

SOCIAL

ISOLATION
of Seniors

A Focus on LGBTQ
Seniors in Canada

Title: Social isolation of seniors - A focus on LGBTQ seniors in Canada.

This publication is available for download at
canada.ca/publiccentre-ESDC.

It is also available upon request in multiple formats (large print, MP3, Braille, audio CD, e-text CD, DAISY or accessible PDF), by contacting 1 800 O-Canada (1-800-622-6232). By teletypewriter (TTY), call 1-800-926-9105.

© Her Majesty the Queen in Right of Canada, 2018

For information regarding reproduction rights:
droitdauteur.copyright@HRSDC-RHDCC.gc.ca.

PDF

Cat. No.: Em12-50/2018E-PDF
ISBN/ISSN: 978-0-660-27566-6

ESDC

Cat. No.: SSD-215-10-18E

Participating governments

- Government of Alberta
- Government of British Columbia
- Government of Manitoba
- Government of New Brunswick
- Government of Newfoundland and Labrador
- Government of Northwest Territories
- Government of Nova Scotia
- Government of Nunavut
- Government of Ontario
- Government of Prince Edward Island
- Government of Saskatchewan
- Government of Yukon
- Government of Canada

Acknowledgements

The Federal, Provincial, and Territorial (FPT) Working Group on Social Isolation and Social Innovation would like to thank Dr. Marie Beaulieu^a, Ph.D., for leading the development of this guide. The group would also like to thank Roxane Leboeuf^b, Marie-Ève Manseau-Young^c, Sarah Pomar-Chiquette^d, and Jane Howlett for their contribution^e.

This guide was prepared by Dr. Marie Beaulieu for the FPT Forum of Ministers Responsible for Seniors. The views expressed in this document may not reflect the official position of any particular jurisdiction.

The Forum is an intergovernmental body established to share information, discuss new and emerging issues related to seniors, and work collaboratively on key projects.

Québec contributes to the FPT Seniors Forum by sharing expertise, information and best practices. However, it does not subscribe to, or take part in, integrated federal, provincial and territorial approaches to seniors. The Government of Québec intends to fully assume its responsibilities for seniors in Québec.

^a Chairholder of the Research Chair on Mistreatment of Older Adults.

^b Coordinator of the Research Chair on Mistreatment of Older Adults.

^c Research agent.

^d Research assistant.

^e Research assistant.

Table of Contents

Participating governments	i
Acknowledgements	i
Background	1
Introduction	2
Part 1: Social Isolation of LGBTQ Seniors	3
Diversity.....	4
Demographic profile: Canada’s LGBTQ Seniors	5
Social isolation in LGBTQ seniors	5
Factors that put LGBTQ seniors at risk of social isolation.....	7
Factors that protect against the social isolation of LGBTQ seniors	10
Consequences of social isolation among LGBTQ seniors.....	12
Success stories promoting social inclusion	13
Initiatives promoting the awareness of the realities of LGBTQ seniors.....	14
LGBTQ initiatives within seniors’ organizations	15
Initiatives for seniors within LGBTQ organizations	16
Initiatives designed to promote awareness of the realities of seniors in LGBTQ communities	17
Part 2: Tools and Examples of Inclusive Ideas Exchange Events for LGBTQ Seniors	18
How to use the toolkit.....	19
How to conduct an event	19
Considerations for hosting ideas exchange events.....	19
Appendix A: Steps for Countering Social Isolation	21
Appendix B: Tools for Hosting Ideas Exchange Events	24
Appendix C: Complementary Resources	26
Appendix D: Glossary	29
Appendix E: Cultural and Legislative Changes	32
Milestones in the development of LGBTQ rights in Canada and internationally.....	32
References	Error! Bookmark not defined.

Background

This supplement is a resource to help organizations and service providers adopt approaches to help lesbian, gay, bisexual, transgender and queer (LGBTQ^f) seniors strengthen human connections. Social isolation is a silent reality experienced by many seniors, particularly LGBTQ seniors. It is hoped that this resource will heighten awareness and sensitivity and help organizations address LGBTQ seniors' particular social needs.

This supplement should be read in conjunction with two other documents published by the Federal, Provincial and Territorial (FPT) Ministers Responsible for Seniors documents. *Social Isolation of Seniors: Volume I – Understanding the Issue and Finding Solutions* provides an overview of social isolation among seniors in Canada. *Social Isolation: Volume II – Ideas Exchange Event Toolkit* provides hands-on resources for groups.

The materials included in this supplement are drawn from current research, stakeholder consultations (including a workshop), an environmental scan of existing programs and services, and the lived experiences of LGBTQ seniors. This supplement consists of two parts: Part 1 explores social isolation from the perspective of LGBTQ seniors and Part 2 provides practical tools and resources to encourage human connections to reduce social isolation.

This resource is meant as a starting point for discussions among stakeholder groups and LGBTQ seniors and organizations. It is intended to help them develop and implement innovative local programs and find ways to increase human connections and reduce social isolation. Action is needed at all levels of planning and decision-making to promote and provide information on strategies to address social isolation. There are many possibilities for collaborative action to encourage social inclusion of LGBTQ seniors.

The contributions from the many service providers working with LGBTQ seniors were invaluable in creating this resource. Permission is granted to reproduce with appropriate credits and citation.

^f As explained in first section of this document, the abbreviation “LGBTQ” is the official term used in this document. However, “LGBT” and “LGB” have been used in some places to reflect the findings for the sexual orientation and/or gender identity studied as part of the literature review.

Introduction

What is social isolation?

Simply put, social isolation is a situation in which someone has infrequent and/or poor-quality contact with other people. A person who is socially isolated typically has few social contacts or social roles, and few or no mutually rewarding relationships.^g

Although social isolation is often associated with loneliness, they are not the same. This document focuses on social isolation, not loneliness. Reaching out to lesbian, gay, bisexual, transgender and queer (LGBTQ) seniors who are at risk of being socially isolated may reduce the risk that they will suffer poor health and poor quality of life.

Using the ideas in this supplement

Before putting into practice the ideas set out in this report, it is important to have a sound understanding of the local and regional context. This knowledge is needed to adapt the content of events, determine appropriate venues^h and provide open and inclusive spaces for dialogue between LGBTQ and non-LGBTQ seniors.

Diverse groups of service providers (not only those in the medical and social services sectors) are encouraged to take part in such events. Reaching out to the public, private and non-profit sectors as well as seniors and their families can have far-reaching impacts.ⁱ

Social isolation among LGBTQ seniors

Generally speaking, social isolation exists on a continuum.¹ At one end of the spectrum are people who are completely integrated and not isolated. Next are people who have gradually become isolated over time, as well as those who experience isolation because of recent unexpected events. Finally, at the opposite end of this continuum are people who have been isolated their entire lives. These three types of profiles can be found among LGBTQ seniors and will have a bearing on the steps to be taken to reach them and to help them overcome their isolation.

^g For information about how seniors become socially isolated, see *Social Isolation of Seniors, Volume 1: Understanding the Issue and Finding Solutions*.

^h For example, some LGBTQ seniors would not go to a place of worship out of fear that they would not be welcome.

ⁱ For general ideas about hosting effective meetings to exchange ideas and respond to the social isolation of seniors, see *Social Isolation of Seniors, Volume II: Ideas Exchange Event Toolkit*.

Part 1:

Social Isolation of LGBTQ Seniors

Diversity

Over the years, the terms used to identify sexual minorities have changed substantially. Today, the LGBTQ^j community represents people whose sexual orientation is not heterosexual. It includes those who are lesbian, gay and bisexual (attracted to both men and women) and queers (those who do not identify or adhere to the norms that define different sexual orientations and gender identities). The community also includes people whose gender identity differs from the one assigned at birth—that is, transgender and transsexual individuals,^k often simply called trans. Trans people may also be heterosexual, lesbian, gay, bisexual or queer.

Although the abbreviation LGBTQ is meant to be inclusive, some seniors do not fall under these labels or feel recognized or supported by this community. Those who are pansexual,^l two-spirited^m or intersexⁿ are examples.^o Other abbreviations are also in use, such as LGBTQ2 (which includes two-spirited people) and LGBTQI (which includes intersex people).

Since the reality of seniors who do not feel recognized or represented by the LGBTQ community has not been widely studied, this supplement opts to use the designation LGBTQ. Any reference to LGBT or LGB (instead of LGBTQ) remains true to its original source. Nonetheless, it is important to recognize this further diversity of sexual orientations and gender identities, even though this document is not able to comprehensively represent them.

Due to a history of discrimination, exclusion and fear of stigmatization, not all LGBTQ seniors wish to come out openly or be included in the LGBTQ community.^{2,3} As a result, organizations that set out to support this group of seniors must realize that the degree of desired belonging and affirmation may vary from one senior to the next. Although members of this community may share similar life experiences, such as discrimination,^{4,5} each person and subpopulation (lesbian community, trans community, etc.) has a history, issues and needs of its own.⁶ Depending on the goal, the events proposed for seniors in general in *Social Isolation of Seniors, Volume II: Ideas Exchange Event Toolkit* could certainly be appropriate for countering the social isolation of LGBTQ seniors.

^j As explained in this section, the abbreviation “LGBTQ” is the official term used in this document. However, “LGBT” and “LGB” have been used in some places to reflect the findings for the sexual orientation and/or gender identity studied as part of the literature review.

^k Transsexual persons are transgender persons who [translation] “wish to change their body through hormonal or surgical treatment so that it matches their gender identity.” Seen on the following website: <http://www.gaiecoutte.org/wp-content/uploads/2014/04/Definitions-diversite-sexuelle-et-de-genre.pdf>.

^l [Translation] “[...] [P]ansexual people are sexually, affectively and/or emotionally attracted to people irrespective of and with no preference toward a person’s gender or sex, regardless of whether the person identifies as female, male, trans, genderless or other.” Seen on the following website: <http://www.gaiecoutte.org/foire-aux-questions/general/>.

^m [Translation] “According to Indigenous tradition, a person who has two spirits: one female and the other male.” Seen on the following website: <https://www.homophobie.org/je-participe/quest-lhomophobie-transphobie/definitions/>.

ⁿ [Translation] “Person who presents the physical characteristics of both sexes at the same time.” Seen on the following website: <https://www.homophobie.org/je-participe/quest-lhomophobie-transphobie/definitions/>.

^o Little has been written about the experience of seniors who are members of these three groups.

Demographic profile: Canada’s LGBTQ Seniors

In 2014, 3% of Canadians aged 18 to 59 self-identified as lesbian, gay or bisexual.^{p, 7} However, some community groups estimate this percentage to be closer to 10%, particularly if the LGBT community as a whole is considered.⁸ There are currently no data available regarding the number of Canadians aged 65 and older who identify as members of the LGBTQ community.

Like seniors in general, LGBTQ seniors represent a number of different generations. In addition to individual variations, it is important to consider the effects of age, generation, and economic and social circumstances.^q For example, in 2017, the youngest seniors (those 65 and over) were 17 when homosexuality was decriminalized in 1969. Today’s seniors who lived in Canada before these legislative changes have had different life experiences with regards to their gender identity and sexual orientation.

It is important to note that, like other seniors, LGBTQ seniors live in both urban and rural communities. This means that some have access to services specifically designed for them, others to services that claim to be LGBTQ-friendly, and others to general services that may or may not be sensitive to their past, needs and circumstances.^r It is important to take such considerations into account when organizing events.

Social isolation in LGBTQ seniors

Recognition of the rights and freedoms of LGBT^s seniors in North America has improved considerably in recent decades.⁹ Despite legal changes that fostered greater openness and acceptance in Canada toward LGBT people (see Appendix E), the effects of past discrimination contribute to the invisibility of seniors in that community.¹⁰ In fact, many LGBTQ people have grown older convinced that it is better to keep their sexual orientation or gender identity a secret (or to be “invisible”) to assure their well-being. Accordingly, while discrimination in day-to-day life can have short-term effects in terms of social isolation, past discrimination can have long-term effects if these negative perceptions are internalized. Among homosexual or bisexual seniors, for instance, this phenomenon—referred to as homonegativity—is associated with a negative image and the invisibility of homosexuality in society.¹¹ Some of these individuals may even have spent time in prison.^t

^pThese data should be considered a minimum because people may choose not to disclose their sexual orientation in a census or other type of survey.

^q The effect of age is [translation] “the influence of the moment in the life cycle”; the effect of generation is the [translation] “mark left by history”; and the effect of period is [translation] “the impact of economic and structural factors measured as of” a specific date. In Madre, J.-L. (2011). Le modèle âge-période-cohorte. PowerPoint presented at the Simbad seminar. Lyon, April 1, 2011, slide number 5.

^r This includes trans seniors whose bodies show features of both sexes (for example, a trans woman with breasts and a penis, if she has not undergone gender reassignment surgery).

^s The term LGBT is used instead of LGBTQ in this instance to remain true to the original source of the research that is being referenced.

^t From Confederation in 1867 homosexuality was a criminal offense punishable by up to 14 years in prison. It was decriminalized in 1969 by an amendment to the Criminal Code.

While some LGBT seniors may continue to experience discrimination because of their sexual orientation or gender identity,¹² they may also experience other types of discrimination, such as ageism,^u sexism, racism or HIV/AIDS status.¹³ These factors contribute to the risk of social isolation and invisibility in LGBTQ seniors, especially within the health and social services network, and have a direct impact on their health.¹⁴

By looking at case studies, we can understand the diversity that exists in LGBTQ seniors' experience of isolation—from very little or no isolation to long-lasting, more severe isolation. The first example, shown below, illustrates how a life marked by discrimination on multiple grounds can be associated with isolation in an LGBTQ senior.

Lisa Fang is a 77-year-old woman of Chinese origin who immigrated to Canada in 1960. At that time, she was still in her “man’s body,” as she called it. Having fled the violence of the Communist regime in her country, she felt freer to express her true nature in Canada. But even in Canada at that time, behaviour recognized as homosexual—such as a man dressing as a woman in public—was a criminal offence. As a result, Lisa was jailed a number of times. Although Canada decriminalized homosexuality in 1969, Lisa suffered stigmatization and social discrimination for a number of years while the legislation was being enacted and afterwards. It was not until the late 1990s that she chose to undergo a complete medical transformation of her body and change her given name from Lee to Lisa. Although Canadian society has continued to evolve in favour of greater openness toward LGBTQ people, she still feels discomfort when dealing with medical professionals. She avoids going to the doctor as much as possible.

Lisa lives in Montreal and does not have a strong social network there. Her family still has difficulty understanding her reality, and never accepted her choices or identity. As a result, she does not have much contact with them. She has never really felt a part of the Chinese community either because of her “eccentric” side, which has not been very well accepted, and she has never felt a part of the Quebec community either. She regularly heard racist comments at work, so did not develop many connections with her co-workers over the years.

Lisa is worried now because her health is fragile. She doubts she will be able to stay alone in her home for very long. She is afraid of moving into a care facility because of the risk of experiencing discrimination on the part of the staff and other residents. Lisa is wondering whether there are any places to live (or home care agencies) that provide specialized support to trans clients.

^u Ageism has also been identified for each of the five LGBTQ sub-populations, in particular among gay people, for whom the body can be very important.

As this scenario illustrates, the ways in which social isolation manifests itself in LGBTQ seniors can be complex and may reflect a combination of risk factors. The multiple types of discrimination Lisa experienced in both her country of origin and host country (based on her gender identity and ethnocultural background) have played a formative role in her social isolation.^v As a result, she is anxious about receiving medical services and has excluded herself from society of her own accord. Her story shows how social isolation can be influenced by factors that have nothing to do with that particular reality.^w

While discrimination in the context of interpersonal relationships appears to be an important area to address when dealing with social isolation in LGBTQ seniors, the discrimination expressed by society at large is even more significant.¹⁵ Another issue is that, as demonstrated by Lisa's case, Canada's laws around homosexuality were oppressive and constrictive compared with today's standards. Thanks to persistent political action and the evolution of thought, information and science around identities, this situation has improved. Nonetheless, since many seniors have lived through times that were far less progressive, and may bear the psychological scars, organizations looking to reach out to isolated LGBTQ seniors should begin by making sure they are not (consciously or unconsciously) promoting a heterosexist culture, or promoting ideas that make assumptions about gender identity or sexual orientation.

In Lisa's situation, if organizations had clearly expressed their openness toward trans people, without necessarily offering services specifically dedicated to them, Lisa would likely have felt more comfortable accessing their services. To show their openness, organizations and businesses can display the LGBTQ community's rainbow flag and the trans flag^x on their websites.

Factors that put LGBTQ seniors at risk of social isolation

In addition to discrimination based on sexual orientation or gender identity (and potentially multiple other grounds of discrimination), other factors at the individual and environmental levels may contribute to the isolation of LGBTQ seniors. These factors are singled out in bold in the following case study.

^v Readers are encouraged to consult the second part of D.A. Harley et P.B. Teaster (2016). *Handbook of LGBT Elders*. New York, United States: Springer Science + Business Media. Several chapters address the reality of LGBTQ seniors from various cultural communities and LGBTQ seniors who are associated with other social groups such as members of the armed forces.

^w Accordingly, with regard to ideas exchange events, participants are also invited to review the supplements dealing specifically with Indigenous seniors and new immigrant and refugee seniors to better address the needs of LGBTQ seniors who are also members of those communities.

^x There is a whole host of LGBTQ symbols. For further information, see https://en.wikipedia.org/wiki/LGBT_symbols.

George is an 80-year-old **gay man**. He was once married to a woman, but their relationship was always somewhat distant, and they **never had children**. George had clandestine extra-marital relationships with men for several years, and they led to the couple's divorce. After the divorce, he met Patrick, with whom he developed a **long-standing relationship that he never openly disclosed**. Patrick lived with **HIV** for 20 years and died about five years ago.

George has been **feeling very alone** and isolated since Patrick's death. He realizes that he relied a lot on Patrick and does not have a strong social network. He occasionally takes part in activities organized by the recreation centre close to his home, but does not really feel comfortable there. He sometimes hears people there making **homophobic comments**. As a result, he prefers to **remain silent about his sexual orientation** and **does not interact much with the others**. When practicing his religion, George feels the same discomfort within his religious community.

He has tried to participate in activities specifically intended for men "like him" a number of times. However, in the **village where he lives**, there are no services specifically for gay or LGBTQ people, or even LGBTQ-friendly services. In addition, getting to the closest city is complicated because there are limited transit services, and George does not drive. He would like to expand his social network but cannot see how.

As shown in the box and table that follow, certain risk factors tend to apply to the LGBTQ community as a whole, while others are more specific to certain sexual orientations or gender identities. However, few studies specifically include the queer community. The first box shows that some risk factors relate to the individual, while others pertain to a person's environment. However, the presence of risk factors does not necessarily mean a senior is currently isolated, or will be in the near future. In other words, the *risk* that something will happen does not necessarily mean that it *will* happen. The many factors presented below should be seen instead as potential avenues for addressing isolation in LGBTQ seniors.

Risk factors associated with the isolation of LGBTQ seniors

Individual or personal factors

- Not being in a conjugal relationship (note: this is close to 50% of LGBTQ seniors)
- Living alone¹⁶
- Experiencing loneliness¹⁷
- Not having children or having fewer children than heterosexual seniors¹⁸

Environmental or social interactional factors

- Concealing sexual orientation or gender identity
- Having few social interactions¹⁹
- Loss of social network²⁰
- Limited social network²¹
- Fear of discrimination²²
- Past or current discrimination²³
- Stigmatization associated with discrimination based on age, sex and ethnocultural community²⁴
- Obstacles to services, such as lack of transportation
- Fear of going into a private seniors' residence or long-term care facility
- Loss of autonomy or illness
- Lack of support or feeling unwelcome at programs for seniors or the LGBT community²⁵
- Lack of opportunities to contribute to the community and perform volunteer work²⁶
- Housing discrimination²⁷
- Heterosexist or homophobic culture within society and within organizations that provide care and services²⁸
- Difficulty in accessing information²⁹
- Living in a rural setting

Among the risk factors associated with the LGBTQ community as a whole, living alone is reported as being particularly significant.³⁰ A U.S. study indicates that 17% of LGBT Americans over the age of 65 are isolated because they live alone.³¹ The limited social networks of LGBTQ seniors may be tied to the fact that they have fewer children than their heterosexual counterparts,³² their social circles may not accept their gender identity or sexual orientation³³, or they are less likely to be in a relationship. As a result, the social networks of some LGBTQ seniors are composed mainly of other LGBTQ people. As well, in past decades (especially during the 1980s and 1990s), a substantial number of LGBTQ people—gay and trans people in particular—died from HIV, which further eroded the networks of members of this community.³⁴

In addition to the risk factors already discussed, there are others that are more specific to certain gender identities or sexual orientations within the LGBTQ community. The table below indicates which factors pertain specifically to lesbian, gay, bisexual, trans or queer seniors.

Factors associated with the isolation of LGBTQ seniors (by community)	
Lesbian	<ul style="list-style-type: none"> • Lack of legal recognition of conjugal relationship³⁵ • Social invisibility³⁶
Gay	<ul style="list-style-type: none"> • Being HIV positive or having developed HIV/AIDS • Lack of legal recognition of conjugal relationship³⁷
Bisexual	<ul style="list-style-type: none"> • Lack of legal recognition of conjugal relationship³⁸
Trans	<ul style="list-style-type: none"> • Difficulty that others have in accepting gender reassignment or transition³⁹ • Lack of support⁴⁰ • Interpersonal difficulties and rejection by family, social network or broader community⁴¹ • Lack of positive social interaction⁴²
Queer	Although none of the studies identified in the literature review specifically address risk factors that place queer seniors at risk of social isolation, a number of risk factors that apply to all LGBT seniors can be considered factors for queer seniors as well.

In short, social isolation is a complex issue that is driven by a number of factors pertaining to an individual and their environment. With regard to ideas exchange events, considering all of the factors that can place LGBTQ seniors at risk of social isolation will help organizations take concrete measures to prevent and counter this problem.

Factors that protect against the social isolation of LGBTQ seniors

Whether or not they have the risk factors identified above, not all LGBTQ seniors are isolated. Indeed, protective factors can compensate for the presence of risk factors. Individual protective factors can include:

- Acceptance of sexual orientation and gender identity;
- Development of coping strategies; and
- Resilience⁴³.

As the second two points imply, some LGBTQ seniors who have experienced discrimination or adversity may have developed coping strategies that promoted resilience.⁴⁴

Other protective factors involve interactions with the environment and society are:

- Being part of a community;
- Being part of an activist group;
- Having a social support network (chosen family, friends),⁴⁵ particularly if it helps people talk openly about the issues associated with their sexual orientation or gender identity (especially for trans seniors)⁴⁶; and
- Having access to appropriate services, such as LGBT-friendly/non-heteronormative residences⁴⁷.

Recent studies⁴⁸ show that a positive response from service providers is a protective factor against social isolation and helps reduce the negative effects associated with living alone.

The previous two case studies described complex situations where risk factors were predominant. Some cases can be even more complex, such as when risk factors coincide with protective factors, as the case study of Rose (below) illustrates.

Rose is a 66-year-old bisexual woman who has been with the same female partner for a number of years. She is attracted to both men and women, and falls in love with a person regardless of gender. She has had stable relationships with both men and women in the past. She has been open about her bisexual orientation for many years. Having experienced a great deal of exclusion and discrimination in her personal, professional and social life, she now works with an organization that advocates for the rights of LGBTQ seniors.

Not many of her family members are open to her reality. Even some of her children find it difficult to imagine that their mother could go out with both men and women. For Rose and her partner, most of their social network is made up of LGBTQ members. They are both worried about the fact that their network is aging at the same pace as they are. They agree that it would be good to move to a larger city where there are more services for seniors and services are easier to access. They recently started looking for a new apartment. Some landlords seemed welcoming on the phone—but when the women showed up together to see the apartment, they were told suddenly that it had been rented. Rose finds this type of discrimination intolerable. She refuses to hide who she is in order to get what she wants and is entitled to.

Instead of allowing herself to be beaten down by this situation, Rose has come up with an idea: to develop living environments that welcome LGBTQ seniors. While waiting to look into the feasibility of this idea, she intends to start up some awareness activities at seniors' residences to help promote openness toward LGBTQ seniors among management, staff and residents.

Despite the risk factors in this situation—past and current discrimination, a limited primary social network, and living in a rural community—Rose is a bisexual senior who is not experiencing isolation. In fact, there are a number of protective factors that are helping to offset the effects of the risk factors, such as having an extensive social network, being part of a community, accepting her sexual orientation, being an activist, and having coping strategies. Rose’s situation also shows that LGBTQ and non-LGBTQ seniors can have similar needs, such as the need for ready access to services for seniors. Nevertheless, LGBTQ seniors may encounter unique challenges, such as discrimination or a lack of understanding about their reality, that are important to consider.

To that end, the ideas exchange events aimed at seniors in general (presented in Toolkit Volume II) can also reach LGBTQ seniors more specifically if the participants are sensitive to their reality. As well, ideas exchange events should serve to identify both the risk factors and protective factors that may be reducing or contributing to the risk of social isolation.

Interestingly, a study carried out with LGBT seniors^y confirms that information and communication technology (ICT) may be considered a protective factor because it can help seniors maintain social contact and get access to information. ICT could be used to build mutual support networks online and help overcome the isolation of LGBT seniors.⁴⁹ However, this idea raises several issues, such as the fact that disadvantaged seniors may have less access to ICT and a lack of knowledge or comfort around using it. These challenges have prompted some researchers to suggest offering ICT training to seniors. In addition, ICT should be available free of charge—for example through access to computers and the Internet at municipal libraries and community centres.

Consequences of social isolation among LGBTQ seniors

Many of the consequences of social isolation among LGBTQ seniors are similar to those among the general population. But certain consequences are specific to this group: for example, social isolation among trans seniors appears to be more strongly associated with depression, morbidity and increased mortality.⁵⁰ Some studies indicate that trans seniors report more suicidal ideation, suicide attempts and a higher rate of substance abuse than the general population.⁵¹ In addition to its impacts on the physical and psychological health of LGBTQ seniors, social isolation can also affect their access to care and services and the capacity of services to meet their specific needs.⁵² When social isolation is combined with health problems,

^y The term LGBT is used instead of LGBTQ in this instance to remain true to the original source of the research that is being referenced.

LGBT^z seniors are at higher risk of being institutionalized quickly, which is likely to increase their isolation.⁵³

For the older population in general, social isolation is considered both a risk factor for mistreatment and a consequence of mistreatment.⁵⁴ For LGBTQ seniors, one study reports that those who are socially isolated are at greater risk of mistreatment.⁵⁵

Social isolation and loneliness in LGBTQ seniors are two problems that are closely connected in the scientific literature.⁵⁶ In fact, 53% of LGBT seniors feel isolated.⁵⁷ The effects of loneliness in LGBTQ seniors are better documented than those of social isolation. Loneliness can be associated with the following:

- Substance abuse (including alcohol or drug abuse);
- Antisocial behaviour;
- Decreased ability to make decisions;
- Various mental health problems, such as anxiety and depression;
- Various physical health problems, such as weight gain or loss, poor nutrition, cardiovascular disease and strokes;
- Increased stress;
- Cognitive impairment and dementia;
- Memory loss and impaired learning ability; and
- Suicide⁵⁸.

Individuals and organizations that wish to counter the social isolation of LGBTQ seniors should also pay special attention to people who are experiencing loneliness.

For more information about the general consequences of isolation for all seniors, see *Social Isolation of Seniors, Volume 1: Understanding the Issue and Finding Solutions*.

Success stories promoting social inclusion

To counter the social isolation of LGBTQ seniors, it is important to work collectively to foster welcoming and inclusive environments, with a focus on LGBTQ community and the places that seniors frequent.^{aa} A number of associations have made suggestions in that regard. For example, Egale⁵⁹ promotes the adoption of LGBTIQ2S-inclusive^{bb} policies at all institutions that serve seniors, the development of habitation or cohabitation programs for seniors, and the

^z The term LGBT is used instead of LGBTQ in this instance in order to remain true to the original source of the research that is being referenced.

^{aa} While the majority of LGBTQ seniors continue to have fears about moving into a seniors' residence, some inclusion initiatives are beginning to take place, such as The Ashbourne seniors' residence in Edmonton, which shows its openness to diversity and to LGBTQ2 seniors (<http://theashbourne.ca/>).

^{bb} The term LGBTIQ2S is used instead of LGBTQ in this instance in order to remain true to the original source.

development and delivery of training on including LGBTIQ2S seniors, not only for staff but for all residents where seniors live together.

The following are examples of innovative Canadian initiatives involving the social inclusion of LGBTQ seniors that are based on the principles of social innovation.

Initiatives promoting the awareness of the realities of LGBTQ seniors

Promoting awareness among seniors (and those in charge of seniors' living environments) can have a global effect and create an environment that is more open to and inclusive of LGBTQ seniors. In addition to private homes and rental apartments in buildings not specifically designed for seniors, a living environment can mean affordable or social housing, private homes for independent or semi-independent seniors, or long-term care facilities. The term can also refer to places where seniors do activities, such as community centres, day centres or recreation facilities.

- ***“Vieillir sans honte: démystifier l’homosexualité et la bisexualité auprès des aînés” (GRIS-Montréal)***

Since 2015, the Groupe de recherche et d'intervention sociale de Montréal (GRIS-Montréal) has been offering awareness workshops where seniors live or visit (such as community organizations, affordable or social housing and seniors' residences). These workshops provide spaces for discussions where LGB^{cc} community members share their experiences and answer questions. Among other objectives, this program aims to help seniors feel more comfortable about LGB realities and to create environments that are more conducive to disclosure on the part of LGB seniors.

<https://www.gris.ca/vieillir-sans-honte-est-ce-possible/>

- ***Ouverture et inclusion (Projet Changement, Montréal)***

Funded by the Bureau de lutte contre l'homophobie (Quebec Department of Justice), this project aimed to foster dialogue between LGBT and heterosexual seniors at a community centre for seniors in Montréal. Among other things, it has led to a conference on social recognition of LGBT seniors, workshops, a series of thought-provoking films and a collective creation on the realities of LGBT seniors that was presented as part of a staged reading that brought together more than 125 people. A video documenting the major phases of this experience is on the organization's website and could be used as a facilitation tool to counter homophobia in seniors' living environments.

<http://www.projetchangement.com/index.php/2013-06-02-00-31-26/videos>

^{cc} This program is described in greater detail in Part 2 of this document.

- ***Pour que vieillir soit gai* program (Fondation Émergence, Quebec)^{dd}**
Pour que vieillir soit gai aims to promote awareness and provide information to people and organizations throughout Quebec that work or come into contact with seniors to ensure that environments are free of homophobia and transphobia. It offers information and awareness materials in the form of a toolkit intended to foster discussion and promote awareness of the reality of LGBT seniors. The program is supported by organizations, associations, groups and federations for seniors in health and social services, geriatrics and recreation. This collaboration has made it possible to reach diverse settings that are relevant for seniors.
<https://www.fondationemergence.org/>^{ee}

LGBTQ initiatives within seniors' organizations

LGBTQ activities or initiatives at seniors' organizations offer spaces where LGBTQ seniors can come together, find support and overcome their isolation while accessing services available to all seniors.

- ***The Edmonton Seniors Centre***
Established in 1970, the centre offers opportunities and support to seniors to promote their well-being and enhance their quality of life. A variety of sports, cultural and social activities as well as volunteer opportunities are available. The organization has also started a support group called "True Colours" to provide LGBTQ seniors with a safe and confidential space for discussion.
<http://www.edmontonseniorscentre.ca/>
- ***Toronto Sunshine Centres for Seniors***
This is a non-profit organization whose mission includes reducing social isolation, fostering social participation and enhancing the health and well-being of seniors. A number of inclusive, interactive and accessible programs are offered to develop participants' sense of belonging to this community. The organization openly identifies itself as multicultural and LGBT-friendly.^{ff} Every Wednesday morning, the Rainbow Circle Program offers discussions, talks and recreational activities for LGBTQ seniors.
<http://sunshinecentres.com/>

^{dd} This program is described in more detail in Part 2 of this document.

^{ee} The organization intends to revise the *Pour que vieillir soit gai* program in the coming months, so the link leads to the organization's home page and not the specific page for the program.

^{ff} The term LGBT is used in this instance instead of LGBTQ in order to reflect the wording from the organization's website.

Initiatives for seniors within LGBTQ organizations

Initiatives for seniors hosted at LGBTQ organizations foster intergenerational contact and offer safe spaces where LGBTQ seniors can meet, find support and overcome their isolation.

- **QMUNITY**

QMUNITY is a non-profit organization in Vancouver whose mission is to improve the lives of queer, trans and two-spirited people in British Columbia through information and support, placement and volunteer opportunities, and consulting services. It has three related offerings: services, social network and leadership. Seniors programming offers opportunities for connecting with the community, social support and personal development to people aged 55 and over.

<http://qmunity.ca/get-support/olderadults/>

- **Rainbow Resource Centre**

Based in Winnipeg, the centre has a social support group called “Over the Rainbow” for members of the LGBT2SQ+ community aged 55 and over. They meet four times a month. Three different activities take place: a coffee and chat, a potluck supper, and a film series at the centre.

- <http://www.rainbowresourcecentre.org/support/groups/over-the-rainbow/>

- **The Nova Scotia Rainbow Action Project (Halifax)**

The Nova Scotia Rainbow Action Project in Halifax has a social group called “Elderberries” for LGBT people aged 50 and over. The group meets monthly, with programming that includes cultural events, discussions on a variety of topics (such as memories of coming out, being a single LGBT senior, and long-term care) and workshops on legal and medical issues.

<http://nsrap.ca/community/elderberries>

- **OUT Saskatoon**

OUT Saskatoon is a non-profit organization that serves the LGBTQ community. It has created a social group for people aged 50 and over as well as a choir. Founded in 1991, it hosts various events and offers information and education services as well as a health clinic.

http://www.outsaskatoon.ca/older_adults

- **The 519 (Toronto)**

This Toronto-based organization advocates for the inclusion of LGBTQ communities. It is engaged in promoting the health, well-being and full social participation of the LGBTQ community. The 519 also tries to foster inclusion, understanding and respect among Toronto society toward LGBTQ people. It offers LGBTQ seniors a variety of services, including a weekly drop-in program, book clubs, talks and intergenerational initiatives. <http://www.the519.org/programs/category/older-lgbtq>

Initiatives designed to promote awareness of the realities of seniors in LGBTQ communities

Awareness of LGBTQ communities to the realities of seniors helps address ageism and foster environments that are more welcoming and inclusive for seniors.

- ***Egale's Seniors Resource map***

Egale, an organization which promotes a Canada without homophobia, biphobia, transphobia and all other forms of oppression, has prepared a map which shows the locations of services for LGBTQI2S Seniors.

<https://egale.ca/seniors/>

- ***National Resource Center on LGBT Aging: "Age-Friendly Inclusive Services. A Practical Guide to Creating Welcoming LGBT Organizations"***

The National Resource Center on LGBT Aging is U.S.-based technical assistance resource centre aimed at improving the quality of services and supports offered to lesbian, gay, bisexual and/or transgender older adults. Established in 2010, it provides training, technical assistance and educational resources to LGBT organizations and LGBT older adults. Its publication, Age-Friendly Inclusive Services, focuses on ways to provide the best possible services to older LGBTQ adults.

https://www.lgbtagingcenter.org/resources/pdfs/Sage_AgeGuide_revised2017.pdf

Part 2:
**Tools and Examples of Inclusive Ideas
Exchange Events for LGBTQ Seniors**

How to use the toolkit

Working together, seniors, families, organizations, businesses, communities and governments can help prevent or decrease social isolation among LGBTQ seniors. Seniors (or any interested group) can lead conversations and strategies to find solutions. Gatherings can vary in length, group composition, number of participants and dialogue format. *Social Isolation of Seniors, Volume II: Ideas Exchange Event Toolkit* provides detailed strategies for ideas exchange events that provide the foundation for this supplement, which is specific to the social isolation of LGBTQ seniors.

This section contains information to focus gatherings to exchange ideas and develop strategies to respond to the social isolation needs of LGBTQ seniors in your community. The purpose of the ideas exchange gatherings is to build awareness and partnerships, share information and create opportunities to work together to address the social isolation of LGBTQ seniors. The events can be organized for individual organizations or they can bring together organizations from different sectors to work together on community-wide solutions. The events can take various forms—from world café to open-space technology, conferences, workshops and discussion groups. The toolkit summarizes possible approaches to the dialogue and outlines specific questions for reflection to develop solutions.

How to conduct an event

Social Isolation of Seniors, Volume II: Ideas Exchange Event Toolkit provides tools and techniques for hosting an event. It includes resources to guide facilitators through three types of events: a partial-day event, a one-day event and a two-day event. Tools include sample agendas and suggested activities.

Before undertaking ideas exchange events with LGBTQ seniors, it is important to:

- Know the local and regional context from the LGBTQ perspective;
- Understand that individuals may choose not to disclose their sexual orientation or gender identity;
- Ensure your organization is not making assumptions about sexual orientation, gender identity, and gender roles which would hinder the expression of diverse gender identities or sexual preferences; and
- Consider LGBTQ social isolation risk factors and protective factors (existing or potential).

Considerations for hosting ideas exchange events

With regards to LGBTQ seniors in particular, in light of taboos surrounding sexuality in older people, it is essential to take certain considerations into account when carrying out activities that involve diversity of sexual orientation or gender identity with elderly clients or people who

work with seniors. The first step is to develop a safe, non-judgmental space in which LGBTQ people are comfortable expressing themselves. For example:

- Post visible signs of openness to the LGBTQ community (e.g., rainbow flag or other symbols associated with LGBTQ community) on an organization's website, doors or walls. This is a good way to let everyone know they are in a safe space that is sensitive to their reality.
- Establish house rules and/or a code of conduct that promote openness and respect. Explicitly state that acts of intolerance (including homophobic and transphobic acts) will not be accepted. Give facilitators guidelines to reframe activities if necessary.
- Ensure facilitators are sensitized to LGBTQ issues and prepared to ensure that all activities take place in an atmosphere of respect and inclusion. Where possible, facilitators should come from the LGBTQ community.
- Host activities or events at places that are known for being open to sexual and gender diversity (LGBTQ friendly).
- Involve LGBTQ people and allies in setting up and implementing initiatives at organizations and entities for seniors.

Appendix A: Steps for Countering Social Isolation

The suggestions presented in this appendix are inspired by those developed by the Fondation Émergence in its first edition of the program: *Pour que vieillir soit gai, dans le respect et la dignité*.⁶⁰ These suggestions could be considered in delivering services offered to LGBTQ seniors to help them live with dignity, respect and equality.

Steps to help LGBTQ seniors⁶⁶ live in dignity, respect and equality

1. To show openness

- Explicitly state that services are open to LGBTQ people, and that they are welcome.
- Use neutral and inclusive language in individual and group interactions, both with other staff members and with seniors as a whole.
- Send a clear message of openness and support to LGBTQ seniors whose sexual orientation is known.

2. To create an atmosphere of trust and a positive rapport

- Make staff members and seniors aware of LGBTQ realities and hold them accountable for understanding them.
- Encourage mutual understanding and a positive and inclusive attitude for all residents during cultural and recreational activities.
- Implement measures suited to the particular setting to foster a comfortable, receptive, safe and respectful environment.
- Develop and apply a trauma-informed approaches. (Information and advice on using a trauma-informed approaches are available at: <http://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rd9-rr9/p2.html>.)

3. To counter stereotypes, prejudice and rejection

- Take concrete measures to eliminate homophobia and other forms of discrimination against LGBTQ seniors, such as adopting policies that condemn any form of discrimination, providing access to teaching tools that deal with the issues that LGBTQ seniors face, and updating existing codes of conducts or ethics.
- Remind staff of the codes of conduct with regard to LGBTQ seniors.
- Involve LGBTQ organizations in consultations on policies aimed at seniors.
- Intervene immediately with individuals who create situations of homophobia, heterosexism, rejection or discrimination.

⁶⁶ Note that these approaches are based on a program aimed more specifically at the LGBTQ community. However, they can also be used with queer and trans seniors.

4. To counter mistreatment

- Offer information about the mistreatment of LGBTQ seniors.
- Post ads dealing with the issues of abuse and violence against seniors.
- Listen to any expressed concerns.

5. To reduce isolation and loneliness

- Develop communication skills among staff to help them interact with LGBTQ seniors.
- Designate a staff member as a “listening ear” who will be sensitive to the realities and needs of isolated LGBTQ seniors by passing on messages and showing tact and respect for confidentiality.
- Provide information, organize social and recreational activities, and implement education programs and talks on the rights of LGBTQ seniors.
- Set up meeting places, discussion groups and social activities to give LGBTQ seniors opportunities to share their life experiences and help one another.
- Break the silence and create an atmosphere of acceptance through written and oral interventions, information capsules,^{hh} posters and ads.
- Develop mentorship programs that pair LGBTQ youth or young adults with LGBTQ seniors.

6. To recognize loved ones

- Ask LGBTQ seniors to identify the people in their social circles (not only members of their biological families) whom they consider to be their caregivers.
- Consult with significant people who are close to an LGBTQ senior when decisions need to be made for their well-being.
- Recognize and acknowledge common-law spouses.

7. To adapt services

- Ensure that managers of services for seniors are aware of the realities and needs of LGBTQ people. Lead them to make appropriate decisions.
- Review policies to ensure they reflect appropriate principles and approaches pertaining to the services for LGBTQ seniors.
- Emphasize the role that professionals must play in changing attitudes and practices.
- Seek to understand the attitudes and behaviours of staff toward LGBTQ seniors to provide suitable training.
- Do not assume that a senior who has not disclosed his or her sexual orientation is heterosexual.
- Be aware that being part of a sexual minority is not simply a matter of sex and sexuality, and that it is not always easy.
- Collect information on the needs and expectations of LGBTQ seniors.
- Work with community groups to address the specific needs of LGBTQ seniors.

^{hh} Information capsules are a review of publications (including written, oral, or audiovisual) on a given theme (traduction libre: Dictionnaire Larousse: www.larousse.fr/dictionnaires/francais/capsule/12997#qAhruQCP1vc5RGs4.99).

- Work with organizations that represent retired people to make them aware of the realities faced by LGBTQ seniors.
- Include questions regarding sexual orientation in statistical surveys about aging.
- Offer courses on LGBTQ realities at schools for students who will be working with seniors.
- Give LGBTQ people the opportunity to live with their partners.
- Allow LGBTQ seniors to experience their sexuality.

Appendix B: Tools for Hosting Ideas Exchange Events

Some of the tools in the *Social Isolation of Seniors, Volume II: Ideas Exchange Event Toolkit* can be used with the LGBTQ population, but will need to be adapted to include content that specifically addresses LGBTQ seniors, such as the sample invitation, PowerPoint presentations, case study scenarios, community assessment and event planning checklist. It is best if the facilitator has working knowledge of LGBTQ seniors in the community and their issues.

Our research turned up just one accessible and widely disseminated tool for hosting ideas exchange events aimed at combatting the social exclusion of LGBTQ seniors. However, other initiatives are on the horizon. The tool, “*Pour que vieillir soit gai*,” was designed by Fondation Émergence to provide information and promote awareness of the realities of LGBT seniors.

Pour que vieillir soit gai aims to give people and organizations working with or coming into contact with seniors the tools they need to ensure that environments are free of homophobia and transphobia.

- It is intended for everyone involved in offering services to seniors, such as local, regional and national associations, federations and groups for seniors.
- It also targets families, caregivers, professionals in the health and social services network, and staff at seniors’ homes.
- It is relevant to recreational associations, geriatric and educational institutes, recreational organizations, specialized media, seniors’ information networks and all other providers of services to seniors.

Fondation Émergence also offers information sessions to those who provide services to seniors and the opportunity to sign on to a welfare charter for LGBT seniors (bilingual). These comprehensive approaches can be used to implement a policy of openness to ensure LGBT seniors’ well-being.

The materials include:

- Promotional tools (posters, brochures, stickers, etc.);
- A slide show and facilitation guide for three possible formats (75 minutes, 2 hours and 2.5 hours);
- Information sheets;
- A list of films;
- Videos;
- A list of studies, research and experiences; and
- Exercises and games.

All of the information and tools can be accessed on Fondation Émergence's website.ⁱⁱ Most are available in French only, but plans are in the works to have them updated and translated.

ⁱⁱ See the Fondation Émergence website for access to these tools and for further information: <https://www.fondationemergence.org/nos-programmes/pour-que-vieillir-soit-gai/>.

Appendix C: Complementary Resources

This section presents resources that provide information on LGBTQ seniors, but would not be considered social innovation tools. They serve as complementary references on initiatives designed to combat the social isolation of LGBTQ seniors. They may offer inspiration for communities and organizations looking to implement creative solutions to foster the social inclusion of LGBTQ seniors.

LGBT End-of-Life Conversations (Canada)

This is a website that seeks to create a community and provide information related to preparing LGBT seniors for the end of life in order to facilitate care. The result of a Canada-wide research project, the site focuses on empowerment and presents resource guides for LGBT seniors in five Canadian provinces. It includes a description of the research being carried out and a list of talks and information on various public events. It also includes videos designed to promote awareness around different types of abuse that LGBT seniors may experience, such as physical, psychological/emotional, material or financial abuse, or neglect. It also addresses abuse through a series of posters in different languages.

<http://www.sfu.ca/lgbteol>

National Resource Center on LGBT Aging (U.S.)

The National Resource Center on LGBT Aging is the first and only technical assistance resource designed to improve the quality of the services and support offered to lesbian, gay, bisexual and transgender seniors in the U.S. Its website shares information on a host of topics and issues relating to aging and LGBT seniors—such as ageism, Alzheimer’s disease, and coming out at an older age—and offers a list of resources for people living with HIV. The centre also offers training to organizations that want their staff to be more sensitive to the reality of LGBT seniors (*LGBT Aging: Cultural Competency Trainings*).

www.lgbtagingcenter.org

Ottawa Senior Pride Network (Canada)

The Senior Pride Network is a group of service providers and organizations that work on behalf of LGBTQ seniors in Canada. They meet regularly to work collectively on the development of projects and activities to improve the services offered to LGBTQ seniors.

<http://ospn-rfao.ca/en/home-page/>

Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (U.S.)

Services and Advocacy for GLBT Elders (SAGE) is the largest and oldest organization dedicated to improving the lives of LGBT seniors in the U.S. It offers support services to LGBT seniors and their loved ones. It lobbies decision-makers on the rights and needs of LGBT seniors to improve the public policies that affect them. SAGE also offers training to organizations that provide care and services to seniors.

<http://www.sageusa.org>

Val's Café (Australia)

Val's Café was created in 2009 to improve the health and well-being of lesbian, gay, bisexual, trans and intersex (LGBTI) seniors in Australia. The organization works in partnership with seniors' service providers to create more inclusive services for LGBTI seniors.

<https://lgbtihealth.org.au/vals-cafe/>

Rainbow Health Ontario (Canada)

Rainbow Health Ontario provides training and education to improve the accessibility and quality of health care services for members of the LGBTQ2 community (including LGBTQ2 seniors) in Ontario.

<https://www.rainbowhealthontario.ca/training/>

Calgary OutLink – Maia Seniors Project (Canada)

This project aims to pair resilient LGBTQ people with LGBTQ seniors in need of supports and to build communities surrounding LGBTQ seniors that are safer and more accepting. It hopes to eventually spark new LGBTQ seniors' services in Calgary.

<http://www.calgaryoutlink.ca>

Guides and tools for promoting awareness among care providers

- Aging Out: Moving towards queer and trans competent care for seniors (QMUNITY – Vancouver) (English)
This report is a summary of findings and recommendations for offering culturally sensitive care^{jj} to LGBTQ seniors who live in care facilities.
<http://qmunity.ca/wp-content/uploads/2015/03/AgingOut.pdf>
- Offering services and care to trans elders: Tools for more inclusive health care and social services (Chaire de recherche sur homophobie and Aide aux trans du Québec)
This guide is designed to help care providers accommodate trans seniors at their organizations and inform their co-workers about trans realities.
https://chairehomophobie.ugam.ca/upload/files/SIRA_Trans_Elders_Guide_English_FIN_AL_21mar2013.pdf
- Diversity Our Strength (Toronto) (English)
This LGBT toolkit can be used to create culturally competent care for LGBT people in care facilities in Toronto.
<http://www.oninjuryresources.ca/downloads/publications/fall-toolkit/LGBT-toolkit.pdf>
- Project Visibility: Person-Centered Care for LGBT Older Adults (U.S.) (English)

^{jj} Culturally sensitive care is centred on each individual and takes into account an individual's preferences, cultural values and beliefs.

Project Visibility is now available 24 hours a day, seven days a week, in the form of online training. This free, 30-minute interactive course is designed for managers and employees of care facilities and home care agencies. The project's aim is to co-create a community of services for aging people that is informed and aware, and supports LGBT seniors.

<https://www.bouldercounty.org/families/seniors/services/project-visibility/>

- LGBT Aging: A review of Research Findings, Needs and Policy Implications (U.S) (English)

This report specifically highlights research on how discrimination can limit the degree to which older LGBT adults experience full inclusion in available services and supports.

<https://williamsinstitute.law.ucla.edu/research/lgbt-older-adults-highlighting-isolation-discrimination/>

- LGBT Older Adults and Residential Care Environments (Saskatoon) (English)

This project, developed by the Saskatoon Council on Aging and OUT Saskatoon, examines the challenges faced by LGBT older adults within residential environments and Saskatoon facilities, and offers practical solutions to support the development of training and policies that consider the needs, fears and preferences of LGBT individuals.

<http://www.scoa.ca/LGBTI.html>

Appendix D: Glossary

Gender identity	One’s internal and psychological sense of oneself as male, female, both, in between, or neither. People who question their gender identity may feel unsure of their gender or believe they are not of the same gender as their physical body. Gender non-conforming, gender variant, or genderqueer are some terms sometimes used to describe people who don’t feel they fit into the categories of male or female. ‘Bi-gender’ and ‘pan-gender’ are some terms that refer to people who identify with more than one gender. Often bi-gender and pan-gender people will spend some time presenting in one gender and some time in the other. Some people choose to present androgynously in a conscious attempt to challenge and expand traditional gender roles even though they might not question their gender identity. ⁶¹
Heterosexism	“Affirmation of heterosexuality as a social norm or the highest form of sexual orientation; social practice that conceals the diversity of sexual orientations and identities in everyday representations, social relations and social institutions, in particular by taking for granted that all people are heterosexual.” ^{kk}
Homophobia	“All negative attitudes leading to the rejection of and direct or indirect discrimination against gays, lesbians, bisexuals, transsexuals and transgenders, or against persons whose appearance or behaviour does not conform to masculine or feminine stereotypes.” ^{ll}
LGBTQ	Abbreviation that refers to lesbian, gay, bisexual, transsexual, transgender and queer people.
Loneliness	“Loneliness is the [psychological] Sdistress that results from discrepancies between ideal and perceived social relationships. This discrepancy perspective makes it clear that loneliness is not synonymous with being alone, nor does being with others

^{kk} Definition taken from page IX of the following reference: Gouvernement du Québec. (2011). *Government Action Plan Against Homophobia 2011-2016. Moving together towards social equality. Unity in diversity*. Found at: http://www.justice.gouv.qc.ca/francais/ministere/dossiers/homophobie/plan_action_homo_FR.pdf

^{ll} Definition taken from page IX of the following reference: Gouvernement du Québec. (2011). *Government Action Plan Against Homophobia 2011-2016. Moving together towards social equality. Unity in diversity*.

guarantee protection from feelings of loneliness. Rather, loneliness is the distressing feeling that occurs when one's social relationships are perceived as being less satisfying than what is desired."^{mm}

Protective factors	Psychological traits, situations or circumstances that contribute to the social integration of seniors.
Risk factors	Individual, social, environmental and community factors that can put seniors at risk of social isolation and loneliness.
Sexual orientation	Refers to a person's deep-seated feelings of sexual and romantic attraction. These attractions may be mostly toward people of the same gender (lesbian, gay), another gender (heterosexual), men and women (bisexual), or people of all genders (pansexual). Many people become aware of these feelings during adolescence or even earlier, while some do not realize or acknowledge their attractions (especially same-sex attractions) until much later in life. Many people experience sexual orientation fluidly and feel attraction or degrees of attraction to different genders at different points in their lives. Sexual orientation is defined by feelings of attraction rather than behaviour. ⁶²
Social innovation	A voluntary effort on the part of community organizations, governments, researchers, seniors and businesses that work in collaboration and pool their resources so that they can take measures to address problems such as the social isolation of seniors. Social innovation is aimed at coming up with concrete solutions that make the best use of funds, expertise and resources, share risks and benefits and draw on lasting intersectoral partnerships.
Social isolation	Social isolation means having very few and poor-quality contacts with other people. This situation entails few social interactions and few social roles as well as a lack of mutually gratifying relationships. ⁿⁿ
Transphobia	"All negative attitudes leading to the rejection of and direct or indirect discrimination against transexuals, transgenders and transvestites, or against persons who cross the lines of gender

^{mm} Definition taken from the following reference presented in Volume I of the Toolkit: Hawkey, Louise C., Cacioppo, John T. Loneliness. Downloaded in October 2015. Center for Cognitive & Social Neuroscience and the Department of Psychology; University of Chicago.

ⁿⁿ Definition taken from the following reference, presented in Volume I of the toolkit: Louise C. Hawkey et John T. Cacioppo. Loneliness. Downloaded in October 2015. Center for Cognitive & Social Neuroscience & the Department of Psychology; University of Chicago.

and sex or of gender and sex representations.”^{oo}

For a more comprehensive glossary that proposes inclusive language for LGBTQ (and other) people, please see the complete document prepared by QMUNITY in Vancouver (English only): [http://qmunity.ca/wp-content/uploads/2015/03/Queer Terminology Web Version Sept 2013 Cover and pages .pdf](http://qmunity.ca/wp-content/uploads/2015/03/Queer_Terminology_Web_Version_Sept_2013_Cover_and_pages_.pdf)

^{oo} Gouvernement du Québec. (2011). *Government Action Plan Against Homophobia 2011–2016. Moving together towards social equality. Unity in diversity*. p. IX

Appendix E: Cultural and Legislative Changes

As part of Canadian and international social history, LGBTQ seniors have experienced a number of decisive events (in the legal, political and medical realms, for example) in the evolution and recognition of rights. Some of these changes have facilitated the gradual social recognition of LGBTQ people. This appendix briefly presents the significant changes.^{pp}

Milestones in the development of LGBTQ rights in Canada and internationally

1969: Homosexual acts carried out in private between consenting adults are decriminalized (Omnibus bill, Canada).

1973: Homosexuality is no longer classified as an illness in the DSM-II.

1992: The World Health Organization (WHO) removes homosexuality from its list of mental disorders.

1996: Federal organizations are prohibited from discriminating against a person because of sexual orientation. Discrimination or harassment based on sexual orientation is made illegal under the *Canadian Human Rights Act*.

1998: The right to equality for homosexual people is upheld by the Supreme Court of Canada. Discrimination based on sexual orientation is deemed to violate the **Constitution**.

1999: The Supreme Court of Canada recognizes the right of same-sex partners to seek spousal support when their relationships end. This decision pushes the provinces and territories to amend their legislation to recognize the entitlement of same-sex couples to support payments, custody and visitation rights, adoption, employment benefits and more.

2005: Canadian legislation on marriage is enacted to include same-sex adults (legalization of homosexual marriage).

2017: Bill C-16 is enacted at the federal level to prohibit discrimination based on gender identity and expression. Before that, several provinces amended their human rights legislation to include gender identity and/or expression. Bill C-16 protects transgender people against hate propaganda by adding gender identity and expression as a prohibited ground of discrimination under the *Canadian Human Rights Act*. It also introduces an amendment to the Criminal Code

^{pp} For additional information on the history of the LGBTQ community in Canada as a whole, please refer to:
<http://www.thecanadianencyclopedia.ca/en/article/lesbian-gay-bisexual-and-transgender-rights-in-canada/>
https://en.wikipedia.org/wiki/Timeline_of_LGBT_history_in_Canada
<http://canlitguides.ca/canlit-guides-editorial-team/queer-theory-and-canada/canadian-lgbtq-history-an-introduction/>

to clarify that judges are to consider discrimination against a person on the basis of gender identity or expression as an aggravating factor at the time of sentencing.

References

¹ Biordi, D. L., & Nicholson, N. R. (2009). Social isolation. *Chronic Illness: Impact and Interventions*. 7th ed. Sudbury, MA: Jones and Bartlett Publishers, 85-116. cited by Harley, D.A., Gassaway, L. and Dunkley, L. (2016). Isolation, socialization, recreation, and inclusion of LGBT elders. In Debra A. Harley and Pamela B. Teaster (dir.). *Handbook of LGBT Elders*. (pp. 563-581). New York, United States: Springer Science + Business Media.

² Robinson-Wood, T. and Weber, A. (2016). Deconstructing multiple oppressions among LGBT older adults. In Debra A. Harley and Pamela B. Teaster (dir.). *Handbook of LGBT Elders* (p. 65-82). New York, United States: Springer Science + Business Media.

³ Brotman, S., Ryan, Bill. and Cormier, R. (2010). Comprendre et soutenir les aînés gais et lesbiennes. In M. Charpentier, N. Guberman, V. Billette, J.-P. Lavoie, A. Grenier et I. Olazabal (dir.), *Vieillir au pluriel. Perspectives sociales* (p. 93 – 107). Québec, QC, Canada : Presses de l'Université du Québec.

⁴ Robinson-Wood, T. and Weber, A. (2016). Deconstructing multiple oppressions among LGBT older adults. In Debra A. Harley et Pamela B. Teaster (dir.). *Handbook of LGBT Elders* (p. 65-82). New York, United States: Springer Science + Business Media.

⁵ Brotman, S., Ryan, Bill. and Cormier, R. (2010). Comprendre et soutenir les aînés gais et lesbiennes. In M. Charpentier, N. Guberman, V. Billette, J.-P. Lavoie, A. Grenier et I. Olazabal (dir.), *Vieillir au pluriel. Perspectives sociales* (p. 93 – 107). Québec, QC Canada : Presses de l'Université du Québec.

⁶ Brotman, S., Ryan, Bill. and Cormier, R. (2010). Comprendre et soutenir les aînés gais et lesbiennes. In M. Charpentier, N. Guberman, V. Billette, J.-P. Lavoie, A. Grenier et I. Olazabal (dir.), *Vieillir au pluriel. Perspectives sociales* (p. 93 – 107). Québec, QC Canada : Presses de l'Université du Québec..

⁷ Statistics Canada. (9 novembre 2016). Les couples de même sexe et l'orientation sexuelle en chiffre. Available at : http://www.statcan.gc.ca/fra/quo/smr08/2015/smr08_203_2015 (accessed April 26, 2017).

⁸ Fondation Émergence (2013). Fondation Émergence. Pour que vieillir soit gai. Communication orale présentée lors de la Journée régionale sur le suicide et les aînés. Gatineau, Québec (Canada). 22 diapositives. Repéré à www.aqps.info/media/documents/IR5Fondationemergence.pdf (consulté le 25 avril 2017).

⁹ Brotman, S., Ryan, Bill and Cormier, R. (2010). Comprendre et soutenir les aînés gais et lesbiennes. In M. Charpentier, N. Guberman, V. Billette, J.-P. Lavoie, A. Grenier and I. Olazabal (dir.), *Vieillir au pluriel. Perspectives sociales* (p. 93-107). Québec City, Canada: Presses de l'Université du Québec.

Robinson-Wood, T. and Weber, A. (2016). Deconstructing multiple oppressions among LGBT older adults. In Debra A. Harley and Pamela B. Teaster (dir.). *Handbook of LGBT Elders*. (pp. 65-82). New York, United States: Springer Science + Business Media.

¹⁰ Cassidy, D.F. (2007). L'intimité chez les hommes et les femmes homosexuels âgés. *Gérontologie et société*, 3(122), 233-245.

Porter, K.E. and Krinsky, L. (2014). Do LGBT aging trainings effectuate positive change in mainstream elder service providers? *Journal of Homosexuality*, 61(1), 197-216.

¹¹ Jacobs, R.J. and Kane, M.N. (2012) Correlates of loneliness in midlife and older gay and bisexual men. *Journal of Gay and Lesbian Social Services*, 24(1), 40-61.

¹² Orel, N.A. (2014). Investigating the needs and concerns of lesbian, gay, bisexual, and transgender older adults: The use of qualitative and quantitative methodology. *Journal of Homosexuality*, 61(1), 53-78; Stein, G.L., Beckerman, N.L. and Sherman, P.A. (2010). Lesbian and gay elders and long-term care: Identifying the unique psychosocial perspectives and challenges. *Journal of Gerontological Social Work*, 53(5), 421-435.

¹³ Hébert, W.B, Chamberland, L. and Enriquez, M.C. (2012). Les aîné-es trans : une population émergente ayant des besoins spécifiques en soins de santé, en services sociaux et en soins liés au vieillissement. *Frontières*, 25(1), 57-81.

Orel, N.A. (2014). Investigating the needs and concerns of lesbian, gay, bisexual, and transgender older adults: The use of qualitative and quantitative methodology. *Journal of Homosexuality*, 61(1), 53-78.

Stein, G.L., Beckerman, N.L. and Sherman, P.A. (2010). Lesbian and gay elders and long-term care: Identifying the unique psychosocial perspectives and challenges. *Journal of Gerontological Social Work*, 53(5), 421-435.

¹⁴ Porter, K.E. and Krinsky, L. (2014). Do LGBT aging trainings effectuate positive change in mainstream elder service providers? *Journal of Homosexuality*, 61(1), 197-216.

¹⁵ Harley, D.A., Gassaway, L. and Dunkley, L. (2016). Isolation, socialization, recreation, and inclusion of LGBT elders. In Debra A. Harley and Pamela B. Teaster (dir.). *Handbook of LGBT Elders*. (pp. 563-581). New York, United States: Springer Science + Business Media.

¹⁶ Addis S and al., The health, social care and housing needs of lesbian, gay, bisexual and transgender older people: a review of the literature. [Health Soc Care Community](#). 2009 Nov;17(6):647-58. 2009 Jun 10. in Beauchamp, J. and Chamberland, L. (2015). Les enjeux de santé mentale chez les aînés gais et lesbiennes. *Santé mentale au Québec*, 40(3), 173-192. Elder, K., Retrum, J. (2012). Framework for isolation in adults over 50. Washington, DC: AARP Foundation, In : http://www.aarp.org/content/dam/aarp/aarp_foundation/2012_PDFs/AARP-Foundation-Isolation-

[Framework-Report.pdf](#), in Harley, D.A., Gassaway, L. and Dunkley, L. (2016). Isolation, socialization, recreation, and inclusion of LGBT elders. In Debra A. Harley and Pamela B. Teaster (dir.). *Handbook of LGBT Elders*. (pp. 563-581). New York, United States: Springer Science + Business Media.

¹⁷ Harley, D.A., Gassaway, L. and Dunkley, L. (2016). Isolation, socialization, recreation, and inclusion of LGBT elders. In Debra A. Harley and Pamela B. Teaster (dir.). *Handbook of LGBT Elders*. (pp. 563-581). New York, United States: Springer Science + Business Media.

¹⁸ R. A . Shippy, M. H. Cantor et M. Brennan (2004). Social networks of aging gay men. *Journal of Men's Studies*, 13, p. 107-120. Cités par J. Beauchamp et L. Chamberland (2015). Les enjeux de santé mentale chez les aînés gais et lesbiennes. *Santé mentale au Québec*, 40(3), p. 173-192.

¹⁹ R. Espinoza (2013). Friendship a pillar of survival for LGBT elders. *Aging Today*, 34(3), p. 1-3. Cité par D.A. Harley, L. Gassaway et L. Dunkley (2016). Isolation, socialization, recreation, and inclusion of LGBT elders. Dans Debra A. Harley et Pamela B. Teaster (dir.). *Handbook of LGBT Elders* (p. 563-581). New York, États-Unis : Springer Science + Business Media.

²⁰ R. Espinoza (2013). Friendship a pillar of survival for LGBT elders. *Aging Today*, 34(3), p. 1-3. Cité par D.A. Harley, L. Gassaway et L. Dunkley (2016). Isolation, socialization, recreation, and inclusion of LGBT elders. In Debra A. Harley et Pamela B. Teaster (dir.). *Handbook of LGBT Elders* (p. 563-581). New York, États-Unis : Springer Science + Business Media.

Larkin, M. (2008). Social networks promote engagement, reduce isolation, boost health. *Journal on Active Aging*, 7(5), 32-40.

Orel, N.A. (2014). Investigating the needs and concerns of lesbian, gay, bisexual, and transgender older adults: The use of qualitative and quantitative methodology. *Journal of Homosexuality*, 61(1), 53-78.

²¹ R. A . Shippy, M. H. Cantor et M. Brennan (2004). Social networks of aging gay men. *Journal of Men's Studies*, 13, 107-120. Cités par J. Beauchamp et L. Chamberland (2015). Les enjeux de santé mentale chez les aînés gais et lesbiennes. *Santé mentale au Québec*, 40(3), p. 173-192.; R. Espinoza (2013). Friendship a pillar of survival for LGBT elders. *Aging Today*, 34(3), p. 1-3. Cited by D.A. Harley, L. Gassaway et L. Dunkley (2016). Isolation, socialization, recreation, and inclusion of LGBT elders. Dans Debra A. Harley et Pamela B. Teaster (dir.). *Handbook of LGBT Elders* (p. 563-581). New York, États-Unis : Springer Science + Business Media.; Walker, J., & Herbitter, C. (2005). *Aging in the Shadows: Social Isolation among Seniors in New York City, United Neighborhood Houses*: New York.

²² L.A. Smith, R. McCaslin, J. Chang, P. Martinez et P. McGrew (2010). « Assessing the Needs of Older Gay, Lesbian, Bisexual, and Transgender People: A Service-Learning and Agency Partnership Approach. », *Journal of Gerontological Social Work*, 53(5), p. 387-401. Cited by Beauchamp, J. (2013). Réalités et besoins des aînés gais et lesbiennes : des pistes d'action pour une approche adaptée. *Pluriâges*, 4(1), 19-23.

²³ C.A. Emllet, K.I. Fredriksen-Goldsen et H.-J. Kim (2013). Risk and protective factors associated with health-related quality of life among older gay and bisexual men living with HIV disease. *The Gerontologist*, 53(6), p. 963-9-72. Cités par K.I. Fredriksen-Goldsen (2016). The future of LGBT+ aging : a blueprint for action in services, policies, and research. *Generations* □ *Journal of the American Society on Aging*, 40(2), p. 6-15.

Walker, J., & Herbitter, C. (2005). *Aging in the Shadows: Social Isolation among Seniors in New York City, United Neighborhood Houses*: New York.

²⁴ K.I. Fredriksen-Goldsen, H.J.E. Kim, C.A. Emllet, A. Muraco, E.A. Eroshova, C.P. Hoy-Ellis et H. Petry, et al. (2011). *The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults*. Seattle, États-Unis : Institute for Multigenerational Health. Cited by Harley, D.A., Gassaway, L. and Dunkley, L. (2016). Isolation, socialization, recreation, and inclusion of LGBT elders. In Debra A. Harley and Pamela B. Teaster (dir.). *Handbook of LGBT Elders*. (pp. 563-581). New York, United States: Springer Science + Business Media.2016;

L. Chamberland, M.C. Enriquez et W.B. Hébert (2012). Les aîné-es trans : une population émergente ayant des besoins spécifiques en soins de santé, en services sociaux et en soins liés au vieillissement. *Frontières*, 25(1), 57-81.

Orel, N.A. (2014). Investigating the needs and concerns of lesbian, gay, bisexual, and transgender older adults: The use of qualitative and quantitative methodology. *Journal of Homosexuality*, 61(1), 53-78.

Stein, G.L., Beckerman, N.L. and Sherman, P.A. (2010). Lesbian and gay elders and long-term care: Identifying the unique psychosocial perspectives and challenges. *Journal of Gerontological Social Work*, 53(5), 421-435.

²⁵ LGBT Movement Advancement Project, and SAGE et coll. (2010). *Improving the lives of LGBT older adults*. New York, États-Unis : Authorauteurs. Cited by Harley, D.A., Gassaway, L. and Dunkley, L. (2016). Isolation, socialization, recreation, and inclusion of LGBT elders. In Debra A. Harley and Pamela B. Teaster (dir.). *Handbook of LGBT Elders*. (pp. 563-581). New York, United States: Springer Science + Business Media.

²⁶ LGBT Movement Advancement Project, and SAGE et coll. (2010). *Improving the lives of LGBT older adults*. New York, États-Unis : Authorauteurs. Cited by Harley, D.A., Gassaway, L. and Dunkley, L. (2016). Isolation, socialization, recreation, and inclusion of LGBT elders. In Debra A. Harley and Pamela B. Teaster (dir.). *Handbook of LGBT Elders*. (pp. 563-581). New York, United States: Springer Science + Business Media.

²⁷ LGBT Movement Advancement Project, and SAGE et coll. (2010). *Improving the lives of LGBT older adults*. New York, États-Unis : Authorauteurs. Cited by Harley, D.A., Gassaway, L. and Dunkley, L. (2016). Isolation, socialization, recreation, and inclusion of LGBT elders. In Debra A. Harley and Pamela B.

Teaster (dir.). *Handbook of LGBT Elders*. (pp. 563-581). New York, United States: Springer Science + Business Media.

²⁸ Harley, D.A., Gassaway, L. and Dunkley, L. (2016). Isolation, socialization, recreation, and inclusion of LGBT elders. In Debra A. Harley and Pamela B. Teaster (dir.). *Handbook of LGBT Elders*. (pp. 563-581). New York, United States: Springer Science + Business Media.

²⁹ Walker, J., & Herbitter, C. (2005). *Aging in the Shadows: Social Isolation among Seniors in New York City*, United Neighborhood Houses: New York.

³⁰ Addis, M. Davies, G. Greene, S. MacBride-Stewart et M. Shepherd (2009). The health, social care and housing needs of lesbian, gay, bisexual and transgender older people : A review of the literature. *Health and Social Care in the Community*, 17(6), p. 647-658. Cités par J. Beauchamp et L. Chamberland (2015). Les enjeux de santé mentale chez les aînés gais et lesbiennes. *Santé mentale au Québec*, 40(3), p. 173-192

³¹ K. Elder et J. Retrum (2012). *Framework for isolation in adults over 50*. Washington, DC : AARP Foundation. Disponible au : www.aarp.org/content/dam/aarp/aarp_foundation/2012_PDFs/AARP-Foundation-Isolation-Framework-Report.pdf. Cited by D.A. Harley, L. Gassaway et L. Dunkley (2016). Isolation, socialization, recreation, and inclusion of LGBT elders. In Debra A. Harley et Pamela B. Teaster (dir.). *Handbook of LGBT Elders* (p. 563-581). New York, États-Unis : Springer Science + Business Media.

³² Orel, N.A. (2014). Investigating the needs and concerns of lesbian, gay, bisexual, and transgender older adults: The use of qualitative and quantitative methodology. *Journal of Homosexuality*, 61(1), 53-78.

³³ Orel, N.A. (2014). Investigating the needs and concerns of lesbian, gay, bisexual, and transgender older adults: The use of qualitative and quantitative methodology. *Journal of Homosexuality*, 61(1), p. 53-78.

³⁴ Larkin, M. (2008). Social networks promote engagement, reduce isolation, boost health. *Journal on Active Aging*, 7(5), 32-40.

Orel, N.A. (2014). Investigating the needs and concerns of lesbian, gay, bisexual, and transgender older adults: The use of qualitative and quantitative methodology. *Journal of Homosexuality*, 61(1), 53-78.

³⁵ Fredriksen-Goldsen, K. I. (2016). The Future of LGBT+ Aging: A Blueprint for Action in Services, Policies, and Research. *Generations (San Francisco, Calif.)*, 40(2), 6–15.

³⁶ Chamberland, L., Beauchamp, J., Dumas, J. and Kamgain, O. (2016). *Aîné.e.s. LGBT : favoriser le dialogue sur la préparation de leur avenir et de leur fin de vie, et la prise en charge communautaire*.

Rapport de recherche – volet montréalais. Montreal, Canada: Chaire de recherche sur l’homophobie, Université du Québec à Montréal.

³⁷ K.I. Fredriksen-Goldsen (2016). The Future of LGBT+ Aging: A Blueprint for Action in Services, Policies, and Research. *Generations*, 40(2), p. 6-15.

³⁸ Fredriksen-Goldsen, K. I. (2016). The Future of LGBT+ Aging: A Blueprint for Action in Services, Policies, and Research. *Generations (San Francisco, Calif.)*, 40(2), 6–15.

³⁹ Hébert, W.B, Chamberland, L. and Enriquez, M.C. (2013). Accueillir les personnes âgées transsexuelles et transgenres dans le milieu de la santé et des services sociaux : données de recherche sur quelques barrières et stratégies. *Pluriâges*, 4(1), 13-18.

⁴⁰ Hébert, W.B, Chamberland, L. and Enriquez, M.C. (2012). Les aîné-es trans : une population émergente ayant des besoins spécifiques en soins de santé, en services sociaux et en soins liés au vieillissement. *Frontières*, 25(1), 57-81.

⁴¹ Hébert, W.B, Chamberland, L. and Enriquez, M.C. (2012). Les aîné-es trans : une population émergente ayant des besoins spécifiques en soins de santé, en services sociaux et en soins liés au vieillissement. *Frontières*, 25(1), 57-81.

⁴² Witten, T.M. (2004). Life course analysis – The courage to search for something more: Middle adulthood issues in the transgender and intersex community. *Journal of Human Behavior in the Social Environment*, 8(2), 189-224.

⁴³ McParland J. and P.M. Camic, 2016 Psychosocial factors and ageing in older lesbian, gay and bisexual people: a systematic review of the literature. *Journal of Clinical Nursing* 25(23-24):3415-3437,

⁴⁴ R.A. Friend (1990). Older lesbian and gay people: A theory of successful aging. *Journal of Homosexuality*, 20(3), p. 99—118. Cited by Hash, K. and Rogers, A. (2013). Clinical Practice with Older LGBT Clients: Overcoming Lifelong Stigma Through Strength and Resilience. *Clinical Social Work Journal*, 41(3), 249-257.

Orel, N.A. (2014). Investigating the needs and concerns of lesbian, gay, bisexual, and transgender older adults: The use of qualitative and quantitative methodology. *Journal of Homosexuality*, 61(1), 53-78.

⁴⁵ Harley, D.A., Gassaway, L. and Dunkley, L. (2016). Isolation, socialization, recreation, and inclusion of LGBT elders. In Debra A. Harley and Pamela B. Teaster (dir.). *Handbook of LGBT Elders*. (pp. 563-581). New York, United States: Springer Science + Business Media.

McParland J. and P.M. Camic, 2016 Psychosocial factors and ageing in older lesbian, gay and bisexual people: a systematic review of the literature. Dec;25(23-24):3415-3437, 2016 May 11.

⁴⁶ M.E. Berreth (2003). Nursing care of transgendered older adults : Implications from the literature. *Journal of Gerontological Nursing*, 29(7), p. 44-49. Cités dans L. Chamberland, M.C. Enriquez et W.B. Hébert (2012). Les aîné-es trans : une population émergente ayant des besoins spécifiques en soins de santé, en services sociaux et en soins liés au vieillissement. *Frontières*, 25(1), 57-81.


⁴⁷ Caceres, B. A. and Mayu O.F. (2016). Successful ageing in lesbian, gay and bisexual older people: a concept analysis. *International Journal of Older People Nursing*, 11(3), 184–193.

⁴⁸ Yang, J.; Chu, Y., Salmon, M.-A. (2017). Predicting Perceived Isolation among Midlife and Older LGBT Adults: The Role of Welcoming Aging Service Providers. *The Gerontologist* (abstract online at <https://academic.oup.com/gerontologist/article-abstract/doi/10.1093/geront/gnx092/3869091/Predicting-Perceived-Isolation-among-Midlife-and?redirectedFrom=fulltext>) (Accessed on June 18, 2017).

⁴⁹ Chamberland, L., Beauchamp, J., Dumas, J. et Kamgain, O. (2016). Aîné.e.s. LGBT : favoriser le dialogue sur la préparation de leur avenir et de leur fin de vie, et la prise en charge communautaire. Rapport de recherche – volet montréalais. Montréal, Canada : Research Chair on Homophobia, Université du Québec à Montréal.

⁵⁰ Witten, T. M. (2009). Graceful exits: Intersection of aging, transgender identities, and the family/community. *Journal of GLBT Family Studies*, 5(1), 33-61.

⁵¹ M.E. Berreth (2003). Nursing care of transgendered older adults : Implications from the literature. *Journal of Gerontological Nursing*, 29(7), p. 44-49. Cited in L. Chamberland, M.C. Enriquez et W.B. Hébert B. Hébert, L. Chamberland et M.C. Enriquez (2012). Les aîné-es trans : une population émergente ayant des besoins spécifiques en soins de santé, en services sociaux et en soins liés au vieillissement. *Frontières*, 25(1), p. 57-81.

L. Cook-Daniels (2008). *Trans Elder Health Issues*. Milwaukee, FORGE  Transgender Aging Network. Cited in L. Chamberland, M.C. Enriquez et W.B. Hébert (2012). Les aîné-es trans : une population émergente ayant des besoins spécifiques en soins de santé, en services sociaux et en soins liés au vieillissement. *Frontières*, 25(1), p. 57-81.

⁵² Erdley S.D., Anklam D.D. and Reardon. (2014). Breaking barriers and building bridges: understanding the pervasive needs of older LGBT adults and the value of social work in health care. *Journal of Gerontological Social Work*, 57(2-4), p. 362-385.

⁵³ Harley, D.A., Gassaway, L. and Dunkley, L. (2016). Isolation, socialization, recreation, and inclusion of LGBT elders. In Debra A. Harley and Pamela B. Teaster (dir.). *Handbook of LGBT Elders*. (pp. 563-581). New York, United States: Springer Science + Business Media.

⁵⁴ Acierno, R., Hernandez, M.A., Amstadler, A.B., Resnick, H.S., Steve, K. Muzzy, Y. and Kilpatrick, D.G. (2010). *Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: the national elder mistreatment study*. American Journal of Public Health. 100 (2), 292-297.

⁵⁵ Teaster, P.B. and Soka, A.E. (2016) Mistreatment and Victimization of LGBT Elders. In Debra A. Harley and Pamela B. Teaster (dir.). *Handbook of LGBT Elders*. (pp. 343-357). New York, United States: Springer Science + Business Media.

⁵⁶ Harley, D.A., Gassaway, L. and Dunkley, L. (2016). Isolation, socialization, recreation, and inclusion of LGBT elders. In Debra A. Harley and Pamela B. Teaster (dir.). *Handbook of LGBT Elders*. (pp. 563-581). New York, United States: Springer Science + Business Media.

⁵⁷ K.I. Fredriksen-Goldsen, H.J.E. Kim, C.A. Emlet, A. Muraco, E.A. Erosheva, C.P. Hoy-Ellis et H. Petry (2011) *The aging and health report: disparities and resilience among lesbian, gay, bisexual, and transgender older adults* Seattle Institute for Multigenerational Health. Cited by Harley, D.A., Gassaway, L. and Dunkley, L. (2016). Isolation, socialization, recreation, and inclusion of LGBT elders. In Debra A. Harley and Pamela B. Teaster (dir.). *Handbook of LGBT Elders*. (pp. 563-581). New York, United States: Springer Science + Business Media.

⁵⁸ J. Cacioppo et W. Patrick (2008). Loneliness: Human nature and the need for social connection. New-York, États-Unis: W.W. Norton & Company. Cited in Harley, D.A., Gassaway, L. and Dunkley, L. (2016). Isolation, socialization, recreation, and inclusion of LGBT elders. In Debra A. Harley and Pamela B. Teaster (dir.). *Handbook of LGBT Elders*. (pp. 563-581). New York, United States: Springer Science + Business Media.

⁵⁹ Egale (Canadian Human Rights Trust) (2017). *Community Engagement Consult for LGBTIQ2S Seniors*. Two-page report published in June 2017. For more information, see www.egale.ca/seniors

⁶⁰ Fondation Émergence. (2012). Programme *Pour que vieillir soit gai, dans le respect et la dignité*. Activité de sensibilisation destinée aux acteurs engagés dans les services offerts aux aînés. Guide d'animation. Mars 2012, p. 27-29

⁶¹ Qmunity (2013). *Queer terminology – From A to Q*. Qmunity BC's Queer Resource Centre.

⁶² Qmunity (2013). *Queer terminology – From A to Q*. Qmunity BC's Queer Resource Centre.