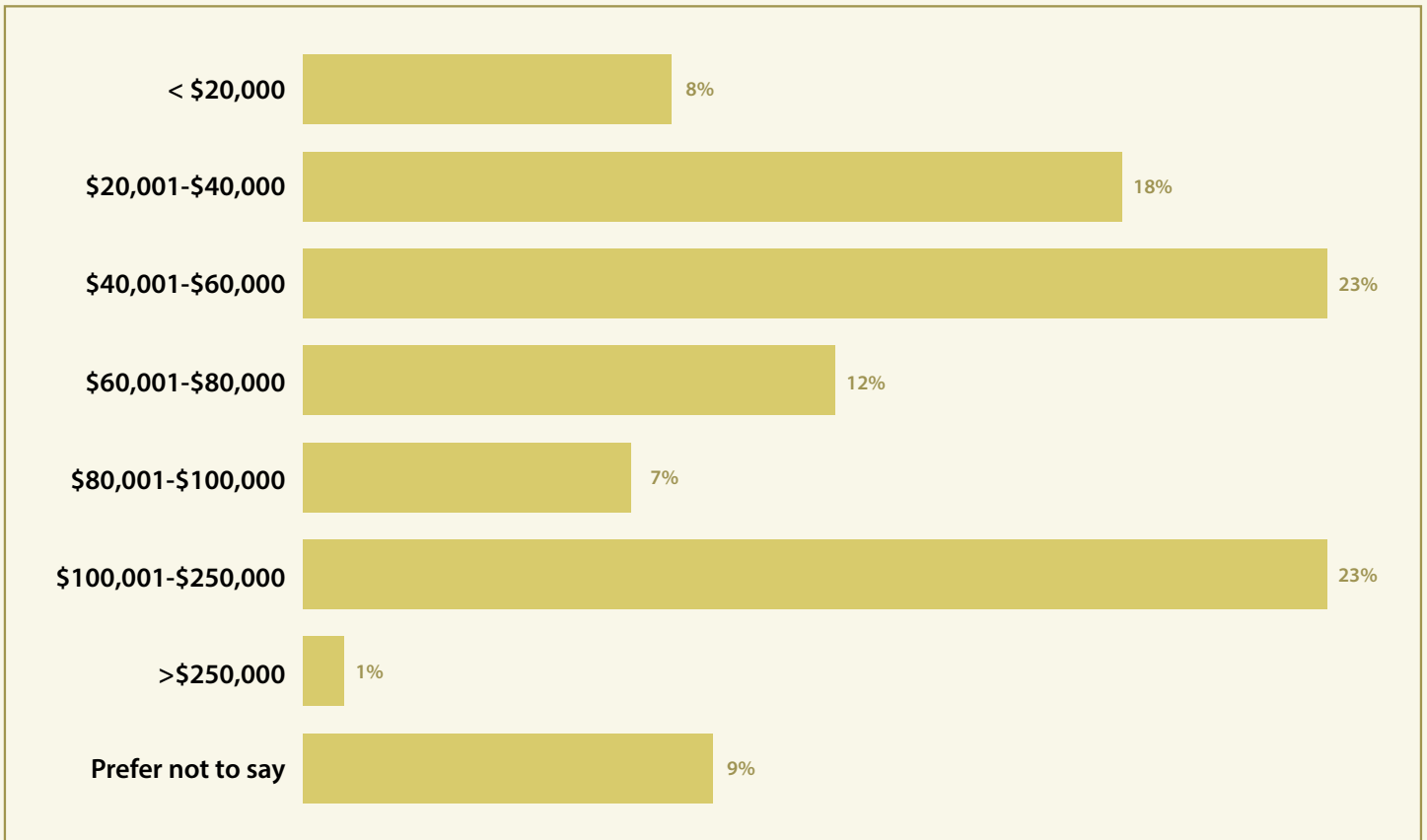
### What best describes your housing situation?

A majority of respondents owned or rented their residence.



### How much income do you receive per year?

Many participants earned between \$20,000 and \$60,000 per year. Another significant portion earned over \$100,000.



# Detailed findings cont.

## Discrimination and exclusion

Discrimination against 2SLGBTQ+ older adults often intersects with prejudices related to race, ethnicity, age, physical ability, and others,<sup>10</sup> highlighting the importance of adopting an intersectional approach to understanding their experiences.<sup>18</sup> Previous research indicates that discrimination toward queer older adults is high within home care organizations, resulting in queer invisibility, a lack of 2SLGBTQ+ training and education for homecare staff, and 2SLGBTQ+ older adults avoiding home care services entirely.<sup>18</sup>

Seeking to track these multiple points of discrimination, this study asked several questions pertaining to experiences of discrimination based on age, sexual orientation, gender identity, ability, and race. Results showed that 72% of participants had experienced discrimination because of their older age within the past year, while 63% had experienced

discrimination due to their 2SLGBTQ+ identity. This “double discrimination” based on both age and sexuality is not uncommon and has a compounding negative impact on a person’s health and well-being. Additionally, 11 of the 20 participants who responded to a question about disability reported experiencing ableism within the past year, which takes the form of physical and social barriers to people’s full participation in society, negative attitudes, and failures to provide accommodations and supports in workplaces, living situations, and other environments. Only three people responded to a question asking if they had experienced discrimination due to belonging to a racial or ethnic minority, and of these three, two people said they had experienced racism in the past year. Intersectional discrimination via homophobia, ageism, sexism, and ableism can lead to increased fear and avoidance tactics, and can result in decreased access to vital community services and support.<sup>18</sup>

On a more positive note, more participants reported not feeling left out of events or service agencies because of heteronormative assumptions (60%). However, 37% of participants reported being left out of events or service agencies because they only recognized heterosexual identities and/or relationships, indicating that many organizations across the province of Saskatchewan still operate through a heteronormative lens.

## Relationships, family, and community

Research shows that having a partner or spouse is important for the physical and mental health of 2SLGBTQ+ older adults.<sup>5</sup> However, many queer older adults are more likely to be single and live alone than heterosexual and cisgender older adults.<sup>21</sup> Increased rates of living alone leaves queer older adults at risk for higher rates of loneliness and feelings of isolation.<sup>21</sup>


## Key Finding #3

**Queer older adults experience high levels of discrimination related to their age and sexuality. 72% of all respondents reporting discrimination based on their age and 63% reporting discrimination based on their 2SLGBTQ+ identity. These rates are notably higher than those reported by the general population and younger 2SLGBTQ+ people.**



Out of the 111 survey participants, half live with their spouse or partner and 37% live alone. Most participants in this study were in a relationship (60%), including 36% who were married and 19% who were in a common law relationship. Forty one percent of respondents were not in a relationship when they completed the survey, which included people who were widowed, divorced, or separated.

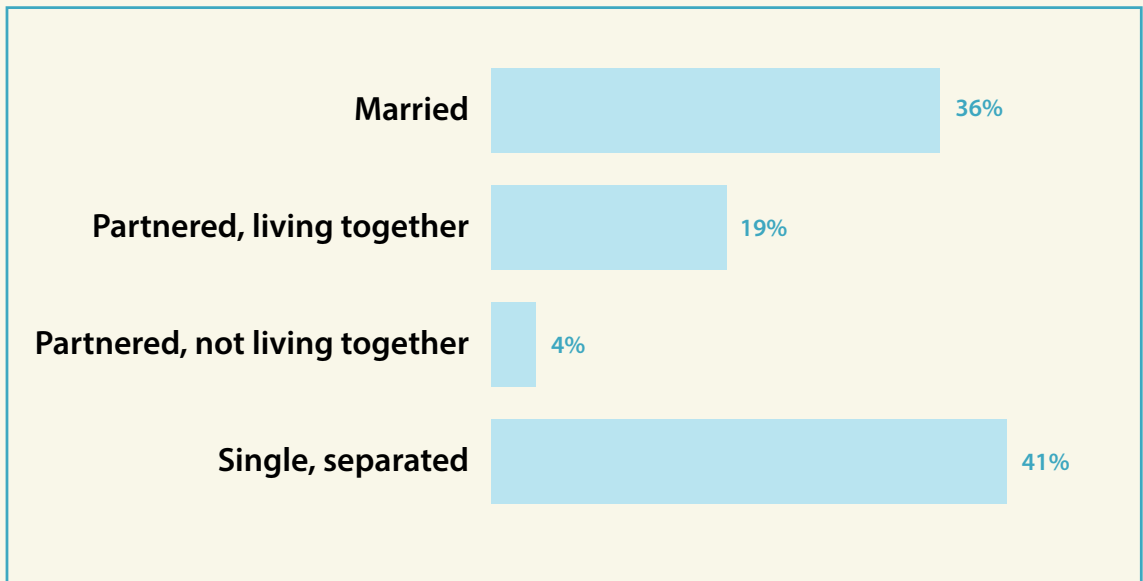
Of those in a relationship, half had been together for 16-25 years and a quarter had been together for more than 25 years. More than half of the participants (60%) had previously been in a heterosexual marriage or common law relationship, and half of the respondents had children or step-children. Sixty six percent (73) of participants were grandparents, a figure that is notably higher than those indicating having children.



**Key Finding #4**  
Queer older adults experience better health outcomes when they feel supported for who they are. There is a direct correlation between positive health outcomes and being able to live one's gender and sexual identity openly.

**What is your current relationship status?**

*Almost half of the respondents were single (widowed, divorced, or separated).*





# Discussion

**As the first of its kind, this study shines a light on queer older adults (55+) in Saskatchewan. It reveals valuable insights into their demographic characteristics, experiences with coming out, accessing social and community services, and experiences of social exclusion and discrimination. As well, this research highlights the value of inclusion and belonging for 2SLGBTQ+ people, both within their general communities and the 2SLGBTQ+ community.**

This research found that 2SLGBTQ+ older adults in Saskatchewan face significant challenges. Many are not comfortable disclosing their identity to healthcare practitioners, especially family doctors and lawyers. This could be due to historical reasons, such as the persecution of queer people, as well as ageism and ableism affecting all older adults. Given that disclosure to medical practitioners plays a crucial role in positive mental and physical health outcomes,<sup>19</sup> this highlights the need to address these difficulties and ensure that queer older adults in Saskatchewan feel accepted and affirmed in healthcare settings.

One of the most significant findings was that many participants were not comfortable finding private or provincial home care, seniors or retirement housing, and assisted living or long-term care that is sensitive to their needs and identity. High rates of ageism and discrimination based on 2SLGBTQ+ identity were indicated by respondents, as well as high rates of discrimination based on experiencing disability. This shows that Saskatchewan's queer older adults are at the intersection of multiple oppressions and face alarming rates of discrimination.

These findings are concerning, as they could mean that queer older adults in Saskatchewan are not utilizing healthcare resources in the community. Further research is needed to determine the cause of the discrepancy, but it is clear that action needs to be taken to address the challenges that 2SLGBTQ+ older adults face in accessing healthcare and social services. By doing so, we can ensure that queer older adults in Saskatchewan receive the support they need to live healthy and fulfilling lives.

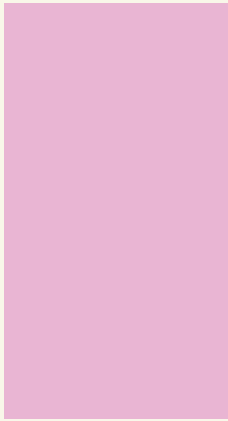
## *Study Limitations*

Our study had some limitations that may impact the generalizability of our findings. First, our sample size was relatively small (n=111), so it may not represent the experiences of all queer older adults in Saskatchewan. Additionally, the absence of transgender and Two Spirit participants in our study means that we did not fully capture the experiences of these groups. We also recognize that some people may not have been comfortable sharing personal information online or in-person, and we were not able to include people who are experiencing housing insecurity. Finally, our use of snowball sampling to recruit participants means that we may have missed a significant

portion of the population who do not have connections to our existing participants. All of these limitations should be considered when interpreting our results and planning future initiatives.







# Next steps

**The findings of this study suggest that people are facing discrimination based on age, race, queer identity, and ability, with intersections of these factors further exacerbating the impact. Consequently, there is a need to better explore where, how, and from whom this discrimination is occurring. This would help to determine where to focus energy related to policy changes, trainings, and workshops, as well as which sectors to target in the work of supporting queer older adults. We suggest the following directions for future research:**

***1. Investigate the institutions, contexts, and ideologies that perpetuate discrimination toward queer older adults.***

While results show that queer older adults in Saskatchewan face intersecting discrimination related to age, race, queer identity, and ability, we do not know where and how this discrimination is occurring. Conducting one-on-one interviews and focus groups with queer older adults could help to better understand their experiences and to identify educational, political, and policy-based strategies to lessen discrimination in this context;

***2. Implement safe and affirming healthcare and community spaces for queer older adults.***

Given that many respondents felt unsafe disclosing their queer identity to their healthcare practitioners (specifically family doctors), we need increased research and focus on implementing safe and affirming health and social supports for queer older adults in Saskatchewan. This could include the development of workshops and training sessions for healthcare providers that specifically address intersections

between homophobia, transphobia and ageism, as well as working collaboratively with existing healthcare organizations that serve seniors in an effort to build queer friendly services;

***3. Conduct research that looks specifically at the experiences of Two Spirit and transgender older adults in Saskatchewan.***

As our study failed to reach these groups, we acknowledge this gap, and recognize the need for increased partnerships and collaboration with Two Spirit and gender diverse organizations and communities in order to do so. We know that although there are similarities with the findings presented here, the experiences of these groups differ in significant ways and warrant meaningful attention and exploration;

***4. Develop strategies to improve acceptance levels for queer older adults in home care services, retirement housing, assisted living, and long-term care services.***

There is already a great deal of research across Canada related to queer older adults and housing

options, much of which echoes our own findings. We recommend collecting existing research and recommendations in order to develop trainings, policies, and possibilities for Saskatchewan's queer older adults; and

***5. Implement increased training, education, and affirming policies to better support queer older adults.***

Queer-inclusive education and policy-development continue to serve as the most effective means of stewarding affirming care and preventing experiences of discrimination and exclusion. Alongside the development of trainings that focus specifically on queer older adults, we strongly recommend that all 2SLGBTQ+ educators work to include content from this report and future research within existing workshops. As well, we recommend that all organizations and services that serve seniors/older adults review their existing policies and procedures to ensure they fully protect and support queer communities.

# References

1. Department of Women and Gender Equality. Canada's First Federal 2SLGBTQI+ Action Plan... Building our future, with pride. 2022; Available from: <https://women-gender-equality.canada.ca/en/free-to-be-me/2SLGBTQI+-Federal-Action-Plan.pdf>
2. Heritage Canada Backgrounder—Enabling the future of LGBTQ2 community-led organizations. 2021. Available from: <https://www.canada.ca/en/canadian-heritage/news/2021/02/backgrounderenabling-the-future-of-lgbtq2-community-led-organizations.html>
3. Membership List. The Enchanté Network. Available from: <https://enchantenetwork.ca/en/membership-list/>
4. Wilson K, Stinchcombe A, Regalado SM. LGBTQ+ Aging Research in Canada: A 30-Year Scoping Review of the Literature. *Geriatrics*. 2021 Jun;6(2):60.
5. Murray E, Numer M, Merritt B, Gahagan J, Comber S. Healthy Aging among LGBT Seniors in Canada: A Review of the Literature. *Int J Health Wellness Soc*. 2012;1(4):179–92.
6. Spark Your Pride. Saskatoon Pride. Available from: <https://saskatoonpride.ca/events/spark-your-pride/>
7. 2SLGBTQ+ Seniors Group – 211 Saskatchewan. Available from: <https://sk.211.ca/services/private-location/2slgbtq-seniors-group/>
8. Government of Canada SC. LGBTQ2+ people - Canada at a Glance, 2022. 2022. Available from: <https://www150.statcan.gc.ca/n1/pub/12-581-x/2022001/sec6-eng.htm>
9. Government of Canada SC. The Daily — A statistical portrait of Canada's diverse LGBTQ2+ communities. 2021. Available from: <https://www150.statcan.gc.ca/n1/daily-quotidien/210615/dq210615a-eng.htm>
10. Orel NA. Investigating the Needs and Concerns of Lesbian, Gay, Bisexual, and Transgender Older Adults: The Use of Qualitative and Quantitative Methodology. *J Homosex*. 2014 Jan 2;61(1):53–78.
11. "We Live in a Wonderful Country, Canada, but...": Perspectives From Older LGBTQ Ontarians on Visibility, Connection, and Power in Care and Community - Jess Boulé, Kimberley Wilson, Kathy Kortes-Miller, Arne Stinchcombe, 2020. Available from: [https://journals.sagepub.com/doi/full/10.1177/0091415019857060?casa\\_token=M22nlegL9z4AAAAA%3AZ9GbuVXm-EO-SAME6uzWr80k9XYdl2-KnnXEcbtMvOD7DBk3mPufMrVDdh-ckxaim\\_NgxuTUAZxno](https://journals.sagepub.com/doi/full/10.1177/0091415019857060?casa_token=M22nlegL9z4AAAAA%3AZ9GbuVXm-EO-SAME6uzWr80k9XYdl2-KnnXEcbtMvOD7DBk3mPufMrVDdh-ckxaim_NgxuTUAZxno)
12. Government Of Canada SC. The transgender and non-binary generation gap. 2022. Available from: <https://www150.statcan.gc.ca/n1/daily-quotidien/220427/cg-b001-eng.htm>
13. Canada E and SD. Social isolation of seniors: A focus on LGBTQ seniors in Canada. 2018. Available from: <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/social-isolation-lgbtq.html>
14. Marco Redden, Jacqueline Gahagan. LGBTQ Housing Matters: Results of the Canadian LGBTQ older adults and housing project. 2020; Available from: <https://bccrns.ca/wp-content/uploads/2020/07/LGBT-Housing-Matters-2020.pdf>
15. Most Indigenous people live in Ontario and Western Canada, but account for larger share of overall population in territories. Available from: <https://www150.statcan.gc.ca/n1/daily-quotidien/220921/g-a001-eng.htm>
16. Rosati F, Pistella J, Nappa MR, Baiocco R. The Coming-Out Process in Family, Social, and Religious Contexts Among Young, Middle, and Older Italian LGBTQ+ Adults. *Front Psychol*. 2020;11. Available from: <https://www.frontiersin.org/articles/10.3389/fpsyg.2020.617217>
17. D'Augelli AR, Grossman AH. Disclosure of Sexual Orientation, Victimization, and Mental Health Among Lesbian, Gay, and Bisexual Older Adults. *J Interpers Violence*. 2001 Oct 1;16(10):1008–27.
18. Daley A, Brotman S, MacDonnell JA, St. Pierre M. A Framework for Enhancing Access to Equitable Home Care for 2SLGBTQ+ Communities. *Int J Environ Res Public Health*. 2020 Oct 16;17(20):7533.
19. Kittle KR, Boerner K, Kim K, Fredriksen-Goldsen KI. The Role of Contextual Factors in the Health Care Utilization of Aging LGBTQ Adults. Meeks S, editor. *The Gerontologist*. 2022;63(4):741–750.
20. Hudson RB. Integrating Lesbian, Gay, Bisexual, and Transgender Older Adults into Aging Policy and Practice. *Public Policy Aging Rep*. 2011 Jun 1;21(3):2–2.
21. Choi SK, Meyer IH. LGBTQ Aging: A Review of Research Findings, Needs, and Policy Implications. The Williams Institute at UCLA School of Law; 2016. Available from: <https://www.jstor.org/stable/resrep34905>

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